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Research Saves Lives

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Pilot of Methods to measure unmet secondary healthcare needs

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Following the New Zealand Health Reforms of the 1990s it was clear that rationing of secondary elective healthcare services was one of the adopted strategies, which were justified by the claim that healthcare costs were rising out of control. Subsequent analysis has shown this claim was incorrect.¹ A consequence, however, was an increase in the unmet need for hospital treatment for elective, routine and non-life threatening disorders.²

The Canterbury Charity Hospital Trust (CCHT) was established in 2003 with the objective of offering treatment to as many Cantabrians as possible who find themselves unable to access elective medical and surgical care, without medical insurance, not qualifying for ACC support and unable to pay for private care. The CCHT is staffed almost exclusively by volunteers and funded solely by public charitable giving. It opened a day hospital in Christchurch in 2007. This has subsequently expanded and currently offers a wide range of surgical, dental, counselling and endoscopic services. Although between 1,000 and 1,500 treatments per year are provided it is unable to meet all the growing unmet need.^{2,3} Beyond providing the above health services, the CCHT has become increasingly focused on assessing the quantity, nature and underlying causes of this unmet need in New Zealand.

A number of countries have appreciated the utility of measuring their unmet elective healthcare needs as the basis for deciding on their level of healthcare funding and have undoubtedly done so beneficially. What remains in question, however, is the best method for measurement and whether it might differ between disparate healthcare systems around the Western world. With this in mind, CCHT put together an expert academic group and secured funding from the CMRF, the Association of Salaried Medical Specialists and other health trusts to pilot and compare four methodologies.

The group compared the computerized recording of cases of unmet need as they presented to their GPs, with three methods of random population sampling by questionnaire: online, by telephone, and face-to-face. The GP section was done with the assistance of Pegasus Health and Auckland PHOs. The survey questionnaire was developed by the group to suit New Zealand circumstances but contained some internationally standardized questions. The three methods of population sampling were done in Christchurch and Auckland by the company Research First. The study was completed in March and the findings are currently being prepared for publication.

From the results of the study, and the experiences gained from the piloting process, the group is now aware of the significant level of unmet need and some of its underlying causes. They are therefore in a strong position to define the best methodology for a national survey to measure it, with adequate precision and in a cost-effective way. It is now the group's intention to seek to secure national funding for a nation-wide survey.

The group believes such an important survey should be carried out regularly and conducted by an independent group of experts using transparent processes. The data generated would then better inform the public about the performance of the public healthcare system, in terms of what work is being done and not being done, and assist advocacy for increased healthcare funding where it might be necessary. It would aid government and health planners to determine the consequences of their policies and processes. It could also facilitate better international comparisons with other healthcare systems, thus enabling our health system to learn from their successes and failures.

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References:

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