Refocusing healthcare resources

Will Primary Care finally get the investment it needs to keep people out of hospital?

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Any bets?

What I'm talking about

- Well known challenges facing Irish health care
  - I take A/E crowding to be a symptom of these, not a problem in itself
- What are we doing now?
- Are we going to get any more money?
- Some implications of this.
- A modest proposal
- A very immodest proposal

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Challenges

- An ageing population
  - Roughly 60,000 more people over 65 every year
- More cases of most chronic diseases, much of which is due to ageing and obesity
- Falling smoking rates
- Falling heart disease rates
- Increase in the number of people needing long term care
- All well known

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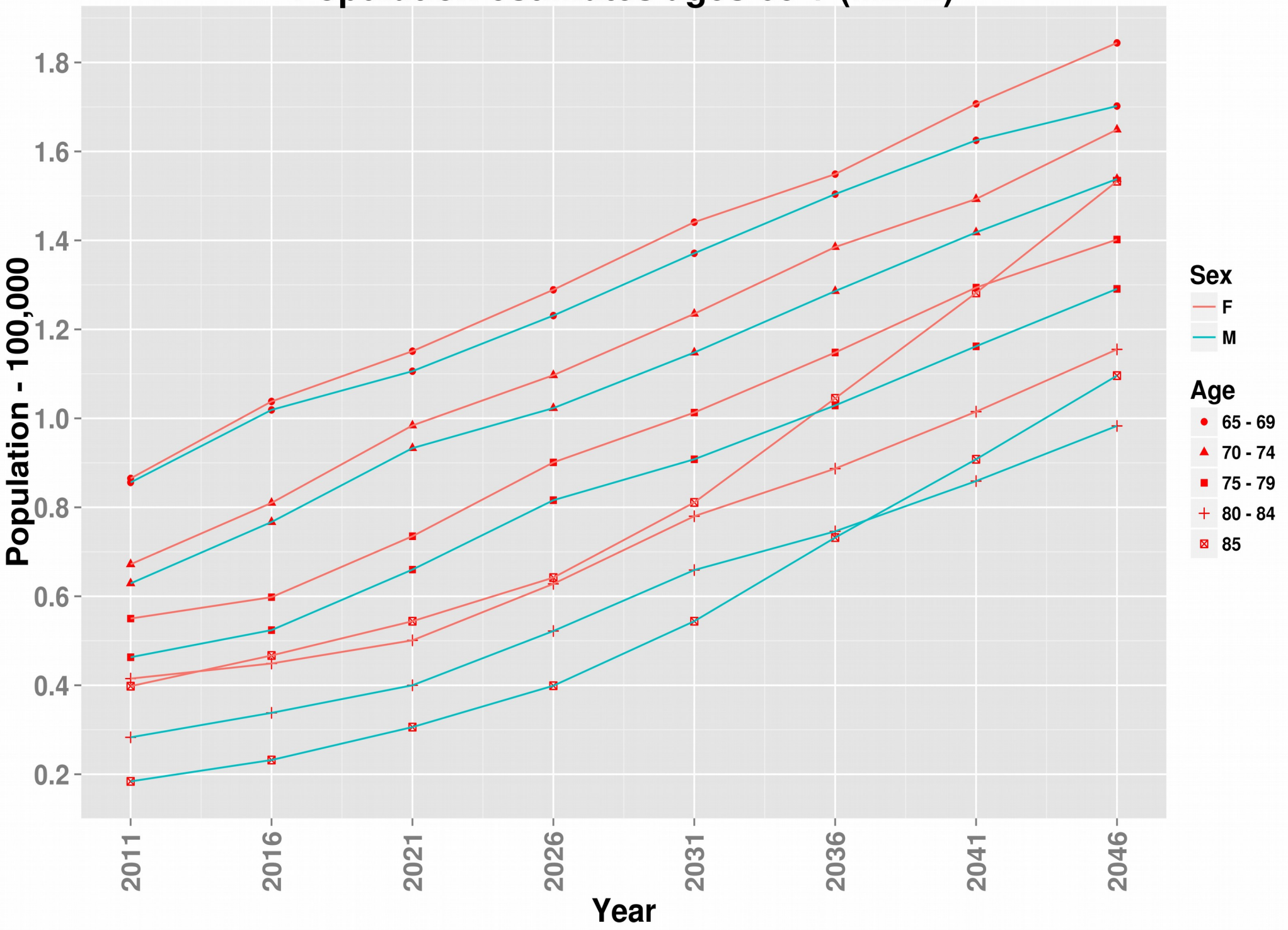
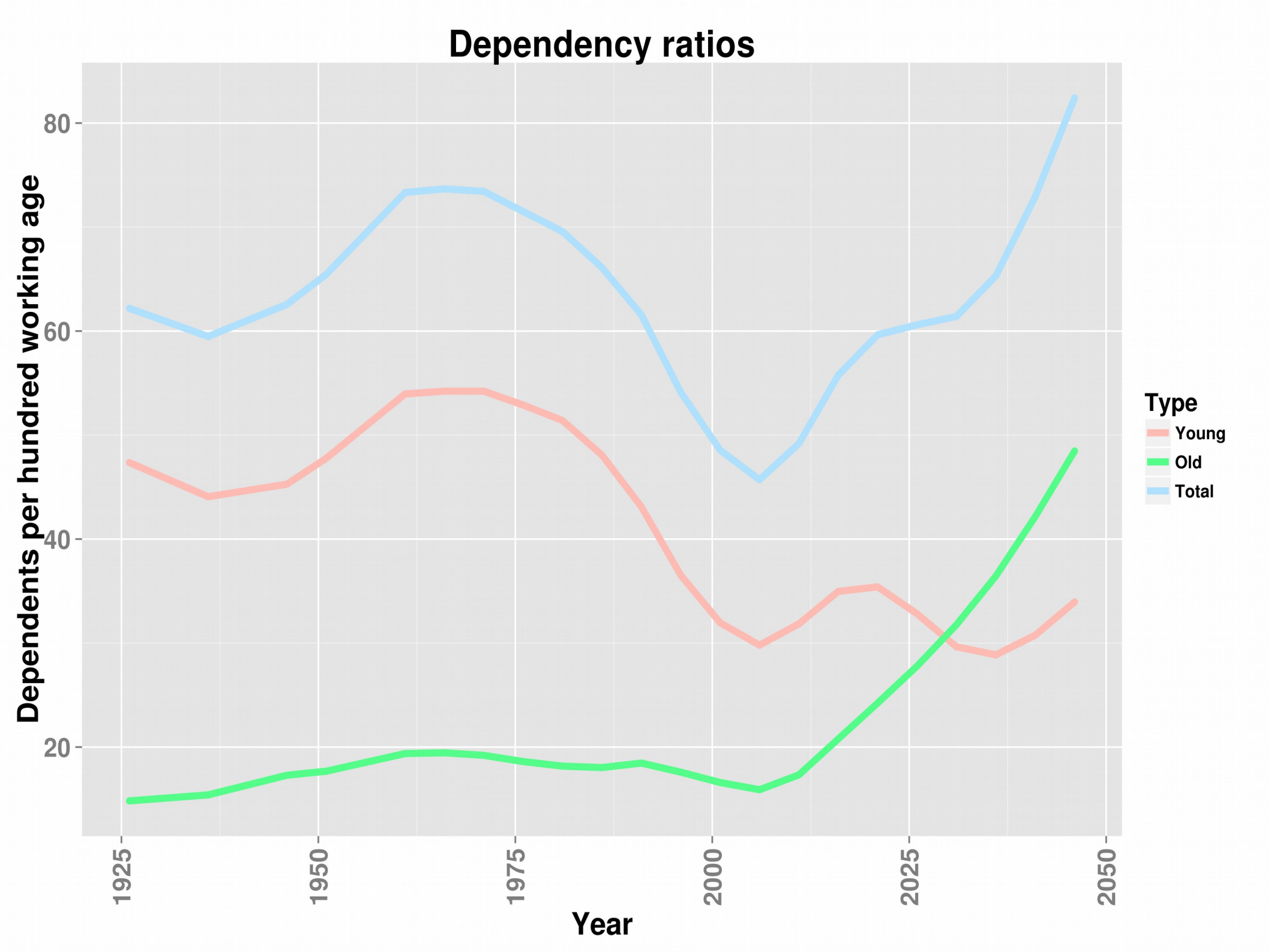
A/E crowding specifically

