

TITLE: Further advances in the recording system for additional public patient treatments.

Introduction

In Ireland, the majority of the admissions occur in one of over 50 public hospitals, with a smaller percentage admitted in one of 19 private hospitals. The recent global pandemic exacerbated the ongoing demand and capacity challenges in public hospital provision such as ageing demographics and expanding waiting lists, and necessitated utilisation of private hospital's capacity. The Health Service Executive (HSE) developed the Access to Care system (previously the UAN system) to record, classify and pay for these patients. Funding for these patients came from the HSE and Department of Health.

The Access to Care system continues to be used in Ireland to manage this additional healthcare capacity and to record said activity. The system has broadened to encompass additional outsourcing (from public to private) and insourcing (public to public) initiatives for specific targeted activity. The Access Programme team lead by the Director of Access in the HSE's Access and Integration section manage the different proposals for initiatives (referred to as non-recurrent funding).

This presentation discusses how the Access to Care system has changed to accommodate these new requirements.

Methods

The Access to Care system records patient record level information on referrals to public or private hospitals. For referrals to private hospitals, a parallel system called the HSEclaims is used to submit claims for this activity. Insourced activity is funded using existing public payment systems.

The Access team seek and receive proposals from public hospitals for targeted initiatives to address areas of the public waiting list and to support delivering the annual Waiting List Action Plan & Slaintecare targets. These proposals are evaluated for value for money based on the cost and number of patients. Successful proposals are added to the Access to Care system and linked to private hospitals (as appropriate). Following this, the public hospital refer patients using the Access to Care system. All patients referred as part of the access to care system are issued a unique authorisation number (UAN) which, in the case of private hospitals is also used for payment.

Results

An existing system to record insourced and outsourced activity operated for a number of years with varying levels of success. Ultimately, the system did not provide the necessary level of detail and transparency across all hospitals for the standardised national reporting required to understand the performance of these initiatives.

During 2024, the Access to Care system began replacing the existing system on a phased basis, providing on-demand reports on activity. All new requests for funding in these programs are conditional on the proposing hospital submitting data via the system. The system facilitates manual or batch patient referrals, where the latter option allows the referral of a number of patients at the same time.

The system ensures that referred waiting list patients do not breach the agreed capacity (numbers and cost) and target waiting times of each initiative. Where relevant, the private provider can submit a claim for the activity using the system. For all the referrals, the patient details are recorded ensuring that accidental duplicate referrals do not take place.

To date, a nearly 20,000 referrals have been referred via the system.

Discussion/conclusions

The Access to Care system has provided a national method of recording public waiting list referrals to private hospitals, and the enhanced reporting has helped the HSE and the Department of Health understand the impact of their funding in this area. The expansion of the system to encompass the existing non-recurrent initiatives enhances its reporting and the understanding of the impact of this funding stream.

In the future, the additional reporting will help frame and shape future non-recurrent initiatives ensuring better value for money for the health service.