# «NEW APPROACHES TO FAMILIALISM IN LTC REFORMS: LESSONS FROM THE PORTUGUESE EXPERIENCE»

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# Outline of the presentation

- 1. General characteristics of the familialist approach to care for older people in Portugal
- 2. The main features of the recently created LTC integrated system in Portugal
- 3. Some preliminary data on LTC system performance
- 4. Implications of the LTC system for the familialist model: pros and cons
- 5. Concluding remarks and questions for debate

# 1. Some structural traits of the familialist imprint in the care for older people in Portugal

- Historical underdevelopment of care services
- Reliance on families to tackle needs for care in old age
- Important role of the non-profit sector (Catholic organizations mostly) as buffers for the underdevelopment of public services
- Weak development of private for profit services – top-end income groups; illegal services

# 1. Some structural traits of the familialist imprint in the care for older people in Portugal

- High numbers of informal carers, mostly spouses and adult childreen but including a wider pool of relatives

- High intensity of care provision (number of hours of care per week and co-residence)

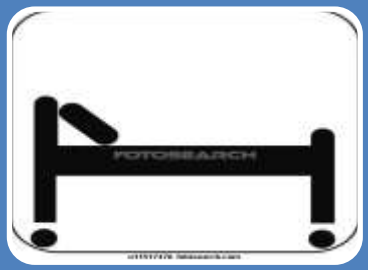
- Strong gender divide – *"WELFARE WOMAN"*

- Weak development of private for profit services (targetting top-end income groups; informal economy services)

# 2. Network for Long-Term Integrated Care (RNCCI) – Law 101/2006

## DEMOGRAPHIC PRESSURES

- INCREASING POPULATION AGEING
- INCRESING PREVALENCE OF INCAPACITATING CHRONIC CONDITIONS
- INCREASING DIFFICULTIES OF FAMILIES TO TACKLE NEEDS FOR CARE FROM OLDER PEOPLE




## INSTITUTIONAL CONSTRAINTS

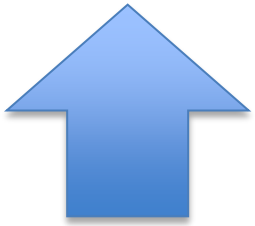
- HEALTH SYSTEM FOCUSED ON ACUTE CARE AND PREVENTIVE CARE
- UNDERDEVELOPEMENT OF LONG –TERM CARE
- LACK OF INTEGRATION BETWEEN HEALTH AND SOCIAL CARE

## FINANCIAL CONSTRAINTS

- NEED TO CONTAIN HOSPITAL COSTS AND TO REDUCE THE USE OF HOSPITAL BEDS BY DEPENDENT OLDER PEOPLE
- NEED TO EXPAND COVERAGE OF LONG-TERM CARE PROVISION WITH MINIMUM COSTS

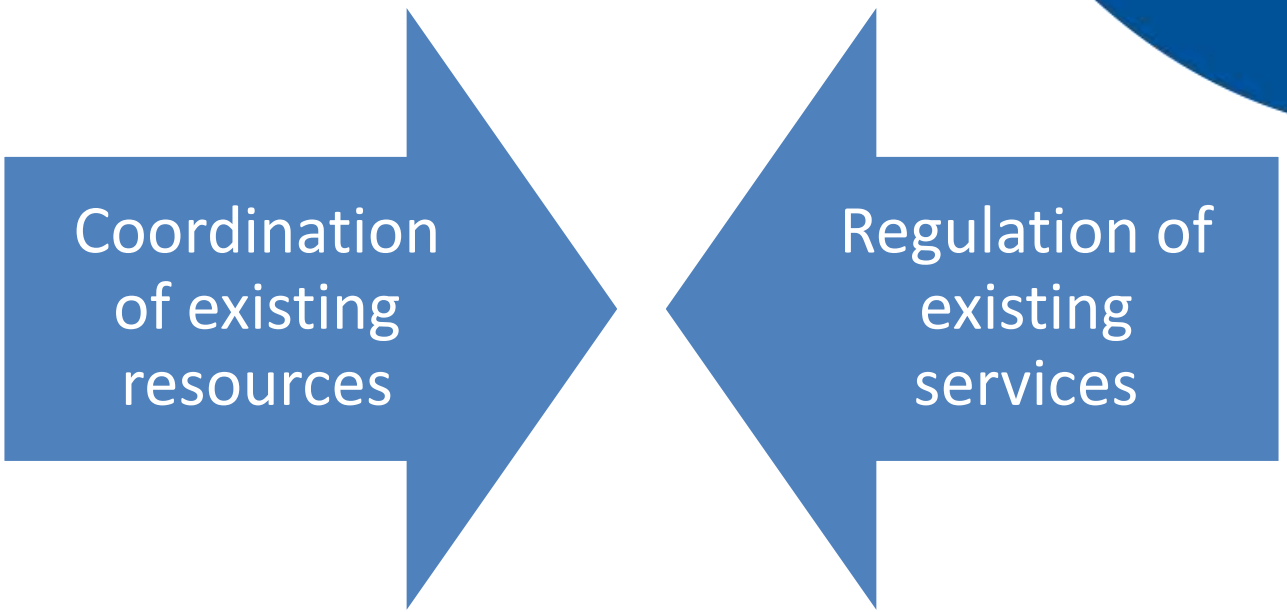
# 2. Network for Long-Term Integrated Care (RNCCI) – Law 101/2006

