UNIVERSAL HEALTH CARE POLICY?

The Consequences of Politics for Health Policy

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What is Universal Health Care (UHC)?

- NHS - July 5 1948, UHC - 3 core principles:
  - meets the needs of everyone
  - free at the point of delivery
  - based on clinical need, not ability to pay
- Canada Health Act (1984) 5 fundamental principles in law:
  - universality, portability, accessibility, comprehensiveness and public administration.
- WHO (2013) – UHC - 3 components:
  - access to full spectrum of quality health services based on need;
  - financial protection from direct payment for health services when consumed;
  - coverage for the population.

UHC values?

- *The values that are implied by universal health coverage underlie choices about "how" health systems are governed and their organizations are managed* (Fattore & Tediosi 2013).

Values in Irish HC:

- Health Act1970 - individuals responsible for costs of healthcare except in cases where it would cause 'undue hardship'. (Byers, 2009).
- No express recognition of health as a human right in Irish Constitution/legislation - seen to create obligation on the state (Irish Human Rights Commission, 2005).

- In 2005, all WHO Member States made the commitment to achieve universal health coverage; a collective expression of the belief that all people should have access to the health services they need without risk of financial ruin/impoverishment (WHO 2013).

Irish Health System

- Ireland - unique provision of healthcare, with a disparate set of providers; public/not-for-profit/private groups/organisations.
- Unlike many other EU countries; **no right or entitlement to free care at the point of contact and no universal access** (Cyprus and Ireland) (Thomas and Burke 2012)
  - Approximately 1/3 of the population has free access to public health care on the basis of low income
  - The rest of the population pays out of pocket for drugs and to see a GP. Also fees to access the public hospital system.
  - Around 50% of the population has private health insurance.

Policy Context: 2001-2008 Structural Reform

- *Quality & Fairness (2001)*
- Patient-centred
- Streamline functions, roles & responsibilities
- Enhance governance, planning and financial management
- Improve patient care & maximise value for money

- *Organisational Reform 2003 Programme*
- Establishment of HSE (2005)
- HIQA and restructured DOH

Policy Context: 2009-2014 Austerity

- Rationing of care due to significant budgetary cuts
- Reductions in staffing, recruitment moratorium, pay cuts
- More people dependent on public system
- Discretionary medical cards & home help support cuts
- Cost burden shifted - increased prescription and hospital charges.
- Access & quality are issues:
- a two-tier system that is undermining the development of a modern, responsive and sustainable health service (DOH 2014)
- **Also:**
- Continued restructuring! Setting up Directorates (2012), Hospital Networks (2013) and CHOs (2014/5)
- 2007-12 the average annual private health insurance premium increased by 56%

Policy Context: **2011** Programme for Government

- This Government first in the history of the State committed to developing **a universal, single-tier health service** (to be introduced in 1st term of office)
  - Incl Universal Primary Care by 2015

- To deliver this via Universal Health Insurance (UHI) (2016/19), underpinned by principle of social solidarity, equitable access based on need & not on ability to pay.
- Establishment of Hospital Groups (Trusts) to provide care in the new system.

(Government for National Recovery (2011), Future Health (2012), The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts (2013), White Paper for UHI (April 2014))

Policy Context: **2016** Programme for Partnership Government

- To develop primary care
- Increase health spending
- Extend free GP care to under 18 year olds
- Extend some medical card coverage
- Increase capacity of EDs,
- Reduce waiting lists
- Abolish HSE
- Etc…

- '*to develop a single long term vision plan for healthcare over a 10 year period'* … *delivered through a new funding model* ..key to *the long-term sustainability of our health service and Universal Healthcare'*.

(Government of Ireland. 2016. "*Programme for Partnership Government (May 2016)*". Dublin: Stationery Office)

Theory, Institutional Perspective:

- Healthcare is a distinctive organizational field (Scott 2001)
- It has been politically contentious; logics at societal level created by government embed in policies that cascade down to organisations
- Institutional logics - professional, government, and managerial-market logics shape transformation of the field from one dominated by '*professiona*l' logics to one influenced by increasingly '*market and managerial'* logic (Reay & Hinings 2009)
- Governance systems are critical to understand arrangements by which control & management are exercised

National Health Policy (Universalism): Logic 1

- Solidarity/ Equal Access and fairness in healthcare/ Patient at the centre - based on need rather than ability to pay.
- Through integration:
  - ..*of healthcare systems promoted as a means to build a more effective and efficient healthcare system that takes a patient centred focus and better meets the needs of the population* (Armitage et al 2009).

