

St Patrick's
Mental Health Services



**Submission to Public Consultation on the
White Paper on Universal Health Insurance**

28th May 2014

		Page
1	Introduction	3
2	The Universal Health Insurance (“UHI”)Vision	4
3	Funding UHI	4
4	Multi-provider model	5
5	Competition law	5
6	Quality standards and UHI basket	5
7	Innovation in mental health services	7
8	Price setting and cost controls	8
9	Enforcement of equity – patient waiting times/lists	9
10	Answers to specific questions set by the Department of Health	10

Introduction

St. Patrick's Mental Health Services is Ireland's largest, independent not-for-profit mental health service provider and accounts for circa 12% of the country's total inpatient care and treatment needs, as well as providing a significant proportion of community-based and day service care and treatment.

It is acknowledged as a leader in providing the highest quality mental health care, promoting mental health awareness and advocating for the rights of those experiencing mental health difficulties.

Over the last 7 years, the organisation has expanded and enhanced its range of services, grounding them in wellness and recovery principles, empowering service users to manage their mental health and lead fulfilling lives.

Multi-disciplinary teams of highly-qualified mental health professionals provide expert care and treatment to over 3,000 people requiring inpatient and day care services each year. The organisation's community-based Dean Clinics provides over 12,000 appointment based interventions annually.

St. Patrick's Mental Health Services is one of the few mental health services in the country that is consistently fully compliant with the Mental Health Commission quality standards and regulations.

In the context of this submission, we believe the scope for St. Patrick's Mental Health Services to continue to provide the highest quality services should be protected and promoted in a UHI environment.

St. Patrick's Mental Health Services is an independent not-for-profit trust and is subject to the discipline of managing its finances prudently, that is, to avoid losses and generate sufficient surpluses, without subsidies or external guarantees from any party, including the State to ensure its future sustainability. Any surplus funds generated by the organisation are re-invested in the provision of additional services or to fund the assets of the organisation. Capital for new investment has to be earned and any borrowings need to be repaid. St. Patrick's Mental Health Services is independently governed by a voluntary Board of Governors none of whom receive any remuneration for their services to the Trust. The Board is committed to the attainment of the highest standards of governance and regularly reviews its own effectiveness. Maintaining high standards of clinical and corporate governance is the

subject of considerable Board and management time and attention to ensure our governance arrangements reflect the present and future needs of the evolving organisation.

St. Patrick's Mental Health Services already operates to the financial performance and discipline standards that the proposed new State quasi-independent hospital groups may be subjected to in the future – the detail and degree of which is yet to be specified in law and operating policies.

The organisation has limited this submission to responding to aspects of the White Paper relating to Mental Health only. The organisation is also a member of Mental Health Reform and the Independent Hospitals Association of Ireland and supports the recommendations made in these two organisations submissions.

The UHI Vision

St. Patrick's Mental Health Services welcomes the vision of UHI as providing access to high quality mental health care to the entire population of Ireland. St. Patrick's Mental Health Services believes that UHI system must be grounded in the principles of the international protocols to which Ireland is a signatory, particularly the United Nations Convention on the Rights of People with Disabilities, the United Nations Convention on the Rights of the Child and the European Charter of Human Rights. It is also imperative that any new UHI system is grounded in international evidence-based best mental health practise and in particular a human rights recovery model. In this context, inclusion of acute mental health care in the first phase of implementation of UHI is crucial.

St. Patrick's Mental Health Service welcomes the opportunity to engage with the Department of Health on the implementation of UHI and other issues over the coming years. There is a large body of work to be done to achieve the best outcomes for the UHI vision and we are committed to engaging in this work. We welcome the indication from the Minister that it is essential that the Department of Health work together with independent service providers on the pathway to Universal Health Insurance.

Funding UHI

St. Patrick's Mental Health Services believe that it is vital that prior to the introduction of UHI, and before irrevocable steps are taken that lead to its introduction, the Government should set out a robust model demonstrating that funding for the required mental health services will be adequate.

It is important that key stakeholders have the opportunity to analyse and comment not just on the costings for specific items in a potential UHI basket of care but also on the overall funding plan for mental health within UHI.

Multi-provider model

St. Patrick's Mental Health Services supports the multi-provider model set out in the White Paper. Service users should have a choice of services available to them. It is important that this choice has reality for service users and their general practitioners. In preparation for UHI, the Department should specify how service users and their G.P.'s will be able in practice to exercise choice of mental health service.

Competition law

It is fundamental to the multi-provider, managed competition model set out in the White Paper that there should be competition between service providers to provide services.

A properly-functioning competitive market is vital for keeping costs down and avoiding excessive profits, waste through inefficiency and economic gains by different interests in health care at the expense of service users/taxpayers.

This requires competition law, economic and quality regulation to provide the assurance of a level-playing field between providers, guarantees of no favouritism by the State to particular providers, and clear and robust rules to prevent the restriction of reasonable choice and benefits to the public.

