Slaintecare: The Right Direction or Another Deflection?

The Political Economy of Long-term Healthcare Planning

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Starting Point.

"There is a widespread consensus that our current healthcare service is not fit-for-purpose and needs to evolve considerably in the coming years."

(Source: 2018 Capacity Review)

"Much of the public debate about Health Services is founded on the increased costs involved. While there are valid concerns about the growth in health spending….the proper context for this debate is one which views health spending as an **investment in overall economic development,** delivering benefits, as well as accruing costs."

(Source: Department of Health "Fairness and Quality: Health Strategy", 2001)

The Present System.

- Residents are technically *eligible* for Public Healthcare.
- Variations in *access* arise from income/PHI, location, and deficiencies in capacity.
- Funding is based on Exchequer, PHI payments to Public Hospitals, and Household "out of pocket" expenditures.
- Result

  Eligibility – Problematic
  Delivery – Fragmented
  Funding – Subject to Uncertainty
  Access – Rationed

Slaintecare: A Summary.

System

• Universal • Single-tier Public Health • Based solely on Need
• Repivoting away from acute hospital care towards primary and community-based care

Components

• Population Health • Entitlements • Integrated Care
• Funded through National Health Fund via Transitional Fund
• Phased over 10 years • Implementation Structure

Slaintecare: The Positives.

- *"The Politics of Healthcare"*
- Political Consensus
- All-Party
- Systemic Reforms
- Supported by TCD Team
- Consultative Process
- Visionary

Slaintecare: The Challenges.

- Decoupling the Public/Private System.
- Funding for an expanded Public System.
- Managing a transition to:
  - New Structures • New funding and payments arrangements
  - New capacity-building • New service programmes
  - New contractual arrangements • New teaching and training
  - Legacy issues
- Changing:
  - Mind-sets • Attitudes • Behaviours

Funding.

- We start from an underfunded Public system, subsidized at the margin by PHI.
- We have an annual budgetary process that pits HSE against DoH, and both of them against DoF.
- Slaintecare envisages a transition to an Exchequer-funded system, including significant “catch-up” from existing underfunding, expansion in entitlements and challenging demographics.
- Estimated cost of €3billion, no allowance for replacing PHI-funding and no tax increases.
- All small open economies are vulnerable to “shocks” impacting on Growth and “fiscal space”, which therefore influence funding assumptions. Troikanomics!

Adversarial Culture.

- Contractualism vs Vocationalism
- Slaintecare: importance of well-motivated staff who wish to work within the new system.
- A core principle should therefore be to treat your staff according to those same principle that you advocate for patient care, that is:
- Equality • Equity • Fairness

- Backdrop to the Conference:
  - Widespread GP dissatisfaction.
  - Strike by nurses (1/3 of healthcare workforce), arising from long-standing discrimination in their terms and conditions.

- Story of Ruth, MD, MBS

- Highlights problems of: • Retention • Migration • Morale

The Story of Ruth, MD MBS

- Friend: “Ruth, rumour has it that you are deserting a sinking ship”.
- Interns “I am staying on in medicine, hoping it will get better…I would like to leave but I feel trapped”.
- Registrar “If I had my time back, I would probably do something along the lines that you are doing”.
- GP Trainee “I think you are probably right to leave”.
- Consultant “I would not want my children to do medicine, there is no future in medicine”.
- Consultant “Ruth, why are you leaving?…most of us feel like that all of the time”.
- Consultant “What are your plans for next year?... This wise young lady has decided to leave medicine”.

“For me, the lesson I took when I exited the healthcare system – and that I will take with me – is this: if you look at any group of individual as they progress through a system and find that they change during that time, from being initially determined to overcome the problems in the profession to gradually feeling defeated by these problems, then you [the system] have a problem”.

(Source: Dr Ruth MD MBS “Defecting from the Medical Profession: A Personal Perspective” Acute Healthcare in Transition: Change, Cutbacks, and Challenges” Oak Tree Press, Dublin)

Slaintecare, Private Capacity and the Public-Private Mix.

- A fully-funded and sustainable public system is a primary social and economic goal.
- Slaintecare de-couples the Public sector from Ireland's mixed system.
- Proposes an 'Impact Analysis' on the Private Sector (present Plan B), and the on PHI (Market stability) These are deep issues….
- The Private Sector, based on PHI, has:

Invested in capacity-building.

Mitigated the lack of Public Investment via the NTPF.

Innovated in new treatments and services.

Delivered significant value especially given the constrains under which they have been required to operate.

The Public-Private Mix: An Alternative View.

"The Government remains committed to maintaining the position of private practice, within the well established Public/Private mix…there is a considerable degree of inter-dependence between the public and private sectors in the provision of hospital services for the population.

The mix of public and private sectors service providers…enables each to play a complementary role. The intent of the **Health Strategy** is not, therefore, to alter the mix in any radical fashion but to enable the private sector to contribute to the achievements of the overall objectives.

Successive Governments have encouraged the provision of a mix of public and private in public hospitals. The Commission on Health Funding…concluded that it facilitates the provision of high quality public hospital services, particularly due to the retention of consultants of the highest calibre in the Public system."

(Source: DoH "Shaping a Healthier Future: A Strategy for Effective Healthcare in the 1990's")

Taoiseach's Foreword

Over the last few years, the largest ever expansion in health funding has been accompanied by an unprecedented series of studies and detailed investigations into all aspects of our health system. These have provided the essential building blocks for a comprehensive plan to develop and reform services which can meet the needs of Irish society today and across the next decade.

There is no denying the fact that our health system has many problems. These must and will be addressed – but there is no 'quick-fix' which can achieve what we all want, the highest quality of care for all.

This Strategy outlines a programme of investment and reform, starting immediately and stretching across the next decade. It sets clear priorities but also involves all elements of the system.

It is a highly ambitious and challenging agenda for change. With effective reform, and fully utilising the expertise of what is the largest professional workforce in the country, the unprecedented levels of investment which have been committed to our health services can deliver major improvements in services throughout the country.

For all parts of the system, from Government down, implementation will require an effective partnership with people willing to work together and, where necessary, change the way business is currently done.

On behalf of the Government I would like to thank the thousands of people who participated in the work of developing the Strategy. I have no doubt that the same spirit of openness and commitment will be seen as we all move forward to bring about the future which the Strategy is pointing us towards.

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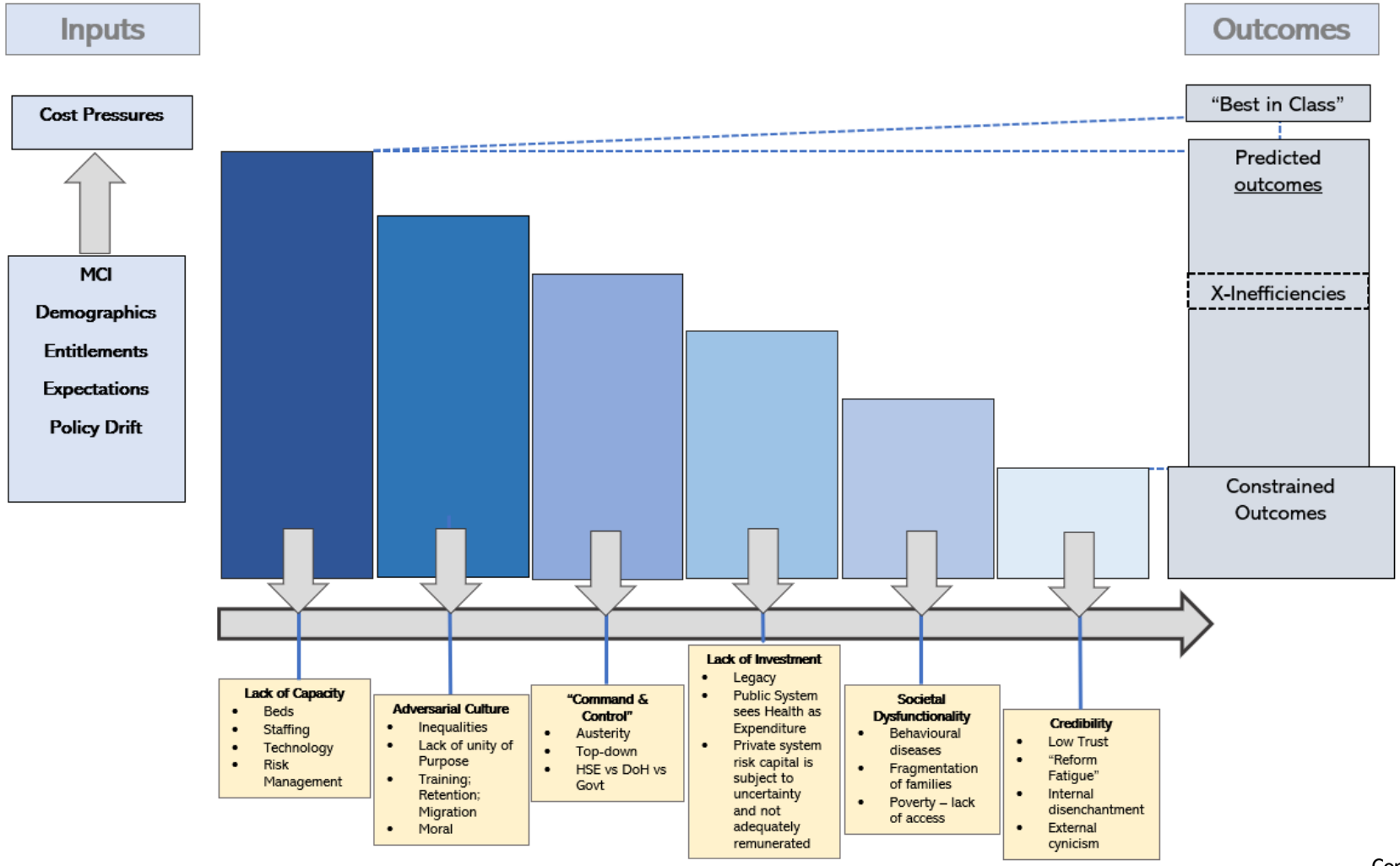
Bertie Ahern, T.D.
Taoiseach

Structural Leakages in Ireland's Acute Healthcare System



Some Conclusions.

"Status quo is not an option" (Capacity Review, 2018)

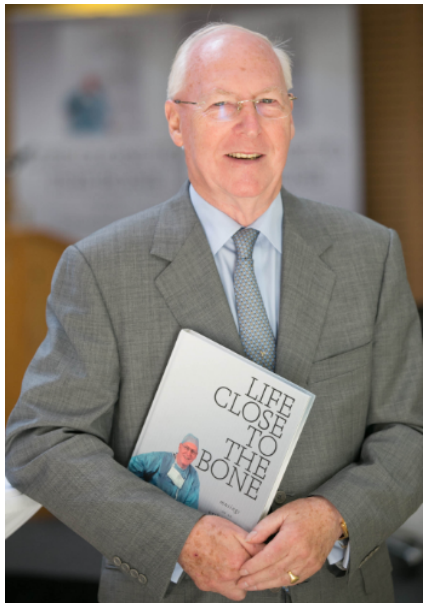
- Investment – Reform – Productivity remains the most robust trajectory
- Slaintecare Model not deliverable in ten years.
- Fundamental re-engineering of health system from eligibility to delivery and from capacity-building to contractual negotiations.
- Poor Track record of health reform strategies.
- Credibility inevitability impacted by failure of Universal Health Insurance; A&E "Reforms": 2006, 2011, 2016; Children's Hospital; Housing; Nurses Strike;……
- Vulnerable to **external** "shocks" and **domestic** uncertainties, including Brexit.
- Risks and uncertainties embedded in Ten Years planning process.

Some Conclusions.

"Everyone wants to save the world – nobody wants to do the dishes".

Focus on:

1. What is **deliverable**, and contributes to the same final goal.
2. **Culture change** and Trust-building in the Public system: on mind-sets, attitudes…because without buy-in from staff impacted by negativity of Austerity and a failure to deliver on contractual responsibilities.
3. **Behavioural/life-style/diseases** – where there is a successful track-record and which would free-up very significant fiscal resources and capacities.
4. Move ahead on developing a funding model for a Universal Social Insurance-type **Fund** which is ring-Fenced (NPRF).


LIFE
CLOSE
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BONE