

# THE FUNCTIONING OF THE TERRITORIAL EXPERT MEDICAL COMMISSION AND REHABILITATION OF DISABILITY – THE EXPERTS’ OPINION

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## ABSTRACT

**INTRODUCTION:** Disability is a medico-social and legal phenomenon, which provokes the researchers to investigate its multidimensional nature. The financial dimensions of the medical system expertise functioning in Bulgaria are also important, but the social significance for the society, the disabled persons and their families should be a political priority.

**AIM:** The aim of the article is to explore and analyze the expert opinion related to the problems of disability rehabilitation and the functioning of the Territorial Expert Medical Commission (TEMC).

**MATERIALS AND METHODS:** The opinion of the experts has been selected typologically (intentionally and in a random way) by the following institutions: the National Social Security Institute, the Agency for Social Assistance, the Regional Health Inspectorate, the Territorial Expert Medical Commission, non-governmental organizations for people with disabilities and centers for social rehabilitation on a regional and national scale. The empirical information was received from the in-depth interviews with experts. For the interview, a scenario of 19 open-ended questions (divided into 4 topics) was developed.

**RESULTS:** The Bulgarian practice highlights the disadvantages of the separation of medical and social assessment of disability. An integration into a complex one-step medico-social disability expertise will be more effective, which would solve the problems of disabled individuals in our country. The opportunities for change in the TEMC system require a working model of the TEMC’s methodical and methodological subordination and an assessment of the invalidity/disability that will provide a complex and one-step medical and social expertise allowing timely and adequate social integration.

**CONCLUSION:** The expected results from the proposed effective model of mixed TEMC and the Agency for Social Assistance functioning will result in more effective rehabilitation of the disabled people, lowering of the degree of disability and more successfully rehabilitated people back to the labor market. This will remove the barriers during the rehabilitation procedures, will lead to the selection of the optimal technical resources and will improve the delivery of social services. The proposed cooperation will eventually enhance the sustainable social inclusion of disabled people.

**Keywords:** *rehabilitation, disability, Territorial Expert Medical Commission*

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## INTRODUCTION

Disability is a medico-social and legal phenomenon, which provokes the researchers to investigate its multidimensional nature (1-5). Disability is a burden which needs state and society care and insurance. On a global scale there is a tendency of an increase of the number of disabled people, who cannot solve their everyday problems on their own. Due to congenital impairment or acquired diseases their physical and psychosocial opportunities are reduced. In Bulgaria these people go through the Territorial Expert Medical Commission (TEMC) in order to receive medical evaluation for their health condition. The medical factors that are evaluated by the commissions are related to the nature of the illness, without following the opportunities for adaptation to the new working conditions. The financial dimensions of the functioning of the medical system expertise in Bulgaria are important, but a lot more significant than them are the social benefits – for the society, the disabled persons and their families. The situational analysis came to the conclusions that the preventive and labor-professional functions of TEMC are “forgotten”.

Bulgarian citizens do not view TEMC as a rehabilitation opportunity but as a chance to get social and financial privileges. Disabled people see the rehabilitation, financed by the National Social Security Institute (NSSI) as not enough; they look for social privileges and disability pensions from TEMC and face the hardships of the procedure in order to receive them as the Commission's problems in the process of their work for example (6-8). Alarming is the fact that a positive change in their state and quality of life after TEMC evaluation is missing, even though all the rights are legally achieved. Disabled people come to the conclusion that the Bulgarian government does not support social integration. The expected result from the effective functioning of both TEMC and Social Assistance (ASA) is related to the increase of the number of disabled people with successful disability rehabilitation, lowering of the degree of disability and going back to the labor market (9-11). This will remove the barriers during the rehabilitation procedures, lead to the selection of the optimal technical resources and will improve the delivery of social services. The proposed cooperation will

eventually enhance the sustainable social inclusion of disabled people.

## AIM

The aim of the article is to explore and analyze the expert opinion on the problems of rehabilitation of disability related to the functioning of TEMC.

