Enhancing Healthcare Access for Those Who Need it the Most

Pharmaceutical Managers' Institute

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Outline

- Equitable access to healthcare
- Case studies from Irish general practice
- Reflections and points for discussion

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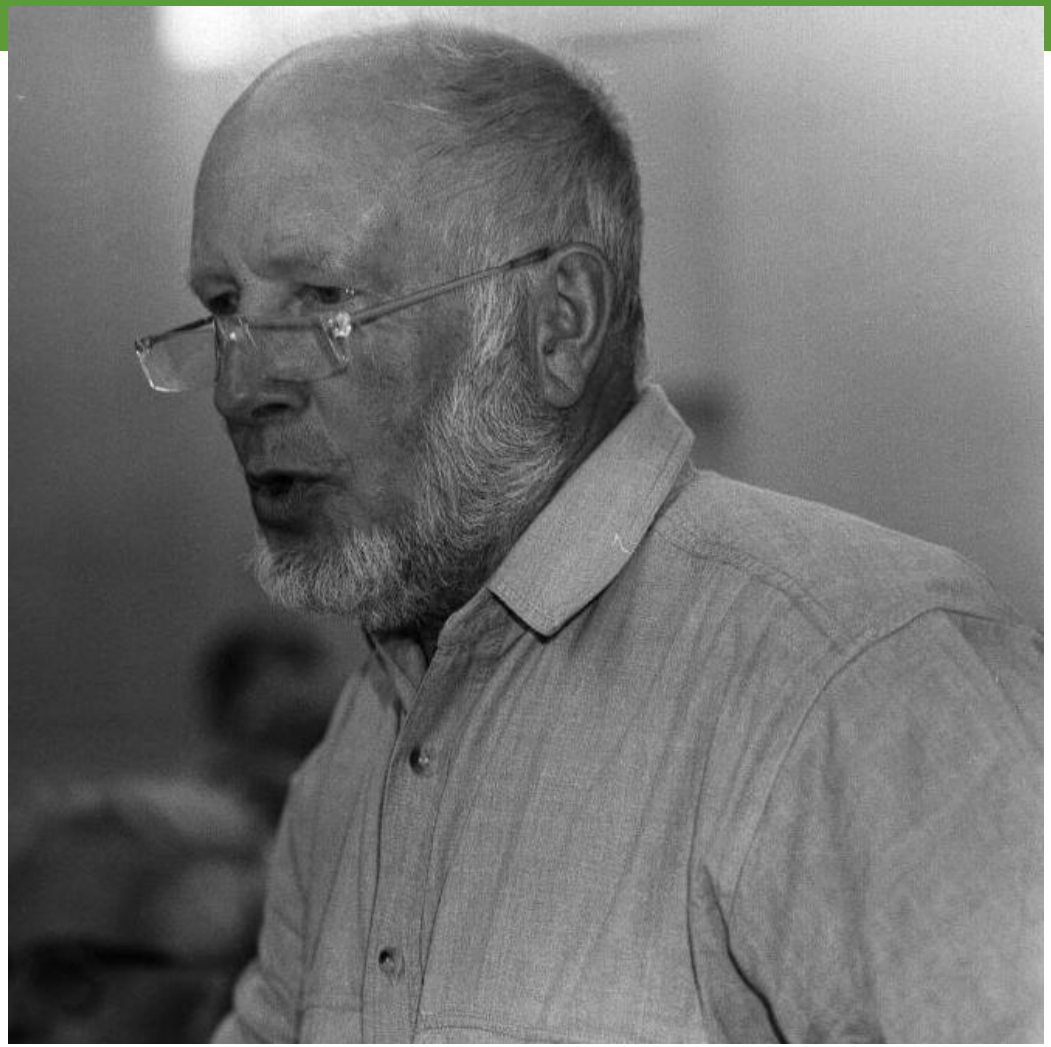
Why do we need to enhance access?



