



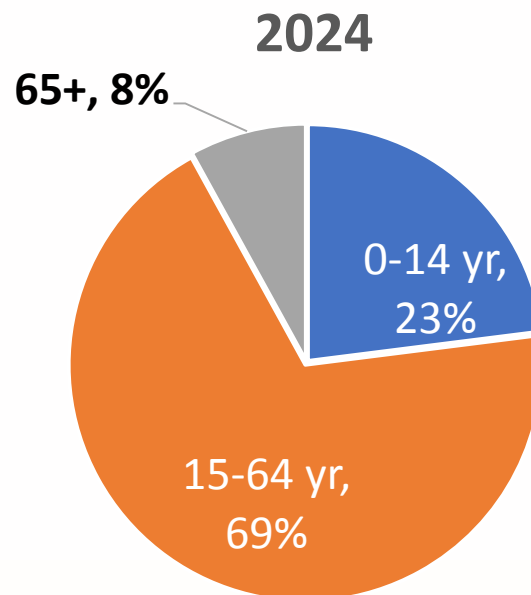
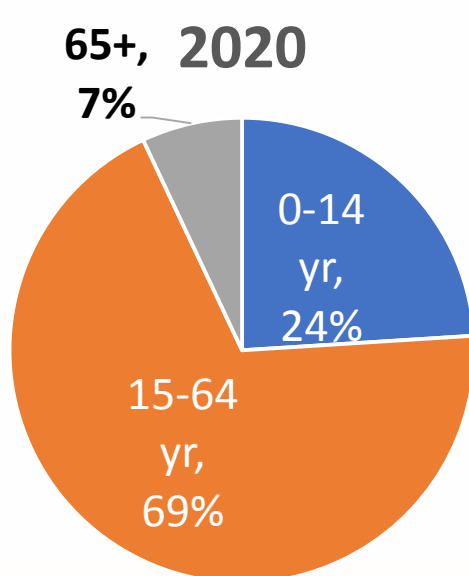
Long-Term Care Services and Programmes in INDONESIA



Erna Mulati & Lisa
MOH of Republic Indonesia
23 October 2019

Overview

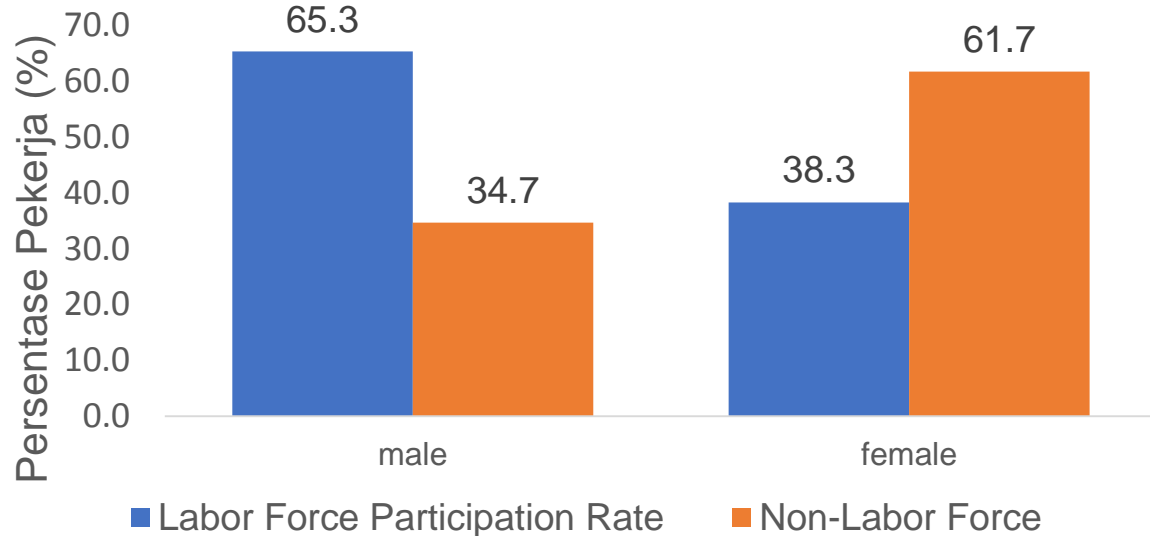
- In 2020, Indonesia Population is predicted 269,6 million with 18,8 million elderly. The elderly to be 22,4 million in 2024 and in 2045 the ageing is predicted 61,4 million with life expectancy for woman 77,3 year old and 73,7 year old for man



In 2018, three million of ageing in Indonesia (or 12,3% of ageing) is poor; 1,66 million is woman and 1.35 million is man

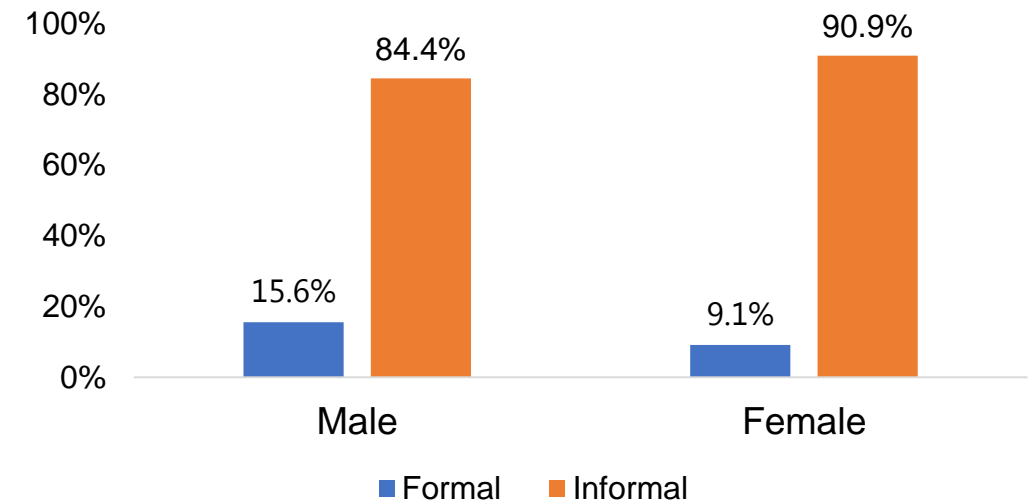
Female elderly is the most vulnerable because their pension ownerships is very limited

Labor Force Participation Rate
Employee 60+, Februari 2018



Sources: National Labour
Force Survey 2015-2017

Labour force Participation and Employment
Sectors(60+ as of February 2017)

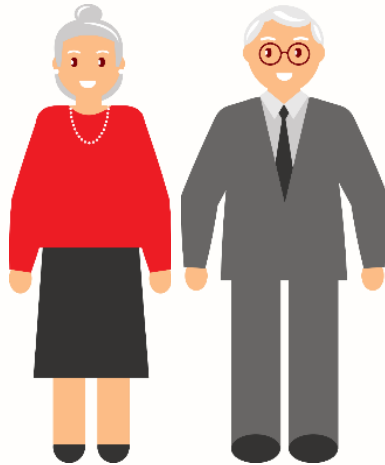


Sources: BPJS
Ketenagakerjaan 2017

- More female elderly works in the informal sectors, with low labor force participation and live without pension support.
- On contrary, female elderly lives longer than their male counterpart. this makes they live in poverty longer.

Pension coverage is less than 15% and family starts to support at 70+

Rich elderly finance 50 percent of their consumption from investment, mostly properties.



