

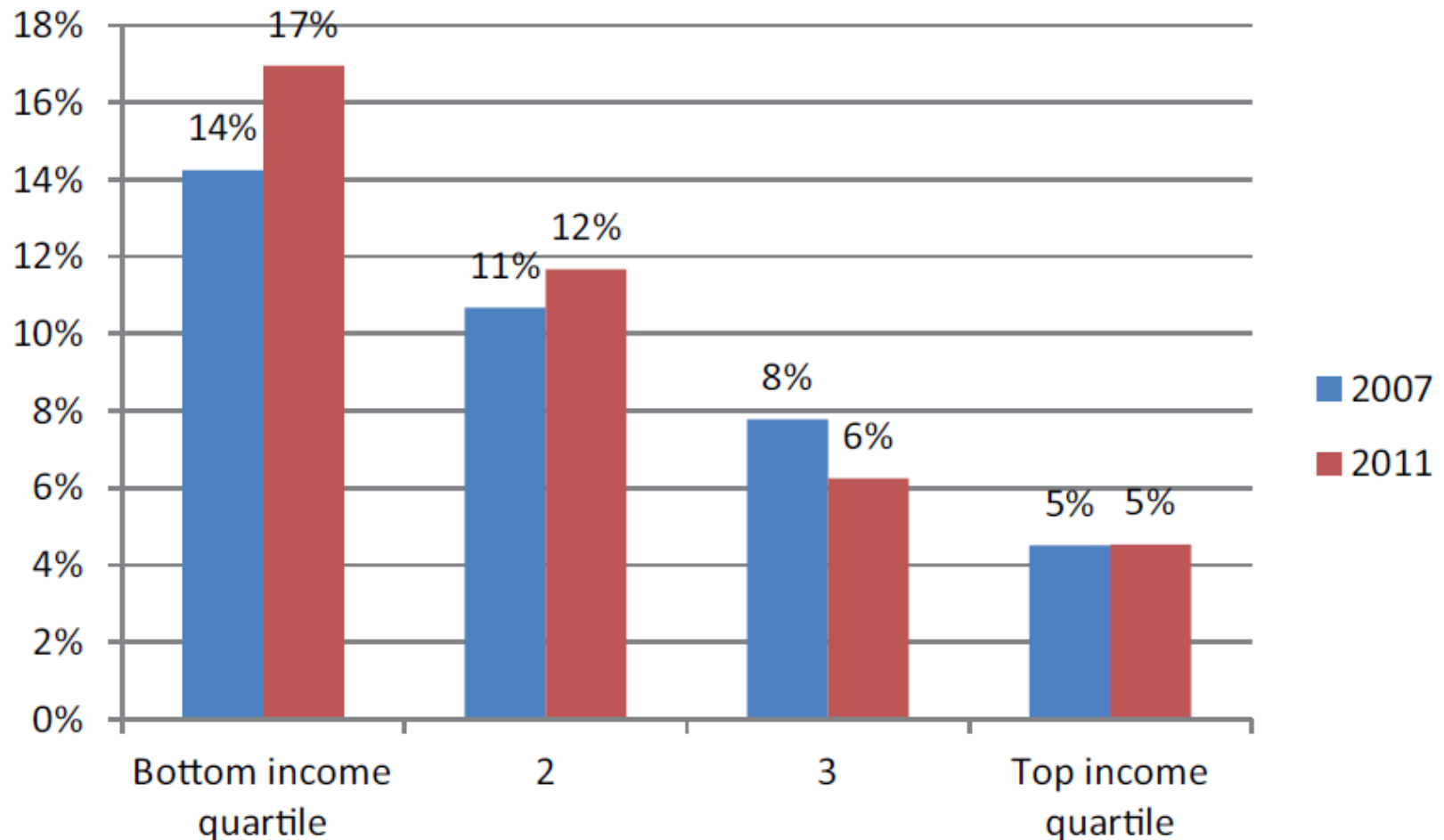
Access to healthcare in Europe by vulnerable in times of crisis

