

## Sláintecare: Could Ireland's Universal Healthcare Model Work in the U.S.?

**Dr. Sara Burke**

*Trinity College School of Medicine, Dublin*



### *This time on Code WACK!*

**How is Ireland's plan for single-tier, universal health care, known as Sláintecare, funded? Is it sustainable long term?** What improvements has the nation's healthcare system seen so far – and ***what can America learn from this?***

To find out, we spoke to **Dr. Sara Burke**, associate professor and director of the Centre for Health Policy and Management in Trinity College Dublin's School of Medicine. She is the Principal Investigator of a research project entitled '[Health system foundations for Sláintecare implementation in 2020 and beyond](#) ...' and Co-Director of SPHeRE, Ireland's national research training program for population health, policy and health services research. Her research interests include health policy, inequities in health, healthcare access and the politics of health reform. *This is the second of two episodes with Dr. Burke.*

# SHOW NOTES

## WE DISCUSS

### *How is Sláintecare funded and is it financially sustainable in the long run?*

"So *Sláintecare* is funded out of public money, which is largely coming from what people pay in taxes in some form or other, in income taxes, in VAT [[value-added tax](#)] or whatever.

So it's very much the model of economics in Ireland that we have this tax-funded public system that funds social protection, so it pays pensions to older people and people with disabilities, it pays for education, transport and health. So that's our funding model.

'I also spoke about private health insurance, how nearly half the population has private health insurance, but it only contributes about 12% of our total health spending. And about another 10% or 12% is in out-of-pocket payments. While the poorest third of the population can access their GP [General Practitioner] without charge, the rest of the population would have to pay 60-70 euro for each GP visit.

"... when we spend [money on health care] in a pooled way, it's a more effective use of the same resources. I would argue that **it's not sustainable not to implement *Sláintecare***, that the system we have is overly expensive, if it rewards treating people in the most expensive settings. And therefore there has to be this entire system reset that does much more prevention, early intervention, providing care at home as close as at the lowest level of complexity." – **Dr. Sara Burke**

## *So is treating people in the community - rather than in the hospital - cheaper?*

“... we know that transferring care out of the hospital into the community and meeting people's needs doesn't necessarily cost less. You know that you just spend the money differently and it has different health outcomes.

“But I think the model we have at the moment of funneling too many people into hospitals at too late a point in time is absolutely not sustainable ... I also know that's a challenge faced by health systems all over the world and European health systems are much more sustainable than the health system in the United States of America.

“The United States America has the highest per capita spend on health with amongst the poorest outcomes of any OECD [Organisation for Economic Co-operation and Development] country. So we know what's happening in the USA is absolutely not what to do.” – **Dr. Sara Burke**

## *Is Sláintecare already making a difference?*

“... it takes a long time to do the change and to see the impact. So we know it takes 10, 20, 30 years to impact on health outcomes. So it's very hard to see. So the indicators of change aren't improved health yet.

“Like in Ireland, we're seeing better outcomes for cancer and stroke because we invested in good data on cancer and stroke and better services 20, 30 years ago. And ... we're beginning to see that now.

“Similarly with smoking, we're seeing better outcomes because we've [made] significant cuts to the population that engage in smoking. So it's a long-term gain and although in Covid what we saw were quick changes and some quick wins for the system in general, this system change is a ... long term project.

“I think some of the wins, evident wins, are for [poor] people. So at the moment in Ireland, about the bottom third of the population, the poorest third, there's a safety net, which means they're not charged and they have access to care, albeit with long waits.

“But it's the lower income people *above those thresholds* that were really deterred often, the sort of working poor who were deterred from care due to charges ... And I think there has been an uptake in those people seeing medical professionals and that's meeting their needs. So I think that is a success for the couple of hundred thousand people who have increased access to care without charges. So they're getting access to care based on need ... ” – **Dr. Sara Burke**

## Helpful Links

[Sláintecare - our strategy for improving Ireland's healthcare system](#),  
Health Service Executive (HSE), *Government of Ireland*

[Sláintecare Implementation - What Has Been Done](#), *Health Manager*

[Is the Government still committed to implementing Sláintecare?](#), *Fact Check, Knowledge Bank*

[Improving access to healthcare in Ireland: an implementation failure](#),  
*Cambridge University Press*

[Sláintecare Transformation and Innovation Office](#), *eHealth Ireland*

# Episode Transcript

Read the [episode transcript](#)

## Guest Biography - Dr. Sara Burke

**Dr. Sara Burke** is Associate Professor and Director of the Centre for Health Policy and Management in the Trinity College School of Medicine. She is the lead researcher on an Evidence for Policy HRB-funded project for the Department of Health producing a new Health System in Transition report for Ireland and the European Observatory on Health systems and Policies.

Her research interests are health policy, health systems, inequities in health and access to healthcare as well as the politics of health reform.

Sara is a Co-Director of the national SPHeRE structured PhD programme, she loves to teach and is module lead on health systems and policy on the MSc in Health Policy and Management and the SPHeRE programme as well as teaching undergraduates. For many years Sara had a weekly health slot on RTE Radio 1's Drivetime programme, she is the author of a book entitled Irish Apartheid and an occasional contributor to national media. More: [Health Policy and Management - Medicine | Trinity College Dublin \(tcd.ie\)](#) & [Sara Burke' Trinity Research - Trinity College Dublin \(tcd.ie\)](#)

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