



ICGP CME TUTOR WORKSHOP

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Department of Social Protection

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OVERVIEW

Illness Related Schemes

Problem

Challenges

Ability/Disability Evaluation

Determination of Eligibility for Schemes

Work-Health Interface

DSP Policy Change



ILLNESS-RELATED SCHEMES

- Illness Benefit
- Occupational Injuries Benefits
- Disablement Benefit
- Invalidity Pension
- Disability Allowance
- Carers' Allowance
- Carers' Benefit
- Respite Care grant
- Domiciliary Care Allowance
- Partial Capacity Benefit
- Blind Pension
- Companion Free-Travel



Illness Benefit (226,274 claims in 2014)

A weekly payment to people who cannot work because of illness or injury.

Maximum of 2 years (624 payment days).

Dependent on PRSI contributions.

Invalidity Pension (54,223, December 2014)

A weekly payment to people who cannot work because of a long-term illness or disability.

Incapable of work for at least 12 months and likely to be incapable of work for at least another 12 months

or

Permanently incapable of work.

Disability Allowance (112,097, December 2014)

A weekly payment paid to people, age 16 – 66 years, who by virtue of a specified disability *are substantially disadvantaged in undertaking work that would otherwise be suitable, having regard to the person's age, experience and qualifications.*



Carers' Allowance (59,380. December 2014)

A weekly payment for a person caring for another person who

Has such a disability as to require continual supervision and frequent assistance throughout the day in connection with normal bodily functions

or

requires continuous supervision in order to avoid danger to him or herself

and

be likely to require full-time care and attention *for a period of at least 12 months.*

Domiciliary Care Allowance (29,269 Child Beneficiaries in payment in 2014)

A monthly payment for a person caring for a child who

has a **severe** disability requiring **continual or continuous** care and attention **substantially in excess** of the care and attention normally required by a child of the same age

and

the disability is such that the child is likely to require full-time care and attention for at least 12 consecutive months.



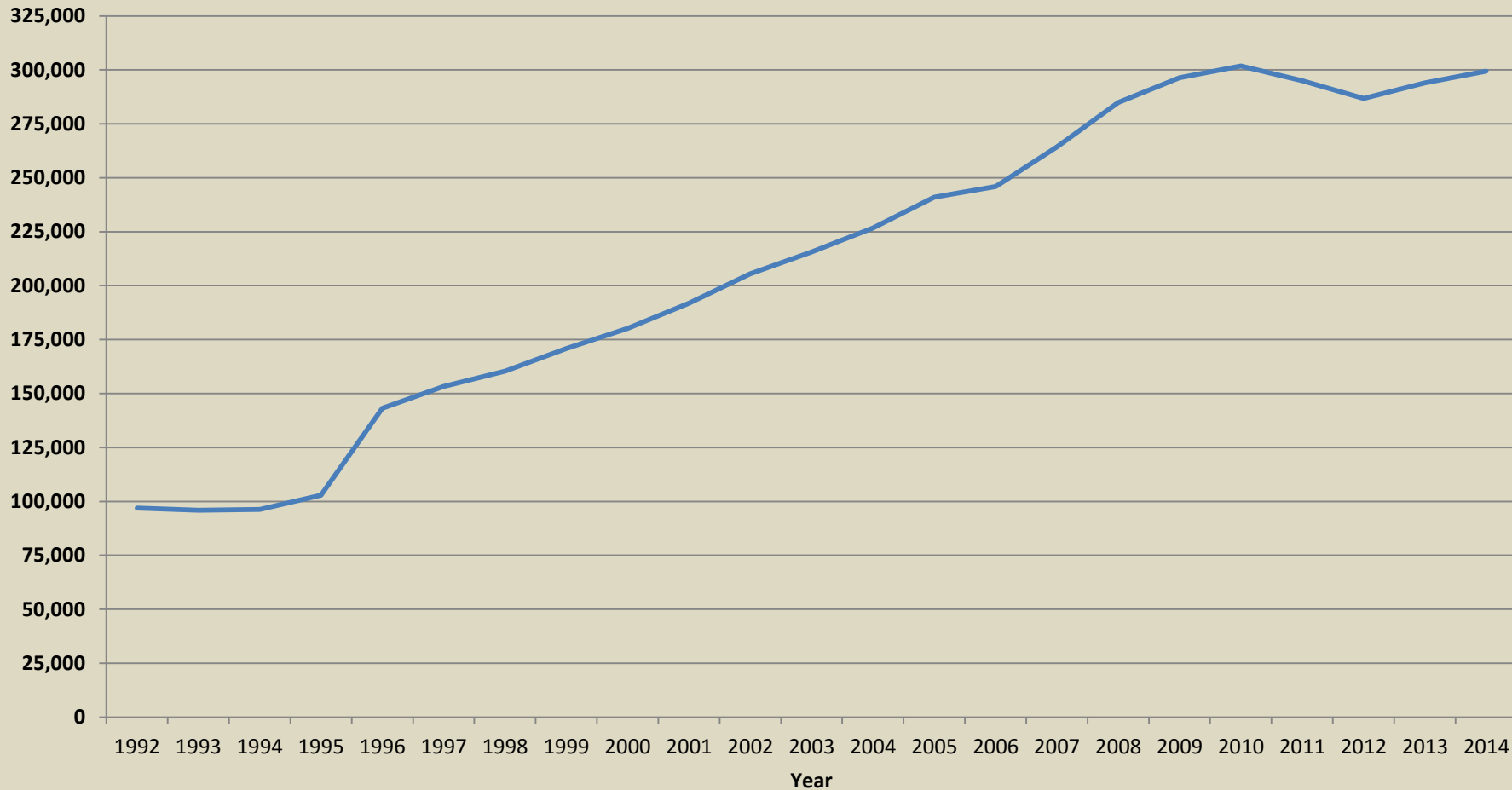
THE PROBLEM

Acute common health problems are increasingly progressing to a state of chronic disability and dependence on long-term Illness Schemes



