



Institute of Actuaries of Australia

ACCIDENT COMPENSATION SEMINAR

CHANGING TIMES – CONTINUING NEEDS 20 – 22 NOVEMBER 2011 • SOFITEL BRISBANE



Models of Care – What is Best Practice and What is Achievable

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Models of Care in Compensation Schemes

- Accident compensation schemes are major purchasers of care.
- They purchase services from the point of pre-hospital care, to acute care, rehabilitation, and community reintegration and ongoing support.
- A model of care includes elements of funding, governance & service arrangements, organisation arrangements, processes, and data and outcomes.
- This is a case study to describe the issues confronting schemes with the current care regimes, and presents a model of care for improving claim outcomes in accident compensation schemes.



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Lifetime Care in Compensation Schemes

- Lifetime Care and Support Authority (LTCSA) administers the scheme in NSW that provides medical, rehabilitation, care and support services to people catastrophically injured in motor vehicle accidents.
- Most participants of the scheme will have TBI or SCI.
- Catastrophic neurological injury requires care from the point of injury to a person's return to the community. Usually this is lifetime care.
- LTCSA is a major purchaser of care for neuro-trauma.
- The current health system doesn't support delivery of optimal lifetime outcomes.



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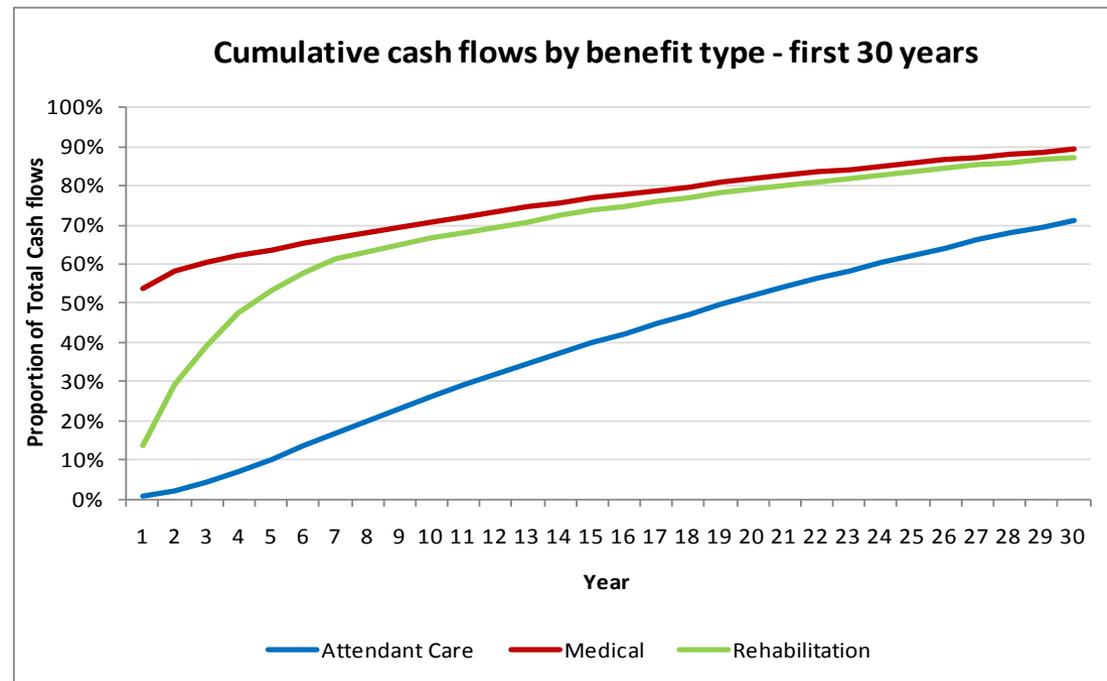


Costs in LTCSS

Annual Incurred Cost - 2011

Benefit Type	\$'000	%
Medical	17,039	5.1
Rehabilitation	18,958	5.7
Attendant Care	296,489	89.2
TOTAL	332,468	100

Source: PWC Actuarial Valuation





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Impact of Medical & Rehabilitation Services on Care Costs

1. Quality of medical services – Influence on recovery and ongoing support needs
2. Disjointed medical and rehabilitation services focused on outputs rather than outcomes
3. Medically focused and linear rehabilitation system – not oriented towards equipping people to live independently as possible
4. LTCSA's ability to purchase flexible or innovative service is inhibited by many administrative layers.



