



WHERE NEXT FOR THE IRISH HEALTH SYSTEM? INSIGHTS FROM COMPARISONS WITH OTHER EU COUNTRIES

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Key messages to improve the health system in Ireland

- Need to re-orient the health system from hospital care to primary care and from acute care to chronic care
- Need to reduce waste in the system and reallocate resources to respond better to growing demands for care
- Need not to forget public health and disease prevention to promote healthy ageing

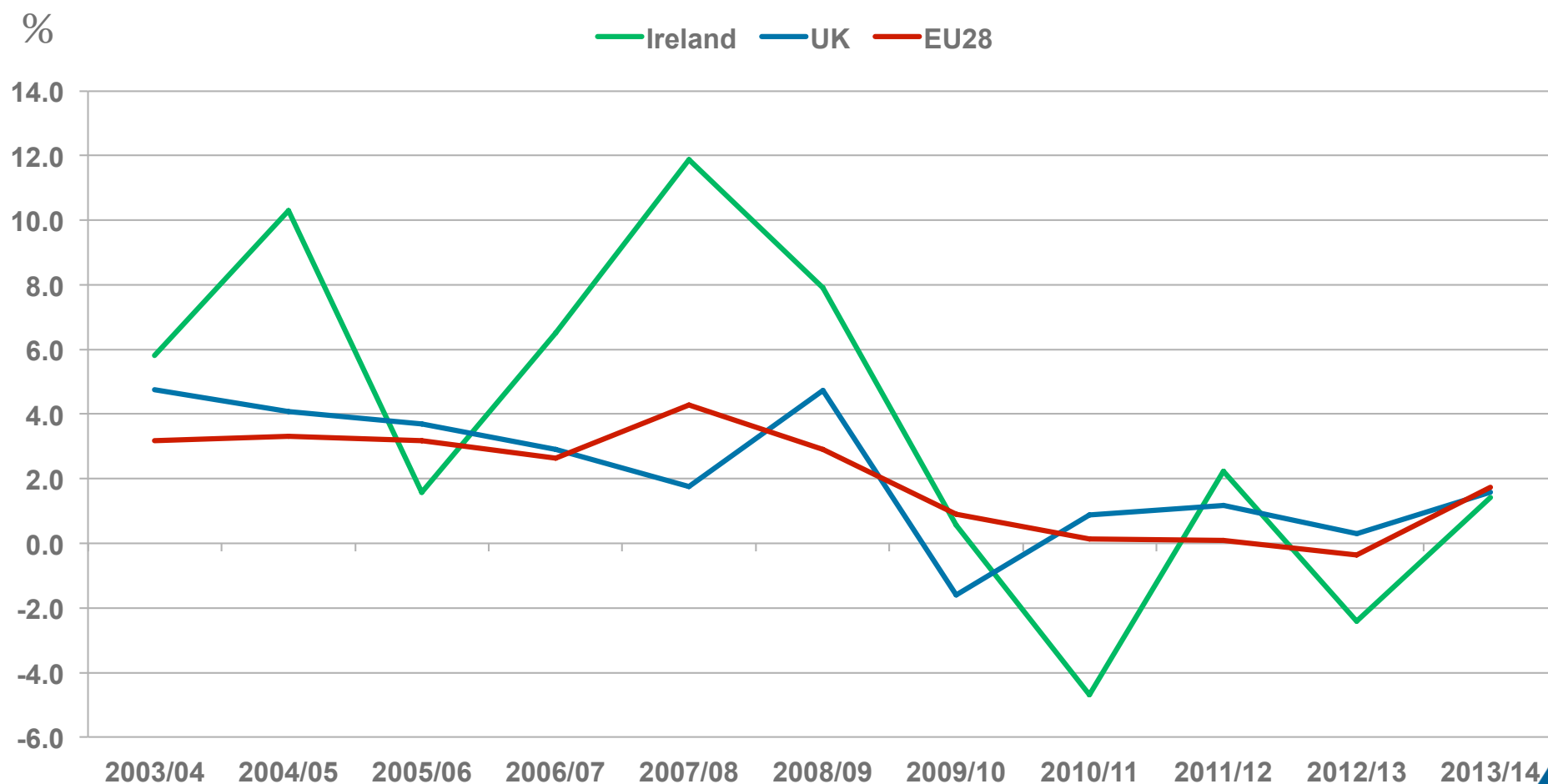


HOW DOES IRELAND COMPARE IN TERMS OF HEALTH SPENDING?



Health spending in Ireland has fluctuated a lot over the past ten years

Annual average growth rate in health expenditure per capita (in real terms)

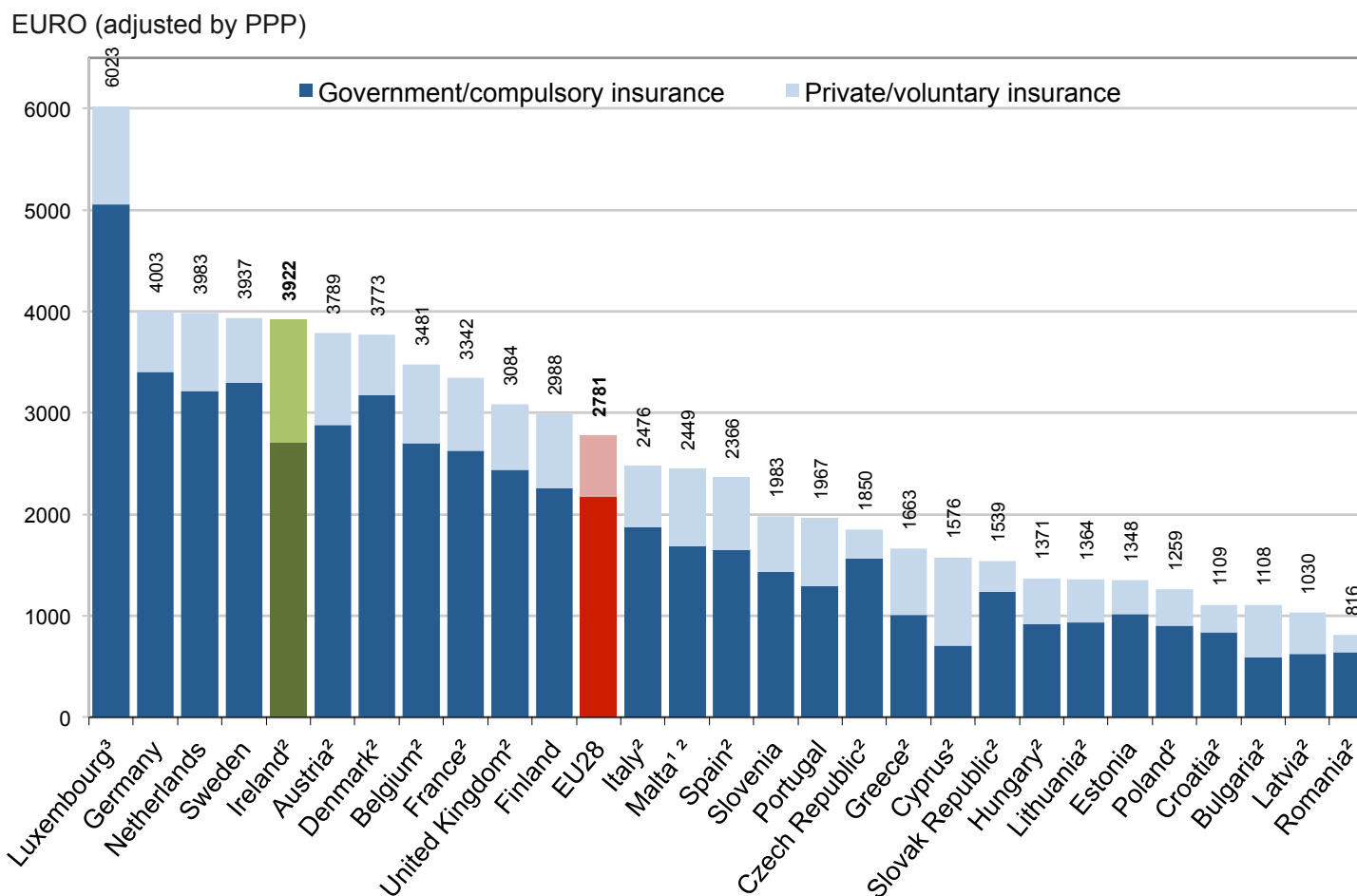


Note: There was a major revision of the data on health spending in Ireland in 2013, with a greater inclusion of long-term care spending. The growth rate shown in this graph for that year does not take into account the impact of this one-off upward revision.

