



2 YEARS LEGISLATION ON RETURN TO WORK IN BELGIUM: EXPERIENCES OF A LARGE OCCUPATIONAL HEALTH SERVICE

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BACKGROUND

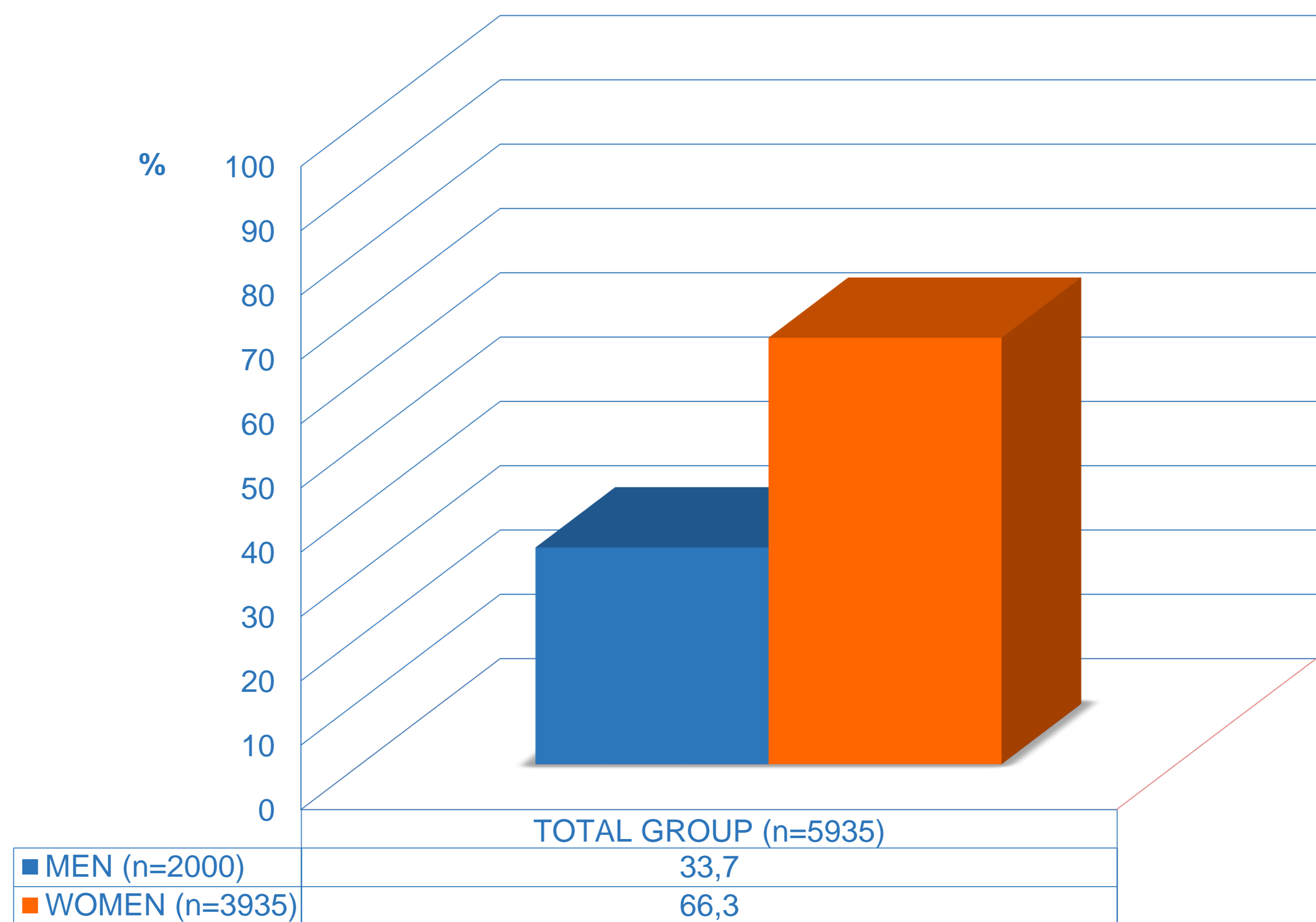
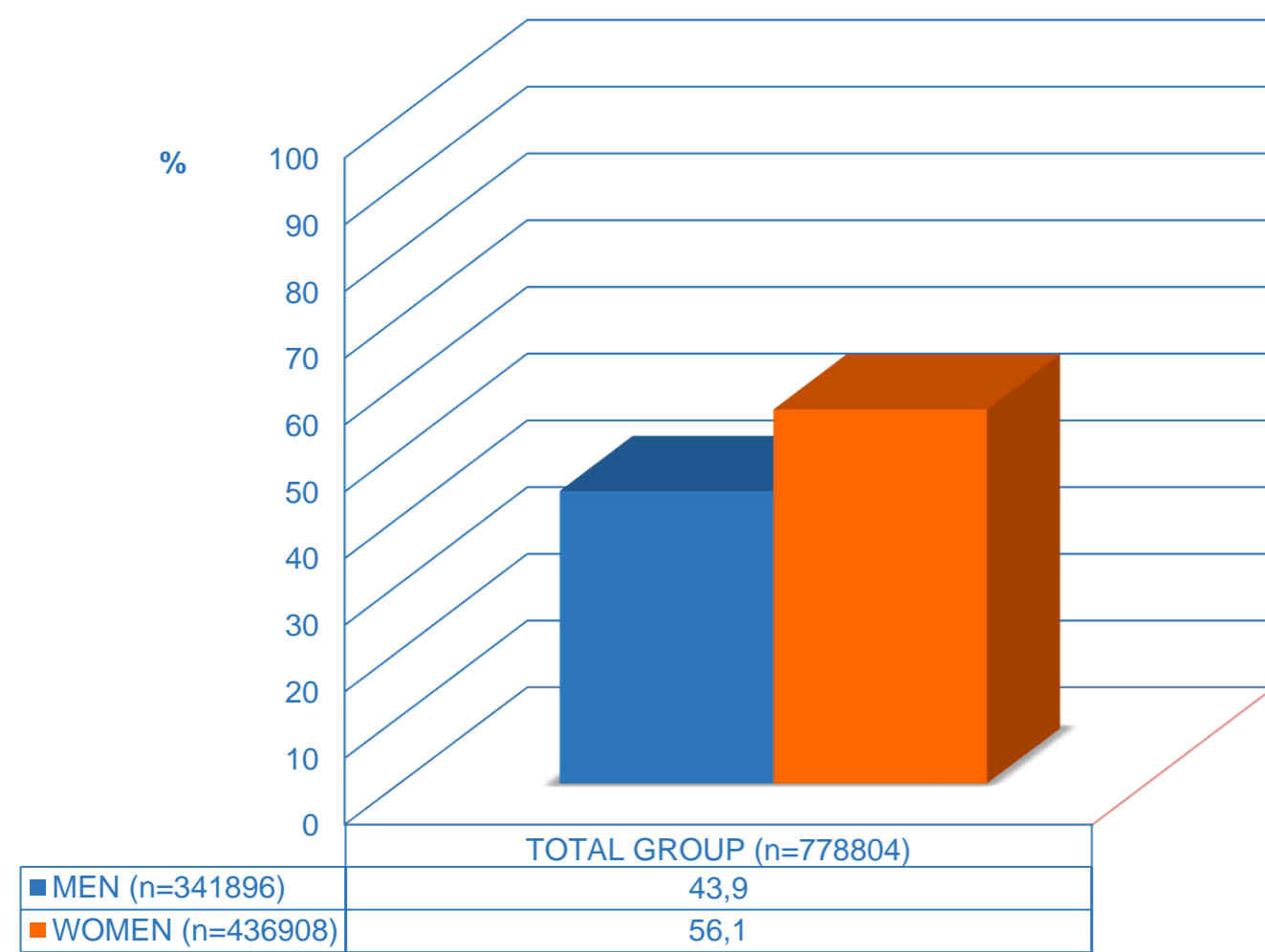
- 28/11/2016: new legislation on *return to work (RTW)*
- Regulation of access to occupational health physicians during sickness absence to support RTW
 - On initiative of employee himself (at any moment during absence)
 - Referral by employer (after 4 months of absence)
 - Referral by general practitioner (at any moment during absence)
 - Referral by medical advisor (at any moment during absence – use of *Quicksan* after 2 months of absence (*see poster session: Quicksan to assess Risk of Long-Term Sickness absence: predictive validity by Goorts K.*))

