Induced demand under the expansion of GP Visit Cards

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CUPID PROJECT

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Work Package 1

Temporal trends of paediatric attendance in General Practice and Emergency Departments (Under 6 Policy)

Dr. Thérèse McDonnell

Work Package 2

Geospatial trends of
Emergency
Department
utilization
(Under 6 Policy)

Dr. David Joyce

Work Package 3

Parental preferences for unscheduled healthcare

GPs decision making processes for referral of patients to the ED

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With effect from 1 July 2015, children aged under 6 became entitled to a GP visit card

Entitlement without charge includes:

- Care at a GP practice by a GP or a practice nurse
- health assessments at ages two and five
- care for children with asthma (registration on the Asthma Cycle of Care programme)
- OOH urgent GP care

It does <u>not</u> entitle the holder to other primary care services such as physiotherapy or occupational therapy, nor attendance at the emergency department without charge (referral to ED by GP is at no-charge for all)

Policy of Free GP care for children aged under 6

Research Question: How did the introduction of this policy impact the level of attendance at

- General Practice (daytime and out-of-hours)
- the Emergency Department?

Sourcing the data.....

DAYTIME GENERAL PRACTICE

OUT-OF-HOURS GENERAL PRACTICE

EMERGENCY DEPARTMENTS

<u>Methodology</u>: **difference-in-difference**

- compare attendance before the policy with attendance post-policy (difference)
- adjusting for trends in a comparable cohort of older children (difference)

Anonymised visit records for children for a 5 year period: 2 years pre- and 3 years post-policy

We wanted to extract as much descriptive information about visits as possible e.g. severity, reason for attendance

Sourcing the data.....

DAYTIME GP

No centralised way of accessing GP data.

To access data, researchers must recruit individual GP practices

Leveraged UCD School of Medicine training network

45% - 50% of GPs use Socrates Patient Management Software – we designed an extraction tool by contracting Clanwilliam Health

2019:

Practices invited: 93

Practices agreed: 39

2020:

Formally withdrew post agreement: 4

2021:

Practices that provided data: 17

Practices with sufficient

time periods: 16

1 practice

OUT-OF-HOURS GENERAL PRACTICE

Caredoc - 7 counties, 6 of which had sufficient time periods



EMERGENCY DEPARTMENTS

CHI Crumlin

CHI Tallaght

CHI Temple St

Limerick University Hospital

Cork University Hospital



Results: Daytime GP

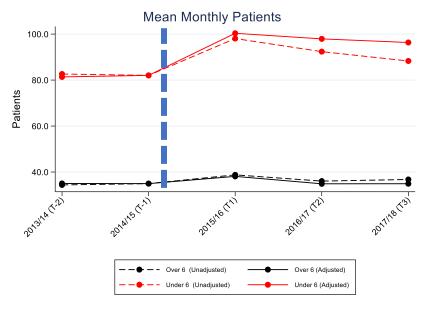
Effect of free GP care for Under 6s on monthly attendance at daytime general practice

	% Increase in Visits	% Increase in Patients
Policy effect by Year (base Year 2014/15)		
Policy Effect 2015/2016 (Year 1)	21.1%	18.3%
Policy Effect 2016/2017 (Year 2)	20.9%	18.6%
Policy Effect 2017/2018 (Year 3)	20.1%	17.4%

Practice profile questionnaire:

- Some level of waitlist for new patients (50%)
- All practices offered same-day appointments for urgent cases
- 63% of practices could not offer same-day routine appointments





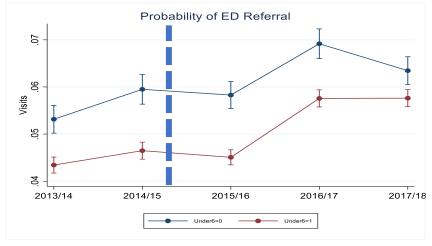
Results: Out-of-hours GP

Effect of free GP care for Under 6s on monthly attendance and ED referrals at Out-of-Hours general practice

Policy effect by Year (base Year 2014/15)	% Increase in <u>Visits</u>	% Increase in ED Referrals	
Policy Effect 2015/2016 (Year 1)	20.5%	0%	
Policy Effect 2016/2017 (Year 2)	26.0%	0%	
Policy Effect 2017/2018 (Year 3)	29.4%	0.6%	

McDonnell T, Nicholson E, Bury G, Collins C, Conlon C, Denny K, O'Callaghan M, McAuliffe E. Policy of free GP care for children under 6 years: The impact on daytime and out-of-hours general practice. Social Science & Medicine. 2022 Feb 9:114792.