Source: OECD Health Statistics 2016.



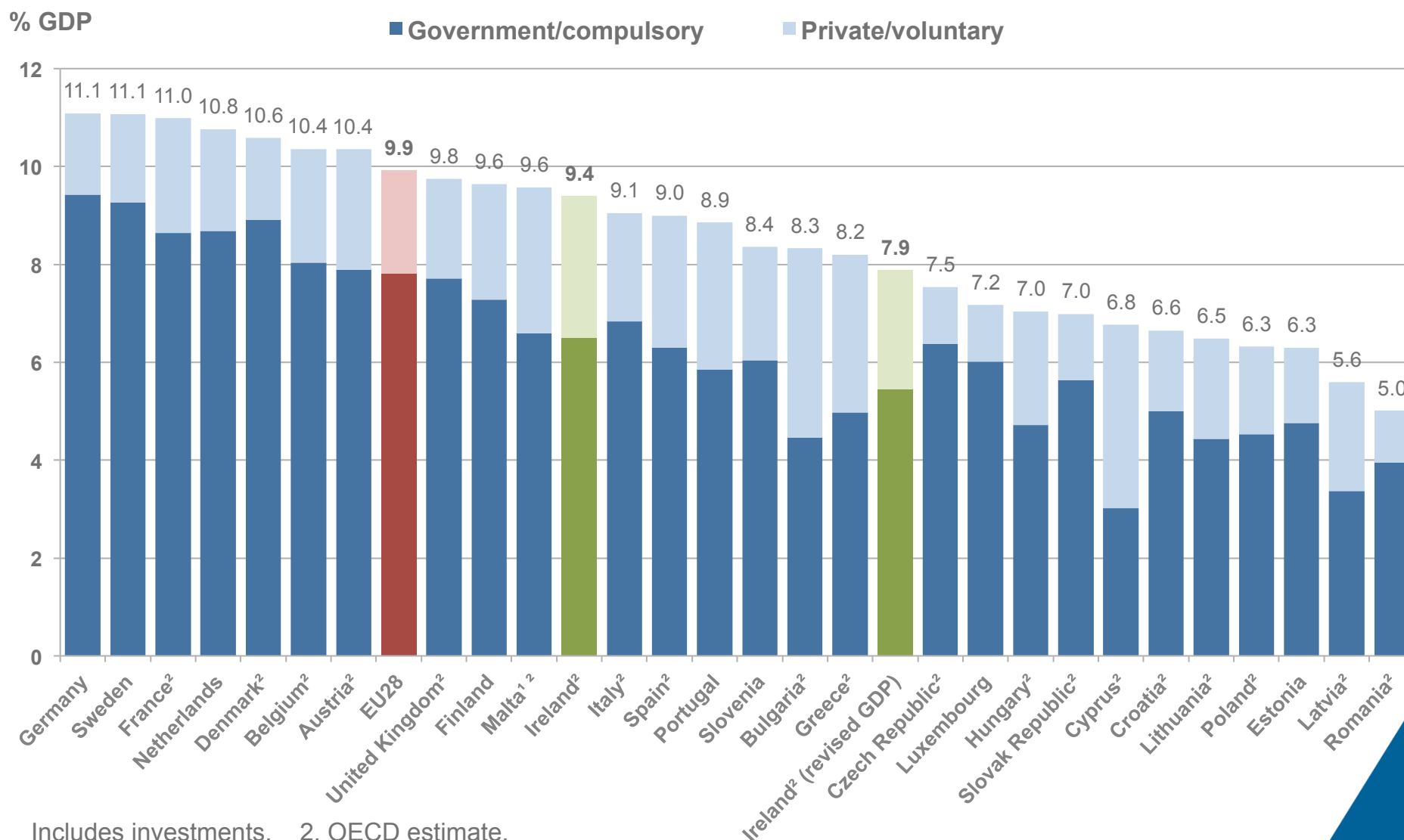
In 2015, health spending per capita in Ireland was 5th highest among EU countries



1. Includes investments. 2. OECD estimate.
Source: OECD Health Statistics 2016; Eurostat database.



As a share of GDP, health spending in Ireland is lower than the EU average (and much lower after the big upward revisions of its 2015 GDP)



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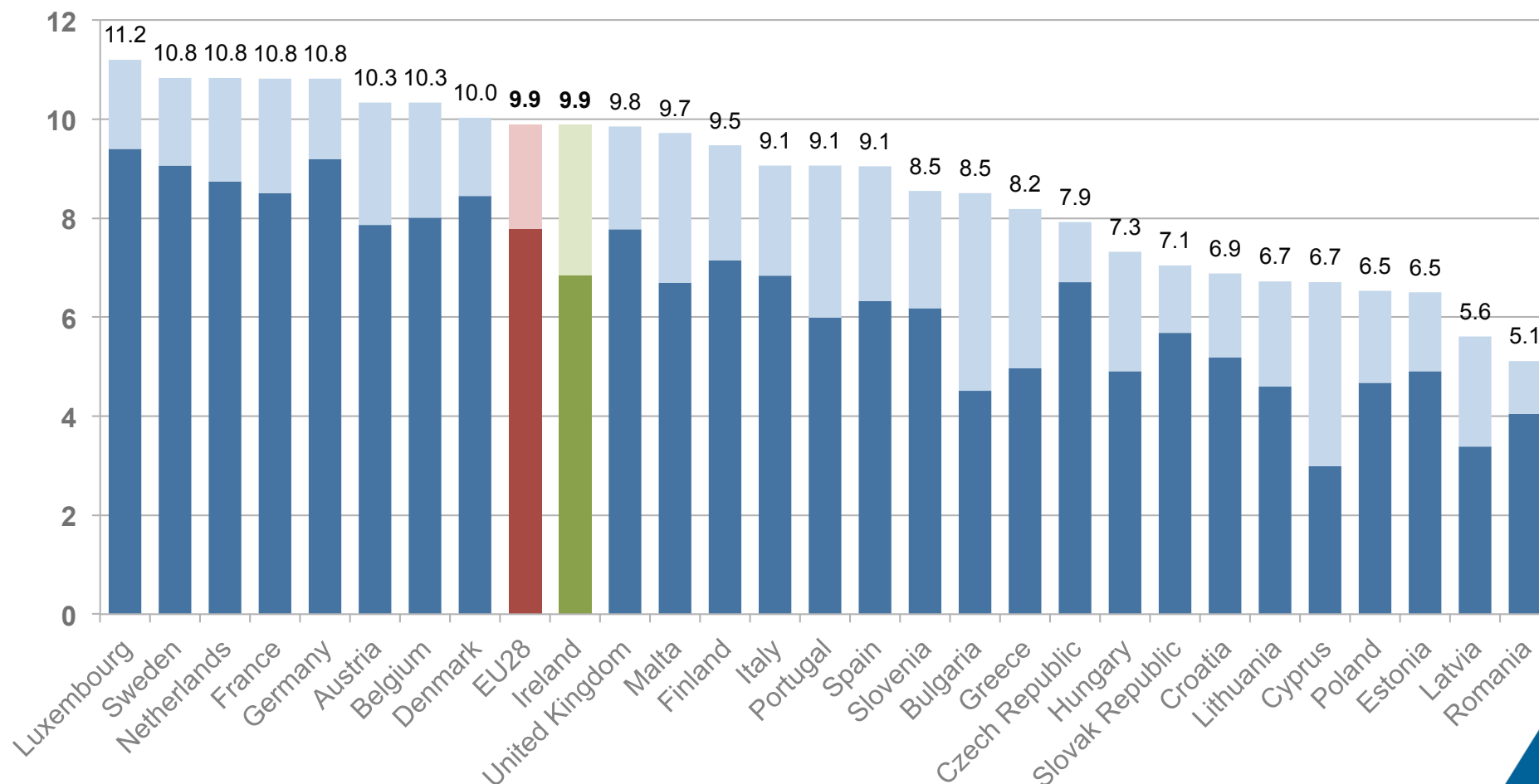
Source: OECD Health Statistics 2016; Eurostat database.



