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CONFERENCE ABSTRACT

Health Atlas Ireland - Resource Profiler

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Introduction: The Resource Profiler informs decisions about meeting local health needs. The available local health resource (such as staff numbers) can be flexibly compared to the local patient case-mix, taking into consideration the makeup of that population group.

Background: The national resource/case-mix proportion is used as the gold standard against which each local resource/case-mix proportion is compared. Variance from the national average is expressed in simple graphical, numeric, percentage, and map formats.

In the primary/community care context, the demographic profile (i.e. age and deprivation) of the local population form the basis of the patient case-mix as these factors are the dominant drivers of health need.

The Resource Profiler allows for the flexible adjustment (weighting) of age and deprivation in terms of their known impact on health and service provision as indicated by available evidence and/or local knowledge.

The steps: The resource of interest is first selected, such as the whole time equivalent (WTE) staff type by health administrative area.

Secondly, the health service area of interest (such as community health organisation, health and social care network or primary care team) is selected. The granularity of the analysis is dependent on the degree to which the resource is geo-referenced.

Thirdly, the appropriate census of population, age range and gender is selected. Projected population per health service area may also be selected to inform longer term health planning projects.

Fourthly, the population can be adjusted to take account of the impact of age and deprivation within each area. The age adjustment reflects the often dramatic differences in relative health need by age, as health care utilisation tends to be higher per capita in young children and to rapidly rise in the older age groups. The purpose of the deprivation adjustment is to reflect the poorer health status (and so greater need for healthcare services) that is associated with deprivation. Levels of deprivation is measured for each small area using the Haase & Pratschke (H&P) Relative Deprivation Index

(http://trutzhaase.eu/services/deprivation_index_construction/). The effect of the age and deprivation weightings (either or both) is displayed on-screen as the adjusted population.

Fifthly, scenarios can be explored under which resources might be deployed differently. The user can choose to: a) add new resources to the service areas; b) subtract existing resources from service areas; c) redistribute existing resources between service areas. The change may be applied to all areas, or to areas currently categorised as low, average, and/or high.

Display: The Resource Profiler displays the relative distribution of resources against the inferred need by each service area in simple plot and table formats. The impact of population weighting and differences from average are clearly signalled and colour coded.

Selecting the map options displays the relative resource/population result in a thematic format for the area type selected. Key services can be displayed on the map to help orientate the user. Health service boundaries and key service locations such as hospitals, health centres and general practice locations can be show in the context of the relative provision of local resources.

Keywords: resource profiling; service planning