



# Cochrane Insurance Medicine: looking back, looking forward

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## Introduction

Research in the field of insurance medicine (IM) has increased in a number of countries stimulated by the recognition of IM as a specialty with particular broad research needs. In several countries, research lines have been established in the areas of IM or disability evaluation, such as the Dutch Research Center for Insurance Medicine, the unit Evidence-based Insurance Medicine, Research & Education (EbIM) at the University of Basel in Switzerland, and the Division of Insurance Medicine at Karolinska Institutet in Sweden. In the past decade, the principles of evidence-based medicine (EBM) have been implemented in both research and education, and many EBM enthusiasts are involved in Cochrane. Five years ago, these developments led to the creation of the field Cochrane Insurance Medicine (CIM) by researchers from Switzerland, the Netherlands, Sweden and Canada. Since then, CIM's aim has been to make IM more evidence-based, promoting the production and use of scientific evidence to support IM practice.<sup>1</sup> CIM has also become a platform for IM researchers and professionals to connect and collaborate. In celebration of the 5-year existence of CIM (CIM Jubilee Symposium), we reflect on some of the developments in CIM and present projects and opportunities for the years to come.

## Knowledge translation in Cochrane and CIM

Cochrane defines knowledge translation (KT) as the process of supporting the use of evidence by those who need it.<sup>2</sup> Since its creation, CIM has developed KT strategies and products to enhance the production, dissemination and use of evidence among IM professionals.

In 2016, CIM conducted a survey aiming to identify the evidence and training needs of physicians and other professionals working in IM. The survey had the support from the European Union of Medicine in Assurance and Social Security (EUMASS), the International Committee for Insurance Medicine (ICLAM) and eight disability and accident insurance organizations in eight European countries (Belgium, Finland, France, Germany, Netherlands, Spain, Sweden, and Switzerland). The results indicated, against common beliefs, that the needs for evidence syntheses seemed to be similar across countries and IM organisations. The participants identified a list of priority medical fields and tasks for the generation of evidence syntheses. The main areas were mental and musculoskeletal disorders, and occupational health in relation to IM tasks, such as work capacity assessment, prognosis of return to work, and the verification of subjective conditions (e.g. pain, fatigue, etc.). These broad priority areas still need to be further refined into specific research questions, in order to inform the future production of scientific evidence in IM.

The survey also allowed us to identify some barriers for using Cochrane evidence among IM professionals. These barriers were the lack of awareness of Cochrane (40%), barriers for finding evidence in the Cochrane Library (75%) and language barriers for using evidence in English (25%). The respondents also indicated a need to continue the training of IM professionals on the principles and use of EBM.<sup>3</sup> These findings have been key for developing CIM's KT strategies.<sup>3,4</sup> A particular example is the creation of the topic 'Insurance Medicine' in the Cochrane Library where we regularly compile SRs rele-

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**Tabel 1**

CIM's knowledge translation strategies

KT area	Strategies
Production	Identification of evidence needs in IM by: Surveying the evidence needs, training demands, and opportunities for knowledge translation in social security and IM in Europe <sup>6</sup> Prioritizing and identifying key topics for developing SRs in the area of work participation (ongoing project by CIM and Cochrane Work)
	Identification of a core outcome set on work participation by: Developing a core outcome set for work participation (ongoing project by CIM and Cochrane Work)
	Researching the agreement and reproducibility of disability evaluations by: Evaluating the inter-rater agreement in the field of disability evaluation by reviewing the international literature <sup>7</sup> Conducting several reproducibility studies in the field of psychiatric evaluations <sup>8</sup>
Dissemination	Generation of channels for the dissemination of IM evidence by: Disseminating information and evidence through the CIM website Publishing CIM newsletters (quarterly) Disseminating news on CIM social media on Twitter and YouTube (ongoing)
	Development and dissemination of evidence summaries by: Publishing Cochrane Corners of SRs' summaries applied to practice in the TBV (The Netherlands) and Suva Medical (Switzerland) and disseminating these on CIM's website
Access	Compiling and facilitating the search and access to IM evidence by: Establishing the Search Topic 'Insurance Medicine' to facilitate accessing IM evidence in the Cochrane Library Collecting Cochrane and non-Cochrane evidence relevant for IM through the repository 'Evidence on the web' on the CIM website
Use	Training and developing competences in evidence users for applying EBM by: Creating a Training section with learning resources for the interpretation and use of EBM through CIM website Teaching Cochrane systematic review methodology and training on the principles of EBM at undergraduate/postgraduate courses, meetings and conferences

vant for IM. The topic serves as a search filter, facilitating the search and access to Cochrane evidence (see tutorial video).<sup>5</sup> Other examples of CIM's KT strategies and products for the production, dissemination, access, and use of evidence are presented in table 1.

