

XVth GENERAL INSURANCE SEMINAR.

Evolution of the Industry



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Contents

- Introduction
- Costing outcomes
- General Conclusions





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What is 'whiplash'?

- It is what happens when someone's head moves forwards and then backwards quickly
- The movement may cause injury to the neck
- Whiplash is almost exclusively caused by motor vehicle crashes
- Neck pain is the main symptom
- Other symptoms may occur





What is WAD?

- WAD stands for Whiplash-Associated Disorders
- It covers a range of neck problems resulting from the whiplash motion of the crash
- Severity varies from very mild to severe
- Prevalence of WAD is substantial
- Extent of recovery varies but there is often prolonged pain
- What contributes to prevalence and recovery from WAD is controversial



Legislative changes in NSW (from October 1999)

- New threshold for Non-Economic Loss (Impairment > 10%)
- Early notification and treatment process designed to allow claimants access to early treatment
 - Particularly aimed at claimants with soft tissue injuries (such as WAD)
- Earlier acceptance of compensation claims (decision within 3 months)
- Development of guidelines on the clinical management of WAD injuries and an accompanying education program





Legislative changes in NSW (from October 1999)

- Establishment of the Claims Assessment and Resolution Service (CARS)
- Establishment of the Medical Assessment Service (MAS)
- Limits to legal costs



Primary Hypotheses of Study

- People sustaining WAD after the change in legislation would have reduced long term disability and improved quality of life when compared to a group sustaining injuries prior to the changes;
- The pattern of costs would change to reflect earlier access to treatment and that better recovery would be reflected in reduced total costs to the scheme.





The Present Study

- Health outcome follow-up data:
 - 2 years post injury for the 1999 cohort
 - 3 months, 6 months and 2 years post injury for the 2001 cohort
 - 3 months, 6 months for the 2003 cohort (Follow-up data at 2 years will occur)





Contents

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Data Availability for the WAD Cohorts

Cohort	3 months	6 months	12 months	24 months	36 months
1999	~	✓	~	✓	✓
2001 Wave 1	✓	~	~	✓	~
2001 Wave 2	✓	✓	✓	✓	✓
2003 Wave 1	~	~	~	×	×
2003 Wave 2	✓	✓	✓	×	×
2003 Wave 3	~	✓	×	×	×

- Data is at 31 December 2004
- Delays mimic the periods at which the interviews are conducted





Background

- Types of Claims:
 - ANF Only Claim
 - Converted Claim
 - Direct Claim
- Development Time vs. Operational Time

	Cumulative finalisation rates							
WAD Cohort	3 month	6 month	12 month	24 month	36 month			
1999	0.44%	2.73%	17.43%	49.83%	68.50%			
2001	0.80%	6.38%	22.79%	54.67%	70.77%			
2003	1.52%	7.58%	27.41%					



PPCI – Total Payments

WAD Cohort		PPCI (\$)					
	3 months	6 months	12 months	24 months	36 months	To date	
1999	36	432	2,447	10,776	21,131	40,702	
2001	166	839	2,153	4,898	9,644	12,048	
2003	207	1,079	1,514			3,008	
2001 Cohort as a % of the 1999 Cohort	460.3%	194.1%	88.0%	45.5%	45.6%		
2003 Cohort as a % of the 1999 Cohort	574.6%	249.6%	61.9%				

2001 and 2003 compared to 1999:

- Higher average payments in the earlier development periods
- Lower average payments in the later development periods

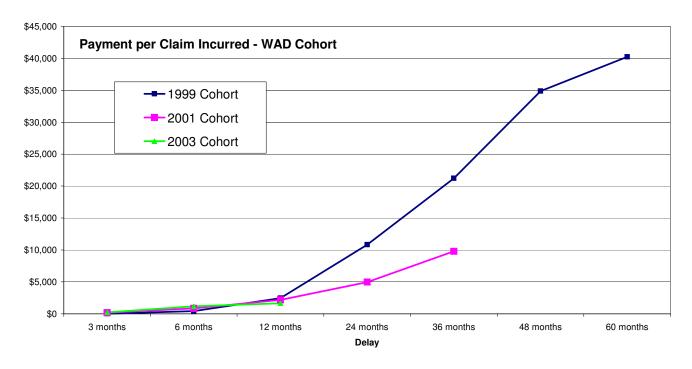


Breakdown by Payment Type - Summary

WAD Cohort	Payment Per Claim Incurred (\$)							
Medical Payments	3 months	6 months 12 month		24 months	36 months			
2001 Cohort as a % of the 1999 Cohort	616.8%	255.9%	134.7%	95.4%	92.5%			
2003 Cohort as a % of the 1999 Cohort	795.2%	324.3%	90.5%					
Legal Payments								
2001 Cohort as a % of the 1999 Cohort	196.2%	108.4%	65.6%	32.9%	29.7%			
2003 Cohort as a % of the 1999 Cohort	363.0%	151.3%	45.6%					
Non Economic Loss Payments								
2001 Cohort as a % of the 1999 Cohort	537.5%	221.0%	99.3%	61.4%	68.4%			
2003 Cohort as a % of the 1999 Cohort	218.8%	244.1%	90.4%					
Non Economic Loss Payments								
2001 Cohort as a % of the 1999 Cohort		0.0%	5.1%	4.6%	11.6%			
2003 Cohort as a % of the 1999 Cohort		0.0%	1.7%					



Reduced Total Costs to the Scheme?



