Injury Schemes Seminar*

Balancing Outcomes

10–12 November 2013
Sheraton Mirage Gold Coast

* Formerly the Accident Compensation Seminar

Actuaries Institute

Call for Papers and Presentations

SYNOPSIS

MORTALITY PROJECTIONS FOR CATASTROPHIC INJURIES
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Key words: Catastrophic injury, mortality, mortality improvement

Purpose of your paper: To assist schemes and other stakeholders with understanding the mortality experience, including rates of mortality improvement, for people with catastrophic brain and spinal injuries.

Synopsis: This paper is will explore the rates of current and future mortality for people with catastrophic injuries. While there has been significant research regarding mortality soon after accident there is limited information about experience once people survive the initial trauma. This paper will focus on people who survive for at least three years post accident and compare their mortality experience against the population.

The main sources of data used for this analysis will be TAC (and potentially other scheme's) claims experience.

Recent mortality experience
Compare how mortality experience across different types of injuries, the amount of care required and other characteristics.
We will also look at international experience

Rates of improvement in mortality
Population mortality improvement experience over the past 100 years
Drivers of past mortality improvement
Potential rates of future mortality improvement for the population
How mortality improvement for catastrophic injuries compare against population, and reasons for any differences
Longitudinal research for people with catastrophic injuries

Financial impact of different mortality scenarios
Highlight how sensitive the outstanding claims liability is to future mortality assumptions
Impact on supply and demand for carers and what it may mean for the cost of care for accident compensation schemes For example if population mortality improves faster than those with catastrophic injuries then here will be more demand for carers across the population who might prefer to deal with people with aging relating conditions as opposed to catastrophic injuries and hence the cost for schemes could be higher.