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How is formal long-term care organized - an European overview

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Introduction/1

- The paper was written in context of the ANCIEN research project, which is financed under the 7th Research Framework Programme of the European Commission and from the Austrian Federal Ministry of Science and Research. It includes 20 partner institutions from EU member states such as CASE, CEPS, CPB, DIW, FPB, IHS, LSE and is organized in 7 work packages. It started in January 2009 and will last 44 months.

- The objective of the project is:

  ➔ to **review the long-term care (LTC)** systems in EU member states,

  ➔ to **assess the actual and future numbers of elderly care-dependent people** in selected countries and

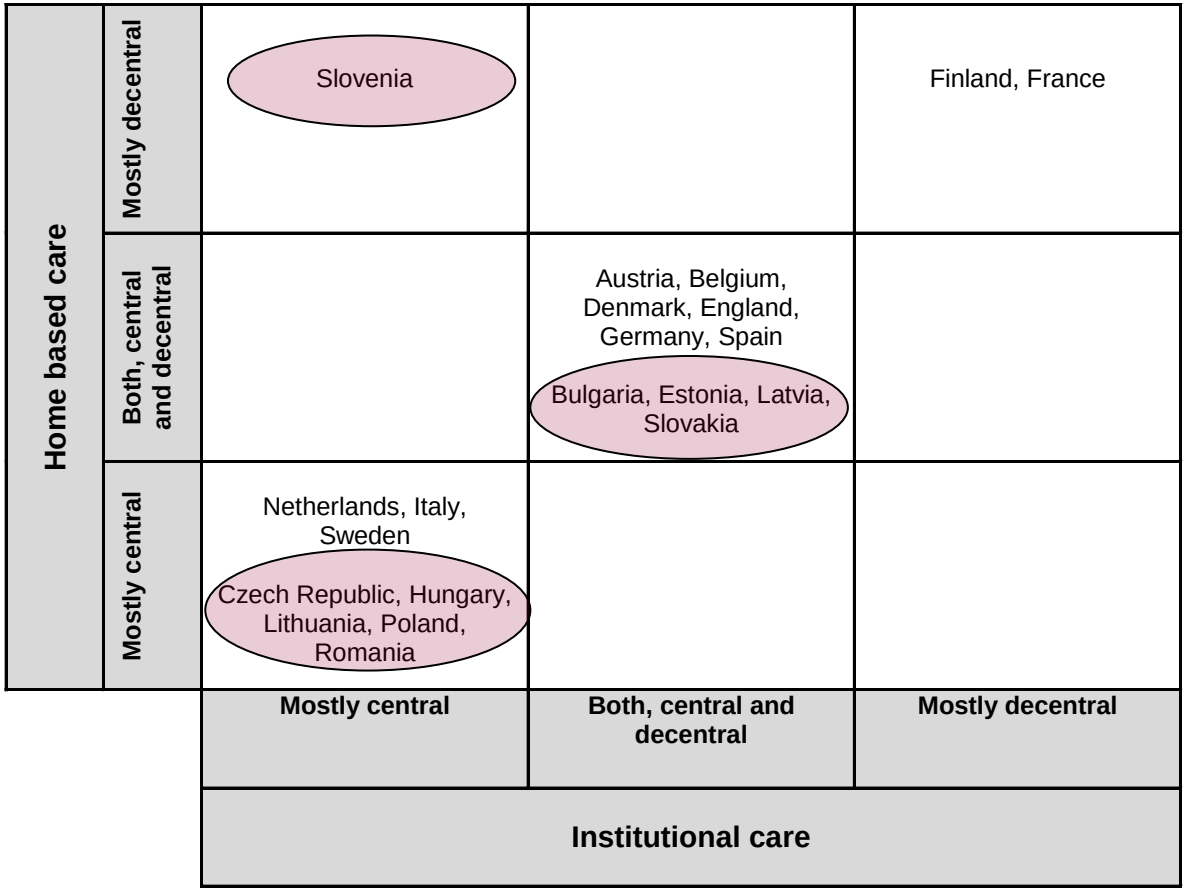
  ➔ to **develop a methodology for comprehensive analysis of actual and future LTC needs and provision** across European countries, including the potential role of technology and policies on maintaining and improving quality

Introduction/2

- The objective of the paper is:
  - ➔ to portray the **organisation of formal care system** across **21 European countries**
  - ➔ for this, a special focus was put on
    1.) organisation of the overall system
    2.) organisation of access
    3.) selected characteristics of the organisation of supply

- This presentation is based on the following paper:
  Monika Riedel, Markus Kraus: **THE ORGANISATION OF FORMAL LONG-TERM CARE FOR THE ELDERLY RESULTS FROM THE 21 UROPEAN COUNTRY STUDIES IN THE ANCIEN PROJECT**.
  ENEPRI Research Report No 95.