Optimal lifetime outcomes not supported



The system does not permit entry and access according to different patient needs

Pre-Hospital Care

- Integrating pre-hospital care into the care continuum
- Evidence, data and processes to support and drive change

Acute Care & Management

- Variable practice
- Dispersed system with lack of specialist trauma skills and experience

Sub-Acute Care & Management

- Variable in service provision
- System is linear and discharge is focused on medical improvement

Community Reintegration & Ongoing Care

- Disparity in the quality and number services provided across the State

Funding, Governance & Service Arrangements

- Funding is short term focused and is not focused on outcomes
- Major administrative challenges and costs to existing funding and service arrangements



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Integrated Model of Care

Guiding Principles

Funding, Governance & Service Arrangements

- Scope of the arrangement
- Structure of the arrangement
- Allocation of resources and funding
- Governance

Organisation Arrangements

- Organisation of services
- Organisation of teams
- Workforce development

Processes

- Development and adherence to agreed approaches/standards that deliver improved outcomes
- Ongoing evaluation and improvement

Data & Outcomes

- Cross agency data for reporting on performance measure and outcomes



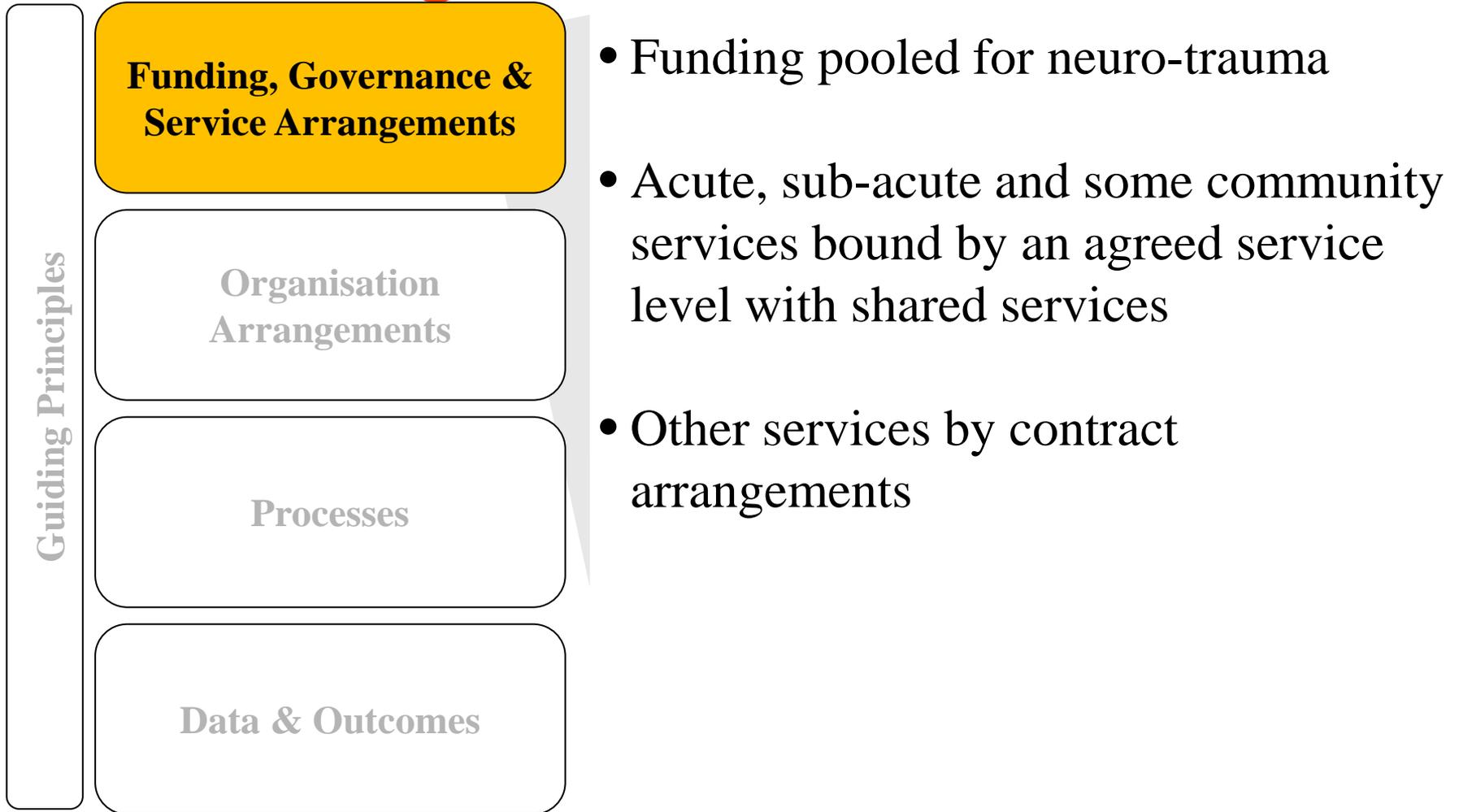
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Integrated Model of Care





