

A Health Economic Evaluation Of A Dedicated Primary Care Service For Social Inclusion In The Mid-west Of Ireland

Dr. Síle Kelly, Dr Patrick O'Donnell, Dr. Anne Dee; HSE Mid-West, Area E



Introduction

People experiencing homelessness, asylum seekers, and other marginalised groups are at high risk of poor health outcomes. They often have complex multi-morbidity, a chaotic lifestyle and social needs that can be time-consuming for healthcare providers to meet their health needs. The increased time and associated cost is not always possible in mainstream GP services. They therefore receive less preventative care, resulting in higher utilisation of acute services. Tailored general practice services that can provide a holistic approach, meeting not only their medical needs but also their social and environmental needs. The inclusion health clinic of HSE Social Inclusion in the Community Healthcare Organisation 3 (CHO) offers GP and nursing care to the most marginalised people in the Mid-West, and is the focus of this economic evaluation which was requested regionally.

Table 1: Cost Analysis of Social Inclusion

Type of Cost	Value €	Source
Total Staff Costs Per Annum including direct salary cost, employer PRSI, and Employer pension Contributions	190,250.72	HSE Pay Scales October 2021, Direct submission by employee. Public Spending Code 2019
Total Clinic Overheads per annum	3,600.98	Corporate House
<i>Rent</i>	1950.45	Corporate House
<i>Insurance</i>	21.26	Corporate House
<i>Electricity</i>	244.76	Corporate House
<i>Heating</i>	94.85	Corporate House
<i>Water charges</i>	21.42	Corporate House
<i>Water Cooler</i>	43.45	Corporate House
<i>Landlines and Internet</i>	238.64	Corporate House
<i>Bathroom sanitary bins Collection</i>	4.40	Corporate House
<i>Bin collection</i>	16.12	Corporate House
<i>Clinical Waste collection</i>	99.43	Corporate House
<i>Cleaning</i>	367.16	Corporate House
<i>Office Supplies</i>	103.88	Corporate House
<i>Furniture</i>	14.86	Corporate House
<i>Printing and Photocopying</i>	52.94	Corporate House
<i>Medical Equipment</i>	Additional 10%	Assumption
Total Cost per annum for the clinic	193,851.70	

Methodology

A cost analysis was undertaken with the perspective of the publicly funded healthcare System from 1st Sep 2021 to 31st Aug 2022. Cost data was collected on the staffing including employer PRSI and pension contributions, overheads including rent, insurance, electricity, gas, water charges, water cooler contract, landlines, internet, bathroom sanitary bin collection, general bin collection, clinical waste collection, cleaning, office supplies, furniture, printer and ink, and photocopying charges. This was compared to cost data from the literature of general mainstream practice and acute service utilisation. Data on potential costs averted due to tailored primary care services were obtained from the literature on people experiencing homelessness.



Results

The total running cost of the inclusion health clinic is €193,851.70 per year (Table 1). The cost per consultation is €84.61 and in mainstream general practice it is estimated to be €52.50 in the literature. Therefore, the costs per the inclusion health clinic is 61% more costly, with the average cost of healthcare engagement at the clinic being €664.19 per person per year, compared to €310.28 in mainstream general practice. In the literature, the use of a dedicated homeless clinic for medical needs reduced the odds of ED usage by 39%. This would result in a decreased cost to the HSE. Approximately 15% of ED visits result in an inpatient stay, and these costs are also averted. Given the reduction in costs of ED attendances and inpatient admissions shown in the literature, the estimated return on investment for the service is 70%, i.e. for every €100 spent on the service, €170 is saved in acute hospital services. Therefore there is potential for cost savings in the acute hospital system.

Conclusion

Not unexpectedly, the inclusion health clinic costs more per consultation than mainstream general practice due to the complex nature of the clients' needs, and this is consistent with the findings in the literature. However, the availability and usage of the inclusion health means that overall there are savings made in higher cost and more constrained services, such as acute hospital services.