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Private health insurance status as a predictor of patient experience in public acute hospitals:

Evidence from a national healthcare survey in the Republic of Ireland

T. Huss, C. Foley, T. O'Carroll, B. Foley, R. Flynn
Health Information and Quality Authority, Ireland.

Background to the Irish healthcare system

- Financed through a mix of public and private funding
  - Public funding (70%); voluntary health insurance payments (12%); out-of-pocket spending (15%) [1,2]
  - 43% of population have private insurance. 33% receive free healthcare under the General Medical Services (GMS) scheme [3-5]
- Between 2012 and 2016 private patients accounted for 16-17% of total public hospital discharges[6]
- In 2017, private health insurance (PHI) premiums averaged €1,858 pa[3]
- Slaintecare reform programme – Proposes removing private care from public hospitals
  - De Buitléir (2019): Complex, expensive, time-consuming [7]
  - 'Common Waiting Lists' introduced in 2009 to prevent prioritisation of private patients in public hospitals.[8]

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Expectations of private cover

- Surveys exploring perceived benefits of private health insurance have found:
  - 59% agreed health insurance allowed holders to skip queues
  - 57% agreed health insurance allowed access to better level of care[3]
- Patient expectations linked to various outcomes including satisfaction with care. [9,10]

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Study aims

- Most national healthcare systems include mixed public and private funding but there is limited evidence on whether this impacts on how patients perceive care
- Research questions:
  1. Do people with private insurance have different experiences of care in public hospitals than people without?
  2. What factors account for differences in experiences?
  3. What are the expectations of people with PHI in public hospitals?

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Method

- Analysed responses to 2017 and 2018 National Patient Experience Survey
  - All patients 16+ discharged in May 2017 and 2018 across 40 public acute hospitals
  - 61- item questionnaire (including 3 free text questions) covering stages of care
- Mixed-methods approach to explore differences in experience
  - T-tests, multiple regressions
  - Framework analysis of qualitative responses mentioning PHI.

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Results

- 27,100 responses – 19% of these said they had private health insurance
- Those with PHI gave sig. lower ratings across all scales (p<.001).

Results

	Overall experience	Admissions	Care on the ward	Examinations	Discharge
	β	β	β	β	β
PHI status	**-0.065***	**-0.021***	**-0.047***	**-0.018***	**-0.023***
Sex	0.053*	0.028*	0.060*	0.056*	0.085*
Age	0.094*	0.093*	0.092*	0.048*	0.060*
Length of stay	-0.053*	-0.049*	-0.059*	-0.041*	-0.021*
Admission type	0.133*	-	0.115*	0.153*	0.139*
R2	0.034	0.011	0.029	0.030	0.030
F	172.265	51.233	153.644	158.322	157.627

* $P < .01$

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Qualitative comments

- 336 PHI-related comments coded according to framework

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Expectations identified

- Three key expectations of those with health insurance were identified:
  1. Fast-tracked treatment and scans ahead of those without insurance
  2. Accommodation in private rooms rather than large public ward
  3. Enhanced access to doctors – specifically one-to-one time with consultants

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Unmet expectations

"I have private medical health insurance and there was no private room available to me during my stay. I appreciate that private rooms are scarce but private health insurance is very expensive and there is an expectation from those that can afford to pay it."

"With private cover a patient should not be left waiting while others were seen first."

"I hoped my private health insurance would have fast tracked my [treatment] but unfortunately, I had to wait similar to a public patient."

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Positive comments

"I was a private patient and I feel I was dealt with sooner than others, and got a private room."

"It is unfortunate that one must be fortunate enough to be able to afford private health insurance or private healthcare fees to be treated with dignity and respect when they are at their most vulnerable"

"The fact you have health insurance you are looked after better."

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Discussion

- Those with PHI report significantly poorer experiences than those without
  - Expected preferential treatment not consistently provided
- National policies to limit preferential treatment in public hospitals – mixed success
  - Recent Irish research has found that those with PHI get faster access to initial consultations and diagnostic tests[11]
  - Our findings suggest there is limited preferential treatment once admitted
- Limitations
  - Expectations largely inferred rather than explicitly stated
  - Requirement for research specifically exploring expectations in mixed healthcare systems.

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Conclusion

- Paying for PHI appears to foster expectations of prioritised care in public hospitals
  - Failure to meet expectations may contribute to poorer patient experience
- Greater clarity required for insurance holders regarding what their cover entitles them to
  - Management of expectations particularly important as private care is phased out of public hospitals.

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