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FORUM NEWS

european forum
of the insurance against accidents at work and occupational diseases

Photo: AUVA

The end of 2014 is here and I can look back at an interesting and successful year as President of the European Forum. It showed me again what important role the European Forum of Insurance against Accidents at Work and Occupational Diseases plays concerning the exchange of information, expertise and best practices.

The international Conference of the European Forum, which was held in Vienna on June 12 and 13, was the highlight of this year. The theme of the Conference was "Building Bridges – Work between labour and fulfilment" and indeed, we did build bridges between ourselves in Europe and between Europe and other countries, especially in Asia. We were delighted to count with the presence of eminent representatives of accident insurance institutions from Indonesia, Korea and Malaysia at the conference.

2015 will see a continuation of a successful co-operation between the European Forum and the Asian Forum.

The Conference focused on successful rehabilitation, case management and return to work and this is also the reason why this special edition of Forum News is dedicated to these topics.

I am honoured and delighted to have the opportunity to continue the presidency of the European Forum in 2015. I wish you all an enjoyable and fulfilling New Year and look forward to our next Assembly and Conference of the European Forum in Vienna on September 9 – 11, 2015 with just as many interesting topics, discussions and surprises. ■

DI Peter Vavken
President of the European Forum

International Conference of the European Forum 2014: "Building Bridges - Work between laboour and fulfillment"

The annual Conference of the European Forum was held in Vienna from 12 to 13 June 2014 on the topic "Building Bridges – Work between labour and fulfillment". As stated by the President of the European Forum and Director General of the AUVA Peter Vavken, this year's topic has become one of the most current topics of our time as all countries are confronted with the same challenges and have the objective to enable employees to perform their work in a healthy and safe environment and as a result also making them able to work to a later age.

120 participants from 25 countries worldwide took part in the European Conference. Four member institutions of the Asian Workers' Compensation Forum were represented. In view of the 125th anniversary of the foundation of the AUVA set forth by Emperor Franz Joseph I, the Viennese House of Industry, a historic and magnificent building, which was also inaugurated by the Emperor, was chosen as Conference venue. It was a great place for the participants to come together, to discuss, exchange and share experiences, best practices, expertise and opinions.

The international Conference was opened by Peter Vavken. The Austrian Federal Minister of Health, diplômé Alois Stöger, and the Minister of Social Affairs and Consumer Protection, Rudolf Hundstorfer, both addressed words of welcome and highlighted the importance of the chosen topic.

Univ.-Prof. DDDr. Clemens Sedmak, in his keynote speech stated that the key factors for safe and healthy working life with few accidents are good working climate, good quality of work and life-work balance. Stricter regulations alone are not a solution to decrease the number of accidents at work, as a positive environment and good communication are essential in order to change work for the better.

During the two days of Conference, the topics presented ranged from "Working safely and remaining healthy", "Practical implementation" to "Rehabilitation and return to work".

Statistics and data were presented on occupational accidents and diseases and invalidity pensions, as they are the basis for targeted measures. In addition to that, it was also important to show by means of practical examples how to keep workers healthy and fit. Furthermore, the importance of strategies in the area of rehabilitation and return to work was emphasized during the Conference. Two expert panels took place where experts and specialists both from Europe and Asia had the opportunity to present the best practices and challenges they face every day in the field of rehabilitation and return to work.

The Conference participants were not only amazed and amused by the magician Tony Rei who performed his stunning magic tricks and illusions, but were also deeply moved by his story. After a life-threatening car accident, he was brought to one of AUVA's rehabilitation centres where he had to undergo a long rehabilitation process, which enabled him to return to work and continue his profession as magician.

The comedian Philip Walkate, playing the role of a "fake professor", organised a highly interactive session to improve networking, brainstorm and exchange between the Conference participants.

The Networking Evening at the Upper Belvedere Palace and Museum, one of Europe's most beautiful Baroque places and summer residence of Prince Eugene, was a magical moment. The participants enjoyed a delicious dinner in the stunning Marble Hall, a histori-

cally important venue as the Austrian Independence Treaty was signed there in the year 1955.

The Austrian Workers' Compensation Board (AUVA) will continue to chair the European Forum of Insurance against Accidents at Work and Professional Diseases next year and is pleased to announce the date of the **2015 European Forum Conference and Assembly** which will be held in **Vienna** on **September 09, 10 and 11, 2015**. ■

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Some impressions of the Conference

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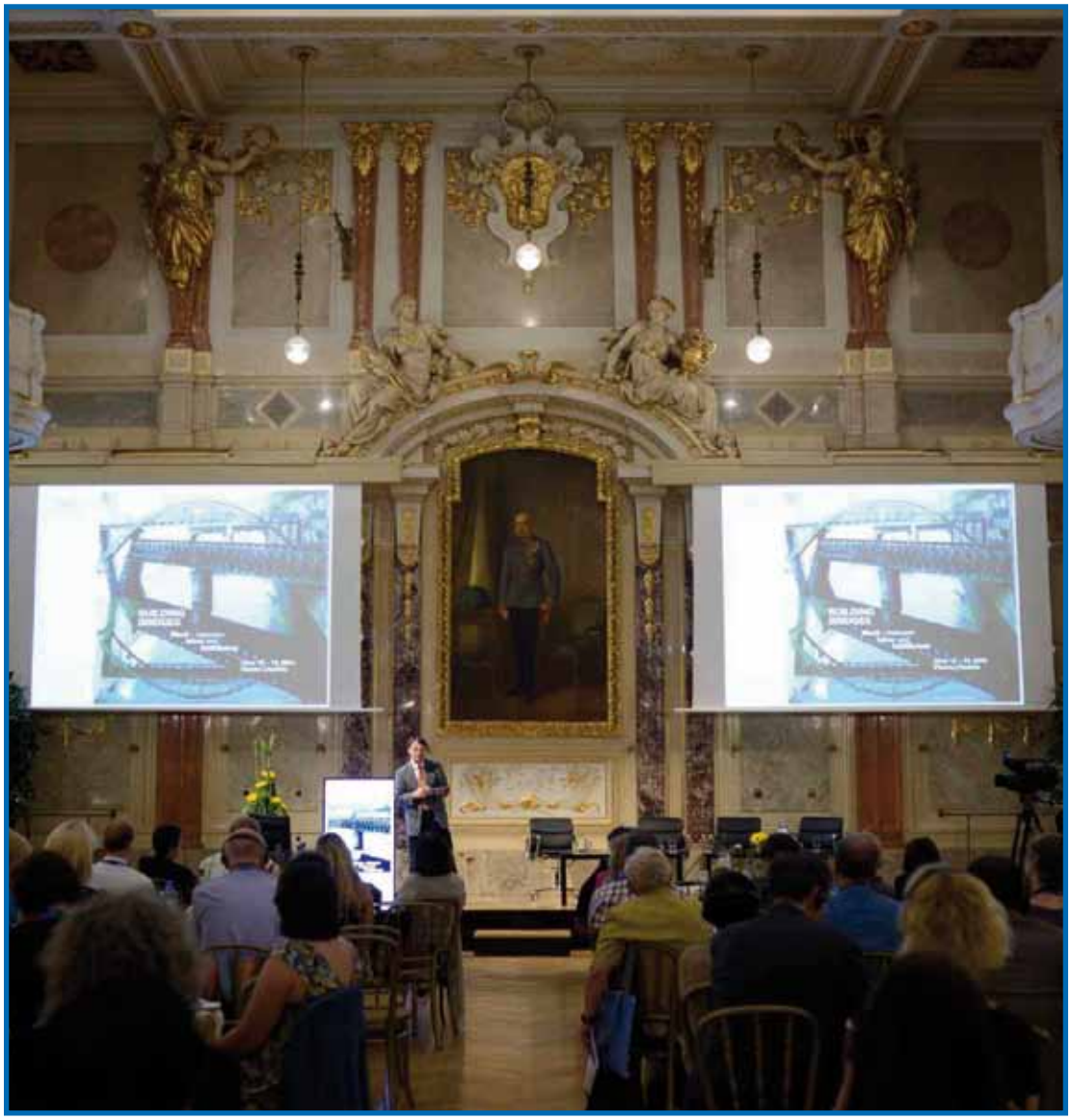

The Opening

Peter Vavken, President of the European Forum:
"The European Forum is an excellent platform for information and opinion exchange for members which often face similar challenges in insurance, prevention and rehabilitation."

Rudolf Hundstorfer, Minister of Social Affairs and Consumer Protection
"Return to work is essential. In Austria, our programme "fit2work" aims at allowing people to continue to work or return to work."

Diplômé Alois Stöger, Austrian Federal Minister of Health:
"Against a background of global financial crisis, it is important to build bridges in order to ensure life conditions which enable people to work longer and stay healthy."

A fascinating keynote

Univ.-Prof. DDDr. Clemens Sedmak

"People who enjoy what they are doing, do what they are doing with a higher degree of attention, thus avoiding a slip of concentration and as a result working in a safer mode."