Organisation of the overall system -
Most important level of decision making



Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

- ➔ In about half of the analyzed countries, the main responsibility for regulating LTC lies at **the central level**
- ➔ In the other half of the analyzed countries, this responsibility is shared between **central and decentral levels**
- ➔ One might expect from **history** that **Eastern European countries are in general more centralized** than Western European countries: this applies to 6 out of the 10 analyzed Eastern European countries

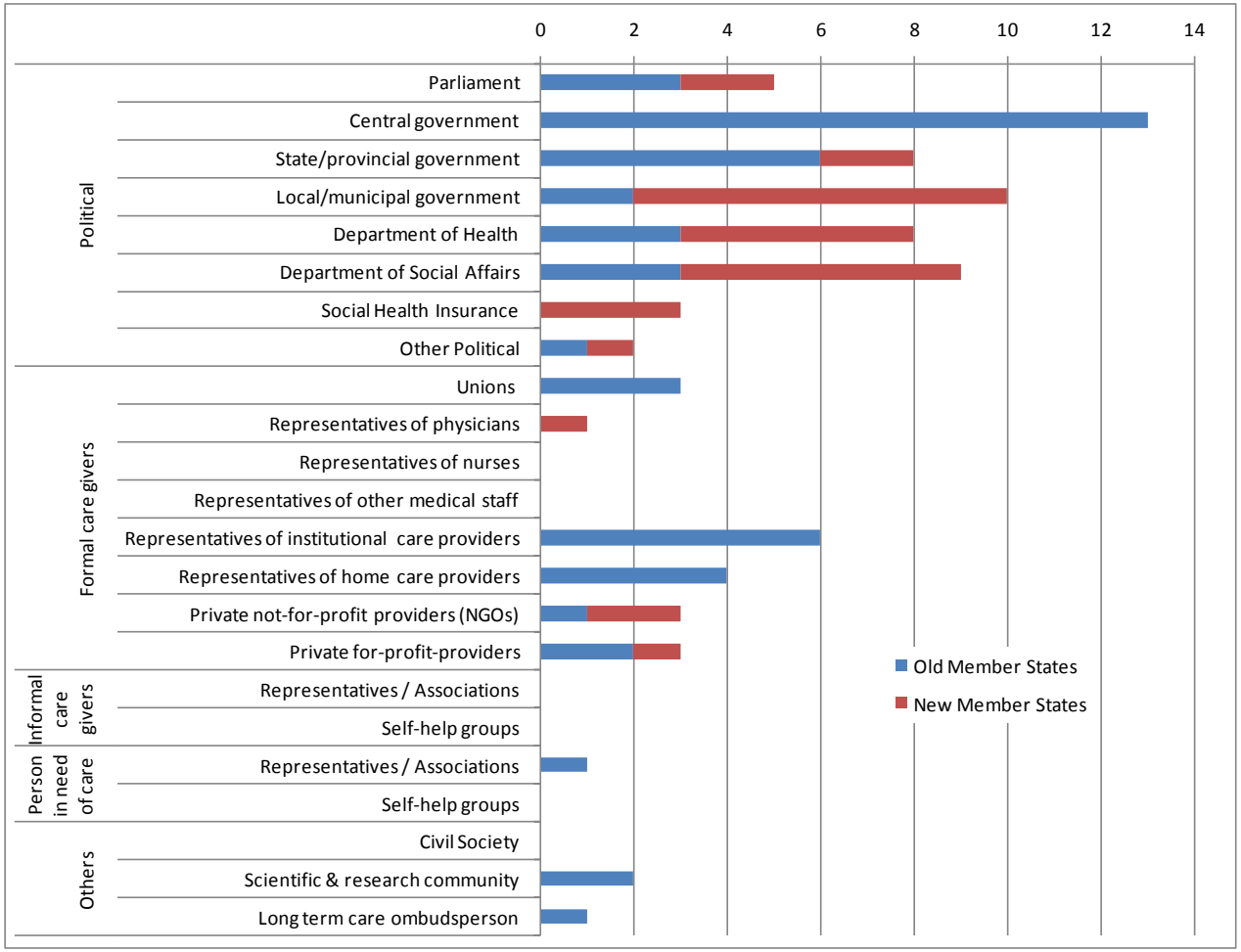
Organisation of the overall system -
Most important level of capacity-planning

