“The money should follow the patient’s best health care

This Report* is about how this should and can be done

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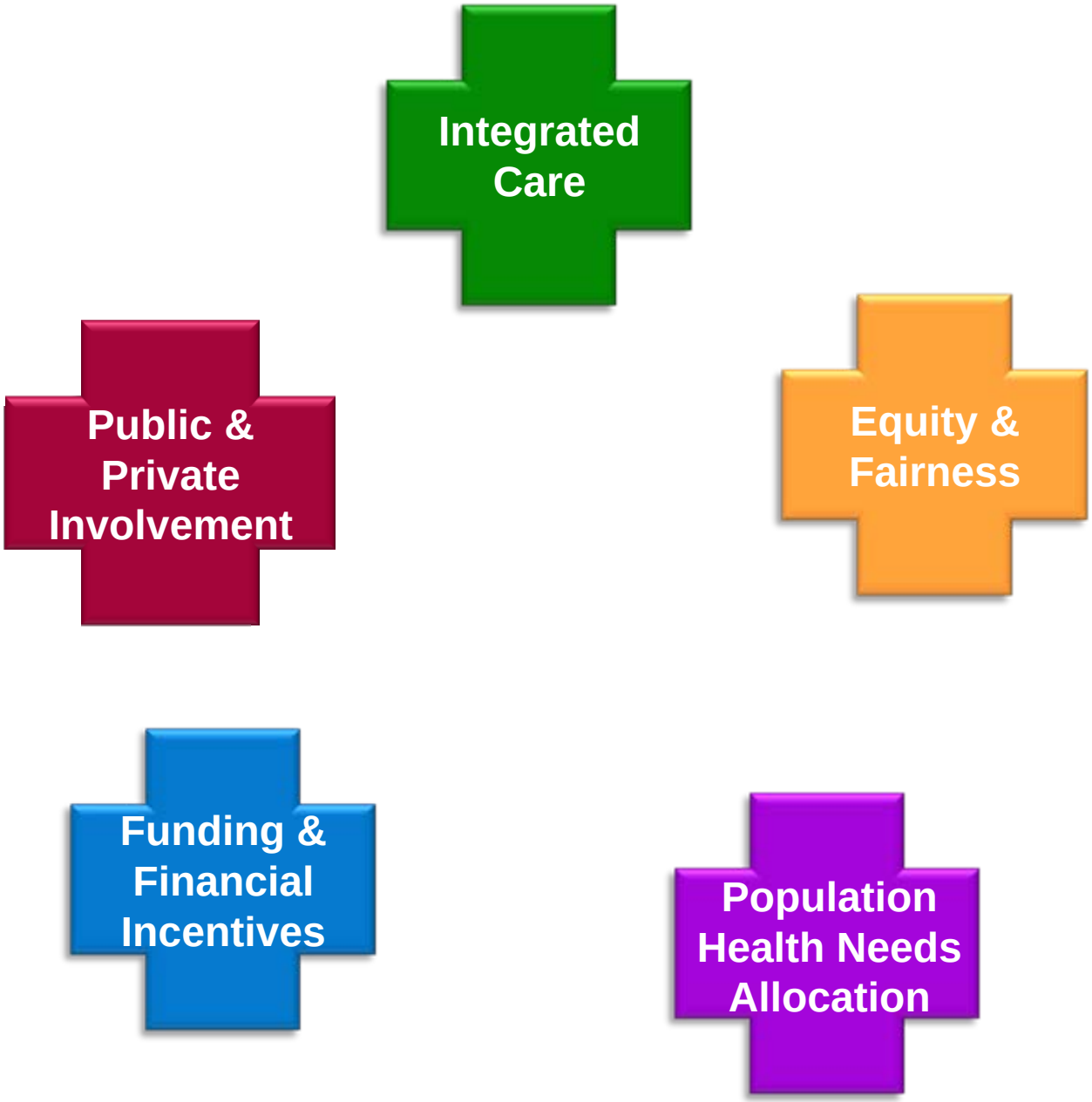
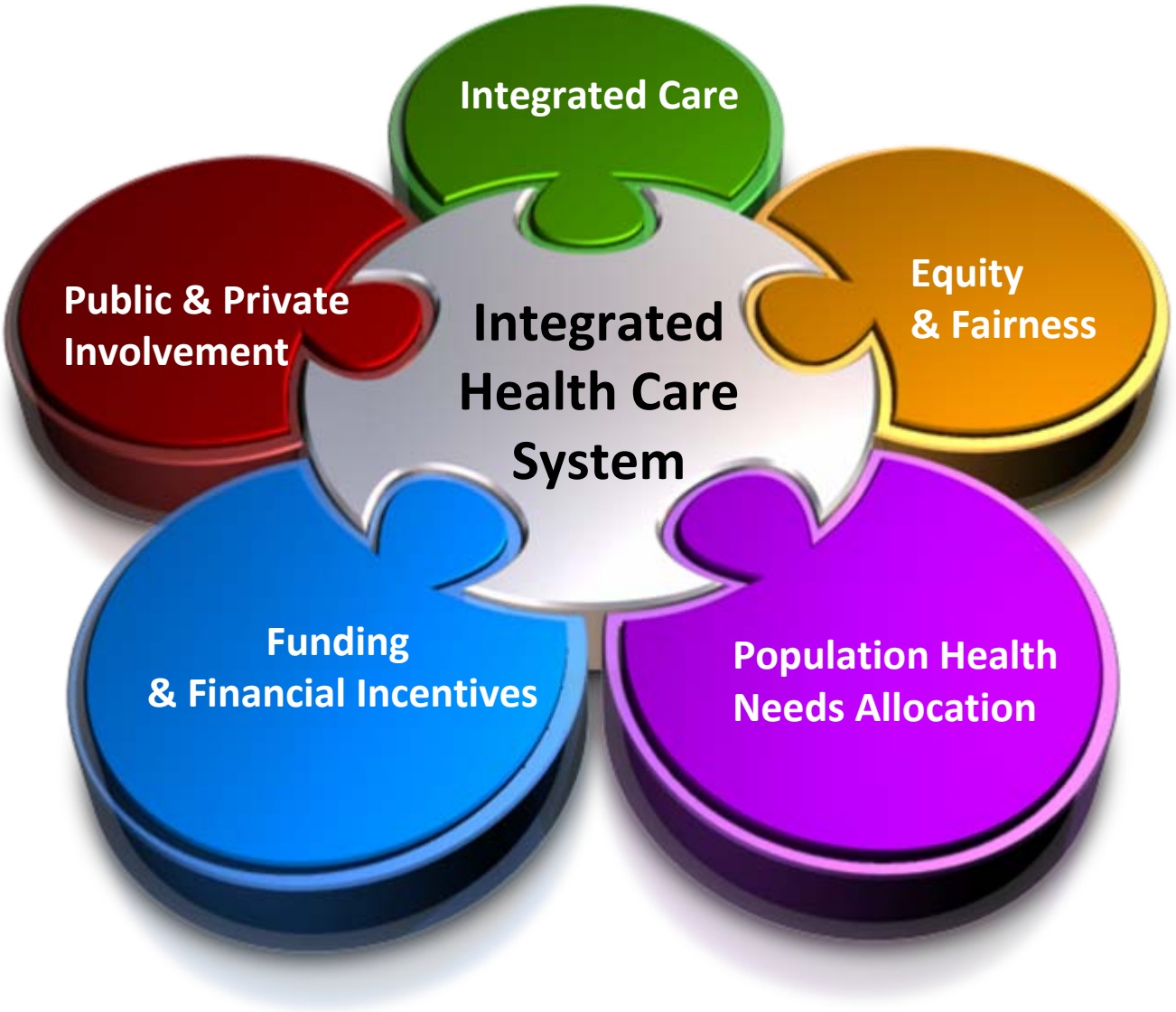
**Report of the Expert Group on Resource Allocation and Financing in the Health Sector*

