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SUCCESSFUL EXPANSION OF NO-FAULT COMPENSATION SYSTEM FOR CEREBRAL PALSY: A SYSTEM FOR MATERNAL AND NEONATAL SAFETY

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Introduction:

Japan Council for Quality Healthcare (JQ) has been running the Japan Obstetric Compensation System for Cerebral Palsy (JOCS-CP) since 2009 in which it provides compensation on "no-fault" basis. It was once expanded to cover more CPs in 2015 through the scientific argument that care for neonate progressed to save neurological outcome. As healthcare for neonate in problematic delivery further improved, JQ again made a decision of exploring expansion of eligibility for profound CPs.

Methods:

The JOCS-CP is run under variety of committees’ supervisions such committees as i) steering, ii) eligibility review, iii) appeal, iv) investigation v) prevention. However, healthcare insurer, one of the stakeholder, was not included. JQ launched a new committee including the insurer association for overhauling and expanding the system. In the first round of the Overhaul Committee, contentious points are agreed. They are as follows. i) Eligibility including exclusion standard, ii)Valid term for application after birth, iii)Scale of monetary compensation, iv)Insurance premium, v)Strategy to spend surplus, vi)Administrative cost and so on. Review of compensation, investigation, prevention, conflict mitigation and quality improvement in perinatal care are highlighted by the committee members as prerequisite for discussing the contentious points.

Results:

i) Eligibility including exclusion standard

The eligibility is expanded in such a way that general criteria covers case-by-case review criteria because clinical outlook of CPs approved by those criteria are proved to be often similar. Exclusion criteria is maintained to eliminate congenital reasons that causes symptoms similar to those of CP.

ii)Valid term for application after birth

The term, i.e. from six month to five years old, is maintained because diagnosis of cerebral palsy is more difficult in neonates and babies at earlier dates after birth.

iii)Amount of monetary compensation

The compensation amount is maintained as much as 240,000 USD.

iv)Insurance premium

The price of insurance premium is closely linked to the surplus as described in v). It is reduced from 192 USD (128 USD from the surplus included) to 176 USD (96 USD from the surplus included) per live birth.

