Desarrollo de Capacidades para Cuidados de Largo Plazo de Base Comunitaria

Capacity Building for Community Based Long Term Care

Translating Long-term Care Experiences in Japan – Thailand

23 October 2019

Shintaro Nakamura

Senior Advisor on Social Security

Japan International Cooperation Agency (JICA)

Key messages

1. After bitter experiences, Japan introduced a comprehensive scheme for long-term care services, under the care management concept and the managed market approach.

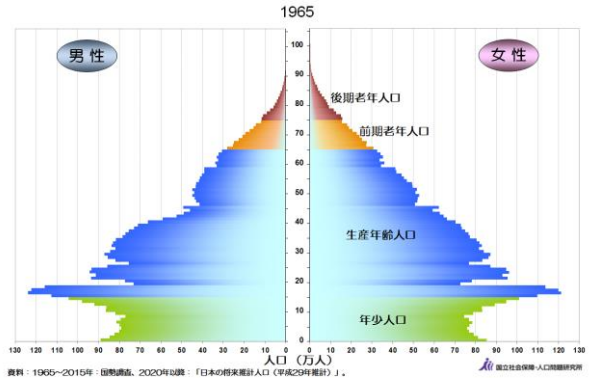
2. In translating Japan's experiences to Thai contexts, JICA tried to ensure the collaboration in health and social sectors and involve a wide range of actors in the community.

3. Context-sensitive solution is needed in translating experiences to other societies.

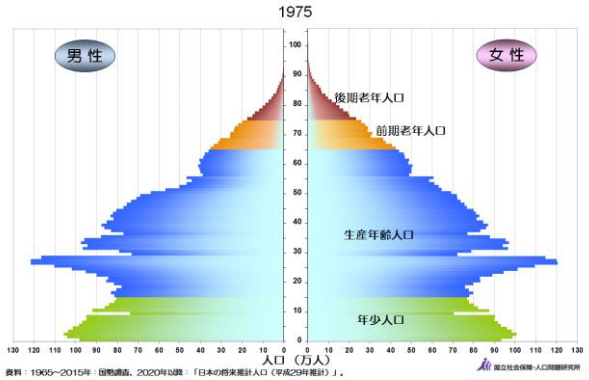
Long-term care experiences in Japan

Aging Japan 1965-2015

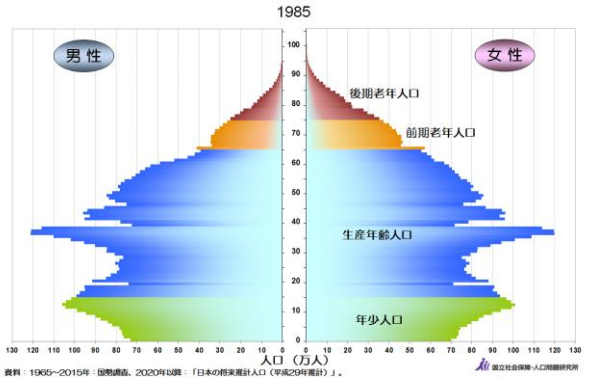
1965



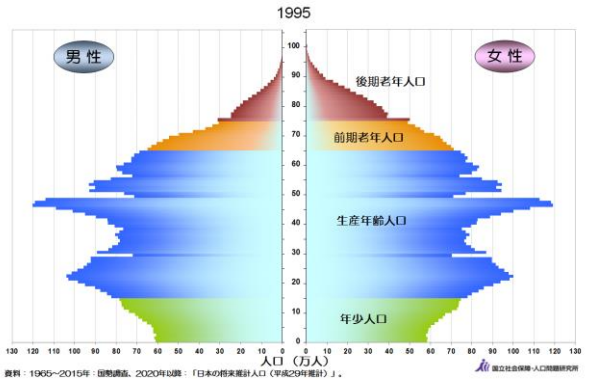
1975



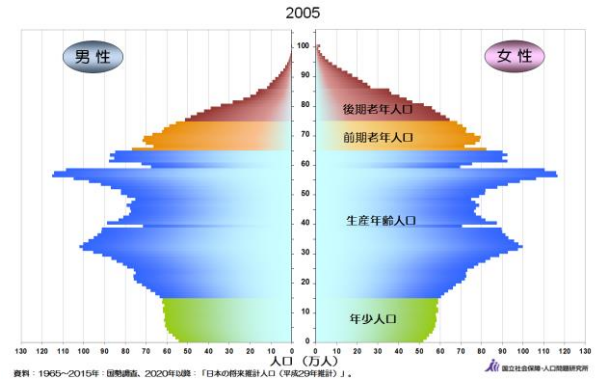
1985



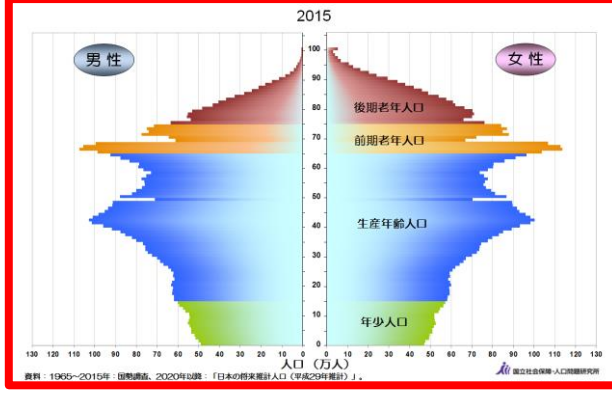
1995



2005



2015



Data: National Institute of Population and Social Security Resea

A bitter experience of Japan: “Social Admission” in hospitals

- In 1970s-1990s especially, there were many older persons, without a high level of curative needs, staying at hospitals for a long-period of time.
- Problems in hospitals:
  - Insufficient personal care staff
  - Too many medicines and examinations
  - Patients stayed lying in bed.
- Underlying factors:
  - Scarcity of long-term care services in the community
  - Fragmentation in health and social, personal care services
- Hospital services substituted long-term care services.

Long-term care insurance (2000): A paradigm shift

Fragmented schemes in long-term care in health and social services

Comprehensive scheme for long-term care:
Care managers coordinate social and personal care services as well as long-term care services in health, including visiting nurse/rehabilitation and outpatient rehabilitation.

Local governments directly provide or outsource services to not-for-profit organizations.

Managed market approach in service delivery:
Organizations in different sectors, including for-profit enterprises, provide services under the government rule.

Social services: Tax-based financing, with income-related user fee.
Health services: Insurance-based financing, with benefit principle in copayment.

