



9th Annual Research Conference 2017



# Understanding Use of GP Services among Children in Ireland

Anne Nolan (ESRI)  
Richard Layte (TCD)





# Policy Context

- System of healthcare financing in Ireland is unusual in Europe
  - Particularly for GP services
  - Important role for PHI in financing hospital (and increasingly GP) care
  - Major reforms planned and underway
    - Free GP care for under 6s and over 70s in 2015
    - Proposed extension of free GP care to all under 18
- In this context, important to understand impact of financing system on patterns of GP visiting



# Wider Context

- Insurance/cost-sharing influences healthcare utilisation
  - Evidence from RCTs in US (RAND, Oregon)
  - And using observational data
- Why are inequities in access to healthcare a particular concern for children?
  - Demonstrated causal links between insurance, utilisation and child health
  - In turn, causal links between childhood health and later-life outcomes



# Contribution of this Study

- Previous research in Ireland largely focused on adults
- Financing system is becoming more complex (e.g., GP visit cards, PHI with cover for GP care)
- Ability to track children through time
  - Generate estimates of potential increased demand associated with medical/GP visit card eligibility



# Research Questions

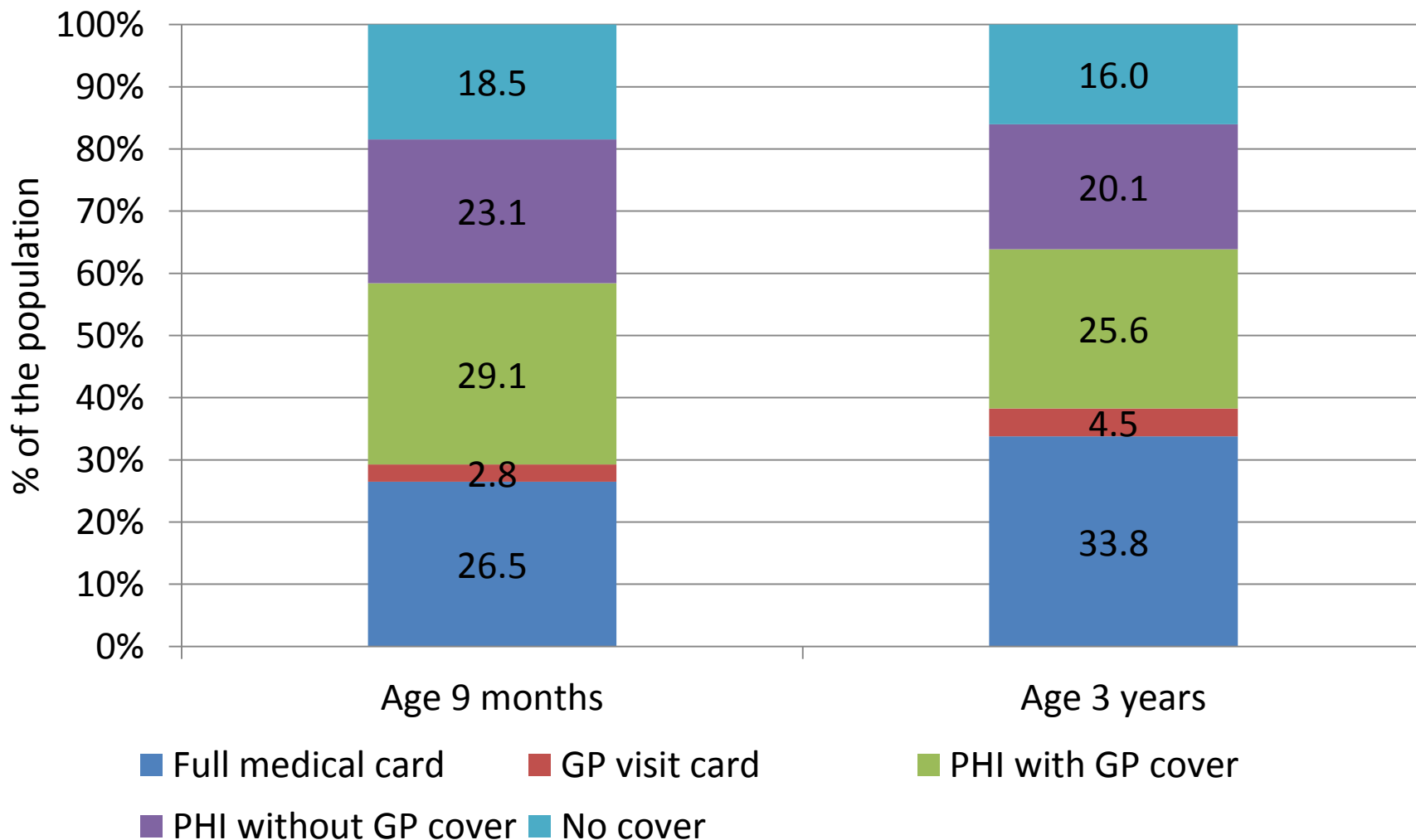
- Does eligibility for free GP care affect children's use of GP services?
- Does type of PHI cover affect children's use of GP services?
- Are user fees for GP care a particular burden on children from low income families without medical cards?
- Do parental characteristics (e.g., education, health, *etc.*) affect children's use of GP services?