As a share of GNI (gross national income), health spending in Ireland is equal to EU average (2015)

% of GNI

■ Government/Compulsory ■ Private/Voluntary



Note: GNI = GDP - Income earned by foreign businesses and individuals paid back to their home country + Income from domestic (Irish) businesses and individuals earned abroad.

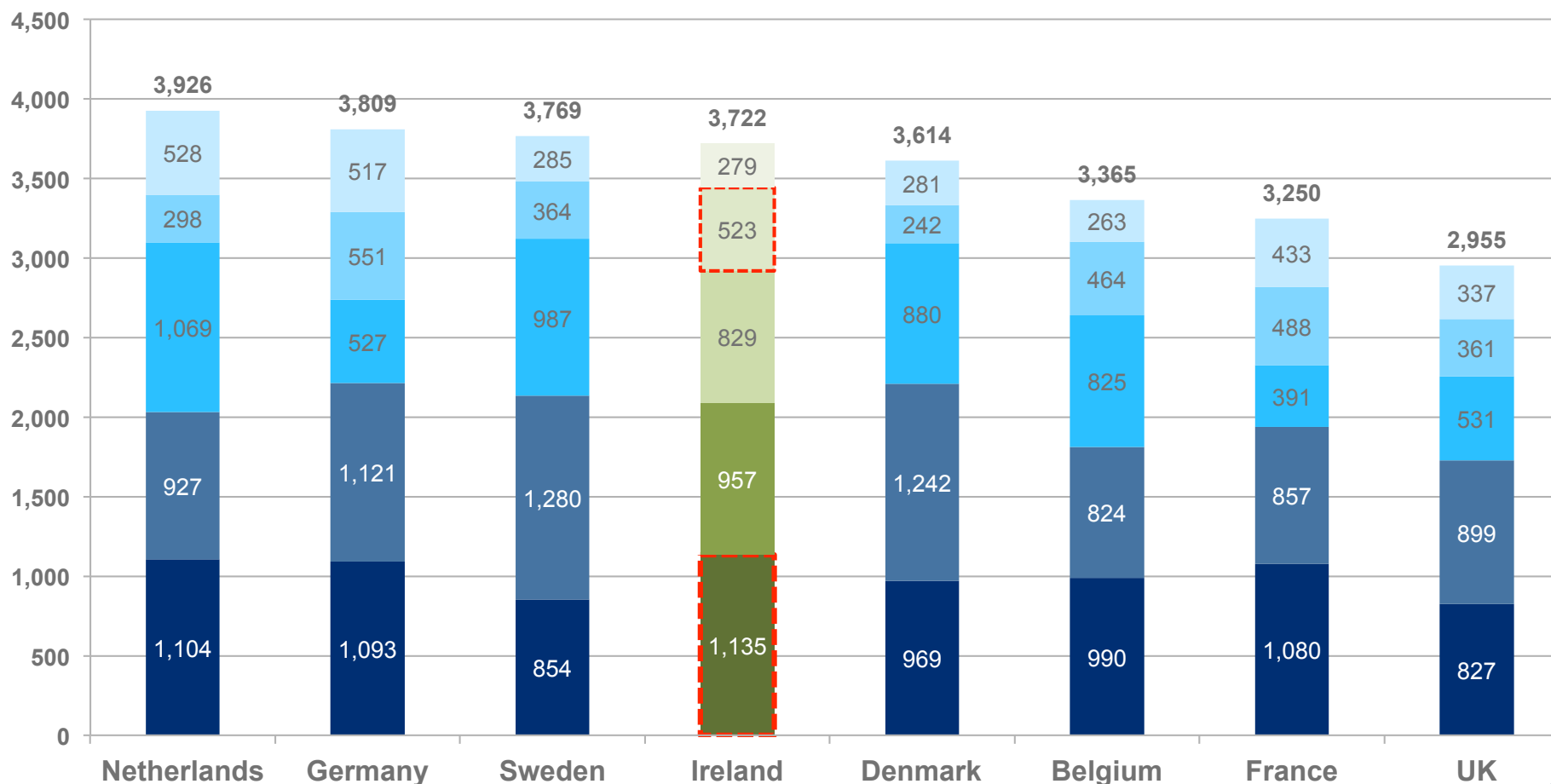
Source: OECD Health Statistics 2016 and Eurostat database.



Health spending in Ireland is particularly high for inpatient/hospital care and pharmaceuticals

Per capita,
EUR PPP

■ Inpatient care¹ ■ Outpatient care² ■ Long-term care ■ Pharmaceuticals ■ Other³



1. Includes day cases. 2. Includes home care. 3. Includes medical devices, prevention and administration.

Note: This graph compares the allocation of health spending in Ireland with other EU countries with health spending of about EUR 3000 to 4000 per capita in 2014.

Source: OECD Health Statistics 2016.