### Summarising evidence applied to IM practice

Evidence summaries are an effective format to disseminate and facilitate the use of scientific evidence, especially when they are applied to cases commonly faced in IM practice (i.e. SRs summaries in journals or Cochrane corners, blogs, policy briefs, blogshots, case vignettes, podcasts, infographics, videos). In 2019, CIM conducted a small survey among the subscribers to CIM's newsletter, with 79 respondents. The participants preferred formats for searching or receiving scientific evidence were evidence summaries, scientific articles and infographics.<sup>9</sup> Based on these findings a decision was made to continue publishing Cochrane Corners with case vignettes and disseminating scientific articles through our social media, newsletter and CIM website.

### More evidence relevant for IM practice

In collaboration with CIM stakeholders and our experience in the field of IM we have identified a number of opportunities to promote the production, dissemination and use of IM research. Here we share some of the projects CIM is currently working on in cooperation with the Cochrane Work review group.

### Collecting the same outcomes: developing a set of core outcomes on work participation

A broad range of diverse work participation outcomes are measured in randomized controlled trials (RCTs).<sup>10-12</sup> This prevents systematic reviewers to summarize the results from RCTs quantitatively and perform meta-analyses, which in turn hampers guideline recommendations and decision-making. A core outcome set refers to an agreed minimum list of outcomes that should be considered and reported in trials researching specific areas. This project aims to develop a universally applicable and broadly acknowledged core outcome set for work participation based on an established Core Outcome Measure in Effectiveness



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Trials (COMET) methodology, involving the consensus of stakeholders ([www.cosforwork.org](http://www.cosforwork.org)).<sup>13</sup> As a result, we expect to generate a more standardised measurement of work participation outcomes for future trials, facilitating the synthesis and the generation of evidence that is meaningful for end users.

### Identifying priority topics for reviews on work participation

CIM aims to promote high-quality, clinically relevant reviews which clinicians, policymakers, guideline developers, and patients want to use. In this prioritization project, the aim is to identify relevant topics for five new Cochrane SRs, as well as, priorities for updating existing SRs. This project includes composing an evidence map of the field 'Working participation' and consulting evidence users and stakeholders to identify which clinical questions related to work participation they would like to have answered by means of SRs. This will help to set an agenda with priority research questions in the area of work participation.

### Facilitating access to new evidence: developing a customizable PubMed alert in the field of work disability evaluation

The evidence relevant for IM is usually scattered across journals and difficult to search and access. Therefore, it

is particularly challenging for IM and disability evaluation professionals and researchers to keep up-to-date with the latest scientific literature. Other common barriers are the lack of time for searching and reading full articles, retrieving too much irrelevant information or restrictions for accessing publications. To tackle some of these issues, a customizable Insurance Medicine & Disability Evaluation Alert in PubMed is being developed. This will provide IM professionals with a regular email list of relevant scientific publication, facilitating the identification and use of current evidence. The IM PubMed alert is estimated to be available by the end of 2020.

### Guideline development in IM and the use of Cochrane evidence

There is a need for guidelines in IM and several countries are now developing them. In 2020, a multidisciplinary guideline for occupational health physicians and Insurance physicians will be completed on low back pain in the Netherlands.<sup>14</sup> Recommendations on intervention questions were mostly obtained through Cochrane reviews. Many guideline organisations now employ the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methods to weigh the evidence and formulate recommendations. Guideline developers in the IM field need training and knowledge in these methods and plans are underway to provide guideline methods training to Dutch IM guideline developers and IM professionals.

### Conclusion

Since 2015, CIM has made significant progress with the support and commitment from members and partner institutions, aiming to make insurance medicine more evidence-based. Our achievements motivate us to continue working on our current projects and to continue advocating for the production and use of evidence relevant for IM.

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For more information on the Jubilee Symposium, please visit our website <https://insuremed.cochrane.org>



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