



**Submission to Health Insurance Authority in response to Minimum Benefit
Regulations**

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on behalf of ISCP

Introduction/ Background

The ISCP is the Professional Body that represents circa 3000 Chartered Physiotherapists in the Republic of Ireland since being established in 1983 following many developments in the profession and health care. ISCP members work in many settings from acute public hospitals, private hospitals and clinics, primary care, schools and sports teams and with general practitioners.

For the purpose of this response, comments have been broken into the question areas that were outlined in the proposal. The ISCP are able to comment on a few very specific questions whereas with some of the broader areas it was considered not appropriate to comment.

Question 1 - Which services should be included in Minimum Benefit Regulations, or alternatively, how should the benefits to be included in Minimum Benefit Regulations be determined?

The ISCP agrees that health care and subsequently patients are overly reliant on the acute health care sector. This could be attributable to health insurance reliance on the acute system and the lack of benefits available for primary care including extremely low caps on services outside of the hospital setting. The ISCP suggest this 'cap' be removed for certain long term conditions such as cancer, multiple sclerosis, etc. Furthermore if insurance were extended to cover general practitioner visits, there may be a greater willingness to remain in primary care rather than wait for hospital visits or use the emergency departments of secondary care hospitals. An example of such is chronic cancer patients who often wait for hospital reviews rather than visiting GP's as it is less cost to them.

The ISCP recommend that the Minimum Benefit Regulations be extended to cover basic medical appliances that are provided to help improve quality of life and maintain a person at home rather than increase the burden on secondary care hospitals. Examples of such equipment are standing frames and seating for children, orthotics, hoists, wheelchairs etc.

Question 9 - Which primary care and chronic disease management services should be covered by Minimum Benefit Regulations and to what extent?

The ISCP suggest that greater scope be available to managing chronic disease in the primary care setting to include provision of night nurses, home care assistance and related services.

The ISCP also suggest that any chronic illness / disease be covered specifically related to Physiotherapy services. Physiotherapists are ideally placed to manage chronic disease both in disease management and prevention and education. Access to such services would dramatically improve quality of life and function and reduce demand on secondary care services.

Furthermore, Physiotherapists are ideally placed to coordinate rehabilitation services such as Pulmonary rehabilitation, Cardiac rehabilitation, Pain Management groups and Vascular Rehabilitation groups and access should be included in minimum benefits for insurance.

The ISCP suggest that insurance be able to cover services such as early intervention assessments for children and any service that may relieve pressure on public services.

Question 10 - Do practical issues arise with respect to including primary care benefits in Minimum Benefit Regulations? How could such issues be addressed?

If primary care benefits are to be opened to assist in maintaining, as much as possible chronic illness and serious illness in the community the limit to benefits should be removed and in essence no 'cap' should be placed on any benefit that achieves this aim.

Secondly, a scope of services covered would need to be agreed to ensure that only appropriate services be included and consideration needs to be given to authority to sign off on claims.

Question 17 - Do you consider that amendments to the Minimum Benefit Regulations are required in respect of maternity, psychiatric, addiction related or step-down nursing home care?

The ISCP urge that all step down facilities that include beds for health insurance companies include rehabilitation services, which will improve quality of life and expected outcomes, essentially returning more patients to their own homes and reducing the long term reliance on care beds.