



# Preliminary Findings from The Community Care Voucher Pilot Program in Hong Kong

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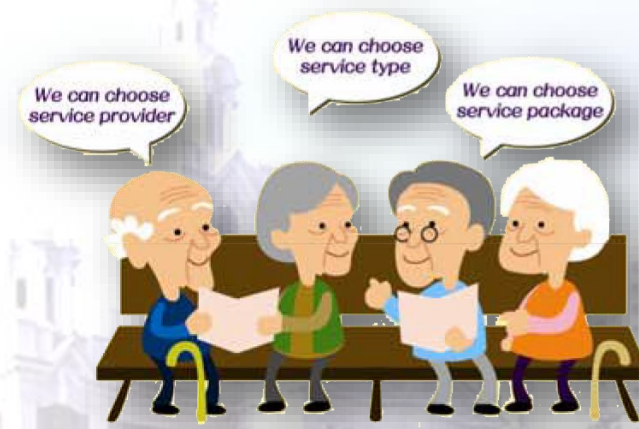
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# A New Funding Mode for Community Care Services

- A four-year Pilot Scheme on Community Care Service Voucher for the Elderly (CCSV) was implemented in Hong Kong
  - The First Phase was launched in September 2013
  - A maximum of 1,200 vouchers were issued for use by the elderly
- The Pilot Scheme adopts an innovative “money-follow-user” approach
  - Establishes upon the principles of Consumer-Directed Care, Empowerment & Choice
  - Government provides subsidy to service users via service vouchers set at HKD\$6,000
  - Eligible elders may choose the service provider, the service type, and service package that suit their individual needs



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# Eligibility Criteria of Elderly Participant

- Must be residing in the 8 participating districts across Hong Kong
  1. Those who are on the central waiting list for Long Term Care services
  2. Having been assessed by the Standardized Care Need Assessment Mechanism for Elderly Service of the Social Work Department (SWD) as “moderately impaired”
  3. Not receiving any Resident Care Service or subsidized Community Care Services
  4. Invited by the SWD via Responsible Workers (RWs) to join Pilot Scheme.
- Co-payment required
  - Under the principle that those who can afford should pay more, the less that the elderly care afford, the more the Government will subsidize
  - 5 categories of co-payment amount according to elders’ household income



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# Recognized Service Providers & Service Scope

- Elderly may choose among 62 Recognized Social Service Providers (RSPs)
  - Non-government organizations and social enterprises experienced in providing community care services for the elderly
- Service scope are similar to the existing subsidized service of day care services and Enhanced Home and Community Care Services
  - Rehabilitation exercises, nursing care, personal care, and etc.
  - Elders can purchase additional service offered by RSPs via top-up payments
- 2 Service Delivery Mode
  - Mixed mode: use both day care (part-time) and home care services
  - Single mode: use day care (part-time) service only