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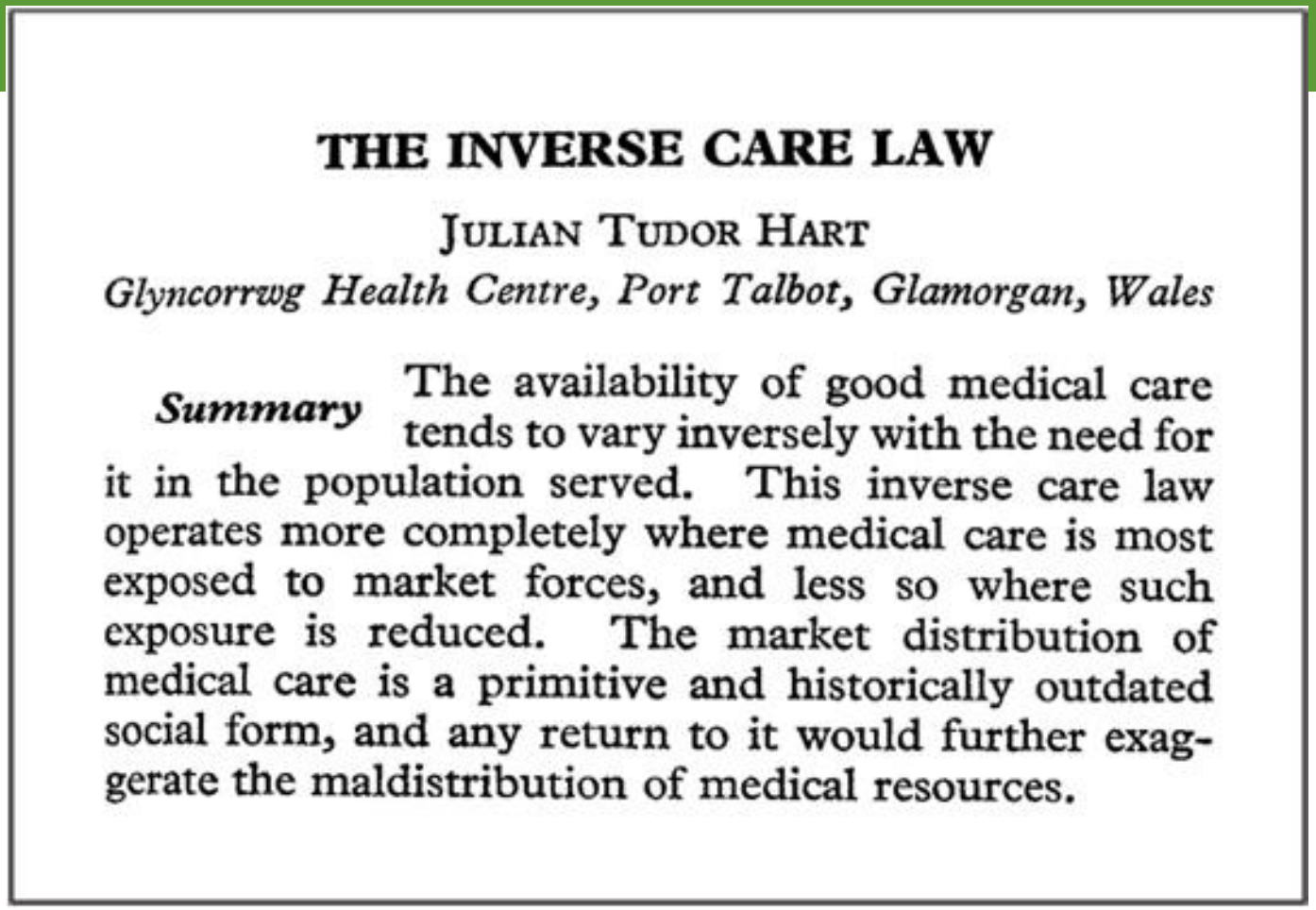


THE INVERSE CARE LAW

JULIAN TUDOR HART

Glyncorrwg Health Centre, Port Talbot, Glamorgan, Wales

Summary The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources.

Tudor Hart, Lancet, 1979

Why do we need to enhance access?