- A/E tries to do too much
  - Emergency care
  - Urgent care
  - Social care
  - Hospital gatekeeper
- A lot of this can be offloaded to more appropriate services
- Easier to say than to do!


Population estimates ages 65 + (M2F2)
Population - 100,000
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
0.2
2011
2016
2021
2026
2031
2036
2041
2046
Year
Sex
F
M
Age
65 - 69
70 - 74
75 - 79
80 - 84
85


Dependency ratios
Dependents per hundred working age
80
60
40
20
1925
1950
1975
2000
2025
2050
Year
Type
Young
Old
Total

Causes of longer lives

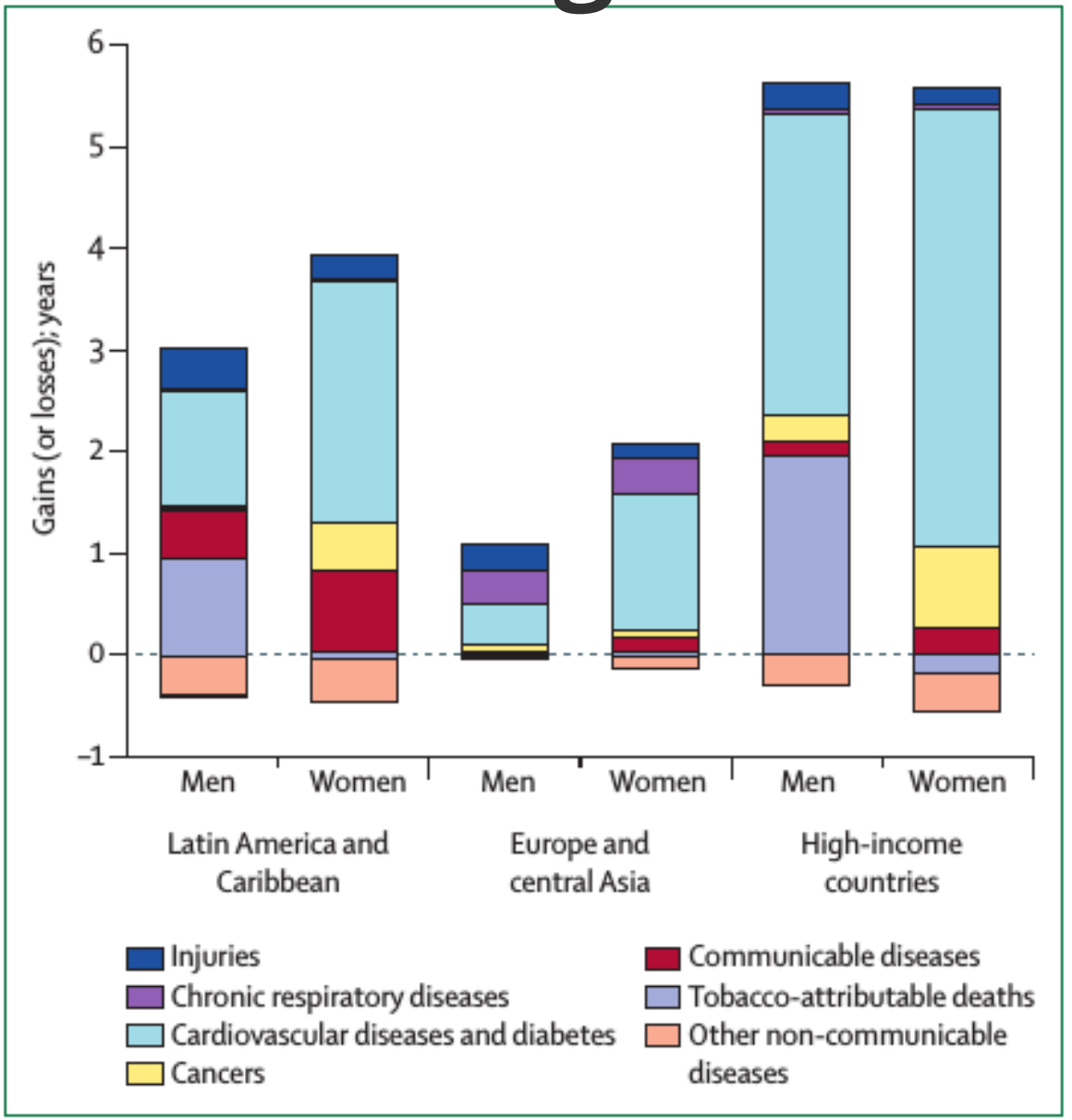


***Figure* 2: Cause contributions* to gains in life expectancy at age 60 years from 1980 to 2011**

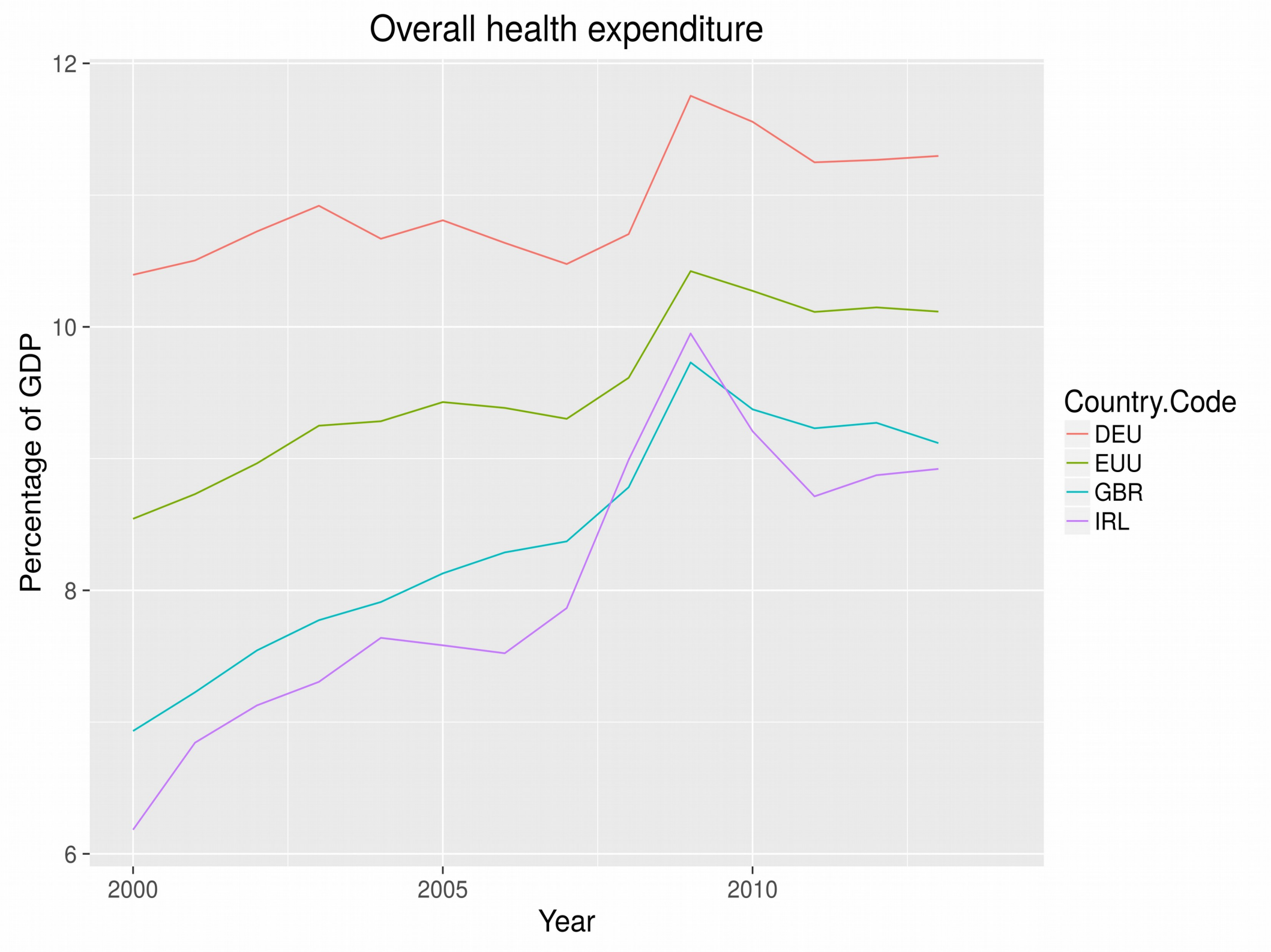
Mathers et al, Lancet Feb 17th 2015

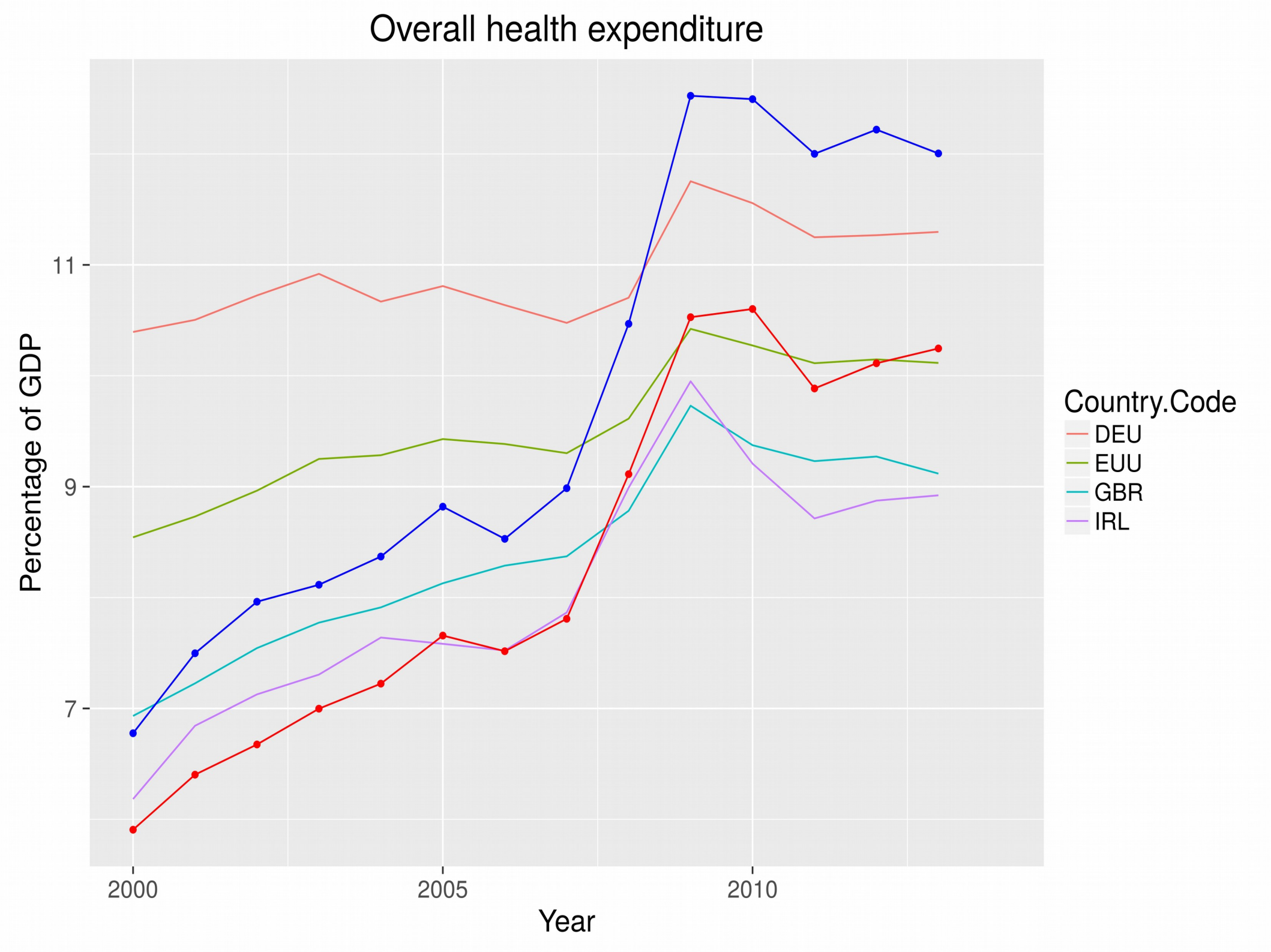
Media issues

- Trolley counts
- Waiting lists
- Prescription co-payments
- Too many managers
- Unacceptable care
- Greedy useless […] except, of course, those looking after me

Finance

- We pay quite a bit for our health services
- In fact, we pay more than we had realised, as Ireland only published health accounts comparable with the rest of the world in late 2015.
- We pay quite a bit more than most EU countries, both as a share of our economy, and in cash terms
- It would be very hard to argue that we have one of the better health services in Europe


Overall health expenditure
12
10
8
6
Percentage of GDP
2000
2005
2010
Year
Country.Code
DEU
EUU
GBR
IRL


Overall health expenditure
Percentage of GDP
11
9
7
2000
2005
2010
Year
Country.Code
DEU
EUU
GBR
IRL

What is going on?

