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Fit for Work?

Early Intervention & Labour Market Participation among
European workers with MSDs

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Fit for Work?

- Healthy workers – central to competitiveness
- Musculoskeletal Disorders (MSDs) & lost Productivity
- Societal benefits of Healthy Workers
- Does HTA help or hinder the objectives of labour productivity and social inclusion?

Healthy Workers?

- Over 16 per cent of EU workers have a long-standing, work-limiting, health condition
- A growing proportion of sickness absence from work in EU is caused by Mental Health issues
- But the majority of absence caused by musculoskeletal disorders (MSDs) – over 200 conditions of bones, joints & connective tissue
- High levels of work incapacity have economic & social consequences – and inhibit competitiveness

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MSDs in the EU

- 100m people in the EU suffer from chronic musculoskeletal pain
- MSDs account for 50 per cent of all work-related disorders & 60 per cent of permanent work incapacity in the EU
- Almost 50 per cent of all absences from work of 3 days or more are caused by MSDs
- Represent up to 3.8 per cent of EU economic output

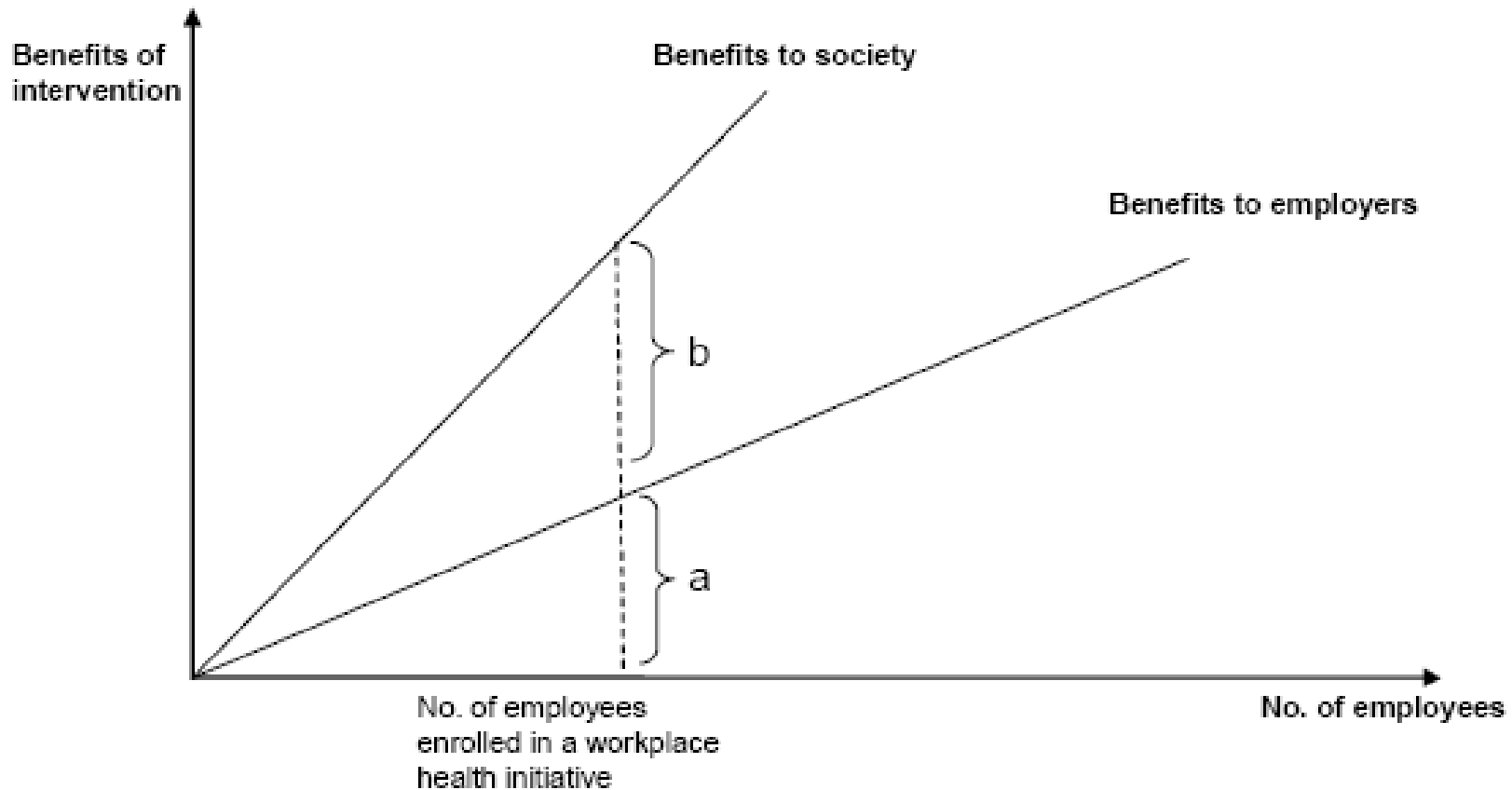


MSDs and Lost Productivity

- Total annual costs of LBP in US estimated at \$625 billion
- 85% of these costs are indirect – employment & domestic productivity losses – similar in EU cases
- Example - Swedish study of LBP suggests annual total costs of 20,700 euros per patient (17,600 euros in lost productivity)
- Workers with Rheumatoid Arthritis can lose up to 40 days of productive time if they receive no treatment and have no adjustments to their working arrangements
- Average loss of productivity resulting from people with RA in the UK leaving work is £287,500

Societal Benefits of Healthy Workers

The gap between private and social benefits



Early Intervention

- Importance of early diagnosis, intervention & treatment – keeping in work is crucial
- Focus on capacity not incapacity
- Patients can be Workers too
- (Good) Work is good for health – job retention & supportive rehabilitation work for most people when job demands are adjusted
- Successful Return to Work is a legitimate clinical outcome

Example – Diagnostic Triage – Back Pain

- 600 early referral Back Pain claimants offered ‘triage’ intervention to improve workability
- Percentage subsequently assessed as fit for work grew from 20% in the year before the intervention to 64% post-intervention
- 40 per cent reduction in progression to long-term incapacity
- Saving of 560,000 euros compared with previous year



Example – Early treatment of RA with Biologics

PROWD: Job loss/ imminent job loss and Work time lost over 56 weeks



Key Issues

- MSDs are economically & socially important – and will grow in significance
- Becoming ‘detached’ from the labour market with an MSD can be difficult & costly to individuals & society
- Early interventions are available and are often cost-effective
- HTA which does not take into account the wider economic & social costs & benefits can result in poor labour market outcomes for patients of working age

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