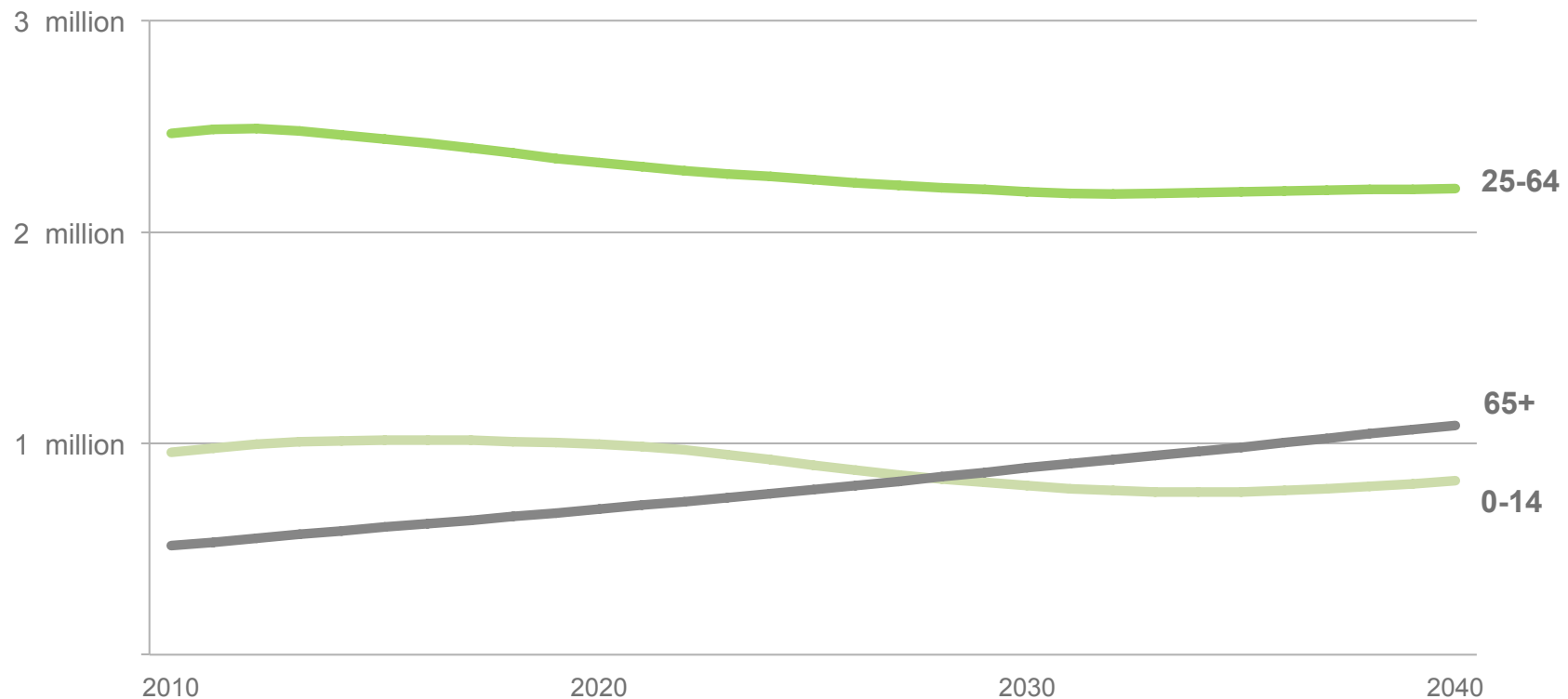


RE-ORIENTING RESOURCES TO STRENGTHEN PRIMARY CARE AND COMMUNITY CARE



People are getting older every year -> More people living with chronic diseases

Population by age groups in Ireland, 2010-2040

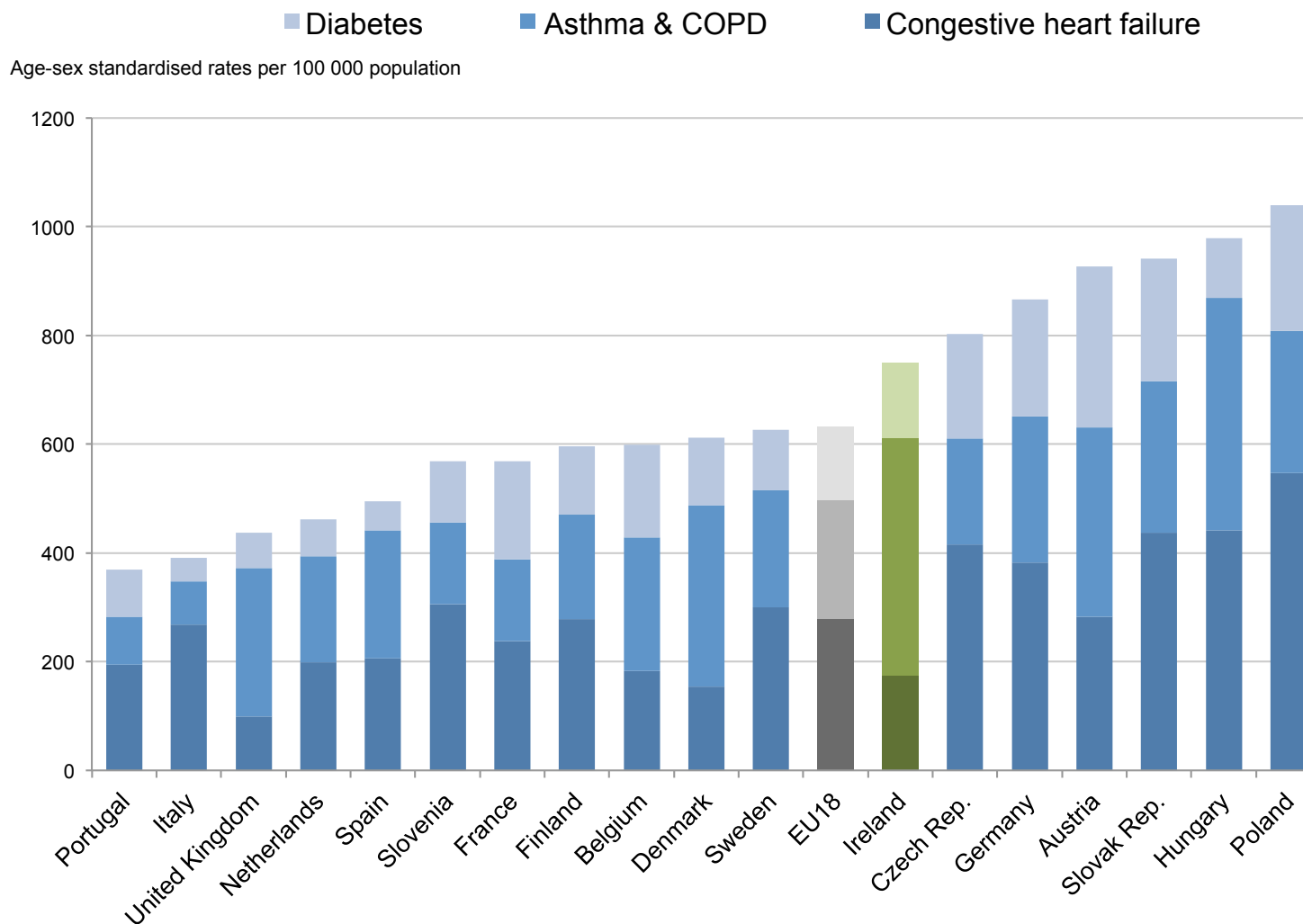


Source: OECD.





