

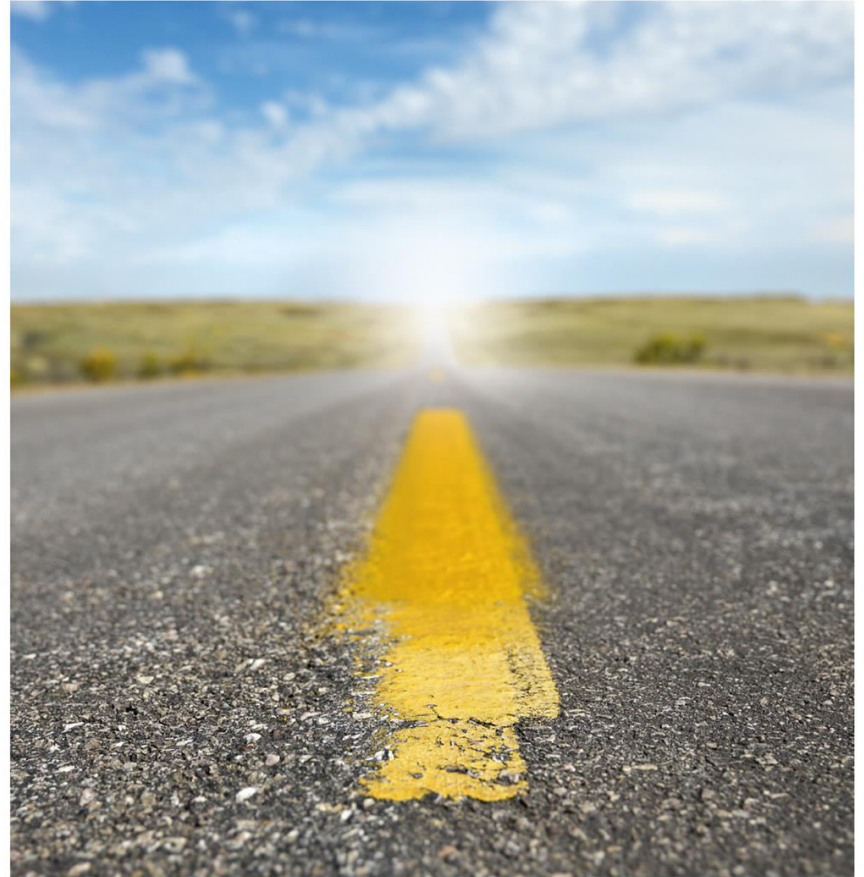
Injury Schemes Seminar

Road to Recovery



**Actuaries
Institute**

8-10 November 2015 • Hilton • Adelaide

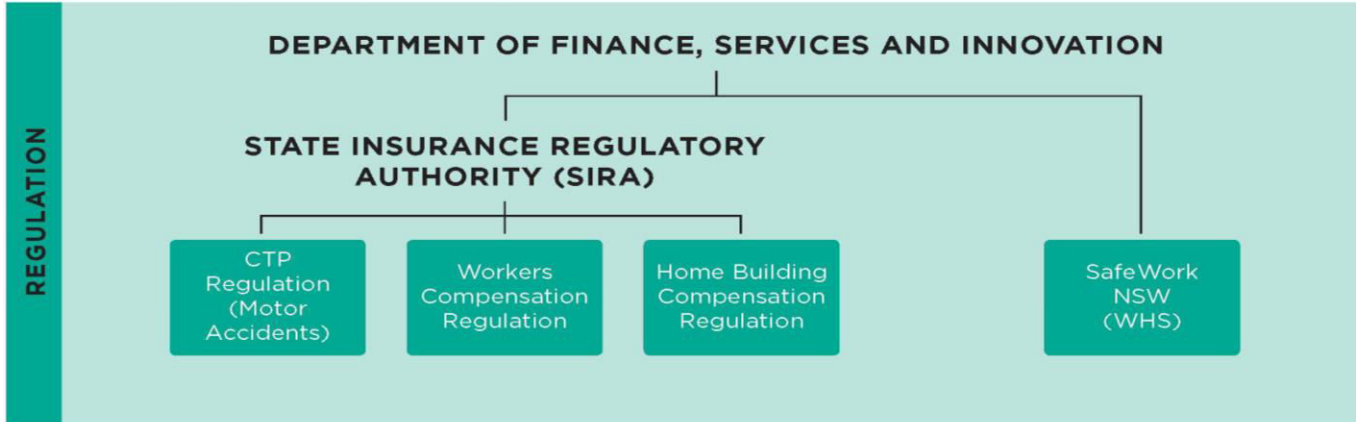
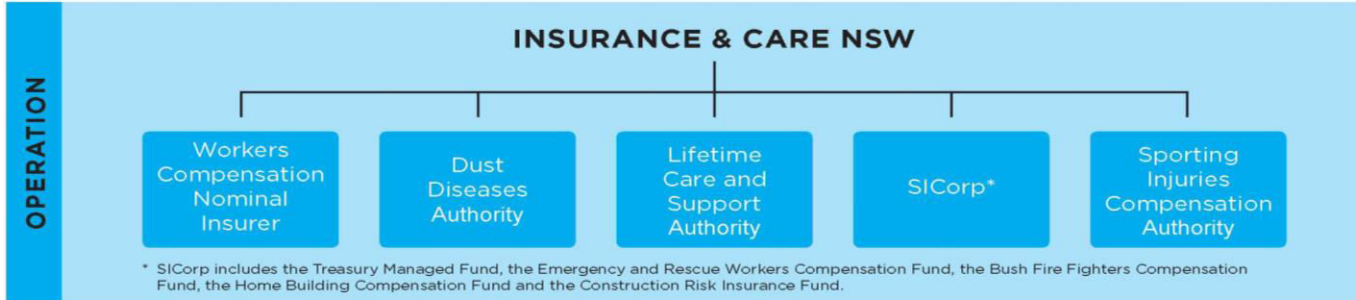




NSW Lifetime Care and Support Scheme Update

*This presentation has been prepared for the Actuaries Institute 2015
Injury Schemes Seminar.
The Institute Council wishes it to be understood that opinions put forward
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STRUCTURAL REFORMS 2015

