Desarrollo de Capacidades para Cuidados de Largo Plazo de Base Comunitaria

Capacity Building for Community Based Long Term Care

Designing Long-Term Care systems with community-based strategies in LMICs

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Outline

1. A couple of reflections on the policy process in relation to LTC
2. Where are the boundaries between health and LTC?
3. How much will LTC cost?
4. Approaches to LTC financing
5. Taking a fresh look

1. Reflections on the LTC policy process

The Long-Term Care policy process

The policy window for LTC is mostly shut but:

We can be ready for when it opens (have a plan ready)

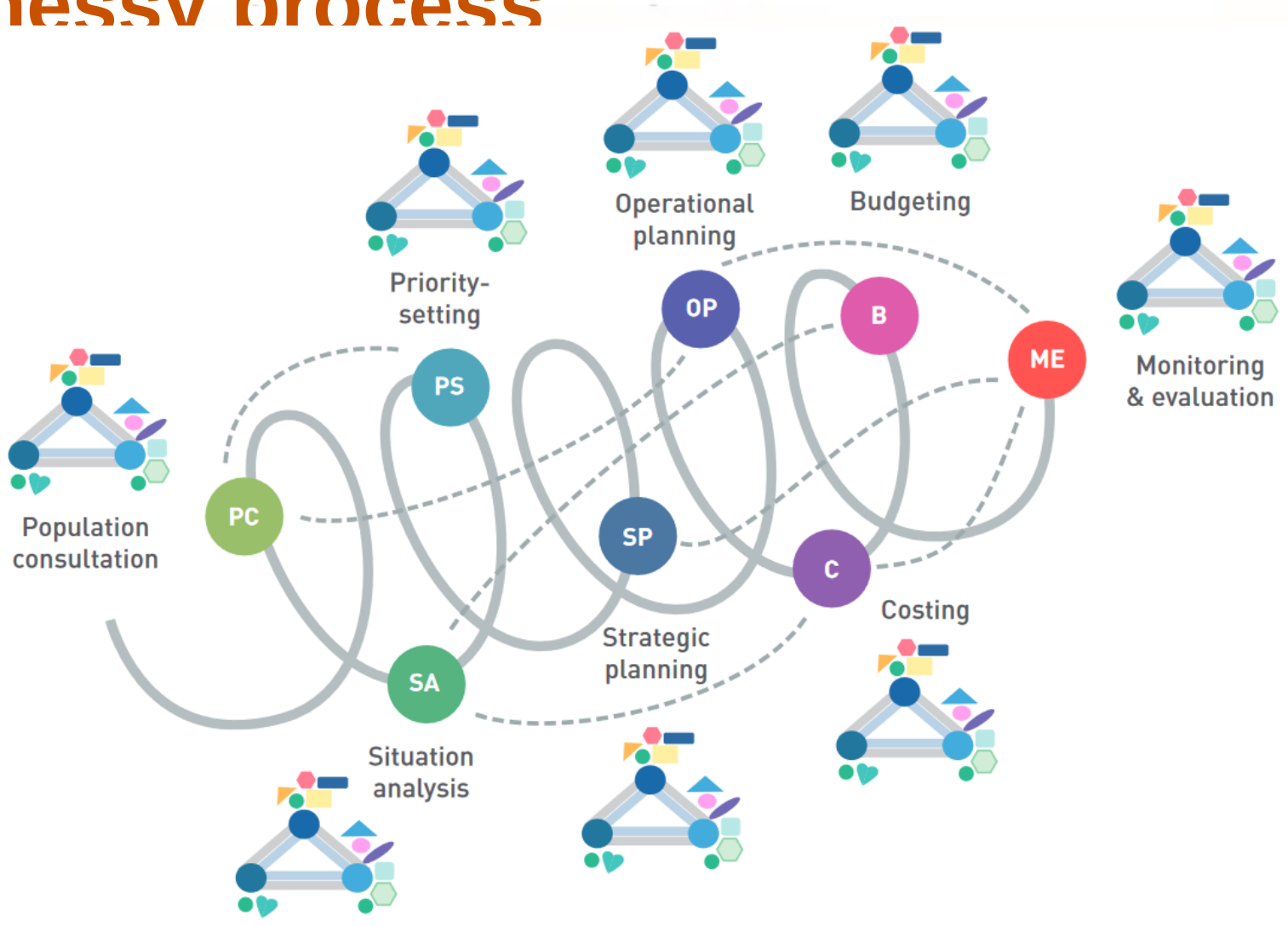
We can work on opening the window (get public opinion on board)

We can find cracks to wedge it open (start local/build on existing structures)

We may find that there is an open door somewhere else (NCDs/dementia?)