Some surprises

A captive audience

Lively discussions

International expert panels

An unforgettable evening

Rehabilitation in EU Member States:
Basic information delivered by the Missoc

In the framework of this special issue of Forum News devoted to rehabilitation, here is an extract of the information delivered by the MISSOC, a comparative tables Database coordinated by the European Commission on social protection. This information is given at the chapter "Accidents at work and occupational diseases". It provides an outline of the services offered. Further information can be obtained by contacting the European Forum members.

Extract of the information delivered by the MISSOC

Austria

Functional adaptation within medical care at the expense of the AUVA and measures of social rehabilitation (e.g. subsidies and grants for the adaptation of the flat) are provided.

In case of change of employment:

- as a measure of vocational rehabilitation, in order to allow a disabled person who is no longer able to work in his/her present occupation, to exercise a new one. In case of vocational rehabilitation, transitional benefit (Übergangsgeld) up to a maximum of 60% of annual earnings, supplements for family members are provided;
- as a preventive measure to enable the transition of disabled persons to another gainful employment if, given the continuation of the present employment, the risk of the occurrence or the aggravation of an occupational disease arises. Transitional pension (Übergangsrente) up to the full amount of the accident insurance pension (Unfallrente) for the maximum of 2 years or transitional amount (Übergangsbetrag) up to the annual amount of the full accident insurance pension.

Croatia

Medical rehabilitation is granted from the Health Insurance Scheme (Sustav Zdravstvenog Osiguranja), vocational retraining is granted from the Unemployment Benefits Scheme (sustav davanja za nezaposlenost), while the Pension Insurance Scheme (sustav mirovinskog osiguranja) is responsible for occupational rehabilitation.

Pension Insurance Scheme: wage/salary compensation is paid until the transfer to another adequate job at the same employer, or for up to 24 months after the complete occupational rehabilitation if no job can be found.

Cyprus

Disablement pensioners may be required to attend vocational training or a rehabilitation course; if so, the expenses incurred are paid by the Social Insurance scheme and the amount of pension is increased to 100% incapacity for the period of rehabilitation.

Czech Republic

Retraining is generally administered by the Regional Branch of the Labour Office, which pays course fees and, if training is provided away from home, then catering, accommodation and travel expenses are also covered. Training programmes are normally no longer than 3 months.

The Regional Branch of the Labour Office assists persons in incapacity in finding suitable employment. The Regional Branch of the Labour Office has specialised consultants who are in direct contact with employers.

Employers are obliged to adapt the work place and provide job training for disabled employees. All employers with more than 25 employees are obliged to fill at least 4% of the positions with people with disabilities.

Sheltered workshops (Chráněné pracovní dílny) and sheltered workplaces (Chráněná pracovní místa) allow access to work to those people who are not able to enter the open labour market. In sheltered workshops, more

than 60% of the work force are people with reduced working capacity. A sheltered workplace falls short of the 60% ratio, but is adapted for use by one or more disabled persons; it also covers disabled people working from home. These labour market programmes are funded by the Regional Branch of the Labour Office upon application by an employer, a disabled person or their representative organisation.

Denmark

The costs of retraining in continuation of treatment of the injury can be paid by the insurance.

Estonia

Medical rehabilitation: provided under the health care benefits in-kind scheme.

Local authorities are responsible for the provision of social rehabilitation (e.g. special transportation for disabled persons, adaptation of the dwelling and personal assistant).

The Unemployment Insurance Fund (Eesti Töötukassa) supports the adaption of the working place of the disabled person. Employers can receive compensation for all or a part of the costs incurred for the adjustment. The Unemployment Insurance Fund can also make special equipment available. The Unemployment Insurance Fund provides for a support person who guides a disabled employee more intensively, and helps him/her establish the necessary routines

Finland

Various kinds of medical and vocational rehabilitation are provided free of charge by the accident insurance institution. The costs of rehabilitation are paid in full. During the rehabilitation the insured person also receives the full cash benefits.

France

Functional rehabilitation is provided in form of benefits in kind and cash benefits.

Professional retraining with a view to professional reintegration, with coverage of all kinds of expenses, including costs connected with training, maintenance costs, accommodation costs, transport costs and costs for maintaining cash benefits.

Germany

Functional rehabilitation is part of medical care on the initiative and at the expense of the competent accident insurance institution.

Retraining is provided where necessary and adaptation to a new occupation is offered with vocational guidance.

Wage replacement benefits are paid during vocational rehabilitation.

In the event of risk of an occupational illness arising, existing condition being aggravated or the employee suffering a relapse, the accident insurance institution should initiate preventive measures at the workplace. Otherwise, they should recommend a change of occupation. If this leads to a reduction in income, the insurance pays as compensation a one-off allowance up to the amount of the full pension (2/3 of E) or a monthly transitional benefit up to 1/12 of a full pension for max. 5 years.

(E= Gross salary in the year prior to the insured event)

Greece

No special measures.

Hungary

Medical measures, medical bath, sanatorium and technical aids are provided.

Various forms of rehabilitation exist for persons with less than 50% incapacity for work (retraining allowance, special allowance to make up initial earnings in new activities to reach at least 80% of previous earnings) etc.

Ireland

Rehabilitation services and vocational training are available free of charge to disabled persons under the Health Acts.

Italy

To recover functional abilities and to reintegrate into social life, the INAIL provides for:

- prostheses and specialised aids made in its production centres;
- facilities for removing architectural barriers;
- computer access aids and home automation systems;
- special rehabilitative care provided in its specialised health establishments or at special homes;
- climatic cures.

There exists the possibility of change of employment in case of silicosis and asbestosis.

Compensation (preventive): temporary transition annuity (rendita di passaggio) for disabled persons whose incapacity does not exceed 80%. In case of a new job, the annuity is paid for one year and is equal to two thirds of the difference between earlier average daily earnings and the daily earnings received in the new job if the latter are lower. In case of unemployment, the annuity is equal to 2/3 of the average daily wage of the last 30 days of harmful activity. In both cases the annuity is paid for a whole year and it is preventive.

Persons disabled by employment injuries are placed and employed in enterprises with a staff of 50 and over (one such person for each 50 workers). A minimum degree of incapacity of 40% is required for such guaranteed employment.

Latvia

The following services shall be available to the insured person: medical treatment, care and medical rehabilitation, vocational rehabilitation, and vocational retraining.

Luxembourg

The AAA may prescribe medical treatment to improve the working capacity of the recipient of an annuity.

Tide-over annuity aimed at compensating the loss of earning capacity suffered by a worker who is relieved from his/her job in case of professional rehabilitation following an accident at work, and coverage of occupational retraining measures (automatically or upon approval of the steering committee).

Malta

Injured or disabled employees cannot be discharged due to injury or disability. The employer is obliged to find suitable alternative employment in his/her establishment.

The Employment (Disabled Persons) Act (Att dwar l-Impjiegi ta' Persuni b'Dizabilita'), amongst other provisions, obliges employers employing more than 20 employees, to have at least 2% of their workforce (minimum 1) from amongst those registered as disabled persons with the Employment & Training Corporation.

Sheltered workshops allow access to work to those persons who are not able to work in the open labour market.

Portugal

The employer is under the obligation to integrate a worker suffering from temporary partial incapacity or from permanent partial or total incapacity for the regular work as a result of an accident at work or an occupational disease that occurred while working for the company.

Such workers are also entitled vis-à-vis their employer to vocational training, adaptation of the workplace, part-time work and leave for retraining or for finding another job, in accordance with the provisions of the legislation.

In addition, they are entitled to an allowance for attending activities in the framework of professional rehabilitation, corresponding to the amount of the expenses incurred. In case of courses organised by a body other than the Institute for Employment and Professional Training (Instituto de Emprego e Formação Profissional), the amount of the allowance is limited to the monthly amount of 110% of the indexing reference of social support IAS (indexante dos apoios sociais).

As a part of the policy for the protection of disabled persons, companies may benefit from several advantages of a social security, fiscal and financial nature, including:

- subsidies to adapt the workplace;
- subsidies to remove architectural barriers;
- support to hire young persons, unemployed persons and other specific groups (including disabled persons);
- a bonus, a certificate and subsidies for companies that have hired disabled persons on open-ended employment contracts.

The legislation also provides for employment quota of 2% of total staff in the private sector and 5% in the public sector.

Romania

Medical rehabilitation: the beneficiaries have the right to medical services and have the obligation to attend individual recovery programs. The social insurance expert doctor sets the individual recovery programme.

Vocational rehabilitation: The beneficiaries have the right to vocational training or retraining courses.

Slovakia

Rehabilitation Benefit (Rehabilitačné): 80% of the daily assessment base (average daily earnings in the calendar year before the injury occurred). The benefit is provided during the occupational rehabilitation.

Retraining Benefit (Rekvalifikačné): 80% of the daily assessment base (average daily earnings in the calendar year before the injury occurred). The benefit is provided during retraining.

Slovenia

Medical rehabilitation: rehabilitation services as part of medical care are available free of charge.

Spain

Medical treatment (functional rehabilitation); vocational guidance and training (habitual occupation or another). There are certain institutions intended specifically for accident at work and occupational disease victims.