Insurance-based financing:
Social insurance-based, with a substantial amount of tax funding. Benefit principle in user fee.

Benefits provided under the long-term care insurance (LTCI)

At home and in the community

- Care management

At home

- Visiting support/caregiving
- Visiting nurse
- Visiting rehabilitation
- Visiting bathing

In the community

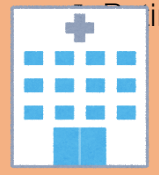
- Daycare service
- Outpatient rehabilitation
- Short-term stay in nursing care facility
- Small scale, multifunctional home/community-based service
- Nursing type small scale, multifunctional home/community-based service

Built environment and equipment

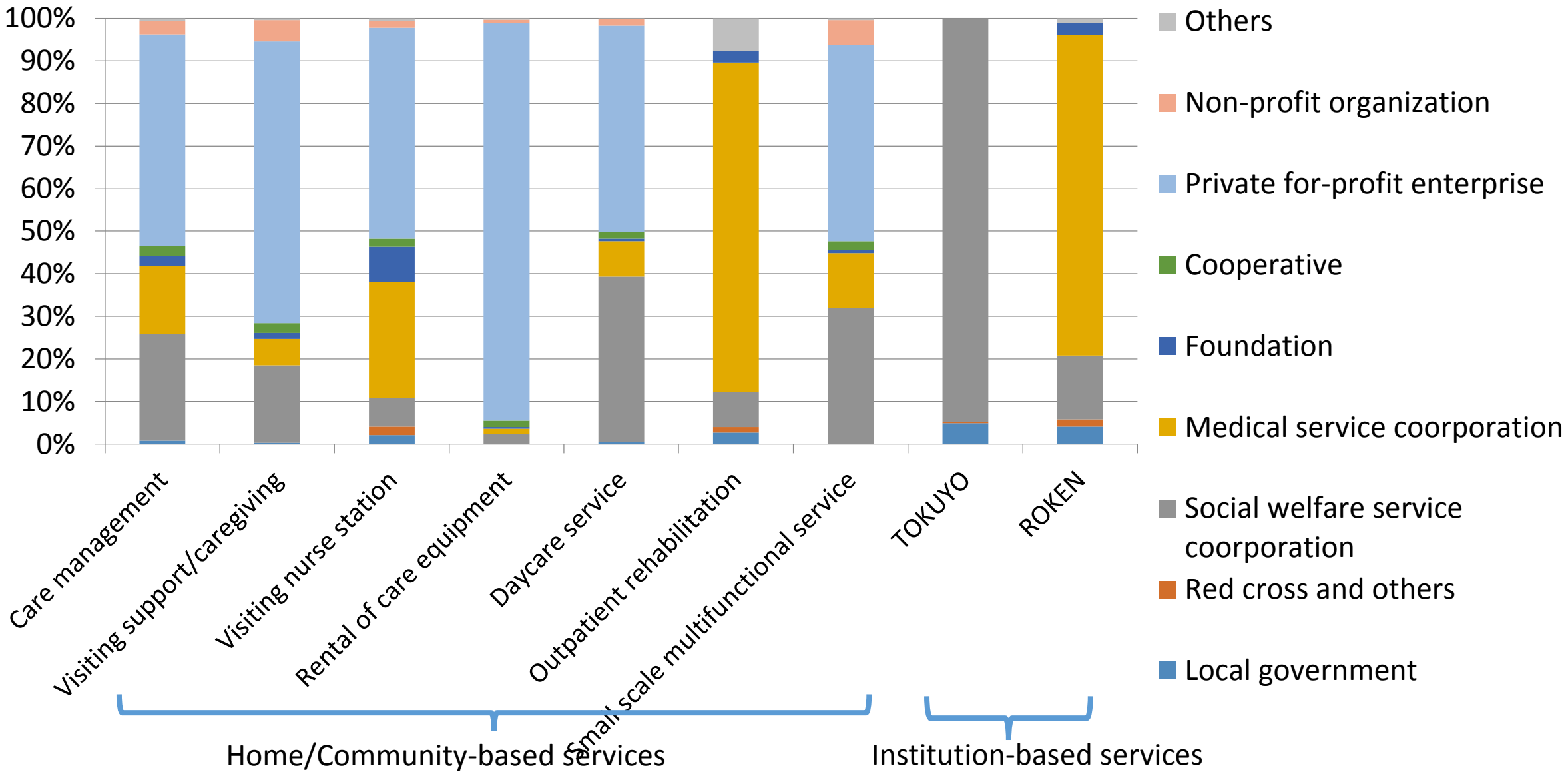
- Home renovation
- Rental of care equipment

In facilities

- TOKUYO home for persons living with dementia
- ROKEN
- Kaigo-Iryo-In

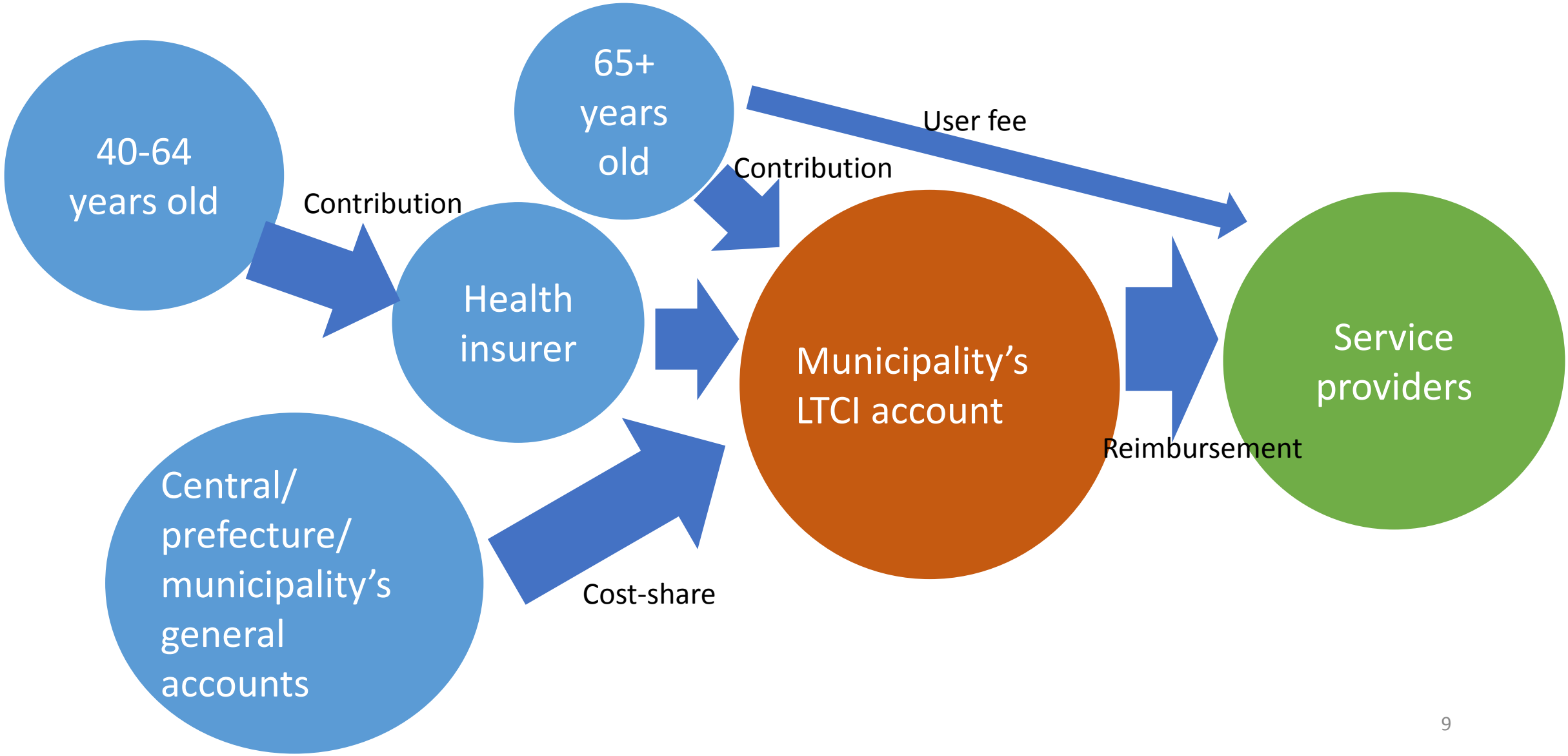


Service provision: A major role played by the private sector

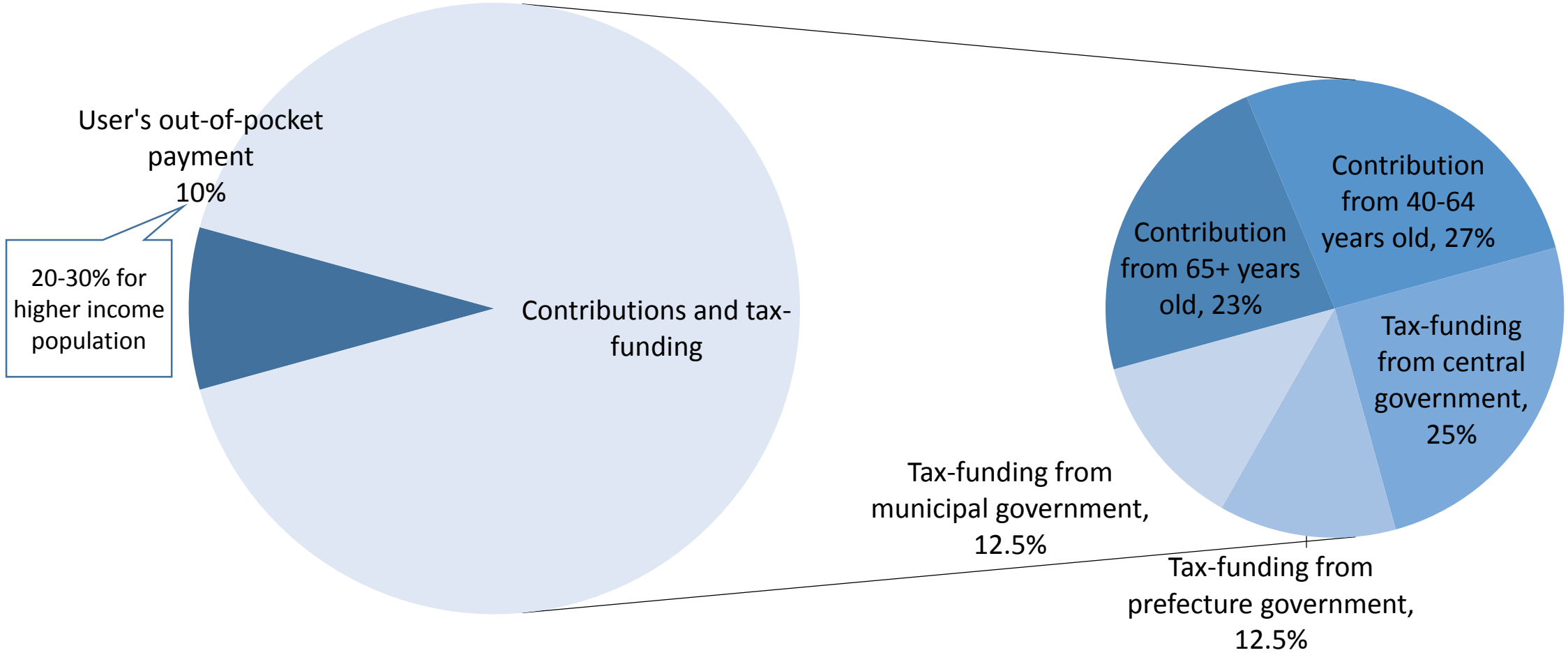


Data: As of 1 October 2017, Survey on Long-term Care Insurance Service Providers (MHLW)

Financing: Social insurance-based, with a substantial amount of tax funding



Revenue sources



Enabling factors in Japan's contexts

- Universal coverage in old-age pension

  For most insured persons aged 65+ in the long-term care insurance, his/her premium is deducted from the pension benefit.

- Long history of social insurance in health and pension

  The social insurance concept is familiar among citizens.

- Step-by-step approach
  - 1987: National certificate for professional care worker
  - 1988: Establishment of "Department on Health and Welfare for the Elderly" in the Ministry of Health and Welfare
  - 1989: A national plan on enhancing long-term care services ("Gold Plan")
  - 1990: Decentralization in welfare services to municipalities
  - 2000: The long-term care insurance

Current long-term care challenges in Japan

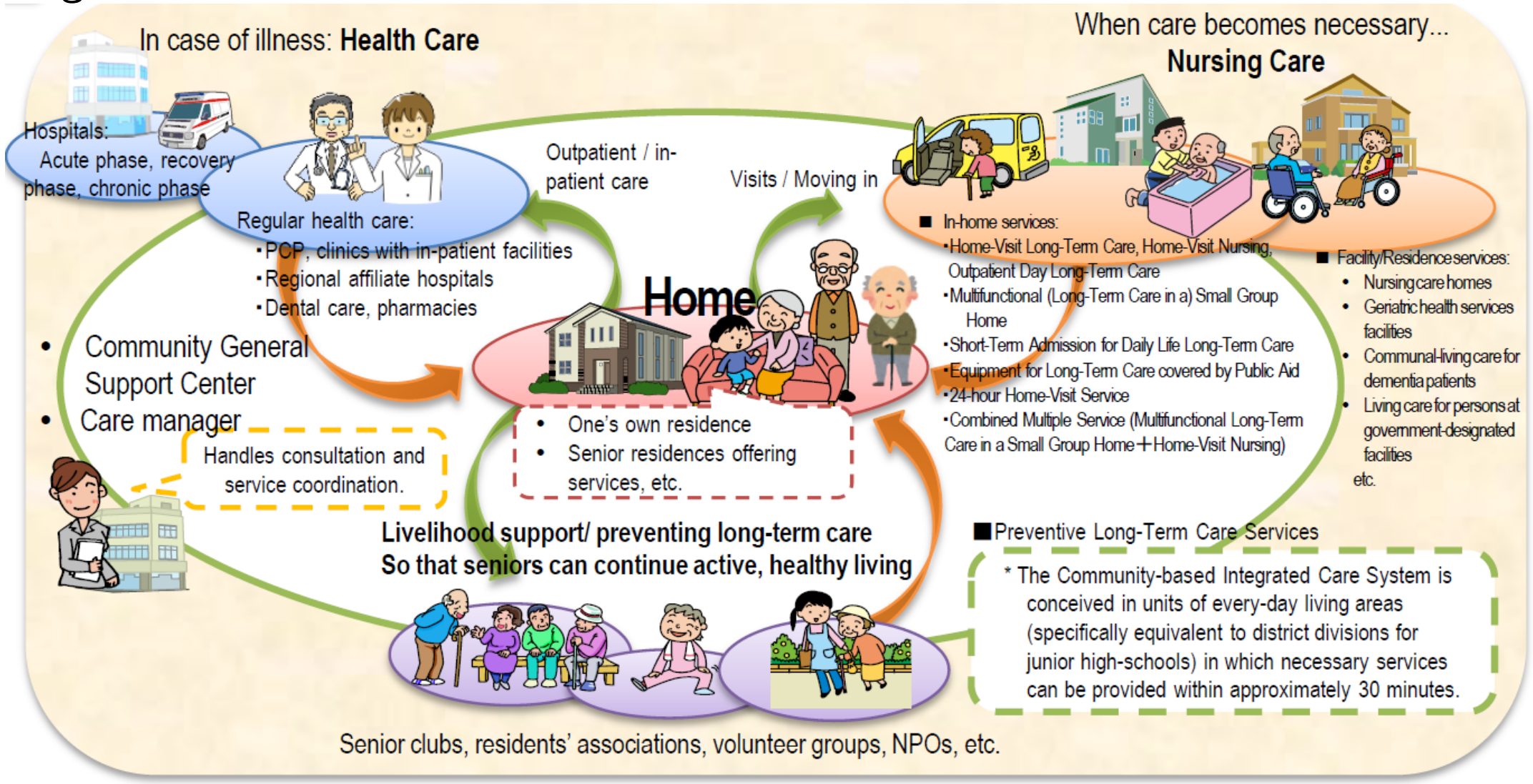
1. Services: How can we provide necessary health and social services to realize “aging-in-place”?

2. Workforce: How can we enhance human resources responding to growing needs?

3. Financing: How can we continue to cover increasing long-term care expenditures?

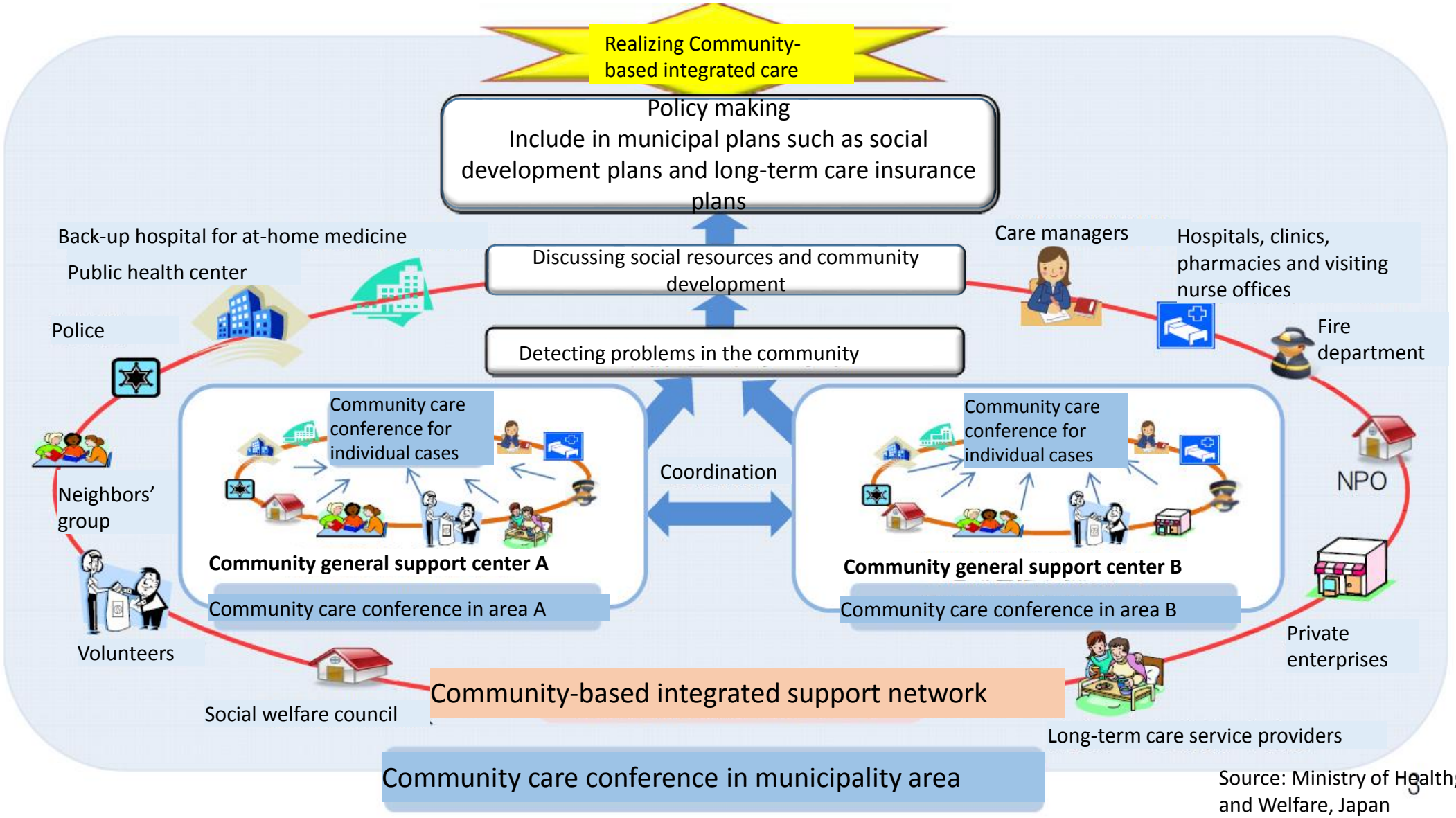
4. Governance: How can we ensure the continuum of care from curative and rehabilitative services to long-term care services?

Making long-term care related services coherent: “Community-based integrated care”



Source: Ministry of Health, Labor and Welfare, Japan

Realizing the community-based integrated care: “Community care conference” as a mechanism



Source: Ministry of Health, Labor and Welfare, Japan

Translating Japan's experiences to Thailand

Step-by-step approach in JICA's elderly care cooperation in Thailand

Thai contexts in addressing elderly issues

1. Dominance of the public sector in health service provision and a strong public health service infrastructure at the community level
   - Structured health service provision under the tax-based Thai Universal Coverage scheme
   - Resident's registration to local primary care units
   - Human resources dedicated to public health

2. A large number of volunteers in the community
   - Health volunteers: 1 million
   - Elderly volunteers: tens of thousand

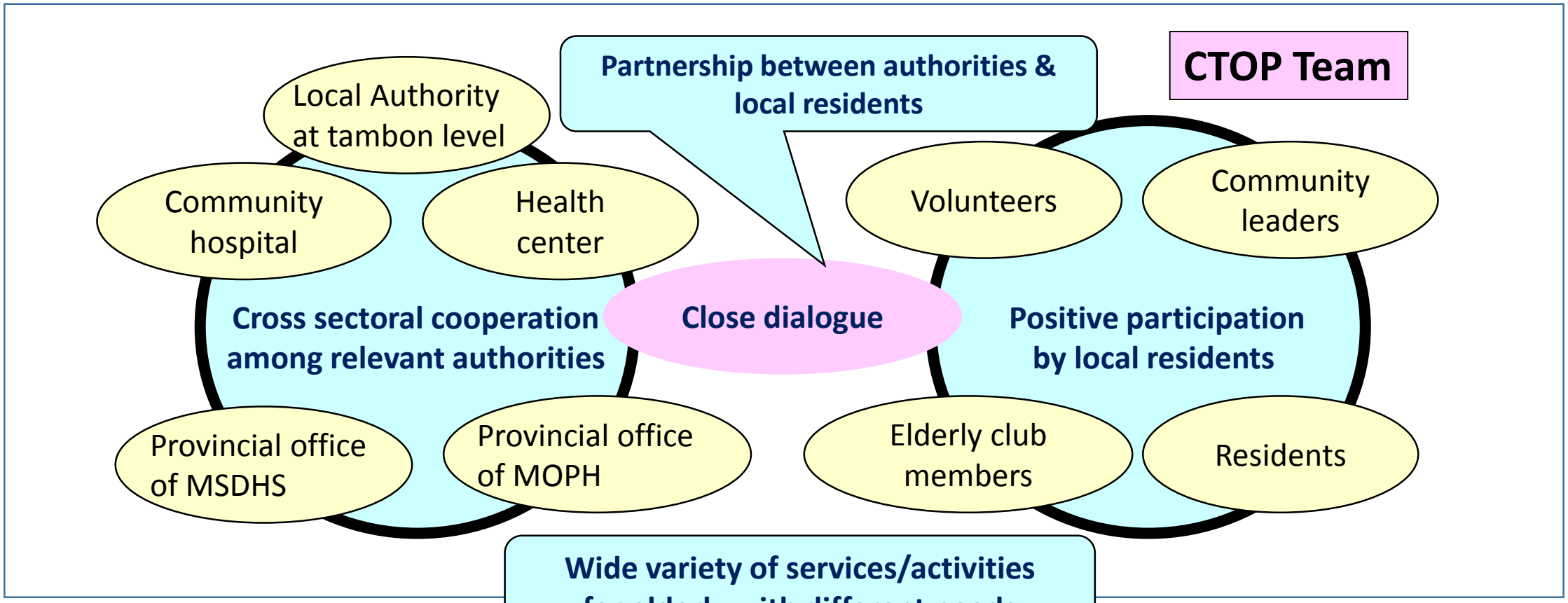
3. Separated health and social service authorities
   - Health service provision: Ministry of Public Health
   - Health financing: Ministry of Finance, Ministry of Labor, National Health Security Office
   - Social services: Ministry of Social Development and Human Security.

CTOP Project (2007-2011)

CTOP “Project on the Development of a Community-Based Integrated Health Care and Social Welfare Services Model for Older Persons”

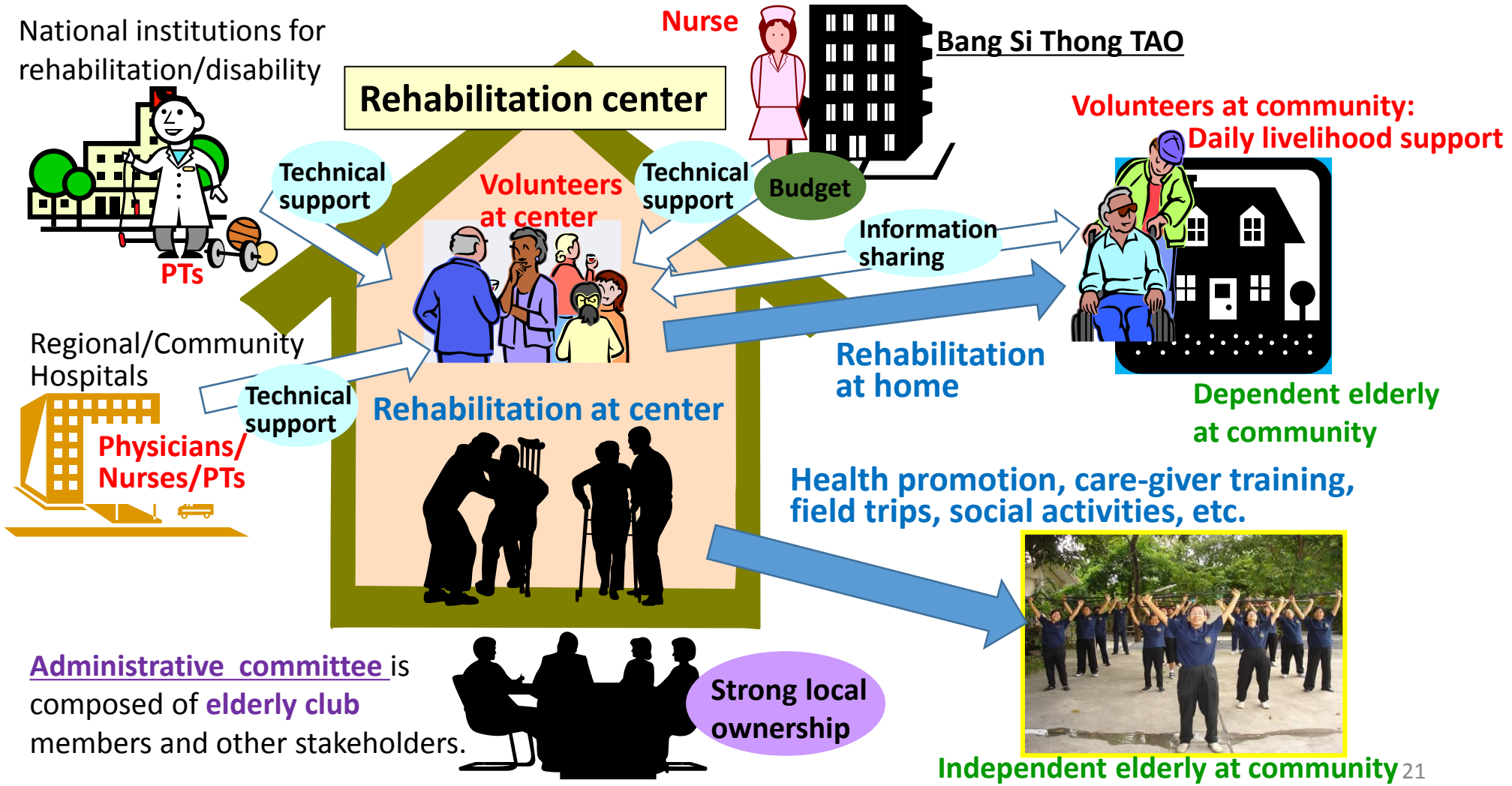
Project period	2007-2011
Counterpart organizations	• Ministry of Public Health • Ministry of Social Development and Human Security • Ministry of Labor
Objective	Make the best use of resources in the community by developing a stronger coordination between health and social sectors and involving people in the community.
Activities	• Model activities in 4 sites • Make universal lessons learned from experiences in 4 sites
Outputs	• Summary of model activities in 4 sites • Universal lessons, consisting of CTOP mission statement, principles and suggestions • Tools: Elderly questionnaire, assessment tool (Typology of the Aged with Illustration, TAI), Self-evaluation check list

Typical service provision structure at 4 project sites



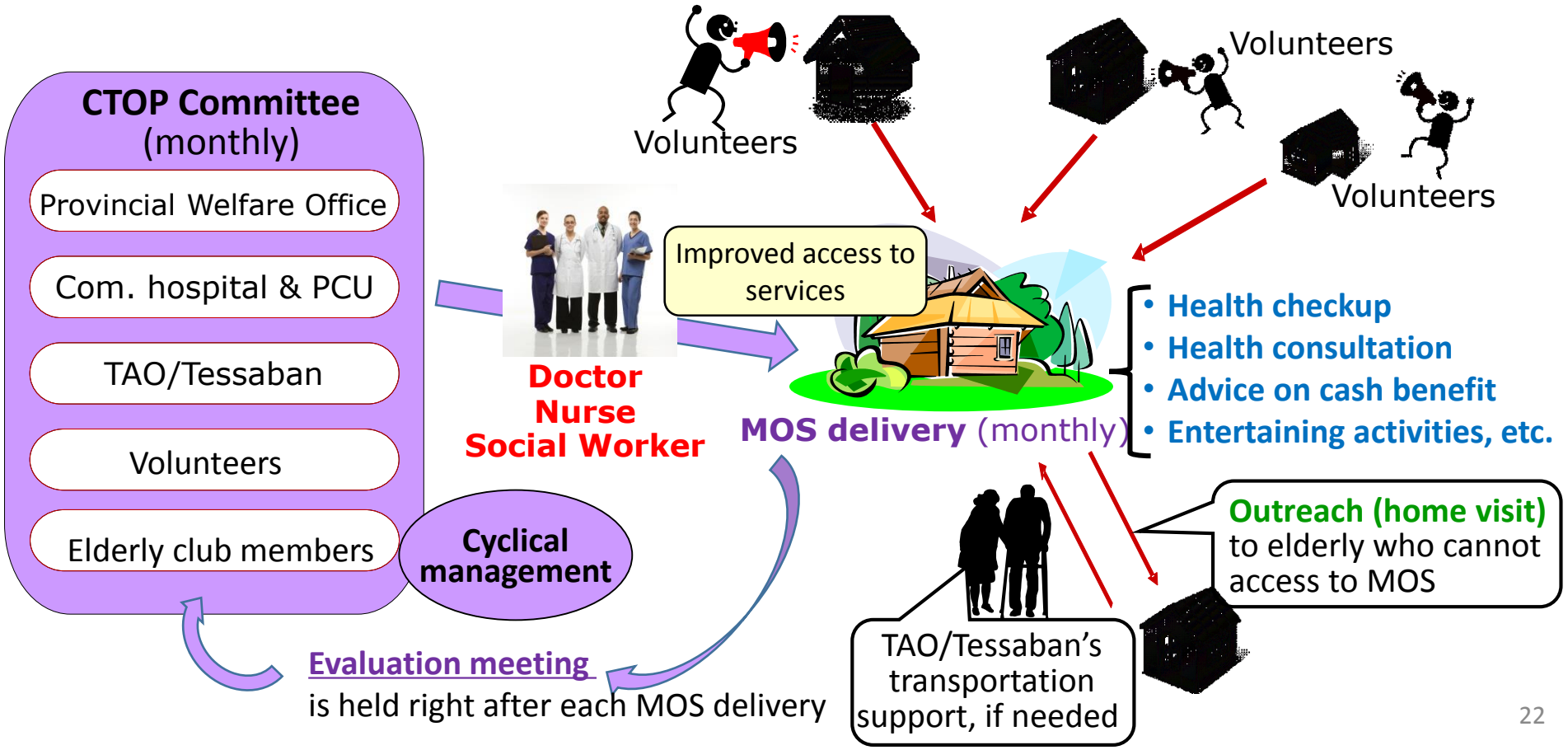
Nonthaburi: Local authority owned rehabilitation center

Rehabilitation center is a multi-purpose center which provides various services for the elderly with different needs & conditions. Volunteer workers at the center are technically supported by a network of high skill professions. Center is operated by Administrative Committee where elderly club members play important roles, that's why the operation of the center is based on real local ownership.



Surat Thani: Mobile One Stop service(MOS)

MOS provides various services, such as health checkup, health consultation, advice on cash benefits, etc., at one time, one place. MOS unit, consisting of health and social welfare professions from related authorities and volunteers in the community, is dispatched monthly to the appointed village. MOS unit also delivers outreaching visits to homes of elderly who cannot access to MOS. MOS is operated under the Cyclical Management, where a preparatory committee is held monthly, and an evaluation meeting is held immediately after each MOS visit.



Mobile one-stop service in CTOP Surat Thani site

Photo: CTOP project

LTOP Project (2013-2017)

LTOP “Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People”

Project period	2013-2017
Counterpart organizations	• Ministry of Public Health • Ministry of Social Development and Human Security
Objective	Develop community-based model on long-term care for frail elderly persons, based on the cooperation between health and social sectors developed through CTOP
Activities	• Develop the care management in 6 sites: training of care managers and service provision for elderly persons through the care management process • Human resource development: care managers (community nurses and local government officials) and caregivers (volunteers) • Make a policy recommendation
Outputs	• Established mechanism of care management in 6 sites • Data analysis on activities, outcomes and costs • Policy recommendation

Care management in LTOP project

Assessment

Care manager assesses the conditions and needs of the elderly person and family caregiver

Development of care plan

Care manager coordinates with service providers, drafts a care plan

Service delivery

- Home visit by caregivers
- Home visit by the family care team (doctor, nurse, etc.)
- Home visit by nurses
- Home visit by PT
- Day care service

Monitoring and evaluation

Care manager continuously monitors and periodically evaluates the service provision and client's conditions

