

Household economic hardship and chronic illness: a qualitative inquiry

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OUTLINE

- Background
- The SCIPPS study
 - Design and methods
- Results
- Policy implications
- Next steps – further research

BACKGROUND

“...It's no longer true to claim Australia -- despite the large contributions from state and commonwealth governments to healthcare costs -- is a country where financial barriers to care don't exist. They do....During the past decade or so, per person out-of-pocket health funding grew, on average, 4.2 per cent a year.”

Professor Stephen Leeder; The Australian – 7 August 2010

BACKGROUND

- Increases in OOP spending
- Increases in co-payments, particularly for medications
- Barriers to eligibility for essential concessions and subsidies

DEFINITIONS

Economic hardship: The inability of a household to make regular, socially required payments including rent / mortgage and utility bills and purchases of basic necessities (including health care) and whether assistance from others is needed

Saunders 2006; Headey 2005; Baumann 1998

SCIPPS

The Serious and Continuing Illness Policy and Practice Study (SCIPPS):

Designed to find policy and health systems solutions to improve the care and management of people affected by chronic illness

SCIPPS: Qualitative study

Aim:

- To gain an in-depth understanding of the experience of people affected by diabetes, chronic heart failure and chronic obstructive pulmonary disease

Methods:

- In-depth, semi-structured interviews with patients affected by the three index conditions and carers
- Focus groups with health care professionals

DEMOGRAPHIC PROFILE

Categories	Sub-categories	Patient (n=52)	Carer (n=14)
Age	Less than 45yrs	1 (1.9%)	2 (14.3%)
	45-64yrs	16 (30.8%)	5 (35.7%)
	65-85yrs	35 (67.3%)	7 (50.0%)
CALD	CALD background	11 (21.2%)	5 (35.7%)
ATSI	Aboriginal and Torres Strait Islander	7 (13.5%)	0
Finance	Experiencing financial difficulties	31 (59.6%)	11 (78.6%)
Work Status	Employed	5 (9.6%)	2 (14.3%)
	Not employed	47 (90.4%)	12 (85.7%)
Diagnosis	Type 2 diabetes	16 (30.8%)	4 (28.6%)
	CHF	15 (28.8%)	2 (14.3%)
	COPD	10 (19.2%)	5 (35.7%)
	More than one index condition	11 (21.2%)	3 (21.3%)
	Average length of illness	16.5 years	21.4 years
	Other co-morbid conditions	43 (86.5%)	11 (85.7%)

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SOURCES OF ECONOMIC HARDSHIP

- **Affordability of Treatment**
 - Medication, oxygen, tests/check-ups, equipment and support devices, medical appointments, allied health services or other health services
- **Affordability of Other Things**
 - cost of living, healthy food, exercise/gym, home renovations, maintaining social activities
- **Adequacy of and eligibility for pensions, concessions and rebates**

AFFORDABILITY OF TREATMENT

Our total income of meagre savings has been taken with payment for food, rent, and healthcare costs.

These include a large bill each month for essential heart medicines, but also the costs of frequent consultations with GP and consultant cardiologists. These visits lead to the expense of often repeated laboratory tests, including vital INR readings, routine blood tests for digoxin levels, diabetes, ECGs, heart scans, a mechanical valve, and a few check-ups on the pacemaker.

(Man in his late sixties with CHF)

AFFORDABILITY OF OTHER THINGS

When the house is broken, we like to call somebody to fix, but we can't, because we keep the money for the medicine. So we cannot spend the money to the other thing. Like my car ... is not very good...is broken, but we keep it like this, because we cannot pay everything.

(Migrant wife carer of a husband with diabetes)

ADEQUACY OF SOCIAL WELFARE ASSISTANCE

I walked in there [chemist] last time to get my Webster Packs for a month and I got an unexpected bill for \$85 and that was hard. I'm on one or two over the counter medications and they're not funded by Government.

(Man, in his early sixties with CHF and diabetes)

ELIGIBILITY FOR SOCIAL WELFARE ASSISTANCE

I mention it to her [doctor], "we can't buy the medicine that you prescribed, because we haven't got money", and she said well "I know, that's why [your] husband blood sugar level is high, because he's not taking the tablets", because I can't buy them from the pharmacy... we don't have the card, the concession card that reduces the price of the medication, so what do we do?

(Migrant carer whose husband has diabetes)

POLICY IMPLICATIONS

- Better integration within and between health, aged care and social welfare systems
- Equitable access to essential subsidies (health and other) necessary for chronic illness management
- Consequences of the tradeoffs that patients and families make when faced with economic hardship
- Protective factors that might mitigate economic hardship associated with illness

NEXT STEPS

Current research:

- Investigating the household economic impact of chronic illness and the implications for health and social policy development
 - Refine a set of questions to measure economic hardship
 - Explore the policy support required to minimise the economic impact of illness on households

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QUESTIONS?

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