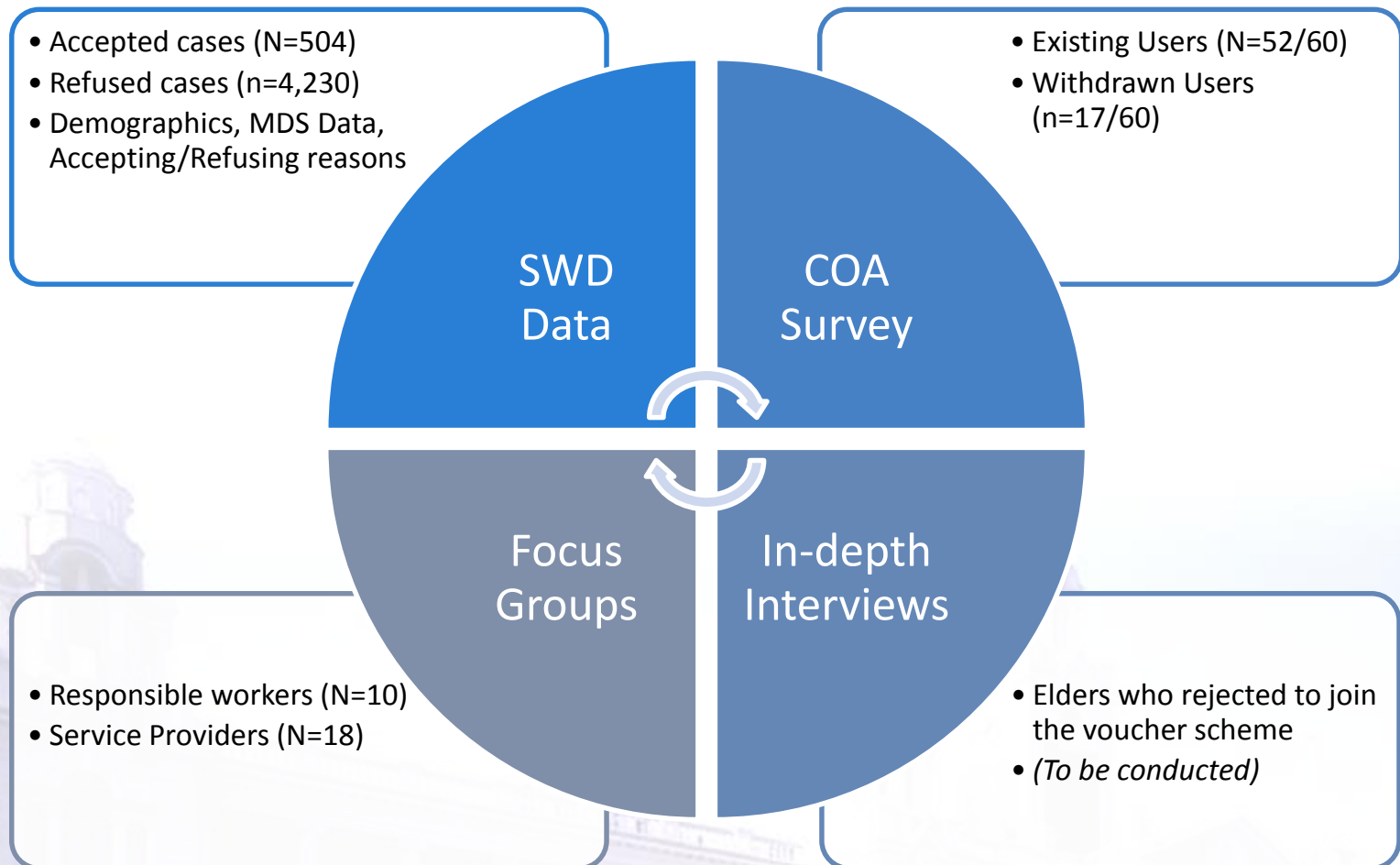


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# Multiple Data Source for Formative Evaluation



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# Findings from SWD Existing Data

Accepted Cases (N=504)

Refused Cases (N=4,230)



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# Methodology

## Data Collection

- Quantitative research design
- Structured interviews were conducted by Responsible Workers with all eligible elderly on the Central Waiting List for Residential Care Services
- Data include:
  - Basic demographic information
  - Health Assessment Data from MDS (N=1,096)
  - Reasons for accepting/rejecting CCSV

## Data Analysis

- Frequency distribution of demographics for accepted and refused groups
- Logistic regression to identify factors associated with acceptance/refusal of CCSV
- Independent sample t-test to examine significant between group differences
- Thematic analysis of reasons for accepting and rejecting CCSV



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# Demographic Information

(Accepted Cases n=504: Refused Cases n=4,230)

Variable	Accepted	Refused	Variable	Accepted	Refused
Living Arrangement (%)			Education (%)		
Living alone	14.1	25.6	No Education	38.1	45.3
Spouse only	19.7	13.4	Primary	42.3	41.5
Children only	20.3	20	Secondary	16.5	10.4
Domestic helper only	10	6.1	Tertiary Education	3.1	2.8
Others	35.9	34.9			
Living with Main Caregiver	83.6	70.3			
Income (%)			Nature of Residence (%)		
\$5,000 or below	60.3	54.3	Rented-Private Housing	9.1	4.5
\$5,001 - \$10,000	20.3	18.6	Owned Property	45.3	37.7
\$10,001 - \$15,000	7.2	9.8	Rented - Public Housing	43.5	55.7
\$15,001 above	12.1	17.2	Others	2.1	2.1



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# Results of Logistic Regression Analysis

