ESRI ECONOMIC & SOCIAL RESEARCH INSTITUTE

Exploring the Impacts of Proposed System Change

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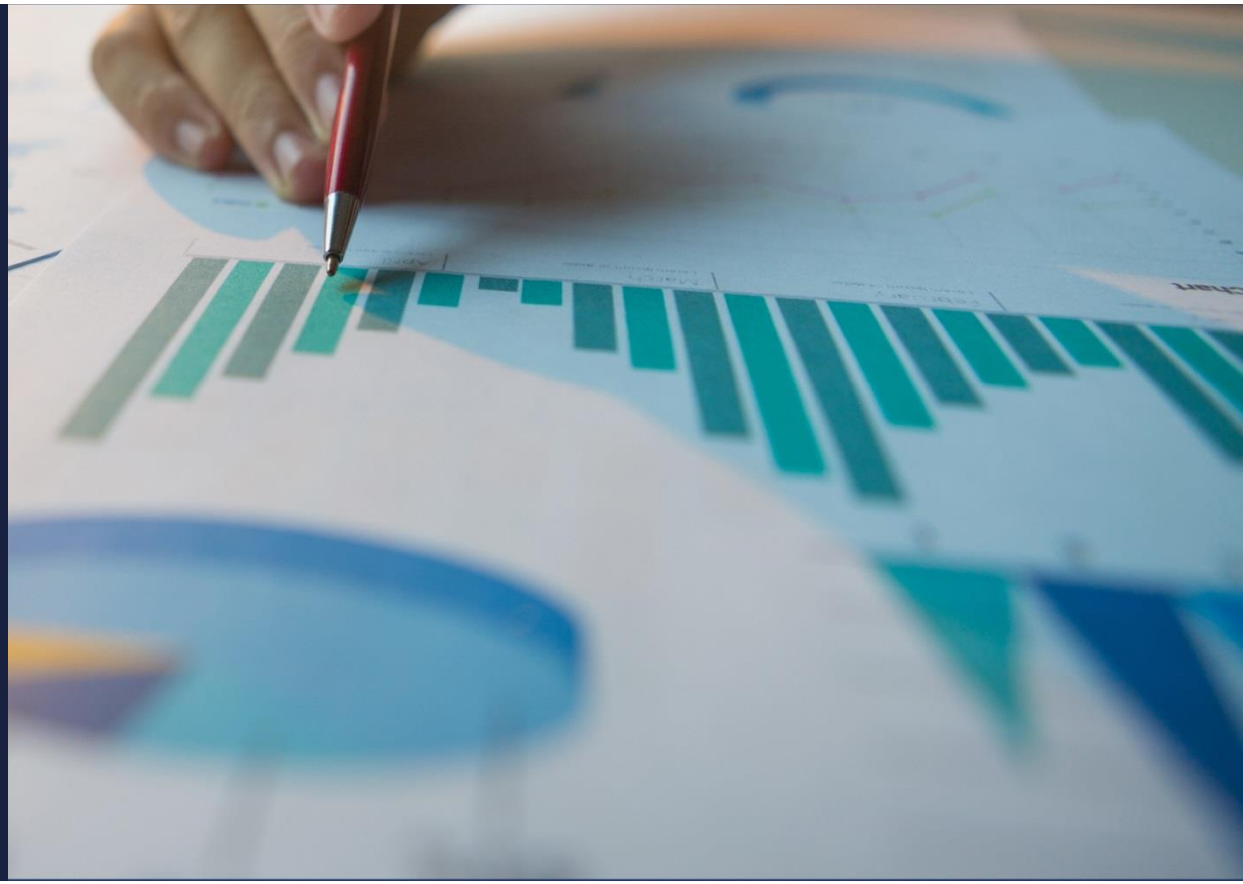
VENUE
ESRI, Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2

AUTHORS
Brendan Walsh, Sheelah Connolly, Maev-Ann Wren, Aoife Brick, Conor Keegan, Richard Whyte, Samantha Smith, James Eighan