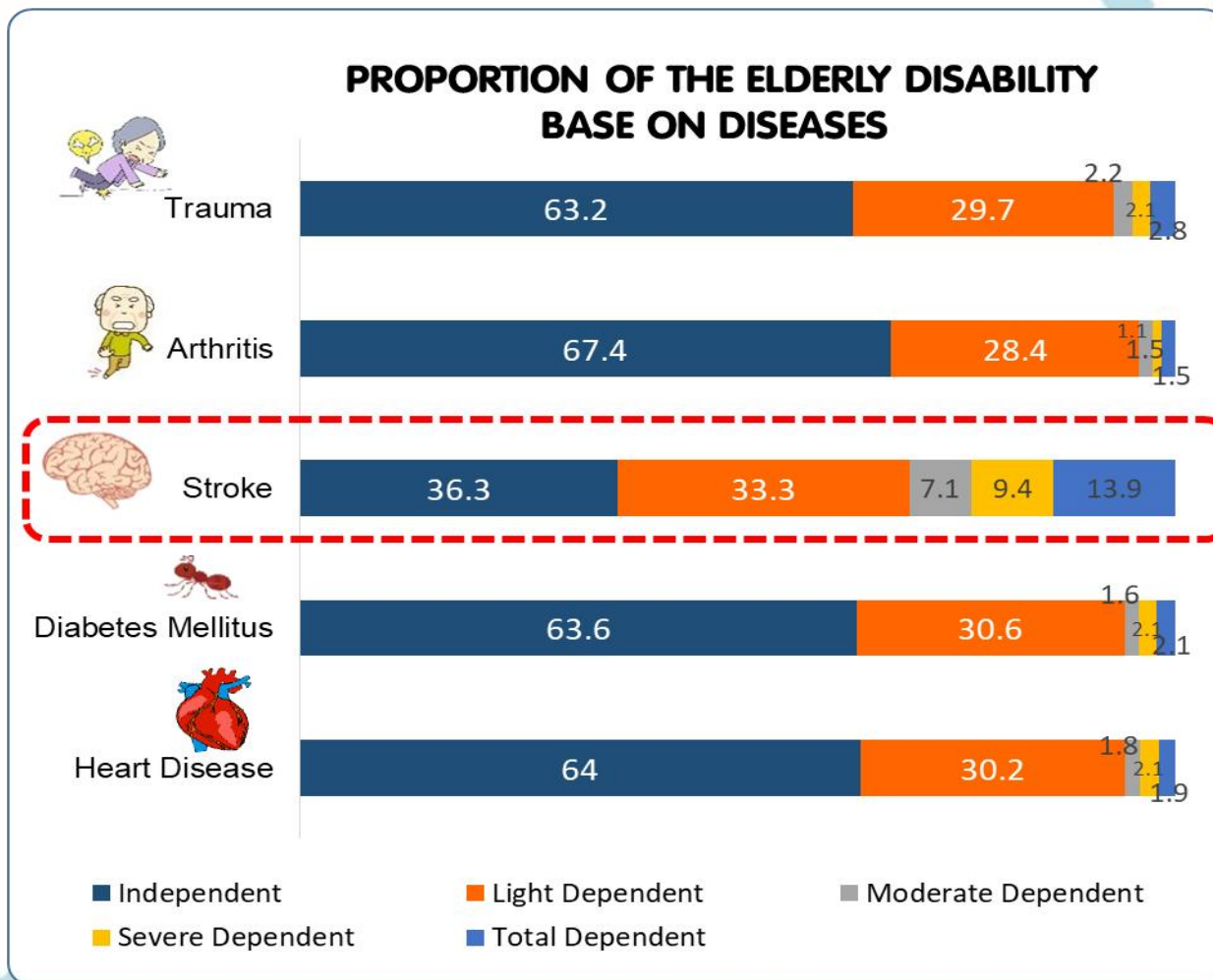
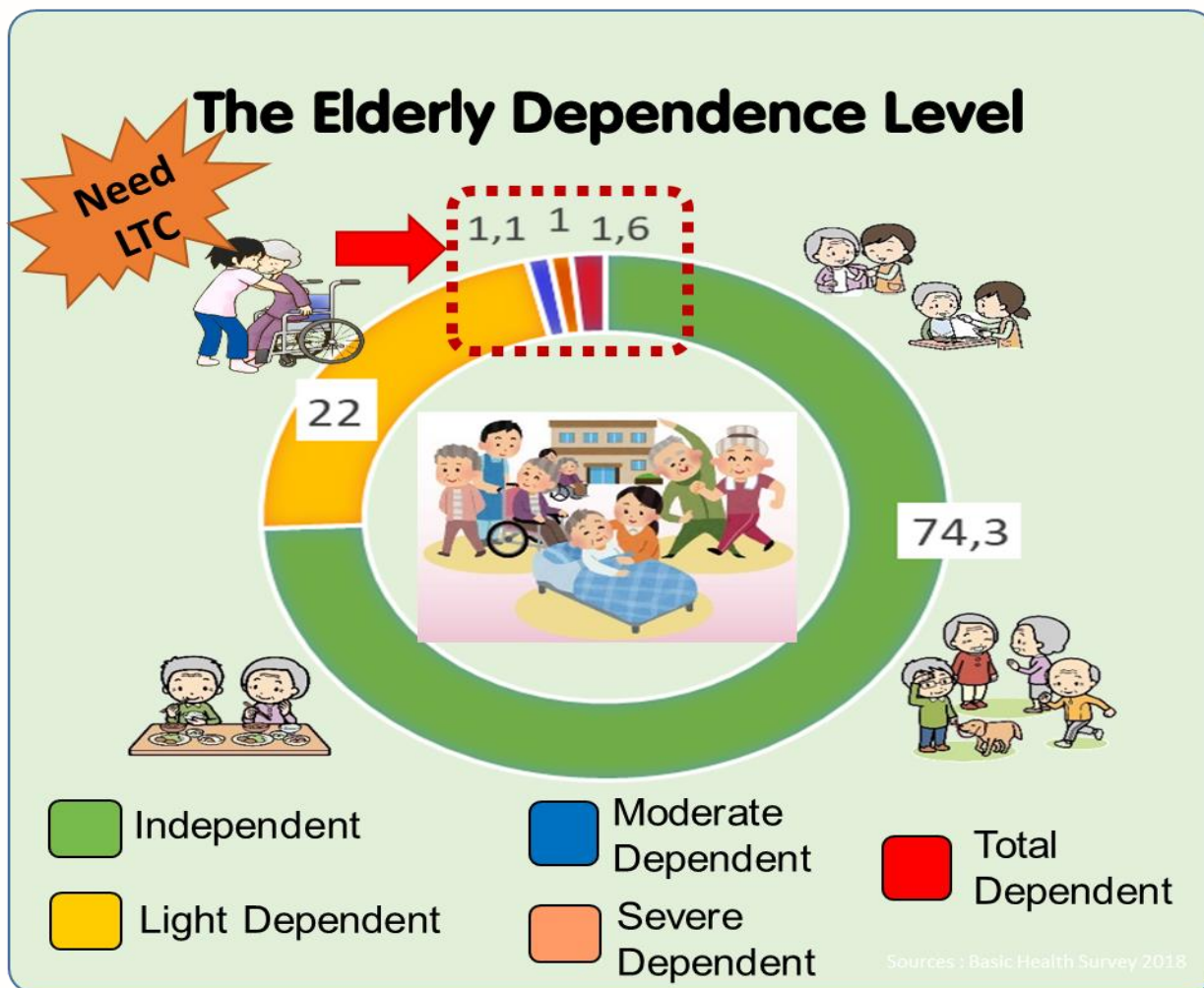
Poor elderly, in both rural and urban, **depend heavily on public transfers.**



Elderly still WORK. Almost **50 percent of their consumption is financed by labor income.**

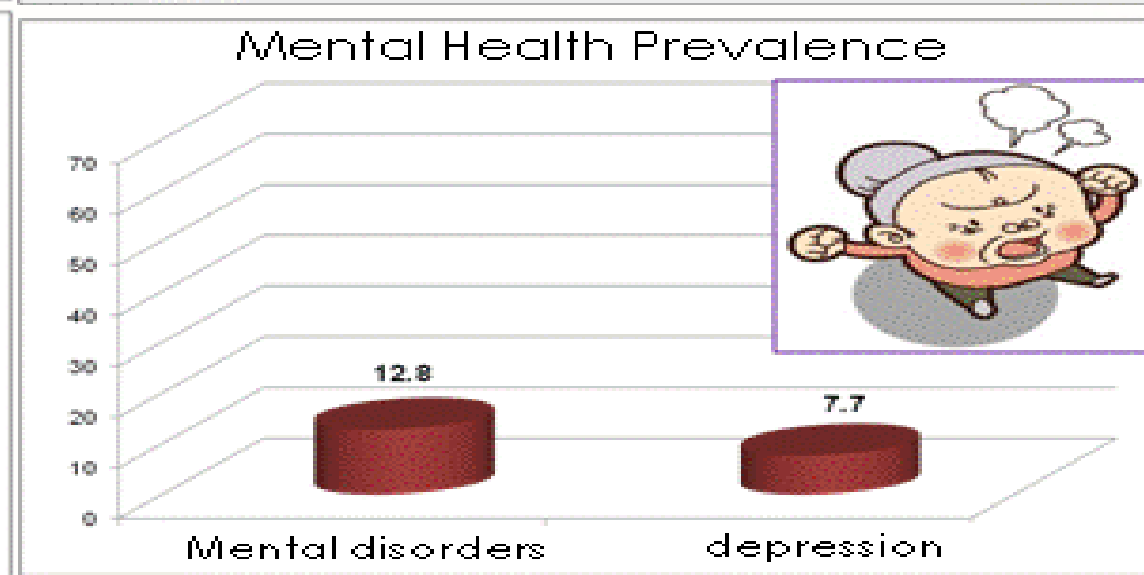
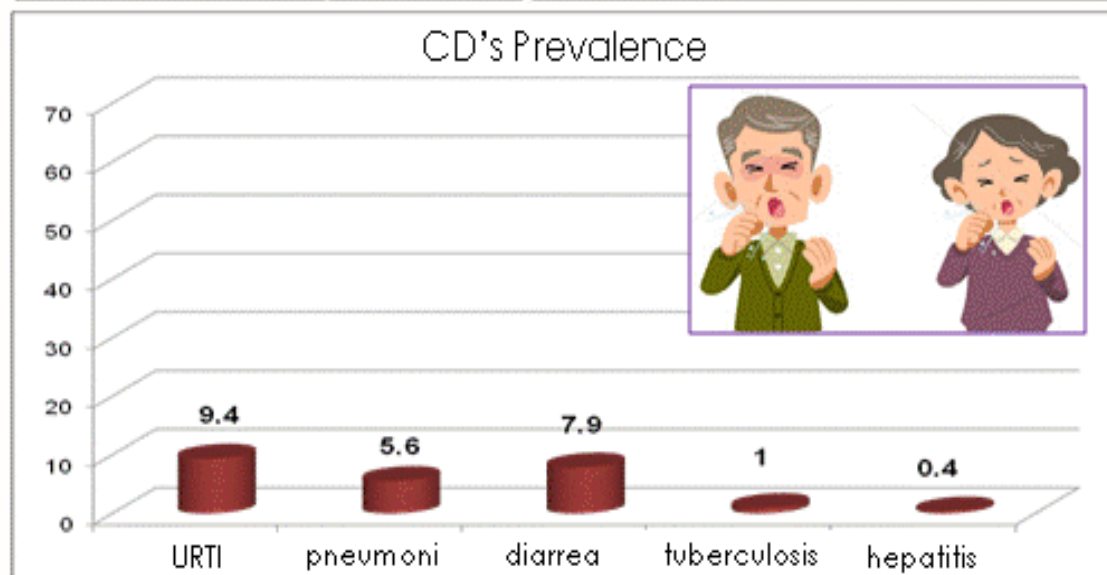
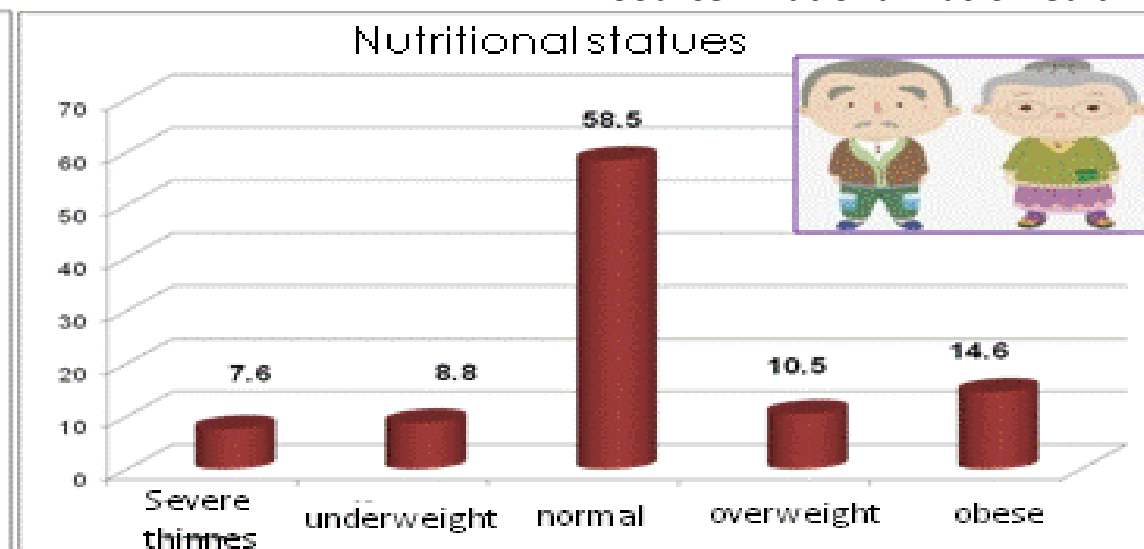
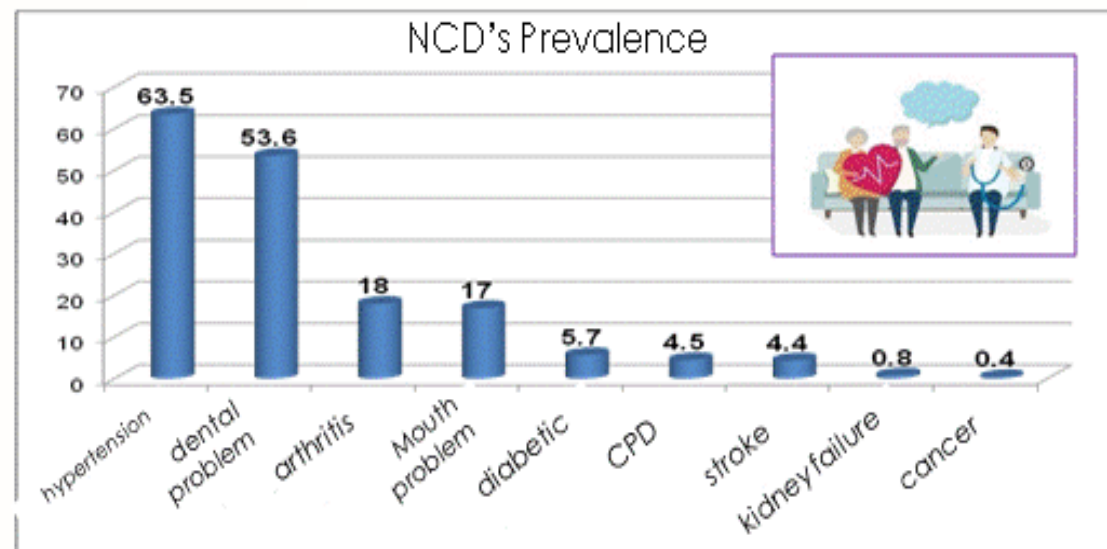


PROPORTION OF THE ELDERLY DISABILITY IN INDONESIA YEAR 2018

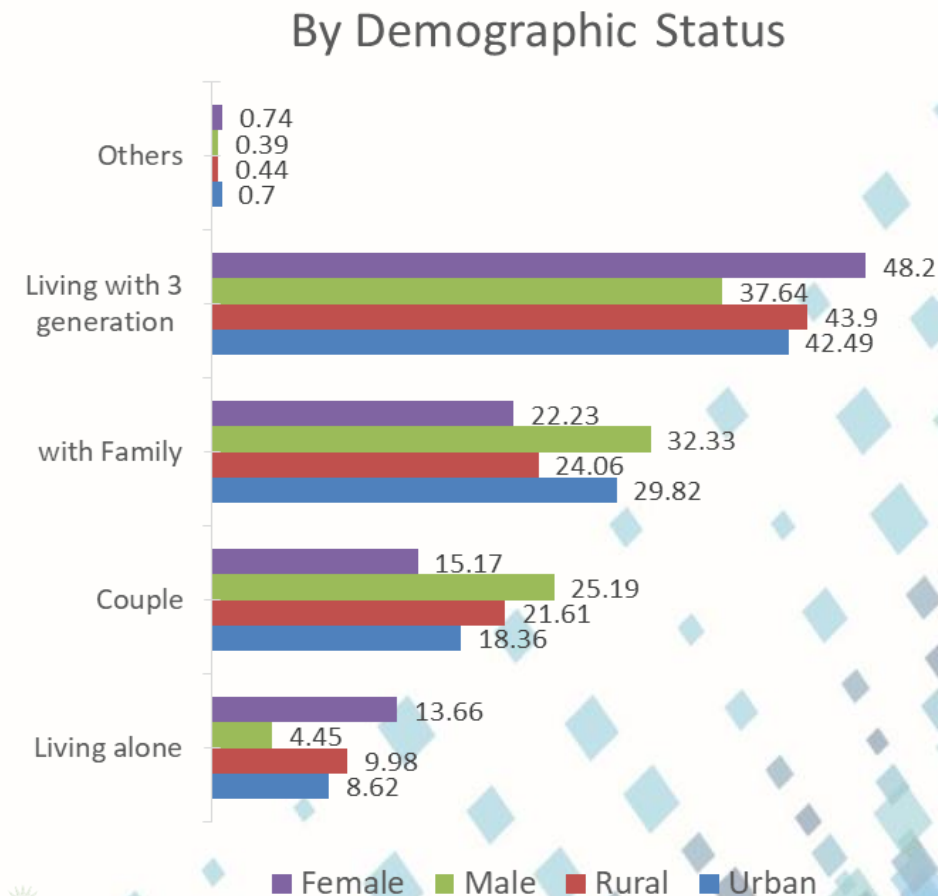
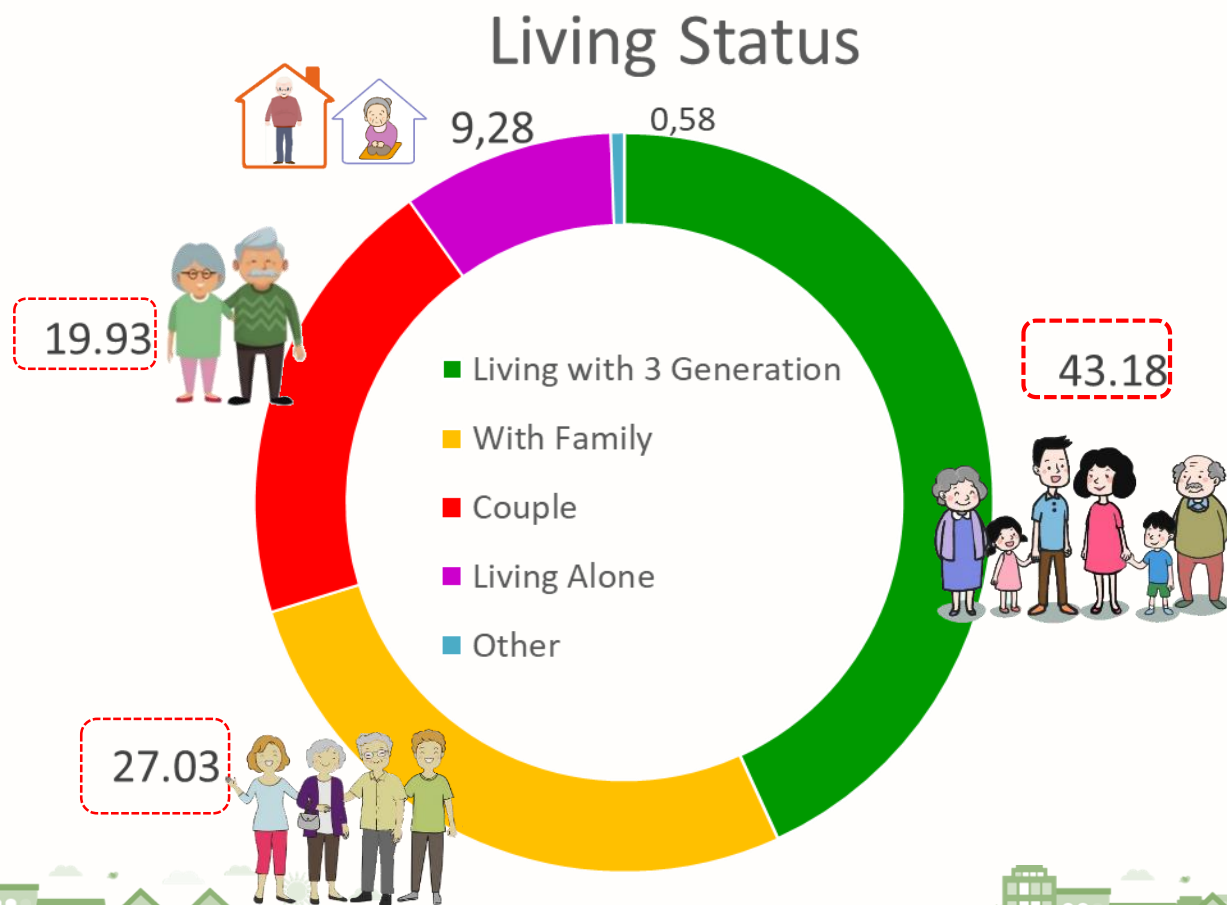


ELDERLY HEALTH PROBLEMS IN INDONESIA

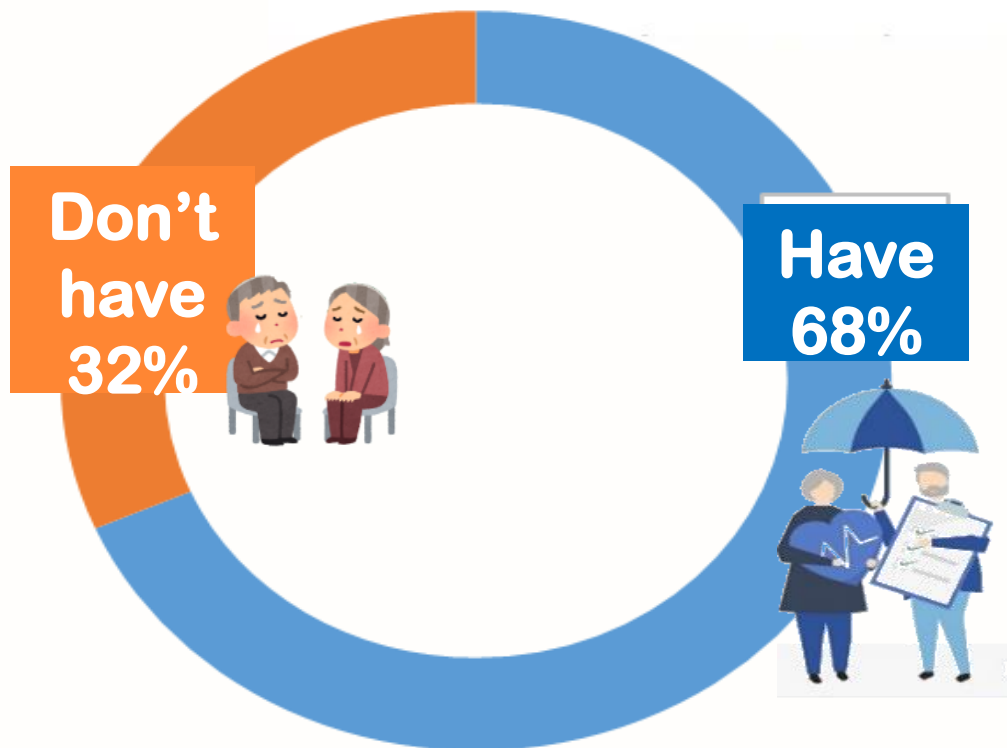
Source : National Basic Health Survey 2018



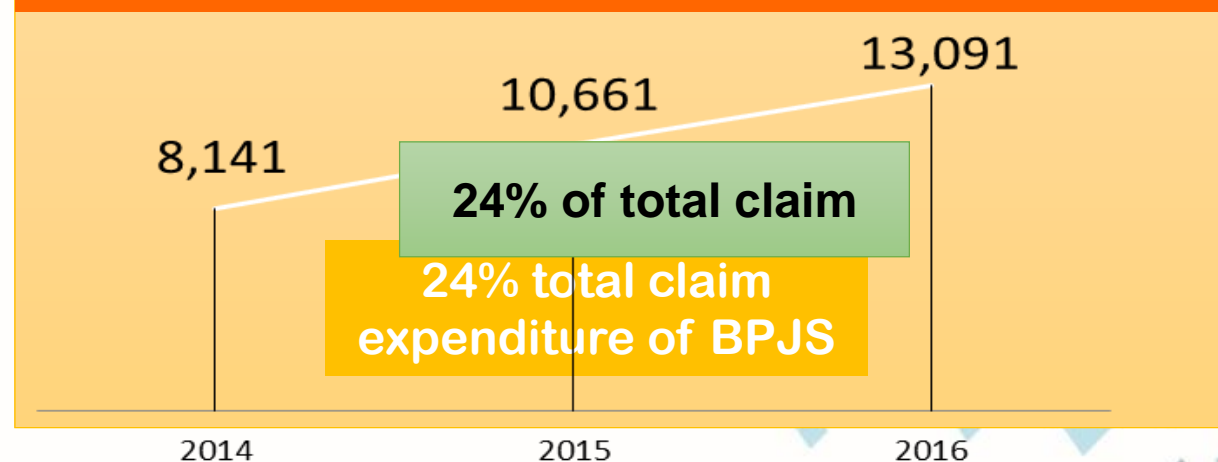
Percentage of the Elderly According to Living Status



ELDERLY HEALTH INSURANCE IN INDONESIA



The trend of BPJS's expenditure for the elderly (in million)



- **Contributory : (19,74%)**
- **Non-contributory: (19,19%)**
- **Local Government budget : (14,03%)**
- **Private insurance (0,63%)**
- **Company : (1,22%)**

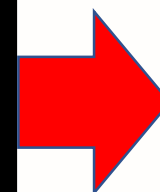
Disease Burden in the next 25 years ... ??




Social Health Insurance Model in Indonesia

Contribution

1. Non contributory: Poor and Near-poor, premi paid by central government and local government
2. Contributory:
 - Salaried workers from public and private sector
 - non formal sector



Benefit Package

- **Benefit package** : personal health care covering promotive, preventive, curative & rehabilitative services base on medical indication.
- 
- **Outpatient care and Inpatient care**
Benefit package : includes both medical & non medical → hospital accommodation, ambulance

Healthcare Providers



Primary health care providers: Public Health Service, Private clinics, Primary Care Doctors, midwife and Dentist.



Secondary & tertiary health care providers: Hospitals both public hospitals and private hospitals

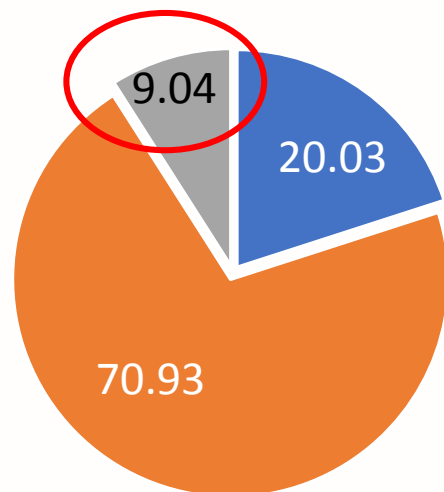
Methods Payment

capitation & non capitation

Ina-CBG's (Case-based Group)

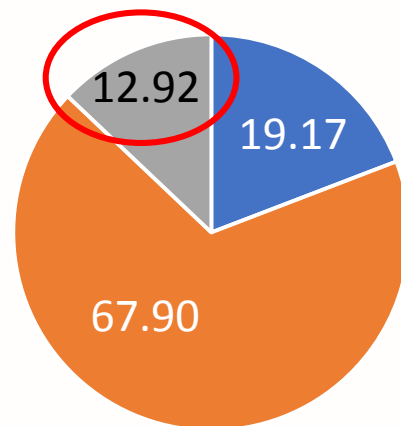
National Health Insurance Utilization in PHC

Proportion of NHI
Visit by Age, 2015-
2016

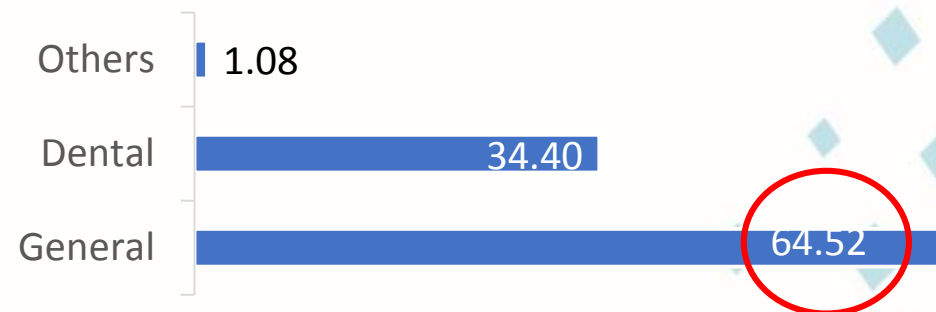


■ 0-14 yr ■ 15-64 yr ■ 65+

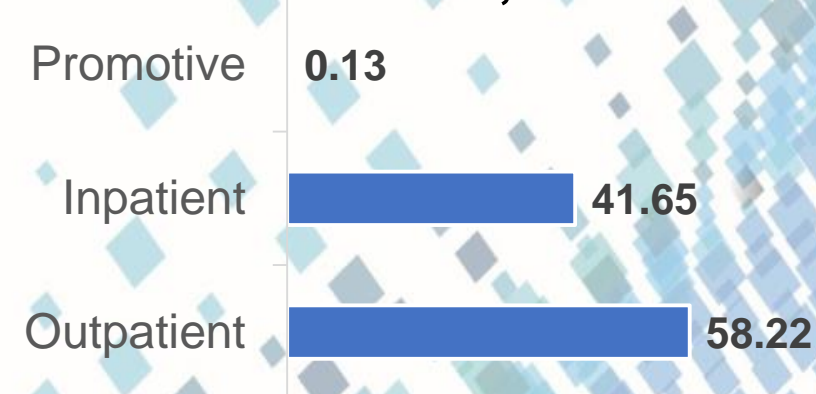
Proportion of Primary
Health Care
Utilization by Age,
2015-2016



PHC Utilization among 65+
members by Type of Health
Services, 2015-2016



PHC Utilization among
65+ members, 2015-2016

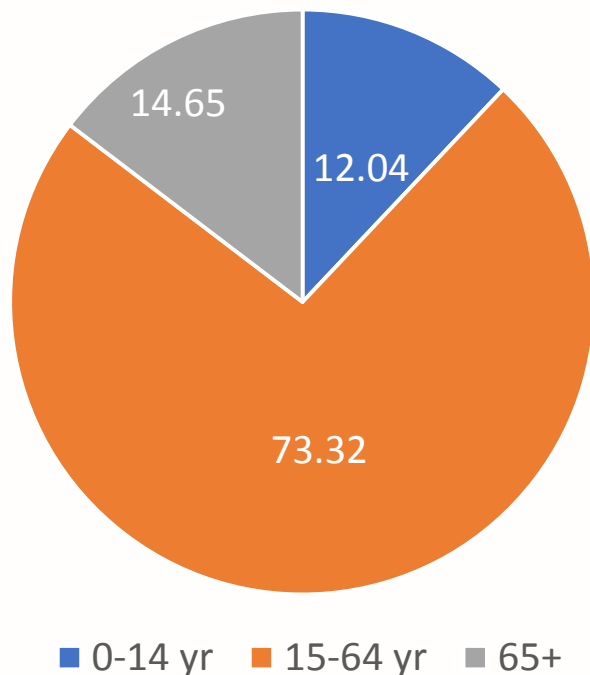


*Data sample from 1,697,452 members

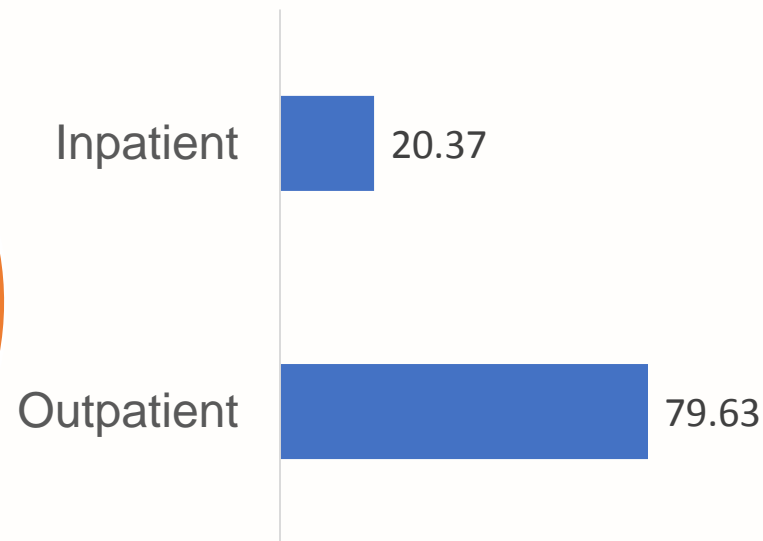
Source: BPJS Kesehatan, 2015-2016

National Health Insurance Utilization in Hospital

Proportion of NHI Visit
by Age, 2015-2016



Utilization among 65+
members, 2015-2016



Primary Diagnose: Inpatient	N	%
Heart failure	1187	14%
Cerebral infarction	1047	12%
Chronic obstructive pulmonary disease	892	10%
Pneumonia	809	9%
Essential (primary) hypertension	801	9%
Other gastroenteritis and colitis	791	9%
Stroke, not specified as haemorrhage	724	8%
Type 2 diabetes mellitus	656	8%
Functional dyspepsia	633	7%
Hyperplasia of prostate	543	6%
Gastritis and duodenitis	535	6%

*Data from 906,905 members

Source: BPJS Kesehatan, 2015-2016

Hospital Utilization among 65+ members, 2015-2016 (out patient)

Primary Diagnose: Outpatient	N	%
Z09 Follow-up examination after treatment	52.483	67,11
Z50 Care involving use of rehabilitation	6.663	8,52
Z49 Care involving dialysis	4.712	6,03
Z96 Presence of other functional implant	2.851	3,65
Z86 Personal history of certain other disease	2.782	3,56
Z76 Persons encountering health service	2.041	2,61
H21 Other disorders of iris and ciliary	1.744	2,23
Z48 Other surgical follow-up care	1.666	2,13
Z87 Personal history of other diseases	1.641	2,10
I10 Essential (primary) hypertension	1.622	2,07

Current situation related Longterm Care in Indonesia

Current Policy for Elderly

- As long as a comprehensive insurance for elderly has not yet developed:
- **Program from Ministry of Social Affair**
 - Priority is given to homeless elderly
 - Prioritized to protect and rehabilitate as followed:

Regular Residential	Day Care	Home Care	Support
Basic need	Adding activities & improving self-actualization through residential service	Basic need & homeless/living-alone elderly assistance (2-3x visit/week by social worker)	given to non-potential elderly through fresh money, Conditional Cash Transfer Programme

The Ministry of Health's programs

- Increase empowerment the elderly in the family/the community through cadre collaboration with other sector, NGO, community leader and private sector
- Increase the quality of life of the elderly through health services
 - Improved integration services with cross program through a life cycle approach
 - in the Elderly integrated services post through cadre & health team from PHC
 - The Elderly friendly Primary Health Centre and
 - The geriatric services with integrated team approach in Hospital
- Improve Home care services that are integrated with Public Health Nursing
- Develop Long term care through care giver (informal from family and formal)

Home Care (integrated with Public Health Nursing/ Perkesmas)

Home Care :

A form of comprehensive health services to the elderly which aims to empower the elderly and their families at home, by involving the elderly and families as subjects to participate in the caring activities brought by the PHC health workers team.



Care giver training and education on LTC Ministry of Health The Republic of Indonesia, 2017

Level 5: Professional skills, expertise, and good reputation, 3 years education from high school, /2 years from vocational care giver high school /300 – 600 hrs training from nursing and or social care/adaptation course for care giver returner from Japan

Level 4: Not only work by oneself but also take leadership in a team, 2 years education from high school, or 1 year from vocational care giver high school

Level 3: Work by oneself without a direction, 1 year education from high school

Level 2: Work under a direction, 3 years exp of level 1

Level 1: Entry level. Pre-employment training, 600 hrs training

Family caregivers, Neighbor, Volunteers, 50 hrs training

- LTC services have been provided by the private sector, but around year 2016 the Ministry of social affair have residential for elderly with home care service and MOH have new home care program integrated with public health nursing (PHN).
- The National Family Planning Board have program to the family is called fostering elderly families through cadre
- LTC as a new comprehensive intersectoral system is being developed in 2019 with pilot project in 2 provinces. MOH and Ministry social affair responsible for the LTC program implementation in the pilot project area, and this program will develop to national level under supervise of the Ministry of National Development Planning

NATIONAL COMMITMENT

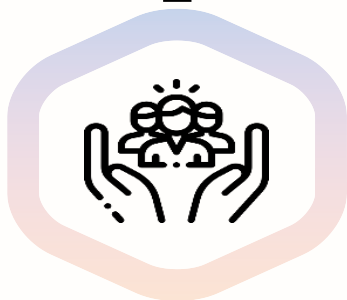
- **Presidential Decree on Ageing Population**

Realizing prosperous, independent, and dignified elderly by building strong, competitive, and adaptive human capital in more integrated efforts.

- **Ageing Population Policy by Lifecycle Approach**

National Strategy for Building Independent, Prosperous, and Dignified Elderly

1



Increase social
protection coverage



Including
budgeting for long-
term care base on
Insurance

2

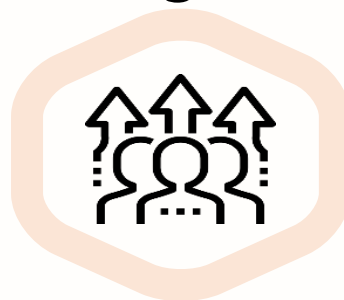


Healthier Ageing
Population



Healthy life style,
healthy nutrition,
decrease morbidity
& LTC

3



Build people
awareness



related with Elderly
and improving the
elderly friendly
facilities

4



Institutional
Strengthening



In the quality and
accreditation and
also to improve
education system &
caregiver certification

5



Respect and Fulfill the
rights of the elderly



Strengthening
the
implementation
of regulation

National Midterm Development Plan 2020-2024

Institutionalization	Source of Financing	Mechanism	Year effective
Social assistant	Central and Local government budget	Tax	2020
Mixed	Synchronization among central and local government budget, private and community	Tax, Corporate Social Responsibility, and Commercial	2021
Long-term care insurance	Synchronization among central and local government budget, private and community	Routine contribution, tax, Corporate Social Responsibility, and Commercial	2023-2024

Minister of National Development Planning develops Pilot Project for Long term care

- Location ; three district in Yogyakarta provinces and two district in Bali provinces
- Collaboration with; National Family Planning Board, MOH, Ministry of Social Affair
- **Activities**

2019 : - Drafting active ageing model and Community based Long term care

- mapping elderly in pilot area

- Drafting active ageing piloting and Community based Long term care

- Strategy on media socialization, education and advocacy

2020 : Elderly information System already developed

2021 : Active ageing program and integrated long term care in community level

2022 : Community base Long term care and insurance

Providers

- Who delivers?
 - The collaboration between MOH, Ministry of Social Affairs, Private/ public sector → under supervision of the Ministry of National Development Planning (BAPPENAS).
 - The LTC implementation was provided tiered by Provincial and District Health officer
- Profiles of the human resources involved and institutions responsible of delivery
 - Care giver
 - Community (PHC, home care, residential, nursing home : for private sector) : Health workers (doctor, nurse, physio therapist, nutritionist, etc.)
 - Referral level (Hospital) → Geriatrician, Internist, Psychiatrist, physical medicine and rehabilitation doctor, doctor, nurse, physiotherapist)
- Training and accreditation / certification :
 - Human Resources for Health Development and Empowerment Agency of MOH for accreditation
 - For training; MOH, Professional and Private Sector

Active Ageing and Community-based Long Term Care Development: *Concept*

Home/Family - based Care

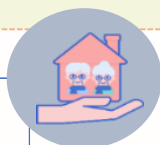


Home



- Informal Caregiver.
- Formal Caregiver
- Health workers
- Social Workers

- Home care
- Personal care
- Companionship
- Emergency Response system
- Home maker services
- Home visit



Support from community

ELDERLY

CARE MANAGEMENT

Community-based Care



Posyandu Lansia



LKS/ Elderly Group



Bina Keluarga Lansia (BKL)



NGO

- Care giver
- Cadre Integrated Post
- Cadre fostering Elderly families
- Social Workers
- Health workers
- Volunteers

- Day Care Service
- Senior Center
- Transportation service
- Social assistance
- Supplementary feeding
- Exercise

Support from community

Facility-based Care



Puskesmas



Residential Care



Hospital

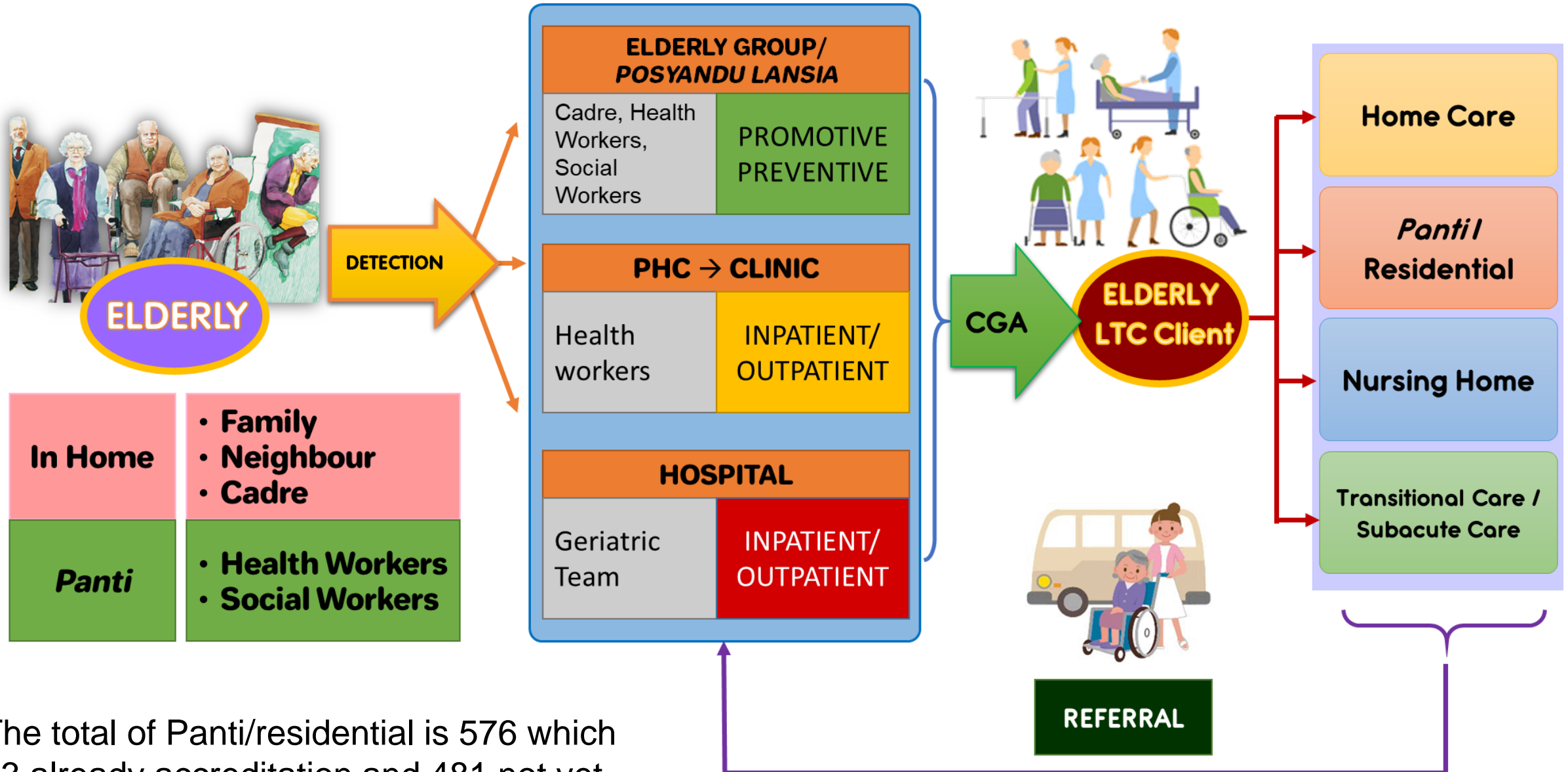


- Doctor
- Dentist
- Nurse
- Puskesmas staff
- Social workers
- Nutritionist
- Psychologist
- Fisioterapist
- Care giver

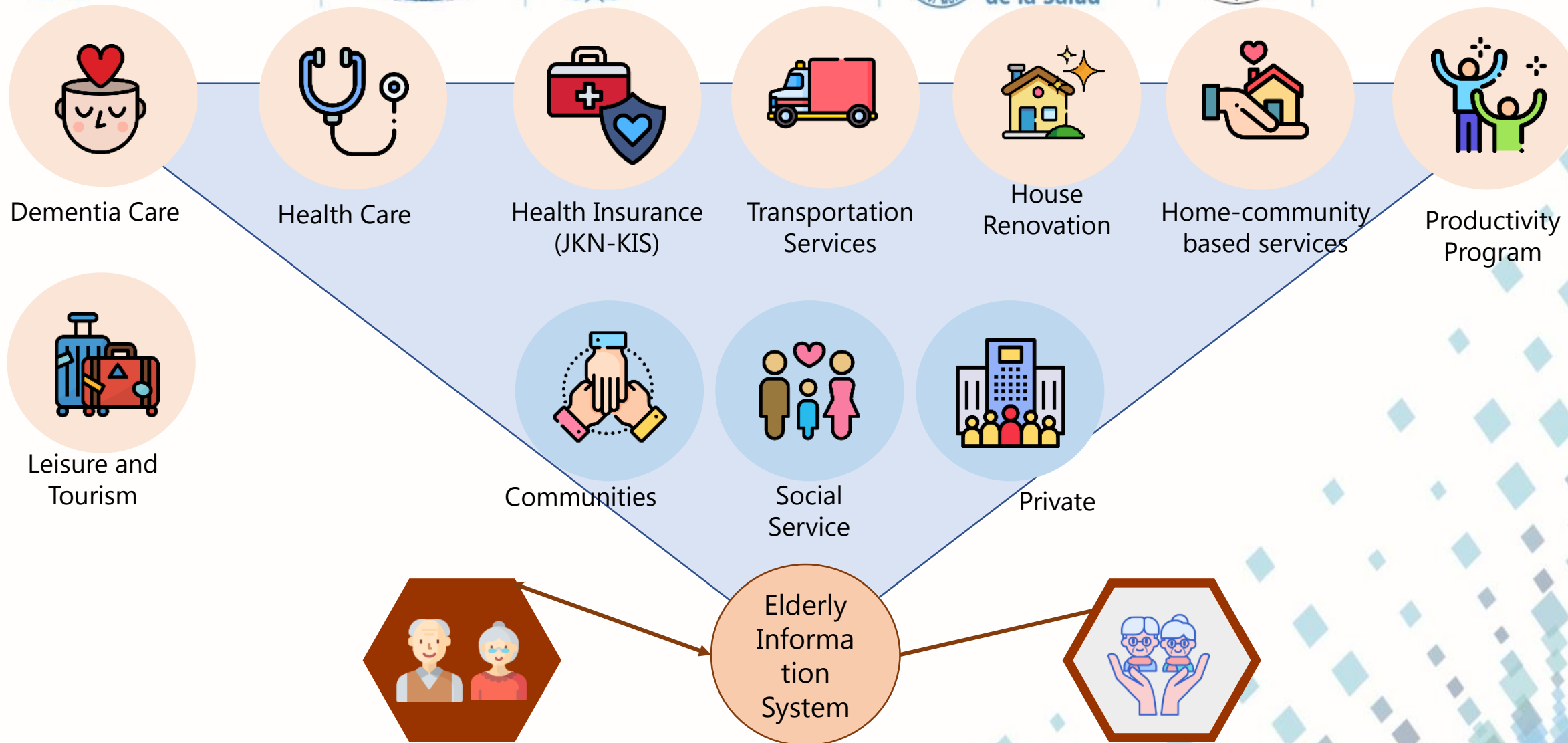


- Adult foster care
- Assisted living facilities
- Continuing care retirement
- Nursing home