Figure 2: Percentage of children with a chronic illness or disability classified by household social class

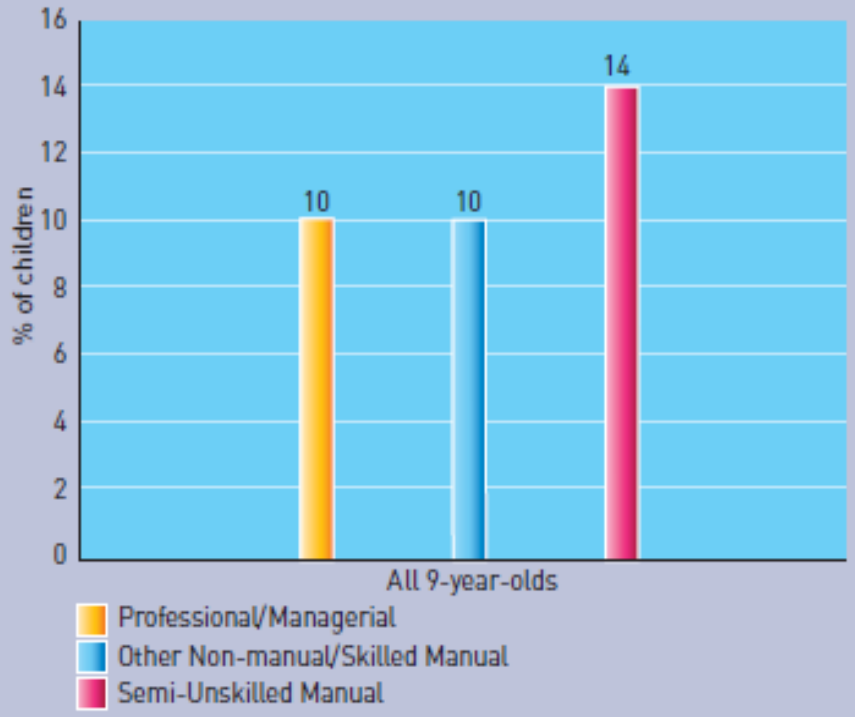
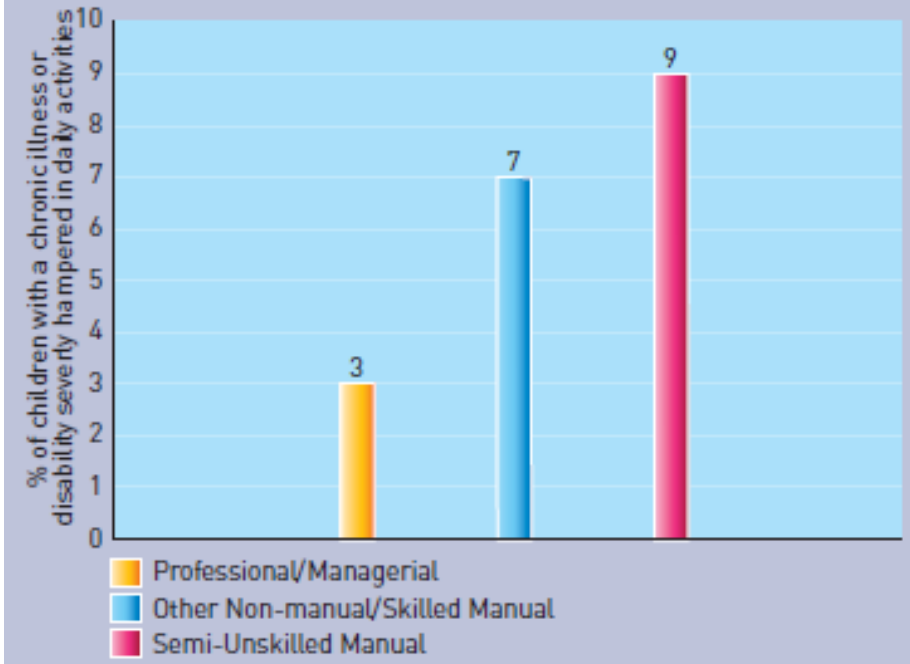


Figure 3: Percentage of children with a chronic illness or disability who were reported by parents as being severely hampered in their daily lives, classified by household social class



Growing Up In Ireland, 2019 (www.growingup.ie)

Why do we need to enhance access?