There is a requirement for a clear framework in which the UHI system will comply with EU State Aids rules so as to prevent, for example, unfair subsidies to one or more providers through State price-setting or services commissioning. In particular, the new State not-for-profit hospital groups/trusts should not be unfairly advantaged over non-State not-for-profit or for-profit hospitals. This needs to apply to services that the State funds directly as well as those included in the UHI basket.

Quality standards and UHI basket

The Department has outlined that there will be a specific consultation process on what ought to be included in the basket of care covered by UHI. St. Patrick's Mental Health Services will make a submission to that consultation.

However, it is crucial that the UHI basket of mental health care should be set at a high quality standard and should entail a levelling-up of standards rather than any levelling-down.

Service users who use St. Patrick's Mental Health Services expect high quality care in all of its dimensions, and we must continually meet quality care standards set by the Mental Health Commission and other quality/accreditation organisations.

Quality of care is fundamentally defined by adherence to clinical standards and measurable outcomes. This principle should inform the debate about the UHI basket of services and also policy about competition between providers.

The references to acute mental health care in the White Paper include those that are provided by community mental health teams, outpatient clinics, day hospitals and day centres and acute inpatient settings. Over the last six years St. Patrick's Mental Health Services has been unique in seeking to develop a network of community based clinics called Dean Clinics. St. Patrick's Mental Health Services is the only independent service provider that has established such services and has done so without any support from the statutory sector and with minimum support from the health insurance providers. In addition it has significantly expanded its range of day services with the support of the health insurance providers. St. Patrick's Mental Health Services is committed to an integrated care model for acute mental healthcare and supports the inclusion of community based care, day services (hospital and clinics), outpatient clinics and in-patient care in the standard UHI package. However, the exact delivery and funding by UHI of the comprehensive range of acute mental health care requires careful consideration to ensure that the most clinically appropriate use of each component is utilised to achieve a quality service that is evidenced based and focused on outcomes. The treatment of mental illness is complex particularly given that many who ultimately require or present for in-patient care have had mental health difficulties for a number of years. In keeping with international best practice St. Patrick's Mental Health Services recommends the use of a bundled care approach that will ensure sufficient standardisation of clinical care but also allows sufficient clinical flexibility to enable individualised care planning, a key marker of a quality acute mental health care service as promulgated by the Mental Health Commission.

In designing the UHI model careful consideration should be given to any stipulated time limits that are established for acute mental health care so as not to incentivise health

insurers to restrict care to an inappropriate care setting that is detrimental to the provision of quality services and ultimately outcomes. Equally, appropriate provision should be made for earlier intervention in primary care and the community consistent with a human rights based approach.

The White Paper makes a distinction between acute mental health care and long term care. The threshold for the transition from acute mental health care to continuing or long term care will require careful consideration and the establishment of appropriate clinical guidelines. An independent body such as the Mental Health Commission should be used as the standard setting agency to establish and monitor the necessary guidelines. Without appropriate clinical guidelines, the introduction of a threshold runs the risk of reintroducing the institutional model of mental health care previously existing in Ireland.

The current private health insurance system is regulated by minimum benefits legislation and St. Patrick's Mental Health Services recommends applying these principles and benefits to UHI with some amendments. Current statutory mental health minimum benefits are based on an outdated model that is largely focused on hospitalisation. St. Patrick's Mental Health Services recommends changing the minimum benefits for acute mental health care to the same basis for acute general health care, 180 days per annum and expanding the breadth of services covered based on an integrated care model to include day service and community-based care. This approach would be consistent with the policy framework outlined for UHI. These revised minimum benefits should be the benefits contained within the UHI basket.

St. Patrick's Mental Health Service recommends that the provision of child and adolescent mental health care, including care and treatment in an approved centre, be included in any UHI benefit regulations to ensure that this key age group is afforded every access to appropriate care. This provision will also ensure that where admission to in-patient care is necessary within an integrated care model that the approved centre is compliant with the current legal/regulatory requirements.

Innovation in services

St. Patrick's Mental Health Service is recognised as a leader in bringing several evidence based therapies and services to mental health care in Ireland and must continue to have the scope to innovate.

The White Paper sets out that HIQA will have the sole role in deciding/recommending to the Ministers for Health and Public Expenditure and Reform what additions should be made to the UHI standard basket of care. It is important that the Mental Health Commission also has a role in recommending any additions to the standard UHI mental health basket of care.

The system should also be designed to ensure that services have latitude to introduce evidence-based innovative services (without all organisations having to be ready and funded simultaneously to provide a new standard UHI service). The economic incentives in the payment system should incentivise first-mover innovation.

The Department and Commission on UHI services should address specifically how service providers can continue to develop innovative services that improve outcomes. Without freedom to innovate in quality of care and new services, independent organisations/services would find it difficult to continue to meet their service users and their own expectations and needs.