Policy development is a dynamic and sometimes messy process

Source:
World Health Organization (2016) Strategizing national health in the 21st century: a handbook. World Health Organization. https://apps.who.int/iris/handle/10665/250221



Development of LTC financing systems takes time and effort to build consensus

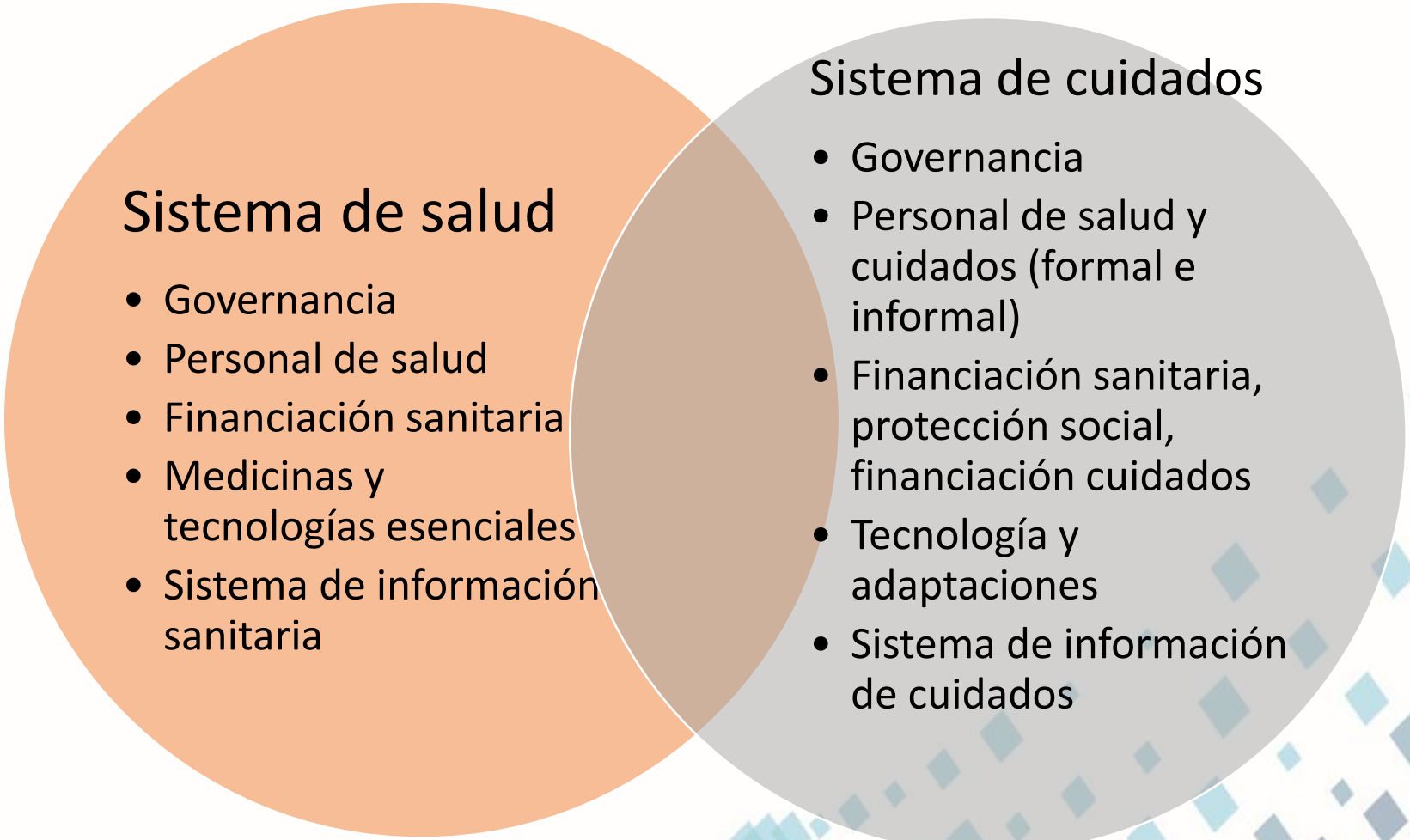
- Germany: LTC social insurance adopted 1994, after 2 decades of *consensus building*
- Japan: LTC social insurance adopted 2000, 13 years of preparation
- South Korea: LTC social insurance adopted 2008, 8(?) years preparation
- BUT: England *still debating* at least since the 80s, no political agreement yet
  - although: Scotland introduced free personal care in 2002, after 3 years preparation

2. Where are the boundaries between health and LTC?

Health Care vs. Long-Term Care

- Most people will need health care, and at more than one point of their life
- Health care costs are considered public responsibility, most countries aim to provide Universal Health Coverage
- Health care is mostly delivered by highly specialised professionals
- 1 in 3 people will need long-term care (usually at the end of their life), many will not need it at all
- LTC is a **result** of health problems, but usually financed differently than health care => sense of unfairness (cancer vs dementia)
- Most LTC is provided by unpaid carers. Substitution between formal and informal care

Adaptando los “bloques del Sistema de Salud” de la OMS a los cuidados de larga duración



Adaptando los “bloques del Sistema de Salud” de la OMS a los cuidados de larga duración:

3. The future costs of LTC

Projecting long-term care into the future

- We know for sure that we will get the wrong answer

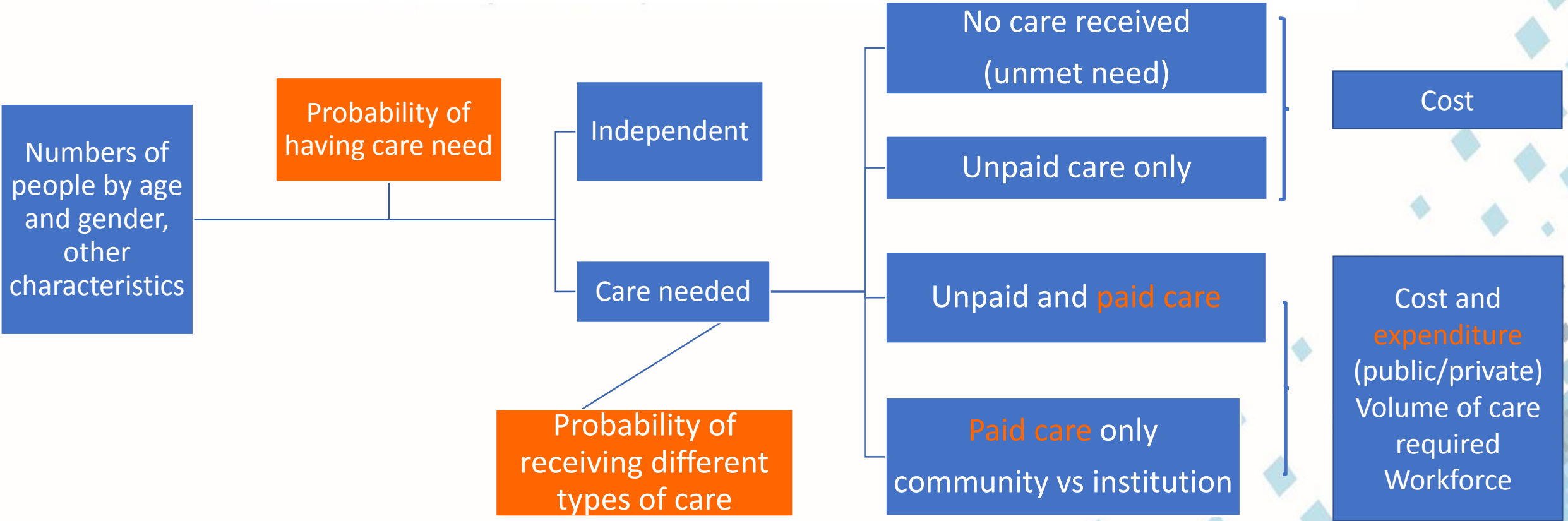
- But it is still useful to make projections:
  - To inform strategic planning: capacity & financing
  - To understand the drivers of change
  - To understand budgetary implications of ageing

- Sensitivity analysis: Not all variables involve the same level of uncertainty
- vital to understand robustness of projections. Especially when making projections to inform policy decisions.

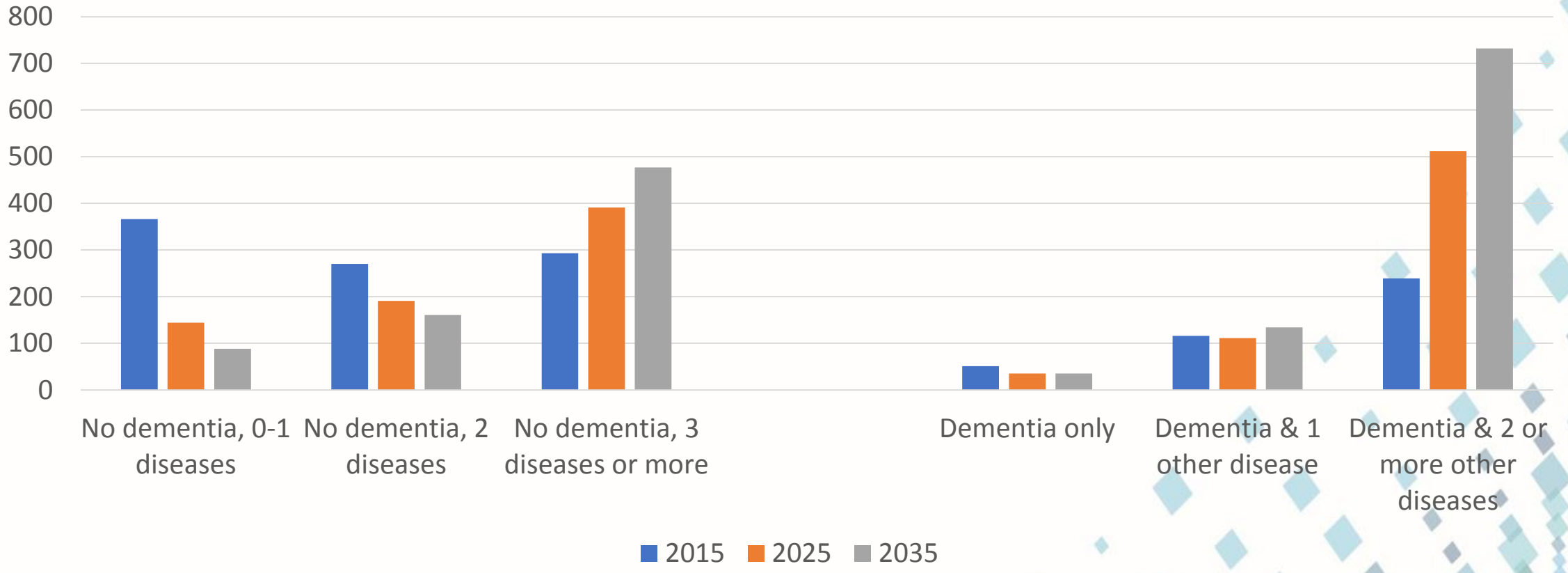
What are we projecting in relation to Long-Term Care?

- Future number of people with different levels (types?) of care needs
- Future resources needed
  - Service volumes/workforce requirements
  - Cost / public and private expenditure
- Future supply of (potential) unpaid care
- Which care?
  - Assuming care use patterns will stay the same
  - Assuming improved care models: more efficient, better quality, better coverage…

Architecture of most LTC projection models



Changing epidemiology: Future numbers of people with substantial dependency (England, 2035, in thousands)



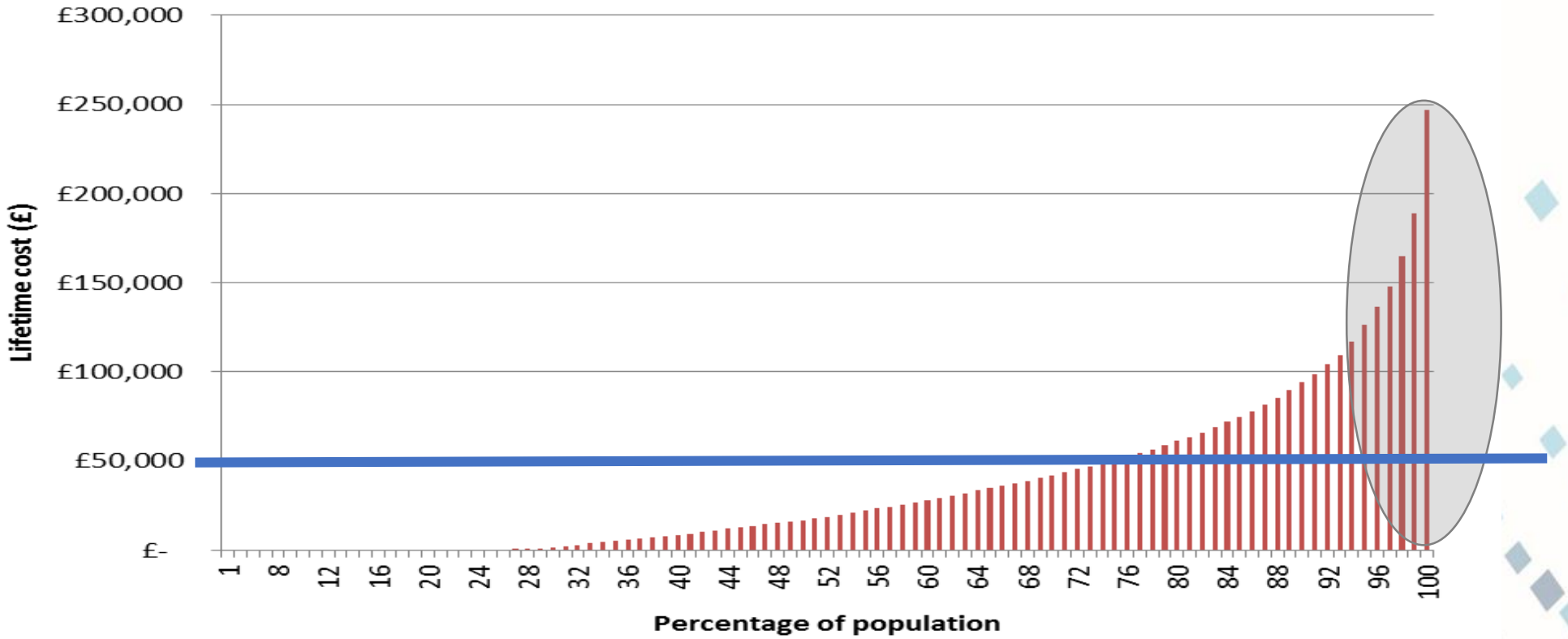
Kingston A, Comas-Herrera A and Jagger C for the MODEM project (2018) Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) modelling study. *Lancet Public Health* (3): e447–55.

4. Approaches to LTC financing

1. Sharing the risk of long term care
2. Public sector financing for LTC
3. What have we learnt?

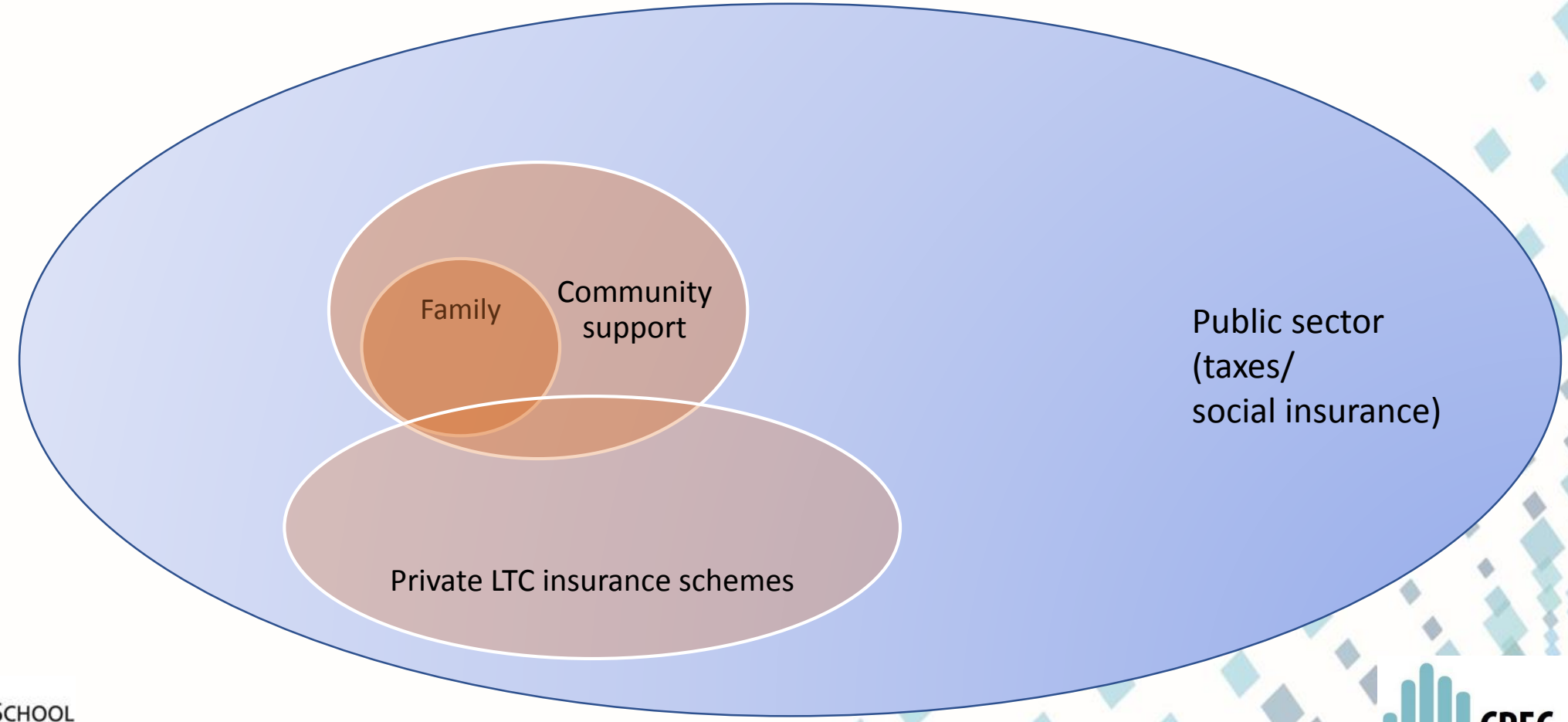
Lifetime costs of care

Estimated costs At 65, excluding accommodation costs, England, 2009.



Fernandez & Forder, 2011

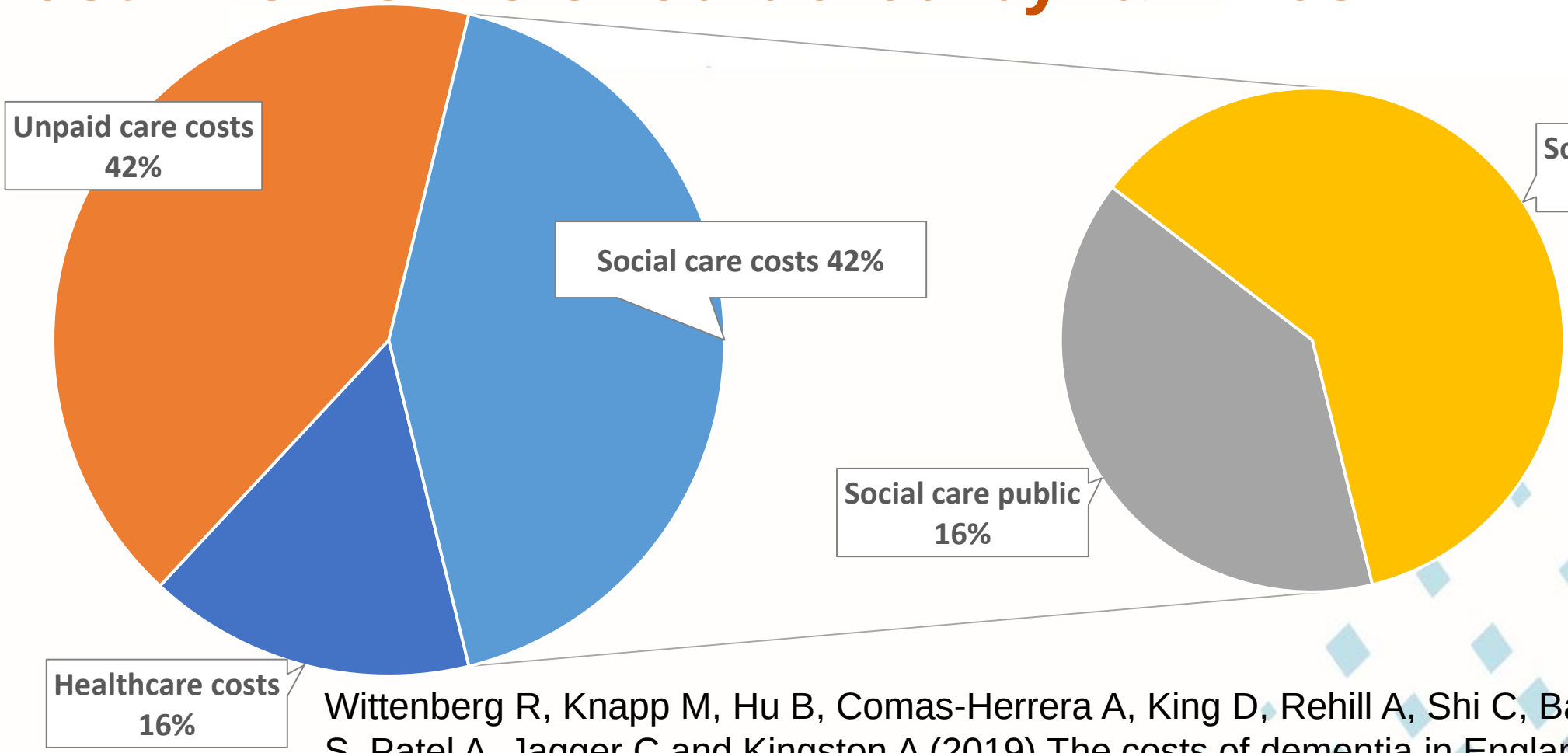
1. How do we share the risk of LTC?



Most of the risk of LTC is shouldered by families

- **Families are the largest source of Long Term Care resources** (in-kind).
- **Unpaid family care** does not carry a price, but it certainly has a cost:
  - Cost of reduced employment (risk of impoverishment, loss of social protection…)
  - Costs in terms of carers health and quality of life
  - Long-term costs for child carers
- The costs of **formal care** can easily be catastrophic, consuming entire lifetime savings

Most LTC risk is shouldered by families



Families shoulder 68% of total costs of dementia in England

Wittenberg R, Knapp M, Hu B, Comas-Herrera A, King D, Rehill A, Shi C, Banerjee S, Patel A, Jagger C and Kingston A (2019) The costs of dementia in England. *International Journal of Geriatric Psychiatry* DOI: 10.1002/gps.5113.

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Public sector LTC funding

Tax-based systems

- Variety of approaches, from residual “minimalistic” systems to generous universal care coverage.
- **More susceptible** to cuts, social care has lower political clout than health, education.
- Often **entitlements are not clear,** people maybe unaware of costs they face

Social Insurance systems

- Funds are raised additional and specifically for LTC: protection from political interference
- Usually developed using health social insurance infrastructure
- Can sometimes be regressive and depend on narrower sources of funds
- Clear rules of entitlement and co-payments
- Expanding in Asia, following Japan and South Korea

What have we learnt so far?

- Even in high income countries, **family** carers and family income/savings are the **main form of LTC financing**
- Countries tend the choose the same main approach to financing both **health and LTC** (taxes, social insurance, private insurance)
- In practice most social insurance systems are also funded by taxation
- **Private insurance**: does not work as a means to cover the entire risk of LTC (US), but can find role a “top-up” when public system covers “basic care package” (France/Germany)
- UK experience: non-earmarked block grants to municipalities are easier to cut than other types of government spending

5. Taking a fresh look

Taking a fresh look: the STRiDE approach

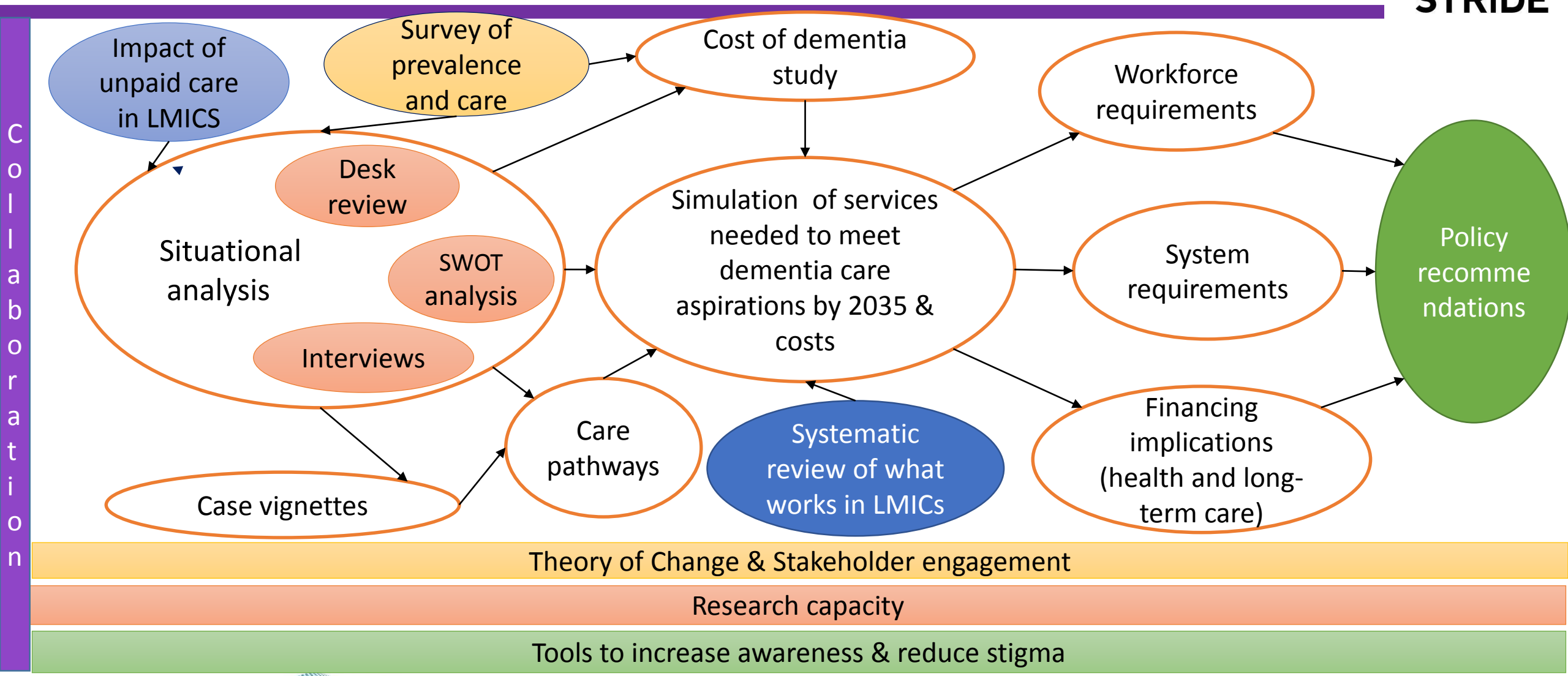
- Started in 7 middle-income countries but expanding
- Research question: How health/care/social protection systems need to adapt to respond to large increases in **dementia?**
- Formative research tools including:
  - Theory of Change
  - Situational analysis
  - Synthesis of evidence, generation of new data
  - **Stakeholder engagement** to develop policy goals
  - Simulation modelling of **how to reach goals**
  - **Financing**, workforce, organisational implications
- Developing policy and research agenda

STRiDE

www.stride-dementia.org

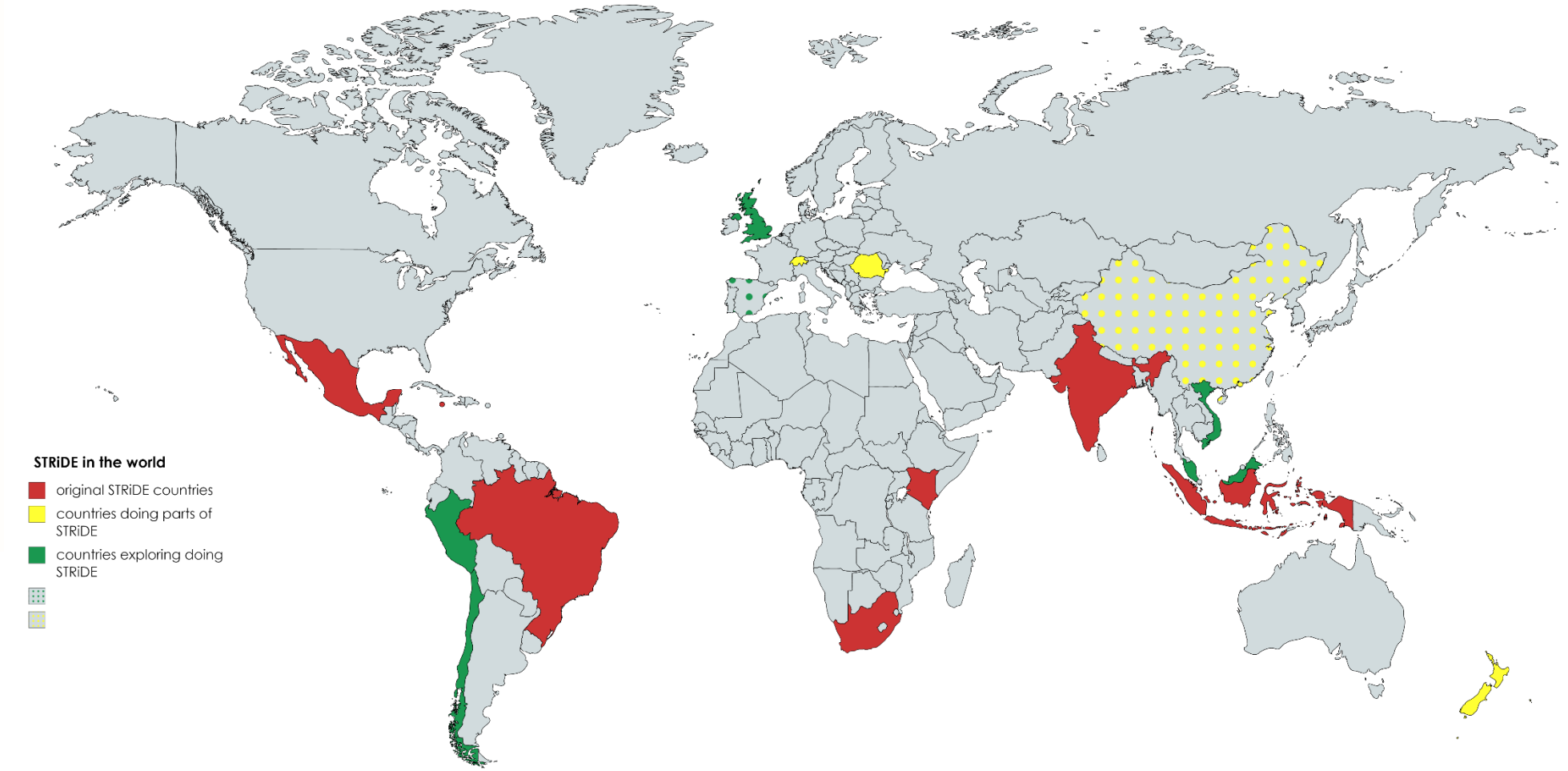
@STRiDEDementia

A map of STRiDE



UK Research and Innovation
GCRF Global Challenges Research Fund

Strengthening Responses to Dementia project:



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