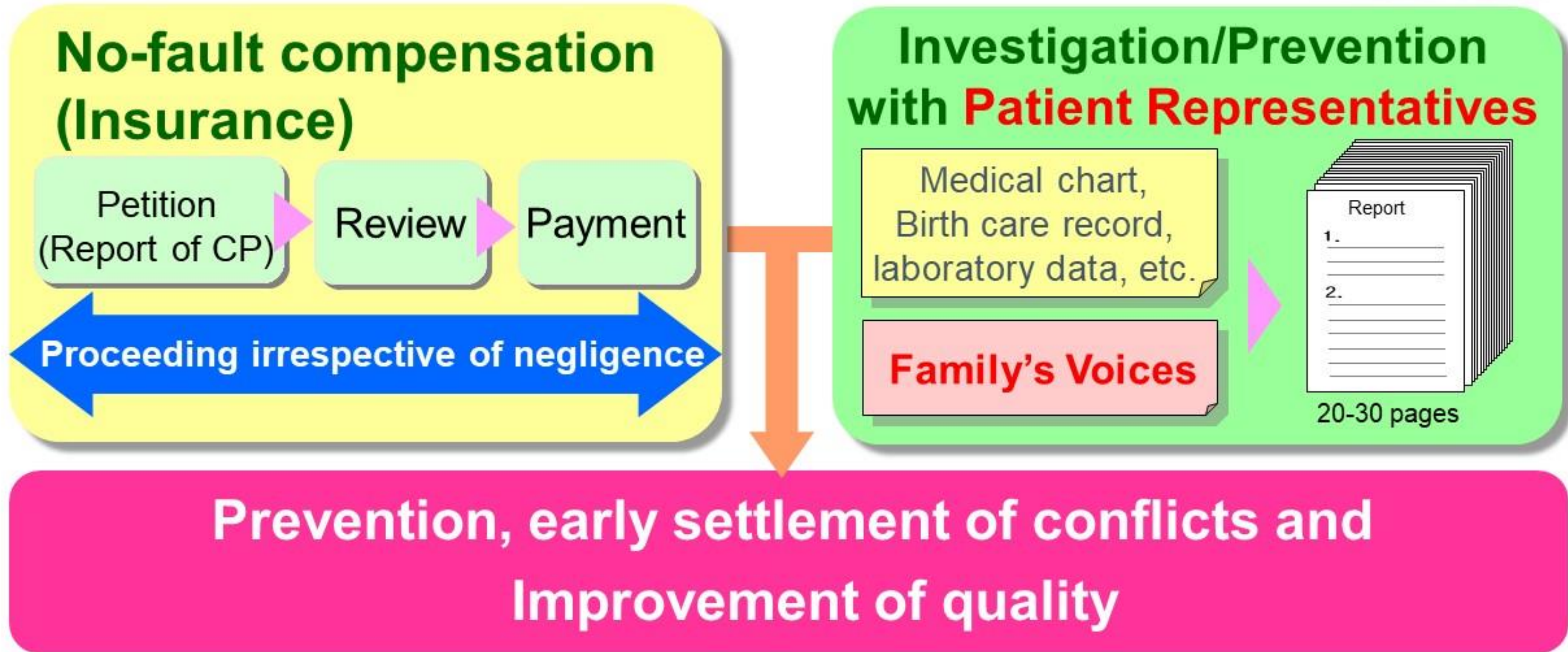
v)Strategy to spend surplus

The contracted insurance consortium reimburse insurance premium in case that surplus take place with eligible number at 300 and beyond annually. The surplus has grown to 500 million USD despite of strategically spending for a part of the premium in 2015 and later. The strategy was revised to spend more i.e. 80 USD compared with previous 64 USD to be a larger part of the premium. With reduction in the total premium price and raised surplus spending, payment by the childbirth facility is reduced to 96 USD as described in iv).