Possibility of transfer to another risk free job within the same company.

Sweden

Rehabilitation benefit (rehabiliteringsersättning) is paid after a sickness period, if a person takes part in vocational training or pursues certain studies. The benefit is paid with the same amount as sickness cash benefit (sjukpenning).

Loss of income as a result of an accident at work or occupational disease is compensated through annuity (livränta) (long-term benefit) or during rehabilitation by rehabilitation benefit (short- or medium-term benefit).

The employee or the employer/self-employed may be entitled to work tools deemed necessary on medical grounds (arbetshjälpmedel).

Health care benefits in kind during rehabilitation are provided.

The Swedish Public Employment Service (Arbetsförmedlingen) supplies rehabilitation through labour market programs (arbetsmarknadspolitiska program).

The Netherlands

No special provisions for accidents at work and occupational diseases. ■

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Germany: Benefits delivered by the German Social Accident Insurance (DGUV) for curative treatment, rehabilitation, inclusion and participation

The German Social Accident Insurance Institutions have the mandate of using all suitable means to eliminate or mitigate health impairments arising as a result of occupational, school or commuting accidents or the incidence of occupational diseases as soon as possible after the insured event. Their mandate extends to ensuring that insured individuals are able to pursue an occupational function appropriate to their needs and abilities, and to providing resources for coping with the challenges presented by everyday life and for participation in life in the community (German Social Code (SGB) Volume VII, Section 26, Paragraph 2).

This broad responsibility results in the German Social Accident Insurance holding comprehensive responsibility for:

- Benefits for curative treatment and medical rehabilitation
- Benefits for participation in working life
- Benefits for participation in life in the community

The German Social Accident Insurance delivers all benefits for rehabilitation and occupational and social participation and supplementary benefits from a single source. The focus of activities lies upon the affected individuals, with the objective of promoting their self-determination in the sense of the German Social Code (SGB) Volume IX, and in line with the UN Convention on the Rights of Persons with Disabilities.

Benefits for curative treatment and medical rehabilitation

In accordance with the provisions of the German Social Code, Volume VII, Section 34, the German Social Accident Insurance Institutions take all measures to assure the swiftest possible specialist medical treatment following an occupational, school or commuting accident. For this purpose, they may specify the requirements to be satisfied by doctors and hospitals with regard to their specialist skills, personnel, equipment, and the duties to be observed. The German Social Accident Insurance Institutions are further entitled to stipulate special methods for curative treatment according to the nature and severity of the health impairment.

The German Social Accident Insurance thus holds particular responsibility for organizing medical care for its insured individuals following an accident. It has met this responsibility comprehensively by creating differentiated arrangements for curative treatment in the form of the system of accident insurance consultants, and the trauma category procedure (VAV) and severe trauma category procedure (SAV) for hospitals. High quality standards have been formulated in the relevant procedures for the accreditation of doctors and hospitals. Their observance is monitored by the regional associations of the DGUV.

At the heart of the German Social Accident Insurance's curative treatment procedure is the system of occupational accident consultants. These currently number approximately 3,400, one-third of whom work in hospitals. Occupational accident consultants are consulting physicians with a special qualification in accident surgery. The occupational accident consultant acts as a guide through the treatment process. Where an injury is sustained as a result of which unfitness for work is expected to last beyond the day of the accident or which necessitates treatment lasting longer than one week, the case must be presented to an accident insurance consultant. The same applies when therapy and assistive equipment or further measures for out-patient or in-patient rehabilitation are required. The occupational accident consultant's report to the responsible accident

insurance institution is also of great importance. It must be submitted within a week. The report contains essential information of particular importance for ongoing rehabilitation management, such as information on the accident modalities, diagnosis, and unfitness for work. It is submitted electronically between the doctors' surgeries and hospitals on the one hand and the administrations of the accident insurance institutions on the other.

The trauma category procedure (VAV) has traditionally been used by hospitals for in-patient treatment of severely injured patients insured by the German Social Accident Insurance. Here too, notification is mandatory when one of the serious forms of injury listed in the catalogue of injuries has been sustained. In such cases, doctors and hospitals are obliged to transfer the injured individual to one of the hospitals – numbering around 500 in Germany as at 31 October 2013 – within the VAV system. Since the beginning of 2014, the SAV procedure has also been in place for the handling of severe and complex injuries. This concerns forms of injury associated with long periods of unfitness for work, a particularly high likelihood of a disability pension being awarded, or a particularly high rehabilitation requirement. Severe injuries in this context include polytrauma, injuries resulting in amputation, severe craniocerebral trauma and paraplegia, and further complex injuries which in the view of the German Social Accident Insurance should be treated in special centres possessing the necessary expertise. Here too, hospitals are obliged to transfer patients when an injury listed in the SAV catalogue has been sustained. As at mid-2014, 86 hospitals throughout Germany were involved in the SAV procedure.

In addition, the German Social Accident Insurance has taken account of the growing importance of mental health complaints in the aftermath of occupational accidents and introduced a quality-driven procedure for involving psychotherapists in the curative treatment.

The DGUV also has a dedicated accreditation procedure in place in the area of post-acute in-patient rehabilitation, in the form of the BGSW. In this procedure, rehabilitation clinics are accredited by the DGUV to conduct in-patient rehabilitation following occupational accidents for which orthopaedic and neurological treatment is indicated. The BGSW permits in-patient rehabilitation immediately following the acute phase for injuries to the postural and locomotor apparatus, peripheral nerve injury and craniocerebral trauma. In 2014, around 190 clinics throughout Germany were involved in this procedure.

The EAP (extended out-patient physiotherapy) procedure is a form of therapy developed by the German Social Accident Insurance based upon the results of rehabilitation for competitive sportsmen and women. In this procedure, conducted in the patient's local area, intensified physiotherapy is supported by muscle-boosting training. Particularly suitable rehabilitation centres are recruited to the EAP procedure by the DGUV's regional associations. Nationally, over 550 out-patient rehabilitation centres have entered into agreements to follow the EAP.

Besides these conventional rehabilitation procedures, a job-specific musculoskeletal rehabilitation measure (ABMR) may be necessary following certain injuries to the postural and locomotor apparatus or occupational diseases, when work-related activities that are specifically required must be integrated into the therapy. This is achieved by specific consideration being given to the work, as a result of which adequate resistance to stress is to be attained and fitness for full-time work in the original job restored, if possible immediately following treatment. The job-specific therapy elements of the ABMR include "work hardening", ergotherapy with a focus upon occupational therapy, work simulation training, and practical training.

Benefits for participation in working life

The German Social Accident Insurance Institutions are responsible for assuring inclusion and participation by persons who have suffered an occupational accident or disease. In this context, medical rehabilitation and benefits for occupational rehabilitation are closely interlinked processes. Consideration is given to the challenges presented by the specific work activity whilst medical rehabilitation is still in progress. The ABMR referred to above is one specific instrument for this purpose.

As soon as it emerges that the previous occupational activity can no longer be performed owing to the health impairment resulting from the nature and severity of the insured event, specific possible further benefits for occupational participation are planned and scheduled together with the insured individual. In this process, retention of the existing job takes fundamental priority over all other benefits for occupational participation. The employer is involved in the re-integration process at an early stage in consultation with the insured individual. The objective is swift and sustainable re-integration in the work process. In consultation with the affected individual and his or her employer, all measures are taken to make this possible (for example: modification of the workplace; use of assistive equipment; personal work assistance). Retention of employment with the same employer can also be assured by transfer to a different job within the same company. Vocational adjustment, further training, or retraining with the same employer are also possible at the same time.

Where the employee is not able to continue working for the same employer, the benefits for occupational participation are to be geared to swift integration on the wider labour market. If necessary, full or partial retraining is possible. The individual's social status should be retained if at all possible.

A deterioration in vocational status following an occupational accident or disease is also to be avoided where the employee is placed in a different job. The German Social Accident Insurance implements specific measures in order to find a suitable position. These particularly include organization and support by the rehabilitation manager, contact with employers, in particular member companies of the occupational accident insurance institution concerned, and job placement by means of the DGUV's own labour exchange, DGUV Job.

Benefits for participation in life in the community

Besides medical care and benefits for occupational participation, the rehabilitation measures of the German Social Accident Insurance also include benefits for autonomous participation in life in the community. This is consistent with the integral principle of all benefits being delivered from a single source. All suitable means are employed from an early stage for attainment of this objective. The individuals concerned should be able to lead their lives as autonomously and independently as possible, in line with the provisions of the UN Convention on the Rights of Persons with Disabilities (UN CRPD). This particularly concerns the areas of family, leisure, culture, sport and recreation, communication, accommodation and mobility.

