Shifting Gears: International Approaches to Chronic Care

by

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- “When you leave the clinic, you still have a long-term condition. When the visiting nurse leaves your home, you still have a long-term condition. In the middle of the night, you fight the pain alone. At the weekend, you manage without your home help. Living with a long-term condition is a great deal more than medical or professional assistance.”

Harry Cayton
Director for Patients and the Public, Department of Health
United Kingdom

Outline

- International trends in chronic care delivery
- Examples of different approaches:
  - Denmark
  - Germany
  - United Kingdom
- Challenges in all approaches to LTC

We Are Not Alone

- All health systems have similar problems:
  - Imbalance between care and cure
  - Fragmented financing, regulations and inadequate LTC coverage
  - Poor collaboration at organizational and provider levels, and between acute and LTC
  - Lack of integrative mechanisms for clinical care and for accountability of outcomes

In Response:

- Regardless of financing model, developed nations in Europe and Asia are:
  - Rebalancing health systems from cure to care
  - Strengthening consumer choice for home and community-based care
  - Developing approaches to integrate services and improve accountability
  - Moving away from centralized implementation to regions, usually municipalities or counties

Contextual Information

- The world's oldest populations are all in Europe or Japan – percentages range from 30.5% in the UK to 17.4% in Denmark (Canada's 65+ population is 13%)
- 40% of dependent elders in the EU receive LTC either at home or in institutions; 60% receive care from family members only or receive no care
- Use of institutional LTC care ranges from 8.7% (Italy) to 35.3% (Belgium) in developed EU countries.

Approaches to care for the elderly

- Beveridge Model-social welfare
  - Services are funded from general taxation
  - Found (with variations) in the UK, Scandinavian countries, Canada
- Bismarck Model –insurance model
  - Services are funded through premiums on workers and employers
  - Implemented in Germany, Japan, Luxembourg, The Netherlands

Denmark: An example of the Beveridge Model

- Goal of LTC policy is social integration
- Only country to have abolished new nursing home construction (in 1987)
- All care is based on assessed need and delivered in home and community settings
- Implementation of care system rests with municipalities, with direction and financial support from national government

Denmark (continued)

- Two key services are in home nursing (7/24) and home help (personal care and housekeeping) but also a wide range of supportive services (e.g. meals, rehabilitation, day programs and palliative care)

- Most services are delivered by municipal workers but there is a movement to contracting out.

- All elders aged 75+ are offered a home visit by a nurse twice a year to identify emerging issues and provide advice

- Family members caring for dying relatives are provided with compensation

Denmark (continued)

- Recent trends:
  - Greater attention to quality of care
  - Case managers use a common assessment
  - Elders are being offered a choice of care providers
  - Greater attention is being paid to coordinating care from acute care to LTC sector
  - Movement away from municipalities to larger regions
  - Recognition that housing options are central to maintaining elders in the community
  - Lastly, larger regions offer the promise of reducing care disparities, and improve coordination across health sectors

Germany: the Bismark model

- In 1994, legislation was passed to create a mandatory LTC insurance program
- Voters agreed to the program because the program provides universal coverage for those in need and it eliminated the earlier, means-tested program offered by municipalities
- Funded through a1.7% tax on salaries, divided between employers and employees, premiums for retirees are shared between retirees and pension funds
- Maximum monthly benefits are based on disability level and setting; the higher the benefit the greater the level of disability
- Recipients can choose to receive institutional care, service from agencies and a cash payment is made to families

Germany (continued)

- Most recipients select community care, specifically cash payment to families, even though this is the lowest benefit level

- Respite care is provided for families and tax credits for those providing highest level of care.

Germany (continued)

- Issues:
  - The LTC insurance program is not well coordinated with acute and rehabilitation services; nor is it well suited for cross-sectoral coordination
  - There is a need to develop quality assurance measures
  - Consumers/families act as their own case managers and have flexibility to provide the services they need through the cash option

The United Kingdom

- Britain has been making a steady series of changes to the National Health System since the mid-90ties.
- Today the focus is on integrating health services with primary care, acute care and long-term care
- Major policy changes have been announced in 2005 and 2006

Key Aspects of the Long-term Care Conditions Model (2005)

- Provide case management to the most vulnerable (highly complex, multiple long-term conditions)
- Provide less vulnerable people with responsive, specialist services using multi-disciplinary teams and disease management protocols
- Help individuals and their caregivers develop the knowledge and skills to care for themselves

Reform Health and Social Care (2006)

- Provide better access to community services by improving use of primary care
- Community services refers to primary care, community health, and social services
- Integrate operational arrangements through multidisciplinary teams and co-located services
- Support self care by providing education, risk assessment, and better information about service availability
- Empower consumers of health care through increased use of direct payments, vouchers for service provision or a mixture of the two.

Great Britain (continued)

- Change to way local services are reimbursed:
  - Increase the scope of services that primary care practices can pay for
  - Set reimbursement levels reflect care mix use
  - Encourage joint payments to providers by local health and social service funders

Challenges in all approaches to LTC

- Sustainability
- Involvement of informal caregivers
- Worker shortages
- Quality
- Need for cross-sectoral planning and implementation