

OCCUPATIONAL MEDICINE ISSUES FROM THE PERSPECTIVE OF A FAMILY PHYSICIAN

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STRUCTURE

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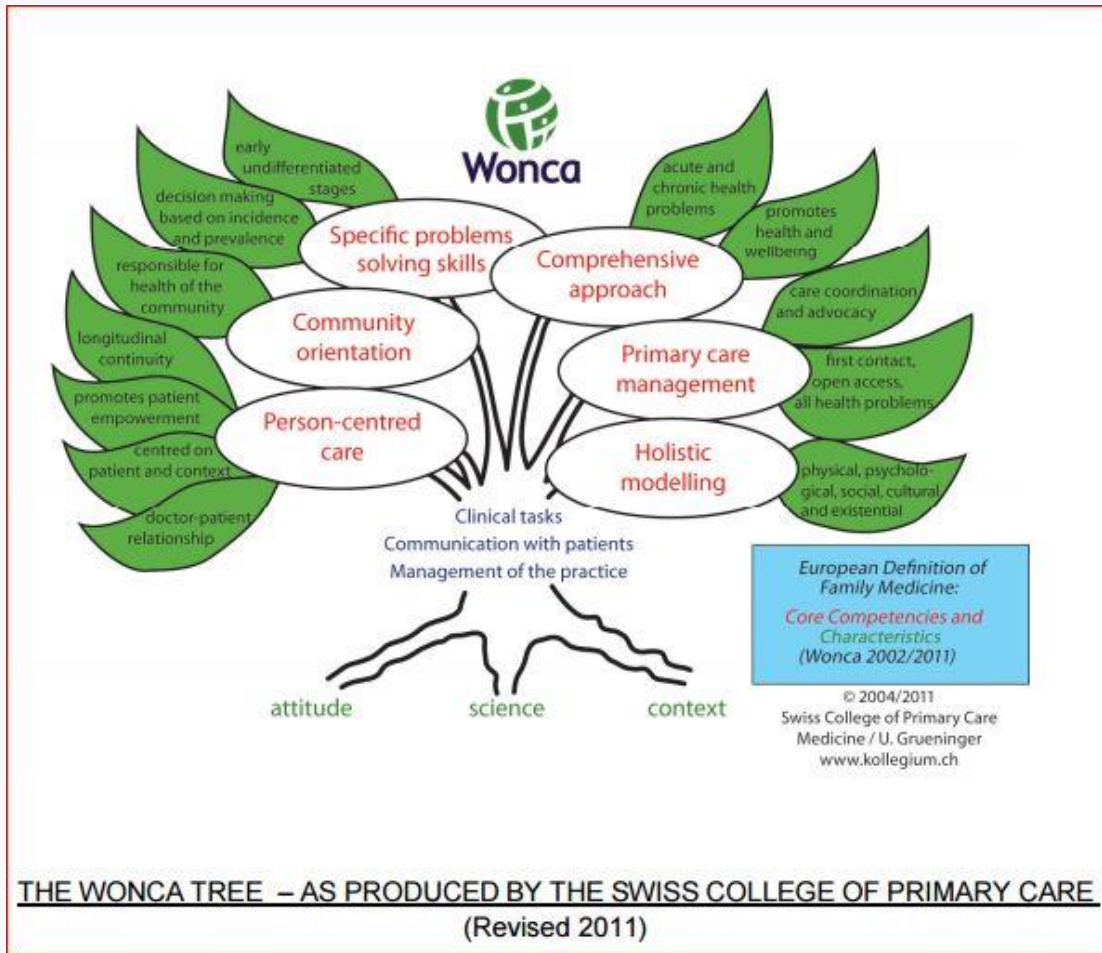
1. HISTORY

1. Till the year of 1993, occupational medicine held a strong position in Croatia, and many companies had their own doctor
2. Occupational medicine doctors, alongside general practitioners, were also responsible for issuing sick leave certificates
3. When the free choice of primary health care doctors was enabled, only a family doctor (FD) kept the responsibility and the right to issue absenteeism certificates