- The new payment pattern post reforms implies that the average cost per claim will possibly be less than pre reforms
- Potential change in the order of finalisations



Analysis Including ANF Only Claims

Cohort		Cumulative proportion of claims finalised							
	3 month	6 month	12 month	24 month	36 month				
1999	0.44%	2.74%	17.51%	50.05%	68.79%				
2001	2.43%	14.12%	42.82%	66.77%	78.57%				
2003	4.97%	18.91%	48.18%						

- Inclusion of ANF Only Claims increases the finalisation rates for the 2001 and 2003 cohorts
- ANF Only claims represent 27% of total claims



Medical Payments– ANF Only Claims Included

Cohort		PPCI (\$)					
	3 months	6 months	12 months	24 months	36 months	To date	
1999	18	228	1,066	2,566	3,707	5,649	
2001	103	482	1,117	1,853	2,565	2,875	
2003	131	579	722			1,362	
2001 Cohort as a % of the 1999 Cohort	560.9%	211.3%	104.8%	72.2%	69.2%		
2003 Cohort as a % of the 1999 Cohort	717.5%	253.9%	67.7%				

- Consistent with the analysis that excludes ANF only claims
- Result distorted as the finalisation pattern is not constant across the cohorts



Medical Payments – Operational Time – ANF Only claims included

Cohort	PPCI (\$)						
	0.44%	2.74%	17.51%	50.05%	68.79%		
1999	18	228	1,066	2,566	3,707		
2001	19	113	557	1,339	1,975		
2003	12	61	580				
2001 Cohort as a % of the 1999 Cohort	102.0%	49.5%	52.2%	52.2%	53.3%		
2003 Cohort as a % of the 1999 Cohort	63.9%	26.7%	54.4%				

- Decreasing average payment trend for the 2001 cohort when compared to the 1999 cohort
- Less clear for the 2003 cohort





Conclusions

- The pattern of costs has potentially changed to reflect the legislative changes
 - A significant proportion of payments have occurred in the earlier development periods
 - Potentially reduced total cost to the scheme
- Claims are finalising at a faster rate when the ANF claims are included



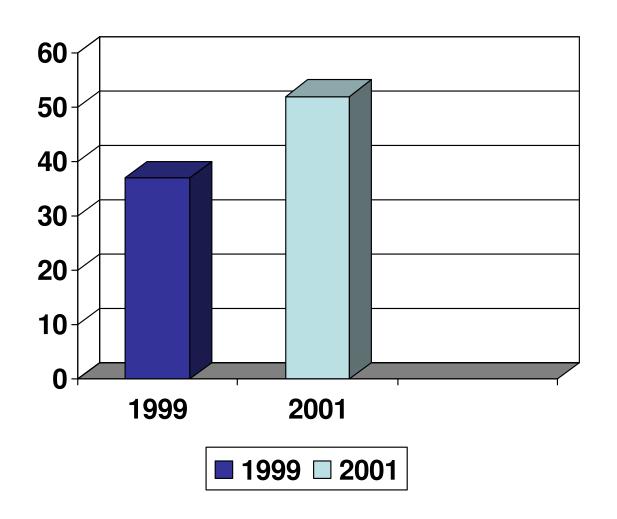


Contents

- Introduction
- Costing outcomes
- General Conclusions

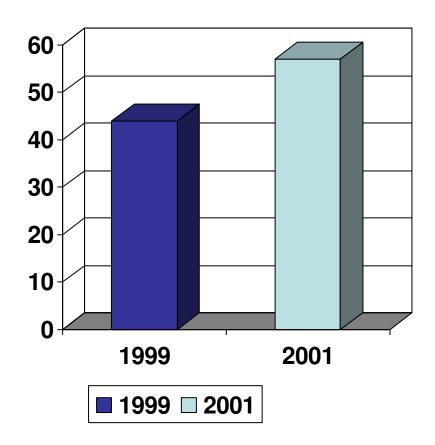


Health Outcomes - Percentage of people with whiplash recovered two years after injury



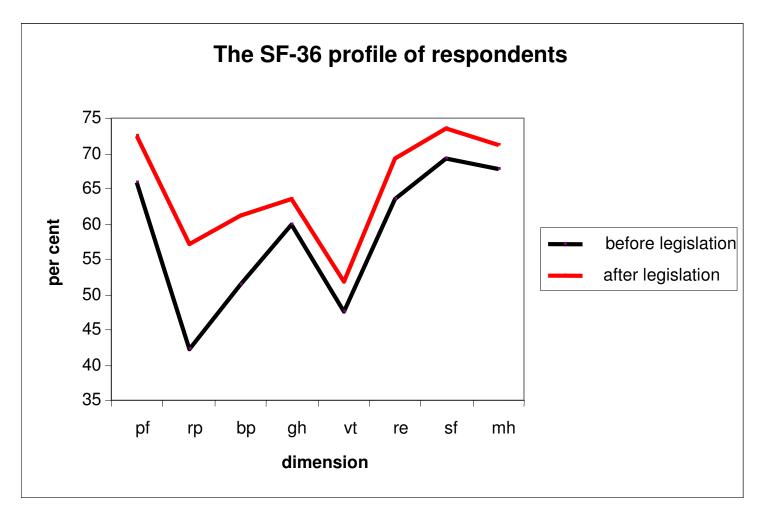


Health Outcomes - Percentage of people with whiplash reporting non significant pain two years after injury





Health outcomes – SSF-36 Scores for the Cohorts







Implications

- Lots of research:
 - Compensable vs. non-compensable
- A significant evidence gap: specific features of compensation which are influential?
- This study showed structure and design influence both health outcomes and costs for the scheme
- The results reflect and strengthen previous findings