



# HEALTH AND HEALTH SYSTEM

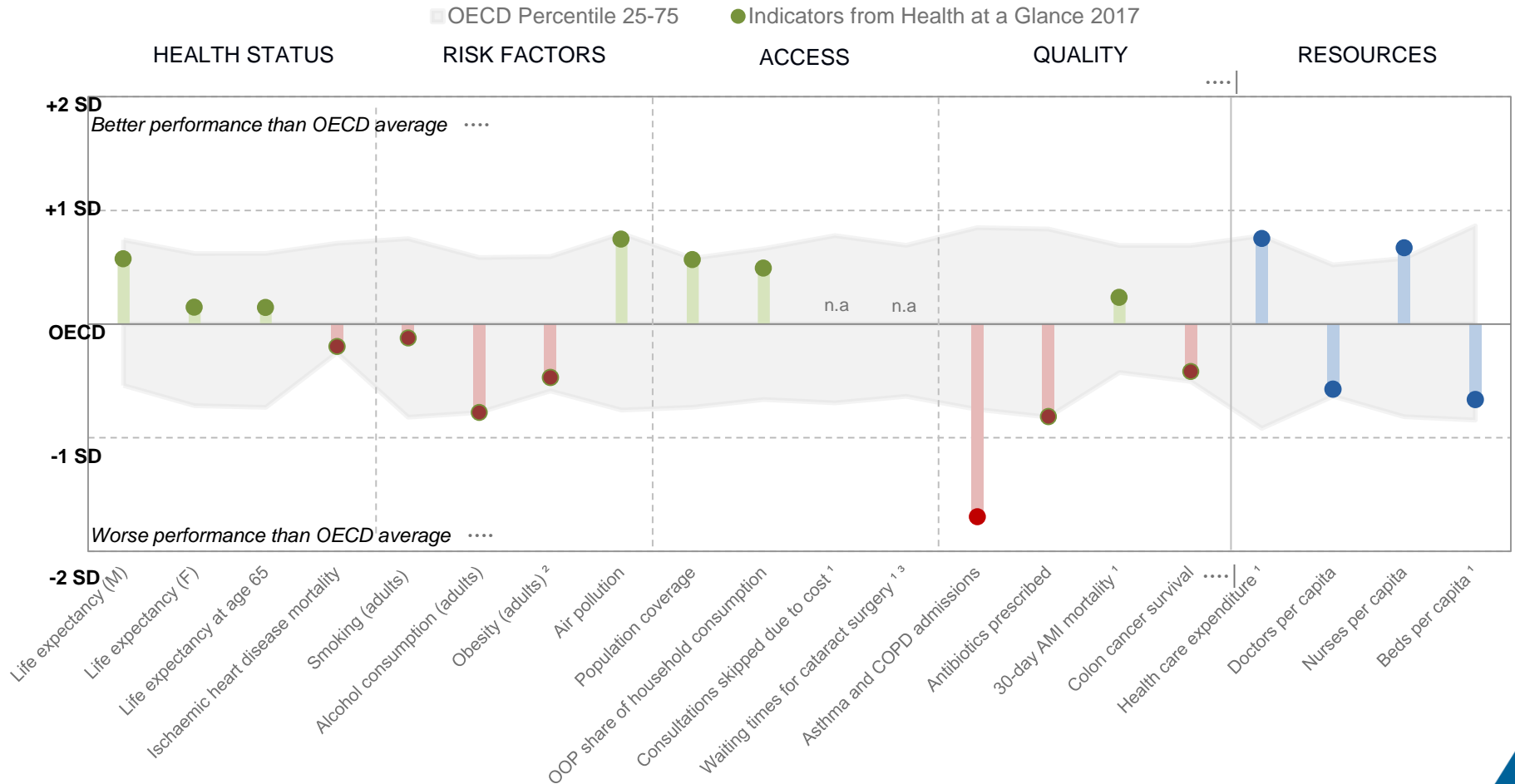
## HOW DOES IRELAND COMPARE INTERNATIONALLY?

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Dublin, February 27, 2019



# Overview of health system performance in Ireland based on selected HAG indicators



Notes: 1. Standardisation of the interquartile interval excludes outliers (at least  $\pm 3$  standard deviations from the average) that cause biased distributions. 2. Includes measured and self-reported obesity rates. 3. Values for Australia and Canada reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack). COPD = chronic obstructive pulmonary disease (lung disease). OOP = out-of-pocket payments

Source: Health at a Glance 2017: OECD Indicators



# Health Status: General progress but mixed overall picture

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## Health Status

- Life expectancy at birth has increased by 5 years since 2000  
→ 81.8 years - above OECD average (80.6)
- Life expectancy at 65 around OECD average (21.1 w/18.6 m)
- Best perceived health status among all EU countries (83% vs. 68%)



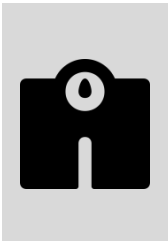
## Mortality rates

- General decrease in mortality rates
- Below average for IHD mortality (111 vs. 119) per 100 000 pop. age-standardised
- Above average for cancer (225 vs 202) and respiratory diseases (93 vs 66)



