

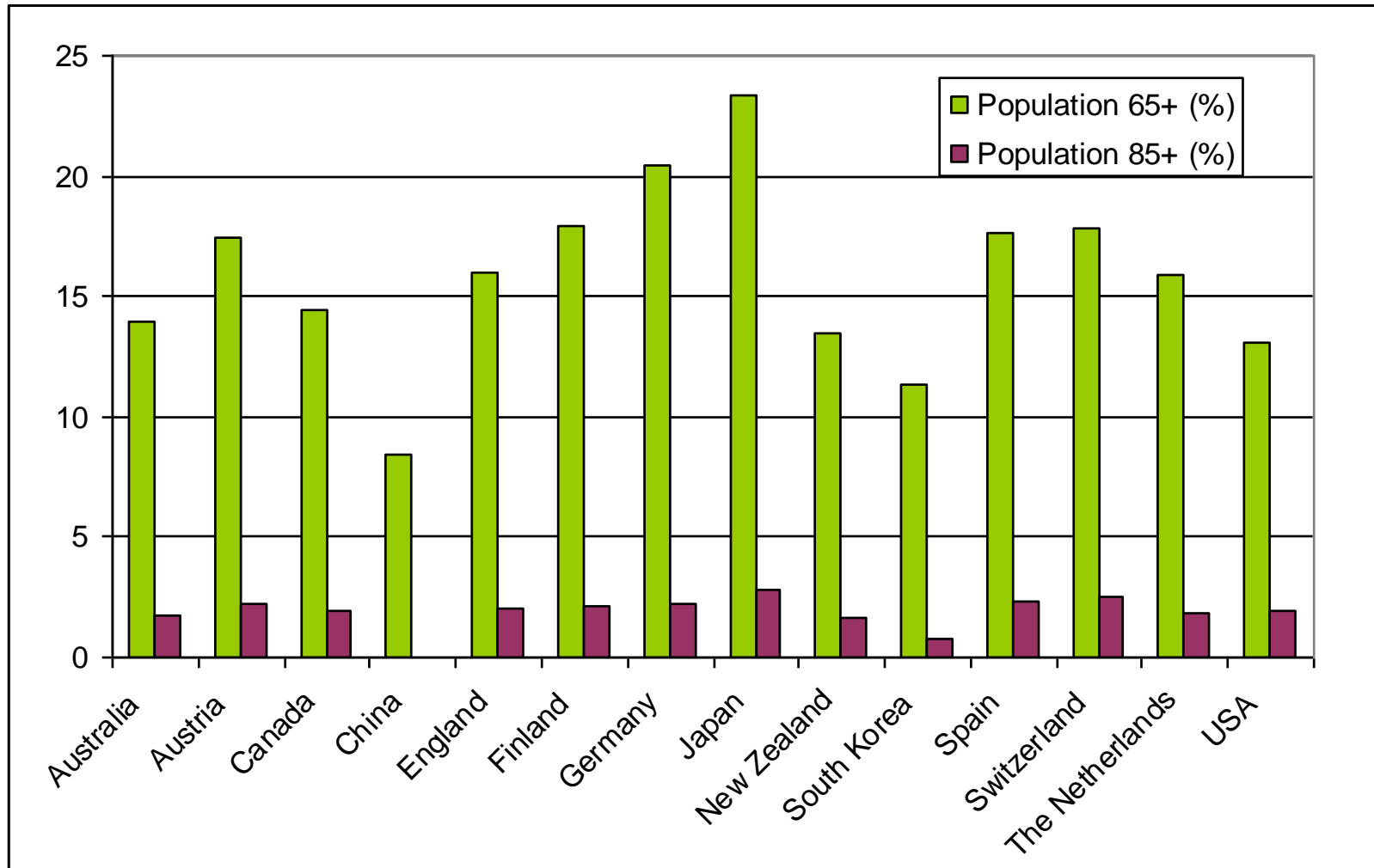
A REVIEW OF QUALITY  
MONITORING FRAMEWORKS.  
WHAT DOES THE EVIDENCE  
TELL US?