OBJECTIVES AND METHODS OF THE STUDY

- What? Assessment of the conditions for which RTW carried out by the regulations of the new legislation was more successful
- How? By analyzing the trajectories carried out by IDEWE
 - one of the largest Occupational Health Services in Belgium
 - +/- 800 000 employees under occupational health surveillance
 - 5 935 trajectories from 1/1/2017 until 17/12/2018
 - Descriptive analyses: distribution of trajectories by gender, age, company size, initiator, sector of employment and duration of sickness absence
 - Regression: to study the relation between the outcome 're-integration' and the various covariates (see above)

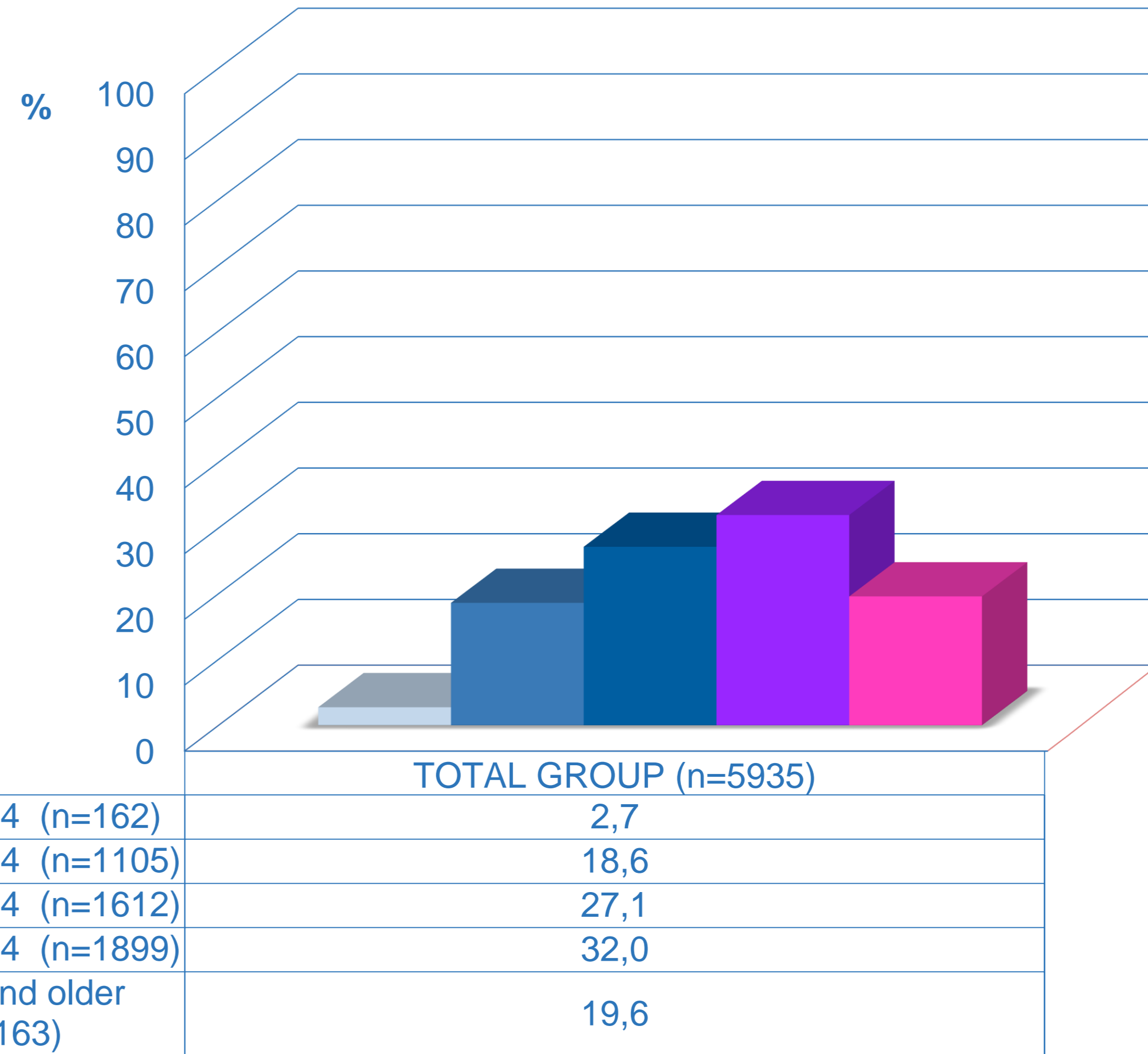
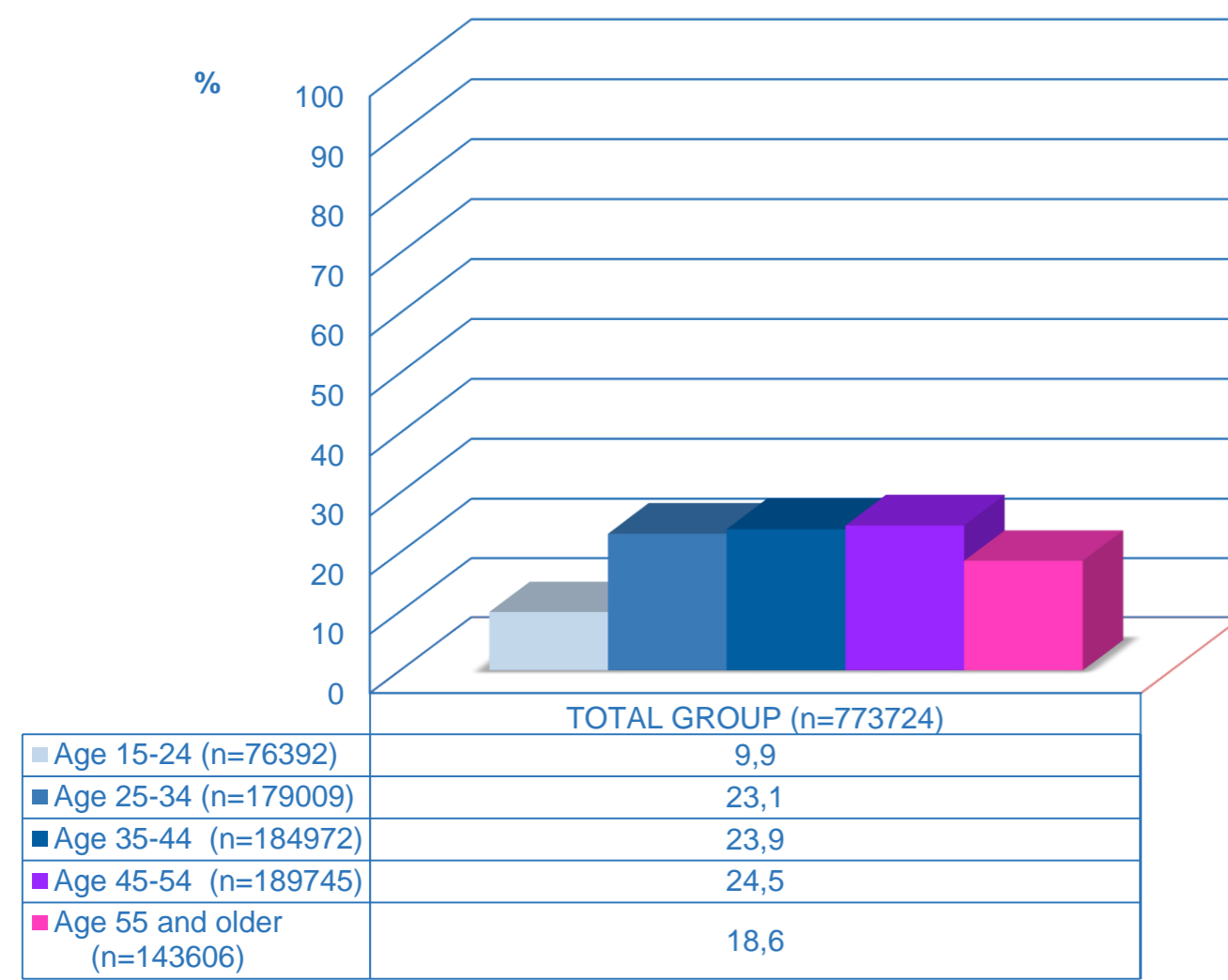
RESULTS

DISTRIBUTION OF THE TRAJECTORIES BY GENDER (VS. DISTRIBUTION OF EMPLOYEES UNDER SURVEILLANCE)



