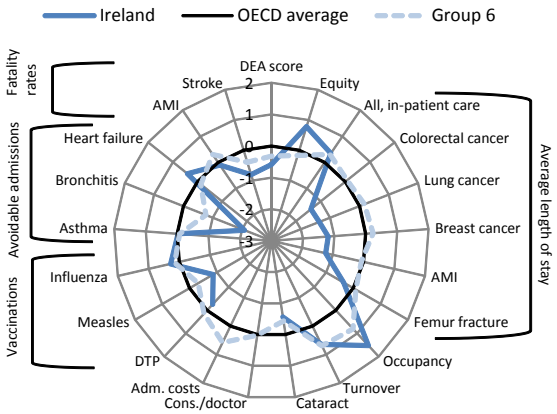
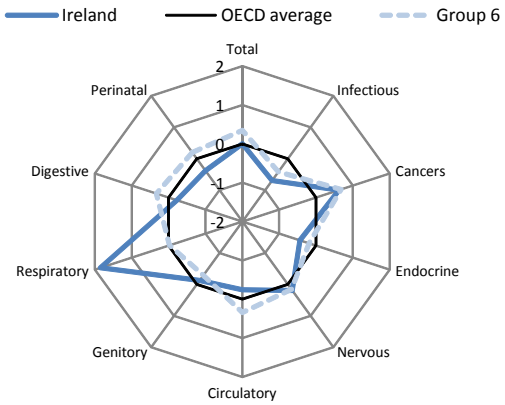
Ireland: health care indicators

Group 6: Hungary, Ireland, Italy, New Zealand, Norway, Poland, United Kingdom

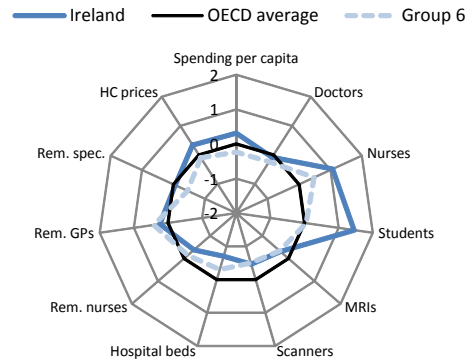
A. Efficiency and quality



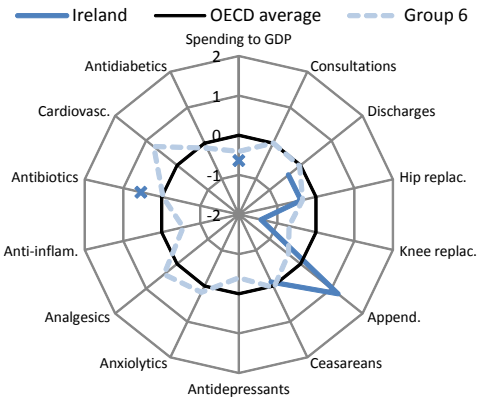
B. Amenable mortality by group of causes



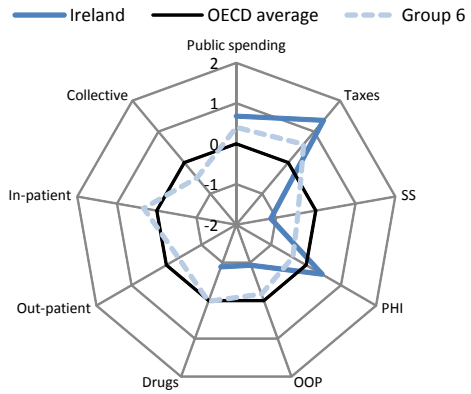
C. Prices and physical resources



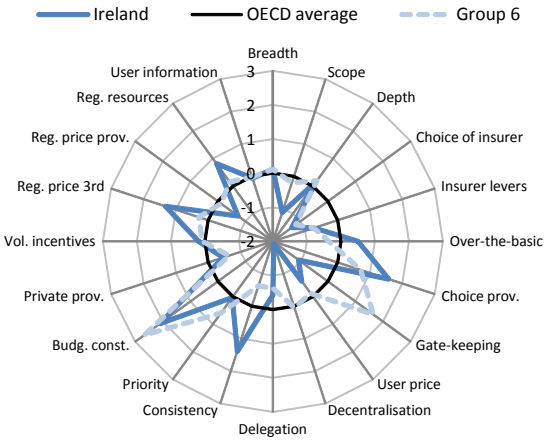
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

IRELAND

GROUP 6: Mostly public insurance. Health care is mainly provided by a heavily regulated public system, with strict gate-keeping, little decentralisation and a tight spending limit imposed *via* the budget process.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Low DEA score but high equity score	Spending *per capita* slightly above average		Higher tax-financed and private insurance share	More limited basket of goods and services included in the basic insurance package (out-patient primary care, eyeglasses and dental care are not covered)	The Irish health system is in transition, both in terms of policies and in terms of medical resources (fewer doctors but more students). Regulations on prices, physician workforce and hospital management remain more stringent than in most other countries of this group while market forces are reinforced
Mixed signals on output/acute care efficiency	Less acute care beds. More nurses and medical students	Less hospital discharges	No full set of internationally comparable data to break down spending by sub-sector	More choice among providers, less gate-keeping and less price signals on users	
Mixed scores on quality of out-patient and preventive care				Less private provision (in particular for out-patient care) and more regulation on workforce and equipment	
No data on administrative costs				Less priority setting, more regulation on prices paid by third-party payers, no decentralisation	Better priority setting could help foster efficiency in resource allocation. Internationally-comparable data on the allocation of health care spending across sectors and on administrative costs should be developed