# Data

- Waves 1 (9 months) and 2 (3 years) of Infant Cohort
- Key dependent variable is number of GP visits in previous 9/12 months
- Key independent variable is public healthcare eligibility
- Other independent variables
  - Child health; household socio-economic status; parental health

# Public Healthcare Eligibility

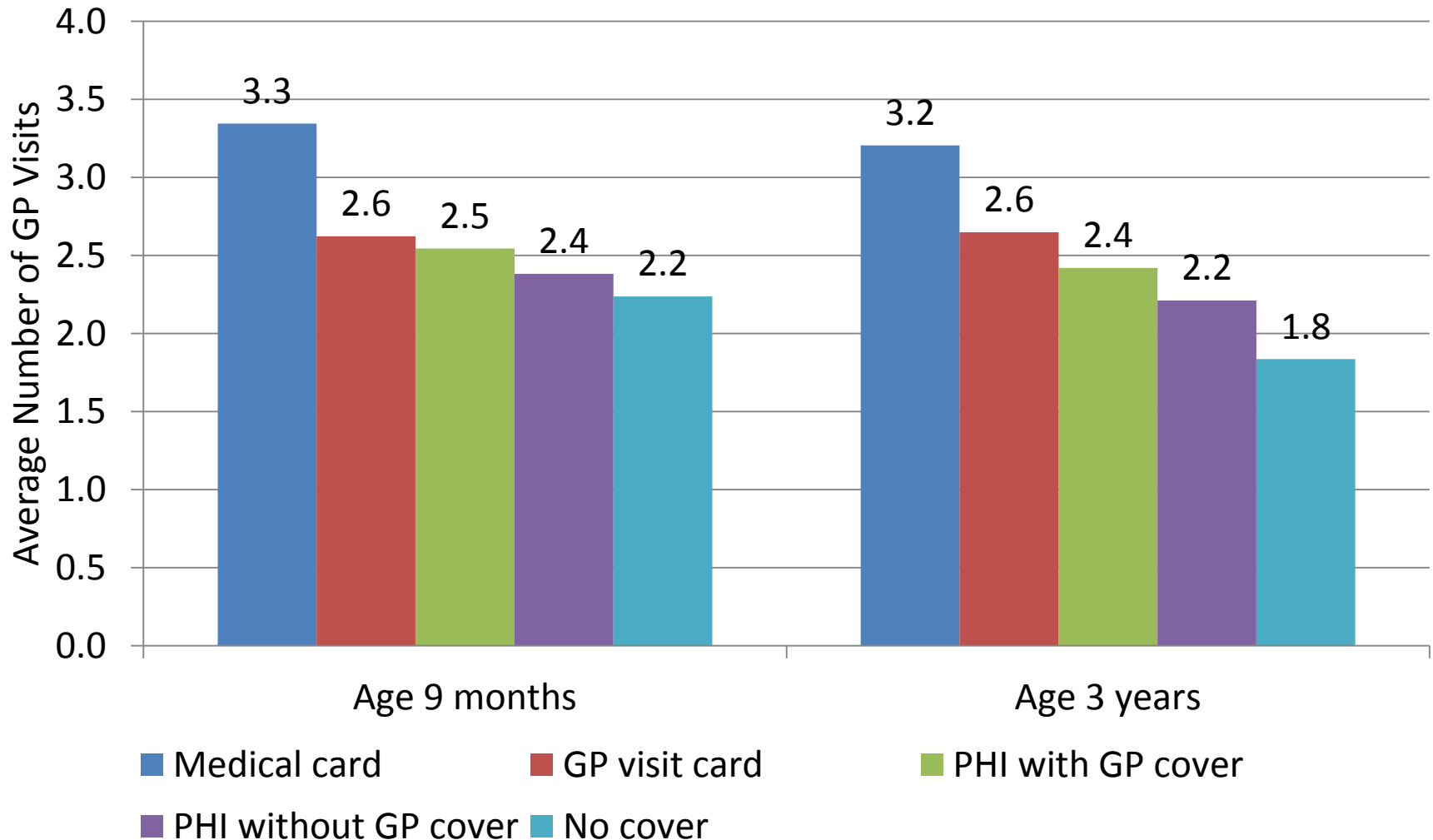


- Does eligibility for free GP care affect children's use of GP services





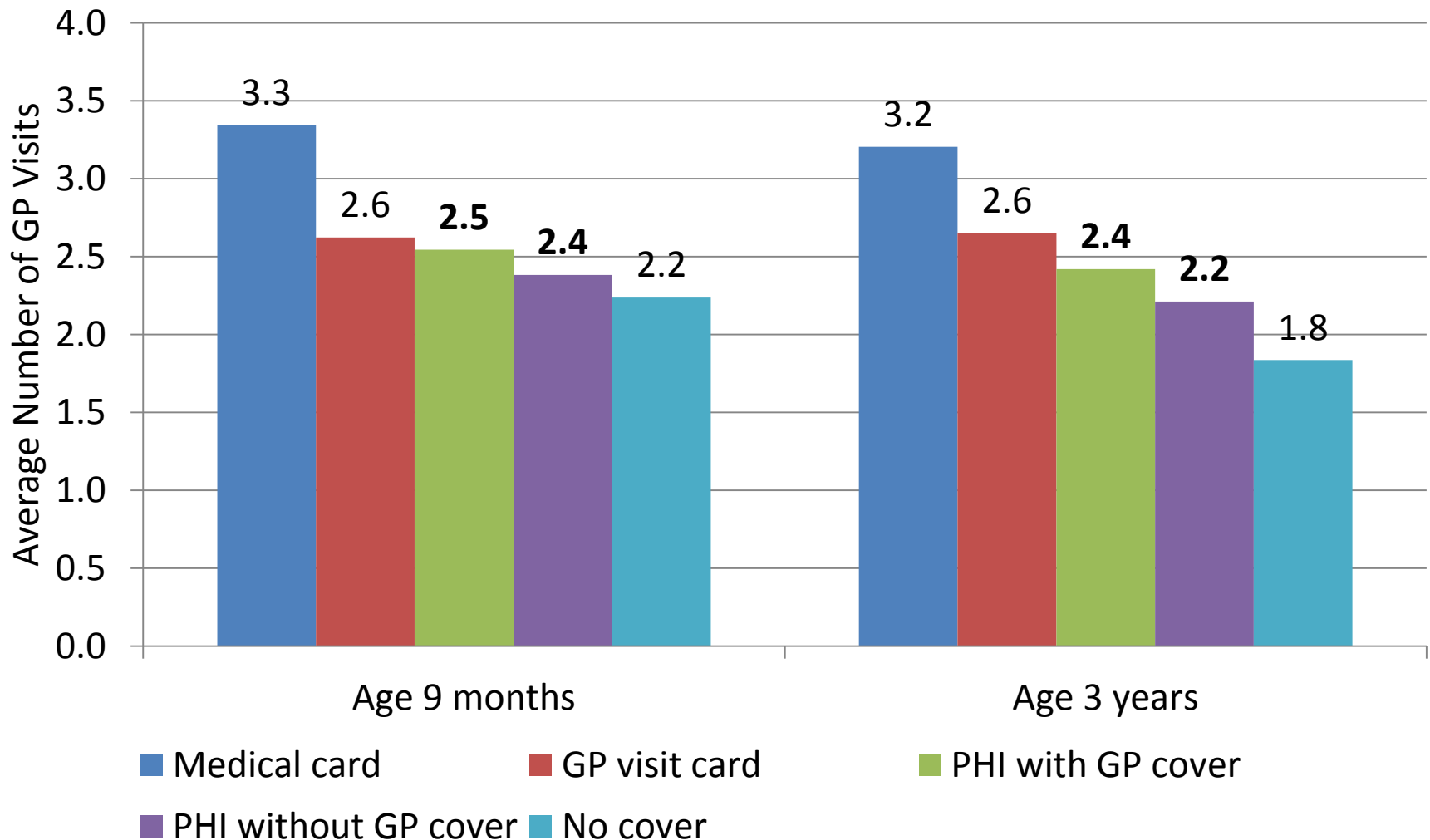
# GP Visits by Public Healthcare Eligibility



