EURNoCH
European Research Network on Compensation Health

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Faculty Disclosure

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Yes, please specify:
Compensation procedure is relevant for health

Many studies have shown correlations between differences in health outcomes and particular factors of the compensation procedure in question.

- Fault-based compensation vs no-fault schemes
- Lump sum payments vs intermittent payments
- Litigation processes vs out-of-court settlements
- Lawyer engagement
- Adversarial and stressful interactions
- (Repeated) Medical assessments

Particularly important to defeat the prevailing belief that worse outcomes are an unavoidable consequence of financial compensation per se (‘secondary gain’) and cannot be defeated by other means than curbing eligibility.
Legislative change can have impact on health outcomes

- Saskatchewan tort system for traffic injuries changed to no-fault system (Cassidy et al, 2000)
- Legislative reforms to the New South Wales transport accident compensation scheme (Cameron et al, 2008)
Operational changes within a given system can have impact on health outcomes

Novel approach towards claims handling for people injured in road traffic crashes by a compulsory third party motor vehicle insurance company in New South Wales (Schaafsma et al, 2012)

i.e.:

• early intervention service
• early psychological risk screening
• facilitating early RTW
• clear and direct communication
• acknowledgement
• proactive dispute resolution
When the system is ‘good’: better health outcomes and RTW among claimant population

ORIGINAL ARTICLE

Socioeconomic outcomes following spinal cord injury and the role of no-fault compensation: longitudinal study

C Paul1, S Derrett1,3, S McAllister1, P Herbison1, C Beaver2 and M Sullivan3

Study design: Longitudinal cohort study.
Objectives: To estimate socioeconomic and work outcomes over 2 and a half years following spinal cord injury (SCI), and to compare those in receipt of compensation (Accident Compensation Corporation, ACC) and those not.
Setting: People admitted to the two spinal units in 2007–2009 in New Zealand, where there is a unique no-fault compensation scheme for injury.
Methods: Interviews were conducted at ~6, 18 and 30 months after SCI and data collected on pre-SCI and post-SCI health and socioeconomic characteristics. Poisson regression, quantile regression and a linear mixed model regression were used to compare differences in outcomes.
Results: Of the 162 eligible people, 118 (73%) participated and 91(77%) were followed to 30 months; 79% received ACC. Median personal income, self-reported standard of living and household income adequacy all fell slightly to 18 months and then stabilized at 30 months. At that time, 49% had returned to paid work. Among those not eligible for ACC, income fell to less than half the ACC group (P<0.006 after adjustment), and return to work was lower (29% versus 54%).
Conclusion: The findings that most people retained their economic status and that return to work was relatively high appear to be due to the proportion entitled to the ACC no-fault compensation scheme for injury, with earnings-related compensation, a focus on rehabilitation to work and non-means-tested support services. This situation should mitigate against the downward spiral into poverty and further ill-health.

Spinal Cord (2013) 51, 919–925; doi:10.1038/sc.2013.110; published online 1 October 2013
We need better studies!

- Interdisciplinary in stead of monodisciplinary research teams
- More sophisticated taxonomy of variables
- Data sets specifically collected for CHR purposes
- Cross-jurisdictional studies
Mission of EURNoCH

• To provide more detailed understanding and higher quality evidence of what exactly causes the detrimental effects of compensation procedures and how they can be restrained, in order to enable informed changes in policy, case law, the modus operandi of the relevant professions and institutions, and to inspire legislative change.

• Previous research studies are too limited for these purposes, because these studies had a monodisciplinary focus and hence have shortcomings on both the variety and the details of the compensation systems that are involved and the possible predictors that ensue.

• Earlier datasets were not collected with the specific aim of studying compensation-related factors and therefore do not include all relevant variables.
Cross jurisdictional study Elbers et al.

New South Wales (NSW): Fault-based scheme

Victoria (VIC): No-fault scheme

Aim: compare procedural fairness, health & recovery

Hypothesis: VIC > NSW
Preliminary results

Procedural justice
- Views/feelings were taken into account
- Claim was managed objectively
- Correct information was used

Informational justice
- Provided information needed
- Explained what was going to happen
- Communicated at the right times

Data for NSW and VIC:

Procedural justice:
- NSW: 43%
- VIC: 87%

Informational justice:
- NSW: 40%
- VIC: 82%
Preliminary results

Health

- Good health prior to accident
- Good health post accident

NSW
- 92%
- 47%

VIC
- 98%
- 67%

Life back on track

NSW
- 5.72

VIC
- 7.05

NSW
- VIC