Too many people are admitted to hospital for chronic diseases

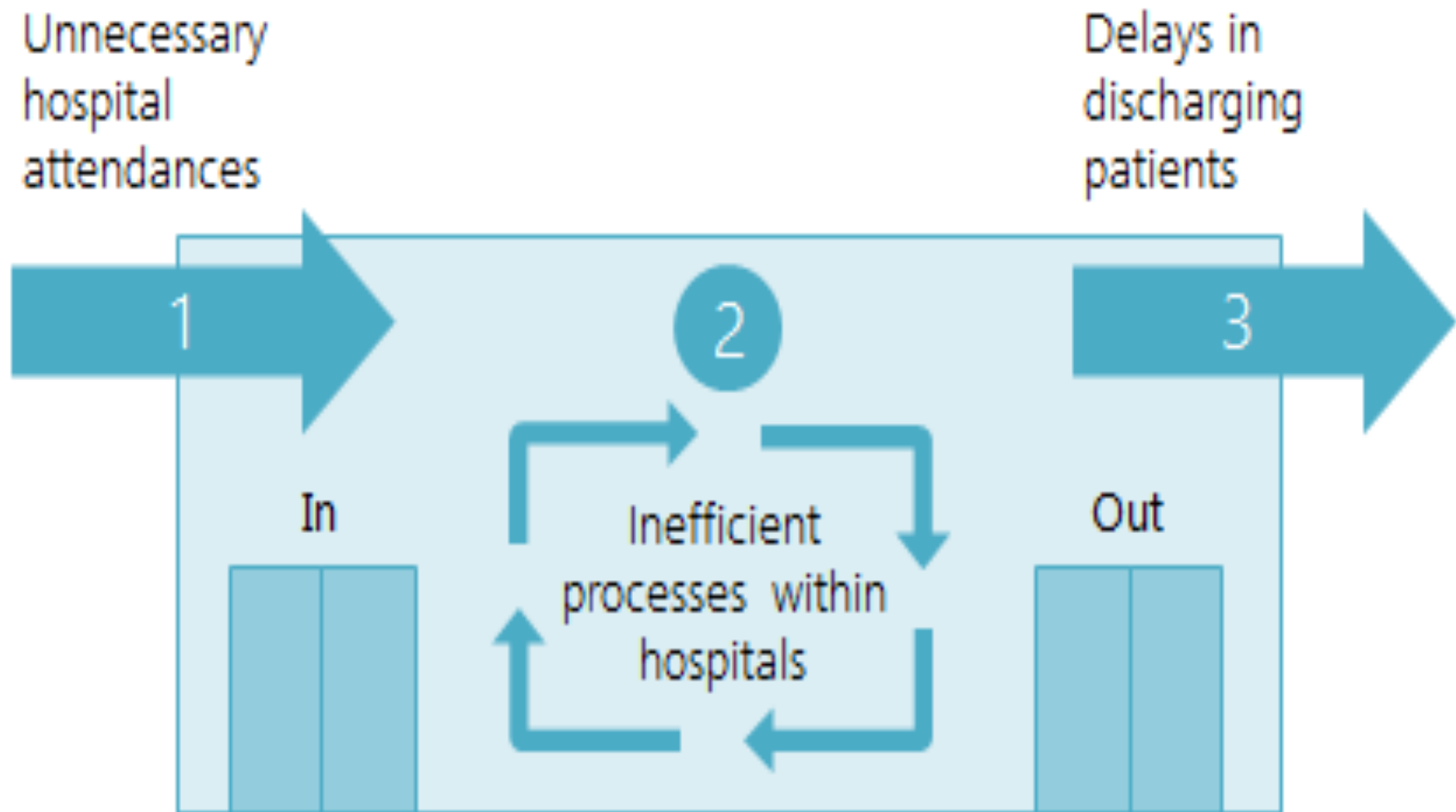


Source: OECD Health Statistics 2016.





Hospital expenditure can be reduced by avoiding unnecessary admissions and long stays



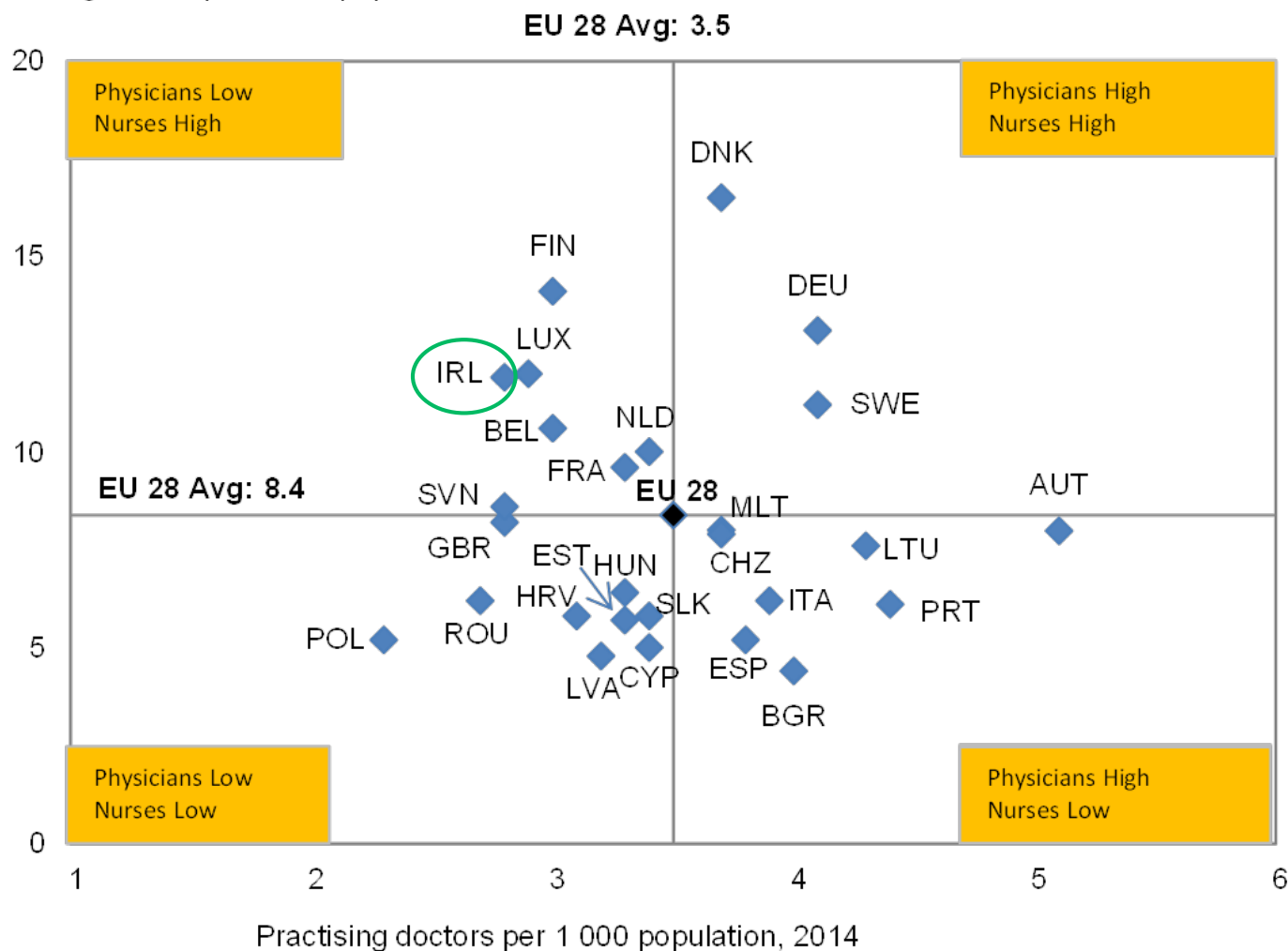


RE-DESIGNING PRIMARY CARE AND THE ROLE OF PRIMARY CARE PROVIDERS TO DO A BETTER JOB AT PREVENTING AND MANAGING CHRONIC DISEASES



Compared with EU average, Ireland has a low number of doctors and a high number of nurses

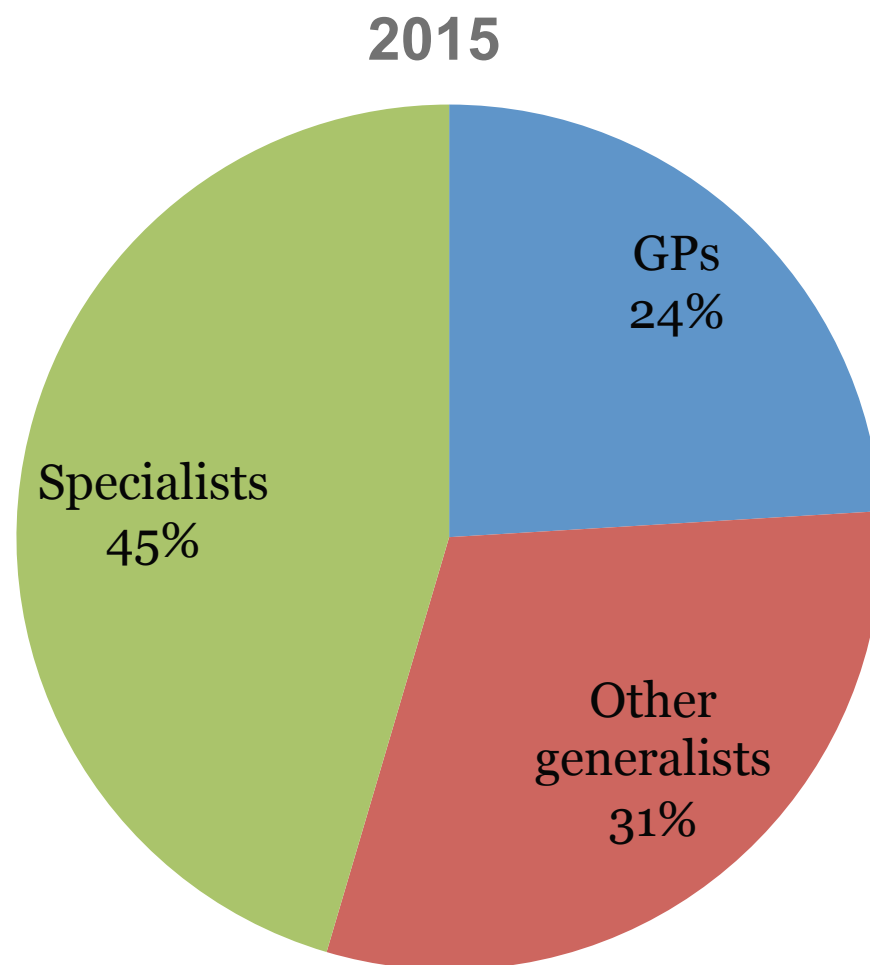
Practising nurses per 1 000 population, 2014