TODAY'S PROGRAMME

Session 1: *Projecting demand for Irish healthcare*

The future population of Ireland

How health is changing

Projecting demand for Irish health and social care

Session 2: *Exploring the impacts of proposed system change*

Where care is supplied

Universal access to care

Session 3: *Panel discussion*

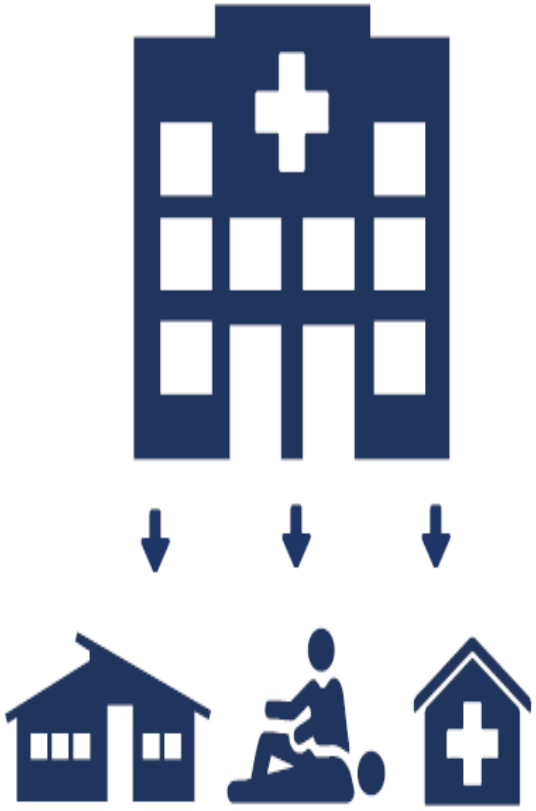
Current Model Development

- HIPPOCRATES Model was developed with the flexibility to examine issues other than projected demand
- Current development
    1. Disability and Mental Health demand projections
    2. Expenditure projections

Potential Future Model Development

- Potential to examine other issues where data and evidence are available
    1. Projected capacity and staffing needs
    2. Demand and supply projections across regions
    3. **Implications of changing where care is supplied**
    4. **Implications of implementing universal healthcare**

- Evidence from other ESRI research on substitution of care from the hospital to the community, and universal healthcare will be linked to the HIPPOCRATES model



System change…where care is supplied

An Inter-sectoral Analysis by Geographic Area of the Need for, and the Supply and Utilisation of, Health Services in Ireland

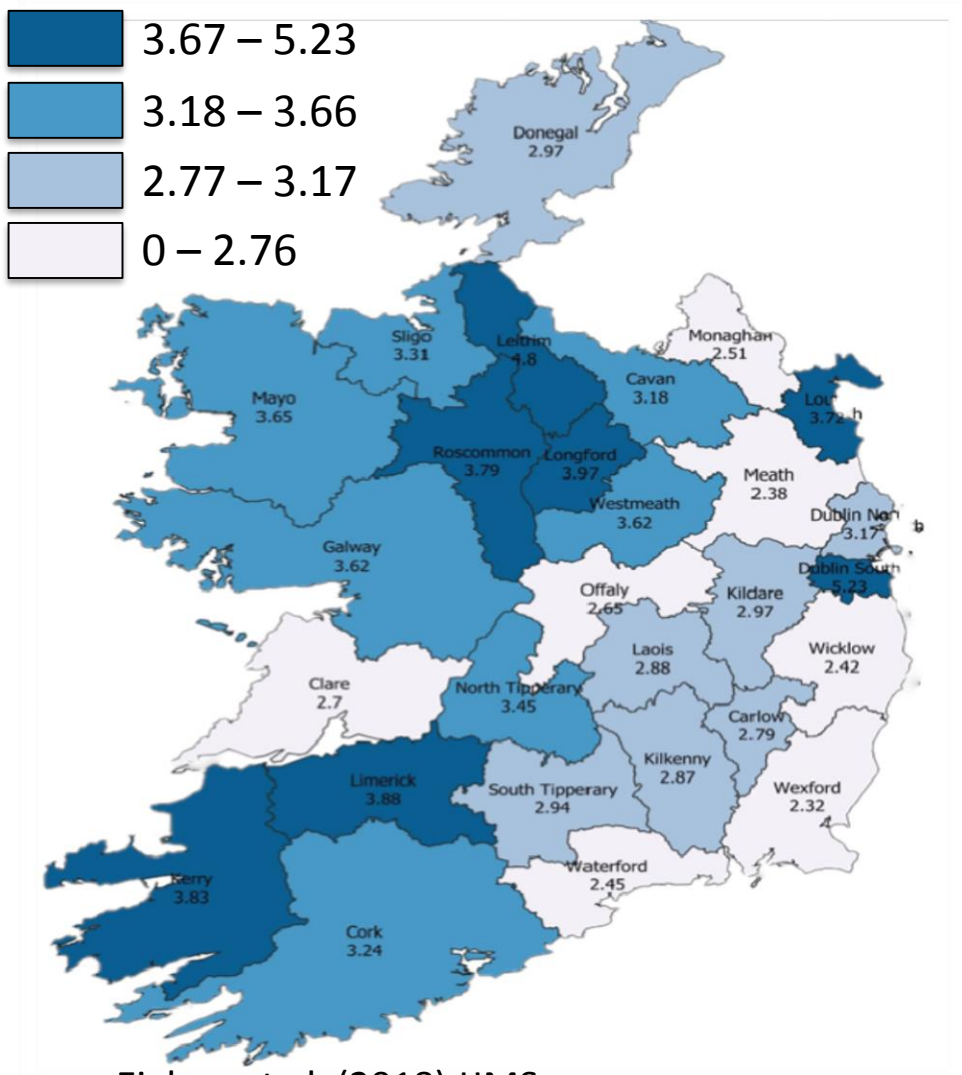
- Project funded by Health Research Board (2015-2019)
- 3 key priorities
  1. Map the supply of primary care, community-based therapy, home care and long-term care across regions
  2. Examine public hospital bed capacity and length of stay
  3. Examine the substitution of hospital and non-hospital care