IPH Open conference, October 2015

Eurofound



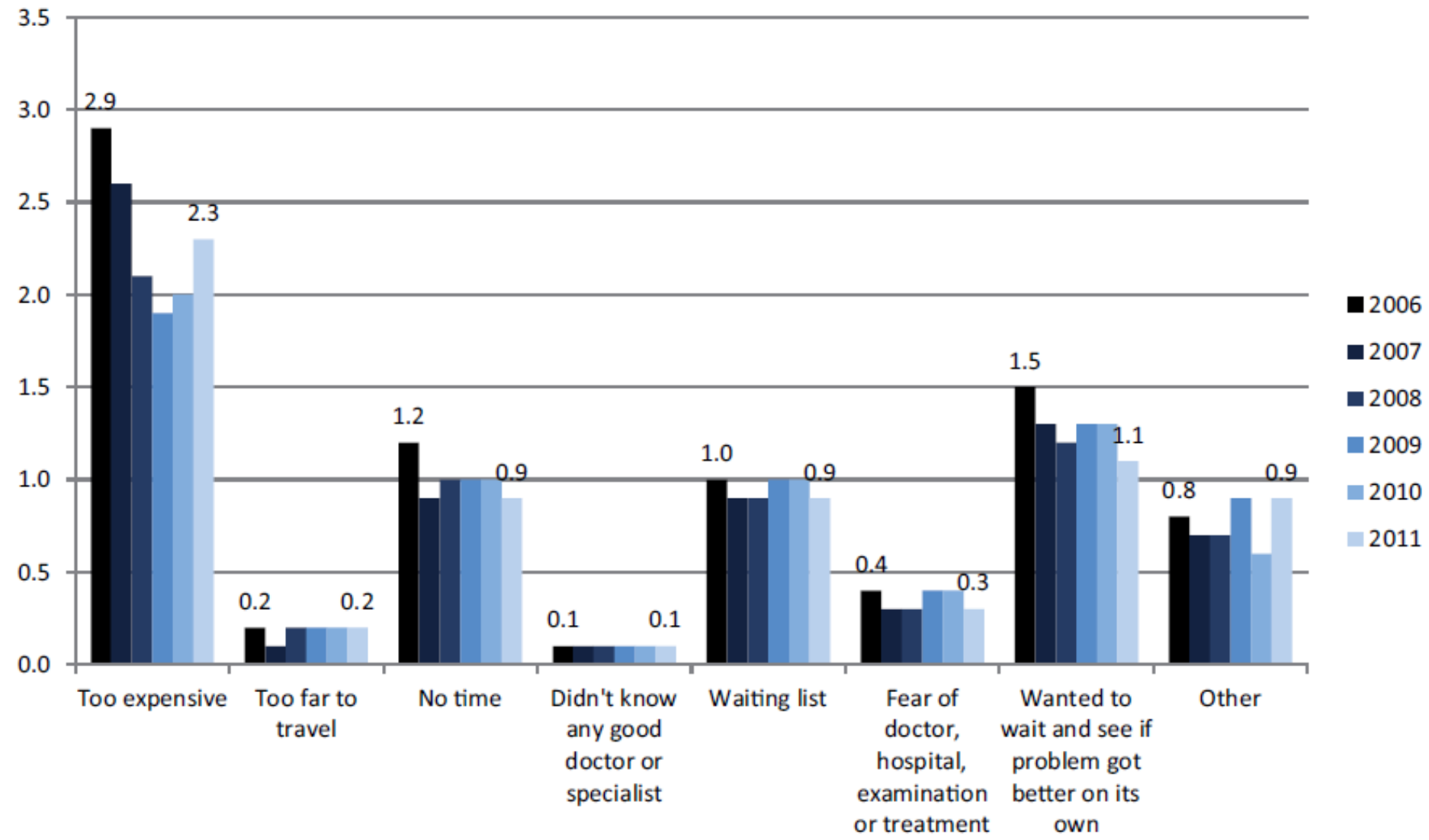
Figure 1: *Poor health status and income in the EU28, 2007 and 2011*