THE NUMBERS

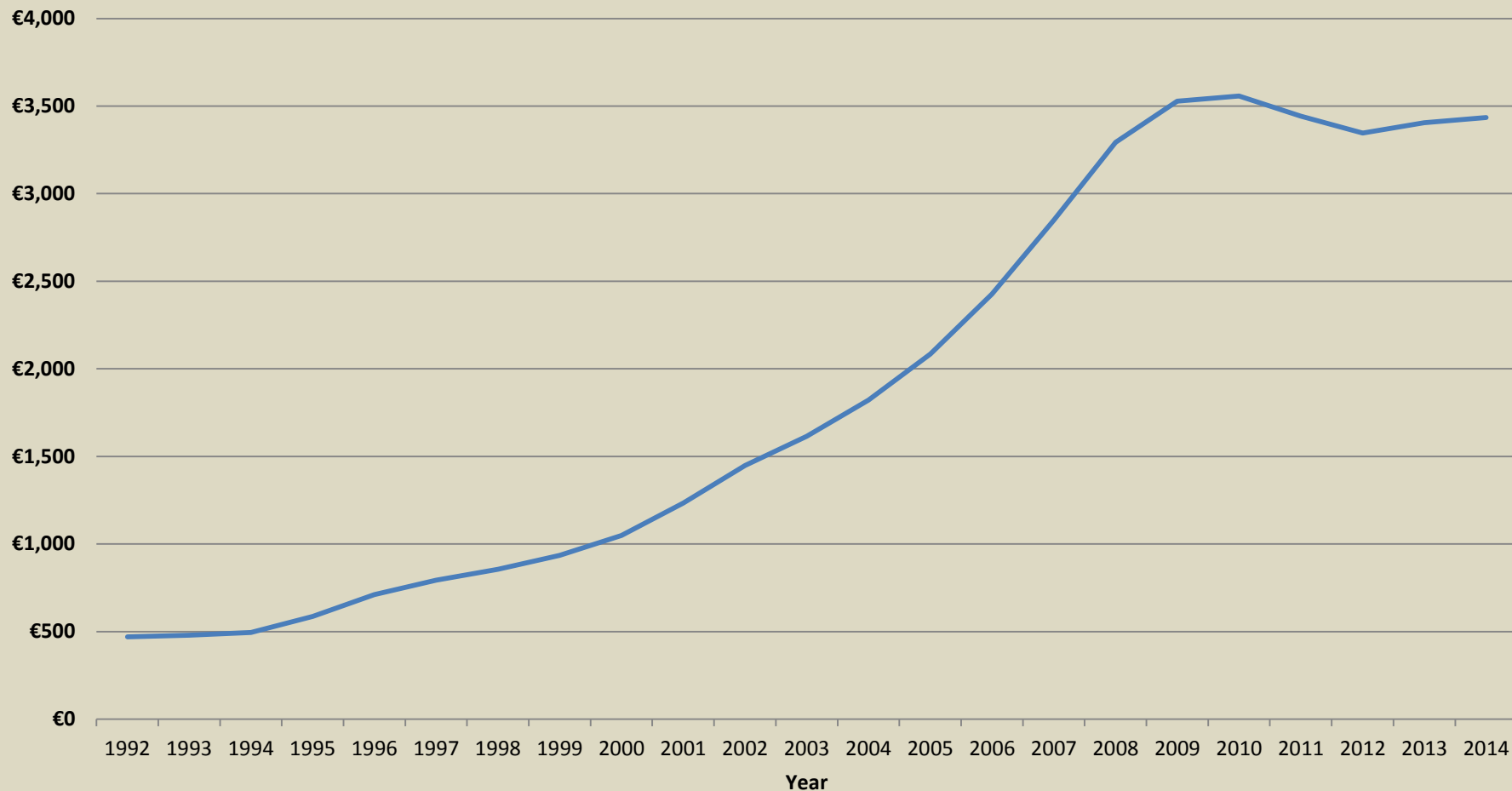
Number of Recipients of Illness Related Schemes





THE COST

Expenditure (€m) on Illness Related Schemes (2014 provisional)





NOT SOLELY A MEDICAL PROBLEM

THE MAIN PLAYERS

- Person with Common Health Problem.
- Employers.
- Legal System.
- Medical Profession.
- DSP Illness-Related Benefits



THE CHALLENGE

- COURAGEOUSLY
- OBJECTIVELY
- CRITICALLY

Re-Assess Roles in Management of Common Health Problems



PERSON WITH COMMON HEALTH PROBLEM

Q:

Why do most people with a Common Health Problem (CHP) recover, and manage to get on with their lives + / - medical intervention / Illness Benefits, while others with similar CHP progress to a state of chronic disability?

A:

The development of chronic disability from CHP depends on a complex interaction between the psychological constitution of the person with CHP, and the roles played by the others involved.



