

## Monetary cost of trauma to ACC

**Injury Conference 2018** 

Dr Karina McHardy
Principal Advisor – Health Sector
02 August 2018



"Good health is not something we can buy. However, it can be an extremely valuable savings account."

- Anne Wilson Schaef



# Our vision

ACC creates a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impact of injury.









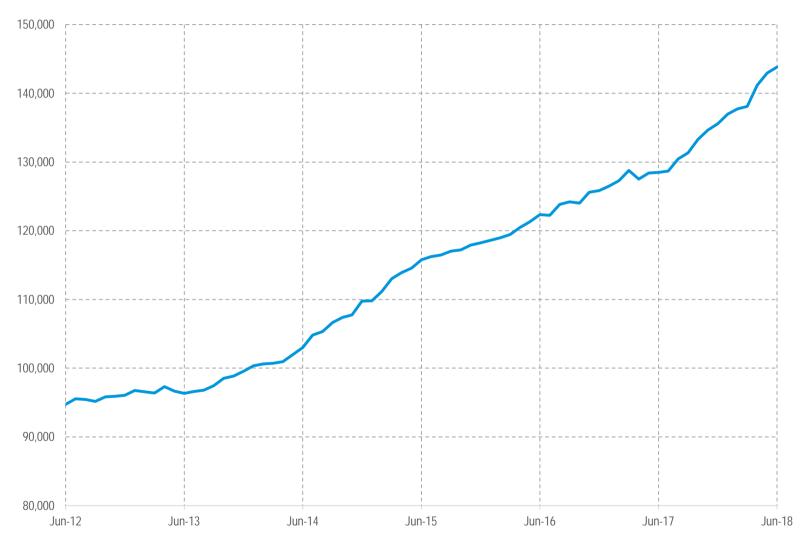
## ACC by the numbers





## **Growth in new entitlement claims**





## Where do injuries occur in NZ?



#### Serious injury

Setting	2012	2013	2014	2015	2016
Home	36	33	47	46	34
Road	89	67	82	93	75
Sport	12	28	27	30	23
Treatment Injury	22	54	47	41	28
Work	20	13	15	9	13
Community or Other	44	45	59	60	48
TOTAL	223	240	277	279	221

### **New Zealand Trauma Pathway**



### **Client pathway**

Pre-hospital care/retrieval/ transfer

Acute care and management

Rehabiliation

Community participation

Dual funding model
 ACC & MOH
Includes: air & road ambulance
services and communications
 centres
 (\$176M)

Vote Health Funding to DHBS via MOH (\$16B total) ACC pays an annual contribution via Treasury of \$508M ACC funded services
Includes: inpatient and community rehabilitation
services, equipment, personal care, education support,
disability support services, home and vehicle
modifications
(\$700M)





### The Cost of Injury

In 2017, ACC's annual cash claims costs totalled \$3.7B. Outstanding claims liability was calculated to be \$37.7B



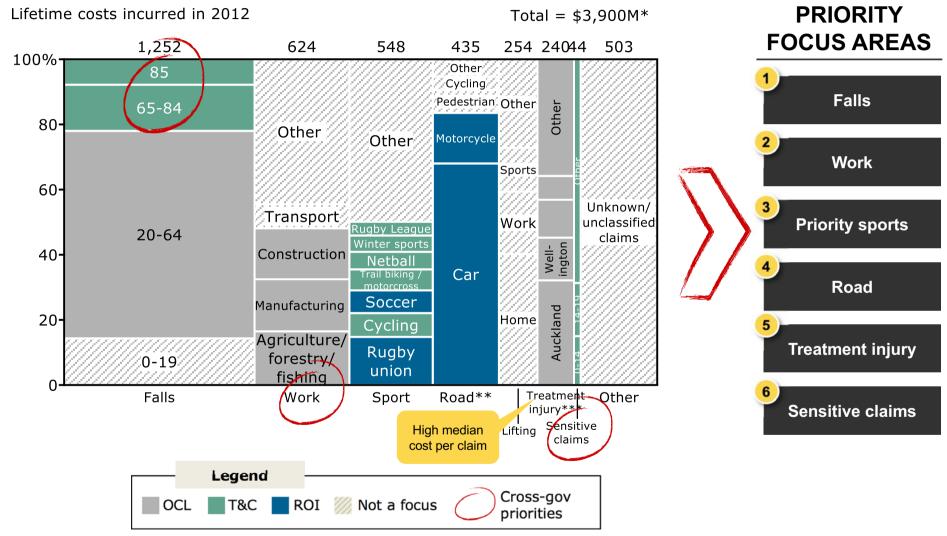
## The Cost of Injury (2)