Box	Geographical area**	Type of healthcare provider
BG1: St George Hospital	Bulgaria, Plovdiv (urban)	University Hospital
EL1: Community mental health centre of Kaisariani-Virona	Greece, Athens (urban)	Community mental healthcare provider
EL2: Hellenic Society for Disabled Children	Greece, six centres: Athens, Thessaloniki, Ioannina, Chania, Volos, Agrinio	Rehabilitation services for children with physical disabilities
EL3: Kallimanopouleio, ecclesiastic long-term nursing care centre for elderly (KEDIK)	Greece, Kalavrita region (rural)	Nursing care home
EL4: Social enterprises in the area of healthcare provision	Greece, Kos (rural)	Primary healthcare centre
EL5: Survey among rural and urban hospital emergency units	Greece (urban and rural)	Hospital emergency units
ES1: Maresme Health Consortium	Spain, Barcelona (urban)	Mental healthcare service
HU1: Awakenings Foundation	Hungary, Budapest (urban)	Community-based mental healthcare
HU2: Association of Physically Disabled Persons	Hungary, Budapest (urban)	Home care for people with disabilities
HU3: Platán Nursing Home	Hungary, Kecskemét (urban)	Nursing care home
IE1: Mental health service*	Ireland, urban area	Mental healthcare service
IE2: Connolly Hospital	Ireland, Blanchardstown on the outskirts of Dublin (urban)	Hospital
IE3: Acquired Brain Injury	Ireland, national	Community care for people with disabilities
LUT1: Luxembourg city psychotherapy service* & Réseau Psy	Luxembourg, Luxembourg city (urban) & national	Two mental healthcare providers
LU2: E-health: Heart failure project, electronic health records and the health portal	Luxembourg, national	E-healthcare projects
LU3: Third-party payer system: two social offices	Luxembourg, Bettembourg (rural) & Luxembourg city (urban)	Two social offices in charge of granting exemptions to out-of-pocket healthcare costs
LV1: Stella Maris	Latvia, Riga	Nursing home
LV2: Vidzemes Slimn ca	Latvia, Valmiera (rural)	Outpatient care services for people with disabilities
LV3: Riga Centre of Psychiatry and Addiction Medicine	Latvia, Riga (urban)	Mental healthcare
PT1: Vila Nova de Gaia/Espinho Hospital	Portugal, two units Vila Nova de Gaia and one in Espinho municipality (urban, rural)	Hospital
PT2: Hospital Centre Cova da Beira	Portugal, one unit in Covilhã and one in Fundão municipality (rural)	Hospital
PT3: USF Fernão Ferro Mais	Portugal, Seixal municipality on the outskirts of Lisbon (urban)	Primary healthcare centre
RO1: Tulcea County Hospital: telehealth in the Danube Delta area	Romania, Tulcea county (rural)	Ambulatory care by county hospital to patients at primary care facilities in remote areas
RO2: Olteni a Municipal Hospital	Romania, Olteni a (urban, rural)	Secondary hospital
RO3: General practitioner (GP) in Fete ti, Romania	Romania, Fete ti/Alomi a county (rural)	Health mediators
SE1: Dorotea Primary Healthcare Clinic	Sweden, Dorotea (rural)	Primary healthcare provider
SE2: Skåne University Hospital	Sweden, Lund and Malmö (urban)	Large university hospital
SE3: Karolinska University Hospital	Sweden, Stockholm (urban)	Large university hospital
SI1: Secondary care hospital*	Slovenia, south (rural)	Secondary-level hospital
SI2: Community healthcare centre*	Slovenia (rural)	Primary healthcare centre
SI3: Healthcare centre	Slovenia, Ljubljana (urban)	Primary healthcare centre