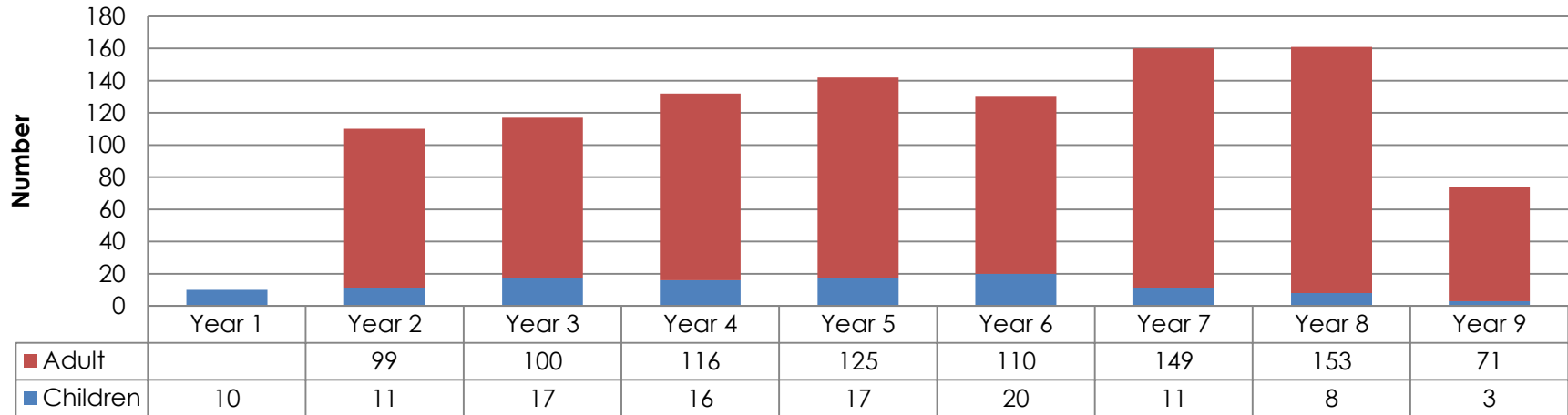


Participant numbers to June 2015

- 1036 participants, including 681 lifetime participants
- Children (under 16 at time of injury)
 - 102 BI
 - 12 SCI
- Adults
 - 669 traumatic brain injury
 - 227 spinal cord injury
 - 19 amputee
 - 5 severe burns
 - 2 vision loss