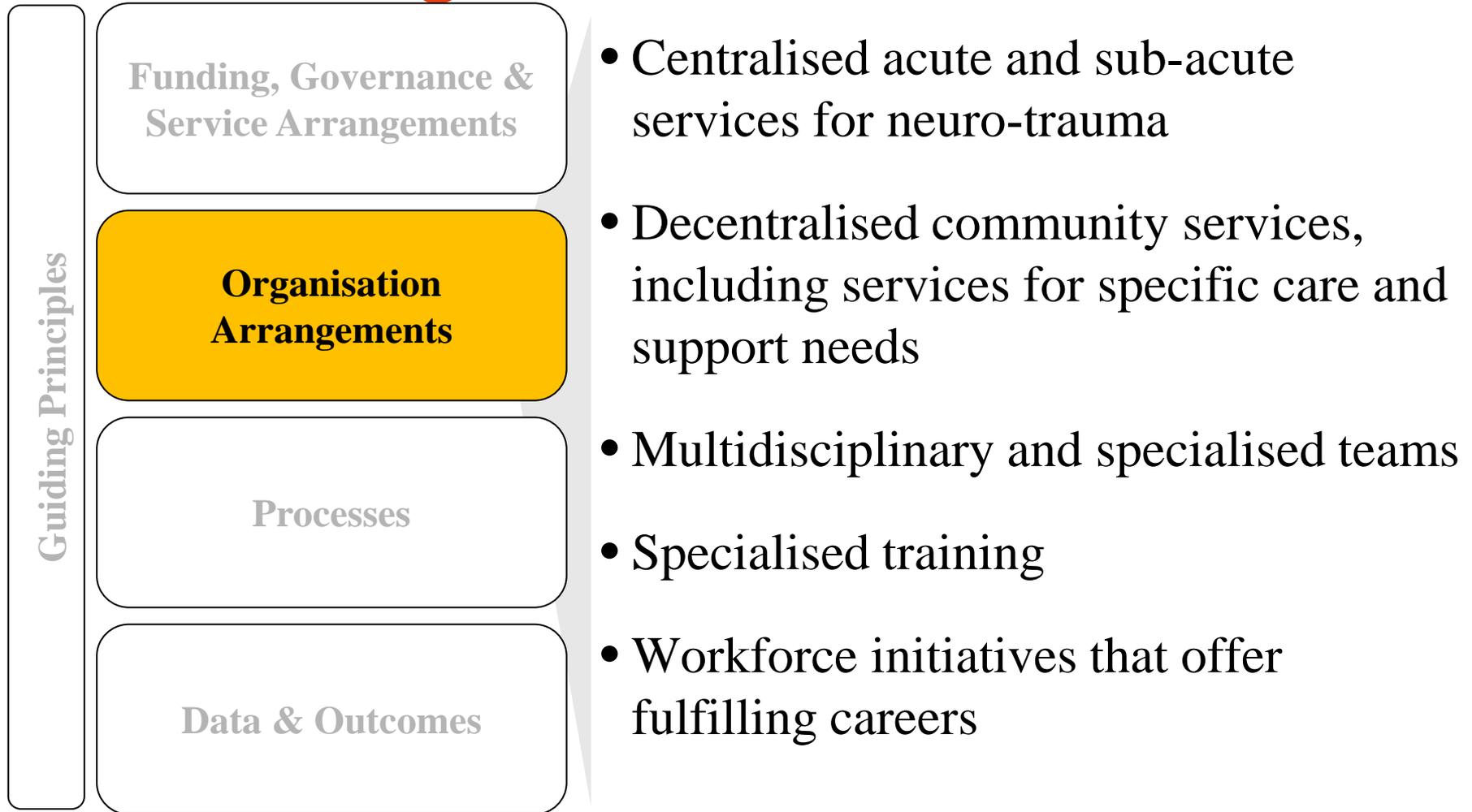
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Integrated Model of Care





