

Early Intervention

A cost-effective evidence-based solution to reduce the burden of MSDs

Musculoskeletal Disorders (MSDs) are serious non-communicable diseases, being the primary cause of sickness absence and years lived with disability in Europe. MSDs affect as many Europeans as the population of Germany, Belgium and Austria added together (100 million), curtailing ability to work, labour productivity and employment status. Every year, MSDs diminish the European economy by €240bn. MSDs can move from being a public health and economic burden to manageable conditions, provided that people have access to and are enrolled in an Early Intervention programme which supports proactive management of their condition and ultimately their return to work.

What is Early Intervention? An innovative care programme founded by Dr Juan Jover, Chair of the Fit for Work Coalition in Spain. Early Intervention consists of rapid diagnosis and assessment by specialists; expert clinical management, restraint from bed rest, early mobilisation, stretching exercises, ergonomic training, education, recommendations for physical activity, self-management (where necessary) and support for remaining in, or returning to work. The approach reduces the time of diagnosis, treatment and recovery improving patient outcomes and labour market participation, as well as savings to the health care and welfare systems.

A two-year Early Intervention pilot implemented in Spain has shown that both sickness absence and permanent job loss related to MSDs can be reduced respectively by 39% and 50%, recouping almost €11 for every €1 invested in the programme (Annals of Internal Medicine, 2005). Following the success of the pilot, 25 Early Intervention Clinics have opened across Spain, some being completely government-funded. The UK, Portugal, Latvia and Lithuania, are now refining and implementing their own approaches. The programme has also the potential to be adjusted to manage other chronic conditions.



Purification Tejada, a patient suffering from extreme pain from carpal tunnel syndrome, described how she benefitted from the support of an early intervention clinic:

“I was so scared about the impact it would have on my personal working life. I was given the right diagnosis, treatment and care very quickly and this helped to take away my unbearable pain. Thanks to this clinic, I can go back to work again. Work is so important to me. It makes me feel useful and responsible. I feel alive again.”

Early Intervention (EI) can be beneficial across stakeholders:

- For those living with MSDs, EI can help improve patient functionality, work ability and work productivity.
- For a Healthcare Professional, EI can facilitate timely, accurate patient flow, diagnosis and treatment, while helping to improve patient outcomes.
- For Health Systems, EI can help to improve efficiency and effectiveness of healthcare organization and delivery.
- From an employer perspective, EI can be useful in maintaining work ability and work productivity, thereby, helping to minimize presenteeism and absenteeism.
- For governments, EI can provide a proactive pathway that enhances health and work ability and potentially avoids additional social and welfare outlays.



Dr Juan Jover – rheumatologist, founder of the Early Intervention MSD programme:

“With Early Intervention, everybody wins. We are saving social security money because patients are taking fewer days off work; we are saving the health care system money as patients recover faster; and we are ensuring increased patient satisfaction because they receive additional support and faster relief from their symptoms.”

Step by step – how to run an Early Intervention programme

Based on the pilot that rolled out at the Hospital Clinico San Carlos in Madrid, Spain, an Early Intervention programme should accommodate the following activities:

- General practitioners or family doctors refer the patients to the “Early Intervention” clinic with the help of a form which reports an MSD as the cause of their temporary work disability
- Rheumatologists collect the forms daily and process the data
- The staff of the clinic contact the patients by telephone or email and offer them an appointment with a rheumatologist within five days from the form registration
- At their first visit, patients receive: a specific diagnosis; expert clinical management; reassurance that no serious disease is present; instructions on self-management; instructions on taking medications; recommendations regarding physical activity and specific exercises; and indications for return to work before they are in remission (symptoms diminish, or disappear completely)
- Patients with higher degrees of disability or pain receive immediate extra reassurance, information on pain-relieving positions and a telephone call or a second visit within 72 hours
- Patients with low-back, neck, shoulder, arm, hand, knee, or foot pain are put on a three-level care system. They move to the second and third level after they spent a predefined period at the first level without improvement, or based on the judgement of the rheumatologist:
 - **Level 1** (2-6 weeks) – diagnosis, pharmacologic treatment of pain and inflammation, pharmacologic treatment of anxiety and depression, peripheral intra- and periarticular injections, education and self-management instructions;
 - **Level 2** (4-8 weeks) – maintenance of therapy plus and laboratory tests, radiography, computerised tomography, magnetic resonance imaging and electromyography;
 - **Level 3** (determined by clinicians) – further diagnostic procedures, or referral for surgical or other specialised care; psychological support (CBT), and formal rehabilitation.
- Temporary work disability forms are renewed each week until the patients are ready to get back to work, in which case a fit for work form is filled out, or they are registered with permanent work disability
- The rheumatologists see the patients as many times as necessary throughout the programme, as well as keeping in touch with the primary care physicians who referred the patients

The Spanish MSD programme is one model for Early Intervention. Depending on the health system, the intervention can be adjusted and applied to local settings. Fit for Work Europe is developing a tool to facilitate the implementation of an Early Intervention in different settings.

The programme supported by Fit for Work Europe, a multi-stakeholder Coalition, driving policy and practice change across the work and health agendas. Our aim is to deliver more investment in sustainable healthcare by promoting and implementing early intervention practices for people living with chronic conditions such as MSDs. Fit for Work Europe is led by The Work Foundation, Lancaster University, and supported by AbbVie and GE Healthcare.

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