Note: The number of nurses in Austria is under-estimated as it only includes those working in hospital.
Source: Based on OECD/Eurostat/WHO-Europe Joint Questionnaire 2016.



Does Ireland have the right mix of doctors?



Source: OECD Health Statistics 2016.





Current mix of health workforce offers opportunities to increase the role of nurses

| Country | Year introduced | Number of Nurse Practitioners | % of all RNs |
|---|-----------------|-------------------------------|--------------|
| United States | 1965 | 174,943 | 5.6% |
| Canada | 1967 | 4,090 | 1.4% |
| United Kingdom | 1983 | n/a | n/a |
| Netherlands (<i>Nurse specialists</i>) | 1997 | 2,749 | 1.5% |
| Australia | 2000 | 1,214 | 0.5% |
| New Zealand | 2001 | 142 | 0.3% |
| Ireland (2014) | 2001 | 141 | 0.2% |

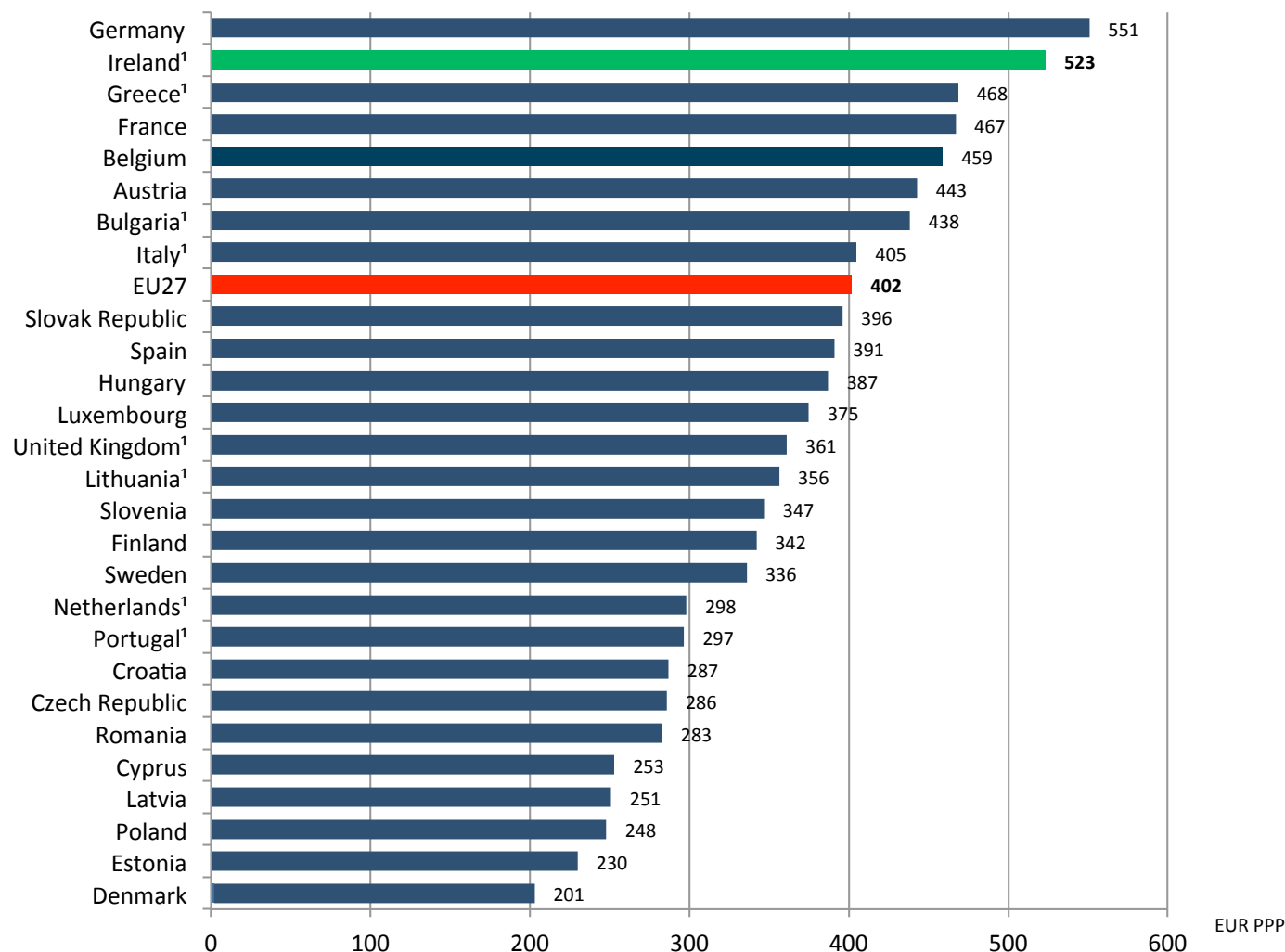
Source: OECD Health Working Paper (forthcoming): *Nurses in advanced roles in primary care*.