PSYCHOLOGICAL PREDICTORS OF POOR OUTCOME

HISTORY

- physical or sexual abuse
- caretaker for younger siblings
- family history of disability

COGNITIVE

- disability conviction
- belief that there should be a medical cure
- perceived adequacy of treatment
- fear of re-injury or condition worsening



PSYCHOLOGICAL PREDICTORS OF POOR OUTCOME

BEHAVIOURAL

- High degree of pain behaviour/functional impairment
- Doctor shopping or extensive use of healthcare services
- Drug seeking behaviour/substance abuse
- Poor compliance

AFFECTIVE

- High degree of anxiety, depression, anger & emotional lability



PSYCHOLOGICAL PREDICTORS OF POOR OUTCOME

FAMILY

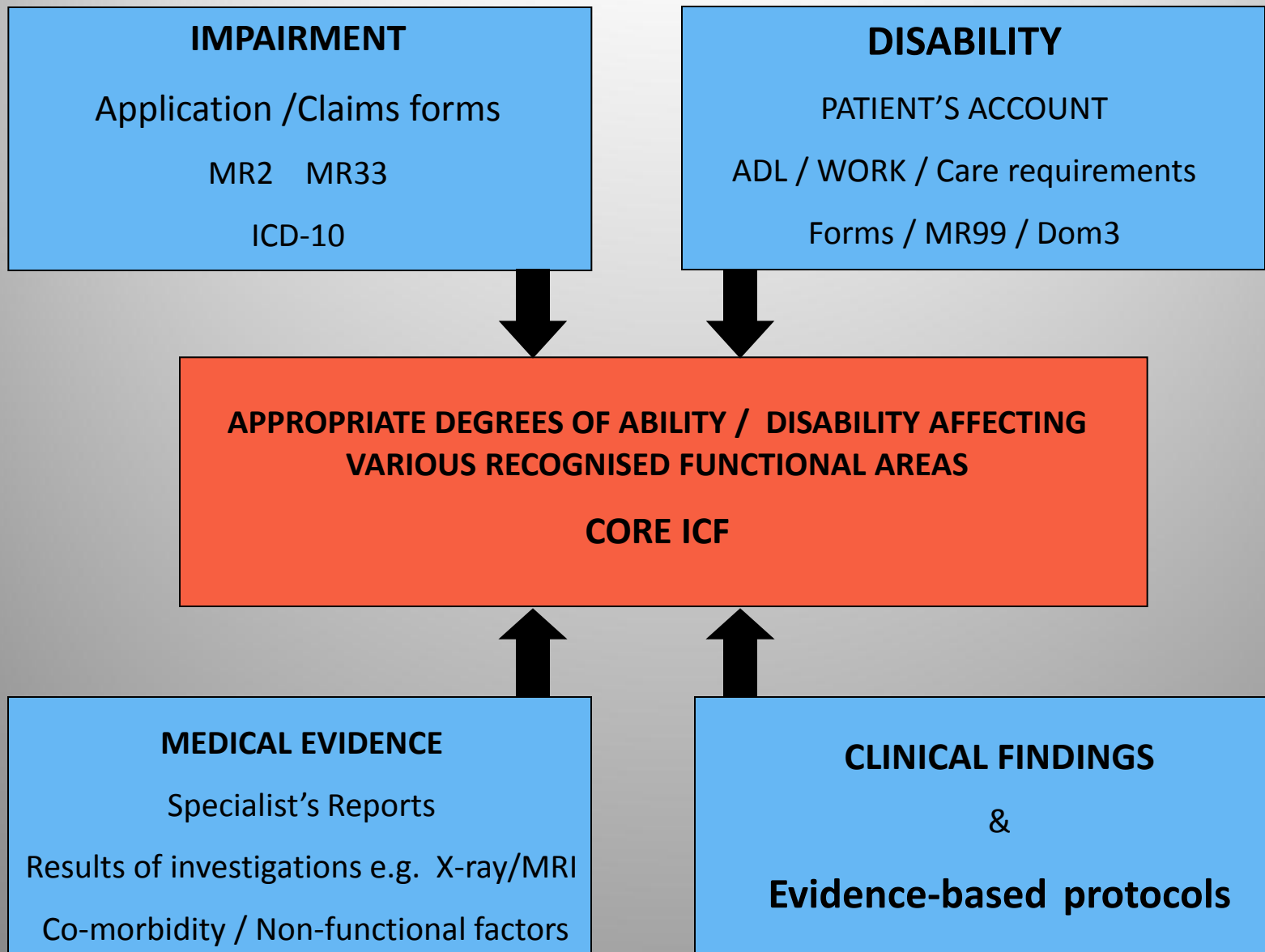
- family functions not being carried out
- reinforcement of disability by family members
- other family members on disability
- marital conflict/dissatisfaction/instability

WORK

- job dissatisfaction
- work-related compensation issues



Ability / Disability Assessment





Ability / Disability Profile

	Normal	Mild	Moderate	Severe	Profound
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning/Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consciousness/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Co-ordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting / Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend / Kneel / Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing Stair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



EVIDENCE-BASED PROTOCOLS

External Panel of Experts

Total of 27 Protocols


- Overview and Definition
- Epidemiology
- Aetiology
- Diagnosis
- Differential Diagnosis
- Treatment
- Prognosis

Analysis of Effect on Functional Ability/Disability

Information gathering at In-Person/Desk Assessment

Indicators of Ability/Disability

Ability/Disability Profile

4.1 MENTAL HEALTH ASSESSMENT An Roinn Coimirce Sóisialaí
Department of Social Protection 

4.1.1 DEPRESSION/ANXIETY/STRESS/PTSD

NORMAL

	YES	NO
Capable of usual ADLs	<input type="checkbox"/>	<input type="checkbox"/>
Continues usual interests & hobbies	<input type="checkbox"/>	<input type="checkbox"/>
Maintains social contacts with family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>
Can travel alone on public transport	<input type="checkbox"/>	<input type="checkbox"/>
Absence of biological symptoms	<input type="checkbox"/>	<input type="checkbox"/>