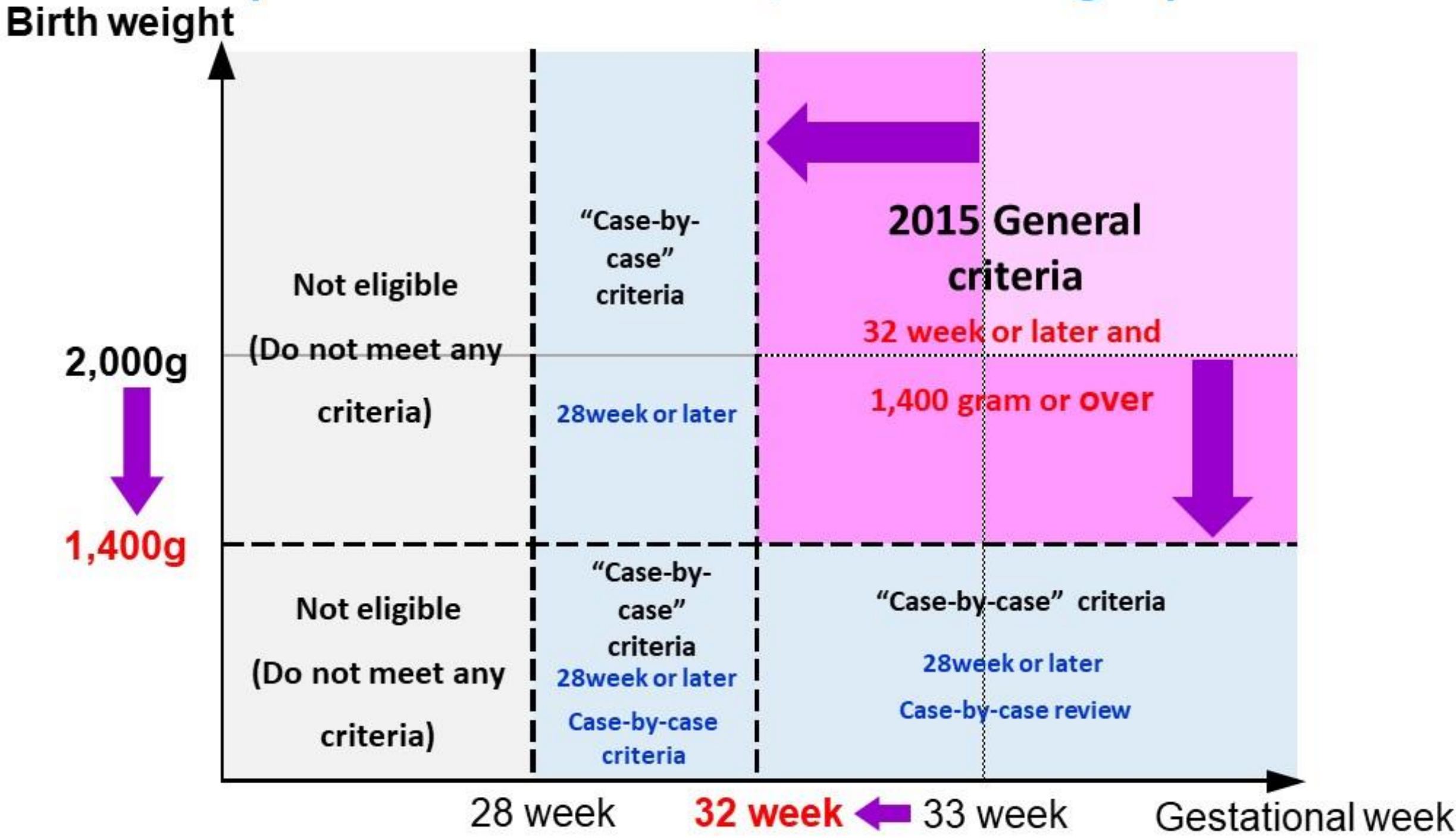
vi)Administrative cost

The current administrative cost rate is 19.1%(Y2015) compared with 41.8%(FY2015-2019) of averaged rate of General insurance products.

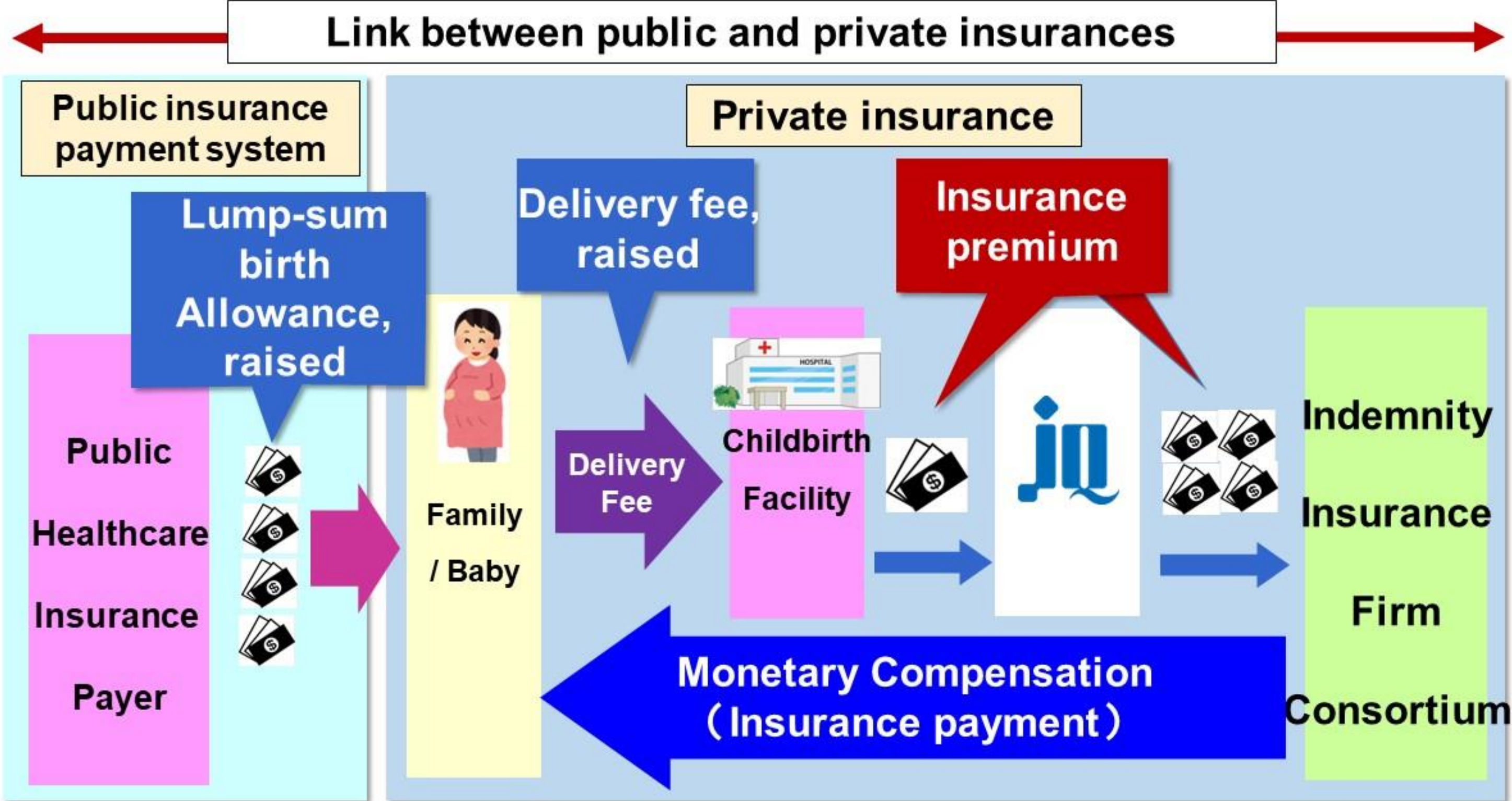
No-fault compensation/investigation/ prevention system for cerebral palsy , 2009~)