LTC Mechanism



The total of Panti/residential is 576 which 93 already accreditation and 481 not yet



Elderly Information System

Elderly Information System -- Ageing is not a loss

Future Direction

Long Term Care Financial System

Regulatory & Institutionalization framework:

National Development Plan, strengthening Elderly National Committee, cross-sectoral working group

Strengthening database & registration

Social service & care:
Human resources

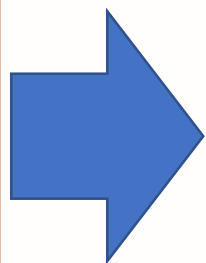
Financing policy development:
contribution-based pension scheme,
social pension scheme, elderly care

Community-base services: PHC,
volunteer, Integrated Health Pos
(Posyandu) for elderly

Future Direction

Social Pension Development

For elderly who
does not
prepare pension
saving (informal
sector & poor)



Risk:
National
budget burden



- The implementation should be:
- Eligibility criteria to decrease national budget burden
 - Flexibility in criteria in accordance with the changing in population structure
 - Along with economic improving, in the long term the coverage should decrease and replaced by contribution-based

Barriers and facilitators

- **Financing for LTC Home care →**
 - Especially for Elderly who are unable and doesn't have insurance
 - From capitation of PHC in National Health Insurance
- **Limited human health resources and facilities**
 - Caregiver in the community, and also in health facilities including in hospitals (still 88 hospital who give geriatric services with integrated team approach)
- **Not optimal coordination** from the social and family planning board sector in LTC services
- **Need to strengthen the family as an elderly informal caregiver**

Supervision

- coaching and supervision aims is to ensure the quality of implementation and continuity the LTC services for elderly. It can be done by involving cross programs and related sectors.
- Coaching can be given in the form of: re-training, mentoring and technical/non-technical and management supervision.
- Supervision is needed to ensure and guarantee that the LTC objectives and activities is in accordance with the plans, policies, and regulations. It can be done both internally and externally, involving the public and the private sector.
 1. **Internal supervision** → to ensure that health officers have the capacity to give LTC services properly and correctly, in accordance with the applicable SOPs.
 2. **External supervision** → carried out by PHC to the LTC facilities around PHC working area to ensure that LTC services that are provided are implemented appropriate to the standards and regulations.

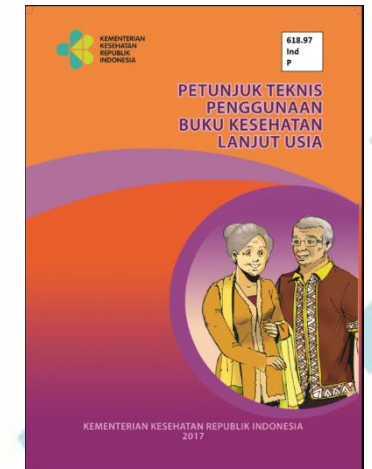
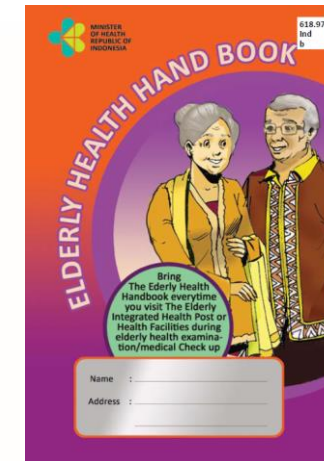
Evaluation

- Evaluation is the final step of the LTC program management.
Assessment is carried out by comparing the conditions of LTC services with the condition of the elderly's health and the goals that has been set in the planning.
- Evaluation is carried out continuously by involving LTC service. health workers, families, caregivers, the elderly and other parties, and for individual LTC services evaluation, the CGA (comprehensive geriatric assessment) instrument can be use to evaluate the progress compare the planning and achievement.

HOPE AND PROSPECTS FOR THE LTC PROGRAM DEVELOPMENT IN INDONESIA

1. Need to develop a LTC insurance and financing system for the elderly
2. To optimize the role of the private sector on building the LTC networks in Indonesia.
3. To improve the coordination between sectors in integrated LTC services, including strengthening health workforce development.
4. To improve the public awareness about dementia, by involving NGOs and the private sector.
5. To improve the capacity of caregivers and develop an elderly friendly environment
6. To build an integrated IT-based LTC information systems (technology utilization), data base and collaboration in research

Guidelines related with the Elderly Health





Gambar 4. Tenaga kesehatan memberikan konseling kepada caregiver (keluarga)



Gambar 12. Perawatan lansia di *transitional care* setelah melewati fase akut di rumah sakit sebelum perawatan di rumah



Gambar 11. Lansia melakukan aktifitas yang mengasah fungsi otak dan kognitif



Gambar 19. Terapi modalitas dan komplementer (pengembangan hobi dan aktifitas berkelompok) di *nursing home*



Gambar 10. Latihan fisik untuk menjaga kebugaran tubuh lansia



Gambar 18. Kegiatan olah spiritual (pengajian/kebaktian, ibadah)



Gambar 20. Kegiatan terapi okupasi di *nursing home*



Gambar 8. Perawatan kebersihan gigi dan mulut oleh petugas kesehatan di panti



Gambar 15. Petugas kesehatan memberikan pemenuhan kebutuhan oksigen dan nutrisi di *nursing home*



Doctor



Primary Health Centre



ONE STOP SERVICE

PRIORITAS



LANSIA CORNER

LANSIA MENDAFTAR KE LOKET KHUSUS LANSIA

Pojok di Poli Manula yang berisi benda-benda kegiatan yang dapat dipakai untuk menunggu antrian. Terdiri dari :



PENDAFTARAN LOKET KHUSUS LANSIA



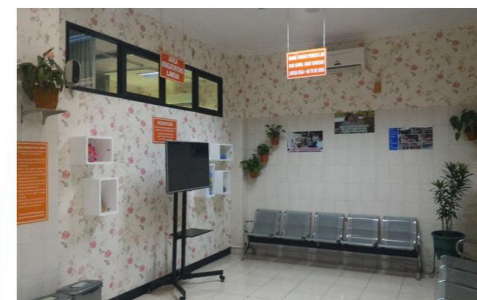
LANSIA MENDAPATKAN KALUNG ID LANSIA



Bola refleksi



Kaca mata baca



Kotak rubik

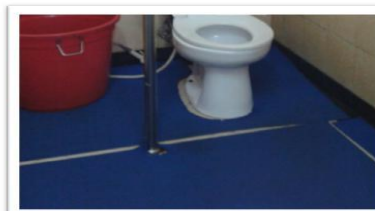


Buletin lansia

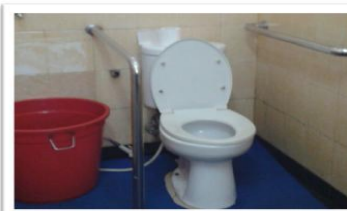
AMAN



SARANA PRASARANA bagi LANSIA



PENYEDIAAN KARPET ANTI SLIP DI KAMAR MANDI POLI MANULA



PENYEDIAAN HAND RAIL DI KAMAR MANDI POLI MANULA



PENYEDIAAN KURSI RODA

In HOSPITAL



Konsultasi Gizi



Penyuluhan Berkala



Pelayanan Rehabilitasi



Pelayanan Gigi Mulut

*Melalui upaya pelayanan paripurna,
kami berusaha meningkatkan
kualitas hidup pasien geriatri*

Sekretariat Divisi Geriatri
Departemen Ilmu Penyakit Dalam
FKUI/RSUPN Dr. Cipto Mangunkusumo
Jl. Diponegoro 71, Jakarta 10430
Telp/faks : (021)31900275, (021)3918301 pes. 6708
Email : geriatri_rscmfkui@yahoo.com

Pelayanan Geriatri Terpadu



Tim Terpadu Geriatri
RS Umum Pusat Nasional
Dr. Cipto Mangunkusumo



Ruang Rawat Akut Geriatri Terpadu



Poliklinik Geriatri Terpadu



Pemeriksaan Pasien
Poliklinik Geriatri Terpadu

Thank you