MILD

	YES	NO
Reduced interest in work & hobbies	<input type="checkbox"/>	<input type="checkbox"/>
Reduced social contact with family and/or friends	<input type="checkbox"/>	<input type="checkbox"/>
Poor sleep or concentration	<input type="checkbox"/>	<input type="checkbox"/>
Short-term (isolated/intermittent) anxiety or stress reaction	<input type="checkbox"/>	<input type="checkbox"/>
Copes well with attending assessment	<input type="checkbox"/>	<input type="checkbox"/>
Receiving anxiolytic and/or anti-depressant treatment	<input type="checkbox"/>	<input type="checkbox"/>

MODERATE

	YES	NO
Downcast gaze and poor eye contact	<input type="checkbox"/>	<input type="checkbox"/>
Avoidant/irritable/hyper-vigilant behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Additional mental health problem(s)	<input type="checkbox"/>	<input type="checkbox"/>
Occasional suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>
Persistent PTSD symptoms years after stressor	<input type="checkbox"/>	<input type="checkbox"/>
Receiving anxiolytic and/or anti-depressant treatment	<input type="checkbox"/>	<input type="checkbox"/>
Attending Psychiatric OPD	<input type="checkbox"/>	<input type="checkbox"/>
Death of partner or 1 degree relative in last 6 months	<input type="checkbox"/>	<input type="checkbox"/>

SEVERE

	YES	NO
Attending Psychiatric Day Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Depressive episodes	<input type="checkbox"/>	<input type="checkbox"/>
Socially isolated with significant lifestyle restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Unkempt appearance	<input type="checkbox"/>	<input type="checkbox"/>
Poverty of Speech	<input type="checkbox"/>	<input type="checkbox"/>
Tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Relies on family/friends to accompany them outside home	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Lithium/Psychotropics or multiple drug therapy	<input type="checkbox"/>	<input type="checkbox"/>
Frequent suicidal ideation and/or suicidal action in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>

PROFOUND

	YES	NO
Incapable of independent living	<input type="checkbox"/>	<input type="checkbox"/>
Attempted suicide in past 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Persistent suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent Psychiatric admission in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Treated with ECT in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Confined to home	<input type="checkbox"/>	<input type="checkbox"/>
Frequent home visits from GP/Psychiatrist/Psychiatric Nurse	<input type="checkbox"/>	<input type="checkbox"/>



DETERMINATION OF SCHEME ELIGIBILITY

1. Severity of Impairment
2. Degree of resultant disability
3. Amount of resultant care requirements
4. Expected duration of condition
5. Other factors (non-medical, yet relevant, factors)

e.g.

Job type

Age

Education / Vocational training / Work experience

Psycho-socio-economic

Duration on scheme

Outcomes of previous assessments



WORK, HEALTH & WELL-BEING

Within the remits of their Sickness & Disability, people with Common Health Problems should be encouraged & supported to remain in, or re-enter, work as soon as possible.

- Is therapeutic
- Helps to promote recovery & rehabilitation
- Minimises harmful physical, mental and social effects of long-term sickness absence.
- Reduces the risk of long-term incapacity.
- Improves quality of life and well-being.
- Reduces poverty.
- Leads to better outcomes.



EMPLOYMENT

- Employment is generally the most important means of obtaining adequate economic resources, which are essential for material well-being and full participation in society.
- Work meets important psychosocial needs in societies where employment is the norm.
- Work is central to individual identity, social roles and social status.
- Employment and socio-economic status are main drivers of social gradients in physical and mental health and mortality.



RE-EMPLOYMENT

There is strong evidence that re-employment leads to improved self-esteem, improved general and mental health, and reduced psychological stress and psychiatric morbidity.

The magnitude of this improvement is more or less comparable to the adverse effect of job loss.

HEALTH AFTER MOVING OFF SOCIAL WELFARE BENEFITS

Claimants who move off benefits and (re) – enter work generally experience improvements in income, economic status, mental and general health and well-being.



UNEMPLOYMENT

There is strong evidence that unemployment is generally harmful to health, including:

- Higher mortality.
- Poorer general health and long-standing illness.
- Poorer mental health, psychological distress and psychiatric morbidity.
- Higher medical consultations, medication consumption, and hospital admission rates.



DSP POLICY

- There is a wealth of evidence to show that employment is good for one's mental and physical health and conversely, that unemployment is damaging to one's mental and physical health.
- The longer a patient is off work, the lower their chances of ever returning to work.
- Increase in progression to chronic disability from acute common health problems

POLICY CHANGE from PASSIVE to **PROACTIVE**

- Early Intervention is Crucial (preferably to engage GPs/Employers/Employees)
- Transforming Disability into Ability (OECD)
- Focus on what a person **CAN DO** rather than CANNOT DO
- Renaissance Project / Partial Capacity Benefit / Closed Certification



RENAISSANCE PROJECT

AIM :

To determine if *early intervention*, using *international evidence-based guidelines* in the assessment of claimants with LBP, would decrease the incidence of progression to chronic pain and disability.



DIAGNOSTIC TRIAGE

1. **Simple Back Pain**
2. **Nerve Root Pain**
3. **Serious Spinal Pathology**



SIMPLE LOW BACK PAIN

- 20 - 55 yrs
- L/S region, buttocks and thighs.
- Mechanical in nature.
- Patient well.



NERVE ROOT PAIN

- Unilateral leg pain > LBP.
- Pain generally radiates to foot or toes.
- Numbness or paraesthesia in same distribution.
- Nerve irritation signs (SLR test).
- Nerve compression signs ---motor, sensory or reflex changes.