- Historical contingency
- Understandably, the health services here followed the UK model, with a big private and philanthropic element
- We missed the UK reforms of the 1940's leading to the NHS
- There has been great resistance to the idea of universal health care here

Results

- Complex, multi-payer system, high out-of pocket costs
- Free-ish hospital and outpatient care
- Lots of subsidised private health care
- Quite expensive general care for most
  - These produce a rats nest of perverse incentives
- Limited access to other primary care services, except for medical card holders
- Under-funded and under-developed primary care

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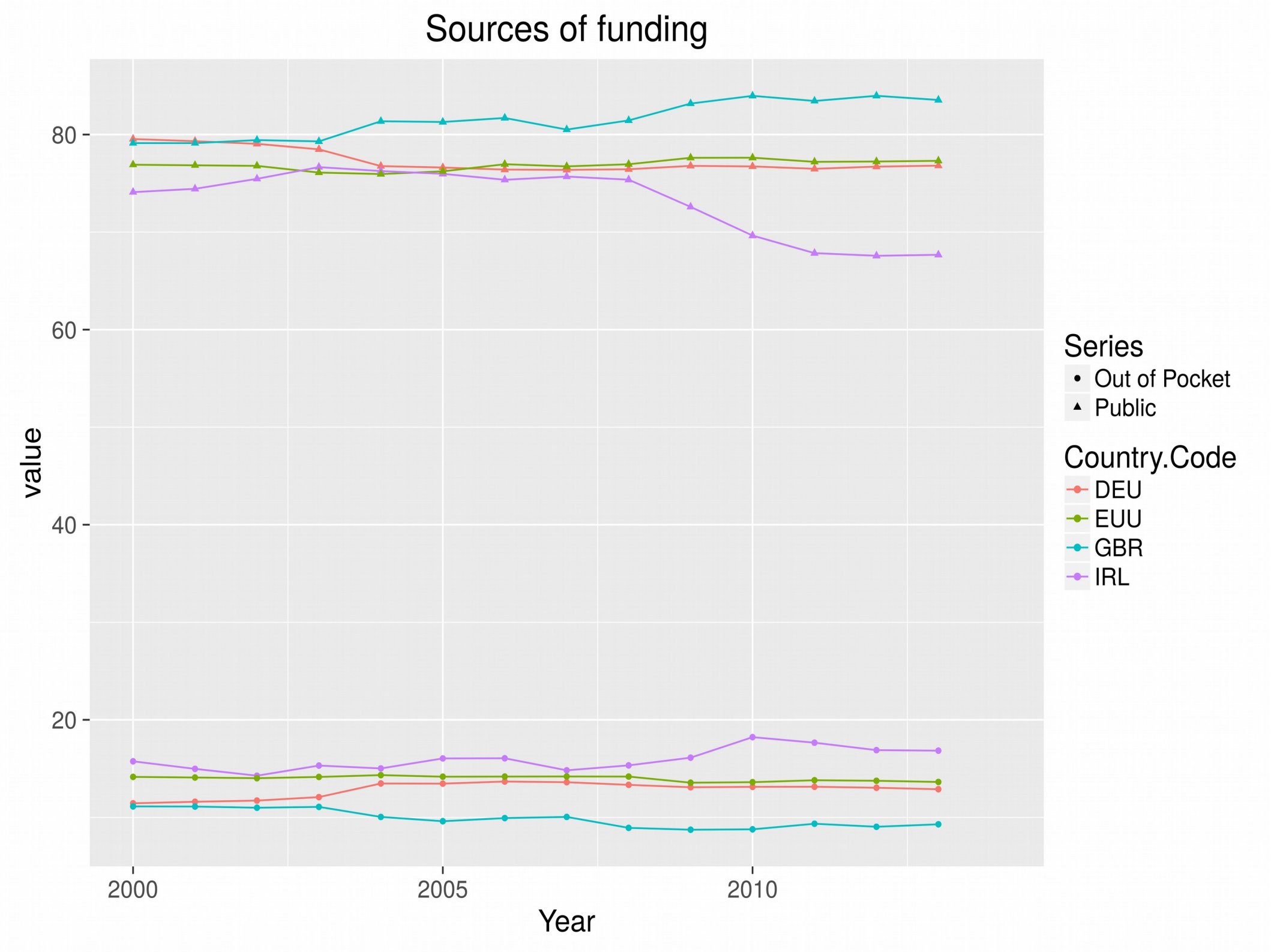
Why does this matter

- Most health care, by far, is self care
- Most health care encounters are in general practice
- Our GP contract was intended to pay for acute care, although it has been reviewed since the start
- Most health care encounters are for management of long-term illness
- Many of these, and much of the costs, is for the care of people with more than one chronic illness


Sources of funding
80
60
40
20
value
2000
2005
2010
Year
Series
Out of Pocket
Public
Country.Code
DEU
EUU
GBR
IRL

Are we going to get any more money?