## MATERIALS AND METHODS

The opinion of the experts has been selected typologically (intentionally and in a random way) by the following institutions: NSSI, ASA, the Regional Health Inspectorate (RHI), TEMC, non-governmental organizations (NGOs) for people with disabilities and centers for social rehabilitation on a regional and national scale. The recruitment of empirical information was carried out by the method of the in-depth interview. For the interview, a scenario of 19 open-ended questions (divided into 4 themes) was developed. To help with the collection and processing of information, some of the questions contain a set of possible response options. Thematic aspects of the underlying issue in the in-depth interview:

**Topic 1.** Assessment of the functioning of the system of medical expertise and the effectiveness of the control over this activity.

**Topic 2.** Adequacy of the applicable legislation and the organizational structure of the system.

**Topic 3.** Persons that should be directed towards disability assessment in connection with their rehabilitation and subsequent realization in the labor market.

**Topic 4.** Measures to improve the functioning of the medical expertise system.

**Time Schedule:** The survey was conducted between 01.11.2016 and 01.11.2017. The fieldwork consisted of an immediate conversation on the pre-indicated events within an hour and 40 minutes on average.

The lack of significant regional differences in the functioning of the TEMC system and the limited number of respondents with established expert experience in the study defined the concrete number of participants. Deviations from the envisaged number of interviews exist in the NGO representatives of the disabled people, as well as among the public opinion experts (Table 1).

Table 1. Planned and final number of experts

Groups of Experts	Planned	Final Number
Representatives of the municipal administration	4	4
Representatives of NGOs	10	3
TEMC representatives	3	3
RCME and RHI representatives	3	3
Hospital and economical presidents	3	3
NSSI representatives	2	2
ASA representatives	3	3
Experts in the field of public health	3	4
Total	31	25

In order to select the experts to be included in the survey, a selection system was implemented to ensure equal opportunities for representatives of all groups. Anyone who took part in the study was asked to suggest other specialists with expertise on the issues of disability assessment and rehabilitation. The study (despite its implications) has the potential to reveal some of the most important problems of the functioning of the system and the related problems of people with disabilities.

## RESULTS AND DISCUSSION

In regard to the questions in Topic 1, all experts unanimously expressed their opinion that the TEMC system did not work efficiently and transparently. Regarding the barriers that hinder the effectiveness of its work, respondents shared the view that the factor „ineffective organization of activity“ was the most significant. The directives of NSSI highlight the contradictions in the law and by-laws as the other leading barrier. The directives of NSSI as well as the directors of hospitals add two more reasons for the ineffectiveness of the system - the low salaries of the experts from TEMC and the lack of medical staff, specialists in the assessment region of disability. Experts from the Regional Card-index of Medical Expertise (RCME) consolidated around other two factors - lack of a hierarchical structure of the organization of activities and control of TEMC, RHI, National Expert Medical Commission (NEMC) and the lack of integrated information system between them.

Only the NSSI experts considered the current control system as sufficient. They considered that

the appeal of the acts of the medical expertise system is a sufficient and effective mechanism. All respondents in the in-depth interviews stated that the control is ineffective, and they only indicated one reason - many in number and different institutions. Representatives of RCME and RHI shared the opinion that their counterpart (defined by law) was just formal, making it ineffective. They suggested that they have the option of appealing TEMC's decisions in their essence, namely the assessment of disability. Experts from the public health sphere and ASA complemented this view, believing that the supposed authority on the contested acts should be NEMC.

In the process of discussing the issues raised under Topic 2, a large number of experts asked to assess the effectiveness of the legislation regulating the work of TEMC/NEMC gave a score of 3. The predecessors of the TEMC and the RCME gave lower ratings - „2“ and the directors of the NSSI gave higher ratings - („4“ and „5“). All experts approved the creation of a single legal act (e.g. the Law on Medical and Social Expertise) to regulate the issues of disability assessment in a comprehensive and complete way. The experts from the Municipal Administration, RCME, ASA, the hospital dissidents and the public health experts thought that this law should stipulate that the assessment should be carried out by a commission made up of physicians specializing in the field of social security according to EU practice. The representatives of NSSI and TEMC considered that the law should not change in this direction and it is good for TEMC and NEMC to continue their previous work. In the case of the reorganization of CEMC

with their inclusion in the General Teaching Hospital, the representatives of the Municipal Administration, TEMC, hospitals, NSSI and ASA considered that this was an appropriate measure at that time, while the public health experts and RCME suggested to these committees that the self-operation returned.