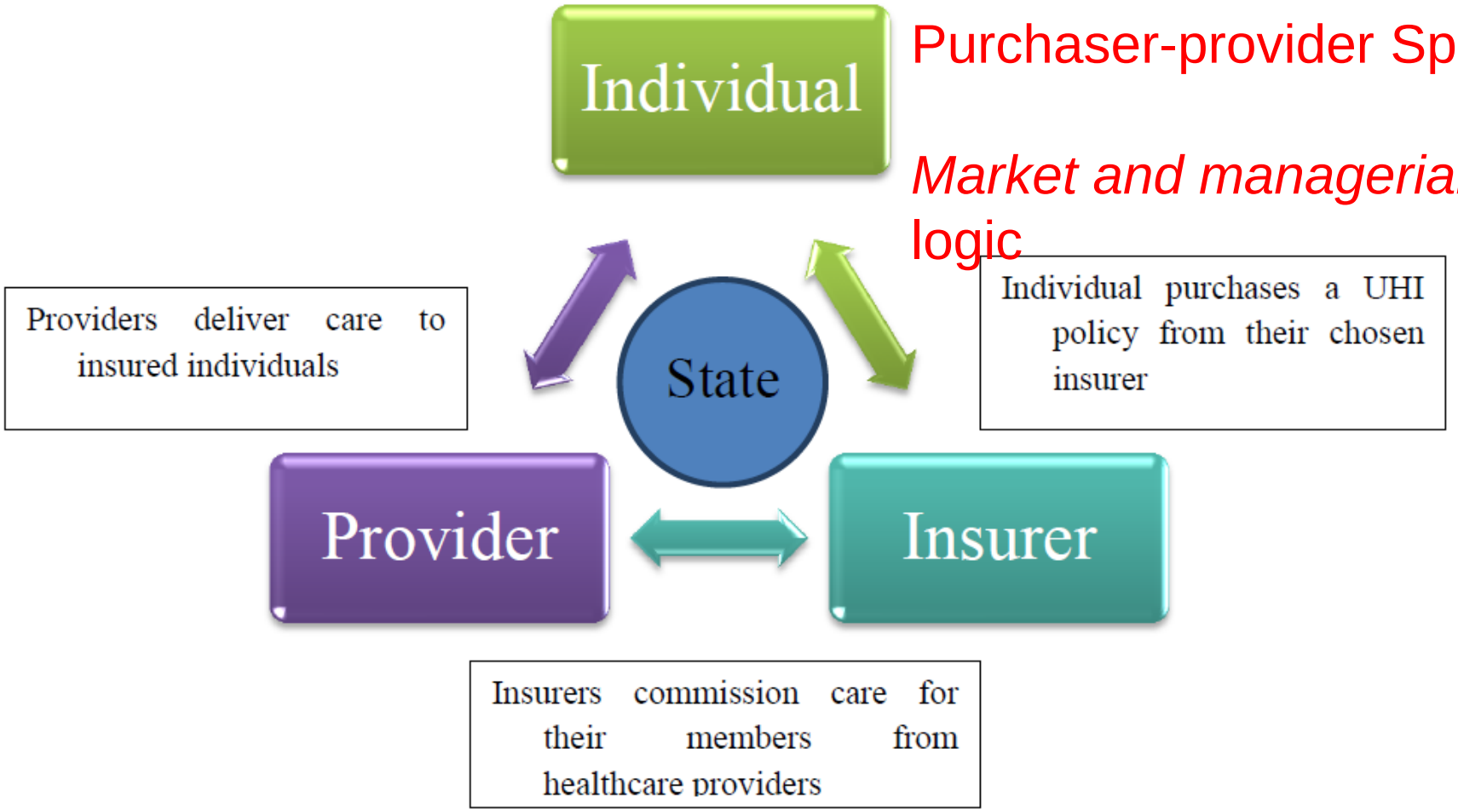
- UHC underpinned by integration of:
  - Hospital (Acute) sector providers (7 networks)(2012-2015)
  - Community & Primary Care Service Providers (9 Community Healthcare Organizations - CHOs) (2014-2015)