Map the Regional Health and Social Care Supply

- Community-based therapy and primary care supply per capita across counties in Ireland
  - **General Practitioners (GPs)**
  - **Public Health and Community Nurses**
  - **Physiotherapists – Public and Private**
  - **Occupational Therapists**
  - **Speech and Language Therapists**
- Eligibility and healthcare need also across counties
  - **Medical Card / GP Visit Card Holders**
  - **Population aged 65+/85+**
  - **Mortality and Morbidity rates**

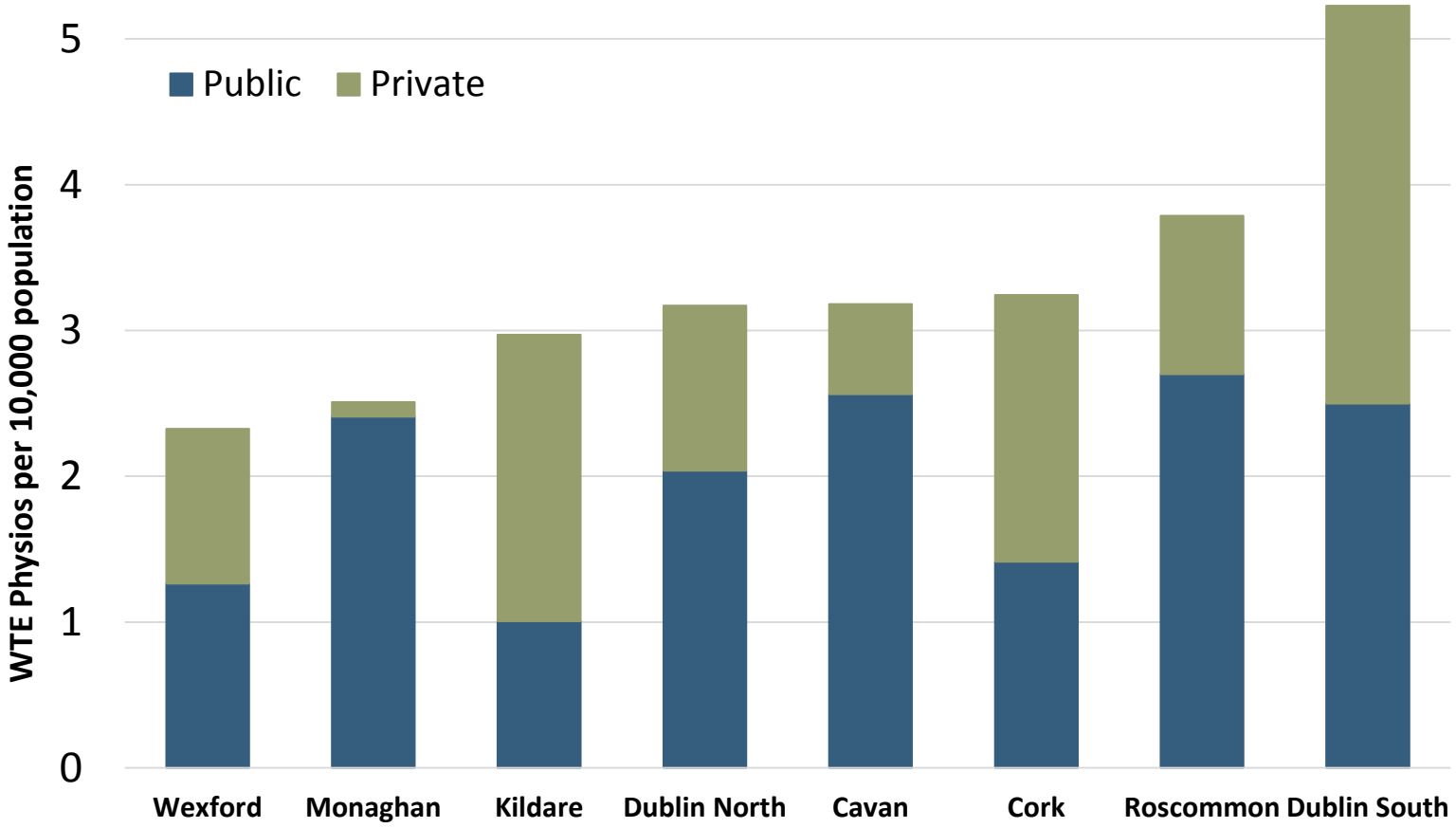
(Eighan et al. 2018) WTE Community Physiotherapists (Public & Private) per capita