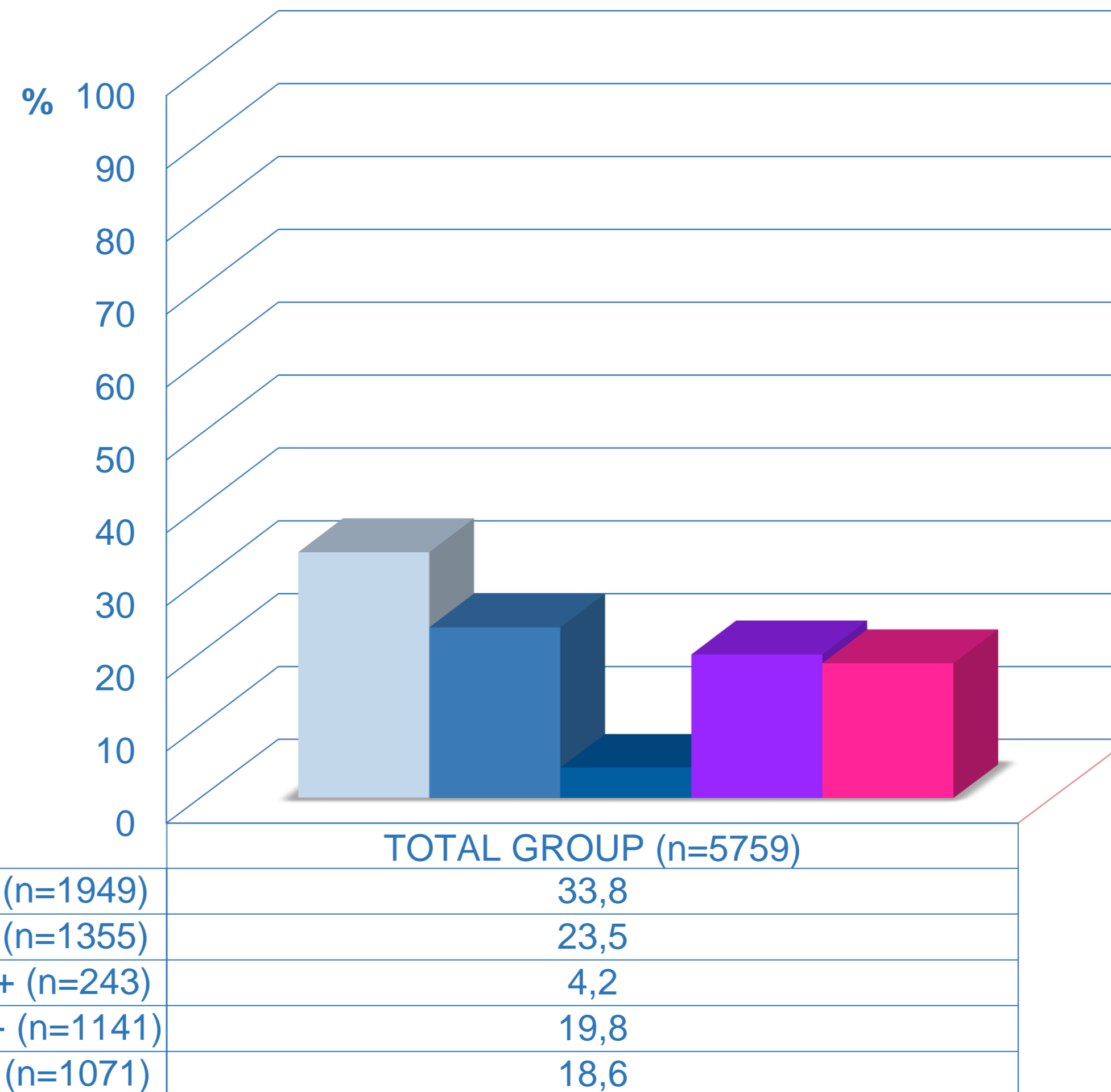
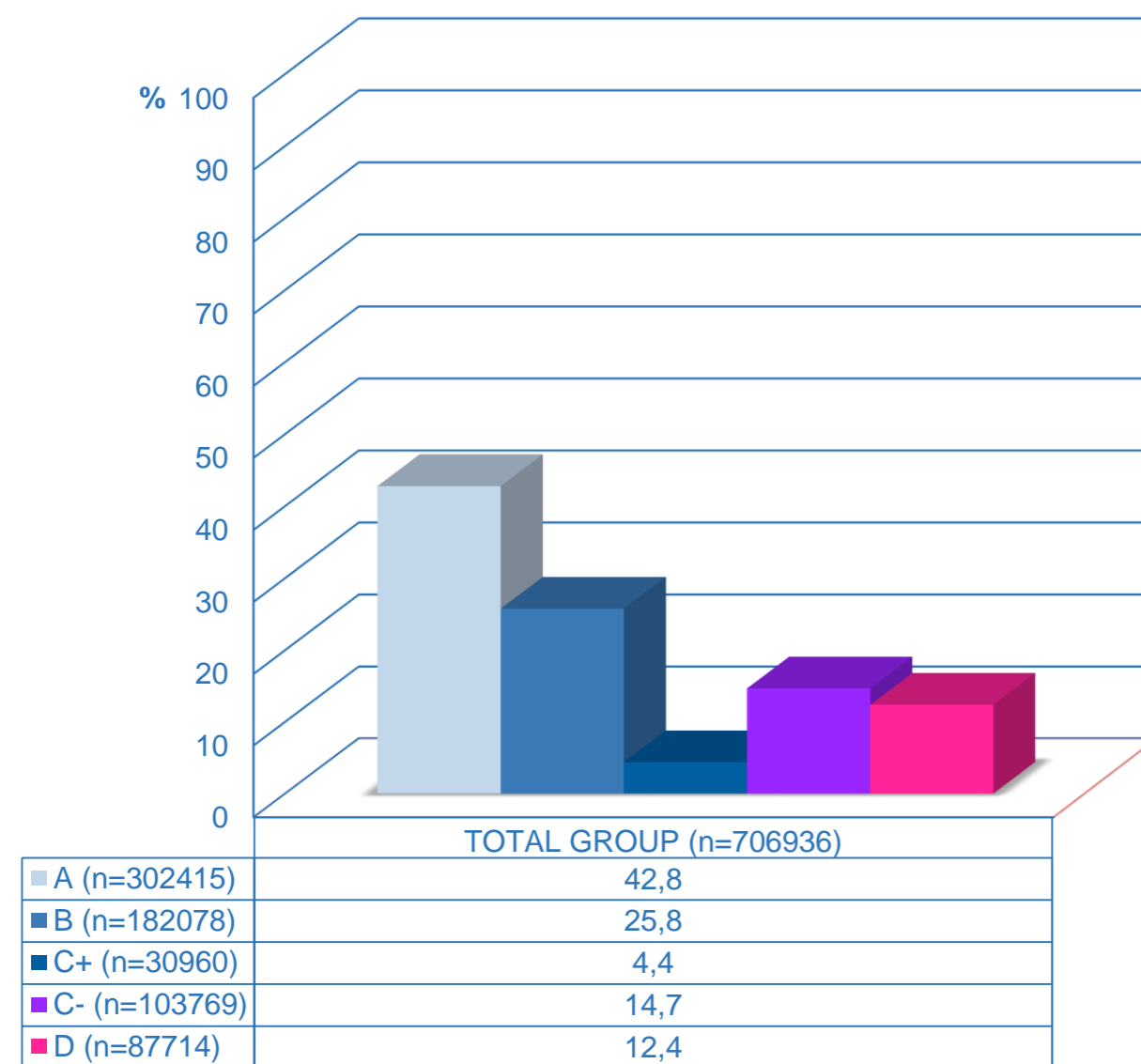
RESULTS

