Submission by The Irish Longitudinal Study on Ageing (TILDA) to the Public Consultation on the Scope for Private Health Insurance to Incorporate Additional Primary Care Services

30 January 2015
Executive Summary

The Irish Longitudinal Study on Ageing (TILDA) is a nationally-representative, longitudinal survey of over 8,000 individuals aged 50+ in Ireland. It is the most ambitious study of ageing ever carried out in Ireland, and is designed to maximise comparability with other international longitudinal studies of ageing. A wide variety of information on the health, well-being and social and economic circumstances of participating individuals is collected at two-year intervals, and participants also undertake a detailed, nurse-led health assessment every four years. Participants were first surveyed in 2009/2010 (Wave 1) and are currently being surveyed again as part of Wave 3.

In the context of the current public consultation on the Scope for Private Health Insurance to Incorporate Additional Primary Care Services, information from TILDA can help to provide the evidence base for issues of relevance to this policy discussion such as:

- the distribution of private health insurance cover by age and other characteristics;
- the dynamics of private health insurance cover (i.e., how private health insurance cover changes in response to changes in individual or household circumstances such as ill-health, retirement, bereavement, etc.);
- future health and social care needs;
- patterns of disease (and multi-morbidity);
- patterns of health and social care utilisation by private health insurance cover;
- drivers of health and social care costs.

Already, TILDA research findings have demonstrated that those with dual cover are an important feature of the private health insurance market among the older population, that private health insurance cover is an important determinant of use of primary care services and that ‘time to death’ is more important than age in explaining use of general practitioner (GP) and hospital services. Given the breadth of information collected in TILDA, further research in the areas of relevance to the current consultation can further inform the policy discussion around the scope for private health insurance to incorporate additional primary care services.
1. Introduction

TILDA is a nationally-representative, longitudinal survey of over 8,000 individuals aged 50+ in Ireland. It is the most ambitious study of ageing ever carried out in Ireland and represents a step-change in terms of data, knowledge and understanding of ageing with which to inform policy and novel research. TILDA is creating an internationally competitive research infrastructure examining the determinants of successful ageing, building capacity in research, innovation, technology development and a skilled workforce. Currently, over 40 researchers (comprising PhD students and post-doctoral researchers) work in a multi-disciplinary environment at TILDA, and have generated additional research income of over €3m.

TILDA is designed to maximise comparability with other well-established international longitudinal studies of ageing such as the US Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA). A wide variety of information on the health, well-being and social and economic circumstances of participating individuals is collected at two-year intervals, and participants also undertake a detailed, nurse-led health assessment every four years. Participants were first surveyed in 2009/2010 (Wave 1) and are currently being surveyed again as part of Wave 3. TILDA is being carried out by Trinity College Dublin in collaboration with a multi-disciplinary panel of scientific researchers, with expertise in various fields of ageing, from institutions across Ireland\(^1\), and is made possible by funding through The Atlantic Philanthropies, Irish Life, and the Department of Health.

The role of research in responding to the challenges of an ageing society offers multiple benefits. As TILDA is a longitudinal study, i.e., following the same individuals through time, it is ideally placed to inform public policy, by describing relevant factual information (e.g., demonstrating the existence or extent of a particular problem); providing an understanding of the main underlying processes involved; and providing reliable estimates of the likely outcomes and impacts associated with

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Queen's University Belfast [www.qub.ac.uk](http://www.qub.ac.uk)

Royal College of Surgeons in Ireland [www.rcsi.ie](http://www.rcsi.ie)

Trinity College Dublin [www.tcd.ie](http://www.tcd.ie)

University College Cork [www.ucc.ie](http://www.ucc.ie)

University College Dublin [www.ucd.ie](http://www.ucd.ie)

Waterford Institute of Technology [www.wit.ie](http://www.wit.ie)
particular policy options. Longitudinal data also offer the opportunity to monitor and evaluate the impact of particular policy changes. TILDA began in 2009, and the period between Wave 1 and Wave 3 (2009-2014) has been one of major social and economic change in Ireland, with numerous policy changes in response to the most severe financial and economic crisis in the State since the Second World War.

2. How TILDA can inform research and policy on the private health insurance market

The Review of Measures to Reduce Costs in the Private Health Insurance Market noted the ‘weaknesses and gaps in certain types of data necessary to monitor healthcare usage closely, understand the impact of the ageing of the population and presenting of co-morbidities in patients’ (Department of Health, 2014; 53). In addition to high quality administrative data, longitudinal, nationally-representative survey data such as that available from TILDA are essential for building a complete overview of the multiple factors impacting on population health and wellbeing, and for monitoring the impacts of particular policy changes. TILDA contains a rich array of information on all aspects of the lives of the over 50s in Ireland today. In contrast to previous studies of population health in Ireland (and abroad), TILDA also contains detailed information on the objective health status of the over 50s population, derived from nurse-led health assessments, covering areas such as anthropometrics (weight, height), cognitive ability, cardiovascular health, walking and balance and eye health. Blood samples are also taken. These data are matched with individual-level data on socio-economic and family circumstances, as well as information on health and social care entitlements and utilisation, providing a rich research resource with which to inform public policy.

