

Long Term Care Policy and Practice in other countries

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1. Enforcement of LTC Insurance

Korea

Population (65+)

- It was 4.59 million (9.5%) in 2006
- Increase to 7.7 million (15.6%) by 2020
- Then to 11.81 million (24.3%) by 2030
- Estimated around 38.2 in 2050 (whereas 36.5% estimated in Japan)

The most notable changes in Korean families

- i) decreased family size and decline of availability of family members for the elderly care, and
- ii) changes in family norm, specifically, decreasing importance of filial piety norm and decreasing willingness to care for elderly members of the family

LTC Insurance

- Has piloted application of elderly LTC insurance since July 2005
- More than 6000 persons of 13 cities or towns has joined.
- The elderly LTC insurance system will be enforced in July 2008.
- Target:
 - those aged 65 or over with difficulty in daily activities
 - those below 65 with disease related to aging such as dementia

Services and administration

- Nursing homes
- In-home services
- Special subsidy for care-giving cost
- Financial sources include insurance premium, government subsidy, and co-payment
- The national Health Insurance Corporation will serve as the administration agency

Reflection

- Though Korea is still “younger” and the family bond is obviously tighter, Korea will enforce elderly LTC insurance much earlier than Hong Kong.
- Korea has piloted the system three years ago so as to estimate service demand, to decide the service delivery system, as well as to design the criteria for deciding long-term care level.
- The insurance will serve the target with dementia, and cover the special subsidy for care-giving cost.

2. Clinical Research Centre for Dementia (CRCD)

Korea

CRCD

- Funded by a 6-year grant from the Korea Health 21 R&D Project of Ministry of Health & Welfare in Korea
- Aimed to provide one-stop total dementia service in community
- Eight main general hospital have joined this project, which is.
- Examination is given to the community elderly aged 60 or above, through three stages : screening, neuropsychological test, and diagnosis by medical doctor

Different groups of elderly

- Normal group:
 - brochures and lectures promoting dementia prevention through healthier lifestyle will be given
- High risk group:
 - annual examination for MCI or VCI will be given so as to control the vascular risk factors
- Dementia group:
 - Services will be given according to the stage of dementia.
 - Services include referral to medical clinic for pharmacotherapy, referral to rehabilitation centre, case management, and referral to nursing home etc
- Family and caregivers:
 - education and stress management programme
- Volunteer groups:
 - linkage to provide support to the demented elderly in the community.

Reflection

- A lot of effort and resources in piloting a one-stop total dementia service
- Examination and identification of elderly groups
- Services range from primary to tertiary prevention, and support programme to family as well as a prospective cohort study

3. Healthy Aging Policy

Australia

Policies of Australian Government

- The measures include:
 - aged pension (means tested)
 - free public hospitals
 - subsidized pharmaceuticals
 - subsidized travel expenses
 - subsidized and regulated residential care (now used by 5.2% of population and is increasing)
 - home nursing services
 - and care provide at home.
- Community resources
 - free booklets on home safety and healthy living
 - education for caregiver
 - community education of elderly need to the community prople provided.

- Community programme for the community elderly people
 - lobby groups
 - senior citizens centre
 - community houses
 - fitness classes
 - fall prevention programme
 - continuing learning and U3A
 - life writing especially for housebound
 - special programme for non-english speaking elderly
 - OM:NI and men's sheds

- Individual responsibility is promoted
 - maintenance of health
 - retirement plan
 - socio-legal forward planning
 - end-of-life preferences
 - new personal and social possibilities

Reflection

- Hong Kong has quite similar healthy aging policies
- In Australia, more individual responsibility is assumed and promoted, especially in those more sensitive areas such as end-of-life decision, socio-legal forward planning
- Special programme for men:
 - OM:NI (<http://www.omni.org.au/>)

4. Best Practice National Guidelines

Canada

The Canadian Coalition for Seniors' Mental Health (CCSMH)

- Established during a National Symposium on "Gaps in Mental Health Services for Seniors in Long-term Care" in April 2002
- The participants, who represented more than 65 organizations from across Canada, included national and provincial associations and government policymakers, consumers, service providers, educators, researchers and representatives from private industry
- To advocate for and promote seniors' mental health

Best-Practice National Guidelines

- Awarded funding by the Public Health Agency of Canada, Population Health Fund in January 2005
- Development of evidence-based recommendations for Best-Practice National Guidelines
- In the 4 key areas of seniors' mental health.

The four identified key areas and guidelines

- Assessment and Treatment of Delirium
- Assessment and Treatment of Depression
- Assessment and Treatment of Mental Health Issues in LTC Homes (focus on mood and behavioural symptoms)
- Assessment of Suicide Risk and Prevention of Suicide

Implementation

- Free copies for download:
<http://www.ccsmh.ca/en/natlGuidelines/natlGuidelinesInit.cfm>
- So far widely used as educational tools
- An implementation project was funded by Public Health Agency of Canada in 2007-2008
- Commitment from 7 pilot sites and partners for the implementation of the guidelines:
 - the National Initiative for the Care of the Elderly (NICE)
 - two new emerging teams on delirium and end-of-life care
 - an Ontario Task Force- LTC Home
 - the Nova Scotia Seniors' Mental Health Network
 - the Canadian Academy of geriatric Psychiatry survey
 - a suicide prevention training tool
 - Baycrest LTC Home

Reflection

- Resources and expertise are pooled to develop the “best” practice guideline, instead of different parties doing different guidelines.
- The guidelines can be set as a widely acceptable and agreeable standard of practice
- The guidelines can be used in both practice and education
- The best practice guidelines can encourage and facilitate further evidence-based research and study in these key areas
- The development and implementation of guidelines builds a culture of sharing among various professions as well as various agencies.

5. Dementia programme in primary care

Sweden

Dementia programme

- Started in 2000 in the Kalmar community
- The focus of the programme is to identify, evaluate, treat and follow up patient with dementia, and with education and support to caregiver
- An evaluation study after five years (eight steps):
 - i) population analysis
 - ii) an analysis of the dementia investigations
 - iii) a questionnaire to the staff in primary care about the knowledge and the usefulness of the programme
 - iv) an analysis of all patients' contacts with the primary care
 - v) an analysis of the cost for a clinical dementia evaluation at GP and specialist level,
 - vi) an identification of drugs frequently used
 - vii) an analysis in elderly visiting the emergency ward
 - viii) an analysis of the cost related to dementia for the community.

Result

- The response rate to the questionnaire among the staff was 90%
- There was a consistency in the opinion that the dementia programme has been value for the patient and the caregiver
- There were positive changes in the use of drugs
- There was a reduction of acute incidents and a decrease of 15% of visiting emergency ward
- There was a decrease (19.5%) in the total costs for the society, with all costs in this study taken together
- Thus the focus on dementia in the primary care in Kalmar has been of benefit to both the patients, their caregivers and to the society.

Reflection

- The study has shown that the re-allocation of resources to primary care could result in cost-saving and a more holistic care
- In Japan, there is also a training programme of general practitioners for the skills of diagnosis, treatment and management of dementia
- To review the model of diagnosing and treating dementia in Hong Kong

Thank you!