July 09, 2010


Integrated Care
Public & Private Involvement
Equity & Fairness
Funding & Financial Incentives
Population Health Needs Allocation


Integrated Care
Public & Private Involvement
Integrated Health Care System
Equity & Fairness
Funding & Financial Incentives
Population Health Needs Allocation

Expert Group's Approach

- Understand the issues / problems of meeting current policy objectives from clinical, managerial and economic perspectives
- ESRI offered to produce independent research on international evidence for service delivery, financing and sustainability of health care – ***Evidence Report***
- Agree Guiding Principles for what is needed to help us meet the stated objectives of health care
- 34 Recommendations designed to support the guiding principles to get us to where money **does** follow the patient

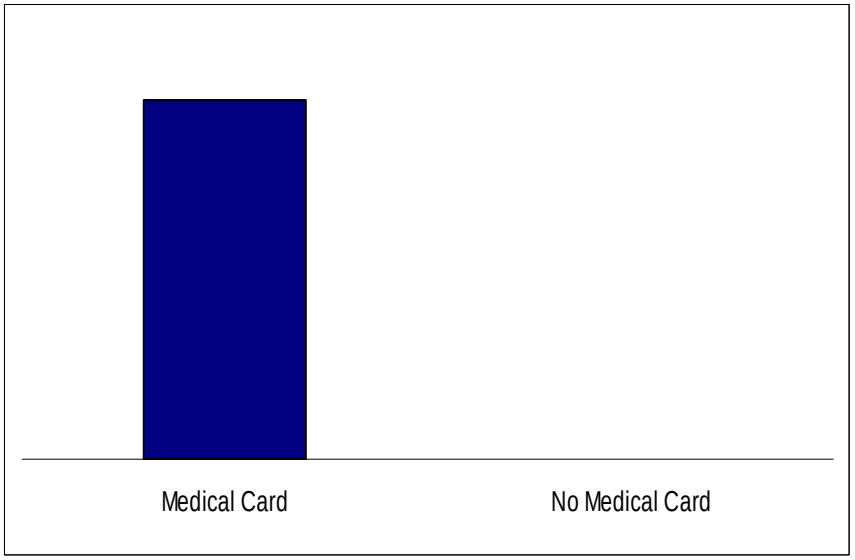
Essence of Report

- How to ensure that money for health delivers
  Best health status for population / Best outcomes for treatments
- Resources to shift focus from provider to user; from hospital to primary, and community & continuing care
- Shift from fragmentation to integration supporting clinical practice, and better use of resources
- Identifies single framework for clinical/management/ resource allocation decision making
- Identifies type of framework required to deliver a comprehensive and coherent eligibility system

Illustrative Financing System

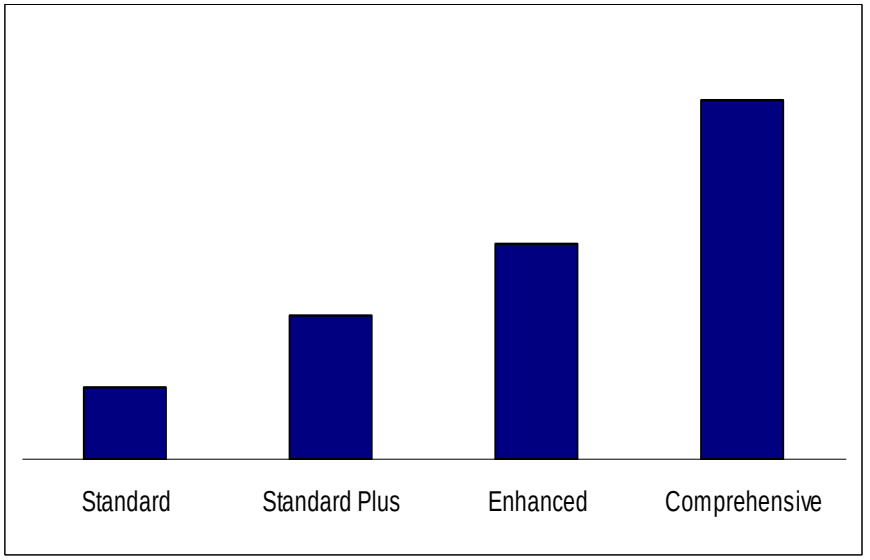
Present

Binary System



Possible Structure

Stepped System



What will change for the Patient?

- **Before**

- Unplanned eligibility patterns
- Fees not related to incomes and need
- Fragmented care

- **After**

- Clear eligibility related to need
- Fees related to income and need
- Individual care pathways

What will change for Primary Care?

- **Before**

- Limited clinical protocols
- Weak links to hospital
- Small role in CDM*
- Few resources to support PCT** development

- **After**

- Integrated clinical protocols
- Strong hospital links
- Major role in CDM
- Strong support for PCT development through HSE

*CDM = Chronic Disease Management; ** PCT – Primary Care Team

What will change for C&C* Care

- **Before**

- ~ Historic budgets
- Uneven resources
- Weak infrastructure
- Weak links to HC*/PC*
- Overlap of purchasers and providers

- **After**

- Prospective funding
- Pop. health budgets
- Improved infrastructure
- Systemic links to HC/PC
- Move to separate purchasers/providers

*C&C = Community and Continuing Care; HC = Hospital Care; PC = Primary Care

What will change for Hospitals?

- **Before**

- Mostly Block Grant
- Inefficiency unknown
- Budgets supporting silo work practices
- Large barriers between hospitals and other care settings

- **After**

- Prospective funding
- Efficiency rewarded
- Budgets promoting team-based approach
- Resources linking hospitals and other care settings

What will change for the HSE?

