

A Cross-national Study of the Prevalence of Age-based Rationing in Health Care

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Health care rationing in Europe: the past, present and future. A multidisciplinary approach

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Background

- Health care systems continue to face intractable decisions in allocating scarce resources for health in an equitable manner.
- After the 2008-10 global financial crash, health care budgets in many countries have come under severe pressure. Against this context, the issue of rationing of health services is once again being raised by decision-makers
- Growing population of older people who are living longer, often with multiple morbidities - questions with regard to the level, and the quality, of access to health care services that the elderly population receives.
- Studies suggest that elderly patients receive proportionately less treatment, less expensive treatment, or later access to diagnostic and surgical procedures than younger cohorts - The prevalence and reasons for this state of affairs remain under-explored.

Research project

- Large scale cross-national research project aimed at exploring the existence of, and policy responses to, age-based rationing in health care. Focus on England, Germany and Italy - investigating **whether/how age-based rationing manifests itself in health systems characterised by different institutional designs and policy context**
- **Comparative insights** on the prevalence of age-based rationing – offer a contribution to the policy, societal and academic debates concerning the sustainability of publicly-financed health systems in responding to the growing demands of an ageing population.

Rationale

- More medicines and treatments are available than ever before
- Governments are increasingly seeking to contain spending on public services such as health care
 - challenges related to resources allocation for public services
- Setting priorities in health care is not always transparent or systematic
- Health system rationing is a quintessential 'wicked problem', in the phrase used by Rittel and Webber (1973)
- People live longer and the elderly population is often described as a patient group at risk of having diagnoses or treatments delayed or withheld
- Despite theoretical argument, we have little knowledge on whether elderly patients actually receive less comprehensive health care than younger patients

Research questions

- Is age-based rationing occurring in countries with public health care systems?
- If so, what forms does age-based rationing take, and what trends in its prevalence can be discerned?
- How do cost containment measures affect the prevalence of age-based rationing?
- How do organisational and institutional differences and similarities in health systems influence the prevalence and impact of age-based rationing?

Research design

- Case-oriented comparative study
- Documentary analysis, available administrative data sets, and key informant interviews
- Rationale for Choice of Countries
 - Heterogeneity with regard to organisational and financial structures of the health system
 - differences in experience with rationing and priority-setting

Aging population, 2015 and 2030

	Population age ≥ 65 , %		Population age ≥ 80 , %	
	2015	2030*	2015	2030*
Germany	21.1	25.9	5.7	7.0
Italy	22.4	27.7	6.7	8.5
United Kingdom	18.1	21.0	4.9	6.2

* United Nations projection. Source: United Nations, 2017

Choice of countries - England

- England is an obvious choice because much of the literature on age-based rationing and priority-setting in general, focuses on England
- Up-to-date empirical knowledge on the prevalence of age-based rationing in the NHS is lacking
- Given the declining state of NHS finances since 2010 – a structural and political issue - rationing is gaining urgency as a policy issue.

Ageism in breast cancer

Ageism in the Breast Cancer Care Pathway: Investigation in Five European Countries

Brian Beach, Sally Bowell

International Longevity Centre - UK, London, United Kingdom

Abstract (extract)

‘When it comes to cancer survival, there is significant variation across Europe as well as age groups. Questions also linger on whether current practice in breast cancer care that is applied differently according to age is fully based on clinically accepted guidelines or influenced by implicit or explicit ageism.

‘This research explored whether aspects of the breast cancer care pathway might relate to disparity in outcomes, and whether any differences might suggest evidence for ageism within screening, diagnosis, or treatment.

Need of further evidence

Recommendations for further study

There is a need for a comprehensive UK study of ageist attitudes among medical staff, comparing different medical disciplines benchmarked against the attitudes of the general public at different ages, to try to ascertain the root causes of ageism at the individual, clinical level

Ageism and age discrimination in secondary health care in the United Kingdom -

A review from the literature

Commissioned by the Department of Health and carried out by the Centre for Policy on Ageing (2009)

Choice of countries - Germany

- Social Health Insurance System
- The German Ethics Council has criticised the reluctance of policymakers to engage in the topic
- Germany is rarely featured in studies on priority-setting and rationing, despite implicit and non-transparent rationing occurring at different levels
- The effects of introducing diagnostic-related groups (DRGs) in 2003, and strained hospital finances, have led to rationing at the hospital level
- Provision and management, Germany's health care system is characterised by decentralised, self-governing decision-making structures.

Choice of countries - Italy

- Italy has a national health system funded by general tax revenue, but regions are responsible for the organization and delivery of health care services
- Department of Health - general principles and goals and LEA
- Substantial differences among Italian regions in relation to the quality, expenditure and financial performance
- In contrast to England, existence of co-payments for outpatient specialist visits and diagnostic tests
- Mixed picture on rationing - national and regional HTA initiatives exist, but the implementation of recommendations is not mandated

Final comments

- Some studies suggest existence of age based rationing in publicly-financed health systems but there is a need to investigate **its prevalence and possible explanations**
- **Comparative perspective** and the importance of **different institutional designs** and policy contexts
- Engagement of **different stakeholders**

Thanks for your attention

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