Professional logic

(DOH 2012, 2013, 2014)

National Health Policy (Universalism): Logic 2

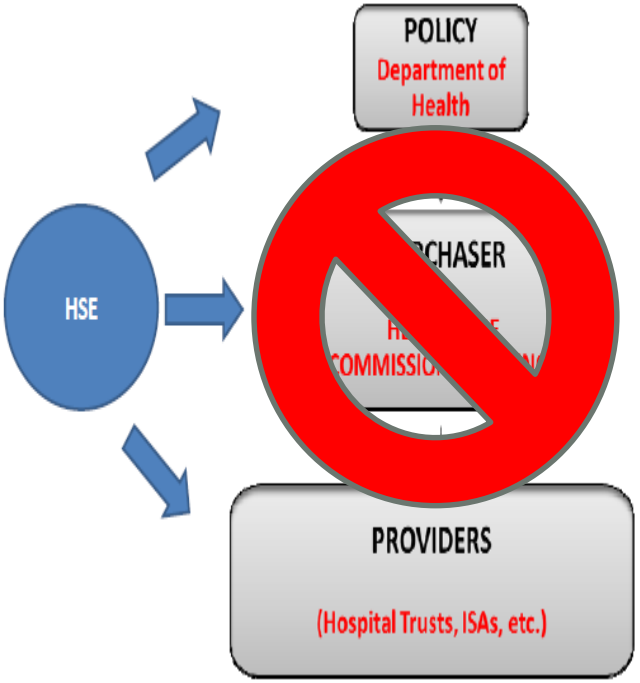
DOH (2014:39) ***White Paper on UHI***



November **2015,** A change of heart on Universalism?!

- *'It is unlikely that there is ever a perfect time to change funding models but the …to do so during a financial crisis would have been wrong….. The delivery of the reform programme (integration) must be completed so that the foundations are in place to change the funding*'
- MOH November 18, 2015

- High costs to both the citizen and government (ESRI Report (Wren et al 2015) and KPMG Report (KPMG, 2015)



Institutionalism: a citizen's perspective

- The practice of politics often undermines our freedom, unsettling our world in the quest for power. Beliefs presumed to be true because they are so widespread are invoked to nurture a limited view of ourselves, our world and our capabilities.
- The most pernicious belief is that 'so-called' economic laws exist naturally and independently of human judgement.
- Deep thoughtful awareness of our needs.. is subverted by the more powerful imperatives of money and markets…
- June 21st Irish Independent – Letters to the Editor

Real Intent of UHC policy?
'Governance is a linguistic strategy' - Brodkin (2013)

- Major health reform without clear objectives, costings and implementation plan (Burke et al., 2016).
- '*A harsh insurance-based financial model mis-sold .. as a commitment to equitable healthcare*' (IMO, 2015).
- 'U*nrealistic….. a strong feeling we needed to salvage .. ethos and professionalism … before it was lost to a new plan that did not embrace vital elements which were effective for patients…'*. (GP Training Scheme 2015)
- Population never fully engaged with the import of 'UHI' - coincided with cuts to eligibility and access
- Widespread scepticism regarding the ability to move to and operate a managed competition model (SAI, 2014; Turner, 2014).
- 'My definition of universal healthcare is wider access to safer – and higher quality – healthcare for more people' (Varadkar 2015)

How to explain it?

- Evaluation of policy implementation in Irish context from a managerial/organisational/governance perspective **is absent**
- How are different interpretations of competing logics managed, and how do actors in organizations accomplish work when there is no clearly defined dominant logic.
  - If powerful actors support institutional logics .. (they) can maintain the status quo as they provide formal/informal rules of action and interpretation that guide and constrain decision makers (Thornton and Ocasio 2008).

Some thoughts/takeaways

1. Should universal health coverage be the practical expression of the right to health care?

   The WHO labels universal health coverage as “by definition, a practical expression of the concern for health equity and the right to health”.

2. Theoretical (institutional) perspective expresses the important link between health policy & practice;
   - What means of action are being engaged in implementation? (Macro – Institutional)
   - What capacity has it to connect with practice? (Meso - Organizational)
   - How do stakeholders–receive, perceive and implement this reform? (Micro) – PRACTICES at the front-line.

3. Need for policy research evaluation