	Average life time cost										
Age injured a	High Level Tetraplegic	Low Level Tetraplegic	Paraplegic	Severe Brain Injury	Moderate Brain Injury	Comparable Diagnosis	Incomplete Spinal Injury				
00 - 05	94.4m	24.6m (	19.8m	37.8m	18.5m	11.4m	10.9m				
06 - 16	26.4m	16.1m	8.1m	14.6m	5.9m	5.7m	6.5m				
17 - 30	20.1m	9.7m	4.5m	10.3m	3.5m	3.2m	3.5m				
31 - 45	11.4m	7.2m	3.2m	5.0m	1.7m	3.5m	2.0m				
46 - 64	6.1m	4.3m	2.2m	2.2m	1.3m	1.5m	1.1m				
65+	2.9m	2.1m	1.1m	0.9m	0.8m	1.0m	0.6m				
	Average Liability (excl risk margin)										
Age injured a	High Level Tetraplegic	Low Level Tetraplegic	Paraplegic	Severe Brain Injury	Moderate Brain Injury	Comparable Diagnosis	Incomplete Spinal Injury				
00 - 05	24.4m	6.6m	4.8m	9.5m	4.2m	2.8m	2.7m				
06 - 16	9.4m	6.4m	2.3m	4.4m	1.9m	1.4m	1.9m				
17 - 30	7.9m	3.9m	1.7m	3.7m	1.4m	1.3m	1.3m				
31 - 45	5.4m	3.2m	1.4m	2.3m	0.8m	1.7m	0.9m				
46 - 64	3.3m	2.1m	1.0m	1.2m	0.6m	0.8m	0.5m				
65+	1.5m	1.1m	0.4m	0.5m	0.3m	0.5m	0.3m				

### **Priority areas**





Note: Lifetime costs (estimate in todays dollars the cost of treatment of that customer's injury till they no longer required treatment); Product FTE and spend allocated to focus areas; \*Includes overlapping costs of ~\$710M; \*\*NZ Police data indicates that driver error, alcohol and speed are the three largest contributing factors to road accidents; \*\*\*Regions with the highest claim rate per capita: 1) Nelson 2) Taranaki 3) Hawkes Bay 4) Wellington and 5) Bay of Plenty

Source: ACC Claims Database

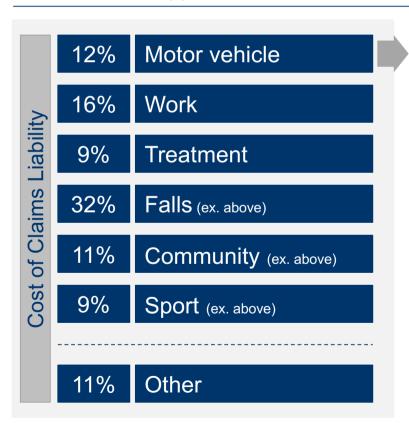
### ACC apply an investment approach

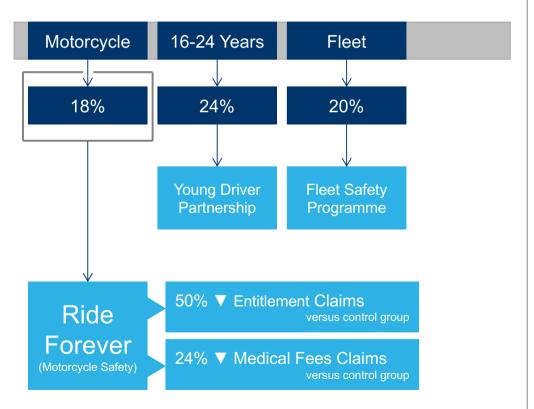


#### This means:

- · Targeting investment to those areas where the biggest impact can be made
- Identifying opportunities to leverage common approaches across multiple domains

#### User-focused approach



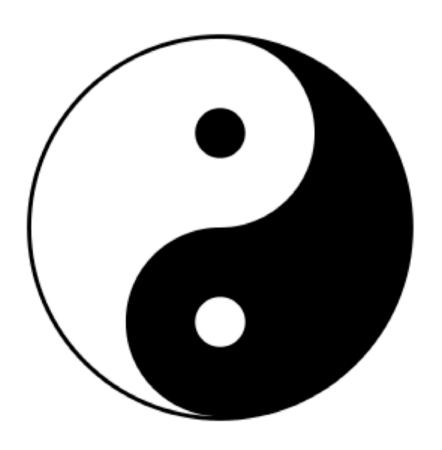




## Value = <u>Outcomes</u> Cost

#### **Providers and funders**







It is unrealistic to expect providers to improve quality or reduce spending if the payment system does not provide adequate financial support for their efforts.

#### AND

It is unrealistic to expect purchasers to pay more or differently without assurances that quality will be improved, spending will be lower, or both.

Harold Miller - CEO, CHQPR



## Thank you

karina.mchardy@acc.co.nz

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