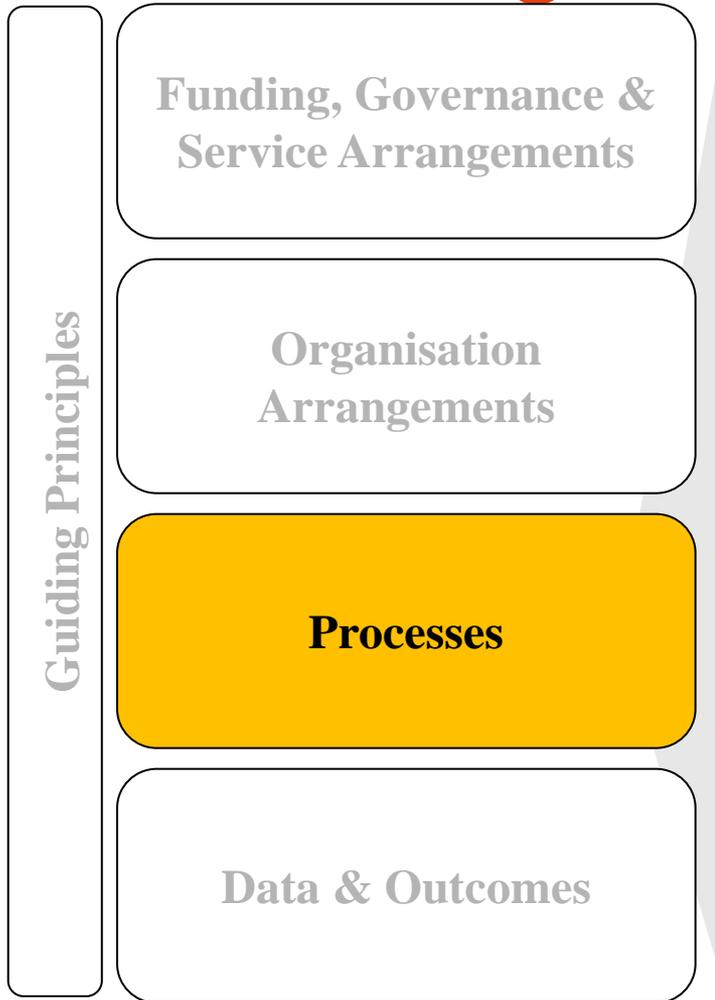
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Integrated Model of Care