Rehabilitation management within the German Social Accident Insurance

The accident insurance institutions have introduced a competent rehabilitation management system in order to conduct rehabilitation measures effectively and efficiently and to co-ordinate delivery of the various benefits. The rehabilitation management system encompasses comprehensive planning, launching, co-ordination and supervision of all appropriate and necessary medical services, together with all benefits required for participation in working life and in life in the community. The system is based upon a personal rehabilitation plan drawn up with the involvement of all parties to the process. The objective is to co-ordinate and link all necessary measures in complex cases in order to reverse or mitigate the harm sustained by insured individuals to their health as a result of an occupational or commuting accident, and to re-integrate them quickly and sustainably into vocational and social life. In order for these targets to be attained, the German Social Accident Insurance's solution of choice is professional and personal consulting and support conducted by the rehabilitation managers of the individual institution concerned. In addition, rehabilitation management includes dedicated organization and co-ordination of the therapeutic treatment together with the insured individuals and their dependants, doctors and therapists, and employers. Comprehensive planning of the rehabilitation measures enables the various benefits to be delivered seamlessly, monitored, and where necessary adjusted. ■

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Germany: Therapy management pays off!

Results of a benchmark project of the German Social Accident Insurance

Within the German social accident insurance system medical, vocational and social rehabilitation measures are provided "with all appropriate means". It is a legal requirement to restore the health and physical integrity of the injured as well as their reintegration into work and social life as best as possible. Social accident insurance is funded by employers' contributions and the social accident insurances are obliged to efficient and economic use of funds. Can a comprehensive and high quality therapy be in accordance with the scales of effectiveness and economic efficiency? What can be the role of therapy management and what are the key factors to success?

The aim of the two-year benchmarking project "Effectiveness and Economic Efficiency of Therapy Management" was to identify examples of effective process organization in successful therapy management by applying structured comparisons.

23 social accident insurers participated in the project conducted by the Deutsche Gesetzliche Unfallversicherung (DGUV). Through a structured comparison of the various approaches used by the insurers several ways to optimise the therapy process could be identified.

Therapy management comprises the insurers' case processing (including registration of the case, data collection, auditing and compensation) and the active planning, coordination and supervision of the medical, occupational and social rehabilitation. It reflects the specific social accident insurance task to provide rehabilitation "with all appropriate means".

The basis of the project examinations was the analysis of

- therapy management processes and structures,
- case classification criteria,
- applied capacities,
- applied management instruments and
- results data.

Content and methodology

The "DGUV" benchmarking was conducted in the form of process benchmarking, with the examination focusing on the comparison of processes. The advantage of process benchmarking is that the reasons behind different key figure characteristics are analyzed. This provides the insurers with specific recommendations for action on how to optimize their processes.

For comparability reasons, the project was based on a uniform case classification model:

- simplified therapy management (corresponds with the simplest case category among most of the insurers)
- qualified therapy management:
- supervisory therapy management (primarily reactive, observation of differences)
- expanded therapy management (primarily active management activities such as the introduction of rehabilitation measures, separate examinations)
- intensive therapy management (individual planning and management by the accident insurers, generally with personal contact established with insured parties and service providers)

More intensive analyses were conducted in qualified therapy management on the basis of the following example diagnoses:

- Calcaneal fracture
- Lower leg fracture
- ACL rupture

- Metacarpal fracture
- Distal radius fracture
- Ankle injuries Weber A, B, C

All of the results were examined by means of statistic evaluations. In addition to the statistic evaluations, an expert workshop was held with management personnel, case workers from the insurance companies, IT experts, psychologists and medical professionals to take a closer interdisciplinary look at the collected data and the resulting conclusions.

Project results

Simplified therapy management

In the field of simplified therapy management the focus was on the dimensions of cost and time. According to the findings increased automation results in reduced processing times, personnel expenditures and process costs.

The good practice examples show that low process costs in simplified therapy management go hand in hand with flat hierarchies and a high level of decision-making authority in processing. This reduces coordination expenditures and the number of interfaces.

Qualified therapy management

While the potential of automation is recognizable in simplified therapy management, its usefulness decreases with the increasing severity of the case. Such cases require highly skilled, individualized management through qualified case processing.

Among all of the participating insurers, the large majority of insured persons are reintegrated back into the same job or a similar position for the diagnoses that were examined. The reintegration rate is 97%. This shows that rehabilitation in social accident insurance is a success!

Individualized, personal supervision of the therapy by the accident insurers is a unique feature of therapy management in social accident insurance. To examine the question of whether this management has a positive influence on the result of the therapy, the following characteristics were defined in which a high level of management can be recognized:

- Was personal contact made on-site with the insured party?
- Was an individual rehabilitation plan for therapy management created?
- Was this rehabilitation plan coordinated personally with the insured party?
- Was a team meeting held with the insured party and those persons involved in the therapy?
- Were there approaches indicating a job-related orientation of the rehabilitation, such as the preparation of a job profile or the execution of an EFL screening?
- Does the file show indications of contextual factors that have been determined?

The insurers were grouped on the basis of insurers with a high, medium and low level of management.

It was demonstrated that more intensive management tends to result in a reduction of reduced earning capacity. The influence on the duration of the work disability is also evident.

Insurers demonstrating a higher level of management show an average work disability duration of around 80 days less than insurers with a low level of management.

The project also verified a positive connection between a structured collaboration with network partners and the results parameters.

Intensive therapy management

The project used capacity estimates as the basis for determining that an average time requirement of 40 to 50 hours per case was planned for intensive therapy management (depending on the insured parties structure, the size of the territory, the state of development of the network, etc.). In turn, this means one full-time employee working 1,600 hours annually supervised approximately 40 cases per year. On the basis of the capacity estimate presented above, process costs of some 1,500 euros can be calculated for the intensive therapy management of a case.

As demonstrated above, a higher level of management and the build-up of efficient

Photo: © Katja Nitsche / Unfallkasse Nord

networks in intensive therapy management result in shorter average work disability periods and a lower reduced earning capacity rate. The injury benefit payments saved through the shorter work disability periods, some significantly shorter, balance out applied process costs. In addition, there are lower costs for rehabilitation and compensation as well as greater satisfaction among the insured parties as a result of their own involvement in planning the rehabilitation and a targeted occupational, medical and social rehabilitation. Therapy management pays off for the insured parties, the companies and the social accident insurers!

Influence of contextual factors

According to the biopsycho-social model of the International Classification of Functioning Disability and Health (ICF), contextual factors consist of all the conditions of a person's life background. These factors are divided into environmental factors and personal factors. As promotional factors or barriers, they can positively or negatively influence the healing process. The influence of these factors on job reintegration rates and the duration of work disability is statistically proven throughout the project.

One important contextual factor is the nature of the job. The success of reintegrating people with primarily mental jobs is higher than with people whose jobs are primarily physical. In addition to the nature of the job, "chronic pain", "a lack of occupational prospects" and "an accident experienced as a trauma" were identified as important contextual factors.

Contextual factors should be structured as early as possible and ascertained using a questionnaire, for example. Some contextual factors can already be identified from the accident insurance consultant's report. Additionally, it is recommended in cases of expanded and intensive therapy management to establish personal contact with the insured person as soon as possible.

In general, the examples of good practice highlight the significance of a valid information basis for therapy management. The acquisition and validation of the diagnosis on the basis of the most precise, correct diagnosis encoding is also of special importance in this regard. Selected specific diagnoses should be determined when the case is first allocated which can then be included in intensive therapy management, either alone or in combination with the nature of the job or other contextual factors.

Summary

The benchmarking project confirms important cornerstones of the accident insurers' therapy management. Consistent supervision of insured parties with a focus on their individual needs is an important success factor in the rehabilitation of more severe injury patterns. Another finding is that there is no "ideal management". Instead, different approaches produce good results. Nevertheless, a number of specific recommendations for action have been derived from the detailed analyses. It is planned that the experiences with the implementation of the project results are examined in an evaluation in three to four years. ■

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Sweden: Collectively bargained insurance contributes to rehabilitation

The late 1990´s saw a rise in the number of people on sick leave, in Sweden as in many other countries. The parties of the labour market sat down around the negotiating table, discussing what their contribution could be, and that way, the AGS Rehabiliteringsfond (Group health insurance rehabilitation fund) was created. Today, two similar funds exist, one for the private sector, and one for the public.

Unlike most of the other tasks administered by AFA Insurance, these funds are not insurance policies. There are no terms saying the funds have to exist, but merely a continuous agreement between the parties. With each new agreement, EUR 2,5 million is deposited, and when these funds start to run out, the parties simply gather for a new agreement. Up until today, the public sector has deposited a total of EUR 22.5 million in 9 different agreements, and the private sector EUR 17.5 in 7 agreements.

The purpose of these funds is to financially support employers, whose employees needs some form of vocational rehabilitation. These programs are often quite expensive, and the employers can apply for 50% of the cost from one of the two funds, depending on which sector is applicable.

Although there are no terms in the strict sense, a few criteria will have to be met. For starters, to employee undergoing the rehabilitation measure will have to be covered by the group health insurance. Second, there must be an established rehabilitation plan and, third, the rehabilitation measure must be a vocational one, not a medical.

-"These funds can make a big difference, especially for the small company. And, of course, for the individual," says Anna Moberg Wilhelmsson, who handles the applications at AFA Insurance.