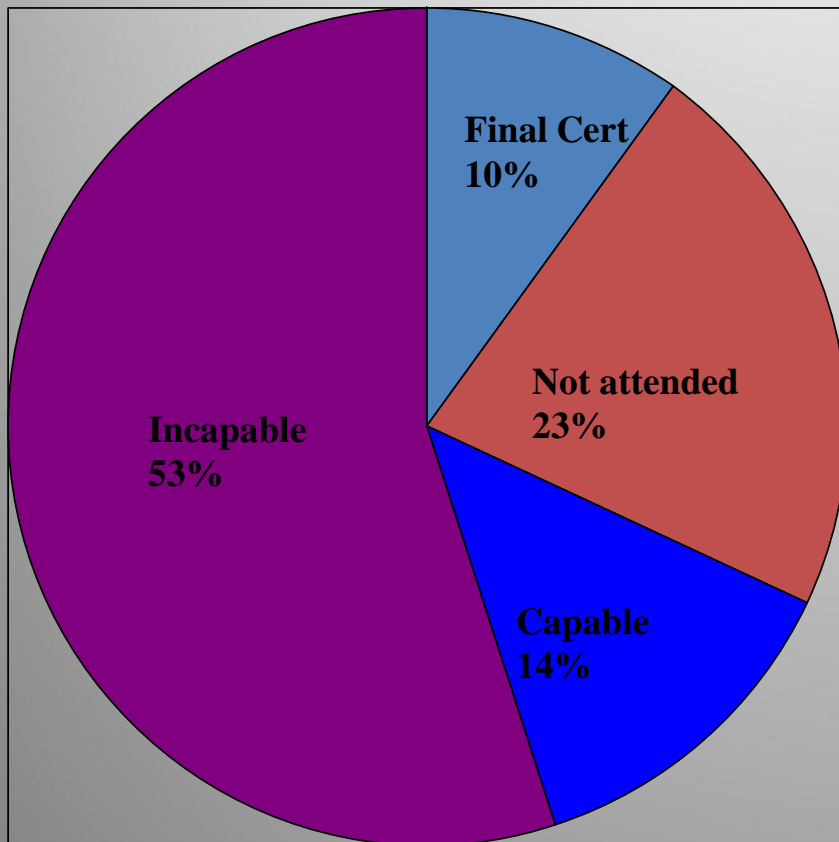
SERIOUS SPINAL PATHOLOGY

- Age < 20yrs > 55yrs
- Violent Trauma
- Constant, progressive, non-mechanical
- Thoracic pain
- Previous Hx of CA, Systemic steroids, HIV
- Unwell - Wt. loss / fever
- Widespread Neurology
- Structural Deformity
- Cauda Equina Syndrome
- Inflammatory disorders

