

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

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Background

- In 2010, the Swedish Social Insurance Agency (SSIA) started developing a new assessment tool for functional activity and ability - **AFU**
- Based on regulations that require assessment of abilities in relation to any job on the labor market
- The tool has been piloted since 2011 and is approaching full-scale implementation

Contents of the AFU

- SSIA officials order the assessment, which is performed in clinics with specially educated staff
- The AFU begins with a self-assessment by the individual, followed by an investigation (about 1 hour) by a physician, covering physical and mental function, balance, hearing, vision, and expectations of return to work
- Extended investigation may be ordered if the physician finds it necessary, and may include occupational therapists, physiotherapists, and/or psychologists
- Results are communicated back to the individual and the SSIA
- SSIA makes a decision on benefits after consultation with specialists, and in relation to a database of descriptions of job demands in approx. 40 typical occupations

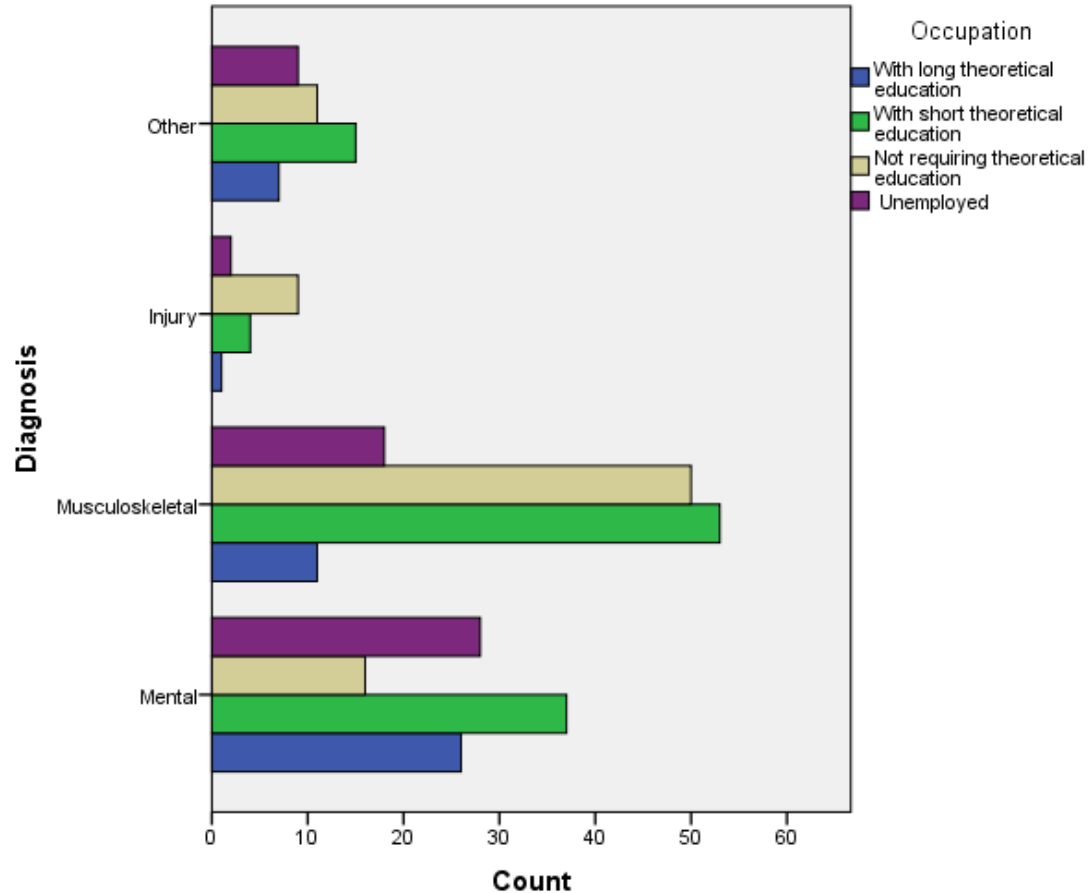
Our study

- The aim was to evaluate the tool through focusing on:
 - Predictive value of the AFU on future sick leave
 - Social validity (perceived fairness)
- Investigated through:
 - 300 case files coupled with register data
 - Interviews with people on sick leave (36, including analysis of case files)

Predictive value of the AFU

- We studied the predictive value of the dimensions in the AFU assessment in relation to:
 - Whether or not individuals were sick-listed after 6 months
 - Number of sick leave days after AFU
- Analyzed through univariate and multivariate regression analyses, adjusted for age and sex

Diagnoses by educational level



Descriptives

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	Total (N=300)	Men (N=95)	Women (N=205)	p-value
Age				0.005
20-34	16 %	14 %	17 %	
35-44	21 %	12 %	25 %	
45-54	26 %	24 %	27 %	
55-65	37 %	51 %	31 %	
Type of employment				0.03
Employed	73 %	65 %	77 %	
Unemployed	19 %	24 %	17 %	
Self-employed	6 %	11 %	4 %	
Other	2 %	1 %	2 %	
Educational level required by job				<0.001
Long education	15 %	5 %	20 %	
Medium education	37 %	18 %	45 %	
Short/no education	29 %	53 %	18 %	
Unemployed	19 %	23 %	17 %	
Diagnosis				<0.001
Musculoskeletal	44 %	51 %	41 %	
Mental	36 %	22 %	43 %	
Injuries	5 %	12 %	2 %	
Other	14 %	16 %	14 %	

Outcome measures in the study

	Total (N=300)	Men (N=95)	Women (N=205)	P-value
Sick-listed 6 months after AFU	58 %	57 %	59 %	0.69
Number of sick leave days after AFU	316.13 ± 243.04	288.55 ± 226.49	328.82 ± 249.08	0.19
SSIA decision after AFU				0.21
0 % work disabled	28 %	29 %	28 %	
25 % work disabled	5 %	2 %	6 %	
50 % work disabled	11 %	8 %	13 %	
75 % work disabled	5 %	2 %	6 %	
100 % work disabled	51 %	59 %	48 %	