Table 1 from SHA report

Table 1: Current Health Care Expenditure by Financing Scheme, 2013			
ICHA-HF Code			**%**
HF.1	Govt Financing Schemes and Compulsory Contributory Health Care Financing Schemes	€13,082	71
HF.1.1	Government Schemes	€13,026	71
HF.1.2	Compulsory Contributory Health Insurance Schemes	€56	0
HF.2	Voluntary Health Care Payment Schemes	€2,637	14
HF.2.1	Voluntary Health Insurance Schemes	€2,177	12
HF.2.x	Other Voluntary Payment Schemes	€460	3
HF.3	Household Out-of-Pocket Payments	€2,667	15
HF.1-HF.3	Total Current Health Care Expenditure	€18,387	100

Source CSO website December 2015
http://www.cso.ie/en/releasesandpublications/er/sha/systemofhealthaccounts2013/

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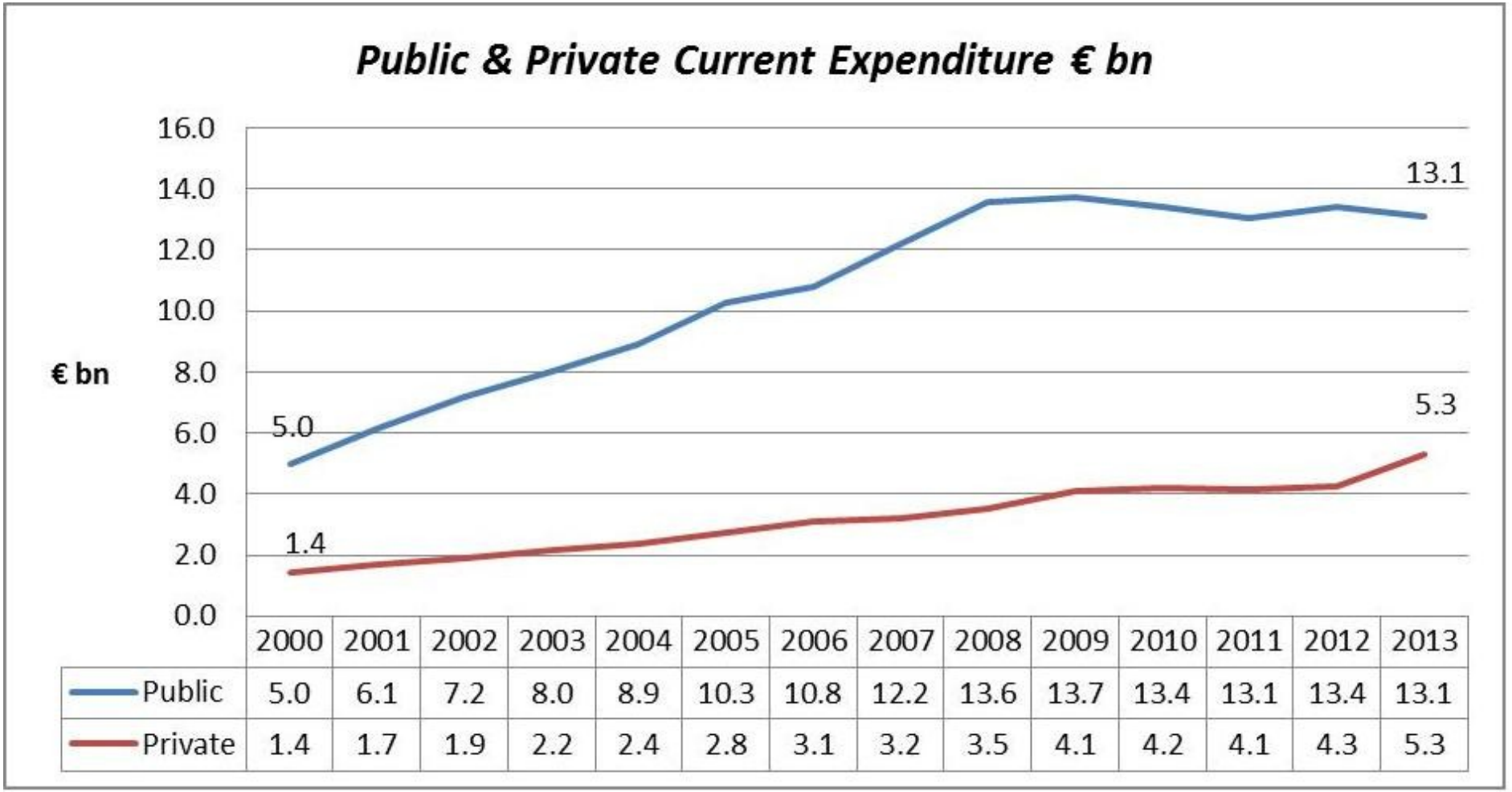
Graph of cash spending



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Public	5.0	6.1	7.2	8.0	8.9	10.3	10.8	12.2	13.6	13.7	13.4	13.1	13.4	13.1
Private	1.4	1.7	1.9	2.2	2.4	2.8	3.1	3.2	3.5	4.1	4.2	4.1	4.3	5.3

Source Public Policy.ie Dec 2015
http://www.publicpolicy.ie/irish-health-spending/

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What is the Irish health system asked to do?

- Relief of suffering
- Acute care
- Supporting self-care
- Chronic care
- Supporting health, preventing disease
- Long-term care
- Social care

What do we want it to do?