- 2013 working paper: data analysis & literature review
 - Impacts of crisis on various types of access
- 2014 report: service providers impacted by the crisis & how they aimed to mitigate impact
 - Hospitals (secondary & tertiary)
 - Primary healthcare providers
 - Outpatient/community healthcare for people with
 - disabilities
 - mental health problems
 - Nursing home healthcare

Figure 3: Reasons for reporting unmet medical needs in the EU27, 2006–2011 (%)

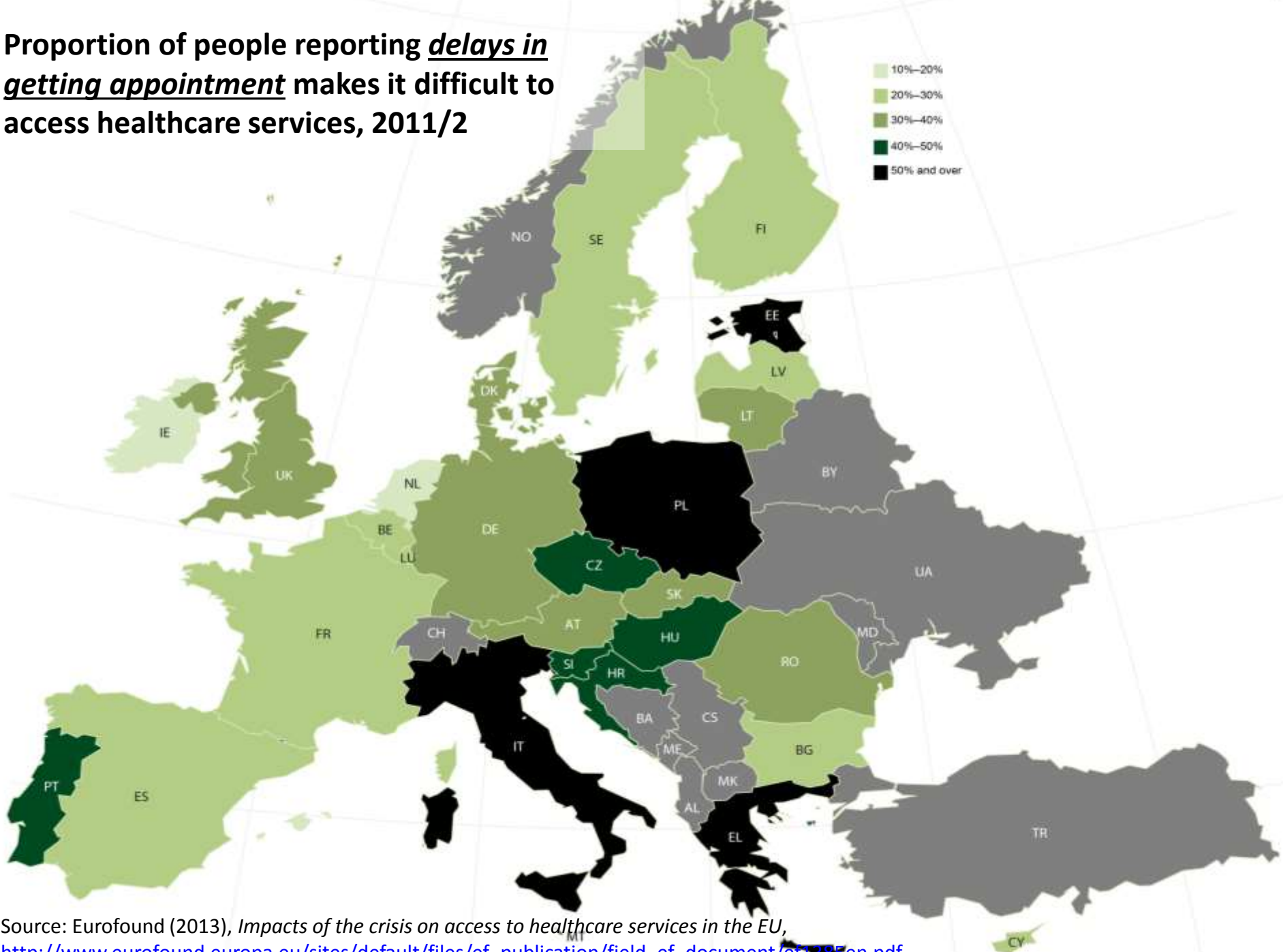


Source: Eurofound (2013), *Impacts of the crisis on access to healthcare services in the EU*,