- Integration of health and social care
- Aimed at prevention and rehabilitation
- Network of agents: State, hospitals, non-profits, private agents, families and the broad community
- Personalized approach to allow for tailored responses to each individual's needs



**Care *continuum* model**

# 2. Network for Long-Term Integrated Care (RNCCI) – Law 101/2006



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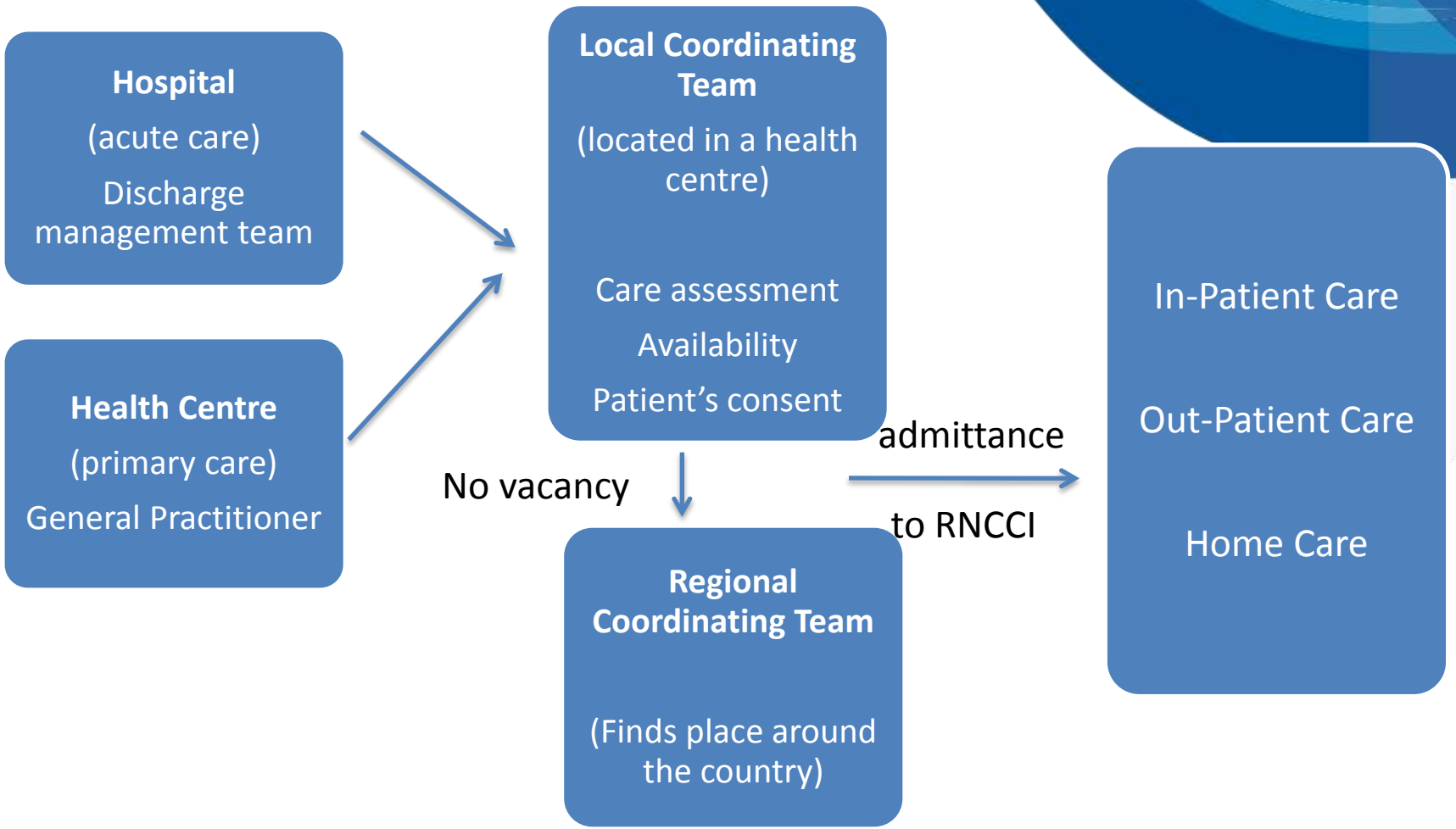


# 2. Network for Long-Term Integrated Care (RNCCI) – Law 101/2006

| In-patient care | Out-patient care | Home-care |
| --- | --- | --- |
| • Convalescence units<br>• Medium duration and rehabilitation units<br>• Long-stay and maintenance units<br>• Palliative care units | • Day units for the promotion of autonomy | • Integrated long-term care units<br>• Palliative care community teams |

# 3. Preliminary data on the performance of the RNCCI (2011)

**NUMBER OF PLACES AND COVERAGE RATES**

| Type of service | No of beds/places | Coverage rate (No of places per 100.000 hab. ≥ 65) |
|---|---|---|
| Convalescence units | 906 | 56 |
| Medium duration | 1747 | 107 |
| Long duration | 2752 | 169 |
| Palliative care | 190 | 12 |
| Home-care teams | 7332 | 450 |

# 3. Preliminary data on the performance of the RNCCI (2011)

**NUMBER OF USERS AND USAGE RATES**

| Type of service | No of patients referred | Usage rate (lower and higher in the country) |
|---|---|---|
| Convalescence units | 7118 | 80% - 96% |
| Medium duration | 7240 | 92% - 97% |
| Long duration | 5896 | 95% - 100% |
| Palliative care | 2897 | 79% - 93% |
| Home-care teams | 6952 | 29% - 60% |

# 3. Preliminary data on the performance of the RNCCI (2011)

**REFERRAL TIMES (MEDIAN NUMBER OF DAYS – LOWER AND HIGHER ACROSS THE COUNTRY)**

| Type of service | Referral by local coordination teams | Identification of a place by local regional teams |
|---|---|---|
| Convalescence units | 0,80 – 4,73 | 0,8 – 12,1 |
| Medium duration | 3,99 – 11,83 | 4,3 – 28,9 |
| Long duration | 4,90 – 13,10 | 7,0 – 54,2 |
| Palliative care | 2,15 – 4,98 | 0,2 – 56,7 |
| Home-care teams | 0,71 – 3,87 | 0,1 – 1,0 |

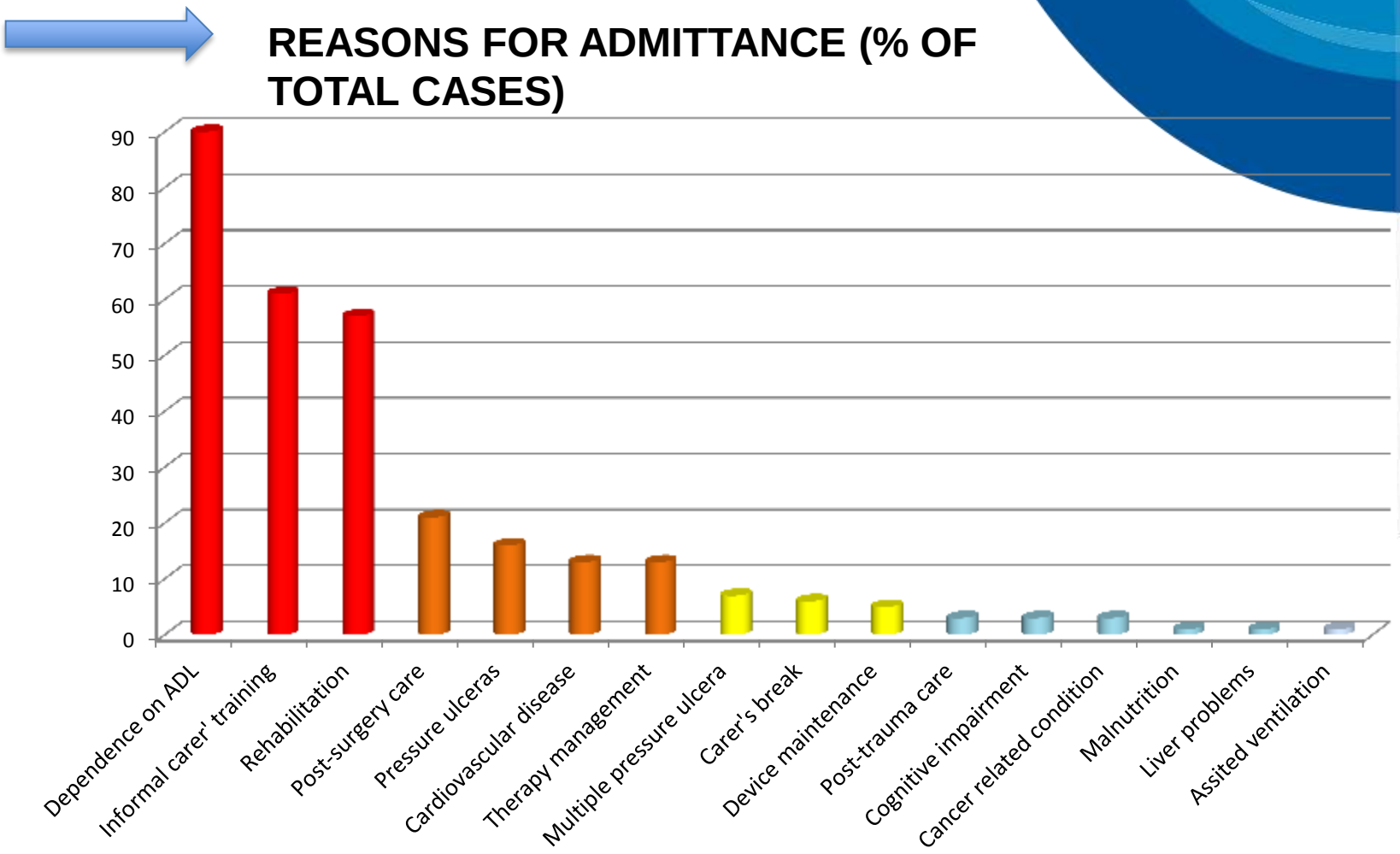
# 3. Preliminary data on the performance of the RNCCI (2011)

**COSTS – USER / PER DAY**

| Type of service | € PER USER – M. HEALTH | € PER USER – M. SOCIAL PROTECTION * | € TOTAL PER USER |
|---|---|---|---|
| **Convalescence units** | 105,46 | - | **105,46** |
| **Medium duration** | 67,75 | 19,81 | **87,56** |
| **Long duration** | 28,10 | 31,58 | **60,19** |
| **Palliative care** | 105,46 | - | **105,46** |

* MTS value includes payment for the use of nappies (cannot be charged to user); co-participation of users only on this component and according to means-test)

# 3. Preliminary data on the performance of the RNCCI (2011)



# 3. Preliminary data on the performance of the RNCCI (2011)

**THE USERS**

- 85,4 % AGED 65+ ; 39% AGED 80+
- 54% FEMALES
- 21,7% WERE LIVING ALONE
- 62% GET SUPPORT FROM FAMILY ; 15% GET SUPPORT FROM SOCIAL SERVICES
- 50% WERE ALREADY GETTING HELP WITH BATHING AND TOILETING
- 70% OF THOSE DISCHARGED WENT HOME ; 18% WERE REFERRED TO INSTITUCIONAL CARE

# 3. Preliminary data on the performance of the RNCCI (2011)

**SOME INDICATORS ON QUALITY**

- NO CLEAR DATA ON EVOLUTION IN TERMS OF REGAINING AUTONOMY
- PREVALENCE OF PRESSURE ULCERATION OF AROUND 16%
- PREVALENCE OF FALLS AROUND 21%
- AROUND 69% OF PATIENTS WERE ASSESSED FOR PAIN
- AROUND 10% DEATH RATE (33% OF WICH IN PALLIATIVE CARE)
- 24,4% OF DEATHS TAKE PLACE DURING THE FIRST 10 DAYS; 59% DURING THE FIRST MONTH.

# 4. Implications of the RNCCI from a familialist perspective: pros and cons

**1. PERSONALIZED APPROACH TO HOSPITAL DISCHARGE THAT INVOLVES MULTIDISCIPLINARY TEAMS, THE PATIENT AND THE FAMILY**

| PROS | CONS |
| --- | --- |
| • Consideration of social conditions in the assessment of needs for health care<br>• Adaptation time for families to adjust to the needs of the patient and to prepare return to home | • Challenges to the biomedical dominance inside the hospital – discharge teams<br>• Difficulties in articulating the principle of freedom of choice with scarcity of resources – cessation of freedom of choice (March 2012) |

# 4. Implications of the RNCCI from a familialist perspective: pros and cons

**2. CONTINUING RELIANCE ON FAMILIES AS MAIN CARERS COUPLED WITH THE RECOGNITION OF THE NEED TO HELP FAMILY CARERS**

| PROS | CONS |
| --- | --- |
| • Training of carers<br>• Rehabilitation of dependent older people<br>• Priority to proximity in admission to RNCCI<br>• Respite care | • Lengthy referral times leading to hospital discharge before admission to RNCCI<br>• Regional imbalances in distribution of services leading to distance from family |

# 4. Implications of the RNCCI from a familialist perspective: pros and cons

**3. INTEGRATION OF SOCIAL CARE AND HEALTH CARE IN HOME CARE**

| PROS | CONS |
| --- | --- |
| • Increase in quality of care provided at home<br>• Regulation and standardization of existing services | • Shortage of resources in health centres leading to limited expansion of home care teams<br>• Technical regulation not coupled with regulation of management principles – continuing discretionary approach from providers |

# 5. Final notes

CONTEXT OF STATE RETRENCHEMENT AND BUDGETARY DSICIPLINE

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CONTEXT OF INCREASING DEMANDS FOR LTC AND FAILURE FROM TRADITIONAL FAMILY STRATEGIES

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NEED TO FIND CREATIVE APPROACHES TO LTC PROVISION THAT EXPAND AVAILABILITY OF SERVICES WITHOUT SIGNIFICANT INCREASES IN PUBLIC EXPENDITURE

# 5. Final notes

## RNCCI

- BED-BLOCKING BY DEPENDENT OLDER PEOPLE LEADING TO RISING HOSPITAL COSTS
- EXISTING SERVICE PROVISION BY THE NON-PROFIT SECTOR REQUIRING COORDINATION
- RESILIANT WEALTH OF FAMILIALIST VALUES THAT NEED TO BE PRESERVED – AVOID FAMILY CROWDING-OUT
- INTEGRATION OF SOCIAL CARE AND HEALTH CARE

# 5. Final notes

## RNCCI - CHALLENGES

- REGIONAL IMBALANCES
- PERFORMANCE OF DISCHARGE TEAMS AND LOCAL COORDINATION TEAMS TO DECREASE REFERRAL TIMES
- QUALITY CONTROL SYSTEM – MULTIDIMENSIONAL AND NOT EXCLUSIVELY BASED ON HEALTH OUTCOMES
- WIDER INTEGRATION OF LTC WITH CASH BENEFITS AND TAX SYSTEM

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Saúde e Apoio Social

http://www.rncci.min-saude.pt/rncci/Paginas/ARede.aspx

http://www.umcci.min-saude.pt/Paginas/Default.aspx

*Thank you for your attention!*