IMPROVING EFFICIENCY IN PHARMACEUTICAL SPENDING TO RESPOND TO GROWING COST PRESSURES



Pharmaceutical spending per capita in Ireland was 2nd highest in EU in 2014



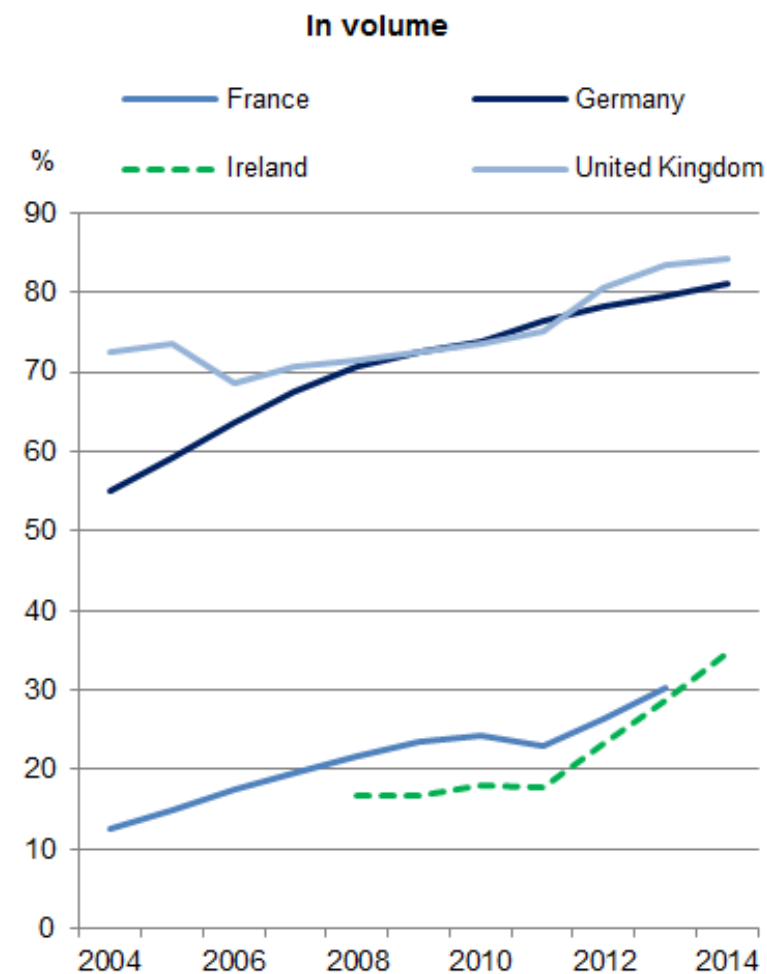
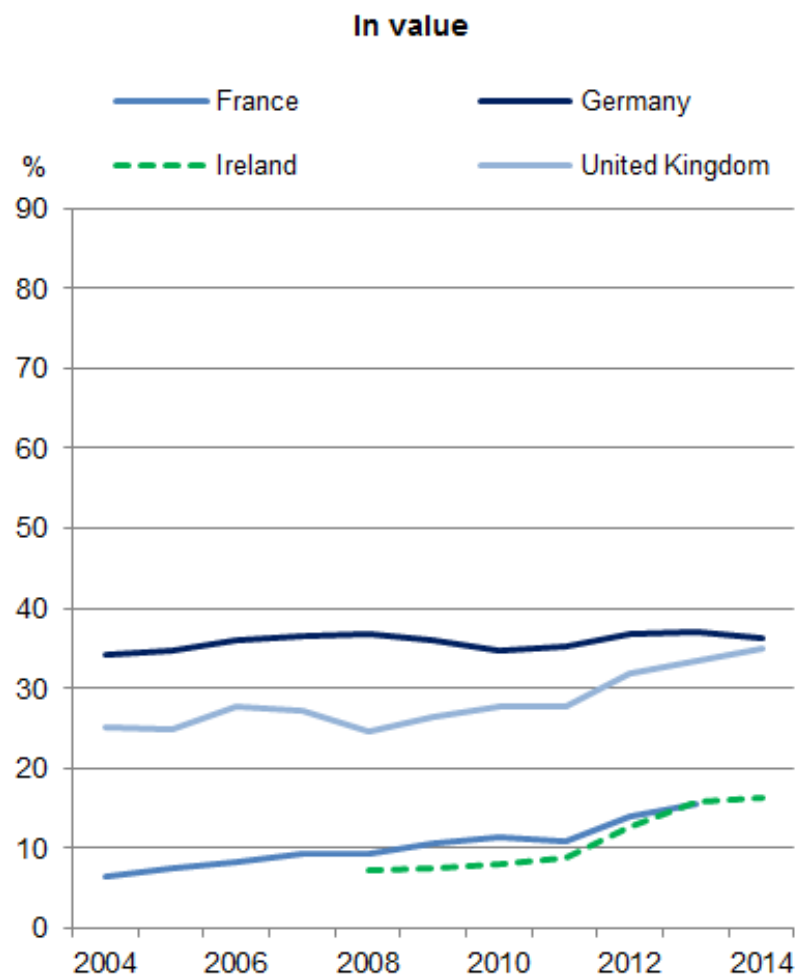
1. Includes medical non-durables.

Source: OECD Health Statistics 2016; Eurostat database.



The share of generics has increased in Ireland, but there is room for further growth

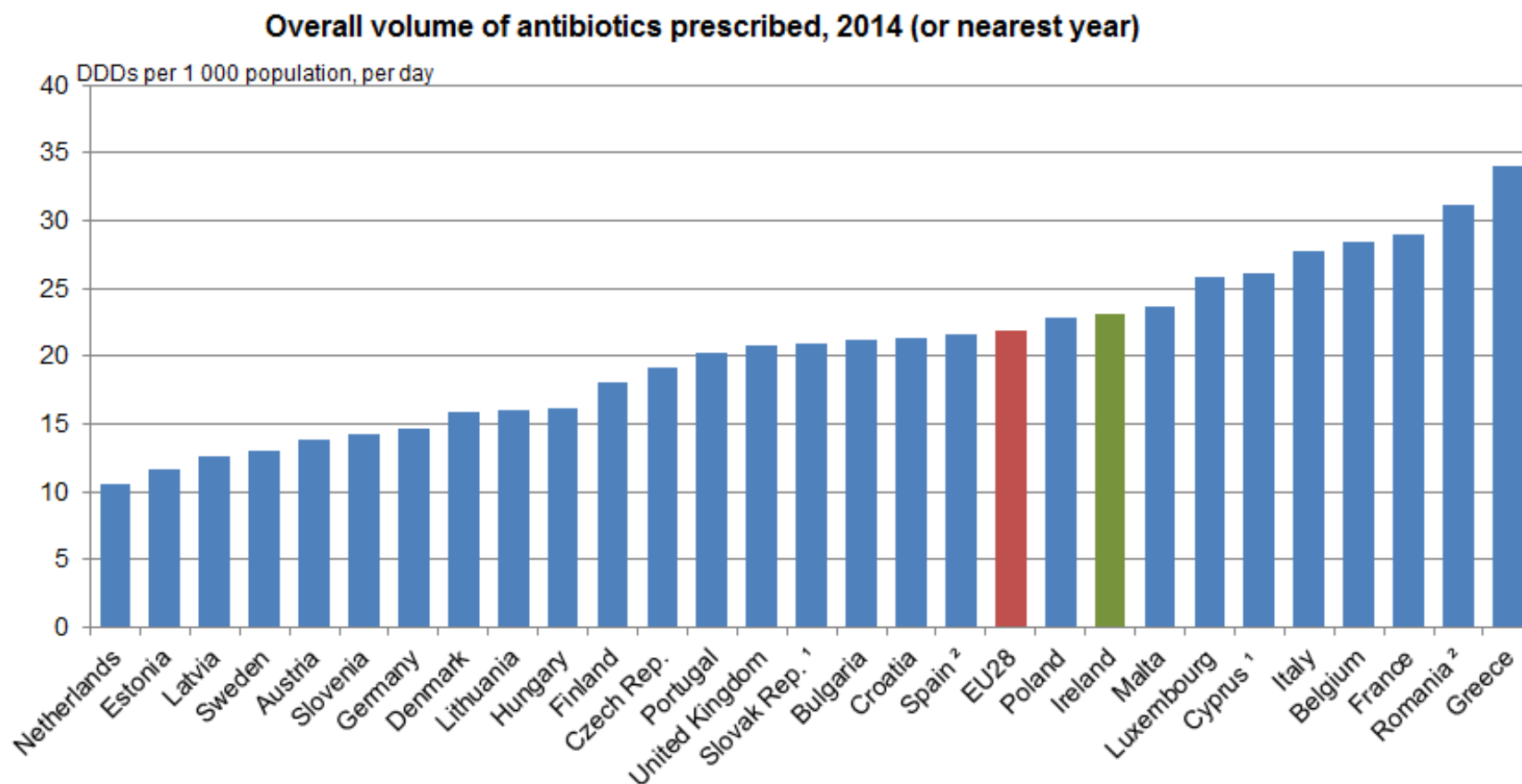
Trend in share of generics in the reimbursed pharmaceutical market, selected countries, 2000 to 2014



Source: OECD Health Statistics 2016.



