

## Insurance Medicine: a new field in Cochrane

### Cochrane Insurance Medicine (CIM)

CIM was established in 2015 to help decision-makers and professionals in a medical insurance context to make evidence-informed decisions. Insurance medicine makes health-related judgments on diagnosis, causality, prognosis and effectiveness of interventions in the context of insurance coverage.

### Who are we?

The initiators of CIM are from Switzerland, the Netherlands, Sweden and Canada. Each of the countries provides a director, while the lead and coordination are located in Switzerland.



#### Prof. Dr. R. (Regina) Kunz

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### What is our vision?

The initiators of CIM envision decision-makers and professionals concerned with medical judgments on diagnosis, prognosis, and effectiveness of interventions in an insurance context to make evidence-informed decisions by using high quality Cochrane reviews of the best available evidence.



### What is our aim?

Our aim is to promote evidence-based best practices in insurance medicine. We want to achieve this by facilitating the production and dissemination of systematic reviews which support health and social care decisions on sick leave certification, disability evaluation, and return to work interventions.

### How do we relate to other Cochrane groups?

Many health conditions ultimately affect the ability of individuals to secure income, living and participation. Our field therefore reaches out to many Cochrane groups, such as Work, Back & Neck, Effective Practice and Organisation of Care (EPOC).

### What is insurance medicine?

Insurance medicine covers medical assessments and interventions for all types of insurance schemes that involve health aspects, e.g. sickness allowance or disability pension for health-related incapacity to work, morbidity caused by accidents, application for life and health insurance.

### What are the core tasks of insurance medicine ?

- Certifying sick leave
- Evaluating long-term disability for work
- Promoting return-to-work
- Promoting participation of disabled people in society
- Assessing causality in impairments (e.g. accident)
- Assessing health risks of people applying for insurance coverage (health care; work capacity; life)

### Only 15% of CC reviews connected to insurance medicine include outcomes relevant for that area

Using the 321 Cochrane Priority Reviews of May 2015 as sampling frame, we identified 122 reviews whose health interventions potentially impact on endpoints relevant to insurance medicine: work ability/disability, sickness absence, prevention and evaluation of disability, occupational rehabilitation, return to work, and social integration of individuals with impairments. Only 15% of reviews with connection to insurance medicine included outcomes relevant to insurance medicine.

Although decision makers, employers and patients urgently need trustworthy evidence on health interventions that impact on work (dis)ability, sickness absence and improve return to work, the vast majority of relevant Cochrane priority reviews do not address such outcomes in their protocols.

### How to get involved?

- Work on a review relevant for insurance medicine
- Hand search journals and unpublished literature
- Identify priorities for future reviews
- Raise awareness of Cochrane Insurance Medicine
- Write summaries of, or commentaries on, Cochrane Reviews on insurance medicine
- Translate reviews into languages other than English
- Help to sustain funding for the Field

### Advantages of getting involved

- Support in conducting systematic reviews in insurance medicine
- Networking with people of similar interests in insurance medicine

### Contact



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