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INSURANCE STATUS AND WAITING TIMES FOR HOSPITAL-BASED SERVICES IN IRELAND

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Insurance status and waiting times for hospital-based services in Ireland [1]

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INTRODUCTION

In Ireland, long waits for public hospital services are a feature of the healthcare system, while the perception that waits for private hospital services (delivered in both public and private hospitals) are shorter is a motive for purchase of private health insurance (PHI). In 2008, in an attempt to ensure more equal access to hospital-based services, a 'common waiting list' for all patients within public hospitals was proposed. The aim of this paper is to analyse waiting times in Ireland for hospital services for patients with and without PHI and to examine whether the 2008 reform reduced the differential in waiting.

DATA AND METHODS

Data for the analysis were derived from the health module of the Quarterly National Household survey (QNHS) in Ireland. The QNHS is a large-scale, nationwide survey of households in Ireland designed to produce labour force statistics. The QNHS conducts special modules on different social topics (including health status and healthcare utilisation). Data for the health status and healthcare utilisation module are cross sectional and were collected in 2007 and 2010. A total of 21,253 and 15,673 observations were collected in 2007 and 2010 respectively. The dataset included a large amount of information on the demographic, socio-economic, health status and health service use of survey respondents, including whether the respondent was currently on a waiting list for an outpatient appointment or inpatient admission. For those that were on a waiting list, the length of time that they had been waiting was also recorded.

[1] This Bulletin summaries the findings from: Whyte, R., Connolly, S., and Wren, MA., "Insurance status and waiting times for hospital-based services in Ireland", *Health Policy*, Available online: https://doi.org/10.1016/j.healthpol.2020.07.001

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FINDINGS

We found that those with PHI in Ireland were more likely to have shorter waiting times for both outpatient appointments and inpatient admission than those without PHI. For example, patients with PHI had over twice the odds of waiting less than 3 months for outpatient appointments and over 3 times the odds of waiting less than 3 months for inpatient admission, compared to patients without PHI. This relationship held even after adjusting for a range of other characteristics of individuals including their health status. The introduction of a "common waiting list" in 2008 for public and private patients accessing care in public hospitals does not appear to have reduced the differential in waiting between those with and without PHI between the years 2007 and 2010.

DISCUSSION

There are likely to be several factors contributing to the long waits for public hospital services in Ireland; however, more research is required to identify to what extent the existence of the parallel private market may contribute to these waits within the public system The failure of the 2008 reforms to reduce the differential between those with and without PHI may be explained by the failure to properly implement the proposed changes, although expansion of capacity for private patients' treatment in private hospitals is a possible confounding factor. While it is not clear why the proposed changes were not fully implemented, it is possible that the existing financial incentives for hospitals and doctors which favour the treatment of private patients in public hospitals were a contributory factor. In general, misalignment of health policy measures appears to have had the effect that the aim of achieving equity by introducing a common waiting list was more aspirational than actual.

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