- Does eligibility for free GP care affect children's use of GP services
  - Yes
    - Significant positive effect of having full medical/GP visit card on GP visiting
    - Children 'gaining' a full medical/GP visit card have approx. 0.6 extra GP visits per annum (25 per cent)
    - Likely to be an upper bound on possible effects
    - No effect of 'losing' a full medical/GP visit card (but small sample size)

- Does type of PHI cover affect children's use of GP services?

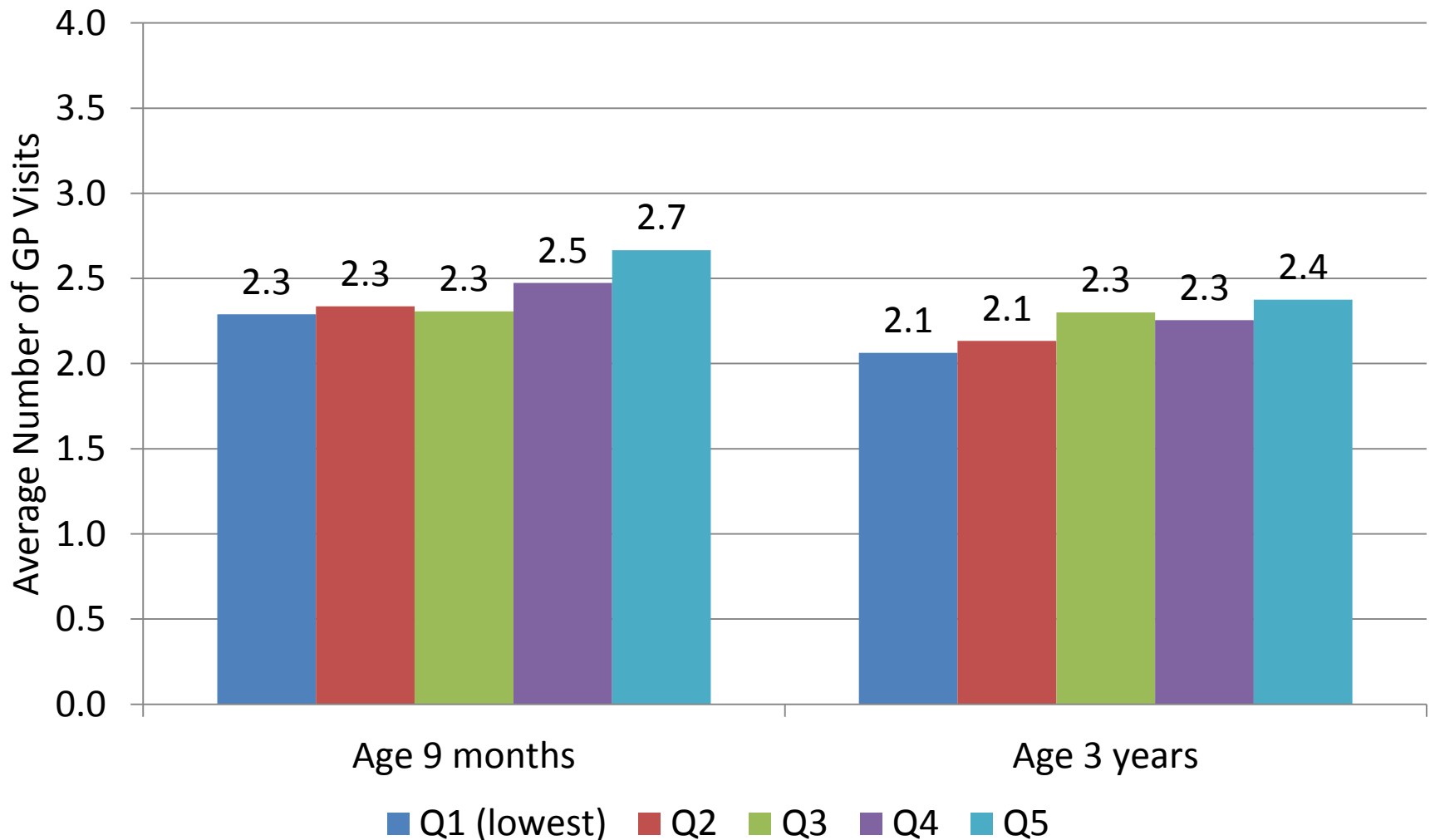
# GP Visits by Public Healthcare Eligibility



- Does type of PHI cover affect children's use of GP services?
  - Yes
    - Children with PHI with GP cover have more GP visits than those with 'no cover'
    - Even those with PHI with no GP cover have more GP visits than those with 'no cover'
      - PHI capturing other (unobserved) differences in health needs or preferences for healthcare?

- Are user fees for GP care a particular burden on children from low income families without medical cards?