In the context of the current public consultation on the Scope for Private Health Insurance to Incorporate Additional Primary Care Services, information from TILDA can help to provide the evidence base for issues of relevance to this policy discussion such as the distribution of private health insurance cover by age and other characteristics; the dynamics of private health insurance cover (i.e., how private health insurance cover changes in response to changes in individual or household circumstances such as ill-health, retirement, bereavement, etc.); future health and social care needs; patterns of disease (and multi-morbidity); patterns of health and social care utilisation by private health insurance cover; and the drivers of health and social care costs. TILDA research of particular relevance for this discussion includes:
a. Private Health Insurance Cover and Health and Social Care Utilisation

There is an extensive international literature on the implications of differing levels of health insurance cover (and out-of-pocket payments or user fees) for health and social care utilisation and health outcomes, as well as the distributional impacts (Manning et al., 1987, Finkelstein et al., 2012, Newhouse and Insurance Experiment Group, 1993). Research from TILDA has shown that those who have private health insurance and/or a medical or GP visit card have a significantly higher number of GP visits per annum than those who must pay the full price of GP care, even after taking into account different health needs between these groups (Hudson and Nolan, 2014). Current research is using the Wave 1 and Wave 2 data from TILDA to analyse the impact of changing medical card and private health insurance status on the use of GP, emergency department (ED), outpatient and inpatient services, which will inform future work for policymakers on the frequency and types of services utilised by individuals with different types of private health insurance cover.

Uniquely in Ireland, TILDA also provides detailed information on the use of a state community and social care services, satisfaction with the service received (including ease of access), unmet need for these services and reasons for that unmet need (e.g., cost). In addition, TILDA is the only nationally-representative source of information that collects data on use of prescription and non-prescription medicines, including those paid for privately (and whether any public reimbursement was received). Allied with information on current private health insurance cover, this information can provide important insights into the likely demand for alternative private health insurance plans with enhanced cover for primary care services.

b. Ageing and Private Health Insurance Cover

The Review of Measures to Reduce Costs in the Private Health Insurance Market report highlighted the impact of ageing on the private health insurance market in Ireland. TILDA research findings have shown that private health insurance cover among the over 65s increased between 2010 and 2012, while private health insurance cover among the under 65s fell over the same period (Nolan et al., 2014). In examining the scope for private health insurance to incorporate additional primary care services, the availability of individual-level data in TILDA on single year of age, health status, type of private health insurance plan (e.g., VHI Plan D), use of health and social care services (e.g., GP visits, ED visits, outpatient visits, inpatient hospital nights, preventive services such as flu vaccinations, physiotherapy services, etc.), socio-economic characteristics, and most importantly, changes in these
characteristics over time through the availability of repeated measures on these individuals, can provide further context to inform this debate. For example, are older individuals purchasing private health insurance primarily for cover for acute care services? Do older individuals retain their private health insurance cover after retirement but change the scope of their plan?

c. Dual Cover

An important feature of private health insurance cover among the older population is that many older people with private health insurance cover also have a full medical or GP visit card. For example, in 2012, 18 per cent of the over 50s had both private health insurance cover and a full medical or GP visit card, rising to 39 per cent among those aged 70-79 years of age (Nolan et al., 2014). This contrasts with a rate of just 6 per cent for the full population, recorded in 2010 (CSO, 2011). For these individuals, the demand for private health insurance cover that would incorporate additional primary care services is likely to be more limited. However, for primary care services that are subject to capacity constraints in the public system (e.g., physiotherapy, occupational therapy, etc.), the availability of (limited) cover for these additional services may be important factor in the decision to take out/retain private health insurance cover, even with eligibility for a full medical card. Further research is needed on this particular population group to tease out these issues.

d. Cost Drivers and Cost Control

The terms of reference of the Scope for Private Health Insurance to Incorporate Additional Primary Care Services report include consideration of effective industry-wide cost reduction/cost management strategies for the private health insurance market. This requires a detailed understanding of cost drivers in health and social care. Research from TILDA has shown that while age seems to be independently important in explaining the use of some community social services, including home helps and public health nursing, there is little evidence that it is a major driver of the use of hospital and GP services (McNamara et al., 2013). This is consistent with the international literature on increased significance of ‘time of death’ rather than age in driving health care costs (McGrail et al., 2000). As future waves of TILDA become available, these data can be used to investigate the relative importance of ‘time to death’ and age on health and social care utilisation in Ireland.
3. Summary

As noted, longitudinal studies such as TILDA provide the research environment with which to inform, monitor and evaluate public policy developments across a wide variety of domains (health, economic, social). The richness of TILDA, and in particular its detailed information on objective indicators of health, coupled with extensive information on socio-economic and family circumstances as well as health care entitlements and health and social care utilisation, provides a strong evidence base for considering the scope for private health insurance to incorporate additional primary care services.

References

CSO (2011) Quarterly National Household Survey. Health Status and Health Service Utilisation. Dublin, CSO.