(Factors Associated with CCSV Acceptance; N=4,734)

Variable	Coef.	Odds Ratio	Variable	Coef.	Odds Ratio
Living Arrangement	Ref: Living Alone		Source of Income	Ref: No Welfare	
Spouse Only	0.43	1.537	DA/OALA/OAA	-0.272*	0.762*
Children Only	0.017	1.017	CSSA	-0.387*	0.679*
Others	0.275	1.316	Household Income	Ref: <\$5000	
Living with Main Caregiver	1.500***	4.480***	\$5,001-10,000	-0.380**	0.684**
Relationship with Caregiver	Ref: Spouse		\$10,001-15,000	-0.401*	0.670*
Children	0.179	1.195	> \$15,000	-0.702***	0.495***
Helper	-0.060	0.942	Major Care Duty		
Other	0.288	1.334	Housework	-0.217	0.805
Nature of Residence	Ref: Owned Property		Meal	-0.250	0.779
Rented - Private	0.510*	1.666*	Medicine	0.377*	1.458*
Rented – Public Housing	-0.357**	0.700**	Financial	0.275*	1.317*
Others	0.068	1.070	Lifting	-0.129	0.879
Level of Education	0.248***	1.282***	Dressing	0.534***	1.706***
(Secondary Education)			Eating	-0.204	0.815
			Hygiene	0.281	1.325



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# Results of Two Independent Sample T-Test

(Bivariate differences between accepted and refused group with MDS Data)

MDS Scales	Total (N=1096)	Rejected (N=916)	Accepted (N=180)	P value
<b>ADL</b> Score ranges from 0 to 6 Higher scores = Higher Dependence	<b>0.44</b>	<b>0.41</b>	<b>0.59</b>	<b>0.0013</b>
<b>IADL</b> Scores ranges from 0 to 48 Higher scores = Higher Dependence	<b>20.11</b>	<b>19.77</b>	<b>21.88</b>	<b>0.0001</b>
<b>Cognitive Performance Scale (CPS)</b> Scores ranges from 0 to 6 Higher scores = Higher Impairments	<b>1.47</b>	<b>1.45</b>	<b>1.58</b>	<b>0.0140</b>
<b>Communication Abilities (COMM)</b> Scores ranges from 0 to 7 Higher scores = Higher Impairments	<b>0.67</b>	<b>0.63</b>	<b>0.87</b>	<b>0.0079</b>
<b>Depression Rating Scale (DRS)</b> Scores ranges from 0 to 14 Higher scores = Higher levels of Depression	<b>0.76</b>	<b>0.79</b>	<b>0.57</b>	<b>0.0387</b>
<b>PAIN Assessment</b> Scores ranges from 0 to 3 Higher scores = Higher levels Pain	<b>1.40</b>	<b>1.48</b>	<b>1.02</b>	<b>0.0000</b>



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# Results of Logistic Regression Analysis

(Combing findings from pervious regression model to examine CCSV Acceptance; N=1,096)

	Model I		Model II	
	OR	P	OR	P
<b>Living with main caregiver</b>	<b>5.86***</b>	<b>0.000</b>	<b>10.52***</b>	<b>0.000</b>
Caregiver relationship (ref: spouse)				
Children	0.98	0.921	1.04	0.870
Helper	0.82	0.462	0.77	0.378
Others	1.36	0.316	1.32	0.387
Nature of residence (ref: rent private)				
<b>Owned property</b>	<b>0.36**</b>	<b>0.002</b>	<b>0.33***</b>	<b>0.001</b>
<b>Rented public housing</b>	<b>0.20***</b>	<b>0.000</b>	<b>0.19***</b>	<b>0.000</b>
Others	0.61	0.277	0.56	0.208
Source of Income (ref: no welfare)				
DA/OALA/OAA	0.84	0.475	0.83	0.444
CSSA	0.81	0.503	0.76	0.404
<b>Household Income</b>	<b>0.76***</b>	<b>0.001</b>	<b>0.75***</b>	<b>0.001</b>
MDS Scales				
ADL	1.15	0.280	1.05	0.730
IADL	1.01	0.604	1.00	0.880
Cognitive Performance Scale (CPS)	1.10	0.582	1.09	0.605
Communication Abilities (COMM)	1.09	0.319	1.03	0.729
Depression Rating Scale (DRS)	0.95	0.536	0.98	0.795
<b>PAIN Assessment</b>	<b>0.82**</b>	<b>0.005</b>	<b>0.83**</b>	<b>0.008</b>
Major Care Duty				
Housework	-	-	1.20	0.609
Medicine	-	-	1.08	0.757
Financial	-	-	1.21	0.403
Lifting	-	-	0.61	0.065
<b>Dressing</b>	-	-	<b>2.43***</b>	<b>0.001</b>
Eating	-	-	0.86	0.597
<b>Hygiene</b>	-	-	<b>1.67***</b>	<b>0.036</b>



