41. Towards Less Subjectivity on Medical Advisory: the Brazilian Social Security Medical Guidelines Project

Antônio Carlos Marasciulo
Coordinator of INSS Medical Guidelines Project, National Institute of Social Security – INSS, Brasília, Brazil

Introduction

The Brazilian Social Security, created in 1923, is composed by three systems: the General, the Own and the Supplementary system. The Social Security Own System covers public servants and the Supplementary System is optional and based on constituting capitalized reserves. The General Social Security System (RGPS) is the social security system protecting most workers in the country. The RGPS covers urban salaried, self-employed, house and rural workers. Currently 63.5% of occupied population in the Country´s private sector is ensured by the General Social Security System. It is the most effective social protection mechanism in Brazil. The General System is of simple sharing and obligatory contributive character, which ensures coverage in the event of: disability for work, advanced age, contribution time and pregnancy, in addition to insured person´s prison or death. It has a national and public character and benefits have defined minimum and maximum amounts. Professional rehabilitation of insured people who become partially or totally disabled is also assured.

The RGPS has recently faced an expressive growth on concession of sick pay/incapacity benefits (100% growth between 2000 and 2005), corresponding 47% of all concessions as well as 67% of the total value of conceded benefits. Among several hypothesis that caused the phenomena it can be pointed harder concession criteria for general pensions after reforms of 1998 and 1999, pushing people towards claiming for incapacity benefits; low economic growth rates and high unemployment rates, and changes on the medical advisory routines, mainly based on fee-for-service contracted doctors.

In order to face the problem and among several managerial measures, the National Institute of Social Security (INSS) has changed its medical advisory body´s profile, from fee-for-service to an own body of medical advisors admitted after public selection. After 2005, about 3.000 new medical advisors were contracted as public servants, working on 8 hours/day journey on duty of attendance an average of 24 claimants/journey. Although the concessions´ growth rates have lately gone down, some important problems still have to be tackled, such as the excessively long mean time on benefit and excessive subjective matters over medical decisions.

Since insurance medicine doesn´t take part of any medical graduation curricula in Brazil, it was decided that the starting point for building a framework for the guidelines should follow formal principles such as justice, need, equity, social security and social welfare, as well as technical principles such as "state of art" of medicine, evidence based medicine, best medical practices, evaluation of incapacity to work, Brazilian legislation and basis of return to work. So, in order to better support the medical advisory decisions, the INSS took the initiative to develop its own medical guidelines, following international tendencies and evidence based best practices.

Methods

The guidelines have been constructed by "working groups" composed by medical experts belonging to the own medical body of INSS. Each group has at most 8 members composed after an internal selection process. Besides the main medical specialty (i.e., psychiatry, orthopedics, etc.), each group have also specialists on occupational medicine and other interfaces with the main specialty (ex., clinicians in the psychiatry group, physiatrists in

the orthopedics group). The project started by the end of 2006 with the selection of four psychiatrists, one clinician also graduated in psychology, one occupational medicine specialist and two clinicians to constitute the first “working group”. It was previously decided to start with the development of the guidelines on mental disorders (Chapter V of IDC-10), due to its rising prevalence and its own characteristics of excessively subjective medical evaluation. It was followed by selection of the “working groups” of orthopedics/traumatology and internal medicine. The “working groups” have developed the main body of the guidelines by meetings along one week a month at the INSS national headquarters in Brasilia. For the rest of the month, intensive internet contact among the members improves the material until the next meeting.

The evaluation and validation of the guidelines have been done by four steps. Firstly, an internal validation made by the INSS own doctors which received the first version by intranet. Secondly, by a public external evaluation, when the guidelines were put on the internet via site of Ministry of Social Security (www.mps.gov.br). After each step above, the “working group” reviewed the main content of the guideline. Finally there was a pilot application of the guidelines during one month in five different INSS agencies in five different regions.

Results

So far, we have guidelines in different points of construction. The guidelines on mental disorders are now passing by the final pilot study. It´s followed by the guidelines of musculoskeletal disorders and external causes, which is now passing by the external evaluation. The guidelines of internal medicine (cardiology, endocrinology, infectious diseases, rheumatology, neurology, etc.) are now under first elaboration. The next steps will be the guidelines on occupational diseases and finally less prevalent and/or less conflict generating illnesses such as oncology, ophthalmology, etc.

Discussion

The guidelines project has been set as a priority to improve medical advisory practice and decisions, in order to diminish the subjectivity that characterized former decisions and has generated serious conflicts between claimants and doctors. The experience of counting with own specialists/experts, the groups composed by seven or at most eight members, the monthly meetings followed by intensive internet work, has been showed a good alternative at low cost. Although heavily criticized by the own body of medical advisors in a first moment, the alternative of public external evaluation showed to be valid, with expressive response, participation and constructive criticisms from individual users and claimants as well as from the organized society such as employers´ and employees´ syndicates, ngo´s, etc. It indeed helped to improve the quality of the final document. We now look forward to the final implementation, which is due to be done soon.