The authorities of the medical examination should only certify persons in working age, and for the persons with disabilities up to 16 years old and those in retirement age, to provide for a new order. That is the opinion on Topic 3, to which all experts who participated in the in-depth interview agreed. The same unanimity was also seen in the question of how the disabled person's assessment should be determined. Experts from all institutions suggested that the assessment be determined by comparing the health of the individual with the requirements for practicing a particular profession. All representatives of institutions approved the introduction of the „mandatory rehabilitation“ measure to implement the expert's rights.

All experts pointed to the prejudices in society and among employers as well as the existence of transport and architectural barriers as the most common obstacles to people with invalidity/disability in the process of searching, finding and preserving the place of work. Representatives from the municipal administration, TEMC, the directors of the hospitals and the experts in the field of public health supplement, add to the bureaucratic phenomenon of the administration. Respondents from RCME, NSSI and ASA believed that besides this, the great helplessness in a particular settlement had a significant impact on the process of finding work by people with disabilities. With regard to the question of the dependence of the number of disabled people on socio-demographic and economic factors, all the experts agreed that these pensions were increasing with demographic aging, inflation, low tax collection and social security contributions. The municipal administration's presidents and the hospital directors believed that disability pensions could reasonably be seen as an opportunity to be resorted to if a lot of job-finding efforts were exhausted. Other experts from other institutions did not think that this was the outcome of unemployment among people with disability.

In connection with the questions posed by Topic 4, the experts from the Municipal Administration said that in order to improve the functioning of the system it is necessary:

- ◆ to introduce a medical specialty requirement for doctors working in TEMC and NEMC;
- ◆ to assess disability as medico-social
- ◆ to have a uniform organizational and methodical subordination of TEMC;
- ◆ to establish a list of medical establishments by the Minister of Health, in which to carry out medico-diagnostic studies related to the preparation of patients for TEMC/NEMC.

The representatives of TEMC emphasized the importance of the necessity of a single organizational subordination of TEMC, as well as a change in the legal opportunity to appear before TEMC. They believed that TEMC should only make an assessment of the disability of persons of working age. Respondents from RCME and RHI supported this opinion and discussed the question of the type of assessment carried out. Despite their opinion it must be complex - medico-social and to be attended by specialists in medical expertise who are organizationally subordinated to one domain. The hospital directors expressed an opinion supporting the statement of the representatives of the municipal administration that it was necessary for a list of medical establishments to be established by the Minister of Health in which medico-diagnostic studies related to the preparation of the patients for TEMC/NEMC would be carried out. The NSSI directors demanded a unified organizational subordination of TEMC and disability assessment only of persons of working age. The work of the system will be improved if specialists in social security are appointed to it, according to the opinion of the representatives of the ASA. The necessity of specialization, which is related to the work of TEMC, has also been confirmed by experts with qualification in the field of public affairs. The prevailing opinion of a change in the disability assessment methodology is that it has to be at rates (as it is currently calculated). Minimal changes were offered by TEMC experts - during the disability period for malignancies after the fifth year (from the fifth to the eighth year - 50% and after the eighth - 30%) and the date of disability - for the custodians and others institutions

to be determined from the date of implementation of the decision. The experts unanimously wanted to change the fixed revalidation period according to the type and degree of disability and the likelihood of rehabilitation, and suggested that it be reduced to provide a more accurate and timely assessment of the rehabilitative effect of disability and immediate return to the labor market. Only the representatives of the ASA did not consider that such a change was necessary, probably because the social assessment, which they make on the basis of the expert decision, has a fixed term of 5 years and is not dependent on the term of the TEMC/NEMC. Most of the experts did not approve of the possibility of introducing effective insurance periods as a condition for receiving a disability pension - municipal administration, RCME, hospital directors, ASA, public health experts. Only experts from the NSSI and TEMC were of the opinion that such a measure was necessary.

