

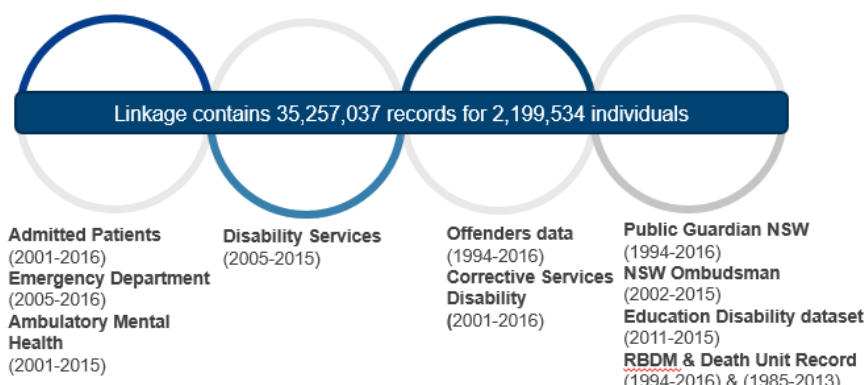
**2019 Federal Election Intellectual Disability Health Proposals  
Projected Savings from Potential Reduction in Acute Separations**

**Prepared on 13 February 2019 by**

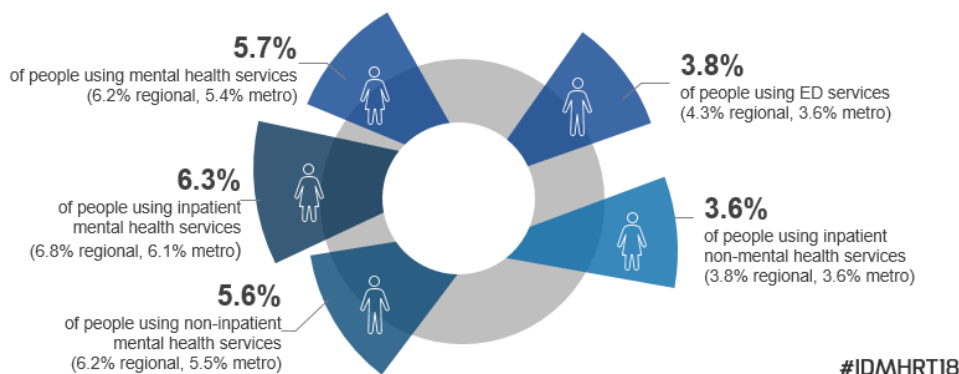
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**Introduction**

Data come from a large data linkage project which identifies a NSW population of people with intellectual disability (ID) who use services. These individuals represent 1.15% of the NSW population. Linked data is available for most data sets for 2001-2015/16. The cohorts and linkage are shown below:



The proportion of NSW Health service users with ID for the financial year (FY) 14-15 are shown below



## Methods

Trollor and team used their NSW state-wide linkage[1] for people with ID (FY 2001/02 – 2014/15) to extrapolate numbers of separations and associated costs for FY 2015-16 related to people with ID in Australia. These were compared with the National Hospital Cost Data Collection Cost Report for FY 2015-16[2].

Number of acute separations and associated average length of stay (LOS) were calculated in NSW annually for people with ID for FY 2001/02 – 2014/15 and the proportions relative to all separations in NSW were calculated from published IHPA data for 2014/15[3]. As information about people with ID is not available in other states, these data and results from regression models were used to extrapolate to a national level, allowing an estimation of the projected number of separations, LOS and costs for people with ID in Australia for 2015/16. These data were compared to the IHPA data[1].

For potential cost reduction in acute admitted separations, the team used the 2015/16 estimates for number of separations and LOS as a base cost, and modelled potential savings based on various scenarios including reduction in admissions, LOS or both.

## Results

Estimated number of acute separations and their estimated associated costs for people with ID in Australia for 2015/16, were 139,357 and \$1,153,257,276 respectively. The estimated expenditure represented 4.07% of national total expenditure on acute separations.

### Projected savings from initiatives with potential to reduce acute separations

**Scenario 1:** According to the above estimates, if the proposed initiatives reduced number of acute separations or average LOS by 10%, total expenditure on people with ID would be reduced by approximately \$115M. If the proposed initiatives reduced both number of acute separations and average LOS by 10%, total expenditure would be reduced by approximately \$219M.

Scenario 2: If the proposed initiatives reduced the number of acute separations or average LOS by only 1%, total expenditure on people with ID would be reduced by approximately \$12M. If the proposed initiatives reduced both the number of separations and average LOS by only 1%, the reduction in total expenditure on acute separations would be \$23M.

Further methodological details and scenarios are available on direct request from Professor Trollor and team.

Note: Professor Nick Lennox from the Queensland Centre for Intellectual & Developmental Disability (QCIDD), The University of Queensland and Mater Research Institute, has independently projected substantial reduction in admission costs using international data. Professor Lennox can be contacted to provide details if required.

## References

1. Reppermund, S., .....Trollor, JN. *Cohort profile: A data linkage cohort to examine health service profiles of people with intellectual disability in New South Wales, Australia*. *BMJ Open*, 2017. **7**(4).
2. Independent Hospital Pricing Authority (IHPA). *National Hospital Cost Data Collection Cost Report: Round 20 Financial Year 2015-16*. 2018.
3. Independent Hospital Pricing Authority (IHPA). *National hospital cost data collection cost report: Round 19 financial year 2014-15*. 2017.