- **Before**

- Integration of HSE roles as purchaser & provider
- Separate budgeting for hospitals / PCCC*
- Separate structures for resource allocation, management and clinical leadership
- Targeted waiting times

- **After**

- Planned move to purchaser/provider split
- Integrated budgeting for HC/PC/CCC
- Integrated leadership across resource allocation, management and clinical standards
- Guaranteed waiting times

*PCCC = Primary, Continuing and Community Care:

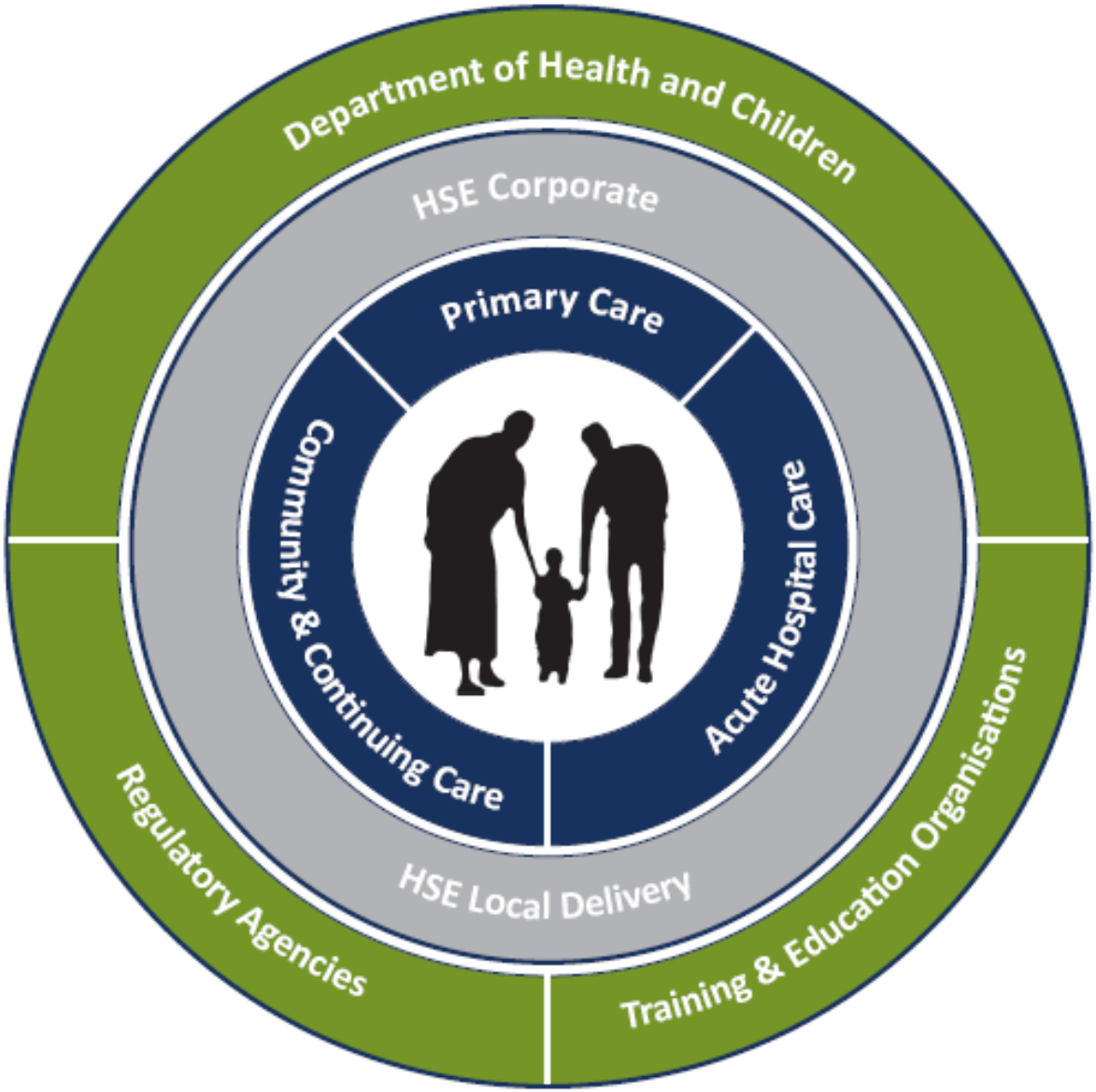
What will change for the DoHC?