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# Thematic Analysis of Reasons Accepting CCSV

(N=504)

Reason	Percentage
1) Advice from social worker	46.6%
2) Close to Neighborhood	44.0%
3) Reasonable fee	24.2%
4) Buffer for the application of RCS	23.9%
5) Quick access to service	23.2%
6) Convenient	22.2%
7) Able to choose service provider	18.8%
8) Able to choose service type	17.5%
9) Able to choose service package	16.7%
10) Buffer for the application of CCS	8.9%



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# Thematic Analysis of Reasons Refusing CCSV

(N=4,230)

Reason	Percentage
1) Family member is taking care of the elderly	32.3%
2) Do not have any appropriate service package	25.3%
3) Domestic helper is taking care of the elderly	19.1%
4) Unwilling to pay the equivalent amount	10.3%
5) Do not have any favorite service provider	3.4%
6) Unwilling to undergo a means test	2.3%
7) Currently/ Will be using services from private sector	1.9%
8) Do not understand the scheme	0.8%



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# Discussion of Findings from SWD Data

- Elders living with Main Caregiver are much more likely to accept CCSV
- Positive factors for acceptance include:
  - Living in private rented apartment
  - Higher education levels
  - Health and functional conditions do not seem to significantly affect CCSV acceptance except of pain, need for dressing and hygienic care.
  - *Social worker referrals, services locations, reasonable fees (Qualitative)*
- Negative factors for acceptance include:
  - Living in public housing
  - Receiving social security support (CSSA)
  - Having extremely low household income and higher than average household income
  - *Inadequate service packages and co-payment fees (Qualitative)*
- **CCSV mainly captures elders of middle-lower income class and those who require early ADL and IADL assistance. Family caregivers and Responsible workers are also critical for CCSV acceptance.**



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# Preliminary Findings from COA Survey

Existing Users (n=52)  
Withdrawn Users (n=17)



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# Methodology

## Data Collection

- Quantitative research design. Invitation letters were sent to recognized service providers and responsible workers for referral of eligible elders.
- Face-to-face structured interviews were conducted with existing voucher users and withdrawn voucher users by trained COA interviewers.
- Collected data include:
  - Basic demographic information
  - Self-perceived likelihood of staying in the community
  - CCSV's effects on self-rated health, quality of life, caregiver burden (pre-and-post)

## Data Analysis

- Frequency distribution of demographics for existing and withdrawn users
- Group comparison and Clustered bar chart
- Pair-sample t-test for existing users: Health, QoL, and Caregiver burden



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# Demographic Information

(Existing Users: N=52 / Withdrawn Users: N=17)

Variable	Existing	Withdraw	Variable	Existing	Withdraw
<b>Age (Mean)</b>	84	85	<b>Female (%)</b>	78.8	52.9
<b>Education (%)</b>			<b>Household Income (%)</b>		
None or kindergarten	61.5	47.1	No income	1.9	0
Primary School	19.2	23.5	<\$2,999	23.1	5.9
Middle School	9.6	29.4	\$3,000 – \$5,999	40.4	47.1
High School and above	9.6	0	\$6,000 - \$8,999	11.5	29.4
<b>Nature of residence (%)</b>			>\$9,000	5.8	17.6
Owned property	38.5	52.9	<b>Living Arrangement (%)</b>		
Rented - Private	3.8	5.9	Living alone	34.6	23.5
Rented – Public	51.9	23.5	With spouse	26.9	29.4
Others	5.8	17.7	With children	38.5	11.8
<b>Have Domestic Helper (%)</b>	25.0	29.4	With domestic helper	15.4	29.4
<b>Waiting for RCS (%)</b>	59.6	76.5	<b>RCS waiting time (months)</b>	25	16.1