# Risk factors: around the OECD average or below but progress made

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## Overweight and obesity

- 60% of adults overweight or obese (measured) – above the OECD average (mixture of self-reported and measured)
  - Among 15-year old 15% overweight – around OECD average
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## Tobacco

- 19% of daily smokers – around OECD average
  - Low smoking rates among 15-16 year old
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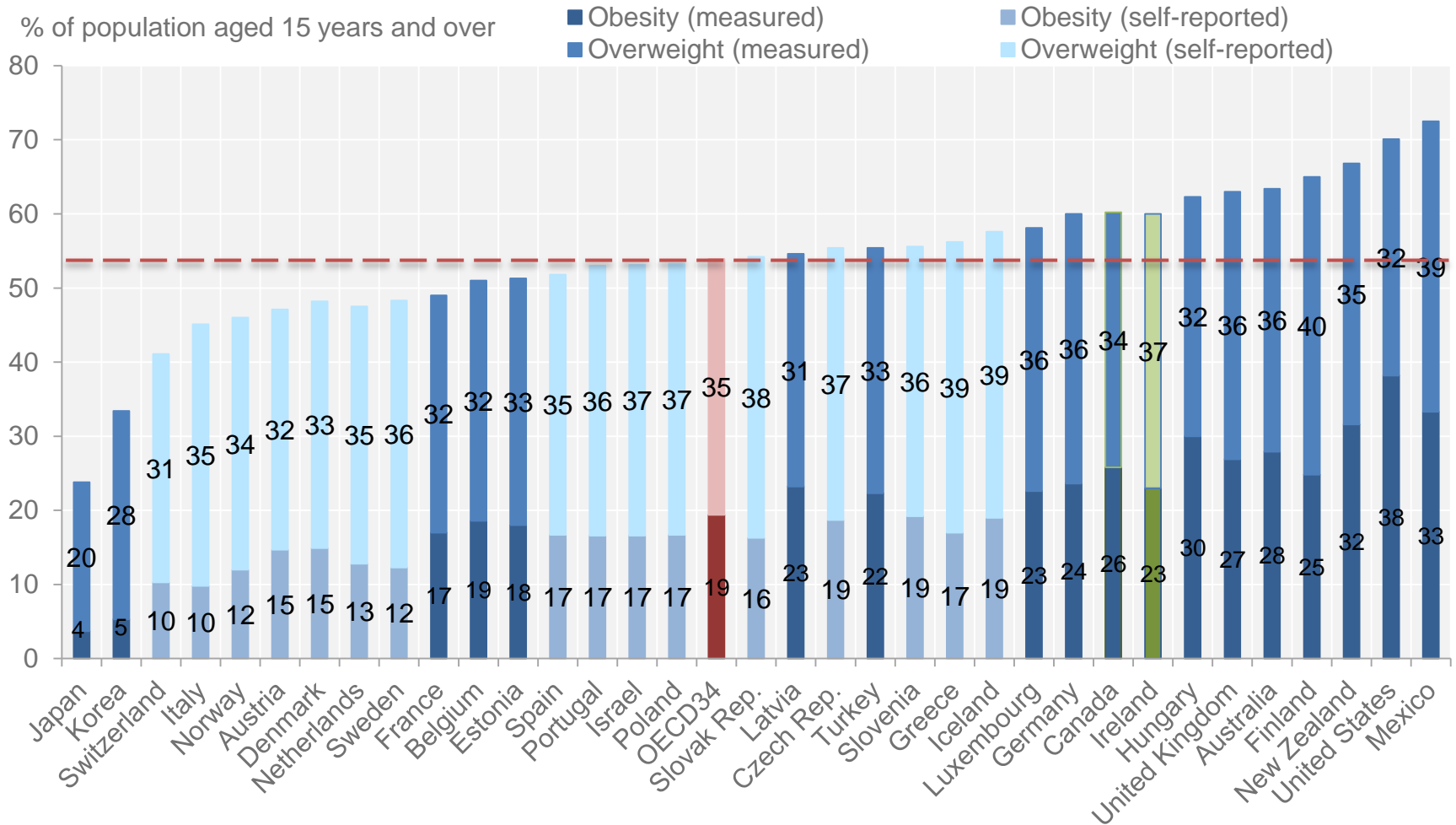


## Alcohol

- Annual consumption around 11 litres – above the OECD average (9 litres)
- Reduction in heavy episodic drinking among 15-16 year old



# Obesity and overweight remains a concern



Note: Rates for Ireland are measured.  
 Source : Health at a glance 2017: OECD Indicators.



# Gaps in coverage and high waiting times are important access issues

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## Population coverage and financial protection

- Everyone covered for care in hospitals but no universal coverage for primary care
  - VHI coverage important (45% of population) → substantial element of health financing
  - Share of out-of-spending below OECD average
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## Waiting times

