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Learning from our mistakes –
evaluation of an implementation failure of
a return-to-work program in France


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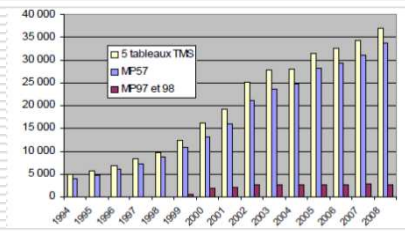

OVERVIEW

- Introduction
 - Work-related musculoskeletal disorders
 - Therapeutic return to work programme
- Aims and methods
 - What is the influence of the context on the implementation of the program?
 - Mixed methods (quanti / quali)
- Results
- Discussion




The rise of work-related MSDs


1st cause of occupational disease
Occupational health and public health priority




(CNAMTS 2010)



Therapeutic RTW program (1/3)




- County of Nord Isère
 - 50 000 workers
 - 4 OHS
 - 32 OP
- Steering committee
 - Social security
 - Ministry of Work
 - Employers
 - Unions
- Coordination team
 - 4 OP



Therapeutic RTW program (2/3)


- Aim of the programme
 - Safe and sustainable return to work
- Target population
 - Workers
 - On sick leave (4 to 10 weeks)
 - With upper limb MSD
 - Occupational disease / accident at work
 - From 5 economic sectors
- Components of the programme
 - Multidisciplinary evaluation by a rehabilitation team
 - Physiotherapy
 - Pain control
 - Ergonomic adjustments of the workstation

Multidisciplinary team

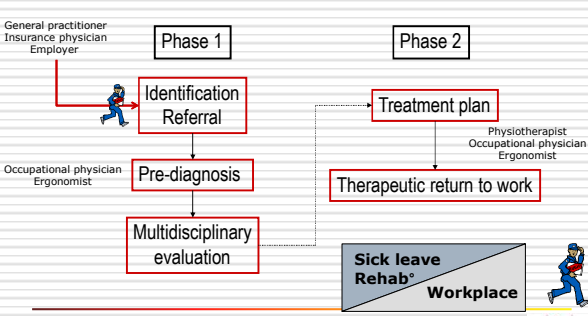



Occupational physician
Rehabilitation physician
Physiotherapist
Psychologist
Social worker
Ergonomist

Loisel et al. 1997 ; Durand and Loisel 2001



Therapeutic RTW program (3/3)

Aims

- Identify and describe
 - the **influence of the context**
 - on the implementation of the program
 1. Measure gaps: planned // implemented activities
 2. Identify barriers and facilitators to implementation

Champagne and Denis 1992

Methods

- Mixed methods
 - Quantitative
 - Data collection
 - Questionnaires (workers)
 - Management charts (coordination team)
 - Data analysis
 - Descriptive statistics
 - Qualitative
 - Data collection
 - Participant observations (inclusions; meetings)
 - Semi structured interviews (4 workers)
 - Focus groups with the coordination team (3)
 - Data analysis
 - Thematic content analysis
 - Categories / Conceptual framework of implementation

Patton 1996 ; Fassier et al. 2011

RESULTS (1)

Gaps / Fidelity
Satisfaction

One main gap

- Few workers included (n=15)
 - 50% of the expected number
 - Inclusion period extended from 9 to 16 months

Month	Number of workers
Jul-07	0
Août-07	0
Sept-07	0
Oct-07	1
Nov-07	1
Déc-07	0
Janv-08	2
Fév-08	1
Mars-08	2
Avr-08	1
Mai-08	3
Juin-08	1
Juil-08	0
Août-08	0
Sept-08	2
Oct-08	1

Fidelity

- Activities delivered as intended
 - Content
 - Timeliness

	Durée théorique	Durée observée (moyenne)
T1 Délai entre le signalement et le pré diagnostic	< 14 jours	4,7 j. [min=0 ; max=15]
T2 Délai entre le signalement et la consultation pluridisciplinaire d'inclusion	14 jours	18,6 j. [min=6 ; max=35]
T3 Délai entre le signalement et la consultation pluridisciplinaire de mi-parcours	75 jours	75,7 j. [min=68 ; max=90]
T4 Durée totale du programme	120 jours	117,7 j. [min=110 ; max=141]
T5 Durée de la phase de réadaptation	105 jours	99,6 j. [min=91 ; max=112]

Satisfaction

- Satisfaction
 - Workers : satisfied
 - Employers: globally satisfied
 - Multidisciplinary team: very satisfied
 - Coordination team: proud exhausted would not do it again
 - Steering committee: perplexed

RESULTS (2)

Facilitators
Barriers

Facilitators

- Local champions
 - Coordination team of 4 occupational physicians
 - 1 OHS director
- Perceived needs
 - Workplace and OHS actors
 - Political agenda [regional occupational health plan]
- Intersectoral agreement
 - At the regional level
 - Social security agency / ministry of work / Employers / Unions
- Dedicated resources
 - Multidisciplinary team
 - Ergonomic evaluation in the workplace
- Perceived benefits
 - By the workers
 - By the multidisciplinary team

Barriers

- Healthcare system
 - Occupational physicians 9/32 included workers
 - Lack of time ; Intervention too complex & time consuming
 - General practitioners
 - No patient referred to the program
 - Reason: not informed of the program
- Insurance system
 - Social insurance physicians
 - No patient referred to the program
 - Reason: unknown
- Workplace system
 - Co-workers
 - Jealousy
 - Employers
 - Lately informed of the program (4 months after)
 - Work disruption ; lack of « buy-in »
 - Did not respect the supernumerary worker

DISCUSSION

Strength / Pitfalls

- Strength
 - Intersectoral collaboration
 - Activities implemented as intended
 - Satisfaction
 - workers
 - multidisciplinary team
- Pitfalls
 - Low conviction and (alleged) availability
 - Occupational physicians
 - Low participation rate
 - Gatekeepers (GP; SIP; employers)
 - Few inclusions
 - Failed communication
 - Lack of methodological and logistic support

Greenhalgh et al. 2004 ; Fixsen et al. 2005

Recommendations

- Simplify the program
 - Insist on practical formation
- Allow resources (not only financial)
 - TIME; methods
- Communicate
 - Before and during the program
 - General practitioners
 - Social insurance physicians
 - Employers
- Watch the missing links
 - Social insurance physicians
 - Research team (develop; implement; evaluate)

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Pending questions & limitations

- Questions about the program theory
 - Aim of the program / target population
 - Theory failure?
 - Content of the ergonomic intervention
 - Lack of specification

[Before any evaluation of effects]

- Limitations of the implementation study
 - Missing data (workers questionnaires)
 - Missing resources

CONCLUSION

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- Such a program is feasible
- But...
 - Important barriers were identified
 - Questions were raised / program theory
- Generalisation of the pilot program could not be recommended
- The pilot program was not followed by another experimentation
 - (4 years later...)

Thank you for your attention

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