



**Submission to Health Service Executive on Medical Card Eligibility
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**Age Action
30/31 Lower Camden Street
Dublin 2
01 4756989
www.ageaction.ie**

Public Consultation: Medical Card Eligibility

Age Action Ireland is a national charity which promotes positive ageing and better policies and services for older people. Our research and policy work is underscored by the use of the United Nations human rights framework of Economic, Social and Cultural Rights (UN, 1976) and the Rights of Older People (1991). As an organization with over twenty years experience with older people's issues in Ireland, we come to this consultation urging consideration of the points that we highlight in this submission.

Background

According to the latest census, 532,000 people aged 65 and over were living in Ireland in 2011. The number is predicted to rise to 1.4 million in 2046. The number of people over 80 is set to nearly quadruple, from 128,000 in 2011 to 470,000 in 2046 (CSO, 2011). This population ageing illustrates how good public policies, such as free access to health care, major developments in medical science and health systems have had positive outcomes. People are now living longer and healthier. Life expectancy for men is 83 years and women 85 years. Life expectancy expressed as years lived in good health at age 65, is 11 years for men and 12 years for women (DoH, 2013). However, there is a higher risk of chronic disease with ageing, with 11 per cent of the population over 50 suffering from two or more chronic diseases (Savva et al, 2011). Healthcare that helps people remain healthy and supports the maintenance and restoration of function keeps people participating in all aspects of society.

This submission outlines the issues important for older people in developing a policy framework for medical card eligibility.

1. Eligibility for older people with chronic illness and multi-morbidity
2. Eligibility to take account of health and social care needs
3. Eligibility is essential for those assessed as needing long-term care
4. Eligibility to consider increased risk of hospitalisation for older people

1. Eligibility for older people with chronic illness and multi-morbidity

Chronic conditions become more common with increasing age and are a major cause of morbidity and death in Ireland. With population ageing, the incidences of chronic

conditions such as heart disease, hypertension, diabetes and musculoskeletal pain are projected to increase by around 40% in 2020 (Balanda et al, 2010). Multimorbidity is common in older people, being twice as common in the over 75s as those aged 50 -64 (Savva et al, 2011). Multimorbidity is a fundamental determinant of quality of life and resource utilisation.

'Tackling Chronic Disease, a Policy Framework for the Management of Chronic Diseases' (DoH, 2008) outlines how the primary healthcare sector should play a central role in the care of patients with chronic disease. Hence older people, particularly those 70 and over should be eligible for medical cards to ensure access to primary care and the medication they need, as cost sensitivity has been shown to be a factor in postponing the seeking of health care (Murata et al, 2010) and non adherence to medication (Byrant et al, 2013). The effective management of chronic diseases at primary care level has been shown to reduce unplanned hospital admission by 50% rates as well as 50% in bed day rates for these conditions (DoH, 2008).

Chronic disease has a significant effect on disability. People reporting two or more chronic diseases are nearly 20 times as likely to report disability as people with none (Savva et al, 2011). For these people, their health status can limit them in their everyday life. An ESRI study highlighted how almost half of older people experience some restriction in mobility (Fahey et al, 2007). This has implications for older people's social participation but also the extra financial burden associated with chronic disease and disability. Free medical care eligibility based on economic status, ignores these cost, eligibility therefore needs to encompass along with medical conditions, the extra costs associated with chronic illness and disability. For example, George contacted Age Action in connection with the withdrawal of his Over 70 medical card. He outlines how his medical condition imposes extra costs and challenges for him in carrying out every day tasks.

George has chronic obstructive pulmonary disease (COPD), the term now used for diseases previously referred to as chronic bronchitis or emphysema. His gross income of €503 per week puts him over the threshold. His prescription for a Seretide Diskus 500mg (€68.65), Spiriva (€45.38), 2 Salbutamol inhalers (€15.92) and an antibiotic for on-going management of his COPD (€33.47) now cost him €144 per month (Drug Payment Scheme cap). In an attempt to make his medication last longer, George only uses his inhalers once a day. The outcome has been an exacerbation of his illness requiring an admission to the acute hospital.

