

A nation-wide pilot project for early rehabilitation of low back pain workers : an implementation study

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Project background - 2004

- A “multidisciplinary back rehabilitation” program (meeting international guidelines) becomes part of the medical treatments taken in charge by the Belgian Health care system.
- After years of discussion, social agreement between employers and trade unions endorsed by the Belgian government :
access to compensation for some occupational diseases restricted
AND
decision to recognise “work-related” diseases (before only occupational ones were compensated) : this new category will benefit from prevention programs

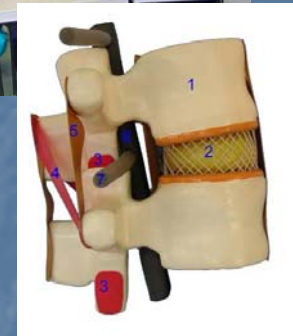
Project background

- 2004 : a “Royal decree” allows the Fund for Occupational Diseases (FOD) to launch a pilot project for back pain prevention among nursing staff exposed to back pain risk factors in general or geriatric hospitals
- Back pain = 1st recognised work-related disease

The Belgian health care multidisciplinary back rehabilitation program



36 sessions (max)
of 2 hr duration



+

Pain emotional
components by a
psychologist



Ergonomics module by a
trained team member

The FOD back prevention project – a return to work program

→ Medical axis

- Incentives to the worker/patient for entering the Health Insurance back rehabilitation program (no charge for the patient)