- Standards are developed based on evidence through a process of clinician participation and support
 - Performance measures are aligned with standards
 - Standards are formally reviewed on a regular basis
 - Service providers are held accountable based on agreed standards
- Care pathways are developed according to the broad needs of different patients



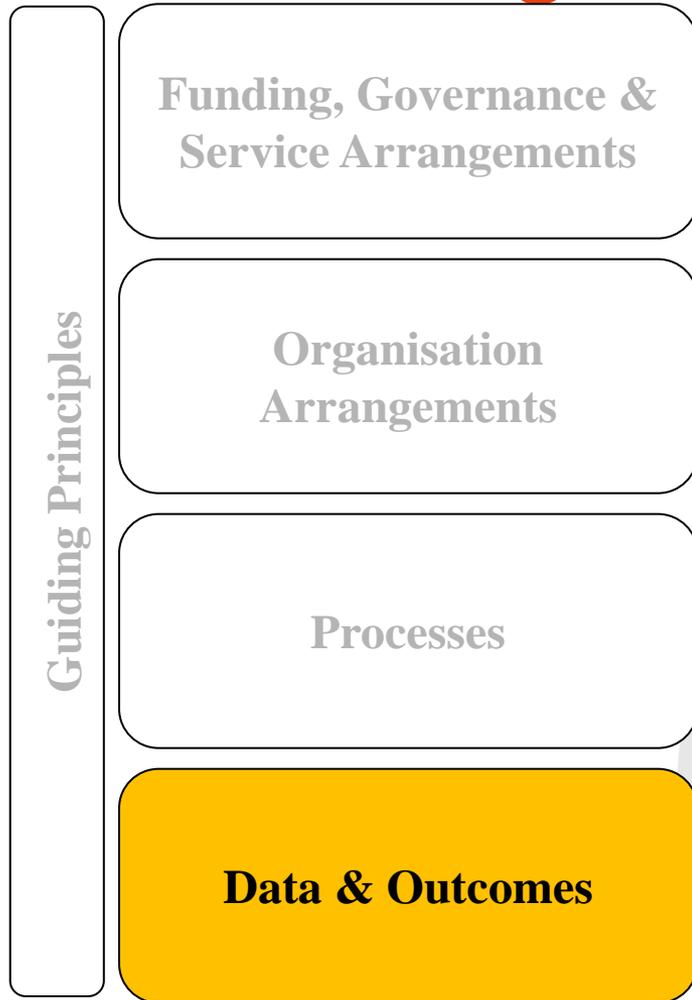
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Integrated Model of Care



- Data is collected to support administrative reporting, assess performance, and understand effect of practice on outcomes
- Shared datasets and interoperability of technology platforms means data is shared amongst facilities and is used for comparison/benchmarking
- Process and governance arrangements exist for reviewing research and implementing findings into practice



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Investment into the neuro-trauma system to bring about improvement and change

What Will Change

- Targeted interventions to improve service delivery and individual function across the care continuum
- Improvements in cross disciplinary learning
- Recognition that acute and rehabilitation services must be integrated into life planning
- A new model for rehabilitation services



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Examples of Opportunities in both Research & Service Improvement



Pre-Hospital Care

- HIRT
- On-site diagnosis

Acute Care & Management

- SCI Acute Pathways Review
- Early Surgical Intervention

Sub-Acute Care & Management

- Family Resilience
- SCI In- Voc Project
- TBI Slow Recovery Rehabilitation
- Neuro behavioural program

Community Reintegration & Ongoing Care

- Accommodation for participants with high needs

Funding, Governance & Service Arrangements



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Lessons Learned

1. The quality of medical and rehabilitation services will influence a person's support needs when returned to the community.
2. Alignment of medical and rehabilitation services requires a focus on outcomes, and for outputs to align to these outcomes.
3. Maximising a person's ability to self manage and live independently requires recognition that the system's focus is broader than maximum medical improvement, and the journey is not necessarily linear.
4. The payment system must enable a purchaser to purchase services in a way that will optimise outcomes.