In either the private and public sector, drug or alcohol abuse in an increasing reason for rehabilitation. Combined with various psychological diagnoses, such as stress and burnout syndrome, they represent a majority of the applications.

-"Unfortunately, the funds are used in too low extent. We receive approximately 1,200 applications per year, and we really want many more" concludes Anna Moberg Wilhelmsson. ■

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Back to work for victims of occupational accidents in the private sector in Belgium

What are the actions and benefits that the victims of occupational accidents receive?

- Medical and paramedical treatments are reimbursed by the insurance company at the rates of the health insurance scheme.
- Auxiliary devices, such as artificial limbs, wheelchairs and car adaptations, are delivered and maintained by the insurance company, free of charge for the victim.
- Recent legislation of 25.04.2014 also created a legal ground for the insurance companies to take charge of the costs of professional recovery and training, but needs still to be implemented by executive decrees.
- While being partly temporary incapable for work, the victim who goes back to work is entitled to an indemnification that covers the gap between his salary after and before the accident.
- A minority of about 10% of the accidents cause permanent injuries, whereby the capacity of the worker to earn a salary on the labor market is diminished. These accidents are settled by an agreement between the insurance company and the victim, that fixes the allowance for permanent incapacity for work. New legislation, which enters into force on the first of January 2015, obliges the insurance company to report on the proposals for professional recovery and training having been offered to the victim, while submitting the settlement agreement to the Fund for occupational accidents for ratification.
- While being permanently incapable for work, the victim who goes back to work combines the indemnification for permanent incapacity for work with his salary. This full cumulation of social security benefit and salary is probably the major impetus for victims to regain their previous job, or even to look for a new job.

Conclusion: the legal framework allows actions for rehabilitation in almost every phase of the settlement of an occupational accident. However, we do not dispose of global statistics on the results of these actions. ■

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Return to work management in Finland

Vocational rehabilitation is financed, arranged and supported by several organizations in Finland and under various provisions in legislation. Pension insurers are responsible for on-the-job vocational rehabilitation. The accident insurance institutions cover rehabilitation based on accident at work or occupational disease. And finally Social Insurance Institution (Kela) arranges vocational rehabilitation for those who are not entitled to rehabilitation based on pension or on accident at work or occupational disease.

The goal of vocational rehabilitation is to support the injured person to stay employed in his/her current workplace or to support his/her return to working life into a different job, e.g. through work training or vocational training.

The accident insurance institution assesses the possible need for rehabilitation as early as possible. When the possible need is noticed, the rehabilitation assessment is made in co-operation with Insurance Rehabilitation Association (VKK) and the injured person.

VKK is a joint service set up by Finnish insurers: statutory accident insurance, motor liability insurance and earnings-related pension insurance. The Association plans vocational rehabilitation together with the injured person, the Association's cooperation partners and insurers.

The injured person is served by a rehabilitation counselor appointed specifically for each injured person. The rehabilitation counselor gives the injured person information on rehabilitation and guides him/her to the next step. Then the Association makes an assessment and passes it on to the injured person's insurer, who makes the decision on rehabilitation.

The Insurance Rehabilitation Association had about 400 cases in 2012 assigned from the accident insurance institutions. All insurance institutions do not use services provided by the Association as they have their own rehabilitation counselors.

Compensation payable under statutory accident insurance

Statutory accident insurance covers both vocational and medical rehabilitation, including compensation for loss of income during the retraining period.

The following services and costs are compensated as a vocational rehabilitation:

- **Rehabilitation assessment**

  Rehabilitation assessment is a process where the injured person's rehabilitation needs and prospects are examined. The assessment focuses on examining the injured person's health, professional skills, education and work experience, age, life situation and living conditions as well as employment opportunities after rehabilitation.

- **Work and training try-out**

  Trial work is arranged in order to estimate whether the work is suitable for the injured person's health and other requirements. Training try-outs aims to improve the injured person's professional skills in practice.

- **Adequate training and any necessary formal basic education**

  Necessary and adequate training is compensated if suitable job cannot be found from the injured person's current workplace. Costs of training and reasonable travel expenses are compensated.

- **Business support**

  If the injured person is planning to become a self-employed entrepreneur, starting up of the business may be supported by an interest-free loan or allowance or a combination of the two.

- **Financial support**

  The injured person is paid compensation for loss of income for the period of reasonable long rehabilitation assessment and actual rehabilitation. The compensation is 85 % of his/her annual earnings.

The vocational rehabilitation gives the injured person an opportunity to find employment from which he or she earns much of his or her living. The objective is to employ the injured person into a work that corresponds to his or her earlier income level. If the amount of income earned in the new job or new occupation is lower than the annual income used as the basis for calculating compensation for loss of income, the insured person is entitled to a compensation for the difference. Yet no compensation is paid for loss of income resulting from unemployment.

If the injured person does not find employment when the rehabilitation is over, the insurer may pay discretionary compensation during the post-rehabilitation period for a few months. In order to receive this compensation the injured person must be a jobseeker at the employment office and he or she must actively look for a job.

Statistics

In Finland annually approximately 130 000 work-related accidents are compensated by statutory accident insurance. About 23 000 of them happened during the journey to or from work. In addition to that approximately 6 000 occupational diseases are yearly registered.

Almost 60 % of the total amount causes up to four days incapacity to work. Vocational rehabilitation is arranged annually approximately to 1 200 injured persons.

The Insurance Rehabilitation Association researched in 2011 employment of the injured persons after the rehabilitation. The Association received 137 answers from persons who had completed their vocational rehabilitation in 2008. In 2011 76 % of them were employed and 10 % unemployed. The rest were receiving disability or partial disability pension.

The research also analyzed how the injured persons experienced the rehabilitation program. The respondents highlighted the support and guidance at the end of the vocational rehabilitation. They felt that the support and guidance ended too soon and the transition to working life was difficult.

In Finland the vocational rehabilitation in statutory accident insurance is focused on compensating the costs. The support from insurance institution is hence mostly financial and the cooperation between different actors during and after the rehabilitation is insufficient. The challenges are therefore related to the improvement of cooperation between the different actors.

TVL Tapaturmavakuutuslaitosten Liitto, Finland
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Return to work management in Germany

I Introduction

Together with prevention, „return to work“ is among the most important aspects of modern social security worldwide. The issue concerns the retention and restoration of the fitness for work of a country‘s workforce. In Germany, the institutions responsible for insuring occupational accidents and diseases have a strategic leadership role within this concept, since they have certain structural advantages compared to the health, retirement and unemployment insurance institutions. Specifically, the German Social Accident Insurance Institutions are funded by the employers, and the insured damages are associated with occupational activity and other insured tasks – logically, since around 90% of disabilities are not congenital, but acquired during a person‘s lifetime. As understood internationally, the objective of the „return to work“ concept is that of returning employees who have suffered health impairments to their existing jobs. Should this not be possible, the employment relationship with the same employer should at least be retained. If this is also not possible, measures must be taken to train workers for employment elsewhere on the labour market, ensuring that they are not dependent for the rest of their lives upon welfare benefits. This ranking of objectives thus constitutes a three-stage model.

II Proactive social security

The return-to-work (RTW) concept is consistent with the German social security institutions‘ strategy of not merely waiting for persons with disabilities to apply for long-term welfare benefits. Instead, the institutions‘ aim is timely intervention to prevent a further decline in these individuals‘ social status – something that would be unproductive and uneconomical for the companies and the wider economy, and also catastrophic for the insurers. A wait-and-see attitude always leads to the last resort in the social security system.

But the paradigm shift from „payers“ to „players“ that has taken place among the social insurance institutions is also related to human rights, since the UN Convention on the Rights of Persons with Disabilities (UN CRPD) expressly obliges member countries to establish return-to-work programmes (Article 27 (1) K).

For the institutions responsible for insurance against occupational accidents and diseases, the return-to-work concept represents a change in perspective. Their staff can no longer merely wait until the occupational causality of the accident or disease is determined – something which may take months. Nor can they limit their tasks to calculating pensions and paying doctors‘ invoices. Instead, they – or at least some of them – will require particular skills in actively supporting workers (the insured individuals) on their journey back into the world of work. Significantly, these measures are not concerned with occupational safety and health or workplace health promotion. The issue does not therefore concern workers in general, but individual workers with particular impairments who, if not supported, would no longer be able to remain in employment through to the statutory retirement age.

However, it is not sufficient for the return-to-work culture in a country to be left to the social security institutions alone. On their own, these institutions are not able to bring about a new perception among the public, namely that it is a worthwhile objective to work rather than to seek financial compensation and retirement from working life. Governments must put their weight behind this strategy, as must the social partners, particularly the trade unions. National policy must be geared overall to legal and financial incentives for a return to work. The social security institutions do however have an influence upon this development. In particular, the

institutions responsible for insurance against occupational accidents and diseases should adapt their own organizational structures and processes with the aim of meeting an occupational re-integration target of over 90% of all insured events by means of RTW strategies.

