

Criteria and process for the screening and inclusion of systematic reviews and protocols in the Insurance Medicine topic - The Cochrane Library



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1. Target population

The Insurance Medicine (IM) topic was created for IM professionals, such as:

- IM physicians and other physicians working in areas related to social and private insurance
- Researchers
- Managers
- Guidelines developers
- Decision makers
- Other related health professionals (e.g. rehabilitation medicine, occupational health, etc.)

2. Inclusion and exclusion criteria

For the inclusion or exclusion of systematic reviews (SRs) and protocols we applied the following criteria:

2.1 Inclusion criteria

- **Population:** adults in working age (16 to 65 years of age) with health conditions that commonly results in temporary or permanent inability to work
- **Interventions:** health care interventions whose impact on the course and/or duration of the disease may shorten absence from work and/or facilitate return to work (e.g., manual therapy for chronic low back pain; return to work interventions for depressed workers on sick leave).
- **Outcomes:** Main or surrogate IM outcome are included in the methods section as primary or secondary outcome. Table 1 describes the list of outcomes considered as relevant for IM and their corresponding surrogates' outcomes. The outcome "cost" was also considered as an IM relevant outcome when included in combination with a main or surrogate outcome.
- **Setting:** the regular labour market

Table 1. IM main and surrogate outcomes

Main outcomes	Surrogate outcomes (examples)
Return to work	<ul style="list-style-type: none"> • Loss of employment
Sick leave	<ul style="list-style-type: none"> • Hospitalisation (length of stay, number of days in hospital admissions, re-admission) • Institutionalisation (dependency) • Days out of work, absence from work, time-off of work, work attendance, sickness absence, sickness benefit
Work disability,	<ul style="list-style-type: none"> • Work capacity • Disability shift (progression/minimisation)
Participation	
Prevention of injury or sickness	
Other: Cost*	<ul style="list-style-type: none"> • Socioeconomic impact • Economic outcomes • Cost-effectiveness, economic analysis • Health care consumption, utilization of health services

* The outcome Cost was considered as a relevant outcome only when included in the methods section with a main or surrogate outcome.

2.2 Exclusion criteria:

- **Population:** People with handicaps that prevent them from participating in the regular labour market (e.g. autism, Down syndrome), unemployed or seriously ill persons (e.g. end-stage kidney disease, palliative care), and people with short-term conditions (e.g. rhinitis or postoperative nausea) that are unlikely to impact on work participation.
- **Interventions:** SRs on primary prevention or health promotion interventions, such as, smoking cessation and prevention of obesity; interventions without an obvious effect on sick leave or work disability (e.g. process evaluation, organisational changes, shared decision making in primary care); reviews on diagnostic issues (screening, monitoring, diagnostic accuracy).

Note: All reviews that matched both, a predefined inclusion (e.g. adults; secondary prevention) and exclusion criteria (e.g. children; primary prevention) were included.

3. Process for the Screening of systematic reviews and protocols in the Cochrane Library

The screening process for the inclusion of SRs and protocols encompass the following steps:

3.1 Step 1. Search of systematic reviews by Cochrane Review Groups (CRG)

Our first step was the identification of CRGs publishing SRs relevant to IM, based on the inclusion and exclusion criteria. We dismissed some CRGs not relevant to IM considering the target population (e.g. Neonatal or Pregnancy and Childbirth) and the topic (e.g. Tobacco Addiction Group, Oral Health, Sexual Transmitted Diseases, etc.).

From the remaining CRGs, we screened 60 systematics reviews per CRG. If at least six (10%) of the SRs fulfilled the inclusion criteria, then the CRG was consider relevant for IM. From theses CRG, we screened all the SRs. We labeled 33 out of 49 CRGs as relevant for IM. For the protocols, we searched all protocols available, as protocols are not available or classified according to the CRG. In the annex 1, we list all included and excluded CRGs.

3.2 Step 2. Verifications of the Inclusion and exclusion criteria

Two individuals verified the inclusion and exclusion criterial and searched for IM relevant outcomes (main and surrogate) in the primary or secondary outcomes of the SRs and protocols (methods section). If there were doubts on the relevance of a surrogate outcome (e.g. social performance), we searched for key words in the whole document to determined if the outcome was relevant for IM. These keywords included: work, occupation, labor, labour, employment and sick. Disagreements were discussed and solved between individuals. In case of a persistent disagreement, a third individual made a final decision.

3.3 Step 3. Verification of relevance of the disease for insurance medicine

We determined the relevance of a disease for IM by calibrating our judgements against guidance provided by insurers. For each review, we verified the target disease. We used as reference for sick leave, short- or long-term disability the IM Manuals and guidelines from social insurers from:

- Germany (Social medical assessment for the statutory pension insurance / Sozialmedizinische Begutachtung für die gesetzliche Rentenversicherung)
- France (Health insurance: Sick leaves time frames / L'assurance Maladie: Arrêts de travail : des référentiels de durée)

- The Netherlands (Laboretum)
- Sweden (Insurance medical Decision Support / Försäkringsmedicinskt beslutsstöd)

Diseases covered in any of these four manuals were included in the review. Conditions omitted from the manuals were assumed to have no relevant effect on work incapacity and were therefore excluded.

Annex 1. CRGs included and excluded for screening

CRGs included
Acute Respiratory Infections Group
Airways Group
Anaesthesia, Emergency and critical Care
Back & Neck
Bone, Joint and Muscle Trauma
Breast Cancer
Colorectal Cancer
Common Mental Disorders
Cystic Fibrosis and Genetic Disorders Group
ENT Group
Epilepsy Group
EPOC
Gynaecological, Neuro-oncology and Orphan Cancer
Haematological Malignancies
Heart
Hepato-Biliary Group
Incontinence Group
Inflammatory Bowel Disease (IBD) Group
Injuries
Kidney and Transplant Group
Lung Cancer
Metabolic and Endocrine Disorders Group
Movement Disorders Group
Multiple Sclerosis and Rare Diseases of the CNS
Musculoskeletal
Neuromuscular
Public Health
Schizophrenia
Stroke Group
Upper GI and Pancreatic Diseases Group
Vascular Group
Work
Wounds Group

CRGs excluded
Consumers and Communication Group
Developmental, Psychosocial and Learning Problems
Drugs and Alcohol Group
Eyes and Vision Group
Fertility Regulation Group
Gynaecology and Fertility Group
HIV/AIDS Group
Hypertension Group
Infectious Diseases Group
Neonatal Group
Oral Health
Pregnancy and Childbirth Group
Skin Group
STI Group
Tobacco Addiction Group
Urology Group