Table 2. Clinical Encounter Characteristics: Patient Access to a General Practitioner

Characteristics	Most Deprived Areas n (%)	Least Deprived Areas n (%)	*P* Value
Scheduled encounter	1,612 (83.2)	968 (90.6)	<.001
Access, days			<.001
0-3	491 (34.0)	487 (48.3)	
>3	1,146 (66.0)	521 (51.7)	
Rating			<.001
Very poor	106 (6.2)	17 (1.8)	
Poor	241 (14.2)	76 (8.0)	
Fair	461 (27.1)	202 (21.2)	
Good	398 (23.4)	242 (25.4)	
Very good	290 (17.1)	219 (23.0)	
Excellent	203 (11.9)	198 (20.8)	

Mercer et al, Ann Fam Med, 2007

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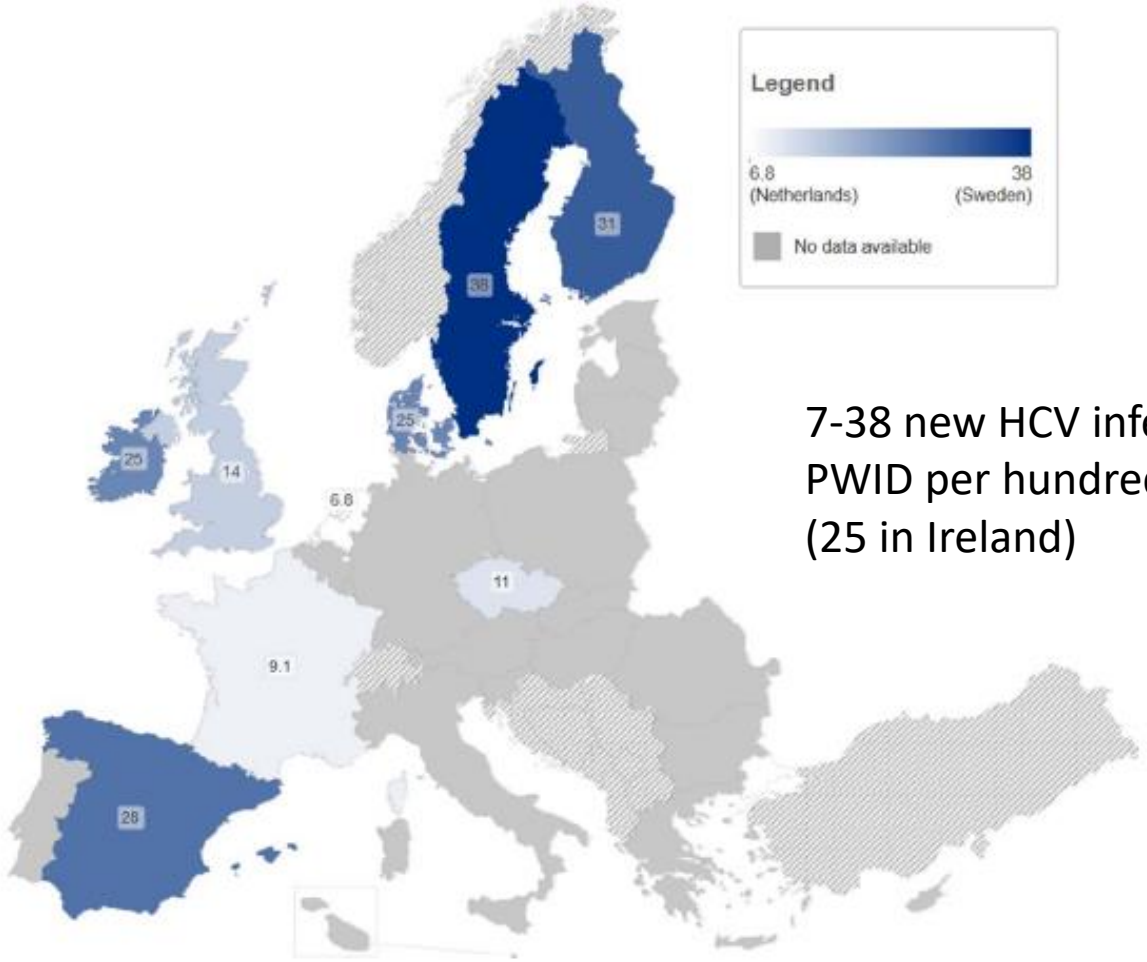
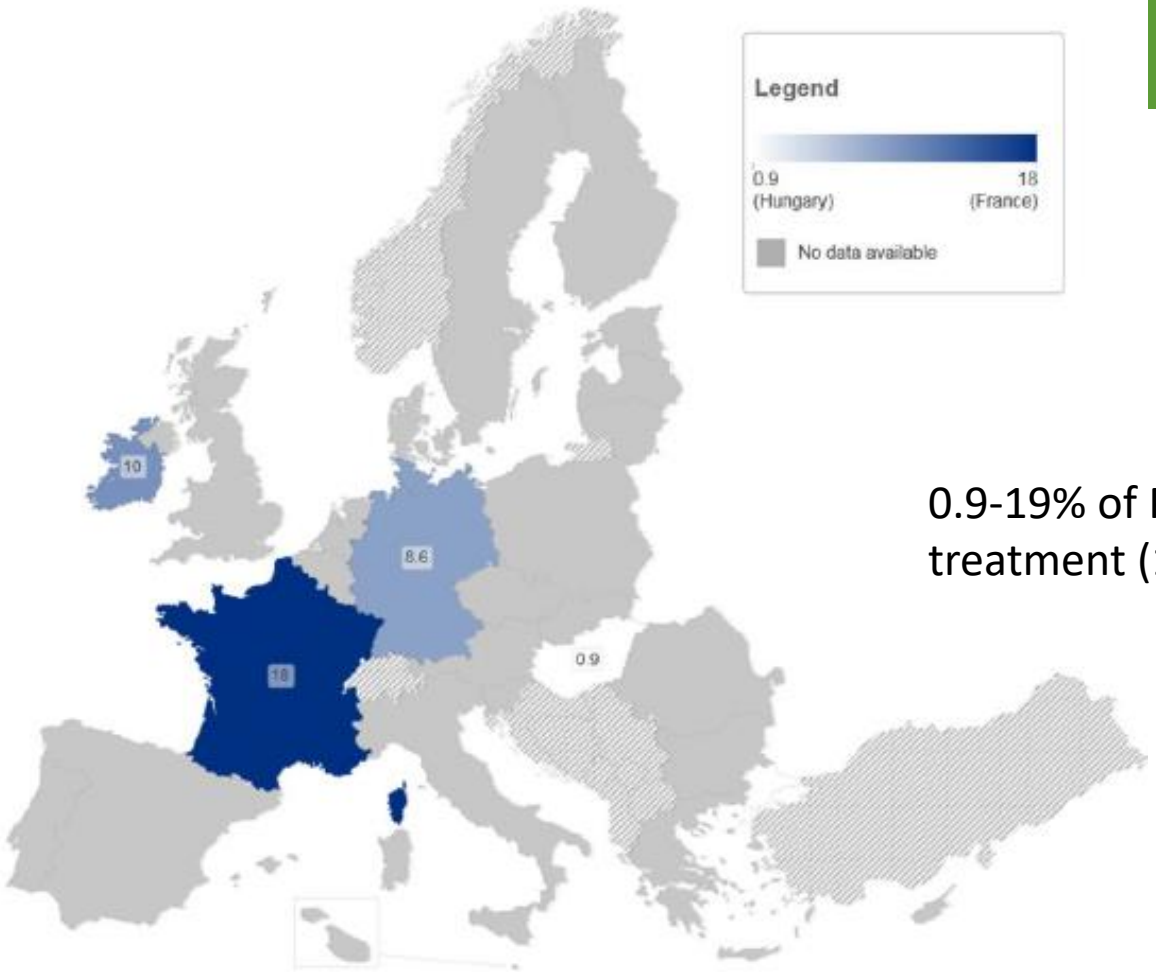
Access to Hepatitis C Care



7-38 new HCV infections among PWID per hundred person years (25 in Ireland)