http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1385en.pdf

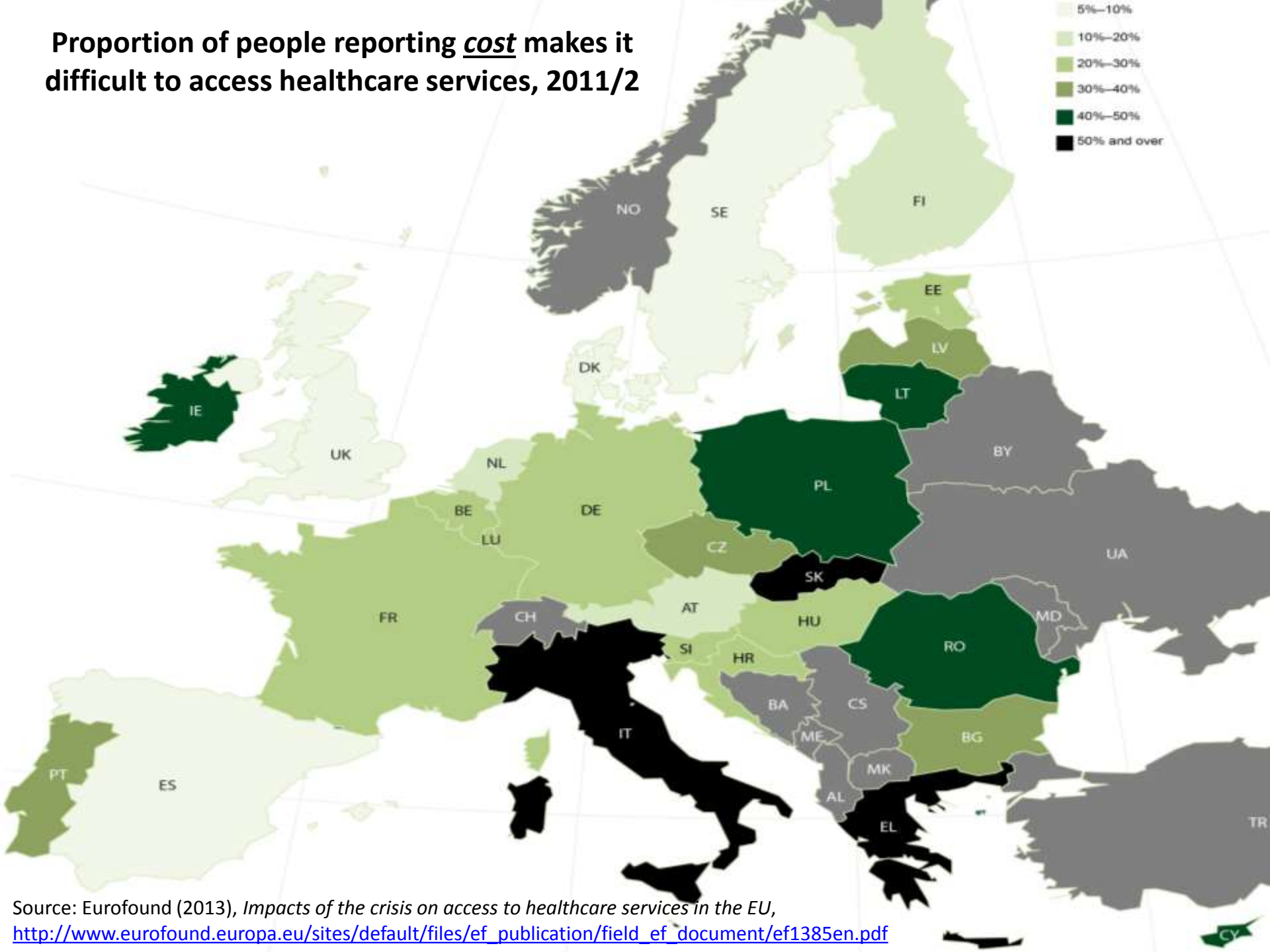


Proportion of people reporting delays in getting appointment makes it difficult to access healthcare services, 2011/2



Source: Eurofound (2013), *Impacts of the crisis on access to healthcare services in the EU*, http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1385en.pdf

Proportion of people reporting cost makes it difficult to access healthcare services, 2011/2



Source: Eurofound (2013), *Impacts of the crisis on access to healthcare services in the EU*,

http://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1385en.pdf

Table A2: Difficulties in access, 2011 and 2007

	Distance			Delay appointment			Waiting time			Cost		
	2007	2011	Change	2007	2011	Change	2007	2011	Change	2007	2011	Change
Greece	24%	45%	21%	43%	67%	24%	47%	66%	19%	45%	64%	19%
Malta	14%	19%	5%	31%	41%	10%	41%	61%	20%	44%	58%	14%
Netherlands	12%	14%	2%	22%	17%	-5%	29%	24%	-5%	8%	16%	8%
Estonia	23%	31%	7%	42%	50%	8%	36%	40%	3%	18%	26%	8%
Slovakia	33%	35%	3%	33%	37%	4%	62%	60%	-2%	49%	57%	7%
Cyprus	22%	19%	-3%	26%	30%	3%	39%	37%	-2%	42%	48%	6%
Luxembourg	13%	9%	-4%	25%	23%	-2%	30%	26%	-4%	20%	25%	5%