- Substantial waiting times for some elective surgeries
  - National data suggest very long waiting times for specialist care
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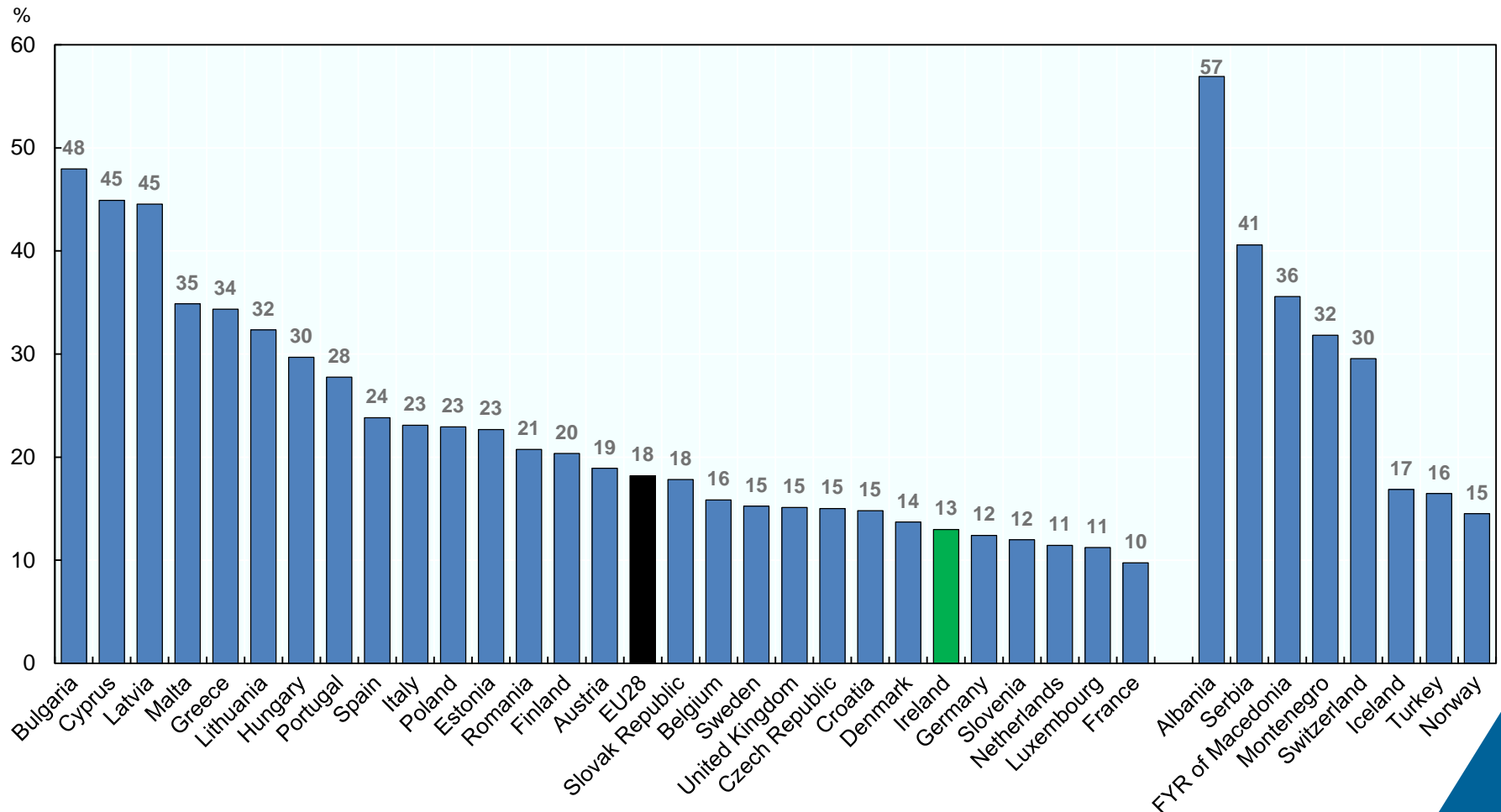
## Unmet need

- For medical examination around the EU average
- For dental examination below EU average



# OOP share is low in Ireland (but PHI share high)

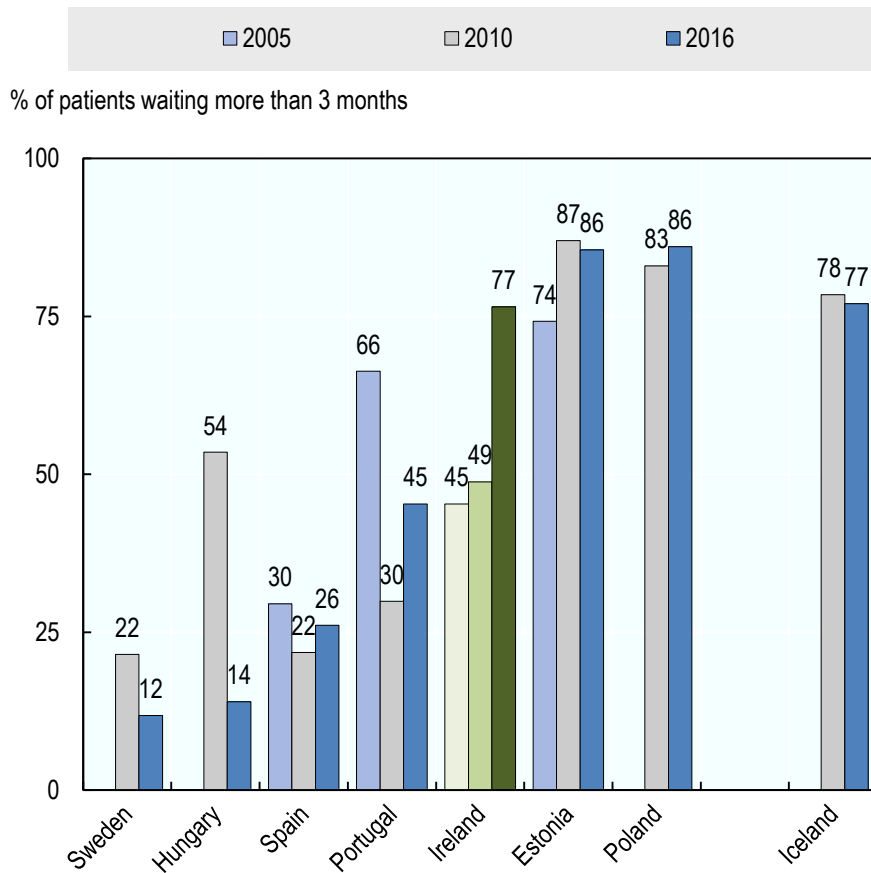
Share of total health spending financed by out-of-pocket payments, 2016 (or latest year)



