

Examining frail older people's use and experience of the Irish healthcare system: a mixed methods study

Roe, Lorna, Browne, John, Wren, Maev-Ann, O'Halloran, Aisling, Kenny, Rose Anne, Normand, Charles

E-mail of corresponding author: loroe@tcd.ie

Background: Frail older people are vulnerable to adverse outcomes and require a multimodal, integrated package of healthcare services. Planning such care requires robust evidence about the frail population and their current patterns of service utilisation in order to identify the nature and scale of problems in the current model of care. This study describes the community-living frail older Irish population and examines their patterns of service utilisation and their experiences seeking, securing and managing services.

Methods: A sequential explanatory mixed methods design was operationalised. Data was obtained from wave one of the Irish Longitudinal Study on Ageing (TILDA) for those aged ≥ 65 years ($n=3,422$). Multivariate regression techniques examined the impact of frailty, measured by the Frailty Index, on utilisation of hospital and community services adjusting for need, predisposing and enabling factors. Latent class analysis identified profiles of service-use among frail TILDA participants ($n=745$). Data from semi-structured interviews with a qualitative sample of frail older people ($n=12$) explored why service-use patterns occur.

Results: 24% (95%CI: 23-26) of the Irish older population were classified as frail. In adjusted models, frailty remained a significant predictor of utilisation across many types of services. Four diverse patterns of service use were identified among frail older people. Misaligned referral routes, hospital consultant waiting lists and inadequate budgeting all contributed to impeding access to services. However, the Public Health Nurse service enabled navigation and referral to community services.

Discussion: The findings indicate a supply-constrained, hospital-centric healthcare system which fails to proactively manage the needs of the majority of the frail older population. Receiving community services is a rarity rather than the norm, and these are utilised mainly by the very-frail ($FI > 0.40$, $p < 0.01$).

Conclusions: Since the frail older population comprises a diverse set of service users, new models of care should be designed to reflect that diversity.