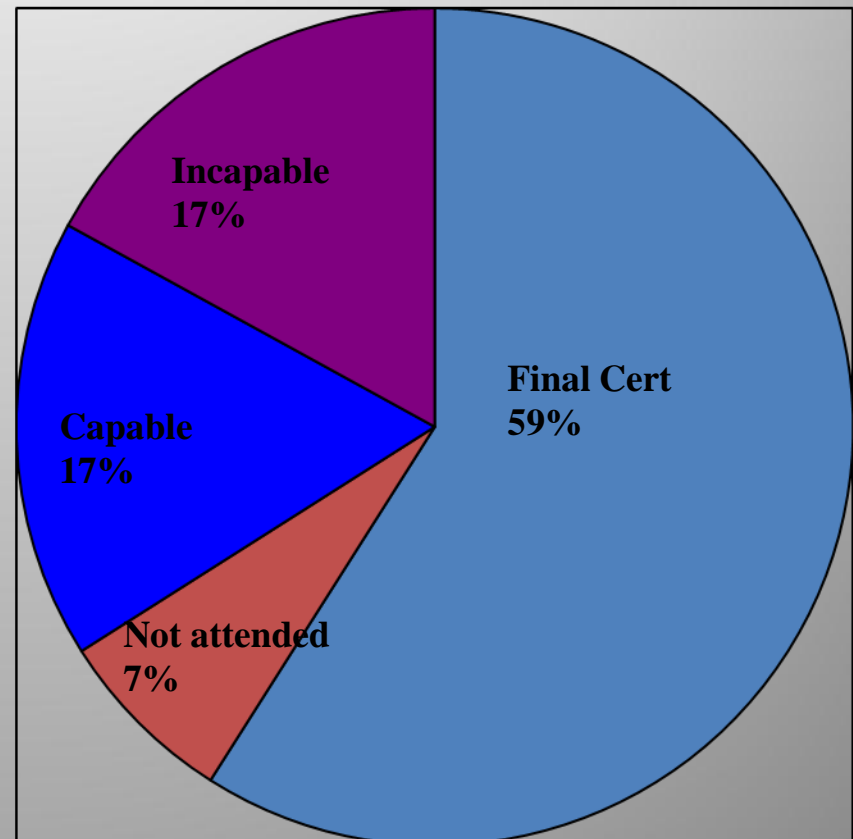


RENAISSANCE PROJECT

Outcomes for General Benefits



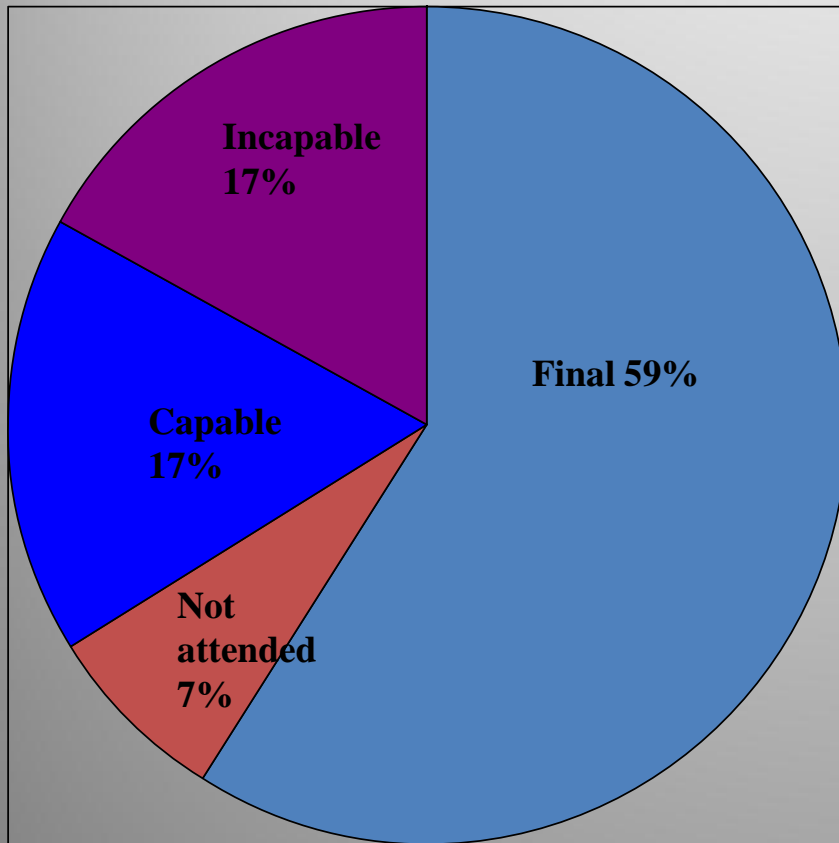
Outcomes for Project Group



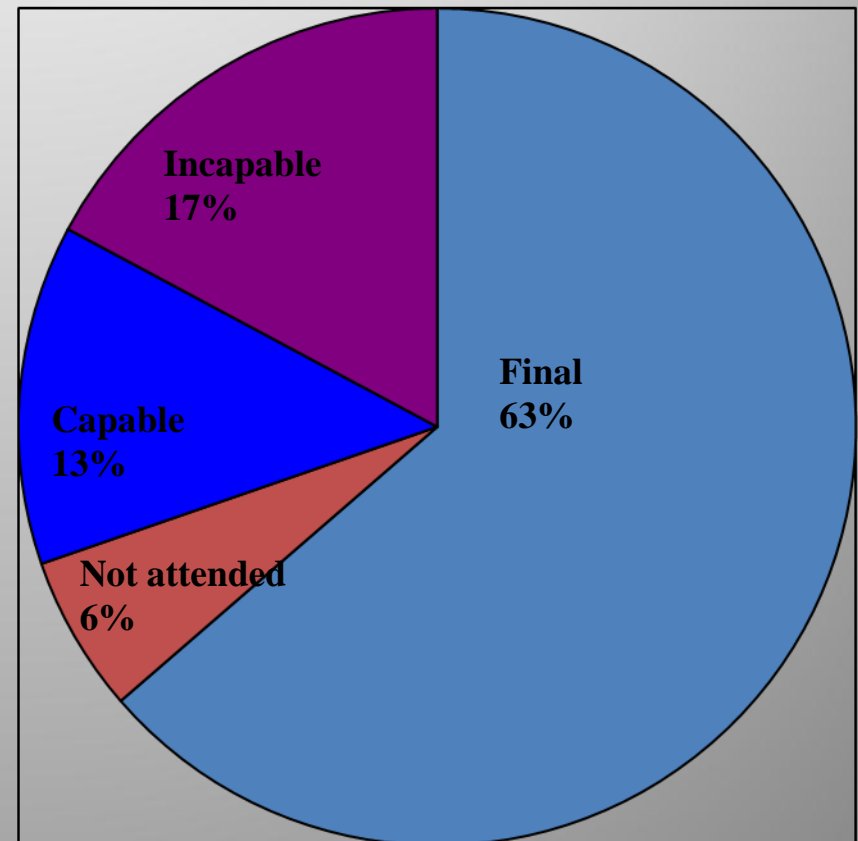


RENAISSANCE PROJECT

Outcomes for Project Group



Outcomes for Follow-on Project Group





PARTIAL CAPACITY BENEFIT

Allows people with reduced capacity to return to work and receive payment from DSP

Assess Partial Capacity in All Categories of Work			
Normal	100 – 95%	Not Eligible	IPA
Mild	95 – 80%	Not Eligible	IPA
Moderate	80 – 50%	Eligible	50% of Benefit
Severe	50 – 20%	Eligible	75% of Benefit
Profound	20 – 0 %	Eligible	100% of Benefit



CLOSED CERTIFICATION

- The complexities and challenges that GPs face with certification deserve understanding and consideration.
- **Closed Certification:** refers to the concept of having evidence-based, defined, periods of recovery for common medical conditions, and common uncomplicated surgical procedures.
- Closed certification guidelines for general practitioners should serve as an evidence-based assessment tool and resource, **to assist GPs** in the appropriate certification of patients **resulting in better outcomes for their patients.**
- The employee with the health problem, the general practitioner, the employer, the taxpayer and society in general should all be beneficiaries.