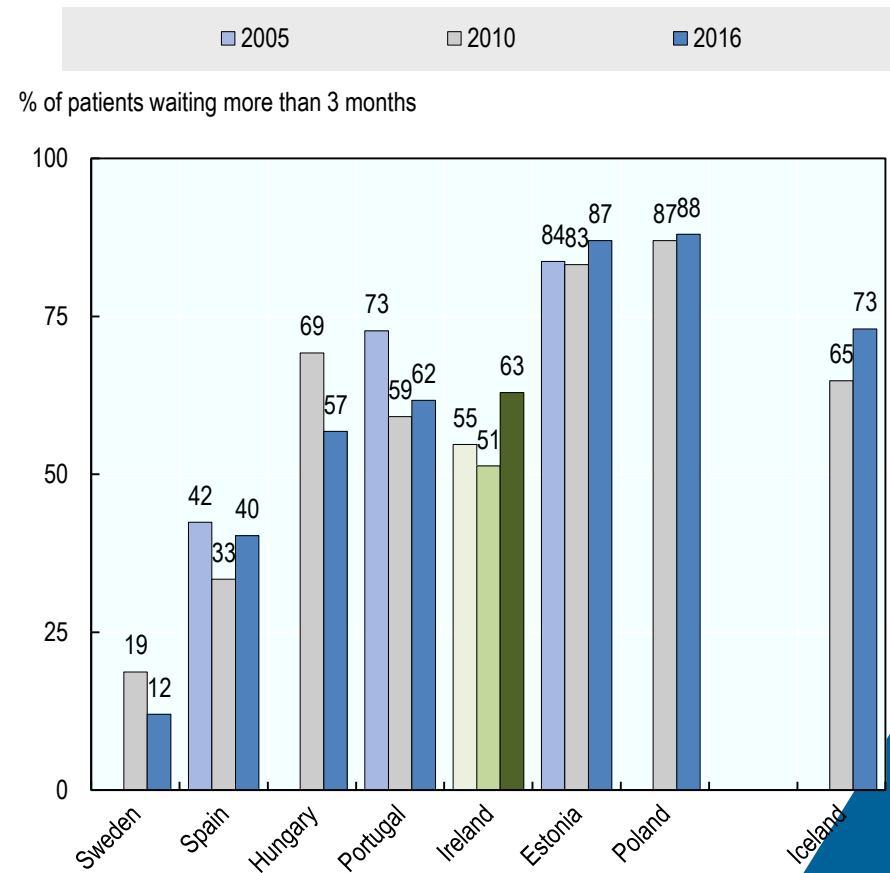


# Waiting times are substantial

Waiting times of patients still on waiting list for cataract surgery, 2005 to 2016



Waiting times of patients still on waiting list for hip replacement, 2005 to 2016

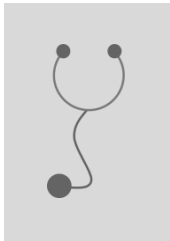






# Mixed picture for quality of care

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## Primary care

- Avoidable hospital admissions: below OECD average for diabetes and CHF, but among the highest for COPD/asthma
  - Antibiotic prescriptions: higher than OECD average
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## Acute care