# GP Visits by Income Quintile (Private Patients)



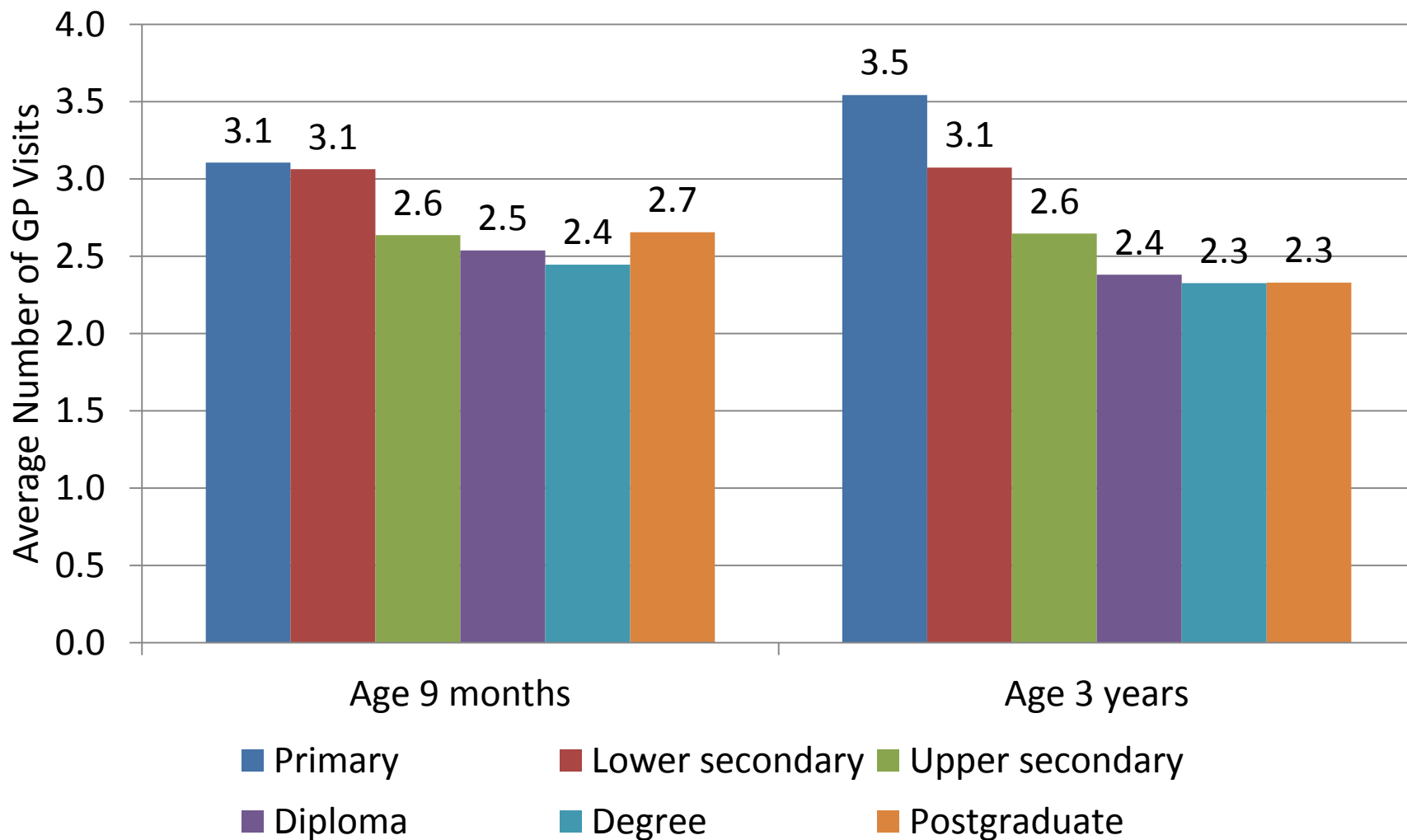
- Are user fees for GP care a particular burden on children from low income families without medical cards?
  - Yes/no
  - GP visiting rates higher for higher income children, particularly at 9 months of age
  - Reflective of timing of data collection for GUI?



- Do parental characteristics (e.g., education, health, *etc.*) affect children's use of GP services?



# GP Visits by Mother's Education Level



- Do parental characteristics (e.g., education, health, *etc.*) affect children's use of GP services?
  - Yes/no
  - Mother's health an important predictor of child GP visiting
  - Some characteristics (e.g., education, employment) no longer significant in full model



# Policy Implications

- As well as child health, public healthcare eligibility was an important determinant of GP visiting among young children
  - Research from other countries suggests that inequities in access to care have implications for health and later-life outcomes
- For children without a full medical/GP visit card, income was an important factor
  - Implies financial barriers to access (esp. 9 months)



# Policy Implications

- Longitudinal results relevant for current policy proposals
  - Suggests an increase in GP visits of 25 per cent upon receipt of a full medical/GP visit card
  - Likely to be an upper bound
  - But, an important input for policymakers in assessing the demand and capacity implications of further extensions to free GP care