CLOSED CERTIFICATION

Guidelines helpful with patients

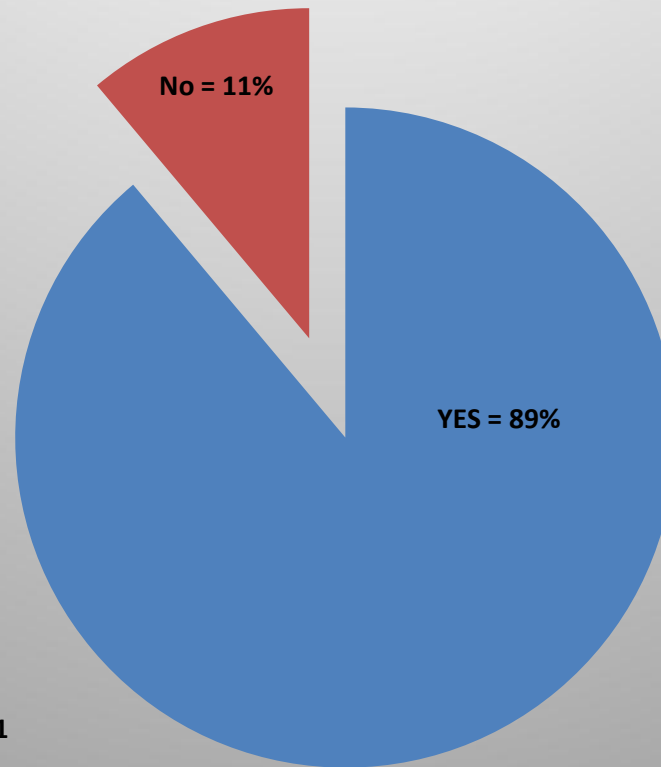
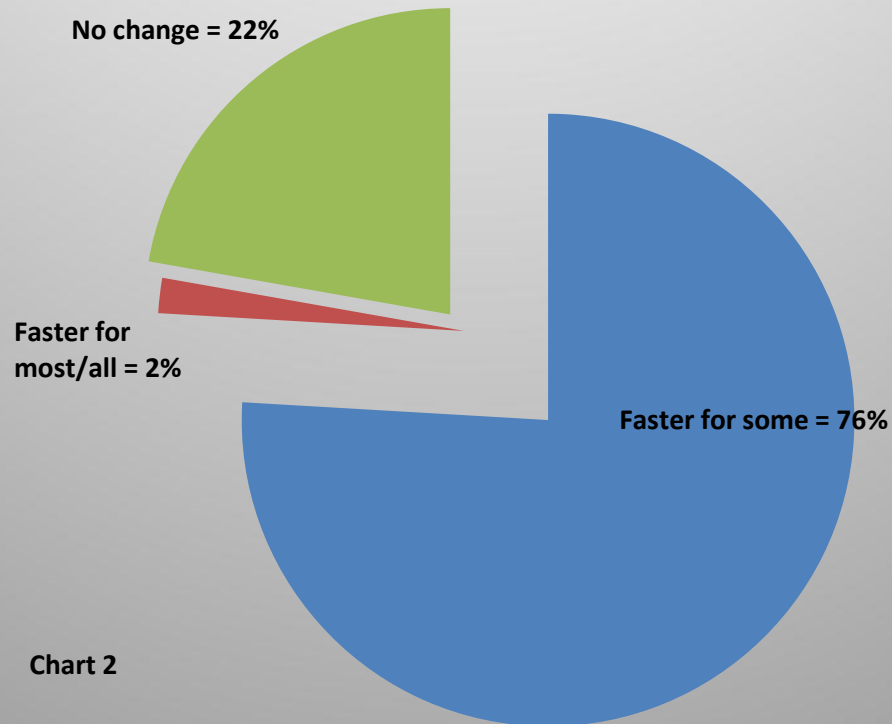