III. Structures and processes

The 2013 General Assembly of the International Social Security Association (ISSA) adopted return-to-work guidelines providing social security institutions throughout the world with strategies for attaining the RTW targets. The strategies are particularly aimed at management personnel in the social security institutions, who should bring their influence to bear upon the social security legislation and make use of suitable strategies for their own organizations. Six factors will be described here with particular consideration for the return-to-work aspect following an occupational accident or occupational disease.

1. Early identification

It is important for insured events that are complex and could potentially lead to awarding of a pension to be identified at an early stage. Experience in numerous countries has shown that the likelihood of an affected individual retaining their job falls by 50% if no action is taken for six weeks. An early-warning system in this context not only has economic benefits, but also reflects a human right, namely that stated in Article 26, Paragraph 1a of the UN CRPD. According to this provision, governments must organize, strengthen and extend rehabilitation measures such that they benefit individuals at risk of disability at the earliest possible stage. Applications for compensation following occupational accidents are too late when they are geared solely to the payment of a pension. A better strategy is for reporting of occupational accidents and suspected cases of occupational disease to be governed either by a strict reporting requirement for the companies or doctors or by legislation or agreements between insurance institutions and doctors.

The institutions providing insurance against occupational accidents and diseases can call upon the additional, specific expertise of the OSH and workplace health promotion experts regarding the consequences of injury or the onset of chronic diseases. In addition, screening methods used for example in clinics and employing the biopsychosocial approach of the ICF provide indicators on whether the injuries or diseases suffered by patients correlate particularly closely with the risk of their losing their jobs. A fall suffered by a roofer is an example. Besides the physical injury, the fall causes psychological trauma, leaving the roofer with a permanent fear of heights. The sooner this fear is treated alongside the physical injury, the greater the probability that rehabilitation will enable the roofer to return to work.

2. Rehabilitation management

In complex cases (which require definition), routine treatment by individual doctors is not sufficient. Experience in numerous countries has shown that besides the medical treatment, rehabilitation management measures launched by the insurance institutions are required in around 3% to 5% of all cases. These cases account for over 80% of the costs incurred by the social security institutions, however. This particular form of care for the insured workers not only concerns their stay in a hospital or rehabilitation clinic, but must also be comprehensive, interdisciplinary and geared from the outset to the patient's participation in occupational life. Quality criteria for rehabilitation management exist at international level, having been compiled and published jointly by the AUVA, the SUVA and the DGUV (www.dguv.de).

A return-to-work strategy will be sufficiently sustainable only if the measures for medical rehabilitation draw upon knowledge of the stresses arising at the workplace. Such stresses include psychosocial as well as physical factors. They must be identified by early assessment in order for consideration to be given to the demands of the workplace, if

possible whilst in-patient and out-patient treatment is still in progress. Co-operation between the medical staff responsible for treatment and the occupational physicians can be of great benefit in this context, as can regional networks for the comprehensive support of small and medium-sized enterprises. A legal responsibility would be an additional benefit, as already exists in Germany: this imposes a statutory requirement upon all employers to offer workers a disability management measure in the form of a return-to-work programme should they be unfit for work for six weeks or longer within a year.

3. Training

Only when the staff of the social security institutions adjust their thinking and action to the targets of a return-to-work strategy will a high re-integration quota be reached. For this to be achieved, importance must be attached to return-to-work programmes during the initial and further training of staff in the social security and accident insurance institutions. Staff responsible for rehabilitation management in particular must possess suitable skills, such as in communication, motivation and co-operation. The international disability management training programme (www.nidmar.ca) provides a modular course of training leading to an examination (Certified Disability Management Professional, CDMP) and an accompanying programme for the auditing of companies (CBDMA). These programmes, which were developed in Canada – primarily in the country's accident insurance system – are based upon an international consensus (www.IDMSC.ca). Germany, in the form of the DGUV, has a leading role within this programme. Of the around 1,000 disability managers in Germany alone, half work within German companies, and the other half outside companies as external service providers, i.e. for the greater part within the social security institutions, particularly the accident insurance institutions.

4. Personalization

Any return-to-work strategy must attach great importance to participation by persons with disabilities. Without motivation on the part of these individuals to return to being healthy and fit for work, their occupational re-integration will fail. It is important that efforts remain focussed upon people's abilities rather than on their deficits. Only when individual needs are identified comprehensively and at an early stage will occupational re-integration be on the right track. Once again, Article 26, Paragraph 1a of the UN CRPD is important, in order for all measures for the structure and processes of social security institutions to be geared to this objective of personalization. The objective here is primarily the systematic involvement of people with disabilities and their needs rather than creating a legal basis for the measures of each institution. This involvement concerns both the joint formulation of general rules with representatives from organizations for persons with disabilities, and their involvement in individual cases. For example, when a rehabilitation plan is drawn up, affected individuals must expressly confirm by signature that they, too, are explicitly interested in successful rehabilitation.

5. Co-operation

Many societies fail to link health and work adequately. This also applies to the social security institutions. The division often begins at government level with separate ministries for health and labour, and likewise with separate institutions for health and unemployment insurance. One body is responsible for medical issues, the other for improving working conditions. Against this background, a return-to-work strategy serves as a bridge between different experts and areas of policy. Ideally, this co-operation is driven by the ministries, resulting in the social security institutions following suit and in turn requiring the same co-operation from the service pro-

viders, i.e. doctors and other medical professionals. This is important, because social security benefits, which are paid for collectively, should be geared by all parties involved to the companies and to employability, in order to restore not only people's health, but also their fitness for work. This strategy for retaining and restoring employability must be made part of each and every diagnosis, therapy and assessment. The biopsychosocial approach of the WHO ICF represents an important method in this context of interdisciplinary action.

IV. Future prospects

The European Forum of insurances against accidents at work and occupational diseases should send a signal concerning the relevance of the return-to-work concept for the institutions responsible for insurance against occupational accidents and diseases by creating a permanent working group on return to work. This group should co-operate closely with corresponding groups at ESIP, RI Europe, EDF, EPR, ESPRM and with the ISSA. This will in turn enable a strategy to be agreed upon within the European Union that is closely linked to the battle against chronic diseases within the Member States. Contact with the social partners, the European Parliament and the Council of Europe also constitutes fertile ground for joint projects which could be organized and funded by members of the European Forum (EF).

Should the EF succeed in placing the focus upon this issue, the equivalent Asian Workers' Compensation Forum established two years ago will be a welcome partner. Bilateral arrangements for disability management programmes have already been created between the DGUV and Malaysia and more recently with the accident and pensions insurance institutions in Indonesia. Return-to-work programmes geared to the targets described above are also already in place in France, Poland and Denmark. There is interest in numerous EU Member States in the highest possible standard of early occupational rehabilitation, i.e. the return to work. Let us get to grips with the issue. The onus here lies upon the institutions responsible for insurance against occupational accidents and diseases, which should exploit these opportunities. ■

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Case management in European countries

In addition to a conference organized in 2013 on the continued employment in Europe, EUROGIP studied "case management" in European countries to help CNAMTS in the implementation of a pilot project in this area in 2014.

Indeed, many European countries have developed specific and individualized approaches to the management of most serious injured people at work that is called „case management." It is primarily for / AT MP insurers of human and social concern. But from a financial point of view, 10% of the most serious accidents are from 60 to 70% of the cost of insurance. The challenge is therefore important.

The study of systems in a number of European countries has shown that the following factors were keys to success in the process of case management:

- Consideration of the remaining work capacity, evaluated according to standardized criteria, not the disability;
- Intervention as early as possible;
- Establishment of a multidisciplinary team around the „case manager" to support the victim;
- Customization of the treatment of the victim;
- Motivation of the victim to participate in the process;
- Involvement required of the employer.

Eurogip publications to find out more:

- Proceedings of the Eurogip discussions on March 2013 at http://www.eurogip.fr/images/documents/3631/Proceedings_EurogipDiscussions_2013.pdf
- Prevention of occupational deintegration: the experience of six countries (document in French only) at http://www.eurogip.fr/images/publications/Eurogip_Desinsertion_Professionnelle_2010_52F.pdf ■

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Spain: The "Mutuas" paid out 21.5 million euros to injured workers and their family members

The purpose of these Social Security benefits paid out by the Mutual Occupational Accident Insurance Funds (Mutuas) is to provide economic assistance to both injured workers and their family members in situations of need.

Mutual Occupational Accident Insurance Funds paid out 21.5 million euros in 2012 to deal with the specific situations of need of 13,246 workers who had suffered an occupational accident or illness, in addition to satisfying the needs of their family members or those closest to them, underlining the important protective role played by the Mutual Funds, which have disbursed over 90 million euros in the last five years.

The Special Benefits Committee analyses and deals with situations of special needs, whereby workers or their family members who find themselves in a specific state or situation of need, or who require assistance to return to the employment market, after having suffered an occupational accident or illness and lack the means to deal with the situation in question, may request financial assistance of the Special Benefits Committee.

The reasons for granting these social benefits are extremely diverse and range from the most concrete assistance in the adaptation of vehicles and homes to the promotion of specific help in relation to social and occupational inclusion, not only for the injured and sick, but for their family members too. During the recovery period, and particularly in cases of hospitalisation or long-term absence from work, family members visiting the hospital are also eligible for help with costs in relation to transport and accommodation.