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# 14 countries

- Austria
- Australia
- Canada
- China
- England
- Finland
- Germany
- Japan
- The Netherlands
- New Zealand
- South Korea
- Spain
- Switzerland
- USA

# Demographics



# Financing of LTC

| Country         | Designated public LTC insurance (Y/N)   | Cash allowance/personal budget paid to recipient to pay for LTC services <sup>b</sup>   | Cash allowance/payment to carer for informal care by family member or other |
|-----------------|---|---|---|
| Austria         | No                                      | Yes. Both cash benefits and in-kind services  | No  |
| Finland         | No                                      | Yes. Both cash benefits and in-kind services  | Yes   |
| Japan           | Yes                                     | No. In-kind home and institutional services   | No  |
| Spain           | No                                      | Yes. Both cash benefits and in-kind services  | No  |
| England         | No                                      | Yes. Both cash benefits and in-kind services  | Yes   |
| Germany         | Yes                                     | Yes. Both cash benefits and in-kind services  | No  |
| The Netherlands | Yes                                     | Yes. Both cash benefits and in-kind services  | No  |
| China           | No                                      | Services bought privately   | No  |
| South Korea     | Yes                                     | Yes. Both cash benefits and in-kind services  | No  |
| Switzerland     | LTC part of compulsory health insurance | Yes. Both cash benefits and in-kind services  | No  |
| Australia       | No                                      | No. In-kind home and institutional services   | Yes   |
| New Zealand     | No                                      | No. In-kind home and institutional services   | Yes   |
| Canada          | No                                      | No. In-kind home and institutional services   | Yes, at provincial level  |
| USA             | No                                      | No. Mainly In-kind home and institutional services for public programmes (Medicare and Medicaid). Cash benefits under voluntary (private) insurance | No  |

# Why the need for a book

- The term quality, it seems, can assume different meanings in settings where there is no agreement on a common framework within countries let alone internationally.
- The key issue in many countries is the availability of data
- Less rigorous sometimes for community rather than residential care
- Need to start analysing international/common practices

# What is in it?

- Examine the origins and development of different quality monitoring systems for long-term care
- Describe and assess :
  - ▣ certification standards for long term care providers and the standard setting process;
  - ▣ ongoing monitoring of compliance with standards
  - ▣ public reporting of quality monitoring results
- Highlight options for policy makers in countries at different stages of economic development, particularly with regard to keeping long term care services responsive to the needs and preferences of the ageing population.

# What pushes regulation of LTC

- Increasing ageing in relatively young countries (E.g.: New Zealand, China and Australia)
- The far eastern countries show demographic changes and population movement to cities where traditional family support has been eroded and governments need to intervene
- A number of the countries noted that one motivation for the introduction of long term care insurance or payment was to solve the problem of “bed-blockers” in acute hospitals

# What pushes regulation of LTC

- Increasing scandals have led to political reforms and push for more regulation (e.g.: England, China, the Netherlands)
- Many government currently reforming the quality standards framework (E.g.: Australia, England, Germany)
  - Try to move from the minimum or beyond standards requirements



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- The field is very fluid....