Chart 1



CLOSED CERTIFICATION

Return to Work





CLOSED CERTIFICATION

Health Outcome

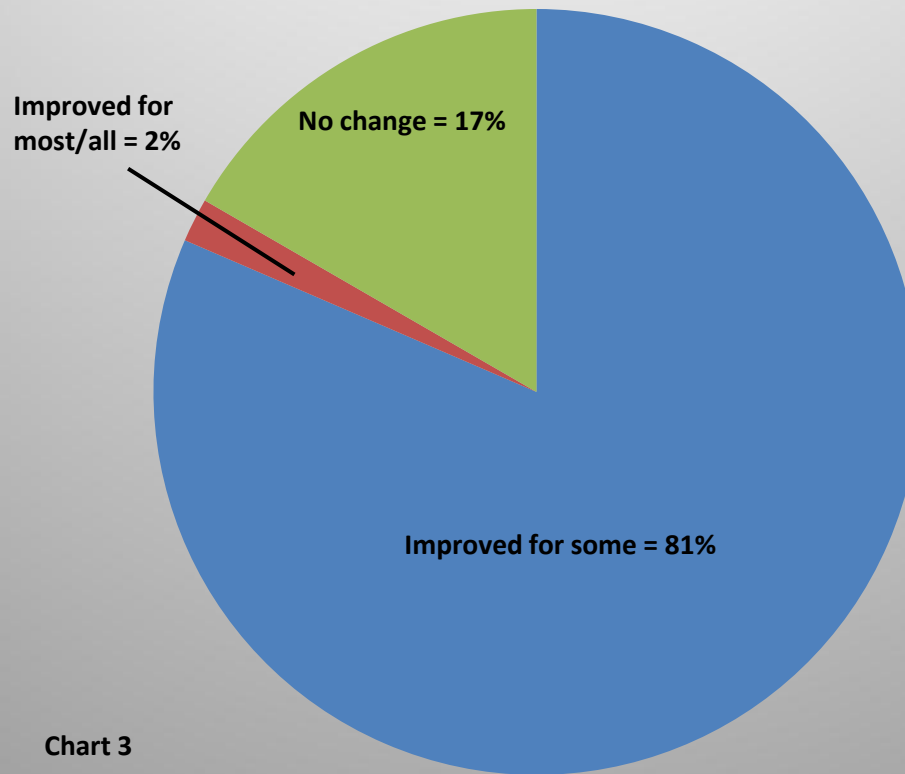
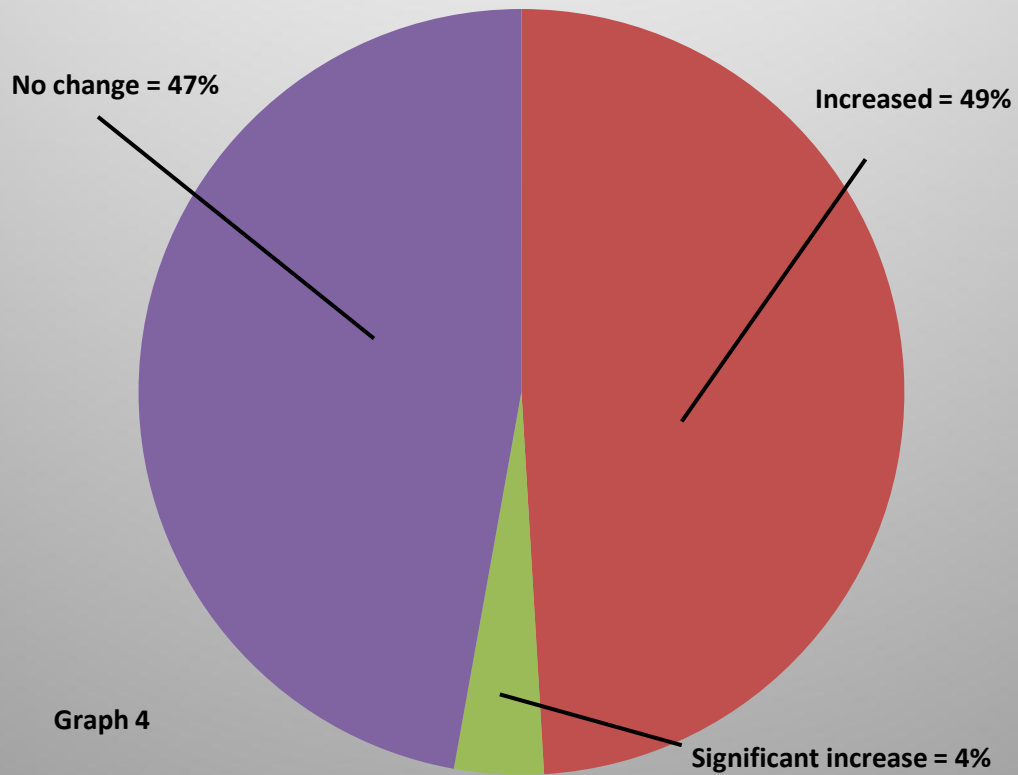


Chart 3



CLOSED CERTIFICATION

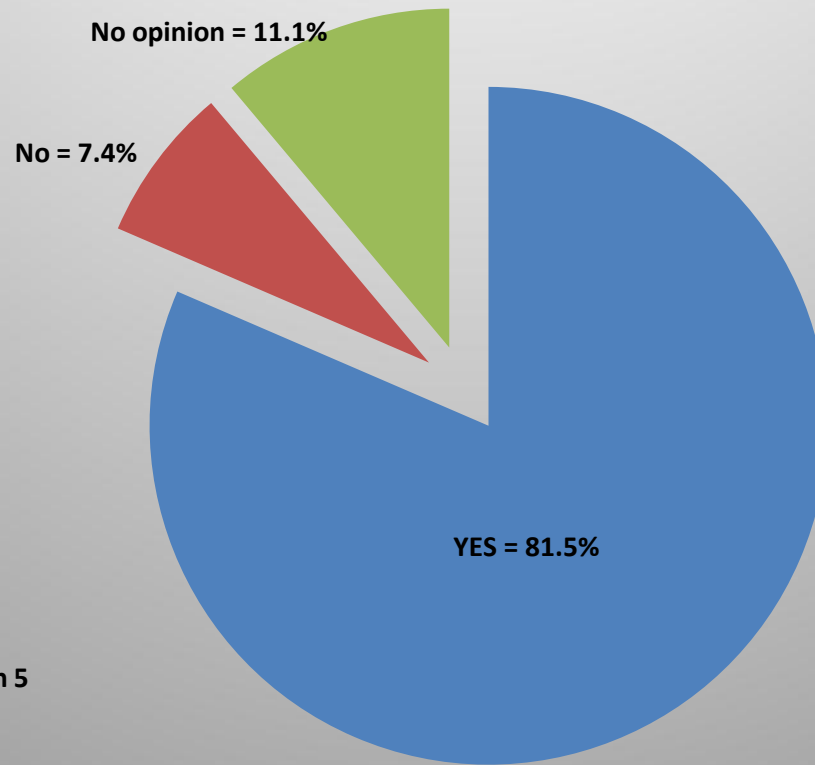
Workload





CLOSED CERTIFICATION

Roll out guidelines nationally



Graph 5



σας ευχαριστώ Dziękuję Ju faleminderit
Thank you Kiitos תודה Danke
Спасиби Hvala Grazie
Děkuji Mulțumesc شکرا
Gracias **Go raibh maith agat** धन्यवाद
Diolch yn fawr Tak
谢谢 ありがとう Dank u
Terima kasih Merci Teşekkür ederim D'akujem
Tack آپ کا شکریہ Salammat