Price Settings & Controls

St. Patrick's Mental Health Services is supportive of the implementation of Money follows the Patient (MFTP) and would welcome the inclusion of acute mental health care and independent providers in this system in the future. It is recognised that there are short term challenges but the comprehensive roll out of MFTP for public and independent providers is crucial to the equitable financing and funding of UHI. A mechanism to accurately include costs of pension provision and establishment/capital costs in both the public and independent sector in arriving at a comparable cost structure is critical. Equally as important is the appropriate comparison of compliance with quality standards in the public and independent sector.

The use of co-payments and excess amounts for many health insurance policies is currently having a significant impact on certain policy holders' ability to access mental health care. The amount of the co-payment or claim excess that a service user may be expected to pay can influence their decision to access appropriate care in a timely manner. From a mental health perspective it is often the case that because of illness an individual's economic circumstances has deteriorated to such an extent that this excess is prohibitive in accessing care despite the fact that these consumers may well have paid health insurance for many years. This increases the cost of care in the long run and has an overall impact on society and should be avoided in any new UHI system.

The current rationale for co-payments and claims excesses of many policies is to provide a more affordable policy to people that do not want to access exclusively private / high tech hospitals and /or so called “luxury” benefits. This is particularly relevant to general medical facilities where the accommodation is either of a semi-private or private nature. Current minimum benefits apply only to semi private accommodation. As stated in the current policy the likely future standard will be single individual room accommodation which is particularly relevant to mental health care. In mental health co-payments and claims excesses are being used to limit access (in its entirety) to mental health care. In the provision of mental health care a single/individual room is considered a minimum standard in keeping with the dignity of the service user and best clinical practice. The use of claims excesses to prevent access to single/individual rooms is not appropriate. The use of claims excesses to limit access to particular service providers is also not appropriate.

St. Patrick’s Mental Health Services recommends that the use of co-payments and claims excesses (beyond a very limited nominal charge) be abolished completely in the context of mental health care as access to care is of vital importance and consistent with the core principle of a patient- centred UHI model.

St. Patrick’s Mental Health Services recognises the need to introduce a prescribed payment method for UHI. The White Paper references “Diagnostic Related Groups” as the likely required system. If this system is to become the recognised payment basis of UHI, it will be essential that independent organisations such as St. Patrick’s Mental Health Services are supported both financially and through the provision of training to introduce this system successfully.

Enforcement of equity

The vision of UHI is a single tier system where access to healthcare is based on clinical need and not means. Parity among service users is a core principle.

St. Patrick’s Mental Health Services has no difficulty, and will have none, in demonstrating that access to our services and appointment scheduling is non-discriminatory between service users in relation to their paying status or insurance cover. This is the way St. Patrick’s Mental Health Services operates at present. If the range of people who are covered by insurers for our services is extended to the whole population via UHI, we will continue to operate appointment scheduling on a non-discriminatory basis.

Specific Questions Set By the Department of Health

1. *When the UHI system is in place, health insurers will be responsible for purchasing care on behalf of the population. Do you have any views on safeguards that should be built into this system, e.g. timely access to care, geographic limits etc.?*

St. Patrick's Mental Health Services believes it is vital that the public should have clarity at all times about the level of mental health cover they will have and the choice of providers they can access.

The design of the UHI basket of services should be clear to service users both in concept and in practical application.

Quality of mental health care, reported according to internationally-recognised criteria and the Mental Health Commission regulations and standards, should be the most important criteria and safeguard. UHI should in all cases involve a levelling up of services and quality rather than any levelling down. Service providers should be free to lead and innovate on quality of care and be rewarded/incentivised to do so.

The threshold for the transition from acute mental health care to long term care needs to be carefully considered and based on appropriate clinical guidelines developed by the Mental Health Commission. Mental health benefits under UHI should improve the existing benefits existing under current minimum benefits legislation.

2. *What should be the priorities for phasing the delivery of the UHI model i.e. with full implementation by 2019?*

Mental health care must be included in the first phase of the introduction of UHI.

3. *The White Paper sets out a proposed values framework to guide the work of the Commission in assessing what services should be included under UHI and the overall health system. Do you have any views on this values framework?*

The values framework should be handled so as not to end up as another, perhaps disguised, mechanism to control costs. If that were so, it would lose any authority to public confidence. The key values required for mental health care are those outlined in the United Nations Convention on the Rights of People with Disabilities, the

United Nations Convention on the Rights of the Child and the European Charter of Human Rights.

4. *Do you have any views on how the subsidy system for UHI should operate i.e. how can we ensure that it protects those on low incomes?*

Those with mental health difficulties should be given specific protections.

5. *Do you have any views on the proposed system of regulation of health care providers and health insurers? Are there any areas you would like to see strengthened?*

The Mental Health Commission must have a key role in the area of regulating the UHI system as it is applied to the mental health service providers.

6. *Do you have any views on the proposed new financing model for UHI i.e. a blend of premium income, direct taxation and out of pocket payments?*

Co-payments or policy excesses should not be such as to render services unaffordable, and should not exist at all for those with mental health difficulties.

7. *Do you have any views on the use of co-payments for services?*

As above.

End