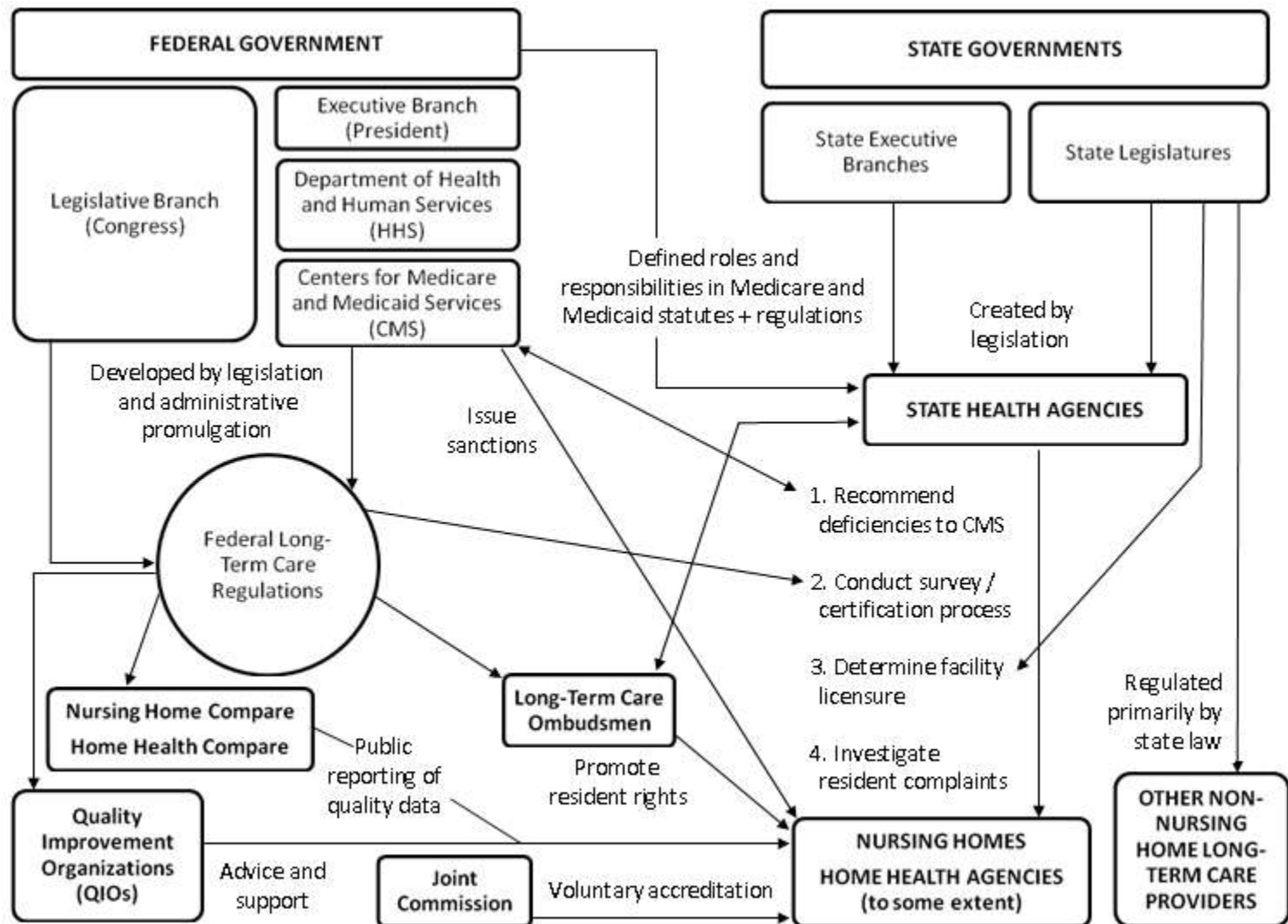


Figure 15. Graphical representation of some of the entities involved in LTC regulation in the United States.

# What did we find out?

- A field under construction
- “Conflict” of responsibilities between different levels of government.
- The balancing act between residential long term care services and home care services is quite complicated.

# What did we find out?

- Countries with 'established' LTC systems, the trend is towards delaying entry to institutional/residential care in favour of services at home or 'supported housing'
- In the 'young' systems (Korea, China) the emphasis is on building institutional capacity (number of beds/places) quickly to try to catch up on demand, starting from a low base.
- Increasing professionalisation of the field (e.g.: Japan, Germany, South Korea)

# Quality standards

- Set of standards not always enforceable. Some countries do not have minimum requirements such as staffing ratios
  - ▣ Variety of services given makes standardisation even more cumbersome
- The difficulty of standardising inspections or assessments across different regions or even individual assessors within a region makes it difficult to compare providers and therefore to use the data
- Several countries rely on the RAI and InterRAI find standardisation more straightforward

# Public data

|                | Customer satisfaction                  | Public data  | P4P   |
|----------------|--|--|---|
| Austria        |  | No   | No  |
| Australia      | Only when things go wrong              | whether service providers comply with the various compliance standards                                     | No  |
| Canada-Ontario |  | Mandatory from 2013  | No  |
| China          |  | Very little  | No  |
| England        | Towards tripadvisor                    | online care directory (not by quality)   | No  |
| Finland        |  | Patchy   | No  |
| Germany        |  | Available but mainly on nursing and not standardised   |   |
| Japan          |  | Varies across prefectures  | Yes   |
| Netherlands    | Consumer Quality-Index                 | Comparative independent website on best care   | Yes   |
| New Zealand    | Consumers satisfaction (not published) | Only about type of facilities.   | No  |
| South Korea    | Not used to create standards           | Mandatory assessment process publicly available  | Must meet national standards in order to get reimbursed |
| Spain          | ?                                      | accessibility and technical quality efficiency (LOS) and client satisfaction indicators on voluntary basis | No?   |
| Switzerland    | ?                                      | ?  |   |
| USA            | Consumer complaints data               | Nursing Home Quality Initiative  | Yes   |

# Moving forward: standardisation above all

- More public pressure on streamlining LTC standards
  - ▣ Up to date
  - ▣ trustworthy
- Public reporting increasingly popular will certainly pressurise into quality improvements
  - ▣ More evidence needed
- There is definitely a need to standardise indicators
  - ▣ More on customer satisfaction
  - ▣ Standardised indicators (and the reporting of such information) increase informed client choice and empower LTC users and their families in making decisions about services.
- Move towards a trip advisor (positive?)
- Efficacy of P4P still unclear



**Social democratic or  
state centralised**

Austria

Finland

Japan

Spain (Catalonia)

**Conservative European**

Germany

Netherlands

United Kingdom (England)

**Transitional**

Korea

China

**Liberal/market driven**

Australia

Canada

Switzerland

USA