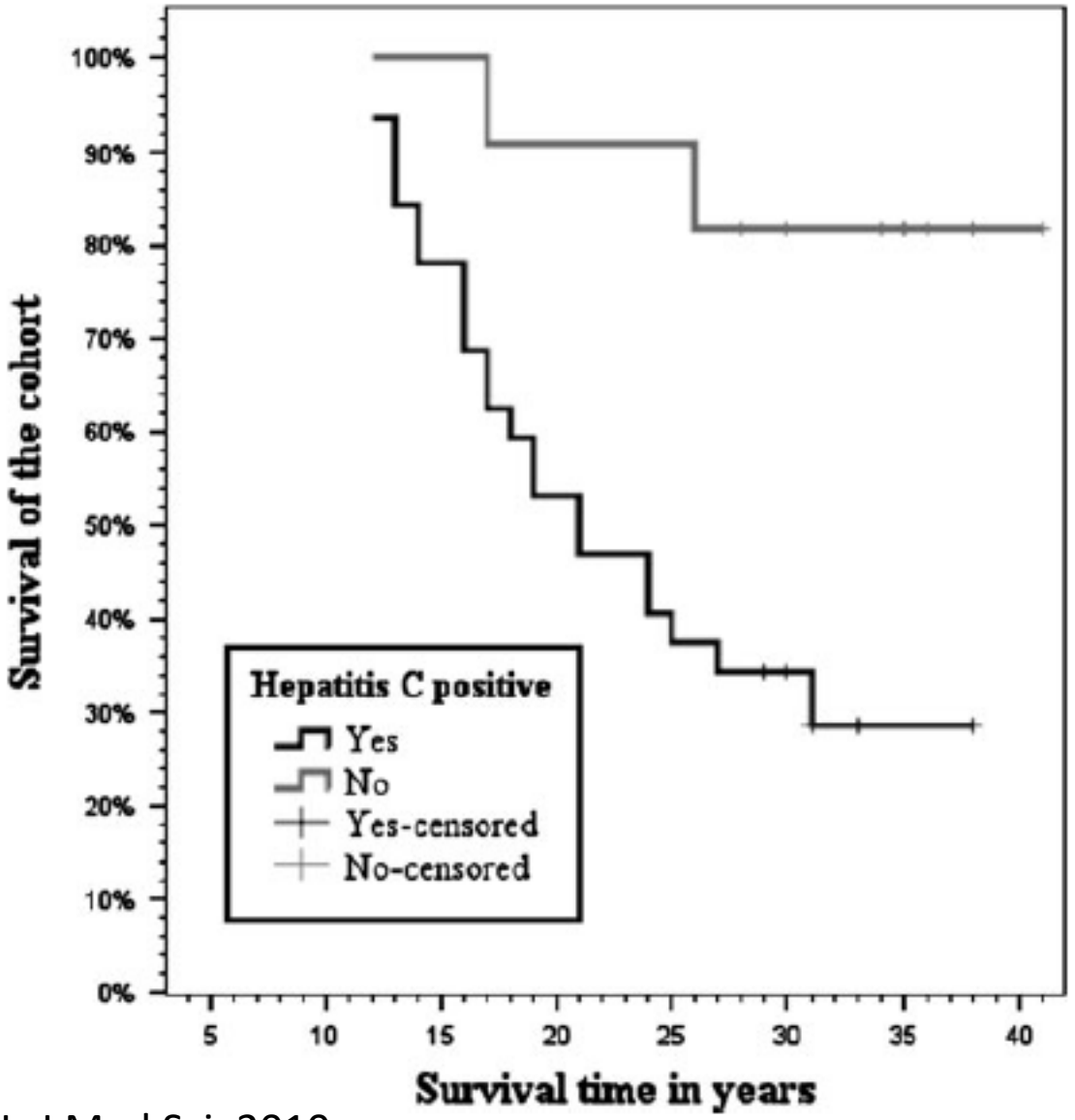
Wiessing et al, PLOSONE, 2014

Access to Hepatitis C Care



0.9-19% of PWID accessing treatment (10% in Ireland)

Wiessing et al, PLOSONE, 2014



O'Kelly et al, Ir J Med Sci, 2010

Barriers……Enablers

Fear of treatment
Lack of knowledge
Competing priorities
Referral practices

Trusting relationships
Developing symptoms
Remain healthy for family
Education

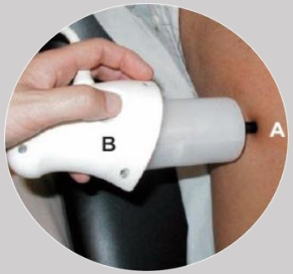
Swan et al, AIDS Patient Care & STDs, 2010

Integrated model of care

Integrated model of HCV care ('HepLink') developed to improve HCV care among PWID

HCV education for GPs and practice staff

Clinical support/outreach by a HCV-trained nurse to GP practices



Enhanced community-based HCV evaluation of patients, including on-site FibroScan to stage liver disease

Swan et al, Eur J Gastr Hepatol, 2018

Effective…

Significant increase in referral practice, assessment, treatment engagement, cure!

