

Fit for Work – Estonia



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ReumaFoorum

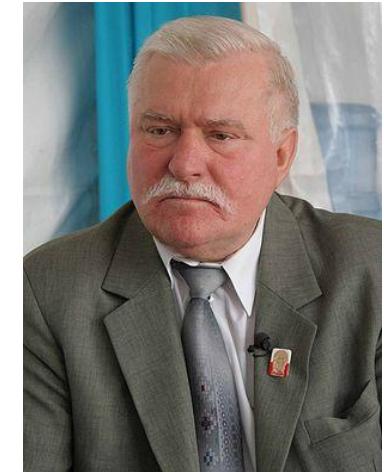
Estonian Rheumatism Association & Estonian Society for Rheumatology

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The 'Fit for Work' Project



- Started in 2007 with the Fit for work UK, the project was subsequently extended to cover 27 more countries in EU and beyond
- President Lech Wałęsa - Global Ambassador for the Fit for Work initiative
- Main underlying ideas:
 - Healthy workers = Healthy economy
 - Musculoskeletal Disorders (MSDs) have a consistent social and economic impact on societies
 - Early diagnosis and early intervention play a key role in reducing the direct, indirect and intangible costs of MSDs to people and societies



Healthy European workers?



- Over 44 million (one in six) members of the EU workforce have a long-standing health problem or disability that affects their ability to work
- Chronic musculoskeletal pain is undiagnosed in more than 40% of cases
- MSDs represent an estimated costs of up to 2% of GDP or 240 billion euros per year
- The number of people exposed to MSD-related occupational hazards is increasing: 33% are exposed to repetitive arm and hand movements and 62.1% of the workforce are manual workers

Impact of MSDs on the society



Non-disclosure
Disengagement
Low productivity

Presenteeism
Long-term absence
Healthcare costs

Early retirement
Disability costs
Skill gaps

Examples from other countries



- Ireland
 - A National Plan for MSDs
 - Rheumatology is now one of the Clinical Lead Programmes of HSE
 - Prof. Oliver Fitzgerald appointed National Clinical Director for Rheumatology
 - National standard referral process for GP's
 - Proposal accepted to develop 20 Physio-led MSD clinics

- Lithuania
 - 40% increase in the uptake of biological treatment for RA

- UK
 - Review of Sickness Absence Policy
 - Welfare Reform & Work Programme
 - Workplace adjustments review
 - 'Fit Note'

I assessed your condition on:

 /

..and, because of the following condition(s):

I advise that: you are not fit for work

you are fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- a phased return to work
 altered hours

- amended duties
 Workplace adaptations

Fit for Work Estonia - Key findings (1)



- Estonia ranks second among other European countries for the prevalence of long-standing illness or health problems, which affect over 40 per cent of Estonian population
- In 2009 the work capacity of 59 per cent of employees aged 15-64 was limited due to long-term problems with hands, legs, back or neck.
- On average 4 people are diagnosed with a case of MSD daily, requiring an average of 6.7 days hospital stay.
- EWCS 2010: 43.5% of employees come to work when sick

Fit for Work Estonia - Key findings (2)



- About 22 per cent of working age population is inactive because of illness or disability
- Over 95,000 cases of MSDs among the working age population were compensated in 2010
- In 2008 almost 6.4 million work days in Estonia were compensated due to temporary incapacity caused by illness, of which MSDs are estimated to account for 16 per cent. Different estimations suggest that sick absence costs the Estonian economy between 6 and 15 per cent of GDP

Key challenges:

- Lack of experience to recognise RA among GPs
- Low awareness of the significance of early referral among individuals.
- Gaps in patient data recorded by rheumatologists
- Lack of reimbursement for physiotherapy and other rehabilitation procedures, much needed in the course of RA treatment
- Lack of support from policymakers

What can be done?



Government

Employers

Joined-up approach
Focus on capacity
Early intervention
Employee voice

Individuals

Medical professionals

What can be done? Estonian Government



- National Plan for people with MSDs – driven forward by a National Clinical Director for MSDs
- Learn from local good practices and examples from other countries
- Improve access to clinical expertise and tackle the shortage of health care professionals and regional variation in access
- UK-style 'Fit Note' encourages GPs to indicate what a worker is still capable of performing.
- Improve the quality of data in Estonia on the health of its working age population.

What can be done? Estonian Employers



- Individual voice in work organisation
- Recognise that managing employee well-being beyond legal compliance can bring benefits for employee engagement and productivity.
- Train line managers in health and well-being matters.
- Imaginative ergonomic adjustments and job design will assist rehabilitation. People with MSDs can stay in work even if they are not 100 per cent fit.

What can be done? Individuals



- Talk to your doctor early
- Know your rights
- Focus on capacity not incapacity
- Play an active part in the management of your condition

What can be done? Healthcare professionals



- Work together with other stakeholders: employers, other medical professionals, individuals and patient groups
- Identify where job retention or early return to work is *good* for the patient
- Seek to refer patients to specialist teams as early as practicable
- Encourage patient self-management



- **Work opens doors for people and can provide income, a sense of purpose, dignity and social connectivity**
- **It is essential to enable individuals to manage their conditions early, so that they can maintain employment status and the quality of their jobs**
- **A joined action is needed from policymakers, employers and healthcare professionals to keep people with MSDs in meaningful employment**

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