ISRCTN43004323 https://doi.org/10.1186/ISRCTN43004323

The Danish National Return To Work program (Det store TTA-projekt): a study in three municipalities of a return to work program aiming to reduce the duration of sickness absence and to enable earlier return to work for citizens on long-term sick leave

Submission date	Recruitment status	[_] Prospectively registered
04/02/2011	No longer recruiting	[X] Protocol
Registration date	Overall study status	[_] Statistical analysis plan
31/03/2011	Completed	[X] Results
Last Edited	Condition category	[_] Individual participant data
03/02/2023	Other	

Plain English summary of protocol

Background and study aims

Being on long-term sickness absence involves not only a health risk. People on long-term sickness absence also have an increased risk of losing their jobs and being excluded from the labour market. Many sick-listed persons need help to get out of the difficult situation, so that they can continue to enjoy a meaningful life at work. The Danish National return to work (RTW) program builds on the experience of a number of smaller RTW trials (Danish and foreign). The program includes three approaches that have been shown to have a positive effect on RTW for people on sickness absence: an interdisciplinary assessment of barriers and resources for returning to work, increased coordination between worker, workplace, healthcare and social insurance systems, and early initiation of RTW activities (counselling, education, on-the-job training etc.). The aim of this study is to evaluate the effects of the Danish RTW program (see ISRCTN51445682). The study will test whether the participants in the RTW program have a shorter duration of sickness absence and a faster and more sustainable RTW. We will also test whether the RTW program is cost-effective.

Who can participate?

The participants are working-age adults on long-term sickness absence (at least four weeks) recruited from sickness benefit offices in three Danish municipalities (Copenhagen, Silkeborg and Esbjerg). According to the Danish Sickness Benefit Legislation, all sick-listed persons are categorised into three categories by the municipal sickness benefit offices. The present study includes persons in category 2 (persons who are not likely to fully return to work within three months, but currently able to participate in RTW activities or gradually return to work).

What does the study involve?
The three municipalities all have multiple sickness benefit offices, of which some are assigned the intervention while the others proceed with normal sickness absence management. The sickness benefit offices assigned the intervention will establish RTW teams comprising an RTW coordinator (typically an experienced social worker who will receive extensive training), a psychologist and a physiotherapist/occupational therapist; they will also establish a close link to a clinical team comprising a psychiatrist and a medical doctor. The RTW coordinator becomes the focal point for coordination between the relevant stakeholders, including employers, healthcare services, unions and unemployment funds and the RTW team and the clinical team. Data for the evaluation will be obtained from questionnaires, municipal data and national register data.

What are the possible benefits and risks of participating?
Participants will be assigned an RTW coordinator who will be their contact-person throughout the sickness absence period. They will experience a faster and more interdisciplinary assessment process and will receive increased coordination and earlier initiation of RTW activities compared with ordinary sickness benefit management. We expect that these improvements will shorten the average duration of sickness absence and promote a faster and more sustainable RTW.

Where is the study run from?
This study takes place in three municipalities in different parts of Denmark (Copenhagen, Silkeborg and Esbjerg). The main coordination and evaluation will take place at the National Research Centre for the Working Environment in Copenhagen, Denmark.

When is the study starting and how long is it expected to run for?
April 2010 to March 2012

Who is funding the study?
The Danish Prevention Fund and the Danish Ministry of Employment

Who is the main contact?
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Contact information

Type(s)
Scientific

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Study information

Scientific Title
The Danish National Return To Work (RTW) program: a randomised controlled study of a coordinated and multidisciplinary RTW program in three municipalities aiming to reduce the duration of sickness absence and to enable earlier return to work for persons on long-term sick leave

Study objectives
The overall objective of the intervention is to promote return to work for citizens on long-term sick leave. The main hypothesis is that a coordinated and multidisciplinary RTW program reduces the duration of sickness absence and promotes a faster and more sustainable RTW compared to standard municipal case management.