The conclusions of the in-depth interview can be summarized as follows:

1. The system of medical expertise does not work effectively and transparently
2. The limits to the ME system are:
  - ◇ contradictions in law and regulation;
  - ◇ no payment to the doctors working in TEMC;
  - ◇ lack of doctors, specialists in the assessment of disability;
  - ◇ lack of a unified hierarchical structure of organization of activity and control of the activity of medical expertise;
  - ◇ lack of a single information system between TEMC, NEMC, NSSI and ASA;
  - ◇ many in number and different in-service institutions providing control;
  - ◇ photographic control of RHI and RCME on E of the TEMC system;
  - ◇ the body for the contested acts must be NEMC.
3. The invalidity/disability assessment should be carried out by a commission made up of health care professionals according to EU practice
4. Involving the children and the retirees in the flow passing through TEMC/NEMC overloads the TEMC system

5. The assessment of disability is broken down to „medical“ (from TEMC/NEMC) and „social“ (from ASA)
6. The assessment is not determined by the condition of the person's state of health with the requirements for practicing the respective profession
7. The realization of the expert judgment is not tied to the measure of „compulsory rehabilitation“
8. The invalidity pension is perceived by the citizens and the public as an opportunity to be resorted to if a lot of job-seeking efforts are exhausted
9. The implementation of the labor market for people with invalidity/disability is delayed by prejudices, traps and architectural barriers, unemployment and bureaucratic phenomena among administrations
10. Experts from NSSI and TEMC consider that effective insurance practice should not be a condition for receiving a disability pension.

The Bulgarian practice highlights the disadvantages of the separation of medical and social assessment of disability. There is usefulness in their integration into a complex one-step medico-social disability expertise, which would solve the problems of people with disabilities in our country through changes in the legislative framework (12, 13). Opportunities for change in the ME system require a working model of TEMC's optimal and methodical adherence and invalidity/disability assessment, which will provide a complex and one-step medical and social expertise allowing timely and adequate social integration.

**Proposals**, formed on the basis of the in-depth interviews on the functioning of the medical examination system:

- ◇ The assessment of the disability should be done by health insurance specialists (experts from the municipal administration, hospitals, ASA);
- ◇ The commissions should certify the persons of working age, and for the pensioners there is a need for a new order (NSSI, RCME, public health experts);
- ◇ Restructuring CEMC in order to ensure that the invalidity of persons under 16 (18) years is assessed (RCME);

- ◇ Unified hierarchical and methodical subordination of the disability assessment system (experts from all institutions);
- ◇ The disability assessment should be complex medico-social (all experts);
- ◇ Need for a special law regulating invalidity/disability issues.

## CONCLUSION

The expected results from the proposed effective model of mixed TEMC and ASA functioning will result in more effective rehabilitation of the disabled people, lowering of the degree of disability and more successfully rehabilitate people back to the labor market. This will remove the barriers during the rehabilitation procedures, will lead to the selection of the optimal technical resources and will improve the delivery of social services. The proposed cooperation will eventually enhance the sustainable social inclusion of disabled people. In the countries with developed democracy the social example of expertise has a leading role, and the role of medical diagnostics is secondary. The improvement of the quality of life of the disabled has a central place (14,15). The Bulgarian practice points out the imperfection of the separation of the medical from the social evaluation of disability. We need changes that will increase the information - creation of a national database, electronic record of the disabled persons, improvement of the method for evaluation and programs for successful rehabilitation, systematic accreditation, testing and control over the experts (16). The human capital crisis among the commissions can be overcome with education of experts in the area of social insurance. The effective functioning of one new system needs a working model of a complex medico-social expertise, allowing timely and adequate social integration.

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