Results: Emergency Departments

Some general observations on hospitals in our study:

- GP referrals to the ED higher at Regional Hospitals
- Less low urgency triage at Regional Hospitals
- Hospital admissions higher at Regional Hospitals

Overall

- Increase in attendance of 2.13% for Under 6s (only evident 3 years after policy introduced)
- Increase in proportion of GP referred visits, but this had been increasing pre-policy
- None of the hospitals experienced a decrease in the rate of attendance by walk-ins

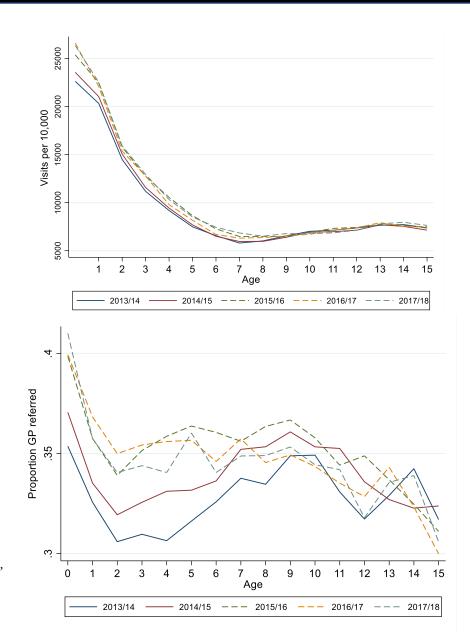
CHI Dublin

Policy had no overall effect on attendance

Regional hospitals

- increase of 14.8% (Limerick) & 28.9% (Cork) in overall attendance
- Increase in both walk-ins and GP referrals
- Proportion of visits referred by GP
 - increased in Cork
 - decreased in Limerick (GP access issue?)
 - Increase in low-acuity presentations in Limerick

McDonnell T, Nicholson E, Barrett M, Bury G, Collins C, Cummins F, Deasy C, Denny K, De Brún A, Hensey C, McAuliffe E. Policy of free GP care for children under 6 years: The impact on emergency department attendance. Social Science & Medicine. 2021 Jun 1;279:113988



Context: related research from the CUPID Project

Qualitative interviews with parents on health-seeking behaviour (1)

- Parents access unscheduled healthcare after reaching their capacity to manage the child's health
- Relevant factors: Parental experience, perceived urgency and need for reassurance
- Aware of "appropriateness" in terms of health-seeking behaviour
- Important factor: timely access. Inability to secure GP appointment led to parents accessing other services.

Discrete choice experiment with parents on preferences for unscheduled paediatric healthcare (n=458) (2)

- timeliness (same day/next day)
- seen by own doctor
- appointment preferred to walk-in with unknown wait
- telephone advice available
- cost

(2) paper under review

⁽¹⁾ Conlon C, Nicholson E, De Brún A, McDonnell T, McAuliffe E. Stuff you think you can handle as a parent and stuff you can't'. Understanding parental health-seeking behaviour when accessing unscheduled care: A qualitative study. Health Expectations. 2021 Oct;24(5):1649-59

Strengths of our study

- 5-year study period: 24 months pre-policy (pre-policy trend) and 36 months post-policy (persistence of effect once policy embedded)
- Visit records extracted directly from sample of GPs, OOHs and EDs allows for more granular assessment and analysis of underlying data: no issue with "recall"
- Isolated the effect of population changes that have "dampened the effect" (population aged U6 decreasing year-on-year)

Suggested areas for future research:

- Impact of this policy on health of children (e.g. management of asthma)
- Creating capacity within GP

Policy implications

Attendance at daytime and out-of-hours GP by children aged under 6 increased substantially as a result of this policy

No offsetting decrease at Emergency Departments

Is there capacity within General Practice to absorb further expansion of free GP care, without adversely impacting accessibility (wait-time for appointments; patient registration)?

Planning required for further expansions:

- Estimated 3,000 WTE GPs (1)
- additional 521 GPs needed to meet demand associated with universal system and address existing unmet need (1)
- Estimate does not include provision for aging population and further expansion of care within GP
- 1/3rd existing GPs are aged 55 or over and approaching retirement (2)
- ICGP: increased number of places on the GP training scheme (2015 intake: 153; 2023 intake: 285).

Need to adequately resource other areas of the health system to remove blockages and to meet the needs of all patients

⁽¹⁾ Connolly S, Wren MA, Keegan C, Rodriguez AG. Universal Primary Care in Ireland: Cost and Workforce Implications. The Economic and Social Review. 2022 Dec 12;53(4, Winter):281-98.

⁽²⁾ Crosbie B, O'Callaghan ME, O'Flanagan S, Brennan D, Keane G, Behan W. A real-time measurement of general practice workload in the Republic of Ireland: a prospective study. British Journal of General Practice. 2020 Jul 1;70(696):e489-96.

Thank you!

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