2. STATE OF THE ART

The main characteristics of FDs

- Trust
- Empathy



2. STATE OF THE ART

- Only a family doctors have the responsibility and the right to issue absenteeism certificates
- FD has the obligation to inform police about change in health of driver and fire arms owner
- Situation nowadays is that the communication between FDs and occupational medicine specialists is reduced only to writing Medical Certificate for obtaining driver and firearms license and general medical examination certificate before employment

2. STATE OF THE ART

- Croatian Public Health Network in 2016 includes 2075 FDs (<50% are specialists in general/family medicine)
- There was over 40 million visits to FD office
- Occupational Medical Service has 158 occupational health specialists.
- Occupational Medical Service registered a total of 521,088 medical examinations: 69.1% were preventive examinations of employees and the rest medical examinations regarding work ability assessment and other examinations required by law and regulations (amateur drivers, holding and wearing arms, etc.)

3. MAIN ISSUES (1)

- Each employer selects occupational medicine doctor for providing specific health service for employees
- Each patient chooses his own FD
- **Problem:**
- FDs and OMDs does not have any information about each other
- There's no communication between them

3. MAIN ISSUES (2) – sick leave

- FDs, having the main role in sick leave decisions, are always targeted by the many regulations and restrictive measures aimed at keeping the rate of absenteeism at an appropriate level
- The main consequences: written reports with explanations; then a warning; a financial punishment at 10% of the monthly reimbursement sum; financial compensation of damages and finally, termination of the CHIF contract
- FD has responsibility towards patient – a lawsuit for malpractice
- Assessment of temporary work disability brought by OMD does not bind CHIF
- **Problem**: full responsibility of FDs

3. MAIN ISSUES (3) – sick leave

- FDs have a »dual role« as the patient's doctor and as the medical expert for the social insurance office
- The difficulties in handling various roles of the FD lead to concern about poor practices and despair as whole because FDs recommend sick leave by considering mostly the health of the patient, empathizing with their patient and trusting him to tell the truth
- Recent researches also pointed out that any further FD training had no positive effect on the sickness rate
- **Problem:** There is no professional guidance for managing absenteeism

3. MAIN ISSUES (4) - certificates

- Absence of direct communication between FDs and occupational medicine specialists during the process of obtaining Medical Certificate for driver and firearms license and general medical examination certificate before employment
- **Problem**: no feedbacks: FD does not receive any information about results of the examinations and the outcome for patient

4. PROBLEM SOLVING - SUGGESTIONS

Problem 1: lack of basic information

The family physicians and occupational medicine specialists should be connected via central medical information system established by Croatian Health Insurance Fond (CHIF):

- to accomplish basic communication (information about of FD and OMD identity, and other basic facts)
- to establish exchange of information (future e-health card)
- To avoid unnecessary procedures for the patient

4. PROBLEM SOLVING - SUGGESTIONS

Problem 2: full responsibility of FDs

Problem 3: lack of professional guidance

If the family physicians have clinical questions or some uncertainties during the process of evaluation of temporary work disability and job changing - the consultation of occupational medicine specialists is preferable (e-consultation)

E-communication could facilitate appointment of occupational medicine examination and could improve the process of job adjustment to patient's health conditions and earlier recovery of his working ability

4. PROBLEM SOLVING - SUGGESTIONS

Problem 4: There is no feedback

FDs have to receive information about results of all kind of medical examinations conducted by OMDs through official health information system.

OMDs have to receive information about new health problem that might affects patient's working, driving and handling firearms ability prior decision about scheduling extraordinary medical examination

5. CONCLUSIONS

From FDs perspective:

- The most useful help from OMDs is expected in the field of temporary working ability
- The quick and substantial communication between FDs and OMDs is more than preferable
- The receiving of information about results of all kind of medical examinations conducted by OMDs through official health information system is preferable

THANK YOU FOR YOUR ATTENTION!