Home based care				
	Mostly decentral		Slovakia	Denmark, England, Italy, Poland, Romania, Sweden
	Both, central and decentral	Slovenia	Austria, Belgium, Czech Republic, Estonia, Finland, France, Germany, Latvia, Lithuania, Netherlands, Spain	Bulgaria
	Mostly central	Hungary		
		Mostly central	**Both, central and decentral**	**Mostly decentral**
		Institutional care		

- ➔ The majority of the analyzed LTC systems handle capacity planning on both, the **centralized** and **decentralized levels**
- ➔ Only a few LTC systems strictly delegate capacity-planning to the **centralized level**

Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

Organisation of the overall system -
Which stakeholders have the biggest influence?



Legislative bodies and governments

➔ biggest influence

Care receiver and care givers

➔ lack of influence

Note: X-axis – number of countries where a stakeholder has a strong / very strong influence (sample size: n=19)
Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

Organisation of access -
Is the access to LTC services means-tested?

Country	Means tested access in LTC	
	Yes	No
Austria		X
Belgium		X
Bulgaria		X
Czech Republic		X
Denmark		X
England	X	
Estonia		X
Finland		X
France		X
Germany		X
Hungary		X
Italy	X	
Latvia	X	
Lithuania	X	
Netherlands		X
Poland	X	
Romania	X	
Slovakia		X
Slovenia		X
Spain	X	
Sweden		X

Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

Non means-tested access:

➔ 2/3 of the analysed LTC systems provide access WITHOUT a means-test

Means tested access:

➔ 1/3 of the analysed LTC systems provide access ONLY WITH a means-test

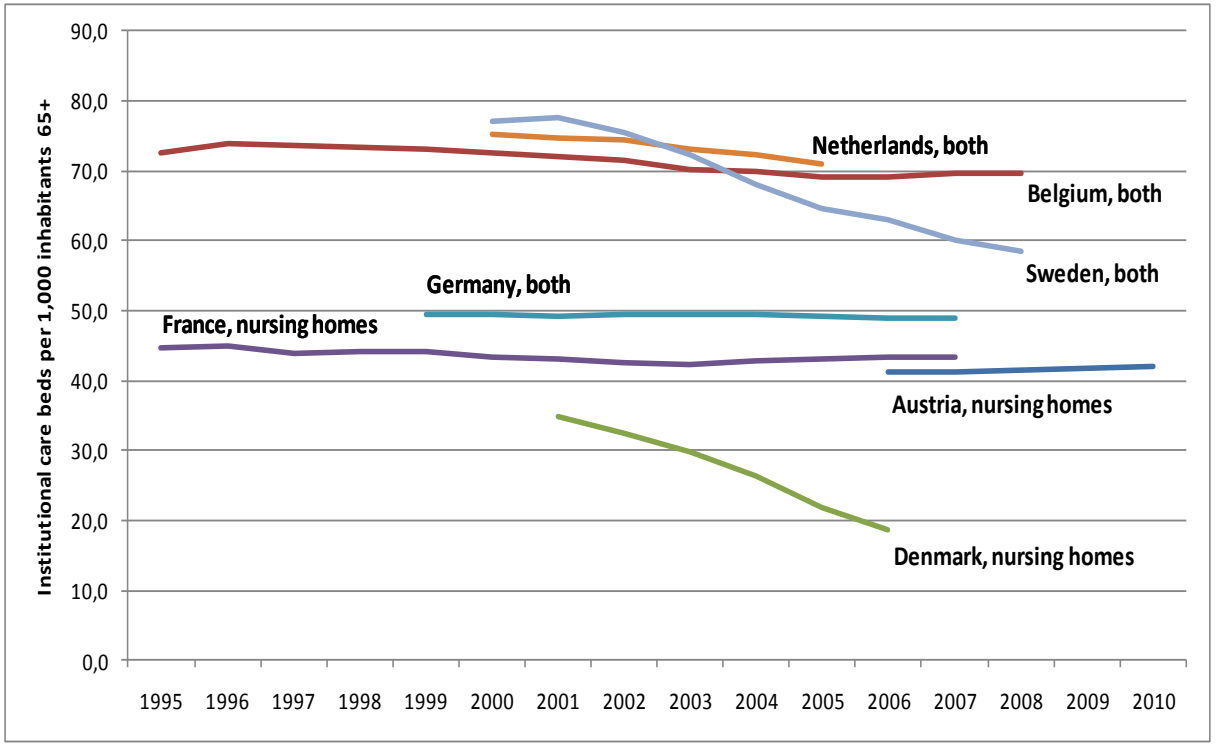
➔ The use of means-testing clusters neither **geographically** nor **along the lines of traditional welfare models**

