

Insights and Concerns of Patients and GPs Regarding Introduction of Universal Health Insurance in Ireland

Abstract:

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Abstract

The implementation of a universal health insurance (UHI) model is a key political policy in Ireland. The objective here was to determine the understanding of general practitioners (GPs) and patients regarding UHI, its implementation and impact on both sets of stakeholders. Postal questionnaire to GPs, and opportunistic survey sampling of patients in two different GP practices were carried out. Response rates were 92.5% (patients) and 78% (GPs). 79.4% of patients (n=418) and 96.7% of GPs (n=149) have a 'poor' understanding of how UHI will be implemented. 89% (n=493) of patients and 98.7% (n=153) of GPs feel government communication about UHI has been 'poor'. 98.1% of GPs (n=152) and 77.3% of patients (n=383) are not confident that UHI will be ready for implementation by 2015. Neither stakeholder group is confident in the government's ability to deliver UHI within the given timeframe. There is a lack of knowledge and consultation on proposals for its implementation.

Introduction

The government in Ireland promised to introduce a single tiered health system over a four-year period¹ basing access upon need. A multi-payer insurance model will fund this model of UHI, based on compulsory purchase of health insurance for all citizens with government subsidises for those on no or low income². A similar system currently in place in the Netherlands has had mixed feedback³. Phased GP care will be 'free' at point of delivery for all citizens, with children under six years being the first recipients of 'free GP care'. Individual citizens as patients and taxpayers, along with GPs, are key stakeholders. Understanding their opinions is critical in successfully implementing changes in health policy. The objective of this study is to examine the insights, concerns and expectations of patients and GPs with respect to UHI, and assess their understanding of how it will be implemented.

Methods

GPs and patients attending primary care services were surveyed. The GP sample was identified by random selection (n = 200) from the Irish Medical Council (IMC). The GP survey was a postal questionnaire between October 2012 and February 2013. Patients ('private' and GMS) were surveyed on presentation to two practices in Dublin and Wicklow. Questions related to the proposed introduction of UHI.

Results

GP response rate was 78% (n=156). Patient response rate was 92.5% (n=582). The majority of GPs and patients do not have a clear understanding of the implementation of UHI. Both groups report that communication from the government relating to UHI is poor. The majority of GPs and patients are not confident that UHI will be in place by 2016. Both stakeholders agree that UHI will lead to an increase in waiting times for appointments. According to 90.6% (N=134) of GPs, communication from the Irish Medical Organisation (IMO), on implementation of UHI has been poor. 72.8% (n=107) of GPs thought that UHI implementation would not lead to greater patient satisfaction with the health service. The majority of GPs (92.5%; N=137) indicated that radical structural changes were needed to the health service in order for it to improve patient care. A minority of patients expressed that the health service works well with only minor changes needed [18.4% (n=88)]. Almost half [47.7%], felt that there were some good things but significant change needed. One-third [33.9%] indicated that it needs to be completely re-built. A majority of patients (54.3%; n=241) disagreed that UHI would lead to greater satisfaction with GP services; whereas a majority of patients agreed that UHI would increase their satisfaction with hospital services (52.8%; n=234).

Discussion

Patients and GPs do not feel well informed about the proposed changes to the healthcare system. Few are confident that structures will be in place by 2015 to implement UHI, and GPs are concerned that UHI policy could lead to increased waiting times for patients. Defaulting and non-payment have been issues in the Netherlands with respect to UHI premiums introduced there under a similar model to that proposed for Ireland. Findings from the study shows support for changes within the health service. Our results strongly suggest a deficit in communication, and lack of meaningful consultation with both patients and GPs. Poor communication and a lack of proper costing will likely lead to errors on a national level when it comes to implementation of complex change and likewise changes in primary care. Since the data was collected the Government White Paper has stated that the 'building blocks' for UHI would be in place by 2015 and that full implementation is due for 2019. It is evident from our data that two key stakeholder groups (GPs and Patients) are not well informed regarding these proposed changes.

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References

1. The Path to Universal Health Care (Preliminary Paper on Universal Health Insurance)
<http://www.dohc.ie/publications/pdf/ThePathToUniversalHealthcare.pdf?direct=1>
(Accessed on 01-12-2013)
2. Future Health-A Strategic Framework for the Reform of the Health Service 2012-2015
http://www.dohc.ie/publications/pdf/Future_Health.pdf?direct=1 (Accessed on 13-11-2013)
3. Sch^/fer W, Kroneman M, Boerma W, van den Berg M, Westert G, Devill^' W, van Ginneken E. Health Systems in Transition profile; The Netherlands-Health System Review
http://www.euro.who.int/_data/assets/pdf_file/0008/85391/E93667.pdf (Last accessed on 01-02-2014)
4. Lucy Gilson, Ermin Erasmus, Jo Borghi, Janet Macha, Peter Kamuzora and Gemini Mtei. Using stakeholder analysis to support moves towards universal coverage: lessons from the SHIELD project. Health Policy and Planning 2012;27:i64â i76
5. Leu RE, Rutten FFH, Brouwer W. â The Swiss and Dutch Health Insurance Systems: Universal Coverage and Regulated Competitive Insurance Marketsâ , The Commonwealth Fund, (January 2009), p.5
6. â Statement to ICGP members on the HSE Clinical Care Programme for Integrated Diabetes Careâ ICGP June 28th 2013
7. â ICGP statement on the transfer of care of patients with a diagnosis of breast cancer from secondary care to the patient's GP after 5 yearsâ , ICGP June 19th, 2013

Comments: