Translating Long-term Care Experiences in Japan – Thailand

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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

Data: National Institute of Population and Social Security Research
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

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

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

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.

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

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
• 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
  Retirement housing
• 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

- User's out-of-pocket payment: 10%
- Contributions and tax-funding:
  - Contribution from 65+ years old: 27%
  - Contribution from 40-64 years old: 23%
  - Tax-funding from central government: 25%
  - Tax-funding from prefecture government: 12.5%
  - Tax-funding from municipal government: 12.5%
  - Contributions and tax-funding: 20-30% for higher income population
  - 17.5% for residential facility services
  - 20% for residential facility services

- 10% contribution from 65+ years old
- 23% contribution from 40-64 years old
- 25% tax funding from central government
- 12.5% tax funding from prefecture government
- 12.5% tax funding from municipal government
- 20% for residential facility services
- 17.5% for residential facility services
- 20-30% for higher income population
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
  • 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”

In case of illness: **Health Care**
- Hospitals: Acute phase, recovery phase, chronic phase
- Regular health care:
  - PCP, clinics with in-patient facilities
  - Regional affiliate hospitals
  - Dental care, pharmacies

When care becomes necessary: **Nursing Care**
- In-home services:
  - Home Visit Long-Term Care, Home Visit Nursing
  - Outpatient Day Long-Term Care
  - Multifunctional (Long-Term Care in a) Small Group Home
  - Short-Term Admission for Daily Life Long-Term Care
  - Equipment for Long-Term Care covered by Public Aid
  - 24-hour Home Visit Service
  - Combined Multiple Service (Multifunctional Long-Term Care in a Small Group Home + Home Visit Nursing)
- Facility Residences services:
  - Nursing care homes
  - Geriatric health services facilities
  - Communal living care for dementia patients
  - Living care for persons at government designated facilities, etc.

**Home**
- One's own residence
- Senior residences offering services, etc.
- Livelihood support/preventing long-term care
  - So that seniors can continue active, healthy living

**Community General Support Center**
- Care manager
  - Handles consultation and service coordination.

**Senior clubs, residents’ associations, volunteer groups, NPOs, etc.**

*The Community-based Integrated Care System is conceived in units of everyday living areas (specifically equivalent to district divisions for junior high-schools) in which necessary services can be provided within approximately 30 minutes.*

Source: Ministry of Health, Labor and Welfare, Japan
Realizing the community-based integrated care: “Community care conference” as a mechanism

Realizing Community-based integrated care

Policy making
Include in municipal plans such as social development plans and long-term care insurance plans

Detecting problems in the community

Discussing social resources and community development

Community care conference in area A
Community care conference in area B
Community care conference in municipality area
Community care conference for individual cases
Community general support center A
Community general support center B
Coordinating Community care conference in area A and Community care conference in area B

Community-based integrated support network

Back-up hospital for at-home medicine
Public health center
Police
Neighbors’ group
Volunteers
Social welfare council
Care managers
Hospitals, clinics, pharmacies and visiting nurse offices
Fire department
Private enterprises
Long-term care service providers
NPO

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

CTOP Project (2007-2011)
- Promote coordinated health and social services in the community

- Introduce the care management for long-term care services in the community

S-TOP Project (2017-2022)
- Develop the seamless provision of health and social care from the acute phase to maintenance phase
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”

<table>
<thead>
<tr>
<th>Project period</th>
<th>2007-2011</th>
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| 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

- Local Authority at tambon level
- Community hospital
- Health center
- Provincial office of MSDHS
- Provincial office of MOPH
- Volunteers
- Community leaders
- Elderly club members
- Residents

Cross sectoral cooperation among relevant authorities

Partnership between authorities & local residents

Close dialogue

Positive participation by local residents

Wide variety of services/activities for elderly with different needs

Social activities
Health promotion
Training
Health check
Rehabilitation
Home care
Cash benefit

Independent elderly
Dependent elderly
Bed-ridden elderly
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.

Administrative committee is composed of elderly club members and other stakeholders.

Nonthaburi: Local authority owned rehabilitation center
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
**LTOP “Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People”**

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<tr>
<th>Project period</th>
<th>2013-2017</th>
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| 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

Revision of care plan
Care manager revises the care plan

Monitoring and evaluation
Care manager continuously monitors and periodically evaluates the service provision and client’s conditions
Guiding the assessment and care planning to a local care manager
Positive impacts on clients’ ADL

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

Changes in ADL (From Baseline survey to the recent monitoring survey) (n=136)

- Improved: 64.7%
- No change: 14.0%
- Decline: 21.3%

Policy impacts: New government LTC program

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”

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<tr>
<th>Project period</th>
<th>2017-2022</th>
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| 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

Acute phase

Recovery phase

Maintenance phase

End stage

Day 0
After 1 M
After 6 M

Acute care hospital
5-7 Days

Community-based intensive rehab

Visiting rehab

Hospital Based Intensive Rehab (4-6W)

Community hospital

Community Based Post-Intensive Rehab

OP Rehab

Day care

Visiting nurse

Day care

Neighbors

Home

Medical rehabilitation

Rehabilitation in daily life

Source: S-TOP project (2018)
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3. Context-sensitive solution is needed in translating experiences to other societies.
Thank you for your attention.