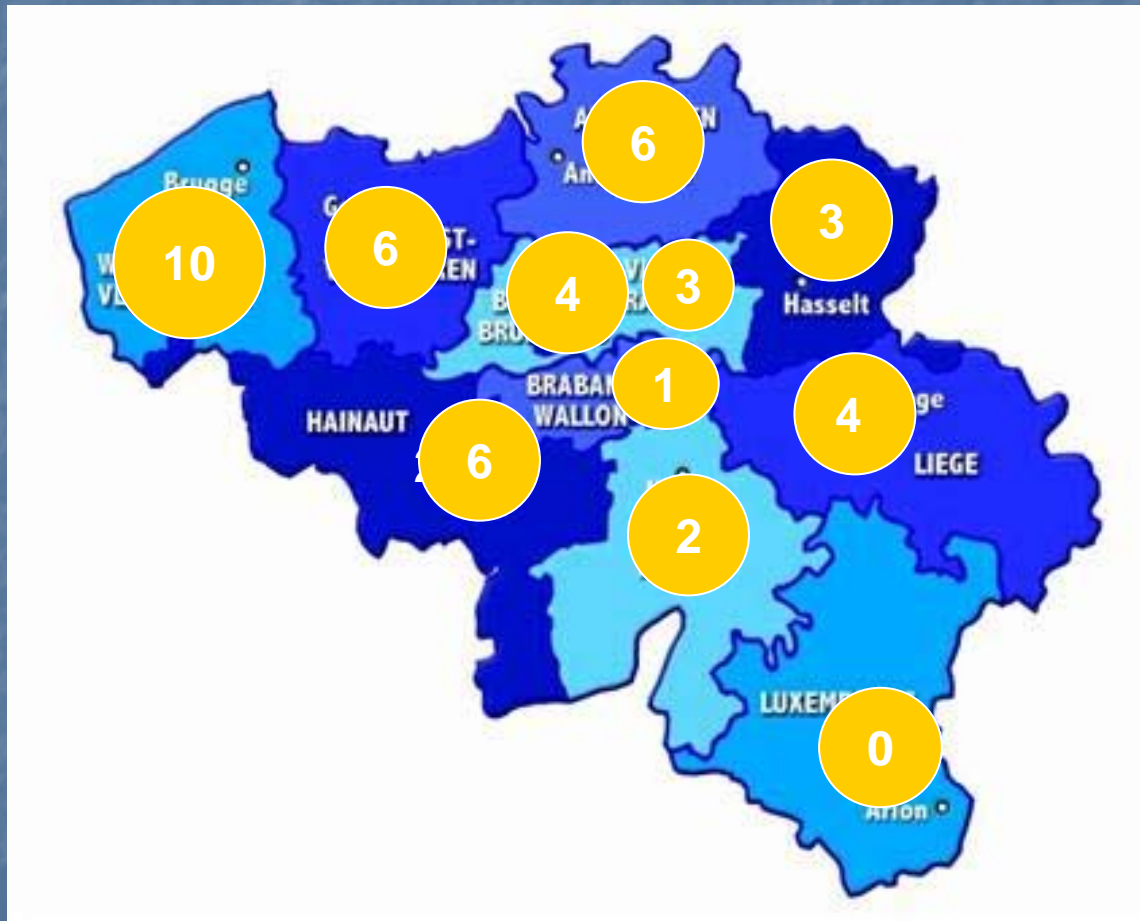
→ Workplace axis

- Promoting an **ergonomic analysis** of the worker tasks (250 € incentive for the employer)

→ Networking

- Caring physicians (GP's, rehabilitation physicians,...) and occupational health physicians (OP)

Medical axis : 45 rehabilitation centres under contract with FOD



Are providing the multidisciplinary back program

FOD back prevention project

→ Workplace axis

- OH service and occupational health physician tasks: informing employers and target people, assessing inclusion criteria for applicants, stimulating ergonomics analysis, looking for work accommodations to facilitate RTW
- 22 OH services at the country level

→ Project duration

- 12 months starting March 1st 2005
(and prolonged since for 1 more year)

Target population

- **Hospital staff** performing manual handling of patients
- **AND being off work due to non-specific low back pain**
 - Since minimum 4 weeks and maximum 3 months
- AND without a surgical indication or other medical conditions precluding the participation
- AND willing to participate on a voluntary basis



Evaluation study 1st year project intermediate outcomes measure

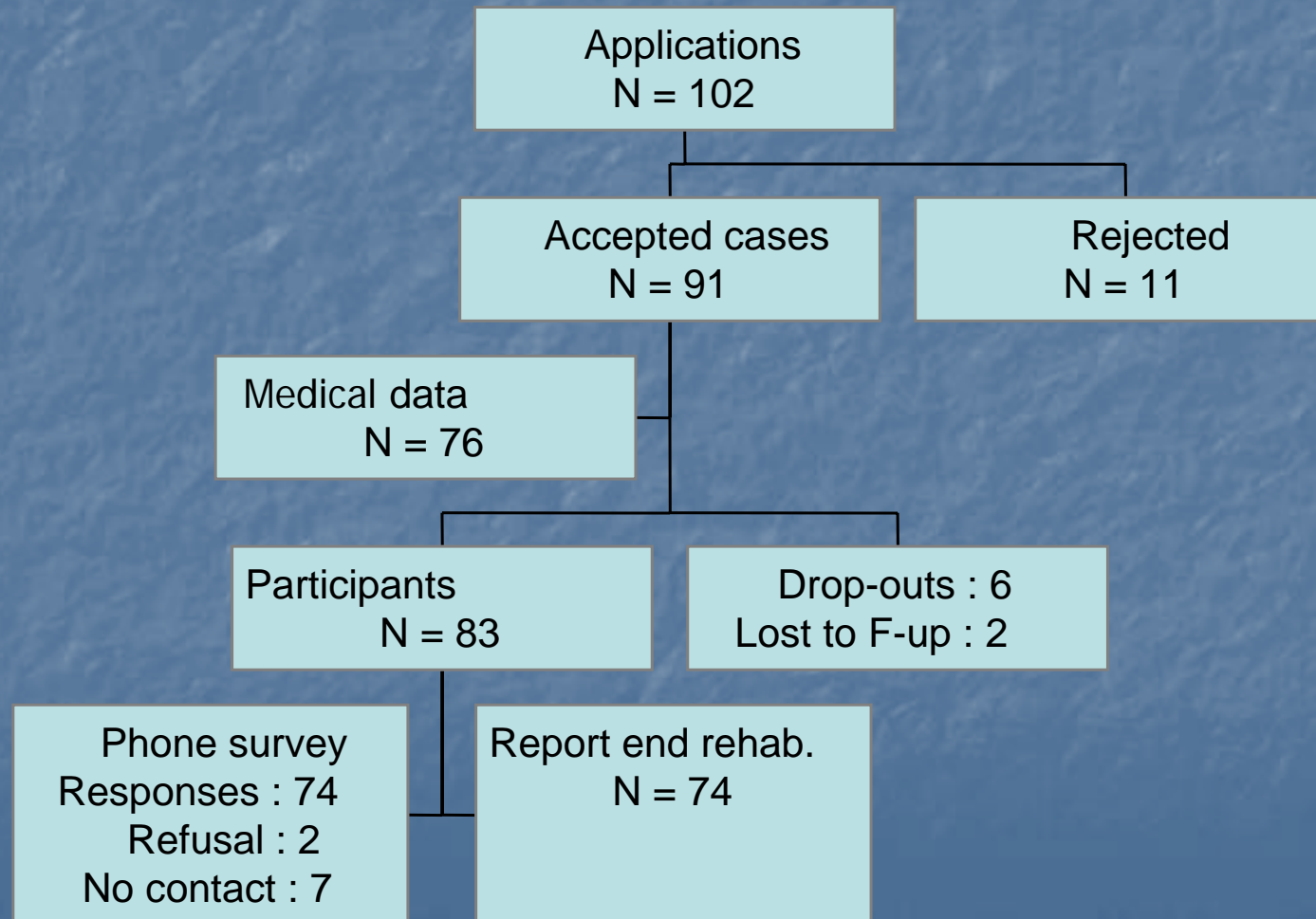
- Data collection about the participants :
 - Application forms : demographic variables, low back pain history and clinical data at entry
 - End of rehabilitation reports; number treatment sessions received; RTW yes / no
 - Form completed by OP when worker resumes work
 - Phone survey data (June and July 2006)
- Summary results :
favourable (i.e 79% return to work before 18th rehab session, 98,7% before treatment end)
but no control group...