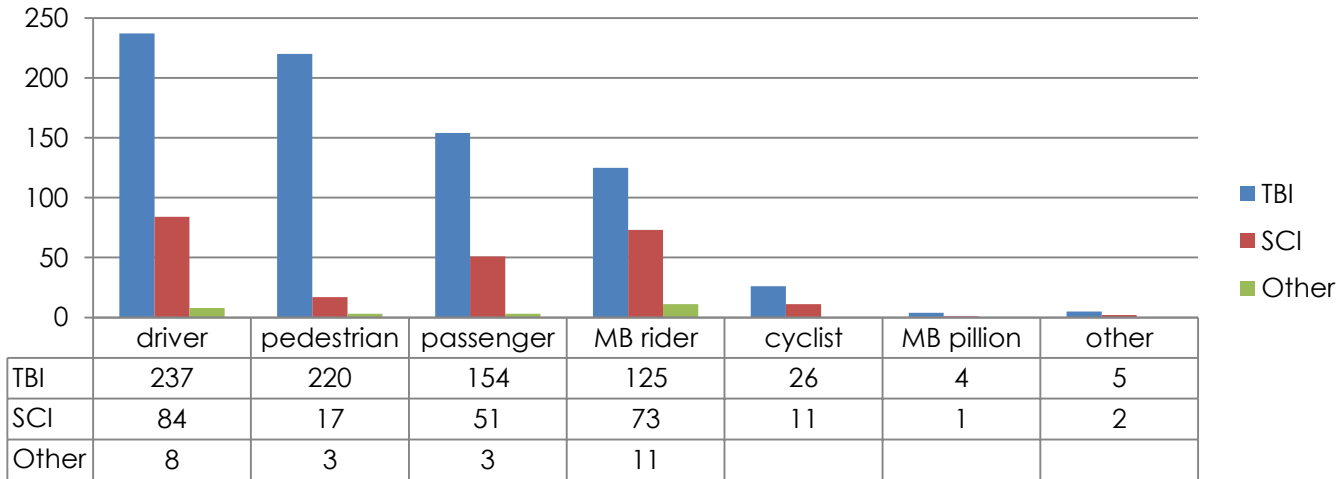
Participants by accident year

Age at time of injury



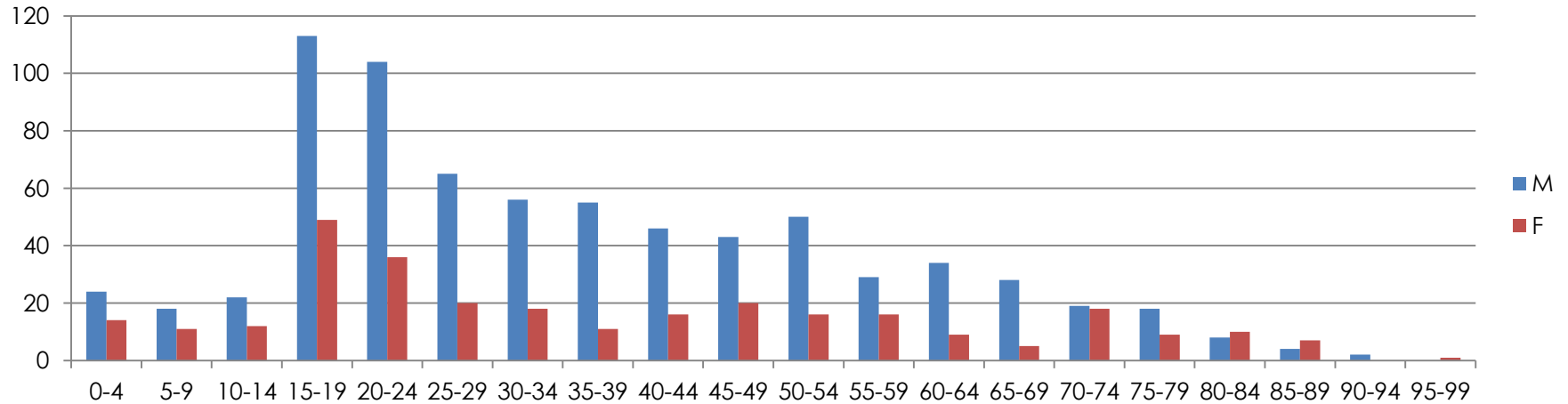
8. Scheme Participants: role

Role in Accident and Injury Type



Participants: age at injury

Age at Injury



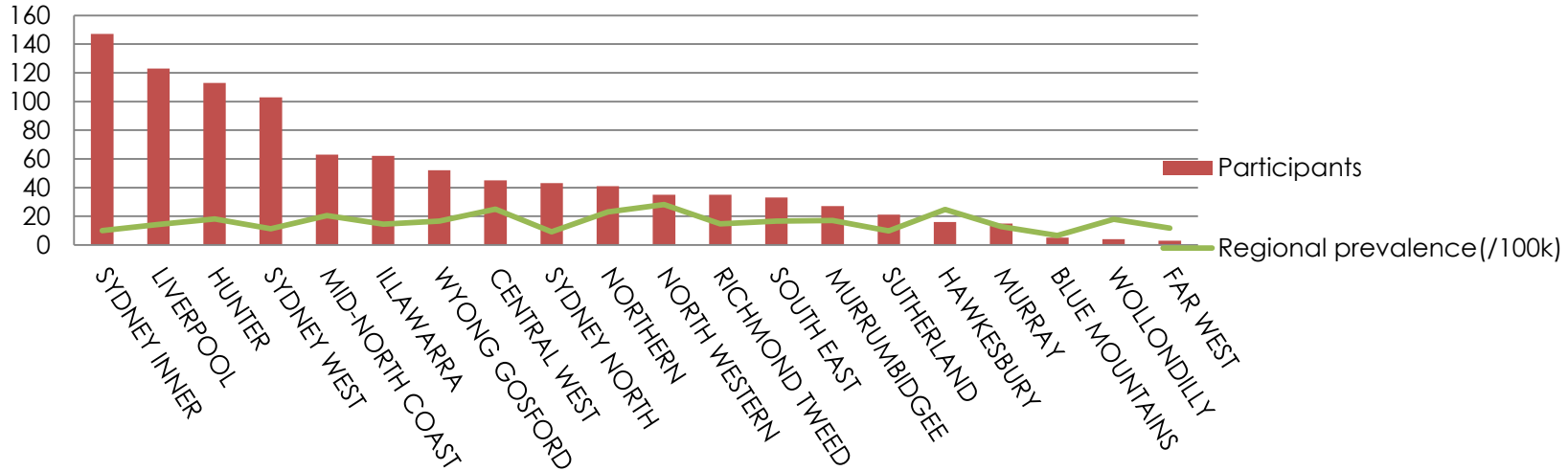
Participants with brain injury

It is expected that the CANS level for most participants with a brain injury will improve. Participants with an initial CANS level of 7 (24 hours of care a day) may improve to CANS level 4 (up to 11 hours of care a day). Those with CANS level 0 to 3 may no longer be eligible for the Scheme at 2 years. (excludes deceased)