- Whole-Time Equivalents (WTE) account for full-time and part-time working patterns
- Supply per-capita differs across counties
  - *Wexford: 2.32 per 10,000*
  - *Dublin South: 5.23 per 10,000*
- Regional variation remains when Medical Card holders and other healthcare needs are controlled for



Source: Eighan et al. (2018) IJMS

(Eighan et al. 2018) WTE Community Physiotherapists (Public & Private) per capita



Hospital Bed Supply

- Ireland has amongst the lowest inpatient bed capacity per capita and the highest public hospital inpatient bed occupancy in Europe (OECD. 2015)

- Department of Health's *Health Service Capacity Review, 2018*
  - Estimates that by 2031 an additional 2,590 – 7,150 hospital beds will be required
  - Meeting projected demand with the lower bed number is very ambitious and is dependent upon:
    1. Substitution between hospital and non-hospital care
    2. Increasing primary, community and long-term care supply significantly

Hospital and non-Hospital Substitution: International Evidence

- **Substituting using GP care**
  - Evidence on substitution are mixed – health system matters
    - Longer GP Opening Hours reduces ED use (Dolton 2016; Whitaker et al. 2017)
    - Continuity of GP care reduces hospitalisations (Huntley et al. 2014; Barker et al. 2017)
    - Evidence of impact of GP supply on avoidable hospitalisations and overall healthcare costs is ambiguous (Starfield et al. 2005; Casalino et al. 2014; Vuik et al. 2017)
    - Reducing the costs of a GP visit has been shown to increase hospital use (Keaster & La Sasso 2015; Bradley et al 2015; Callison & Nguyen, 2017)

Hospital and non-Hospital Substitution: International Evidence

- **Substituting using Community Therapy, Home Care & Long-Term Care**
  - Positive evidence on substitution
    - Increasing LTC exp. reduces hospital exp. (Forder, 2009)
    - Home care can substitute for hospital care (Lichtenberg 2012)
  - Integration of hospital and non-hospital care important
    - *"Although there are substitution possibilities between health and social care, simply increasing the provision of the latter without making arrangements to* ***co-ordinate/integrate*** *will be the least effective strategy"* (Wanless et al. 2005)

Hospital and non-Hospital Substitution: Irish Evidence

- **Substituting using GP care**
  - Regions with a greater number of GPs had lower hospitalisation rates for respiratory disease (COPD) (Sexton & Bedford, 2015)
  - Reducing GP Visit costs (e.g. gaining a medical card/GP visit card) increased use of GP care (Nolan, 2011; O'Callaghan et al. 2018)
    - Did not reduce avoidable hospitalisations (Nolan, 2011)
    - Did not reduce use of EDs (Ma and Nolan, 2018)

- **Mechanism used to accomplish substitution is important**
  - Type of care being examined (GP vs. long-term care)
  - Expansion of non-acute supply (e.g. community therapists)
    - Integration of care vital
  - Expanding access (e.g. free GP care)
  - Private care?