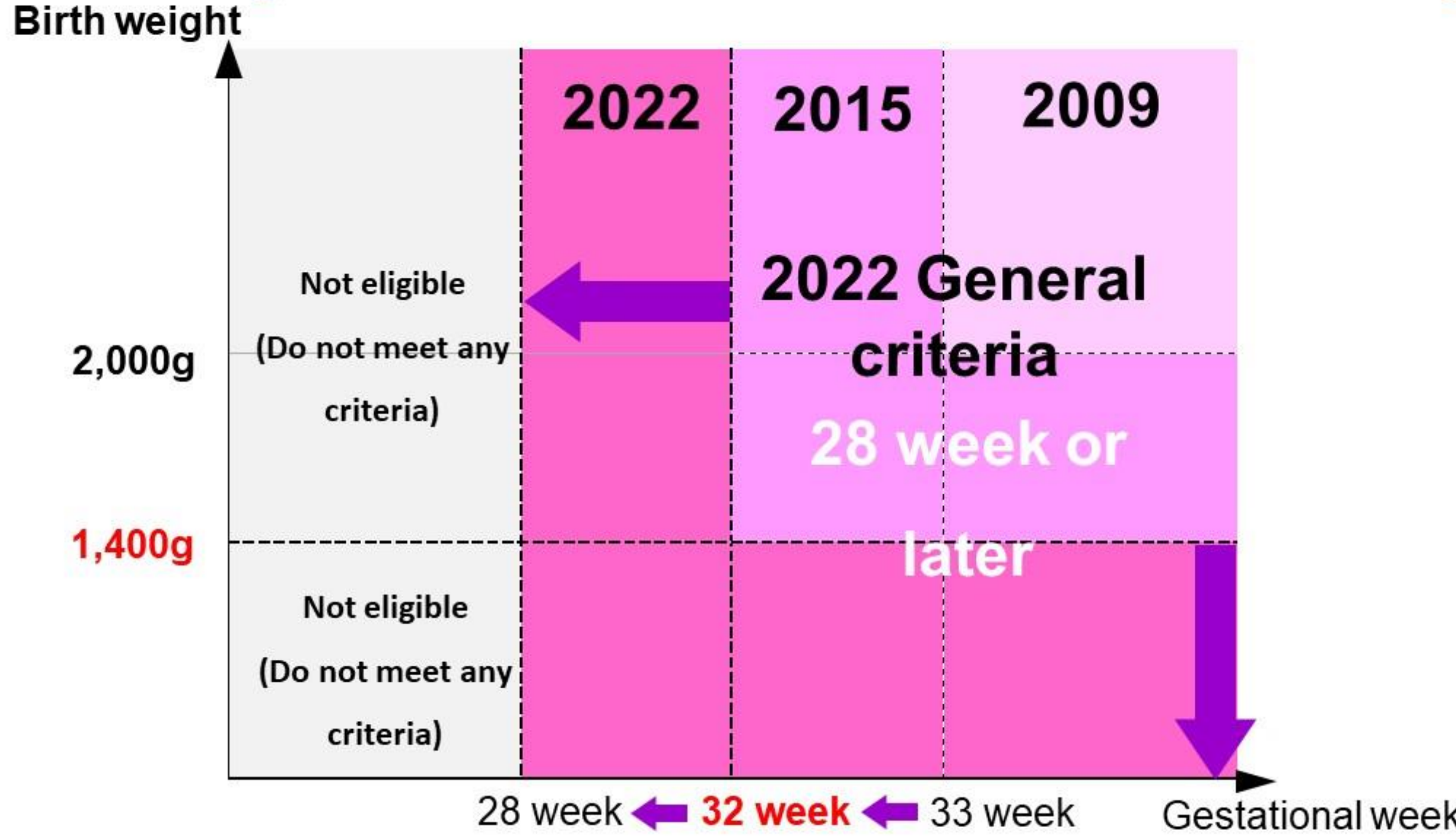
2015 Criteria (Gestational week, Birth weight)