Organisation of access -
Is there an entitlement to LTC services ?

Country	Institutional care		Home care		Home nursing care	
	Yes	No	Yes	No	Yes	No
Austria		X		X		X
Belgium	X		X		X	
Bulgaria	X		X		X	
Czech Republic	X		X		X	
Denmark	X		X		X	
England		X		X	X	
Estonia	X		X		X	
Finland	X		X		X	
France	X		X			X
Germany	X		X		X	
Hungary	X		X		X	
Italy	X		X		X	
Latvia	X		X		X	
Lithuania	X		X		X	
Netherlands	X		X		X	
Poland	X		X		X	
Romania		X		X		X
Slovakia	X		X		X	
Slovenia	X		X		X	
Spain	X		X		X	
Sweden	X		X		X	

Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

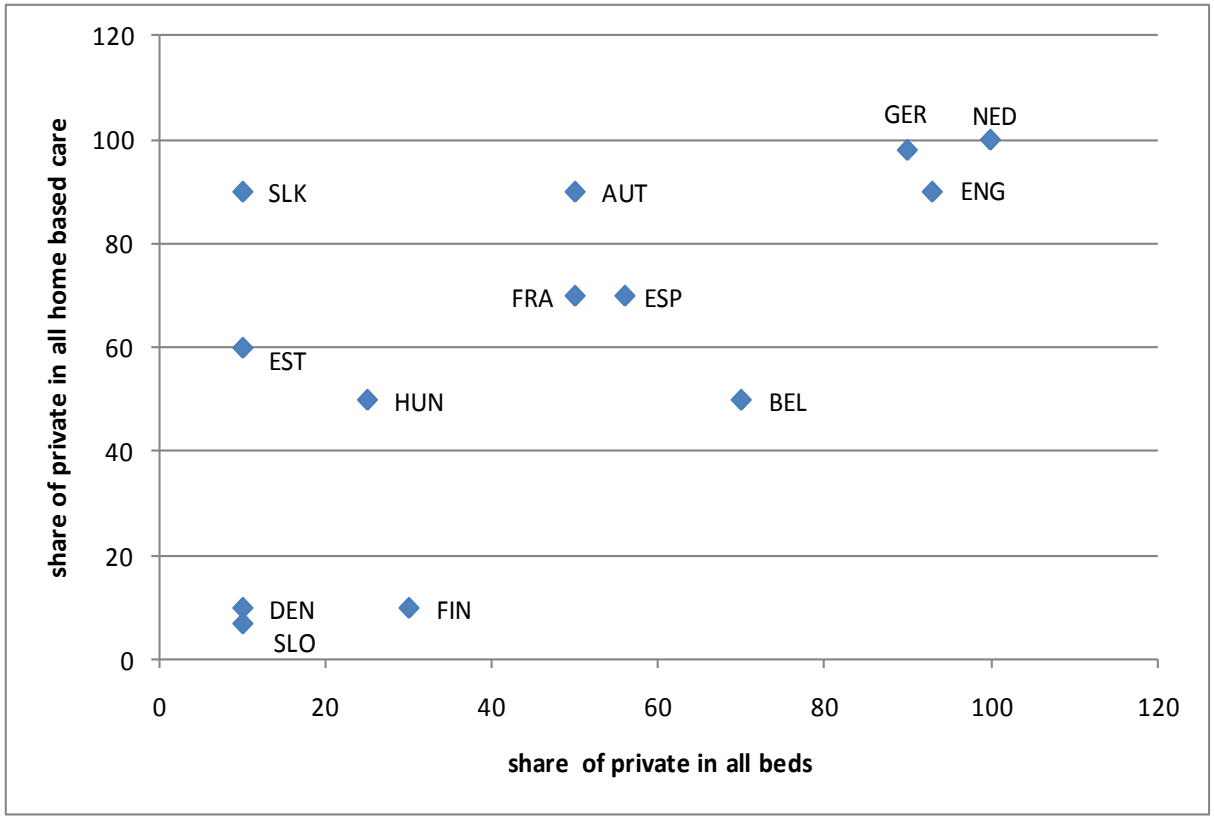
Organisation of supply -
Institutional or home-based care?