- Health care systems are a key part of the identity of a country
- It's not an accident that the opening of the UK Olympics was a celebration of the NHS
  - (even if a bit too focused on hospital care!)
- Are we proud of our health care systems in the Republic of Ireland?
- Who loves the HSE?

Are we going to get any more money?

Politics

- There's a general election on
- Health is well up the agenda, but not at the top
- Every party has put some proposals on health into their manifestos

AAA/PBP

- To create a National Health Service: free at the point of use and paid for through progressive central taxation.
- Abolish HSE, and replace with elected Community Health Councils
- Little detail given

Fianna Fáil

- Focus budget on primary care
- Not very clear on GP care vs. primary care
- Specific disease strategies
- 250 extra GPs, 500 extra consultants
- Hospital focused investment

Fine Gael

- Abolish HSE! Independence for Hospital Groups and CHOs
- 4,500 extra staff, almost all in hospital sector
- Big increase in activity for general practice, but no concomitant increase in resources

Green Party

- Patient centred care
- Single tier health system
- Expand GP services & role of PHNs
- Old-fashioned ideas for care
- Improved financial management

Labour

- Primary care focus, with cabinet minister
- Big investment in hospital beds and staff
- Large increase in GP numbers, but less clear on their staff and how they can be funded

Renua

- National health forum to build a 20 year plan
- More competition between hospitals
- Better mental health services
- Annual health checks in general practice!

Sinn Féin

- Big investment to move to universal healthcare
- Move to free GP care for all
- Not very clear on GP care vs. primary care

Social democrats

- Single tier system, modelled on NHS
- Move care from hospitals to primary care
  - Less clear about moving resources
- Free GP care for children
- Not very clear on GP care vs. primary care

Common elements

- Wider access
- More staff and beds in acute hospitals
- More primary care activity
- Nod to prevention
- Sugar tax!
- Utter confusion about the difference between general care and primary care
- Little sign of any plans to move resources to primary care

That would be a 'no' then

Primary care

General Practice

The difference between them

Primary care, Barbara Starfield

- 'the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practising in the context of family and community'.
- This is largely GPs and people working in general practice, in our system

Primary care, HSE

- 'Primary Care services mean all of the health or social care services that you can find in your community, outside of the hospital setting. This includes GPs, Public Health Nurses and a range of other services provided through your Local Health Office'
- A division of HSE which employs a large number of staff who work in the community

GPs

- The 3,580, or so, GPs in Ireland are independent contractors, or the employees of independent contractors, working in about 1,430 practices in every corner of the country
- In this, they resemble two other groups of health care professionals, community pharmacists, and dentists
- In 2009 GP fees were about €250 million
- We do not have any usable data for the number of other people working in these practices

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Personal care and general practice

- 'developing a sustained partnership with patients' (Starfield)
- This is critical to elective GP care
- There is some evidence that continuity of care over years, decade, or generations is a core part of effective primary care

GP Visits

- Access to free GP care has been greatly expanded over the last few years, but solely on the basis of age
  - Over 70's
  - Under 6's
- These have led to increased activity, but not to much in the way of increased capacity
- The extra funds have helped to partly restore the very large cuts in GP funding from 2008 to 2012

GPs and chronic illness

- There is now a clear recognition that GPs need to treat long-term illness
  - Heart check is long established, but not fully deployed for some reason
  - Specific contracts for diabetes care now in operation
  - Proposed to expand these over time
- Still missing are
  - Care for nursing home residents
  - Care for multi-morbidity

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GPs and chronic illness

- Chronic care models still see hospital care as the centre, and GPs as ancillaries – the reverse of the desired position
- Some moves to improve GP access to hospital facilities, usually laboratory tests and imaging
- No obvious appetite for supporting GPs or GP practices to provide the bulk of community delivered chronic illness care
- Very weak links

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Why has so little changed?

- HSE has a strikingly toxic culture, which grew and festered after the health boards were abolished
  - (Although many of these had very toxic cultures too)
- This is, I think, improving over time
- Department of Health still lacks a clear role, and the basic skills and capacity to discharge its current duties
- This is also changing, but perhaps too slowly
- There is no agreed overall vision of the kind of healthcare we want in Ireland

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What can be done?

- Modest evidence that tightly managed integrated care, patient centred, and led from the community, can reduce hospital admissions
- Some evidence that tightly integrated care pathways between hospital and primary care can improve care quality, less data for care outcomes
- However, most primary care staff do not work in general practice, and are neither managerially, nor clinically accountable through the practice
- Good evidence, that well trained nurses, working closely with GPs can deliver much of the routine care for chronic diseases to a high standard

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Why do we need to change?