Evaluation study 1st year project

- process evaluation

- Aiming at describing:
 - information spreading,
 - rate of participation,
 - admission procedures and paths,
 - rehab treatment length,
 - practical measures taken in the hospitals for facilitating return to work....etc
- Additional data collection :
 - Discussion transcripts of the information sessions organised in the country for promoting the program
 - Interviews with program stakeholders
 - Phone interview of a random sample of general practitioners (Oct 2005)

Flow chart of program participation (first 12 months)



Process evaluation a few striking results

- (Very) low rate of participation
(102 applications versus about 300 expected during 1st year)
- Imbalance in the program application :
medical component >> workplace
intervention

Barriers to participation : target population not aware of the program

- Information challenge !
How to disseminate quickly information to 172 hospitals, hundreds of nursing homes for elderly people, about 90.000 nursing staff, 22 OH prevention services (and their 600-700 OP's), 36 rehabilitation centres, hundreds of caring physicians, ...?
- Trade unions in health care sector not so keen to push for a program that they perceived as discriminating against staff categories other than nursing
- In a given hospital, expected number of nurses on sick leave > 4 weeks for LBP is per se low (estimated incidence : 5 to 8/1000 per year)
 → employers or OH services may have other priorities...

Barriers to participation

- When aware of the program, back pain sufferers in nursing may not be motivated to participate
 - Their GP are afraid not to get the patient back after the treatment in the centre or are putting more emphasis on passive treatments for LBP
 - The opportunity to meet the OP during the sickness absence still not known by many workers
 - Wrong beliefs : "movement would aggravate my injury"
 - Privacy : "the rehab centre being in my own hospital, everybody will know my health problem and status"

Barriers to a balanced application of the program

- Medical rehabilitation component :
 - Benefit from the support given by the health care system : content and procedures precisely defined, standardised assessment tools, good return on investment if applied at a large scale
- Workplace intervention much less developed:
 - content not so well formalized
 - money incentives too low from the OH services point of view
 - difficult to carry out if a prevention policy has not been endorsed by the employer and the workers representatives
 - employers' culture of 100% fitness for work does not match the program aim : facilitating an early return to work

Conclusion

- The availability of an evidence supported intervention model (like the Sherbrooke model) was key in the introduction of a multidisciplinary back rehab program in the Belgian health care system
- The implementation process of an evidence-based intervention at a country level is another story and warrants more research in the future
- If starting such an intervention directly at a national level should theoretically not be advised, should we restraint social forces when they are going in the right direction ?

Continuing story ...

- May 27th 2007 : Royal Decree
The “pilot” project is given permanent status and the target population is extended to all workers in Belgium, whatever the industry sector, exposed to back pain risk factors (manual handling, or whole body vibration)

Thank you for your attention !