Revision of care plan

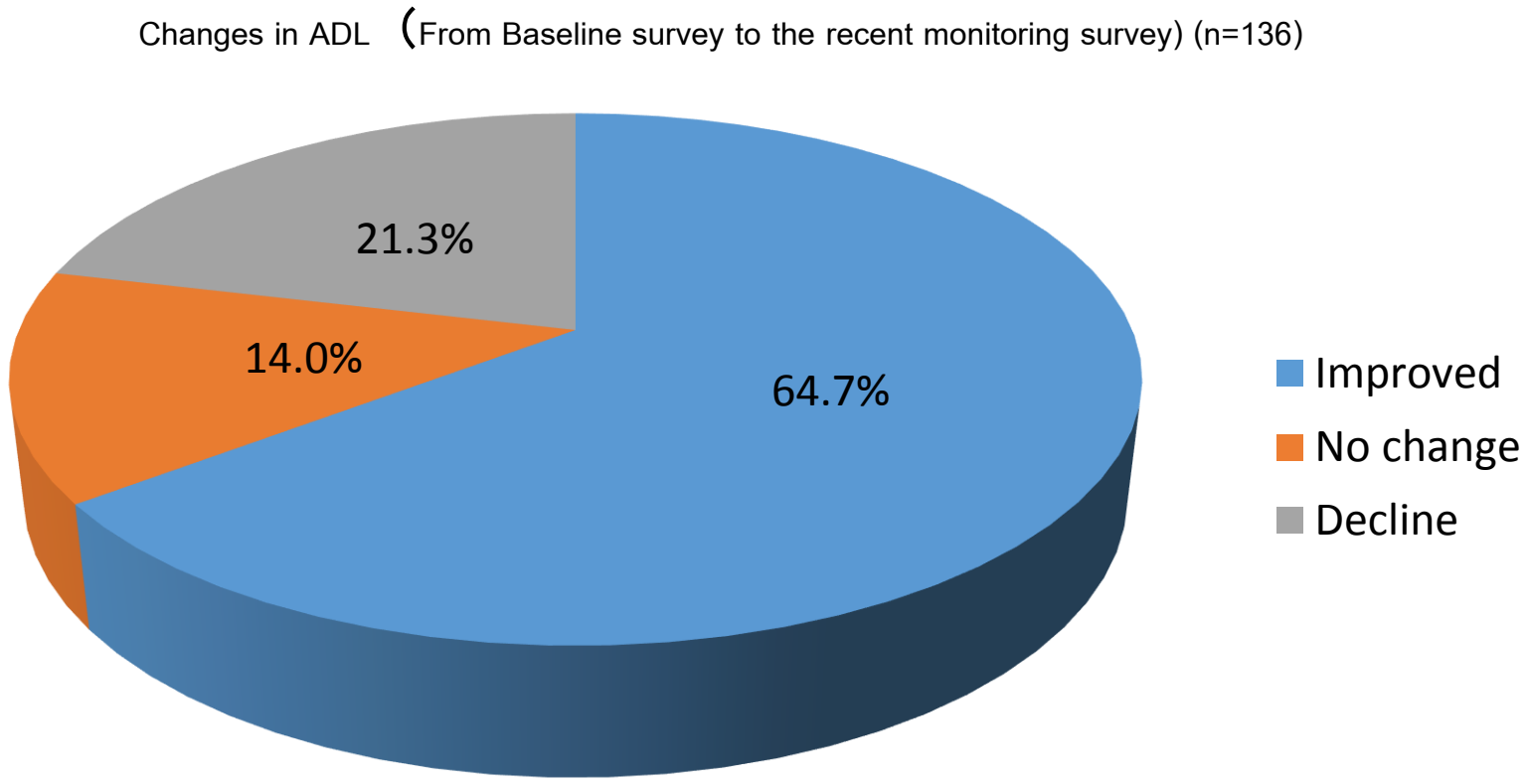
Care manager revises the care plan

Guiding the assessment and care planning to a local care manager

Photo: S. Nakamura, JICA

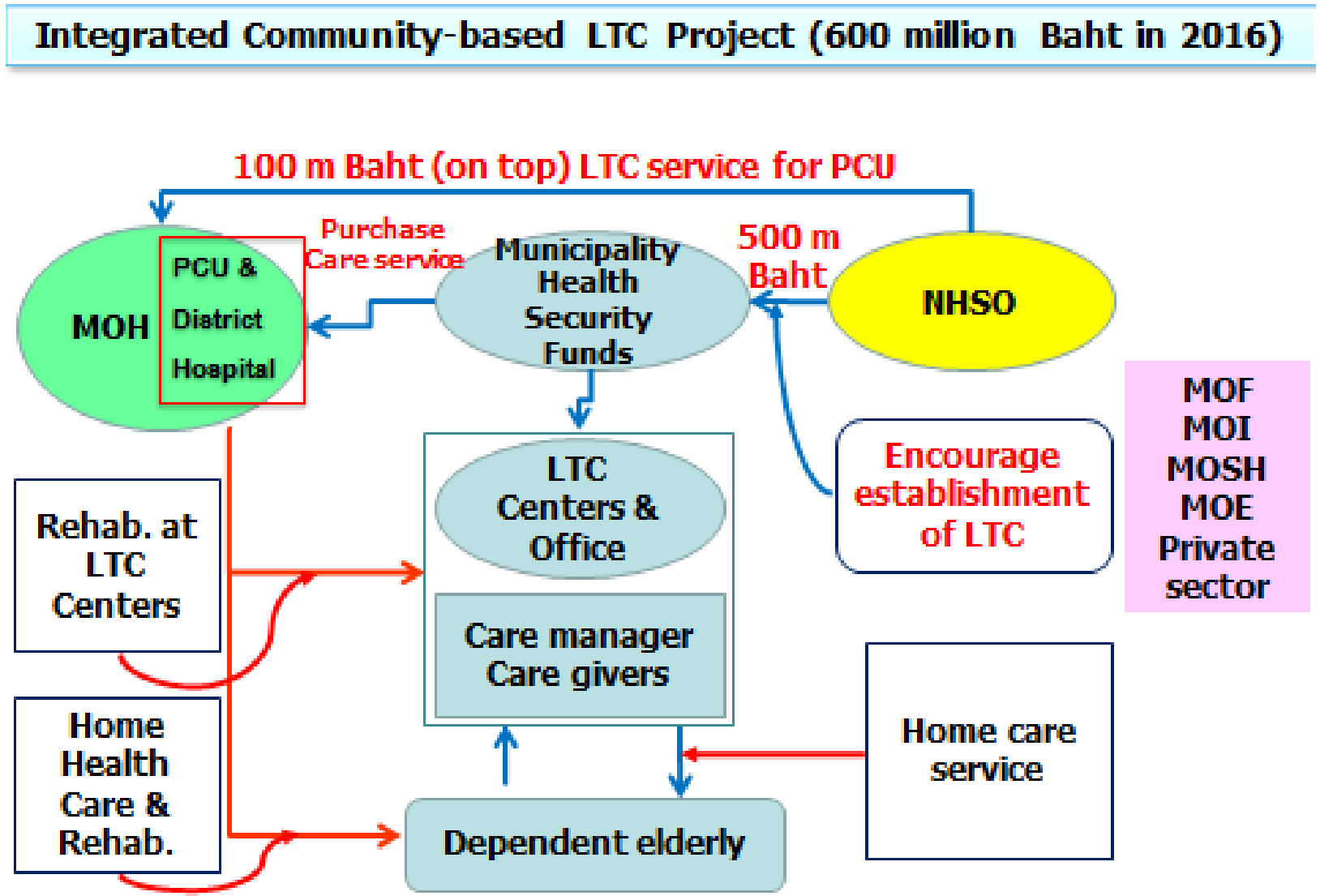
Positive impacts on clients' ADL

ADL (Activities of daily living) improved in 65% of the clients.



Data: Policy Recommendation, LTOP Project (2017)

Policy impacts: New government LTC program



Source: Ministry of Public Health, Thailand (2017)

Five lessons from LTOP Project

1. Coordinated service provision made positive impacts on elderly person's condition.
2. Empowering the existing resources enhanced the sustainability.
3. Good communication between health and social sectors enabled the effective outreach.
4. In addition to elderly persons' needs, family caregiver's needs should be properly addressed.
5. Careful consideration is necessary in determining professionals' roles.

S-TOP Project (2017-2022)

S-TOP: “Project on Seamless Health and Social Services provision for Elderly Persons”

Project period	2017-2022
Counterpart organizations	• Ministry of Public Health • Ministry of Social Development and Human Security • National Health Security Office
Objective	Toward the nationwide expansion, community-based models are developed for the seamless provision of medical, rehabilitative, social and livelihood-support services for elderly persons.
Planed activities	• Model development through situation analysis and priority setting, action plan making and implementation, monitoring and evaluation in each site • Make policy recommendation
Expected outputs	• Service model with supporting evidence • Policy recommendation

Seamless care provision envisioned in S-TOP

Day 0 | After1 M | After 6M

Acute phase	Recovery phase	Maintenance phase	End stage

Medical rehabilitation

Acute care hospital
5-7Days

Community hospital

Community-based intensive rehab

Hospital Based Intensive Rehab (4-6W)

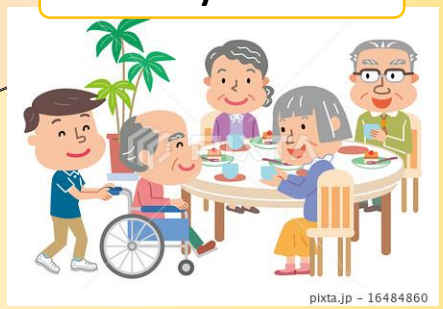
Community Based Post-Intensive Rehab

Visiting rehab

OP Rehab

Visiting nurse

Day care



Home

Neighbors

Rehabilitation in daily life

Source: S-TOP project (2018)

Key messages

1. After bitter experiences, Japan introduced a comprehensive scheme for long-term care services, under the care management concept and the managed market approach.

2. In translating Japan's experiences to Thai contexts, JICA tried to ensure the collaboration in health and social sectors and involve a wide range of actors in the community.

3. Context-sensitive solution is needed in translating experiences to other societies.

Thank you for your attention.