Some of the most noteworthy social benefits granted include:

The adaptation of vehicles to the needs of the injured or sick worker or financial assistance to purchase a vehicle adapted to the worker´s disability.

The adaptation of the home in order to remove the architectural barriers of the same. Furthermore, this concept also includes assistance for the purchase of articulated beds, the replacement of bathtubs with shower plates, special mattresses …. all with the aim of enhancing the quality of life of the injured or sick worker. Equally noteworthy is the assistance in relation to home care in the event personal care in the home is required.

Highlights of family benefits include assistance for supporting young children, payment of formal studies or children´s schooling, in addition to financial assistance for the medical treatment of the closest family members including psychological care and mortgage payments.

Protheses and orthoses. This assistance is geared to the acquisition of special prostheses not included in the Social Security catalogue with the aim of providing workers with a better quality of life, and, as such, these prostheses are additional and independent of the prostheses and orthoses supplied by the Mutual Funds and associated with the health care and medical treatment given to workers in connection with their accidents, and which amounted to over 128 million euros in 2012.

Bereavement assistance. This benefit is complementary and additional to the Social Security benefit named Bereavement Benefit, which amounts to a maximum of 46.50 euros with the aim of meeting burial costs.

Financial benefits granted by the Special Benefit Committees

	2011	2012	Acrued*
Amount of benefits granted	23.372.255 €	21.581.171 €	90.707.575 €*

** Accrued since 2008*

Reason for granting the Social Benefit	2011	2012*
Vehicle adaptation	559.677,49 €	537.616,69 €
Home adaptation	2.453.340,08 €	1.773.319,13 €
Home care	25.156,45 €	12.675,09 €
Psychological care	33.357,28 €	29.697,58 €
Hearing aids	19.243,84 €	29.923,66 €
Bereavement assistance	2.300.418,14 €	2.559.810,03 €
Financial assistance	7.424.545,74 €	6.270.197,22 €
Studies assistance	2.232.749,29 €	2.475.009,12 €
Family assistance	3.361.735,72 €	3.517.048,34 €
Technical assistance	1.948.091,29 €	1.858.522,86 €
Ophthalmology	34.096,51 €	32.799,12 €
Companion expenses	275.813,64 €	379.795,78 €
Protheses and orthoses	602.773,62 €	578.450,64 €
Wheelchair	30.638,05 €	32.303,58 €
Other outpatient benefits	69.117,77 €	179.398,60 €
Other social benefits	2.001.500,35 €	1.314.604,26 €
TOTAL	23.372.255,26 €	21.581.171,70 €

Each Fund has a Special Benefits Committee composed of entrepreneurs´ representatives and workers at a proportion of 50%, who are responsible for analysing, assessing and granting this assistance.

Another of the duties of the Special Benefits Committees, as mentioned previously, is to promote initiatives geared to the professional recovery of workers who after having suffered an occupational accident or illness are unable to continue exercising their usual profession. This goal is achieved by providing the tools required their professional careers by means of specific training plans in accordance with the abilities and capacities of the workers affected, in addition to assistance for self-employment.

Moreover, this type of initiative is also geared to companies associated with a Mutual Fund, providing them with support and guidance in relation to compliance with the recruitment of disabled persons and the adoption of alternative measures.

Finally, in addition to all these complementary benefits provided by the Special Benefits Committees, it should be pointed out that the Entities manage primarily, without prejudice to the management of other benefits, the financial benefits for temporary disability, bereavement and survival, at the same time they provide a comprehensive and quality health care assistance to workers who have suffered an occupational accident or illness. All these benefits amounted to almost six million euros in the year 2012*. ■

**Financial benefits, capital cost, rent, and health care expenses only.*

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Greece: Step by step towards rationalization

Nowadays, Greece is confronted with an unpresentable financial crisis that led government policies to cut drastically budgetary accounts and restrain considerably social benefits. In the insurance field, IKA is the largest provider of social security and welfare benefits and is invited to encounter a complex situation with the aim to make healthy its financial situation while upholding a basic consensus on the social order on which it is based.

From the outset, it is to be underlined that collective bargaining unions and powerful lobbies have pressed for many years the institutionalisation of their interests leading to weak political decisions with regard to work accidents and occupational diseases. These fields constitute a part of the invalidity domain whose main characteristics are heterogeneity of benefits, complexity of the legal constellation due to the favouritism towards sheltered sectors, administrative insufficiency and blatant cases of illegal practices.

It was generally observed that one "giant evil" for the system was the "medicalization of the poverty". Taking advantage of the admittedly outstanding lack of control mechanisms, data cross-reference and long delays in the legal procedures occurred; many individuals have preferred receiving invalidity pensions, even of low amount, than working legally with contributions. The situation is worse in the work accident field, where the employee avoided stating the accident for fear of not losing his/her job and getting involved in heavy and practically ineffective procedures (inquiries of inspectors, reporting of medical teams). This perversion let room to thousands of migrants to trade on several benefits, because the insurance system in their country compared to the Greek insurance system with its high level of medical expertise, is weak and ineffective. In general terms, the fact that Greece has received a great number of migrants in short period without having shaped a strong strategy to encounter this challenge has pressed downward the distribution of benefits policies putting in question even social "acquis". The insurance system has been and is still being threatened by the social dumbing and the welfare tourism.

Nevertheless, it is to be pointed out that the list of occupational diseases was embedded in the Greek legislation in 2012, and the legislation regarding the Body of Technical Inspectors and Medical Committees, has been revised and assumes further responsibilities.

As far as the prevention and the rehabilitation fields are concerned, they seem to be more un uncoordinated territory for the social security where many factors, social partners and public as well as private centres of research play a role separately, with not a real correlation among them. Medical clinics, doctors of labour and technical supervisors do not really collaborate as they belong in different entities with divergent aims and motives. A great number of private clinics take an active part in this field, making it attractive for investments with the aim to advance medical tourism while public hospitals are crumpling up under the burden of chaotic deficits.

This is the reason why the first and foremost goal of the Greek government and IKA administration was the fiscal sustainability through income redistribution, in order to set a balance of social rights and obligations and also increase the danger of social exclusion.

In 2010, a new certification system reviewing the degree of invalidity was institutionalised as well a national record of recipients of benefits was created. A special Body of doctors is invited to certify the medical invalidity, according to the new certification system with accuracy and transparency. From the outset of the implementation of the codified system up today, many questions emerged with regard to the kind, the extent of invalidity benefits as well as a considerable number of cases is clarified and paving the way for further reform. It constitutes a main factor of the benefits policies, as it may also af-

fect the logic of competitiveness in the domestic, the European and with third parties markets. It is to be underlined that the Health Care system was neatly separated from IKA in 2011, enhancing the idea of restoring the financial situation of the Institutions, given that many cases of mismanagement put in question even the public and egalitarian character of the Institutions.

Today, IKA's mission is to weather the transition to a new era of Europeanisation of benefits blunting social disparities and invigorating work policies. The Administration is engaged to favour policies to reconcile the regulatory capacity of the government, the willingness of social partners to preserve their rights while allowing labour migrations and providing investment incentives.

A further reform is planned to take place in the field of the insurance systems in the next months and many things are to be implemented on a local, regional and national level. As the cross reference of data is being proceeded at national level, it is expected that the results will rationalize the decision making in fields such as the work accident and occupational diseases in accordance with European regulations and directives. The objectives ave been set, the implementation is the great challenge. ■

Addresses

Hellenic Ministry of Labour: **www.ypeak.gr**

Hellenic Institute for Health and Insurance at Work: **www.elinyae.gr**

National Organisation for Healthcare Provision (EOPYY): **www.eopyy.gov.gr**

Ministry of Health: **www.moh.gov.gr**

Private clinic for Rehabilitation: **www.filoktitis.gr**

Rights and announcements for disabled individuals: **www.disabled.gr**

IKA-ETAM
www.ika.gr

Germany: XX World Congress for Safety and Health at Work 2014 under the motto "We love prevention"

Stars were awarded, the speakers entered the football arena, and the mood was set with a rap. The "XX World Congress for Safety and Health at Work 2014: Global Forum Prevention" aimed to chart new territory. It did, and the Congress was a great success.

3,980 visitors from 143 countries gathered in Frankfurt to discuss new ideas and solutions concerning prevention, to be inspired, and to exchange opinions. That was the exact intention of the Congress formats with their interactive structure: to promote lively discussion and networking between the Congress participants. Because only by joining forces will we be able to attain the next major targets: creation of a culture of prevention in companies, and Vision Zero – a world without serious or fatal occupational accidents. In recent years, the German Social Accident Insurance has reported continual falls in the number of occupational accidents. In the light of this positive development, we have an obligation to share our consolidated expertise with other countries, and to develop it further. The German Social Accident Insurance, thus, has a very important role to play in occupational safety and health worldwide.

