

Germany

Functions and problems with respect to activities in return to work of an employee with sick leave

GP= General Physician. OP= Occupational Physician. SIP= Social Insurance Physician. ISI= Institute of Social Insurance

	Subject	Functions	Problems
1	to diagnose and to treat: primary health care	On an individual case basis SIPs contact GPs about work aspects of their patients. This is mainly done in cases where there is a difference of opinion about the incapacity of an employee to work or when additional information is needed.	Because of the segmentation of the health system the GPs do not have a sound knowledge about the different gateways and the interaction between health insurance, unemployment insurance, pension insurance and statutory accident insurance The communication between SIPs and GPs is difficult, as GPs want to avoid losing their patients because of doctor-hopping. This results in a high tendency to sign sick leave certificates.
2	to provide other health oriented interventions: specialist health care, psychological interventions	Specialists and hospitals provide specialist health care, give diagnoses and treatments. Rehab centers provide clinical and vocational rehabilitation. They specialize in different areas, for example, working capacity assessment, various treatment, and trainings. The rehabilitation can be provided for both physical and mental problems.	

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3	to certify sick leave		<p>→ Issuing sick notes is an ambivalent subject in a GPs daily routine: on the one hand this action results in more money through more patient contacts and on the other hand it may lead to a lot of trouble with different institutions when the job or unemployment situation of the patient is complicated and does not correspond with the actual sickness.</p> <p>→ GPs feel pressure to issue certificates for their patients even when the sick leave is not justified. This troubles the doctor-patient relationship</p>
3a	short term	<p>Certification is done by the GP within 3 days of absence. The report is written for the employee, the employer, and ISI (KK). The GP has to provide a diagnosis and the expected duration of the sickness absence. The diagnosis is not reported to the employer. Reassessment is done when the GP thinks this is necessary. In case of work problems, the employer needs to be informed. If there is disagreement on the diagnosis, the duration, or the issuing of a certificate, the client can seek another certifying doctor. There is no appeal.</p>	<p>GPs do not have substantiated knowledge of occupational medicine and social medicine.</p>

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3b	long term	<p>The SIP works for the ISI (MDK) and checks the certification after 6 weeks at latest. However, this is often done earlier, for example, based on a selection by the ISI on GP (e.g. when this GP is a frequent certifier), based on the diagnosis (when the diagnosis is ambiguous or it is due to an occupational accident, etc), and based on an employer's demand (in the case of mistrust). The SIP is not employed by the ISI and works for a special service: MDK.</p> <p>A selection procedure, performed by a committee consisting of the KK and MDK, determines in regular meetings which clients are to be seen by the SIP.</p> <p>In case of disagreement between GP and SIP, the latter has authority but the GP can ask for another SIP for an assessment. This can only be requested one time.</p> <p>The ISI gives the official decision, but appeal is possible.</p> <p>Sick leave is maximum 78 weeks in 3 years for one diagnosis. When maximum duration is reached, the client can apply for unemployment benefit or disability pension. When applying for disability pension, the client can be required to do a rehab period first.</p>	
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4	to provide / initiate work oriented interventions, related to the health problem	<p>The first six weeks, the responsibility lies with the employer. Client can take up work if he thinks he is able to and when the employer agrees.</p> <p>After the six weeks, the KK is responsible. Gradual work resumption is possible on a voluntary basis. However, for this to occur, all parties concerned have to agree (i.e. employee, employer, GP, SIP, ISI) The KK can also propose fitting work to the employer and employee when work adaptation is necessary. The SIP can contact the OP if the client agrees with adapted work.</p>	<p>In practice, the employer does not take an active role in the first six weeks of sickness absence and thus the responsibility seems not very functional.</p> <p>SIPs do not have the task of interfering with treatment but they can give informal suggestions.</p>
5	to report and account for treatment, interventions and certification towards different parties	<p>The GP reports to the ISI every case of sick leave with the sick leave certificate. The SIP is only involved when the ISI questions the sick leave note and the reason for the absence of the patient from work.</p> <p>On an individual case basis SIPs contact GPs about their patients' work aspects and treatments. This is mainly done in cases where there is a difference of opinion about the incapacity to work of an employee.</p>	<p>The specialist and the referring GPs do not always know the working conditions of the employees in order to make a sound judgement whether the patient can take up their work again or not.</p>

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6	to defend the employee's and employer's interests		
6a	RTW	Work resumption may be checked beforehand by the OP for certain dangerous professions, when requested by the employer.	
7	to coordinate these interventions with employer and employee and other professionals	Treating physician, i.e. either the GP or the specialist, coordinates the medical interventions for the absentee. These can contact the KK, the SIP, or the OP if they think this is needed.	The communication between SIPs and GPs is difficult, as GPs want to avoid doctor-shopping from their patients. This results in a high tendency to sign sick leave certificates/ certificates of inability to work.

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8	Financial compensation	Client may press for sick leave as that is best paid benefit in social insurance.	→There is no protection against being fired; sick leave can be an argument to fire a worker. So is the lack of a job that is fit for the sick worker.
8a	Health care costs	Health care health insurance (ISI) covers medical costs for listed diagnostics and treatments. The measures that are covered by the health insurance are listed in the EBM (“einheitlicher Bewertungsmaßstab”). All the other treatments and diagnostic measures have to be paid for by the patients themselves.	
8b	income loss (sick pay)	<p>For the first six weeks of absence, the employer is financially fully responsible and pays 100% of the previous wage. After those six weeks, the ISI takes over the financial responsibility and pays 70 percent of the pre tax salary but not more than 85 € per day for 18 months (78 weeks). After that the patient does not get reimbursed for his income loss over a period of three years when the same illness causes the sick leave.</p> <p>The disability benefit is paid by another player in the social security system by name “Deutsche Rentenversicherung” = German statutory pension insurance. It depends on the amount of money the individual pays into this insurance and for how long a time before he gets the benefit out of it. In any case it is much lower than the “sick leave pay” from the German health insurances (ISI).]</p>	

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9	Qualification of professionals	<p>Although GPs have a procedural guideline of how to act in assessing incapacity for work, they are not trained to issue sick notes and do not have a special education concerning work related problems.</p> <p>In general they do not apply specific instruments to assess work ability.</p> <p>A special curriculum and education for SIPs exist (specialists). They are trained on the job in social medicine, including 4 two-week-courses over a period of two to three years. After a minimum of two years the SIPs are required to take an exam at the chamber of physicians (Ärztchamber). After that, there is on-going education to keep the knowledge up-to-date. Social medicine is a recognized specialization called 'Zusatzbezeichnung Sozialmedizin' on top of a primary specialization. The primary specialization can be held in every known medical field.</p>	<p>GPs don't have the knowledge to assess whether a person is fit for a certain job insufficient knowledge about working conditions.</p> <p>The GPs play an important role in qualifying and testifying sick leave but in the most cases don't have a special training concerning to what sick leave and occupational problems mean in more specific terms. They do not have a sound knowledge about the interaction between health insurance, unemployment insurance, pension insurance and statutory accident insurance (different gateways).</p>
10	Preventive	<p>Pre-employment medical examinations are performed by the OP.</p> <p>Special work-related examinations/preventive medical check-up, occupational health screening also exist.</p>	