DISTRIBUTION OF THE TRAJECTORIES BY AGE (VS. DISTRIBUTION OF EMPLOYEES UNDER SURVEILLANCE)



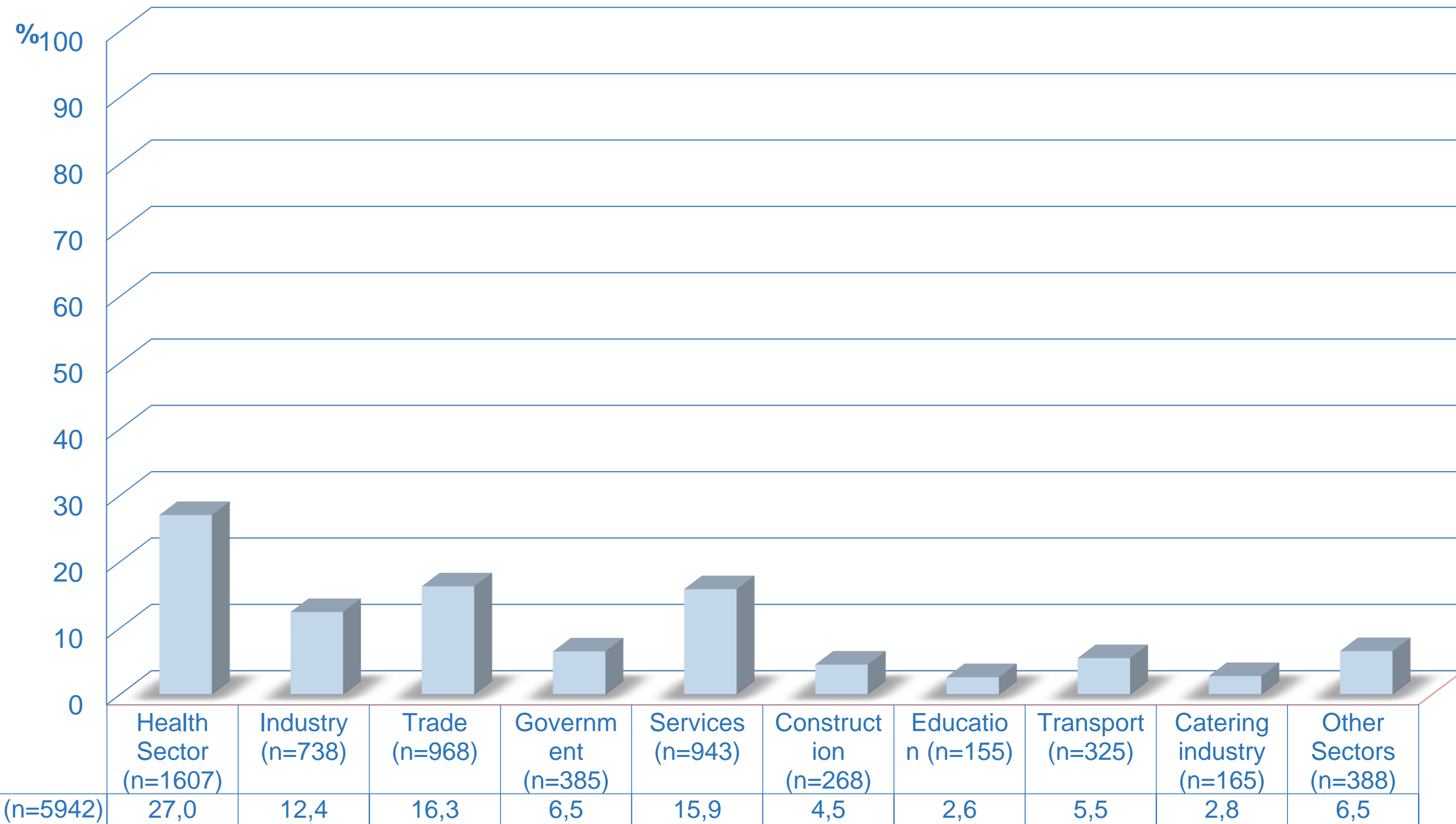
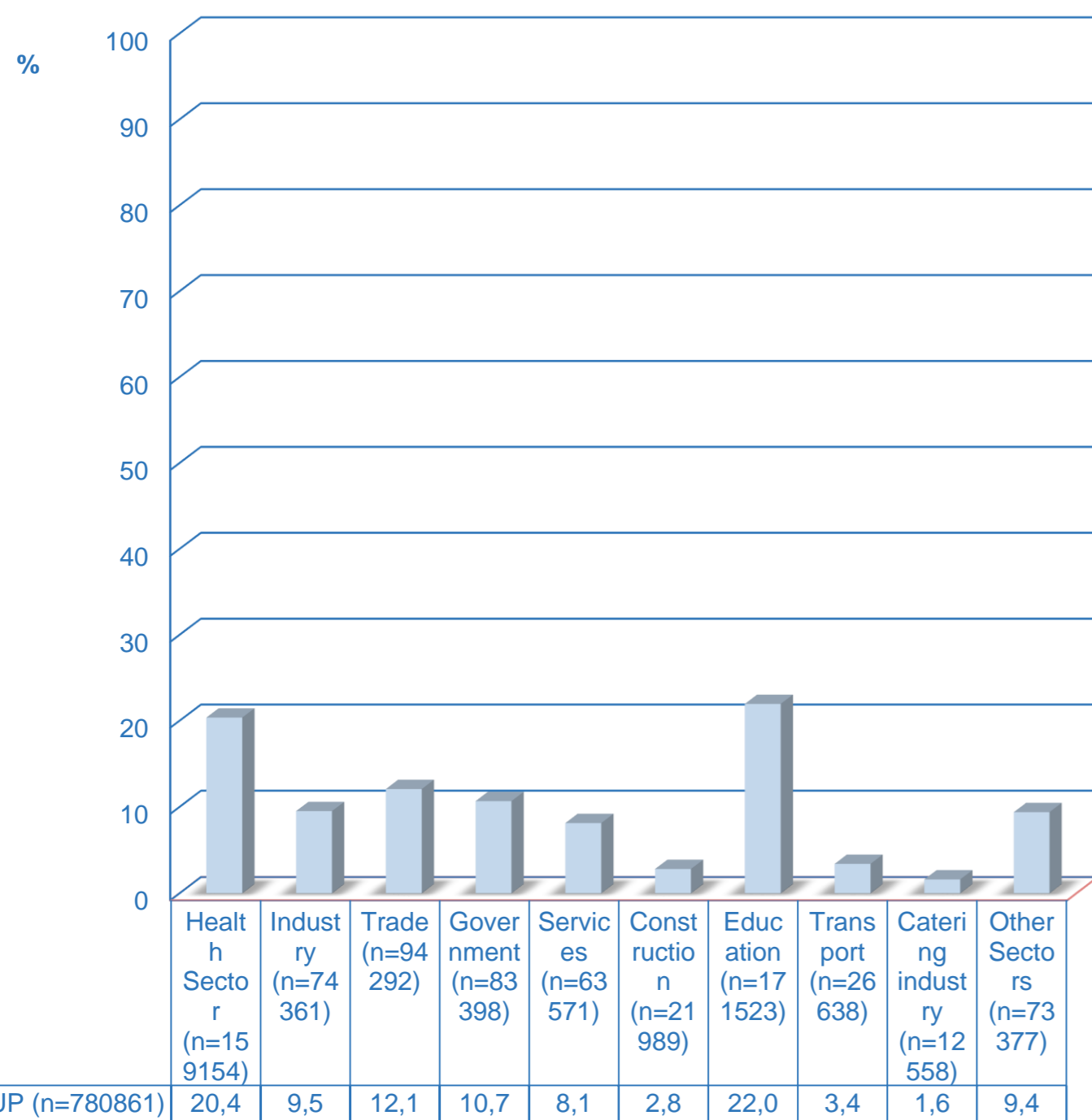
RESULTS

