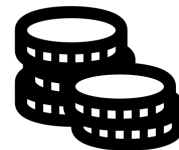


# Public Perception on Elective Surgical Funding

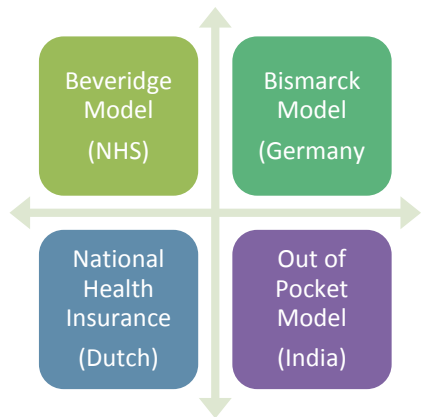
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# BACKGROUND INFORMATION

- The cost of healthcare provision is increasing globally
- The total expenditure of the Irish Health Service was €21.1bn in 2017 (7.2% of Gross Domestic Product; GDP), an 11.8% increase from 2012
- Studies examining public perceptions of healthcare funding are uncommon



## MODELS OF HEALTHCARE



- Perceptions of healthcare funding were examined
- Particular emphasis was placed on elective general, orthopedic and plastic procedures
- We describe a sample of our findings here and a brief summary of our study

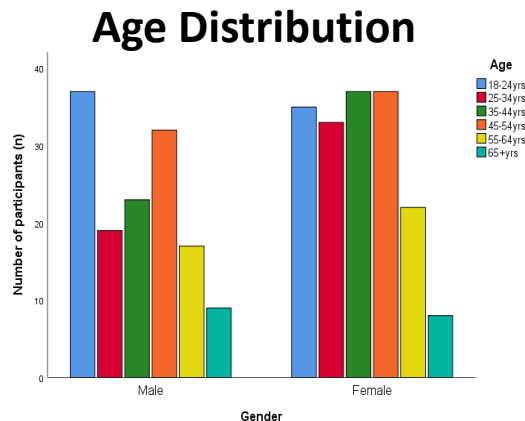
## Models of healthcare vary in different regions:

- This would affect perceptions of healthcare funding
- We examine the perceptions in a largely publicly funded (Irish) model
- We focus on identifying differences in perceptions depending on private or public healthcare status & who ought to fund elective procedures

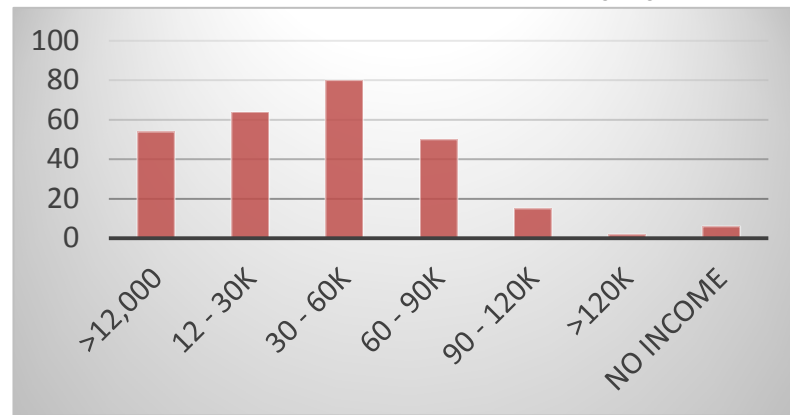


# DEMOGRAPHICS

- A total of 312 members of the public agreed for a structured interview
- This was a random representation of public perception toward healthcare funding
- 55% were female; 45% were male



### Income Distribution (%)



### Demographic Data Collected:

Age  
Gender

Marital Status  
Education

Income  
Health Insurance

# Key Findings

[Table 1]: *Medical Card Recipients and Non-Medical Card Patients: Views on who should Fund Operations*

Operation	Public Hospitals Should Fund:	Private Insurers Should Fund:	Patients Should Pay with Savings:	$p$ ( $\chi^2$ )
Cholecystectomy	91% 85%	9% 13%	0% 3%	.156
Investigative for potential cancers	91% 85%	9% 13%	0% 2%	.216
Hernia repair	89% 84%	11% 13%	0% 3%	.217
Knee replacement	89% 79%	11% 21%	-	.038
Excision of skin cancers	89% 84%	10% 15%	1% 1%	.428
Varicose vein surgery	87% 80%	13% 17%	0% 3%	.153
Bariatric surgery	67% 61%	17% 29%	16% 10%	.040
Pinnaplasty	59% 43%	15% 37%	26% 20%	.001
Breast augmentation	39% 21%	19% 31%	42% 48%	.003
Breast reduction	49% 32%	27% 35%	24% 33%	.028
Breast reconstruction	61% 55%	22% 27%	17% 18%	.541
Abdominoplasty after weight loss	44% 27%	23% 33%	33% 40%	.015
Abdominoplasty after birth	53% 34%	23% 34%	24% 32%	.013
Rhinoplasty	42% 29%	27% 31%	37% 41%	.052
Facelift	32% 18%	22% 27%	46% 55%	.030
Blepharoplasty	42% 27%	21% 31%	37% 42%	.038

There was a significant association between medical card status and the funding of:

1. Breast augmentations  $\chi^2$  (2,  $n=259$ )=11.729,  $p=.003$ )
2. Breast reductions  $\chi^2$  (2,  $n=256$ )=7.127,  $p=.028$ ),
3. Abdominoplasties
  - After weight loss  $\chi^2$  (2,  $n=259$ )=8.455,  $p=.015$ )
  - After birth  $\chi^2$  (2,  $n=251$ )=8.669,  $p=.013$ )
4. Facelifts  $\chi^2$  (2,  $n=258$ )=7.012,  $p=.030$ ),
5. Pinnaplasties  $\chi^2$  (2,  $n=253$ )=14.391,  $p=.001$ )
6. Blepharoplasties  $\chi^2$  (2,  $n=258$ )=6.531,  $p=.038$ ).

A logistic regression analysis significantly predicted the likelihood of patients using their own savings for a plastic surgery procedure ( $\chi^2$  (34,  $n=312$ )=52.140,  $p=.024$ ).

Finally, patients with no formal education were more likely (.042) to use their savings than those with postgraduate or higher education.

# CONCLUSION

- Patient perceptions on healthcare economics are heavily influenced by their socioeconomic status.
- Our cohort of interviewees demonstrates a fair distribution of gender, age groups, socioeconomic status and health insurance status and avoids skewing of the results
- Our data shows that patients with a medical card believe that many of the non-urgent elective procedures should be funded publicly. In this sample of service users, 43% held a medical card, 10% more than the national average.
- This would bolster the strength of association between holding a medical card and the view that these elective procedures should be publicly funded.

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