Numerous VIP guests from throughout the world attended the Congress. These included: Andrea Nahles, German Minister of Labour and Social Affairs; Laura Räty, Finnish Minister of Social Affairs; Hawazi Daipi, Senior Parliamentary Secretary, Ministry of Education and Ministry of Manpower, Singapore; and Xu Shaochuan, Deputy Director of the State Administration of Work Safety in China. Guy Ryder also played an active part in a World Congress, the first time a Director-General of the ILO had done so. This illustrates the importance attached to occupational safety and health by international policymakers. A number of keynote speakers ushered in the World Congress proper. These included Dr Natalie Lotzmann, Head of Global Health Management at SAP SE; Chong Meng Tan, Group Chief Executive Officer and Director at PSA International, Singapore; Dr Casey Chosewood of the National Institute for Occupational Safety and Health, USA; and Professor Cameron Mustard, President of the Institute for Work & Health, Canada.

Besides the „Forum for Prevention" with its new and forward-thinking interactive format, and the „Agora" outdoor area with numerous active presentations for Congress visitors, the international Media Festival for Prevention (http://mediafestival2014.3c3c.de/en/home.html) was also integrated into the programme of the World Congress for the first time. The significance of media continues to grow. It is therefore all the more important for information to be presented in modern formats, such as apps and video clips.

For the first time in the history of the Congress and fully in line with the Congress motto of „Making prevention sustainable", the discussions, the topics and the atmosphere were documented in real time by copywriters, camera teams and photographers, and made available on the Congress website for the benefit of interested parties. The consolidated expertise can also be accessed on the documentation platform in the form of submitted abstracts and presentations (http://live.safety2014germany.com/de/).

The conclusion that can be drawn from the statements made at the World Congress is clear: „Prevention must become a worldwide movement". „We must intervene more." „We must become more personal." The world of prevention is changing; new, innovative strategies are being sought through which we can be effective right where the culture of prevention needs to be established: in people's minds. One of the

most emotional messages of the World Congress was delivered by Errol Frank Stoové, President of the International Social Security Association (ISSA). With the slogan „I love prevention“, he formulated in a nutshell something close to the hearts of all the Congress delegates: their commitment to prevention.

Singapore will be hosting the XXI World Congress for Safety and Health at Work in 2017. The Congress will then be held in Southeast Asia for the first time in its 62-year history. Like other countries, Singapore is in the process of completing the paradigm shift to Vision Zero, said Hawazi Daipi, Senior Parliamentary Secretary at the country‘s Ministry of Manpower. Achievement of the Vision Zero will be the focus of the next Congress. In particular, the Congress will address the search for solutions for the avoidance of work-related diseases and injuries at all company levels, said Daipi. The course is thus set for the next World Congress for Safety and Health at Work, at which the international community will meet again in three years‘ time in Singapore. ■

Theresa Hartlieb
DGUV
www.dguv.de

Photo: ©DGUV kongressbild.de

Sweden: LIKE YOUR JOB – an event for the entire labour market!

Health and safety issues are just as relevant now as they were 100 years ago, even though the challenges in many cases are different. The event "Like your job" started, because there was a demand for a natural meeting place where these issues can be raised and discussed.

AFA Insurance, Prevent and Suntarbetliv co-arranges "Like your job" – working life venue – along with trade unions and employers' organizations in the private sector and local and regional government sector, to inspire and create involvement in safety issues.

"Like your job" is an arena where business leaders, HR people, students, researchers, safety representatives and union representatives can exchange experience, knowledge and inspire each other with good examples from real life. The event consists of more than 100 seminars, 3,000 square meters of exhibitions, a library, and much more.

At "Like your job", results of research being done in the field of work environment are being spread, so that it comes to practical use in the workplaces. The visitors also get a chance to meet and debate with experts in many fields! Theory meets practice in a way that is meant to have something for everybody.

The event of 2014, held on October 22-23, drew a total of some 4,700 visitors over the two days, and we hope for more events in the coming years.

Read more at www.gillajobbet.se ■

Per Winberg
AFA Försäkring
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Photo: AFA Försäkring

"Believe to be alive": a festive weekend for Paralympic sports in Rome, Italy

"Believe to be alive" – a great show on Paralympic sports – has been organized in Rome from 3 to 5 October 2014 by the Italian Paralympic Committee (CIP) with the cooperation of Vatican and Inail. The aim of this event was to promote the idea of sport as a universe of positive values and social inclusion, beyond cultural, ethnic and religious borders.

The first day was dedicated to the ceremony of Italian Paralympic Award, attributed to athletes, coaches, reporters and institutions who have helped to expand the Paralympic sports in Italy. Inail is one of the prize-winners, for "its historical co-operation with CIP and its support to sport-therapy as an extraordinary tool for integration and social reinsertion".

Another prize has been awarded to Inail Superabile portal as "indispensable and complete service tool on the world of disability, which offers in-depth information on sport events and integration policies of the Paralympic movement, deeply attentive and constantly updated on disability issues".

On Saturday 4th October, Paralympic delegations have been granted an audience with Pope Francesco at the Nervi Hall in Vatican. The Pope has enhanced sport as privileged tool "to promote inclusion culture and fight reject culture".

On the last day, the area facing Saint Peter, in Vatican City, has been transformed in a big open-air gym, where visitors and tourists have watched Paralympic sports competitions.

The remarkable success of this event represents a significant appreciation of INAIL commitment for the mental and physical health recovery of people with disabilities through sports.

Even in the 50s there had been an attempt to combine the mere physical rehabilitation of disabled patients with psychological support based, in particular, on the practice of numerous sports. Through sport, in fact, patients would not only recover the forces – with beneficial effects in terms of mortality reduction – but, finding again the spirit of competition lost with the onset of disability, they show a substantial attenuation of their depression.

Thanks to the excellent results achieved, Inail immediately supported sport of paraplegics. In 1960, when the first edition of the International Paralympic Games was held in Rome, Italian athletes wore uniforms with the Inail logo.

This commitment was confirmed by the agreement that Inail signed with the CIP in 2001. The partnership has allowed to organize many complex initiatives – events, study days, joint projects, desks at Inail's local offices, publications – focused on persons with work-related disabilities and their need for social reintegration. All this, of course, with reference to the opportunities offered by sports and its ability to exploit the injured residual potential, reducing the physical and psychological discomfort resulting from the injury as far as possible. The collaboration with CIP allows to carry out a constant awareness campaign for doctors, technicians and professionals who deal with disabilities. In this general context of cooperation, a remarkable role is played by the cooperation between the CIP and the Inail Prosthesis Centre of Vigorso di Budrio.

The results are a matter of pride to Inail. For example, the activities of personnel at Inail desks have allowed a steady increase in the number of work-related disabled that have approached physical activity through partici-

pating in courses organized to promote sport and, as a further step, in start-up courses to their favourite disciplines. From July 2010, this promotion and awareness campaign has led 1,970 people with work disabilities to the CIP free membership.

Also the prize awarded to SuperAbile is extremely important. Inail has started SuperAbile in 2000 to provide an information service to support injured workers and, more generally, all people with disabilities, their families and professionals directly and indirectly involved in the third sector, the associative sector and the public and private social sector. In 2013, about 30,000 incoming calls were received by the Contact center, an innovative and effective method of implementing the model of ‚taking charge' of the injured, which provides answers to specific individual needs and information on rights and opportunities. Still, the number of contacts of the portal has reached approximately 1,579,400 units, while the magazine ‚SuperAbile Inail' has registered about 4,000 subscribers. CIP actively contributes to the thematic channel ‚Sport', one of the most popular of the portal.

INAIL, Italy
www.inail.it

New Chairman of the AUVA: Ing. Thomas Gebell

Photo: AUVA

Thomas Gebell is the new chairman of the AUVA.

He is the owner and CEO of the Alpenländische Schilderfabrik (Alpine sign factory) in Feldkirchen near Graz.

Since 2005, he was member of the board of the Styrian Health Insurance (StGKK). From 1 March 2008 until 31 December 2014, he was first deputy chairman of the StGKK. ■

Merete Agergaard, Director General of the National Board of Industrial Injuries (Arbejdsskadestyrelsen), Denmark

Photo: Arbejdsskadestyrelsen

Merete Agergaard was appointed Director General of the National Board of Industrial Injuries in September 2014, after having been acting Director General since June 2014.

She came from a position as Deputy Permanent Secretary in the Department of the Ministry of Employment, where since 2009, she had been responsible for finances, control, human resources and communications.

She was previously employed in the Department of the Ministry of the Environment.

Merete Agergaard received her law degree (cand.jur.) from the University of Copenhagen in 1992. ■

Upcoming conferences

european forum
of the insurance against accidents at work and occupational diseases

Assembly and Conference of the European Forum of Insurance against Accidents at Work and Occupational Diseases

Vienna, Austria
September 09 – 11, 2015
Dominique.Dressler@auva.at

Débats d'EUROGIP 2015: "Europe and occupational safety and health: what achievements? What outlook"

Paris, France
March 19, 2015
www.eurogip.fr

ICOH International Congress Korea 2015 "Global Harmony for Occupational Health: Bridge the World"

May 31 – June 05, 2015
Seoul, South Korea
www.icohweb.org