DISTRIBUTION OF THE TRAJECTORIES BY COMPANY SIZE (VS. DISTRIBUTION OF EMPLOYEES UNDER SURVEILLANCE)



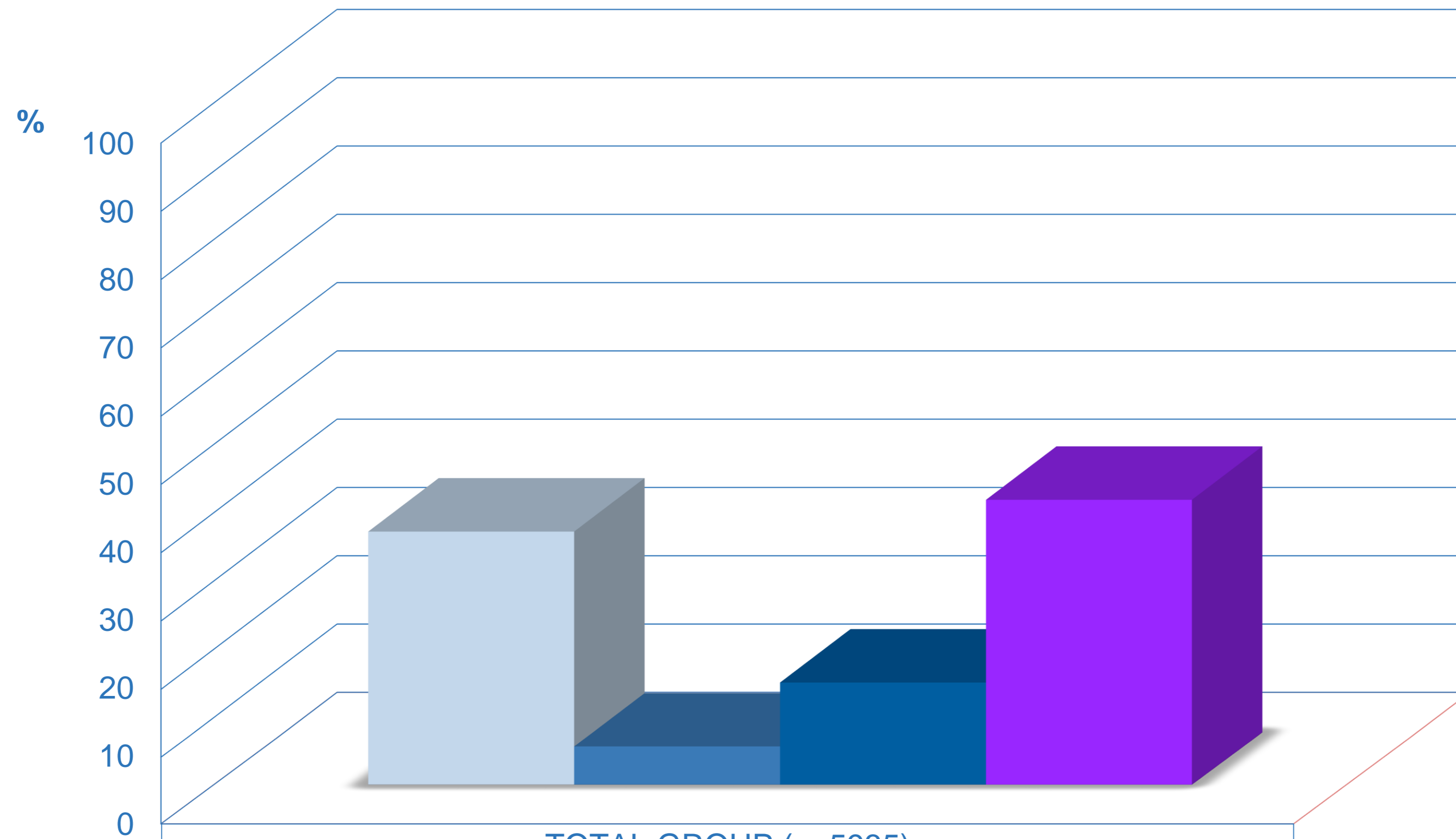
RESULTS

DISTRIBUTION OF THE TRAJECTORIES BY SECTOR OF EMPLOYMENT (VS. DISTRIBUTION OF EMPLOYEES UNDER SURVEILLANCE)



RESULTS

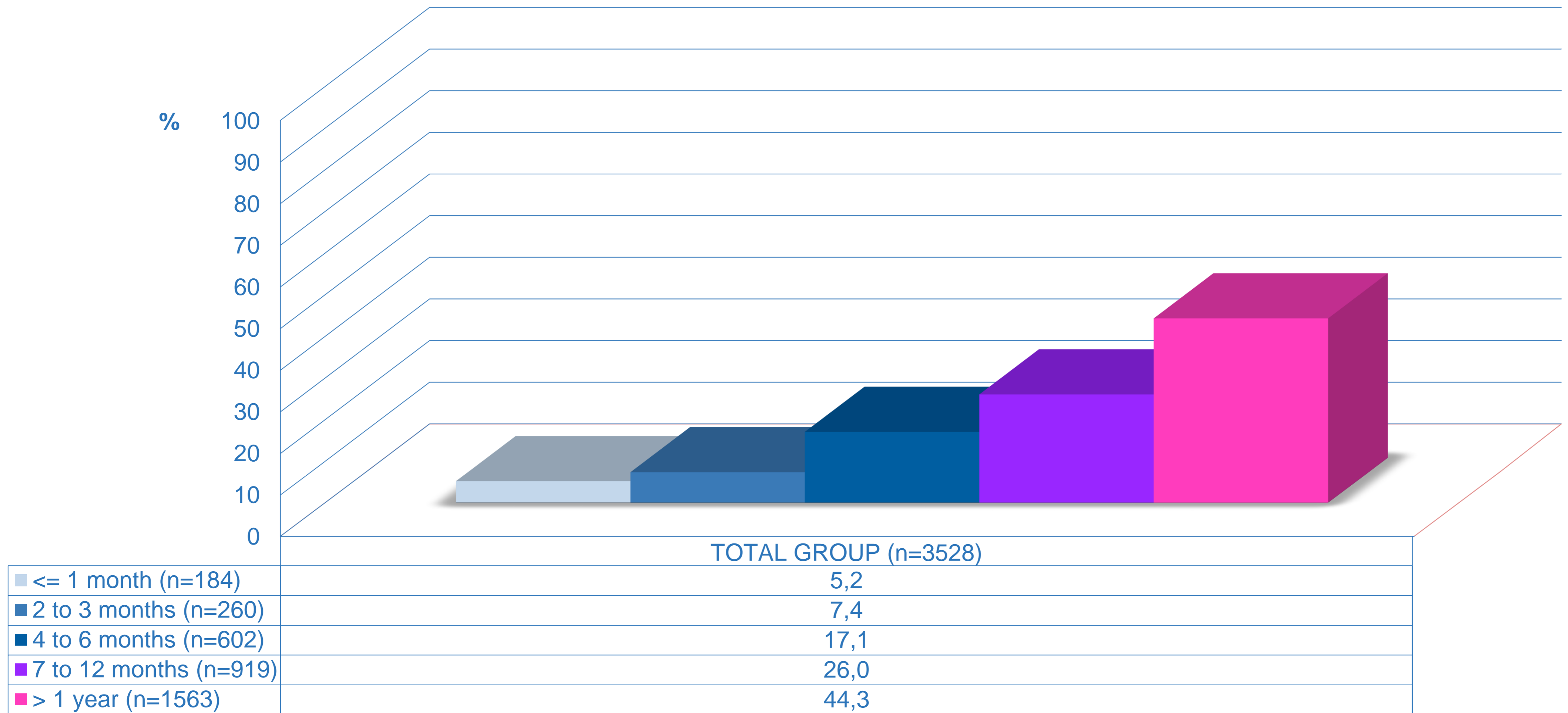
DISTRIBUTION OF THE TRAJECTORIES BY INITIATOR



	TOTAL GROUP (n=5935)
■ Employee (n=2210)	37,2
■ General Practitioner (n=341)	5,7
■ Medical advisor (n=898)	15,1
■ Employer (n=2486)	41,9