- 30-day mortality following AMI below OECD average (16/34 unlinked)
  - 30-day mortality following stroke above OECD average (26/32 unlinked)
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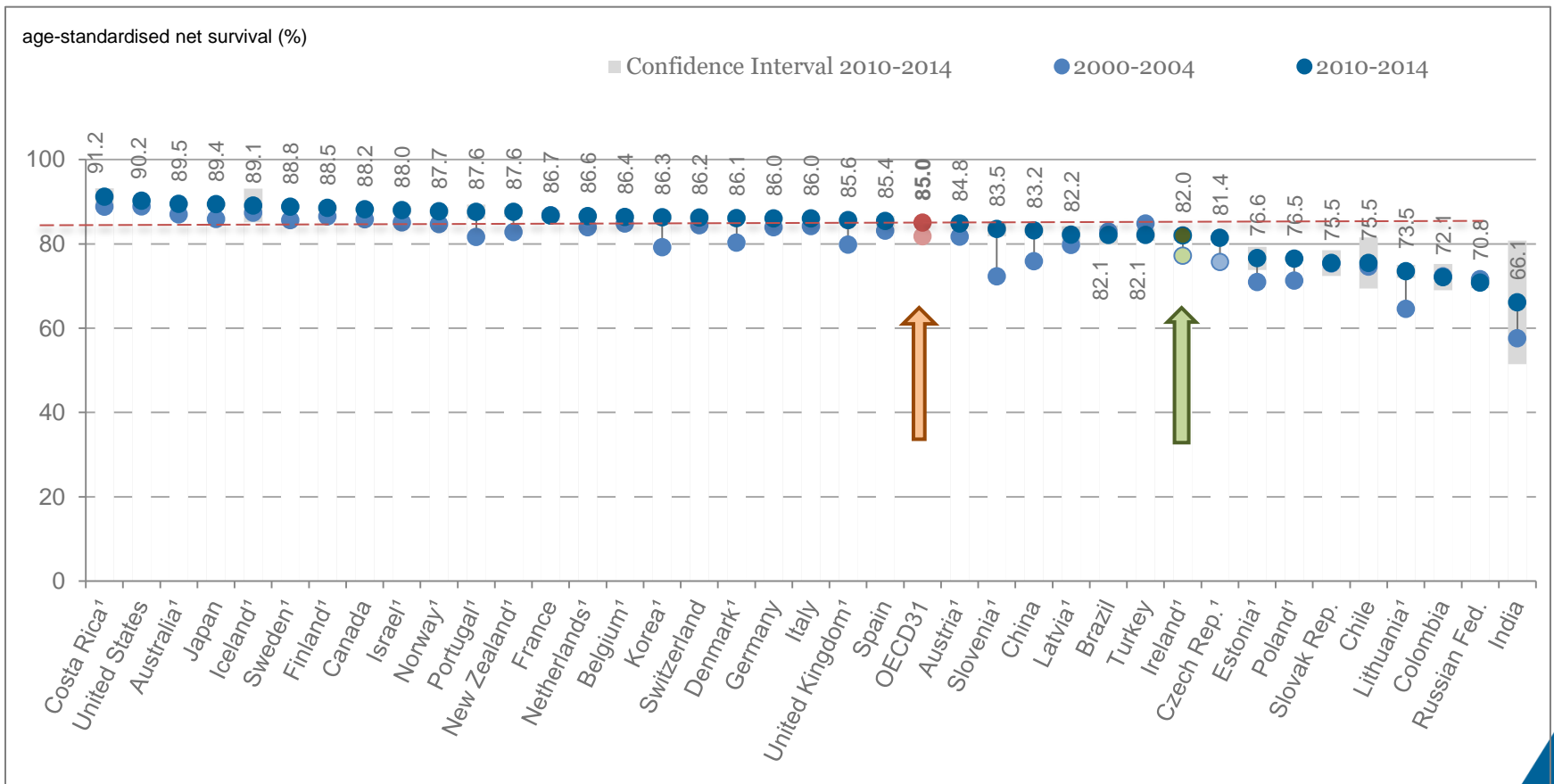
## Cancer care

- Higher mammography screening rates than OECD average
- Improvement in survival rates
  - Breast cancer survival rate below OECD average
  - For colon and rectal cancer around OECD average



# Survival rates for breast cancer improved but still below average

## Breast cancer five-year net survival, 2000-2004 and 2010-2014



Note: 95% confidence intervals have been calculated for all countries, represented by grey areas. 1. Data with 100% coverage of the national population.  
Source : Health at a glance 2017: OECD Indicators. CONCORD programme, London School of Hygiene and Tropical Medicine.



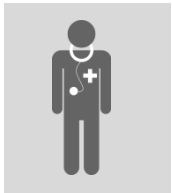
# High spending but capacity issues in hospitals

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## Health Expenditure

- High on a per capita base (5,300 vs 3,900 USD PPP in 2016)
  - Very low when measured as share of GDP (7.4% vs 8.9% in 2016)
  - Higher spending share dedicated to inpatient care and LTC than on average
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## Workforce