CANS Level	Expected	Accident year									Total
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	
7 - 24 hour care/day	11		9	10	21	19	13	30	27	25	154
6 - 20-23 hours care/day	7	1	3	3		4	2	6	7	3	29
5 - 12-19 hours care/day	2	2	7	5	11	12	10	23	20	11	101
4 - 11 hours care/day	24	3	22	40	32	42	49	48	61	18	315
3 - can be left alone for a few days	21	3	14	18	17	19	16	11	3		101
2 - can be left alone almost always	15		12	17	10	7	8	1			55
1 - can live alone	12		7		2	2	3	1			15
0 - community living	12							1			1
All	111	9	74	93	93	105	101	121	118	57	771

Participants representation by NSW region

Participants by Region as at 30 June 2015



Scheme review

- Expected full cost of claims for 2015-2016 is \$422.4M
- Outstanding claims liability of \$2.74bn
- Continuing with inflation and investment assumptions
- No surprises
- Older cohort of participants
 - SCI 45-55 yrs
 - BI over 65 yrs
- More incomplete SCIs

Scheme review

- Trend in late claims decreasing
- Participants not using full amount of services approved
- Medical expenses
- Attendant care
 - Tender, oversubscribed
 - Fee schedule
 - 84% of participants with SCI and 67% of participants with BI receive attendant care

Predictors of costs and health outcomes

- File review of participants who were injured in 2007-2008 and 2010-2011 by JWCRR
 - 260 participants with brain injury and 75 with Spinal Cord Injury
- 34 potential predictors
 - Demographics, contextual factors, injury related factors, post-injury health issues, functional outcome measures at 6 months post injury

Predictors of costs and health outcomes

- For people with a SCI the dominant predictor of independence and cost is level and completeness of SCI
- For people with a BI – more complex
 - Injury severity, measured by PTA is most important explanatory factor
 - Better outcome associated with being employed prior to injury, younger age and not having secondary mental health outcome
 - Moderately accurate predictions can be made within 6 months after injury
 - Fewer predictive factors among pre-injury variables

Predictors of costs and health outcomes

- Predictors of costs for BI at 2 years are PTA, longer stay in rehabilitation ward and post traumatic seizures
- Predictors of cost for SCI at 2 years is length of stay in rehabilitation ward
- Most important predictor of working post injury is working prior to injury
 - Individuals who were working pre-injury are 4 times more likely to be employed 2 years post injury
 - Individuals with post school education 3 times more likely to have a job at 2 years post injury

Predicting “lifetime” status

- Injury and disability measures are best predictors of whether the injured person will be “lifetime”, while none of pre or post injury factors were relevant
- Injury severity measures - Glasgow Coma Scale score of 3 to 8 (severe) from ambulance record, longer PTA
- Disability measures – Glasow Outcome Scale Extended (low score) or higher Disability Rating Scale score

Current challenges

1. Focus on the participant

- My Plan and goal setting processes

- Revising statutory guidelines and business process

- Implementing direct funding models

- Responding to the voice of the customer –reference group and survey

2. Capacity and quality of service system

- Leveraging Lifetime Care model for severely injured workers and for ACT

- New service development and research strategy

- Developing young carers and family resilience programs

- Revising pathways across hospital and community for work and care

- Strengthening provider management to assure quality and value for money

- Increasing capacity of sector to manage challenging behaviours

Current challenges

3. Scheme sustainability

- Quarterly monitoring report on scheme performance by actuary

- Review of drivers of cost and outcomes (three and five year review)

- Control of attendant care through approved panel with set fee schedule

- CANS 4 project

4. Organisational capability

- Staff growth

- Streamlined services project – faster decision making

Other

- Gaming by insurers and legal practitioners
- Sector consultation, including staff
 - Adjustment to injury
 - Mental health
 - Knowledge of available services and programs
 - Aging, including interface between disability and aging
 - Lack of specialist expertise in rural areas
 - Capacity of participants to advocate for self
 - Family support

Lifetime Care

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