Current ESRI Research on Substitution

1. **Expansion of non-hospital care supply**
   - "Does the supply of community therapy, home care and long-term care in a region reduce inpatient length of stay?"
2. **Expanding Access**
   - "Did the expansion of free GP care to under 6s reduce Emergency Department (ED) use?"

- Findings from these studies will be linked to the HIPPOCRATES model to examine how policy changes could affect demand and capacity requirements across services

System change …universal healthcare

Issues Around Accessing Healthcare in Ireland

- Ireland unusual in the European context in not providing universal, equitable access to healthcare

- Evidence that cost is acting as a barrier to accessing healthcare
  - **O'Reilly et al (2007)** 19% of patients did not consult the doctor due to cost
  - **Connolly and Wren (2017)** 4% reported an unmet need, 59% of whom attributed it to cost

- Long waits for public hospital care

The Move Towards Universal Healthcare

- **2011** Government commitment to a universal healthcare system …

  …*designed according to the European principle of social solidarity: access will be according to need and payment will be according to ability to pay*

- The proposals included
  - GP care free at the point of use
  - Special delivery unit to reduce waiting lists
  - Financed by Universal Health Insurance (UHI)

- **2014** Government White Paper – The Path to Universal Healthcare: White Paper on UHI

(Wren et al., 2015) An Examination of the Potential Costs of Universal Health Insurance in Ireland

- Examined the potential effects on Irish healthcare expenditure of the White Paper proposals
- Much uncertainty … basket of services, change in behaviour on demand and supply side …
- Estimated that healthcare expenditure would increase by between 3.5% and 10.7% in 2013

The Move Towards Universal Healthcare

- Following publication of the costing analysis, the Minister for Health announced that

  '*the high costs for the particular model of health insurance … are not acceptable, either now or any time in the future*'

- Subsequently this model of UHI disappeared from the political agenda

- 2016 Programme for Government: Commitment to free GP visits for under 18s

(Connolly et al., 2018) Universal GP Care in Ireland : Potential Cost Implications

- Identified three scenarios to cost the impact of GP care free at the point of use on healthcare expenditure (2013)
- Uncertainty … GP visiting rates, changes in behaviour on demand and supply side
- Estimated an increase of between 16.7% and 18.7% in GP-visiting
- Increase of between 1.8% and 3.4% on public healthcare expenditure (2013)
- Increase of between 0% and 1.2% on total healthcare expenditure (2013)

Universal Healthcare … Revisited

- **2016** All-party political committee established …to develop long term vision for healthcare in Ireland

- **2017** Final report – Sláintecare
  - Free GP care
  - Increasing public healthcare expenditure and capacity
  - Tax-funded

- **2018 (and beyond) ?**

Universal healthcare – What are the Prospects for Reform?[1,2]

- Defining universal healthcare
- Funding
- Public support
- Stakeholders

1 Wren and Connolly (2016)
2 Wren and Connolly (2017)

Achieving Universal Healthcare in Ireland – Potential Costs, Outcomes and Challenges

- Three year project (2018-2020) funded by Health Research Board

- Will address issues around

    1. Framework for measuring universal healthcare in Ireland
    2. Barriers to universal healthcare
    3. (Linking to the HIPPOCRATES model) will examine costs and selected outcomes associated with alternative approaches to achieving universal healthcare
    4. Estimating capacity needs of universal healthcare

References

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2. Wren, M. A., S. Connolly, et al. (2015). An examination of the potential costs of universal health insurance in Ireland. Dublin, Ireland, Economic and Social Research Institute.
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4. Connolly, S. and M.A. Wren (2017). *Unmet healthcare needs in Ireland: Analysis using the EU-SILC survey.* Health Policy **121**(4): p. 434-441.
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