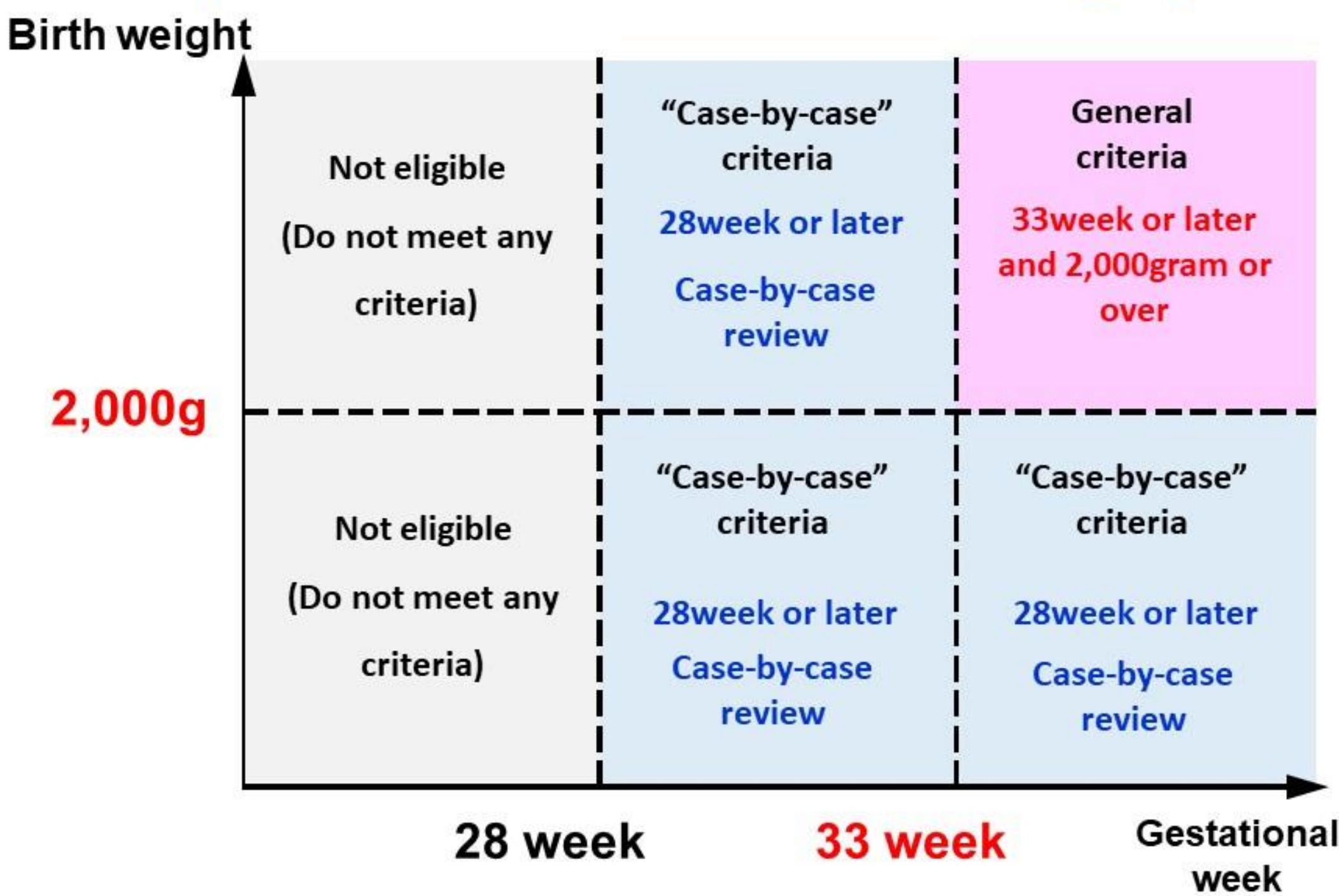
Financing scheme



2022 Criteria (provisional; Gestational week, Birth weight)



2009 Criteria (Gestational week, Birth weight)



Statistics of eligible case by birth year

(As of Nov 30, 2021)

Birth year	No. case reviewed	Eligible		Not-Eligible			Petition
		Eligible	Not Eligible	Too early to review	Total	In process	
2009	561	419	142	0	142	0	Expired
2010	523	382	141	0	141	0	Expired
2011	502	355	147	0	147	0	Expired
2012	517	361	155	0	155	0	Expired
2013	476	351	125	0	125	0	Expired
2014	469	326	143	0	143	0	Expired
2015	475	376	99	0	99	0	Expired
2016	432	363	69	0	69	0	Expired
2017-2019	1,072	873	137	59	196	3	Valid
Total	5,027	3,807	1,158	59	1,217	3	