- Density of doctors is below average (2.9 vs 3.4 per 1,000 pop)
  - High reliance on foreign-trained doctors (39%)
  - Density of nurses is above average (11.9 vs 9.0 per 1,000 pop)
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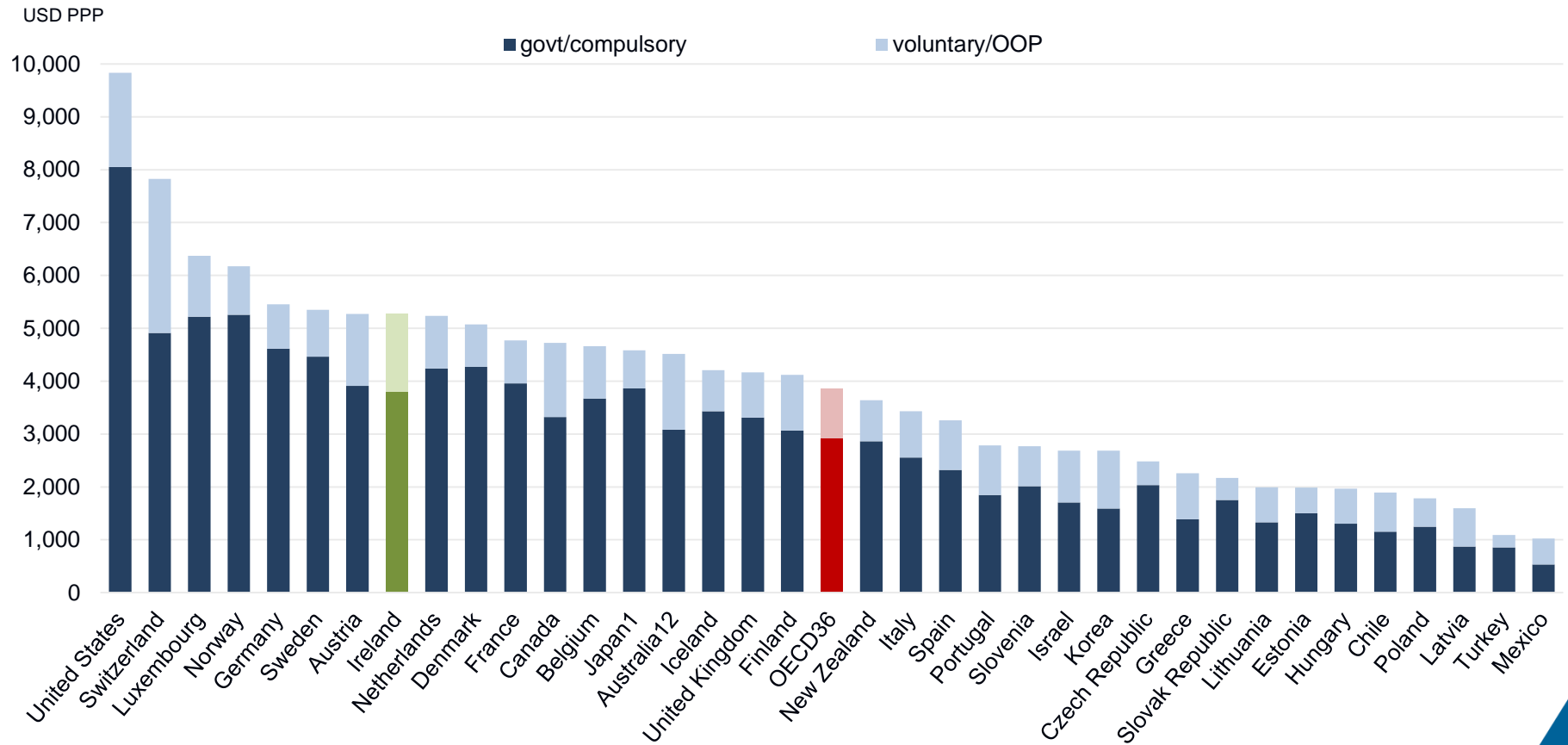
## Hospital infrastructure

- 40% fewer hospital beds than on average (2.9 vs 4.7 per 1,000 pop)
- Highest occupancy rate among all OECD countries (94% vs 76%)
  - Full capacity year round!



# Ireland spends more on health than the OECD average

Current Health Expenditure per capita, 2016 (or latest year)



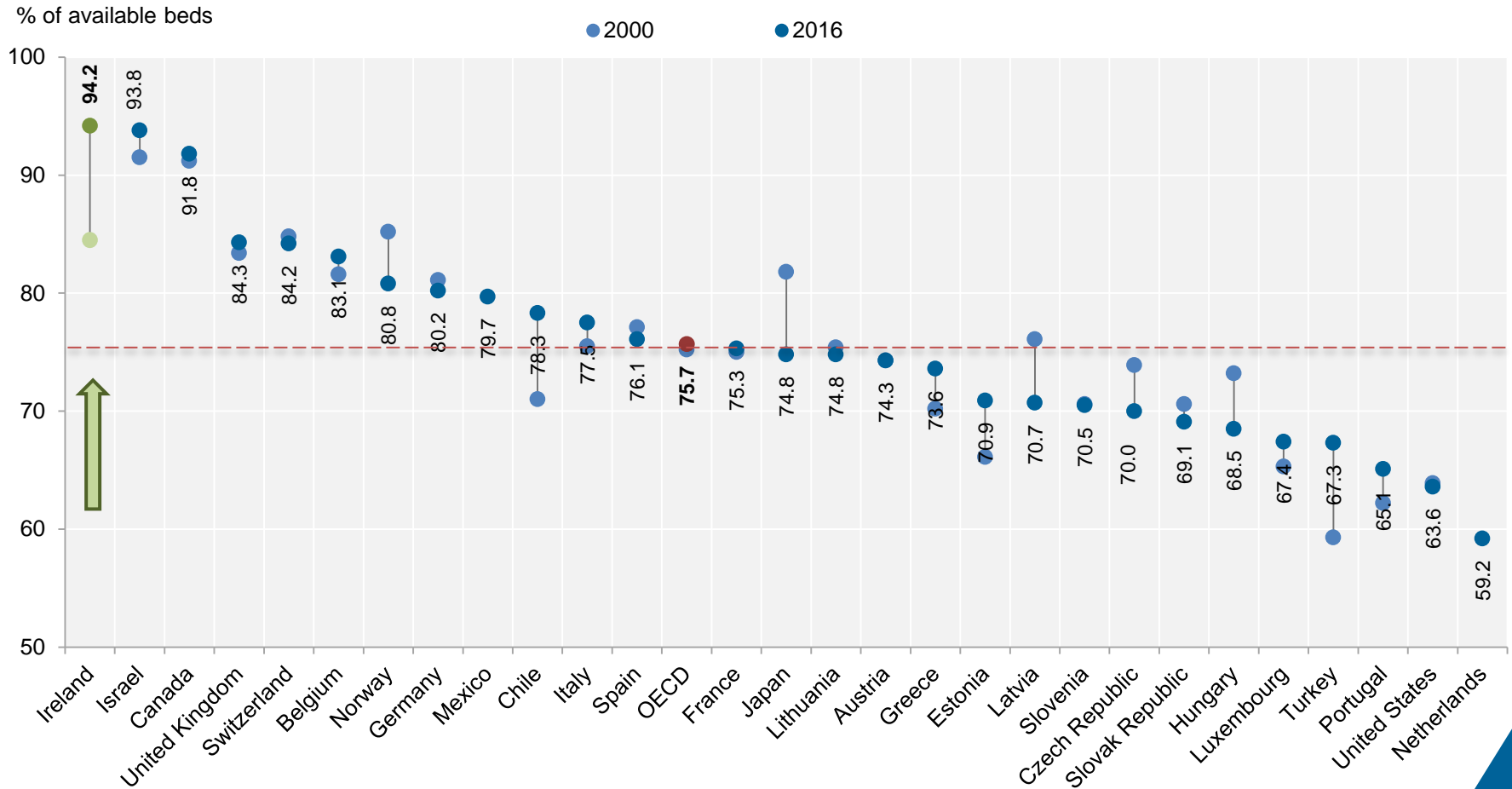
Note: 1.OECD estimation 2. Deviation from definition