The prescription of some pharmaceuticals appear to be overused in Ireland (1)



1. Data refer to all sectors (not only primary care).

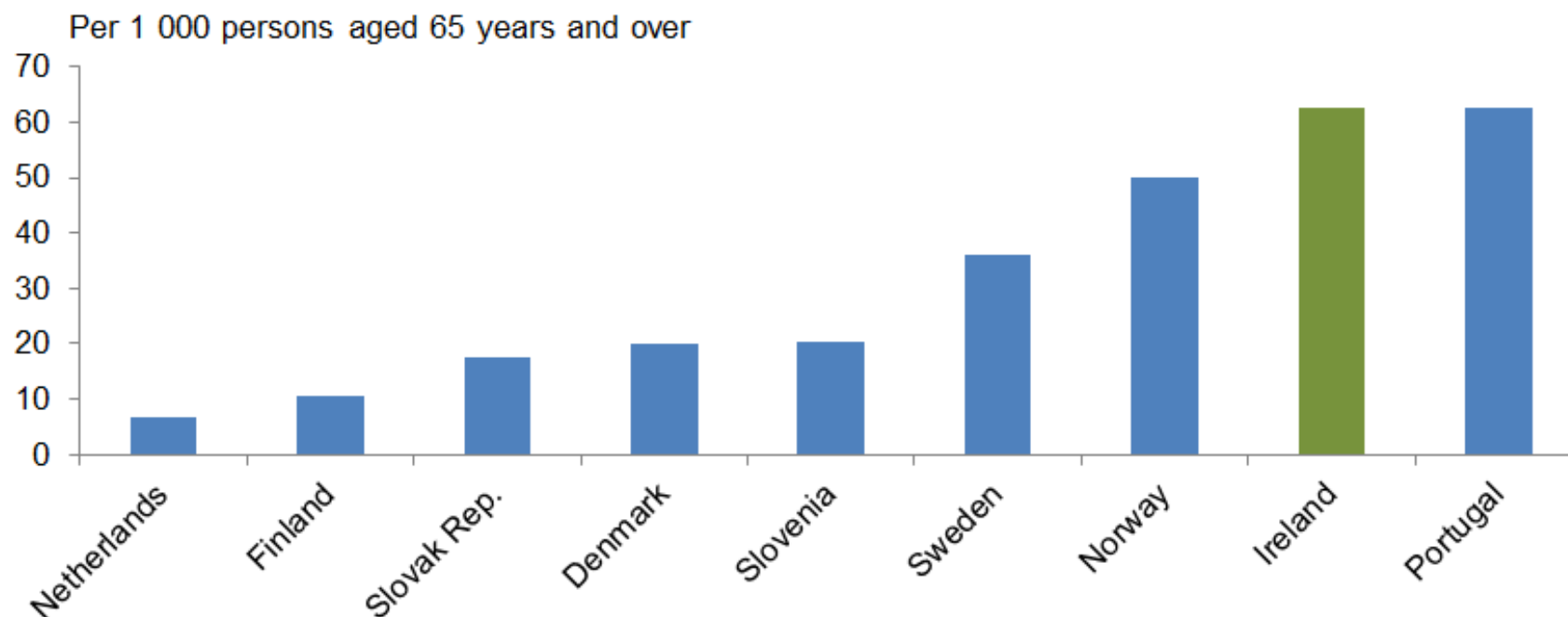
2. Reimbursement data (not including consumption without a prescription and other non-reimbursed antibiotics).

Source: ECDC 2016; OECD Health Statistics 2016.



The prescription of some pharmaceuticals appear to be overused in Ireland (2)

Elderly people prescribed long-term benzodiazepines or related drugs, 2013 (or nearest year)



Source: OECD Health Statistics 2016.

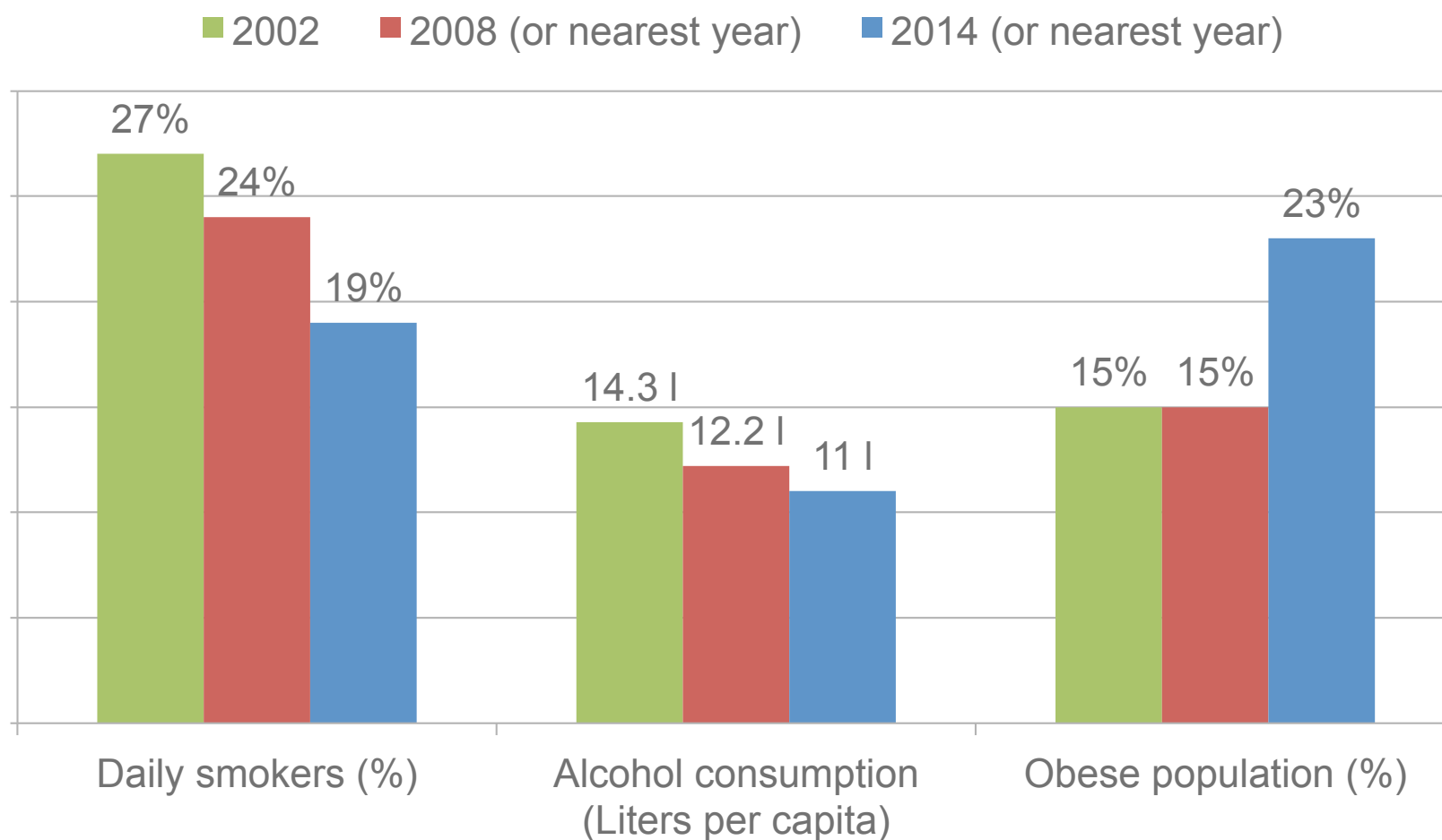




NEED ALSO TO PAY ATTENTION TO
PUBLIC HEALTH AND PREVENTION



Some “good news” and some “bad news”



Source: OECD Health Statistics 2016.

Cost of obesity for health care is greater than all the money spent on public health and prevention (about 3% only)



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The challenge is not only to determine “where to go?”, but also “how to get there?”





For more information

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