Czech Republic	36%	29%	-7%	48%	43%	-5%	66%	59%	-7%	29%	34%	5%
Lithuania	24%	18%	-5%	40%	32%	-8%	51%	42%	-10%	37%	42%	4%
Poland	33%	32%	-1%	53%	58%	5%	46%	47%	1%	42%	46%	4%
Ireland	14%	14%	0%	24%	19%	-5%	35%	32%	-2%	39%	43%	4%
Sweden	11%	9%	-2%	30%	23%	-8%	21%	15%	-6%	6%	9%	3%
France	11%	12%	1%	24%	29%	5%	27%	31%	4%	25%	26%	1%
Denmark	12%	14%	2%	32%	30%	-2%	19%	19%	0%	6%	6%	-1%
Slovenia	32%	34%	2%	53%	47%	-6%	54%	48%	-6%	22%	21%	-1%
Finland	15%	13%	-2%	25%	29%	3%	22%	20%	-2%	13%	12%	-1%
EU28	27%	22%	-5%	42%	39%	-3%	46%	42%	-4%	32%	30%	-2%
UK	16%	15%	-1%	36%	36%	1%	31%	31%	1%	7%	5%	-2%
Latvia	33%	25%	-8%	42%	30%	-12%	52%	32%	-20%	39%	37%	-2%
Bulgaria	36%	29%	-7%	35%	27%	-8%	54%	47%	-7%	39%	37%	-2%
Romania	33%	28%	-5%	38%	33%	-5%	51%	44%	-7%	47%	44%	-2%
Germany	20%	21%	1%	38%	39%	1%	46%	48%	2%	31%	25%	-5%
Spain	39%	14%	-26%	54%	29%	-25%	58%	35%	-23%	15%	8%	-6%
Belgium	15%	12%	-3%	27%	21%	-6%	29%	24%	-5%	33%	24%	-9%
Austria	28%	17%	-11%	40%	30%	-10%	44%	31%	-13%	28%	18%	-10%
Italy	52%	39%	-13%	68%	60%	-8%	72%	64%	-8%	67%	57%	-10%
Portugal	36%	31%	-5%	65%	45%	-20%	70%	48%	-21%	49%	34%	-14%
Croatia	35%	22%	-14%	48%	45%	-4%	52%	46%	-6%	39%	24%	-15%
Hungary	38%	29%	-10%	46%	46%	0%	55%	48%	-8%	52%	28%	-24%