- If we do not act, to redesign care, we will have to act to apply more Band-aids
- Very clear from the party manifestos, politicians will not tolerate the continuing media and real-life shambles in A/E and other areas
- Demographic pressures, technological pressures, and the pressures of multi-morbidity will drive up costs sharply, and quickly
- We **cannot** afford this

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A modest proposal

- Policy decision to provide care at the lowest level of complexity exists
- Makes good practical, economic and clinical sense
- Resource general practice to play a bigger role here
- Over time, 5 to 7 years, bring in new contracts, specifying, not point by point clinical practice, but more broadly drafted SLAs
- Fund more GP staff directly, and move from the current mix, of capitation for limited service, and fee per item service, to a more full-service funding plan

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A modest proposal

- Provide much better access to diagnostics, and direct admission, and urgent review procedures
- Over time, shift most of the primary care staff to work within the GP practice structure, whether with one practice or several
- Fund GPs to allow a decent income, and reasonable levels of investment
- I think we need to shift roughly €350m into GP to cover the fees now paid by patients
- We need to put in roughly €90m to pay for one staff member extra in every practice

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A modest proposal

- Offer a wider variety of contracts over time, including a 'salaried partner' option
- Build capacity over a decade
- Move to fully free (or nearly free) GP care and prescriptions
- Move to most care for chronic disease being delivered in general practice

An immodest proposal

- Bite the bullet
- Health care is about the recipients, not the providers
- Set up a national process to prepare a new vision for health care
- Rebuild healthcare over a decade or so, around the patient

An immodest proposal

- Build it around self-care, then general practice and the rest of primary care
- See hospitals as the ancillaries, and GPs as the default
- Merge most primary care into GP practices
- However, these are not polyclinics on say, the Polish model.

Are we going to get any more money?

That would be a 'maybe'

- I think we need to shift roughly €350m into GP to cover the fees now paid by patients
  - I emphasise the word shift!
- We need to put in roughly €90m to pay for one staff member extra in every practice
- The real need is probably higher than this
- It's a lot of money, but if we do it right, set a goal, and move towards it, it is feasible

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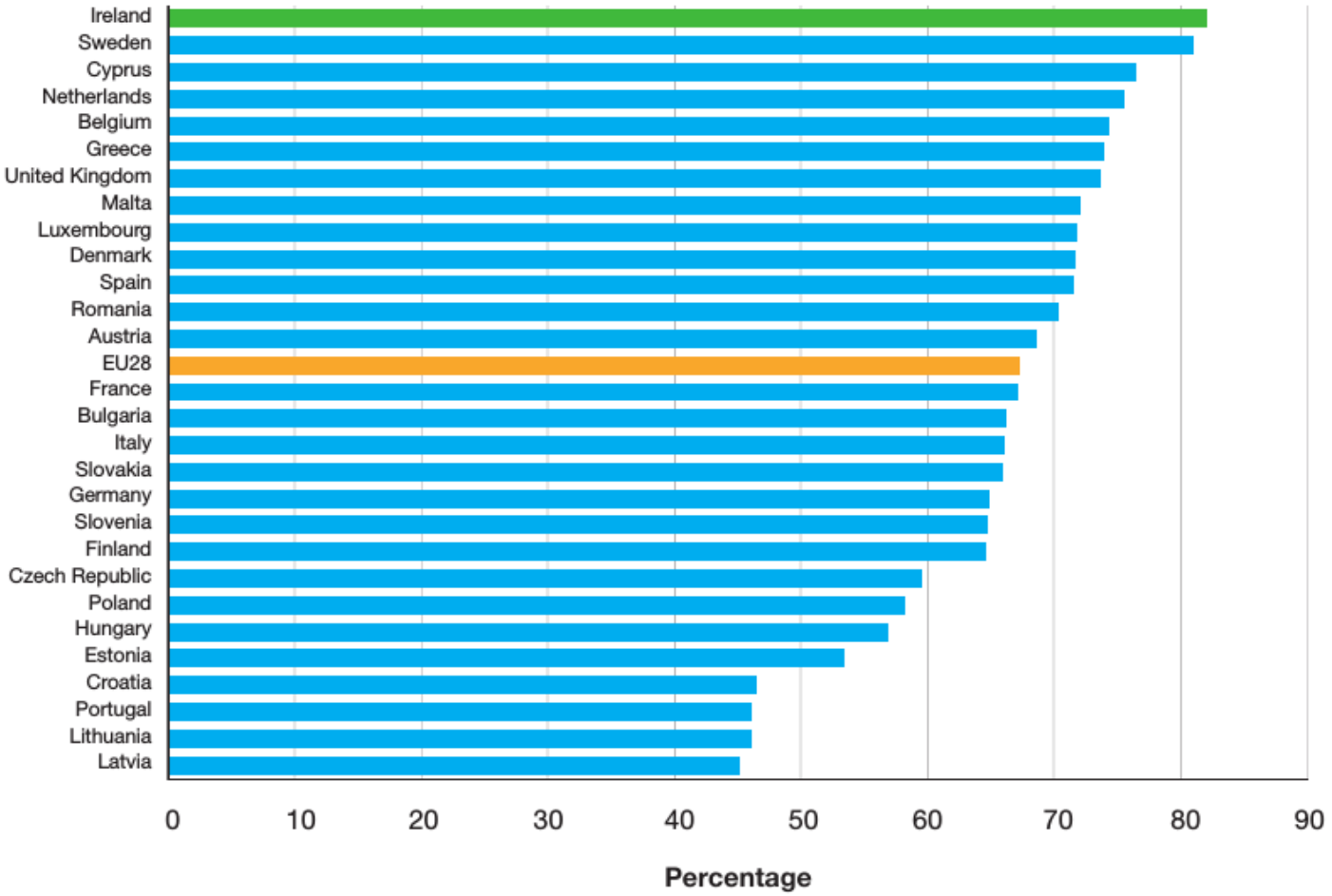
To cheer us up…

FIGURE 2.2

PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-28 COUNTRIES, 2013



Source: EU-SILC, Eurostat.

Thank you for your attention

Any questions?