Specific hypotheses are that the intervention group:
1. Has a shorter duration of sickness absence
2. Is less likely to experience recurrent long-term sickness absence
3. Returns to work (become self-supporting) faster
4. Reports a more positive development in self-rated health, mental and physical health, workability, pain and sleep patterns
5. The coordinated and multidisciplinary RTW program is more cost-effective than standard municipal case management

Ethics approval required
Old ethics approval format

Ethics approval(s)
The data collection is registered at the Danish Data Protection Agency (www.datatilsynet.dk, ref: 2009-54-08).

The Danish National Committee on Biomedical Research Ethics has in writing confirmed that the intervention does not need their approval. According to the Danish Law, only projects using biological material need approval from the Danish National Committee on Biomedical Research Ethics (http://www.cvk.im.dk/site.aspx?p=513).

Primary study design
Interventional

Study design
Randomised controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Long-term sickness absence

Interventions
The intervention is conducted within the municipalities of Copenhagen, Silkeborg and Esbjerg. These municipalities are selected because they all have geographically separated sickness

benefit offices allowing randomisation within the municipality. Randomisation is conducted by social insurance officers using a web-administrated program ('Inquisite') randomly assigning eligible citizens to either a sickness benefit office providing the RTW programme or standard case management. Participants receiving standard case management are designated as controls whereas participants receiving the RTW programme are designated as intervention participants.

The RTW programme combines a RTW coordinator approach with a multidisciplinary approach. Four of the main strategies of the programme are:
1. Early and regular contact with citizens on sick leave
2. Multidisciplinary assessment of sick-listed citizens
3. Improved coordination between relevant stakeholders
4. Tailored rehabilitation including a combination of psychological and physiological counselling with workplace modifications

The program is delivered by a case manager, a RTW team consisting of rehabilitation professionals from physical therapy and psychology, and a clinical unit consisting of a psychiatrist and one of the following medical specialties: occupational health, social medicine or general practice. The program is tailored specifically to meet the need of each participant. Both the control and the intervention group receive a baseline questionnaire at inclusion, a 6-month follow-up questionnaire and are followed-up in a national register of social transfers including sickness benefits.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
1. Duration of sickness absence
2. Time until RTW (becoming self-supporting)
3. Time until reoccurrence of long-term sickness absence (greater than 3 weeks)

Measured from inclusion into the study until end of follow-up

Key secondary outcome(s)
1. Changes in self-rated health, mental and physical health and mental disorders (SF-12, SCL8-AD) 6 and 12 months after inclusion in the study
2. Changes in workability (single item), pain ('pain intensity', single 10-point Visual Analogue Scale [VAS] scale and 'pain beliefs' - three items modified from Tampera Scale of kinesiophobia), and sleep patterns (Karolinska Sleep Questionnaire) 6 and 12 months after inclusion in the study
3. Municipal sickness benefit expenses, the level of production (earnings) and municipal and central government transfer payment expenses

(Please note, 12-month measure in points 1 and 2 added 14/11/2011. Previously only 6 months)

Completion date
31/03/2012

Eligibility

Key inclusion criteria
Citizens on long-term sickness absence (greater than 4 weeks) registered as a 'category 2 case' (citizens in category 2 are according to Danish legislation guidelines assumed to be unable to return to work within a 3-month period, but to be able to gradually return to work). Citizens of either sex and any age can be included.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Other

Sex
All

Key exclusion criteria
1. Citizens on sickness absence related to pregnancy
2. Citizens on sickness absence longer than 4 months at inclusion

Date of first enrolment
01/04/2010

Date of final enrolment
31/03/2012

Locations

Countries of recruitment
Denmark

Study participating centre
Lersø Parkallé 105
Copenhagen
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2100

Sponsor information

Organisation
Danish Prevention Fund (Forebyggelsesfonden) (Denmark)

Funder(s)

Funder type
Government

Funder Name
Danish Prevention Fund (Forebyggelsesfonden) (Denmark)

Funder Name
Ministry of Employment (Beskæftigelsesministeriet) (Denmark)

Results and Publications

Individual participant data (IPD) sharing plan
Not provided at time of registration

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/01/2014		Yes	No
Results article	results	01/02/2015		Yes	No
Results article	results	01/04/2016		Yes	No
Results article		02/02/2023	03/02/2023	Yes	No
Protocol article	protocol	01/03/2012		Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes