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Staidéar Fadaimseartha na hÉireann um Dhul in Aois
The Irish Longitudinal Study on Ageing

RESEARCH BRIEF

PUBLIC HEALTHCARE ELIGIBILITY AND THE UTILISATION OF GP SERVICES BY OLDER PEOPLE IN IRELAND

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Equity of access to healthcare is regarded as a key objective of national and international health policy. Most countries subscribe to the principal that healthcare should be financed in accordance with ability to pay, and delivered on the basis of need. Current Irish health policy states that 'the population will have equal access to healthcare based on need, not income' (Department of Health, 2012; i). However, the current Irish system of financing general practitioner (GP) care is unusual internationally, with the requirement for a large proportion of the population to pay the full cost of GP care a particular concern.

Currently, just over 40 per cent of the population have a medical or GP visit card and are entitled to free GP care, while the remaining 60 per cent pay the full cost. Eligibility for a medical/GP visit card is determined largely on the basis of an income means test. Previous analyses on the total adult population in Ireland have confirmed that this system of entitlements is a significant determinant of GP visiting behaviour, with medical cardholders visiting more frequently than those without free access to GP care, even after controlling for health need (Nolan, 2008, Layte and Nolan, 2014). However, much less is known about the older population, who are more frequent and intensive users of healthcare, and for whom other barriers to access may be just as important as price (e.g., access to transport).

DATA

Using nationally representative data on a large sample of individuals aged 50+ from the Irish Longitudinal Study on Ageing (TILDA), we examined the determinants of GP utilisation among this population, with a particular focus on the impact of the Irish system of public healthcare eligibility (Hudson and Nolan, 2014). TILDA is a nationally representative sample of over 8,000 community-dwelling individuals aged 50 years and over in Ireland (and their

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spouses or partners of any age). The dataset contains a rich set of variables on the health and socio-economic circumstances of older people. Data from the first wave of TILDA (collected between October 2009 and February 2011) were used in this study. One of the main advantages of TILDA over existing national and international datasets is the availability of objective information on the health of respondents, collected via nurse-led health assessments, allowing us to control much more comprehensively for health need than ever before.

Public Healthcare Entitlements in the Irish Healthcare System

The over 50s population were divided into four mutually exclusive groups, which differed in their entitlements to free public healthcare. Medical/GP visit cardholders comprised 36 per cent of the over 50s population, and a further 16 per cent had both a medical/GP visit card and private health insurance (termed ‘dual cover’). Those with private health insurance only comprised 37 per cent of the over 50s population, while just 11 per cent had neither a medical/GP visit card nor private health insurance (‘no cover’).

While the overall average annual number of GP visits among the over 50s was 4.1, medical/GP visit cardholders had an average of 5.8 GP visits per annum, while those with ‘no cover’ had 2.3 visits per annum. However, these averages do not take into account differences between the four groups in other characteristics that predict use of GP services, such as age and health status.

Results

We therefore estimated multivariate statistical models of GP utilisation. The results of these models indicate that eligibility for free public healthcare is still associated with a significantly higher number of GP visits. In comparison with those with ‘no cover’ for GP expenses (i.e., without a medical card or private health insurance), medical/GP cardholders had an extra 1.5 GP visits per annum, those with ‘dual cover’ (i.e., with both a medical/GP card and private health insurance) had approximately 1.6 extra GP visits per annum, while those with private health insurance were found to have 0.5 extra GP visits per annum. Importantly, these effects take into account other differences in characteristics between the various

eligibility groups that might explain their greater need for healthcare (e.g., age, health status, *etc*.). These effects are consistent with the differing relative prices facing the various eligibility groups (e.g., medical/GP cardholders have a significantly higher number of GP visits than those who must pay the full price of GP care).

Other important determinants of GP visiting rates among the older population include health need, particularly self-assessed health status, consistent with international research that has demonstrated that self-assessed health status is a good predictor of mortality and use of healthcare. We found some evidence that most usual form of transport is an important determinant of GP visiting among the older Irish population (with those using public transport having a lower number of visits), although the magnitude of the estimated effects is relatively small in comparison with the effects for other determinants such as healthcare eligibility and health status.

DISCUSSION

Our results clearly demonstrate that the current structure of healthcare entitlements in the Irish system impacts on use of GP services, even after controlling for health need. It is hard to say whether the difference in GP visiting is a result of 'under-utilisation' among those without a medical/GP card or 'over-utilisation' among those with a medical/GP visit card. We cannot answer this question without much more detailed information on GP visits (reason, length, *etc*.), although there is plenty of international evidence that user fees deter both 'necessary' and 'unnecessary' healthcare utilisation and are therefore not an effective instrument for reducing 'unnecessary' healthcare utilisation (Robinson, 2002). Around the world, there is a movement away from simply applying user fees across the board towards strategies that promote efficiency through value-based user fees (using user fees to encourage patients to use certain medications, services and providers, e.g., generic rather than brand-name medications, GPs rather than EDs for minor complaints, *etc*.) (Stabile and Thomson, 2014).

While this analysis highlights the association between eligibility for free GP care and GP visiting among the older Irish population (and is consistent with international evidence), it cannot draw any conclusions about the causal mechanisms involved, nor about the possible

impact of the financing system on health outcomes. In terms of policy implications, the key concern is whether those who must pay for GP care deter necessary visits, particularly preventive care visits, which may lead to poorer health and more expensive secondary care in the future. The availability of additional waves of TILDA data will allow us to extend the analysis in this paper to investigate the causal mechanisms (i.e., by analysing the extent to which changes in public healthcare eligibility lead to changes in GP utilisation) and the impact of public healthcare eligibility on health outcomes and costs.

This analysis is particularly timely given the commitments in relation to free GP care that are contained in the current Irish Programme for Government, whereby free GP care for the entire population would be introduced on a phased basis (Government of Ireland, 2011). The first stages of the extension in free GP care to the full population have been announced (i.e., for all children under six years of age, and all those aged 70+), although have yet to be implemented. In this context, analyses such as this one of the response to differential prices of care can inform policymakers in decisions around adjusting healthcare eligibility and entitlements in the Irish healthcare system.

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Researchers interested in using TILDA data may access the data for free from the following sites:

- Irish Social Science Data Archive (ISSDA) at University College Dublin
  http://www.ucd.ie/issda/data/tilda/
- Interuniversity Consortium for Political and Social Research (ICPSR) at the University of Michigan
  http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/34315