Source: OECD Health Statistics 2018



# Irish hospitals work near full capacity at any given time

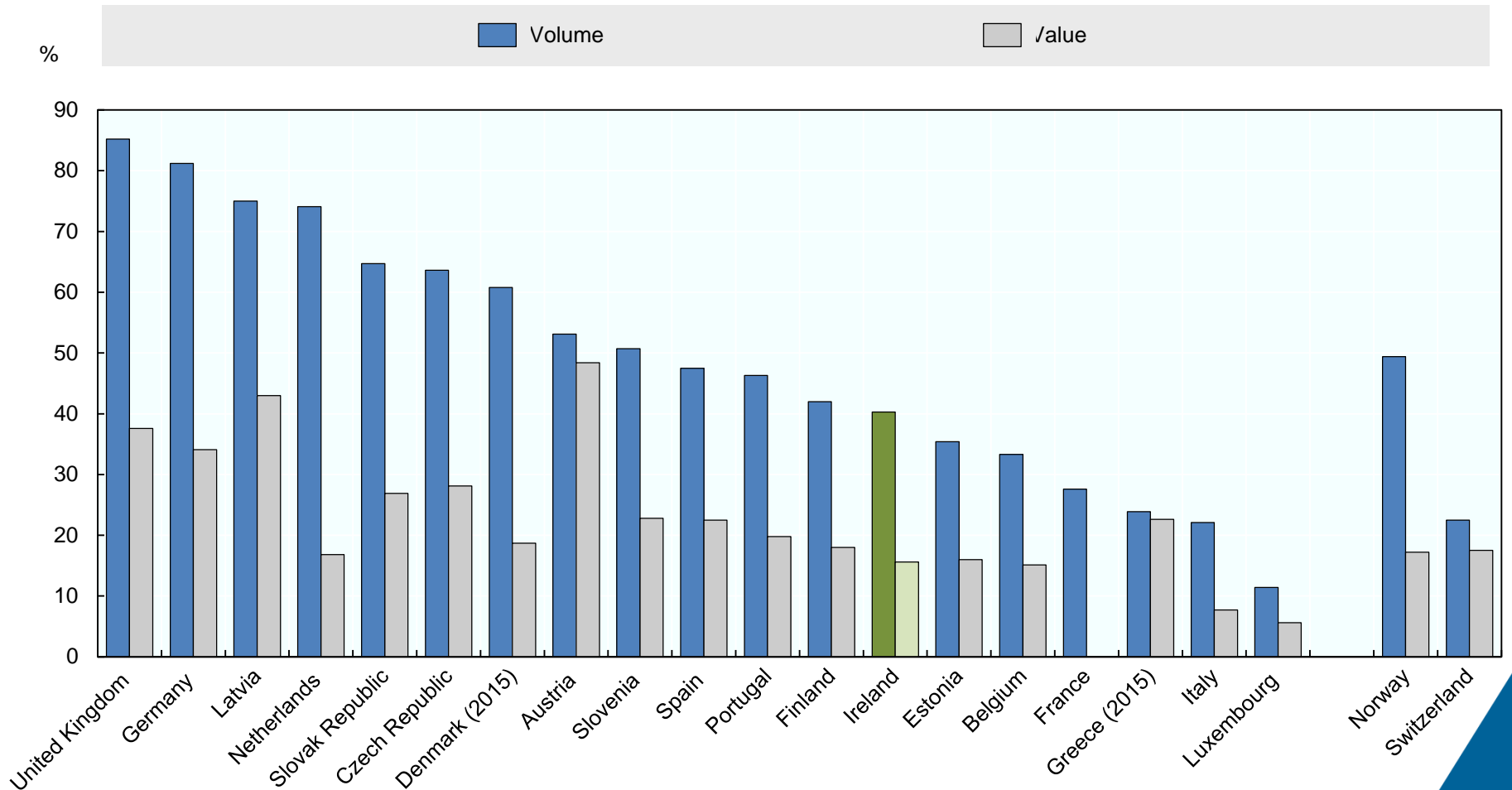
Curative care occupancy rate, 2016 (or latest year)