- 39% of those denied benefits (not considered work disabled) later returned with a new sick leave spell

Univariate results

- People in jobs with less educational demands have a **lower risk** for being on sick leave after 6 months (OR=0.36, $p=0.01$; OR=0.34, $p=0.02$), and for long-term sick leave (OR=0.43, $p=0.008$; OR=0.41, $p=0.01$)
- People with mental diagnoses have a **higher risk** for being on sick leave after 6 months (OR=2.38, $p=0.002$), and for long-term sick leave (OR=2.08, $p=0.002$)
- In the AFU, **the assessment of mental function is significantly related to sick leave** after 6 months (OR=1.70, $p<0.001$), and long-term sick leave (OR=1.64, $p<0.001$)
- **People who rate their work ability as higher** have a **lower risk** for being on sick leave after 6 months (OR=0.68, $p=0.002$), and for long-term sick leave (OR=0.68, $p<0.001$)

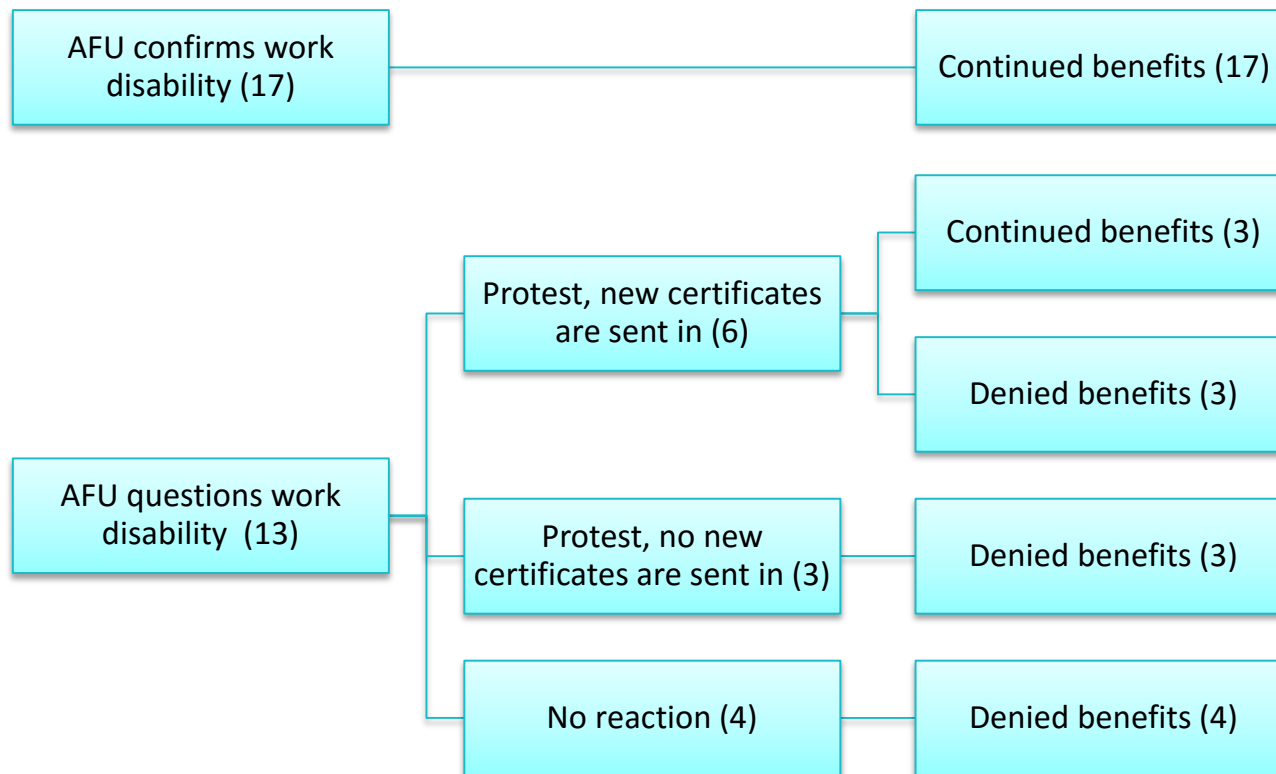
Multivariate results

- Factor analysis resulted in three factors explaining 73% of the variance: 1) self-rated work ability, 2) physical and mental disability, and 3) visual, hearing or speech disability
- **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 ($OR=0.62$, $p<0.001$)
- Other factors in the AFU did not significantly predict sick leave outcomes
- Results from the AFU, self-assessments and SSIA decisions are however generally coherent

Qualitative results

- The AFU is commonly seen as a tool for the SSIA to assess the right to benefits, not as a rehabilitation tool
- The AFU is perceived as unfair and the SSIA as bureaucratic in cases where it leads to denied benefits
- Experiences of the assessment are mixed
 - Some experienced good treatment by the staff, sometimes leading to new diagnoses and treatments
 - Some did not understand the purpose or why the physician asked questions not related to their ability to work, some thought the AFU too standardized and experimental (not performed in context)
 - Common to have return to work as a goal rather than finding a new job

Qualitative results



Conclusions

- The physician's assessment in the AFU does not predict future sick leave
 - However, self-assessments do!
- The AFU seems generally to be fair:
 - The assessments of physicians, SSIA officials and individuals are coherent, no differences based on sex or age
- The AFU may also be (or be perceived to be) unfair:
 - Analyses of conflicts between sick-listed and the SSIA shows that it is difficult to question the SSIA's interpretation of the AFU

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