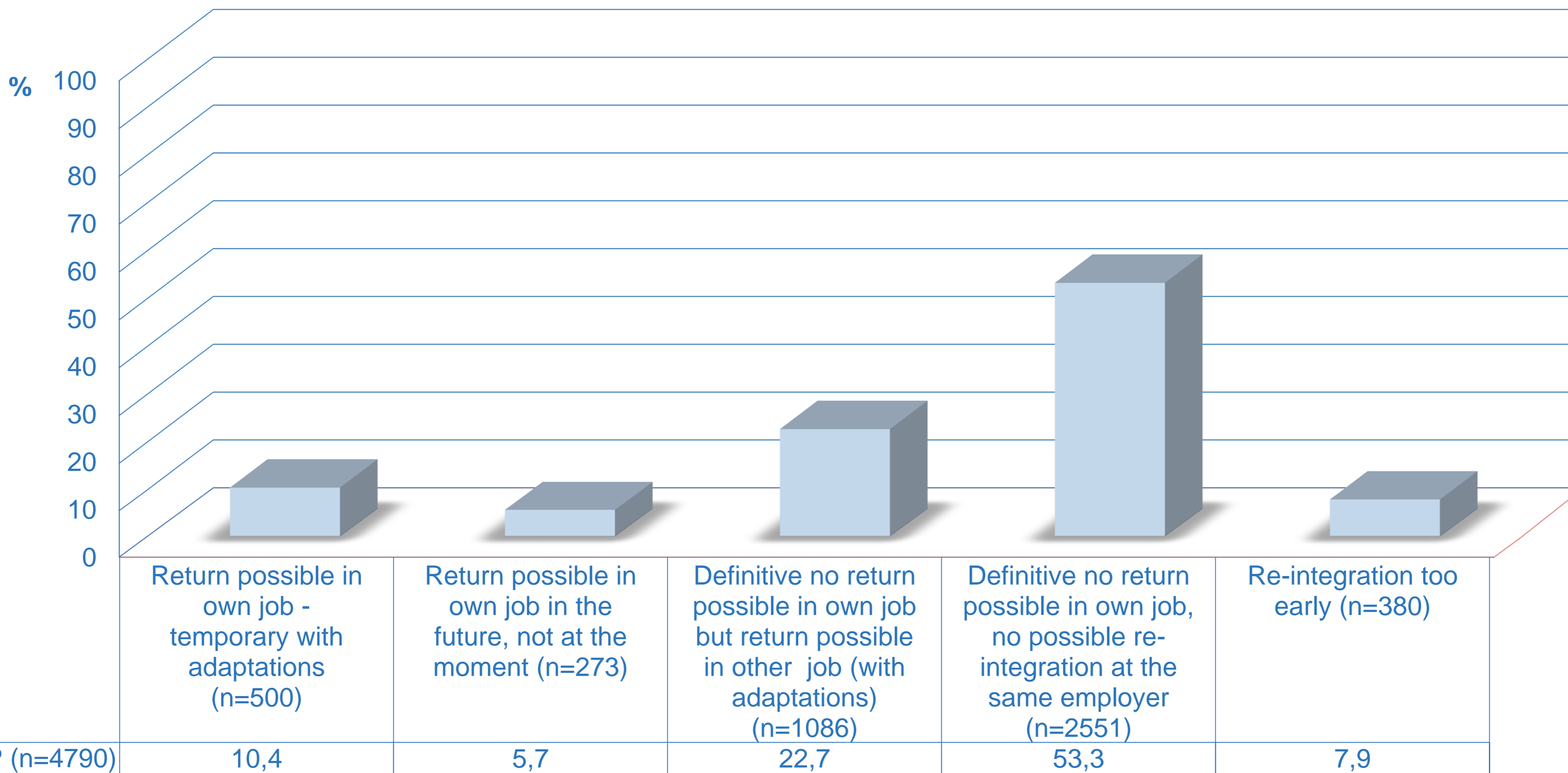
RESULTS

DISTRIBUTION OF THE TRAJECTORIES BY DURATION OF SICKNESS ABSENCE BEFORE START OF TRAJECTORY



RESULTS

DISTRIBUTION OF THE RE-INTEGRATION OUTCOME



RESULTS

RESULTS OF THE REGRESSION ANALYSIS: PROBABILITY ON NO POSSIBLE RE-EMPLOYMENT MODELED AS OUTCOME

VARIABLES	B ESTIMATE	STANDARD ERROR	OR	P VALUE
Female employee	0,219	0,074	1,245	0,003
Older employee	0,007	0,003	1,007	0,015
Small Enterprises (<20 employees)	0,433	0,070	1,541	0,000
Initiator employee				0,000
Initiator medical advisor	-1,540	0,100	0,214	0,000
Initiator general practitioner	-0,065	0,135	0,937	0,633
Initiator employer	-0,653	0,071	0,520	0,000

RESULTS

RESULTS OF THE REGRESSION ANALYSIS: PROBABILITY ON NO POSSIBLE RE-EMPLOYMENT MODELED AS OUTCOME

VARIABLES	B ESTIMATE	STANDARD ERROR	OR	P VALUE
Other Sectors				0,001
Health Sector	-0,087	0,136	0,916	0,512
Industry	-0,071	0,151	0,932	0,640
Trade	0,292	0,144	1,339	0,043
Government	-0,363	0,177	0,695	0,040
Services	0,041	0,148	1,042	0,783
Construction	0,273	0,194	1,314	0,159
Education	-0,010	0,226	0,990	0,966
Transport	-0,015	0,186	0,985	0,936
Catering industry	0,252	0,220	1,287	0,252

CONCLUSION

- Re-integration was suggested by the Occupational Health Physician of IDEWE for 33,1% of the initiated trajectories
- RTW is most challenging for older women, working in small enterprises, in the trade sector, when initiated by the employee him/herself
- Earlier guidance to re-employment into a more suitable job is indispensable to avoid long-term absence
- Cooperation with medical advisors and general practitioners towards RTW is highly recommended



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