Due to his medical condition, George incurs other costs including :

- €75 per day in acute hospital to maximum of €750 (3% of his gross income)
- €50 per week for help with household tasks and shopping (nearly 10% of his gross income)
- €80 per month for taxis to GP and out-patient appointments and other places (nearly 4% of his gross income).
- €1728 p.a. (6.5% of his gross income) Drug payment charge for medication required.
- Private fee to Physiotherapist and OT
- Cost of mobility aids such as walking frame

George is one of over 12,000 people admitted to acute hospitals in Ireland every year with COPD. Ireland has one of the highest rates of acute hospital admissions for exacerbations of COPD in OECD countries (OECD, 2013). Barriers such as the cost of medication, can contribute to the exacerbation or worsening of COPD as associated with poor management of the disease (Bryant et al, 2013). Oral and inhaled medications, physiotherapy and occupational therapy input are essential components for managing the disease, to slow progression, reduce exacerbations and improve quality of life, hence medical card eligibility is crucial for maintenance of well-being.

2. Eligibility to take account of health and social care needs.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease (DoH, 2014; 52)

Determining medical card eligibility within the narrow parameters of medical conditions ignores the necessary and different resources older people require to maintain their health. For example ancillary supports and services like chiropody, INR blood tests, therapies (physiotherapy, occupational, cognitive stimulation), access to aids and appliances are essential for older people's well-being. Cost is a barrier in accessing these services and supports for older people who do not have a medical card. Hence in developing a policy framework for medical card eligibility, older people's particular need for these types of services must be considered.

Crucial to the development of the policy framework for medical card eligibility is the inclusion of an assessment of social care needs. With a high percentage of older people living alone, 36.7% of people aged 75 and over and 44.2% of people aged 85 and over (CSO, 2011), and increasing geographic dispersion of adult children, an increasing number of older people, experiencing difficulty carrying out activities of daily living, must buy in personal and housekeeping assistance.

3. Eligibility is essential for those assessed as needing long-term care.

Older people admitted into long term care under the Nursing Home Subsidy Scheme – Fair Deal, will have undergone a care assessment. Hence their needs are such that they require 24 hour care. Medical card eligibility should be automatic for this group, to ensure access to essentials like medication and continence wear, as having made the contribution of 80 per cent of total income towards the cost of care, affordability is an issue. The present system of determining eligibility based on gross income has had serious financial consequences for residents and spouses of residents in long term care, as illustrated in this case.

Pat's wife, Mary, has dementia and resides in a nursing home. Pat and Mary's medical card was reviewed in April. Their gross income was assessed. Mary's 80 per cent contribution to her care under 'Fair Deal' was not taken into account. The couple's Over 70 Medical Card has been withdrawn. Pat is devastated as on their net income, he cannot afford to pay for Mary's medication, continence wear and therapies. The couple have been married 60 years and he feels he now can not provide for his wife

In addition, residents and their families incur substantial costs for everyday services like - hair dressing €5 – €10, chiropody €20 – €35, days out/ trips €20 – €30, toiletries €10, craft activities, renting of specialized mattress, prescription charge (Medical Card €25; Drug Payment €144), cost of medication not covered by schemes and continence wear (for those without a medical card).

4. Eligibility to consider increased risk of hospitalisation for older people.

In 2012, 49.6% of bed days involved people 65 and over. Average length of stay for people aged 75 and over was 10 days (CSO, 2013). Hence older people are more likely to incur the maximum in-patient per night bed charge of €750 than the rest of the population and in many instances both partners may need hospitalisations on separate occasions resulting in a charge of €1500 in any one year. In determining eligibility, cognisance must be taken of the increased likelihood of older people requiring acute hospital care and the financial burden the in- patient bed charge can have on their fixed income.

Conclusion

Older people are on a fixed income and the cumulative effect of extra taxes and charges over the last three years, leaves them with no reserve to meet the financial costs of deteriorating health. The medical card offers reassurance, a safety net for older people, especially those with chronic illness, medical needs defined within the narrow parameter of medical conditions will ignore the particular medical and social care needs of older people. A broader framework that incorporates health and social care needs is required in determining medical card eligibility if older people are to overcome financial barriers to access the care and supports essential for their well-being. The process of assessment for medical card eligibility needs to be transparent and easy to follow and offer older people certainty, rather than the uncertain, difficult process older people have had to contend with over the last three years, where medical cards have been withdrawn without notice and reviews repeated frequently. Older people have found the process stressful and are fearful for the future. The policy framework for medical card eligibility therefore needs to take into account the health and social care needs of older people but also offer assurance that once eligibility is confirmed, older people do not have to fear having their medical card withdrawn after every budget.

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