

# **Assessments of functional activity and ability: Results and experiences of a new Swedish assessment tool**

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## *Background*

As Swedish regulations require assessment in relation to any job on the labor market after 180 days of sick leave, the Swedish Social Insurance Agency (SSIA) has developed a tool for assessing functional activity and ability (AFU). It has been piloted since 2011 and is approaching full-scale implementation. The AFU involves a self-assessment followed by an investigation by a physician, covering physical and mental function, balance, hearing, vision, and expectations of return to work. Extended investigation can be used and may include occupational therapists, physiotherapists, and/or psychologists. Results are related to a database of descriptions of job demands in approximately 40 typical occupations.

## *Aim and methods*

The aim was to study the predictive value of the AFU on future sick leave, and the social validity (perceived fairness) of the tool. Predictive value was investigated through univariate and multivariate regression analyses of 300 case files coupled with register data, with sick leave after 6 months and number of sick leave days after the AFU as outcome measures. Social validity was investigated through 36 qualitative interviews with individuals on sick leave, and analysis of their case files.

## *Results*

In the physician's assessment, mental function was the only aspect significantly related to sick leave after 6 months (OR=1.70,  $p<0.001$ ) and long-term sick leave (OR=1.64,  $p<0.001$ ). In the multivariate analysis, self-rated work ability was the only significant predictor of sick leave after 6 months (OR=0.65,  $p<0.001$ ) and long-term sick leave (OR=0.62,  $p<0.001$ ).

The AFU was generally perceived to be fair when leading to continued benefits, but unfair when benefits were denied. While some experienced good treatment and that the AFU lead to new diagnoses and treatments, some did not understand the purpose or procedure of the AFU. An analysis of conflicts between sick-listed and the SSIA showed that very few protests lead to changed decisions.

## *Conclusions*

Generally, the AFU seems to be fair, as assessments of physicians, SSIA officials and individuals are coherent and there are no differences based on sex or age. The AFU may also be perceived as unfair, and the analysis illustrates the difficulties of contesting the SSIA's interpretation of the AFU.