Intensification plan to strengthen control over temporary incapacity benefit
A case of the National Social Security Institute, Federation of Administrative Bodies of Spanish Social Security

Summary

*The National Social Security Institute (*Instituto Nacional de la Seguridad Social – *INSS) is a social security management body responsible for managing and administering certain financial benefits in the Spanish social security system, including medical checks related to temporary incapacity (TI) benefit.*

From 2012 to 2018 there was a considerable increase in all TI indicators (incidence, prevalence and average duration).

For this reason, a plan was required to intensify the INSS's actions to tighten control of TI benefit before cases reached 345 days, using the SAS tool for predictive analysis of TI cases likely to recover capacity to work.

The results obtained to date have been very positive, improving on initial expectations by increasing the number of workers signed off because they have recovered their capacity to work by 50 per cent.

The issue or challenge

What was the issue or challenge addressed by your good practice? Please provide a short description.

The indicators show a negative trend in TI benefit and a gradual increase in the use of this benefit by workers in recent years.

The challenge is to improve the results for the indicators reflecting the TI situation (incidence, prevalence and average duration) making sure they reflect real cases of reduction in workers' capacity to work.

Addressing the challenge

What were the main objectives of the plan or strategy to resolve the issue or challenge? List and briefly describe the main elements of the plan or strategy, focusing especially on their innovative feature(s) and expected or intended effects.

The main innovative element is the generalised use of predictive analysis tools (SAS criteria) to select the cases to be reviewed by the medical inspectors. This has allowed the creation of two models: one for initial appointments and the other for successive ones. These models bring together a series of variables (profession, diagnosis, age, type of employment contract, area of activity, duration of sick leave, etc.) that have proved to be effective in predicting situations where a claimant could be signed off by a doctor.

Targets to be achieved

What were the quantitative and/or qualitative targets or key performance indicators that were set for the plan or strategy? Please describe briefly.

- Period: 01.10–31.12.2018, four hours a week, outside normal working hours.

- Medical actions: 20 per doctor (eight medical examinations and 12 assessments based on clinical history) per day, which means 240 checks every three months (144 assessments and 96 examinations).

- Targets set: by improving case selection, the expectation was that a larger number of workers likely to recover their capacity for work so that they could be signed off by a doctor would be detected.

Evaluating the results

Has there been an evaluation of the good practice? Please provide data on the impact and outcomes of the good practice by comparing targets vs actual performance, before-and-after indicators, and/or other types of statistics or measurements.

The evaluation of the weekly results on 14 December 2018 was as follows:

- Medical inspectors taking part: 76 from a total of 21 provinces, and 22 administrative workers.

- Medical actions: 16,204

- Medical actions per medical inspector: 19.4, i.e., 97 per cent of the intended 20 actions per day, per doctor.

- Assessments made based on clinical histories: 9,762, of which 36 per cent were resolved with an appointment for a medical examination and 64 per cent by maintaining sick leave.

- Examinations carried out: 6,442, keeping 69 per cent off work and signing off 31 per cent following inspection. The percentage of those attending total examinations eventually signed off by doctors was 11 points higher than initially estimated (20 per cent).

The financial estimate of the savings derived from the plan is made based on:

- The average duration of TI at the time of the doctor's sign-off is 191 days. If cases are not concluded, TI can go on for a maximum of 365 days, so the average number of days prevented would be 174 (365 - 191) per case.

- The 1,987 claimants signed off meant a saving of 345,738 days and, with an average TI cost per day of 37.23 euros (EUR), the direct saving amounts to EUR 12,871,826.

- The financial estimate of staff costs at the end of the plan is EUR 63,506, far below the direct saving mentioned of EUR 12,871,826.

Lessons learned

Based on the organization's experience, name up to three factors which you consider as indispensable to replicate this good practice. Name up to three risks that arose/could arise in implementing this good practice. Please explain these factors and/or risks briefly.

Indispensable factors:

- Having predictive analytical tools to select the TI cases subject to medical inspection.

- Always adapting the selection of the medical checks to the predominant characteristics and variations of the existing TI cases and the availability of medical inspectors.

- Allowing continuous improvement by applying the results obtained in the initial stages to improving case selection in successive phases.

Risks:

- Planning risks: continuous modification and adaptation of the plan depending on voluntary participation by staff.

- Technological risks: the lack of availability of a stable, secure technological environment allowing computer access to clinical histories.

- Human risks: lack of motivation and involvement of participating staff.