- **Before**

- Fragmented Policy Framework
- Resource usage policy oriented towards public health-care system
- Lack of multi-annual capital/current system planning
- Unclear boundary with HSE in relation to resource allocation

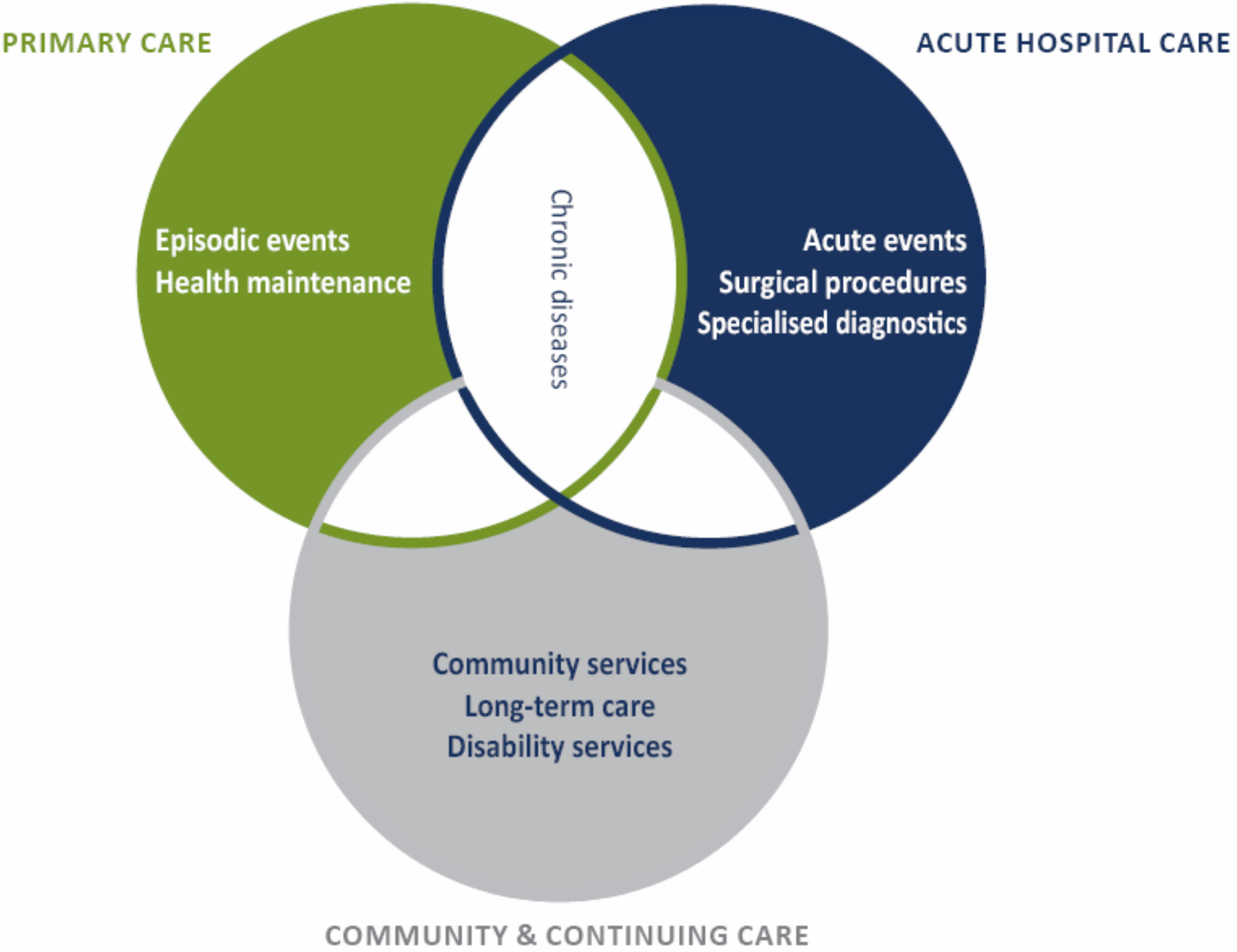
- **After**

- Integrated Policy framework
- Resource usage policy covers total health-care system
- Five-year planning framework to cover all health-care spend
- Clarity with respect to resource allocation roles of DoHC and HSE


Department of Health and Children
HSE Corporate
Primary Care
Community & Continuing Care
Acute Hospital Care
HSE Local Delivery
Regulatory Agencies
Training & Education Organisations

Expert Group Report available from
www.doh.ie
Evidence Report available from
www.doh.ie and www.esri.ie

Appendix


PRIMARY CARE
ACUTE HOSPITAL CARE
Episodic events
Health maintenance
Chronic diseases
Acute events
Surgical procedures
Specialised diagnostics
Community services
Long-term care
Disability services
COMMUNITY & CONTINUING CARE

The Totality of Care – from Self Care to Hospital Care