	Pre	*Post*
HCV Antibody test	95%	98%
HCV Antibody positive	78%	73%
Referral	19%	28%
Attended hepatology/ID	51%	60%
Ultrasound	17%	52%
Treatment	14%	21%
Sustained Viral response (cured)	14%	19%

Swan et al, HEPHIV 2019

…and cost effective

Scenario	Costs	Incremental Costs	QALYs	Incremental QALYs	ICER €/QALY
Usual care	€2523021	-	666	-	
Integrated care	€2717793	€194,773	681	15	€13,255

Ward et al, Lisbon Addictions, October 2019

Barriers……Enablers

"They say knowledge is power. I didn't know. I thought you had to inject yourself. . .I couldn't believe it was only a tablet".

"Nurses build great relationships with prisoners. . . She gave me some amount of help up there. They have a great rapport and a great respect".

Crowley et al, PLOSOne, 2019

Alcohol brief interventions

- 10-20% of patients in primary care have AUDs
- Alcohol screening / intervention in primary care recommended by many national guidelines
- Does not happen - 11/1000 patients screened for heavy drinking, so…

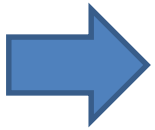
Chan et al 1994, Adams et al 1996, Volk et al, 1997, Piccinelli et al 1997, Cherpitel et al 2008, Dua et al 2011

Alcohol brief interventions

Complex intervention

Multi-sided complex intervention

- Academic detailing
- Practice visits
- Education of healthcare professionals
- Resources (guidelines, AUDITC+, agencies)



Feasibility
Acceptability
Effectiveness

Henihan et al, BMC Fam Pract, 2016

*Intraclass Coefficient =0.11

Alcohol brief interventions

Outcome measure	*Intervention* n(%)	*Control n(%)*
Alcohol screening	18(52%)	1(25%)
Brief Intervention	16(47%)	9(19%)
% of those with problem drinking at baseline who didn't at follow up	18%	7%

Henihan et al, BMC Fam Pract, 2016

Alcohol brief interventions

- Alcohol not routinely discussed
- Intervention enhances patient care
- Implementation is feasible, but
- …challenging

McCombe et al, Drugs & Alcohol Today, 2016

Alcohol brief interventions

"[Alcohol] has caused a lot of problems...hospitalised a lot…lost jobs…lost relationships…ah the list goes on…but this [the intervention] helped"

"We've a massive practice here, it's a warzone, so we don't have time to screen. We ask them about their drinking habits, but don't go into details about units or anything"

McCombe et al, Drugs & Alcohol Today, 2016

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Can we build a healthcare system that inverts the Inverse Care Law?

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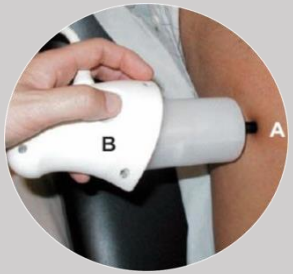

Enhanced community-based HCV evaluation of patients, including on-site FibroScan to stage liver disease

Reflections and points for discussion

- Education and training for healthcare professionals
- ‘Specialist’ assessment in the community
- Support for patients (nurse, peer, …)

Integrated care

‘Worldwide trend in health care reforms focusing on more coordinated forms of care provision…a response to the fragmented delivery of health and social services’

(World Health Organisation, 2016)

In conclusion

Enhancing access improves health outcomes and is cost effective…

…But requires new models of care

…that are community based, support patients and involve upskilling of healthcare professionals

Can we build a healthcare system that inverts the ‘Inverse Care Law’…

Yes we can!

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