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 (quant / 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

Loisel et al. 1997 ; Durand and Loisel 2001

Therapeutic RTW program (3/3)

Phase 1
Identification
Referral
Pre-diagnosis
Multidisciplinary evaluation
Therapeutic return to work

Phase 2
General practitioner
Insurance physician
Employer

Physiotherapist
Occupational physician
Engineer

Sick leave
Rehab
Workplace
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

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

Champagne and Denis 1992

RESULTS (1)

Gaps / Fidelity

Satisfaction

Fidelity

- Activities delivered as intended
  - Content
  - Timeliness

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One main gap

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

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

- Coordination team of 4 occupational physicians
- 1 OHS director
- Workplace and OHS actors
- Political agenda [regional occupational health plan]
- Social security agency / ministry of work / Employers / Unions
- Multidisciplinary team
- Ergonomic evaluation in the workplace
- 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

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)
**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**

- 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**

**Acknowledements**

- Participating workers

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