Note: „Both" include beds in residential as well as nursing homes.
Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

- ➔ All analyzed LTC systems favour home-based over institutional care
- ➔ Northern European countries:
  A **clear trend** to scale down institutional care is visible
- ➔ Central European countries (traditional social insurance countries):
  NO clear trend to scale down institutional care is visible YET

Organisation of supply -
Public or private provision of services?



- ➔ The analyzed LTC systems answer the question for the optimal public-private mix in the provision of LTC services **quite differently**
- ➔ Netherlands: virtually all LTC services are provided by private enterprises
- ➔ Germany: market for LTC services is dominated by private enterprises
- ➔ Denmark, Finland: strong tradition of public provision of LTC services in Scandinavian welfare systems

Note: If no concrete data were available, country experts were asked to give an approximate estimate (0-20%, 21-40%, 41-60%, 61-80%, 81-100%). For the figure, the mean of the respective interval was used (10% instead of 0-20%, etc.).
Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

Organisation of supply -
Can recipients choose their providers of care?

Countries	Choice of providers		
	Free provider choice in IC and HBC	Free provider choice only in HBC	No free provider choice
Austria	X		
Belgium	X		
Bulgaria	X		
Czech Republic	X		
Denmark		X	
England	X		
Estonia	X		
Finland			X
France	X		
Germany	X		
Hungary	X		
Italy		X	
Latvia	X		
Lithuania	X		
Netherlands	X		
Poland	X		
Romania	X		
Slovakia	X		
Slovenia	X		
Spain	X		
Sweden	X		

➔ The vast majority of the analyzed LTC systems **offer free provider choice** in both, institutional care and home based care

Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

Organisation of supply-
Is quality assurance binding?

Home based care	Mandatory	Hungary	Czech Republic	Belgium, Bulgaria, Denmark, England, Estonia, France, Germany, Italy, Netherlands, Romania, Slovakia, Spain, Sweden
	Not mandatory but usual		Austria, Poland	Latvia
	Voluntary	Finland, Lithuania	Slovenia	
		Voluntray	**Not mandatory but usual**	**Mandatory**
		Institutional care		

Source: Riedel, Kraus (2011): The organisation of formal long-term care for the elderly.

Western European countries:

➔ In all countries, expect Austria and Finland, quality assurance is **mandatory**

Eastern European countries:

➔ In 6 out of 10 countries quality assurance is **not mandatory** in one or both settings of care

Conclusion/1

- In the future, formal care provision will gain more importance, due to demographic shifts and social changes. This goes hand in hand with an increasing burden of LTC.

  ➔ 2 out of 3 countries **do not concentrate public support on the poor population only**.

  ➔ **Almost all countries** have implemented **entitlement for LTC services**.

- The **structure** of the LTC systems **differ considerably between countries**, which is a result of national structure, history and cultures.

  ➔ In **half of the countries** decision making takes place on **central level**, in the **other half of the countries** shared decision making **between central and decentral levels** can be found.

  ➔ In **the majority of the countries**, capacity planning is consigned **to both** the **central** and the **decentral levels**.

Conclusion/2

➔ Between the countries, the public-private mix in the provision of LTC services is quite different:

- **Scandinavian welfare systems** have a strong tradition of **public service provision**.
- In **England, Germany** and **the Netherlands** almost all services are exclusively provided by the **private sector**.

➔ The **vast majority of the countries** offer **free provider choice** in both settings of care.

Thank you for your attention!

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The paper can be downloaded from the following webpage:

www.ancien-longtermcare.eu

Organisation of access

- The WHO identifies two key characteristics regarding the design of LTC systems:

  1.) whether an LTC system only targets the poor

  ➔ an LTC system which targets the **poor only**, needs some kind of means-testing

  ➔ an LTC system which targets the **poor** and the **non-poor**, still can have some degree of means-testing, e.g. to exclude the very high-income population or to vary the level of benefits

  2.) whether or not an LTC system provides services on an entitlement basis

Source: WHO (2003): Key policy issues in long-term care.