- Thinking about the last time you needed to see or be treated by a **GP, family doctor or health centre**, to what extent did any of the following make it difficult or not for you to do so?

A. Distance to GP/doctor's office/health centre

B. Accessibility of GP/doctor's office/health centre

Accessibility includes parking issues etc.

C. Delay in getting an appointment

D. Waiting time to see doctor on day of appointment

E. Cost of seeing the doctor

F. Finding information about GP/family doctor/ health centre services, including how to access and how to pay for them

G. Finding time because of work, care for children or other people

- Thinking about the last time you needed to see or be treated **in hospital or by a hospital specialist**, to what extent were any of the following issues problematic?

A. Distance to hospital

B. Accessibility of hospital

Accessibility includes parking issues etc.

C. Delay in getting appointment

D. Waiting time to see doctor/ specialist on day of appointment

E. Cost of seeing the doctor / specialist

F. Finding information about hospital services, and whether I was entitled to use them

G. Finding time because of work, care for children or other people

- Over the **last 12 months**, when you or someone else in your household needed the following, how easy or difficult was it for your household to pay for...
 - Medicines
 - GP/ family doctor care
 - Non-emergency hospital/ specialist care
 - Emergency healthcare
 - Dental care
- How easy or difficult would it be for your household to pay for each of the following, if you or someone else in your household **needed to use it tomorrow?**
 - GP/ family doctor care
 - Non-emergency hospital/ specialist care
 - Emergency healthcare

- reduced disposable income
- loss of insurance
- the 'twilight zone'
- new situations

- Lack of data about access to healthcare for specific population groups.
- Changes in additional resources/services for specific groups.
- Difficulties in establishing to what extent access has been impacted by the crisis: ongoing reforms, ongoing access issues

- Roma:
- Difficulties gathering data disaggregated by ethnicity.
- Worsening of socioeconomic status.
- Roma health mediators in Romania decreased due to decentralization (from 800 to 200).
- Migrants:
- Increased xenophobia
- Undocumented status during the crisis due to unemployment
- Some initiatives to enhance access for migrants have faced difficulty in securing the voluntary participation of staff

- Older people:
- Reductions in pensions, increases in copayments.
- Less demand for nursing homes in LV and HU due to the situation of families.
- People with mental health problems
- Increases in suicide and depression
- Delays in reforms towards community care mental health services (staffing issues) → overmedication, increased readmission rates.

- Exemptions & coverage for people in vulnerable situations
- Reducing informal payments
- Sustaining or expanding leniency
- Reducing non-essential inpatient care
 - Accelerating reduction of hospital stays
 - Accelerating deinstitutionalisation
 - Accelerating care of older people in the community

- Solutions for retaining and motivating workforces
 - Retaining, attracting and increasing productivity of staff
 - Drawing on less costly workers
- Economising on operating costs and processes
 - Economising on cost
 - Increasing efficiency of processes
 - Incentivising access
- Seeking new funding
 - Obtaining funds from other sources
 - Accessing other public funding and indebtedness

- Promoting less costly types of service provision
 - Keeping basic services accessible
 - Placing emphasis on primary care
 - Moving towards ICT-based services
- Increasing prioritisation
 - Scaled-up screening and more selective service delivery
 - Responding to increased specific urgent needs
 - Keeping emergency care accessible

Thank you

<http://www.eurofound.europa.eu/publications/report/2014/quality-of-life-social-policies/access-to-healthcare-in-times-of-crisis>