# Efficiency gains through more extensive use of generics.....

Generic market share by volume and value, 2016 (or latest year)

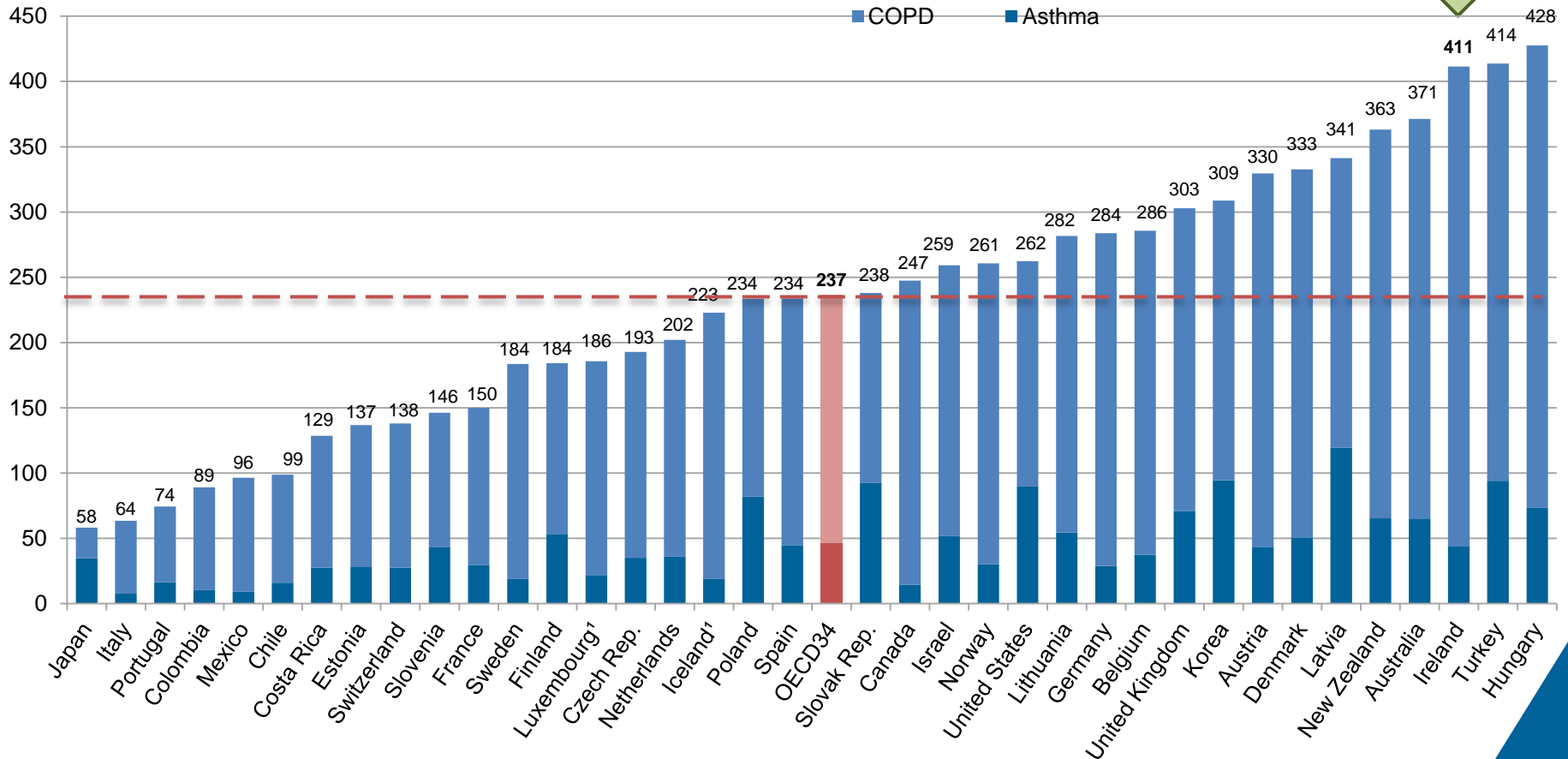




# ...and avoidance of costly hospitalisations for ACSC feasible.

## Asthma and COPD hospital admission in adults, 2015 (or nearest year)

Age-sex standardised rates per 100 000 population





## Some key challenges for Ireland

Domain	Key challenges
Access	Address waiting time problem Increase hospital capacity Fill coverage gap in primary care
Value 4 money	More efficient use of resources in different areas seem possible
Public Health	Continue policies to reduce risky behaviour
Quality	Strengthen primary and specialist care





# Staying in touch



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