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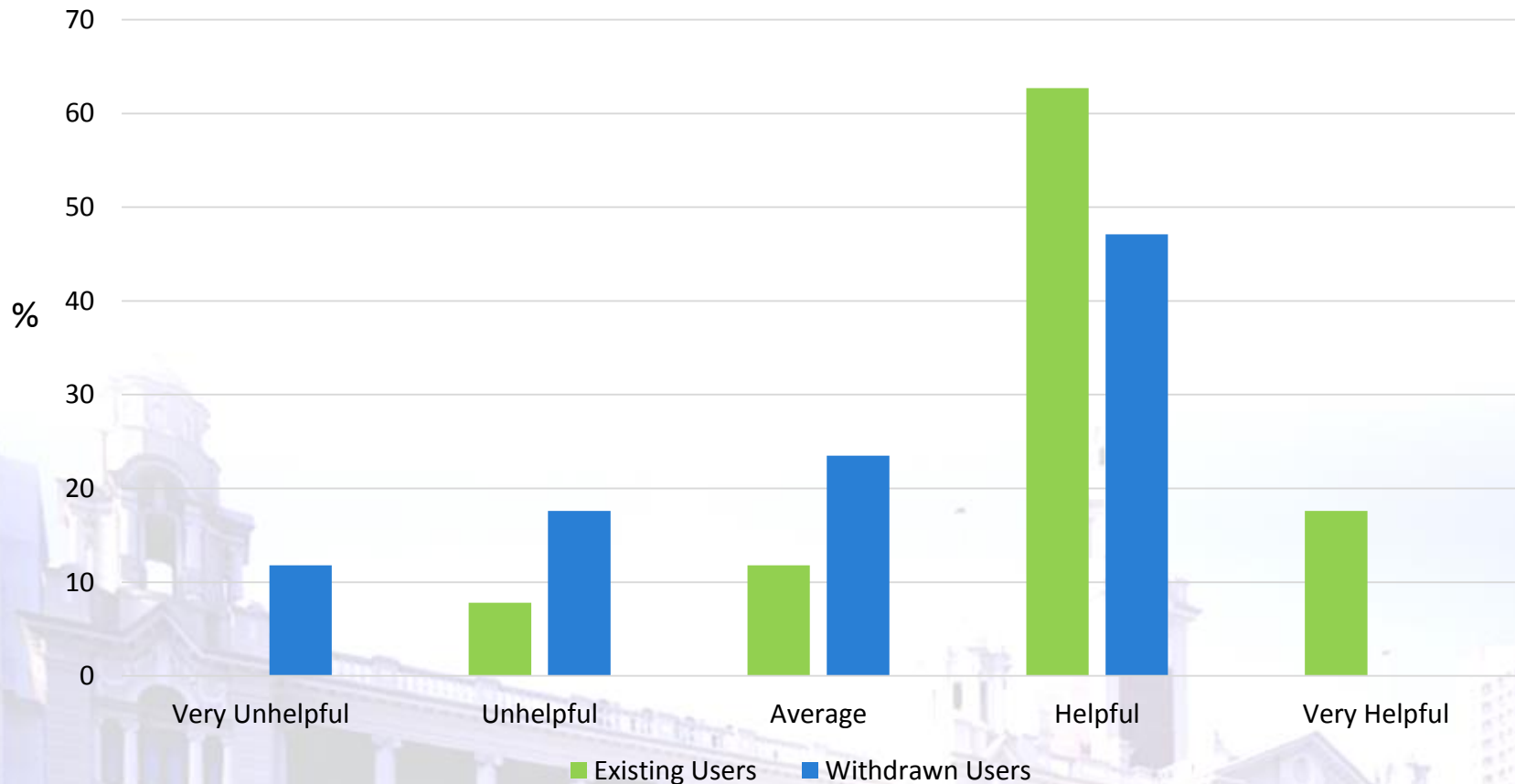


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# Group Comparison of Self-perceived Health

(Existing Users: N=52 / Withdrawn Users: N=17)

To what extent do you feel CCSV is helpful for improving your overall health?



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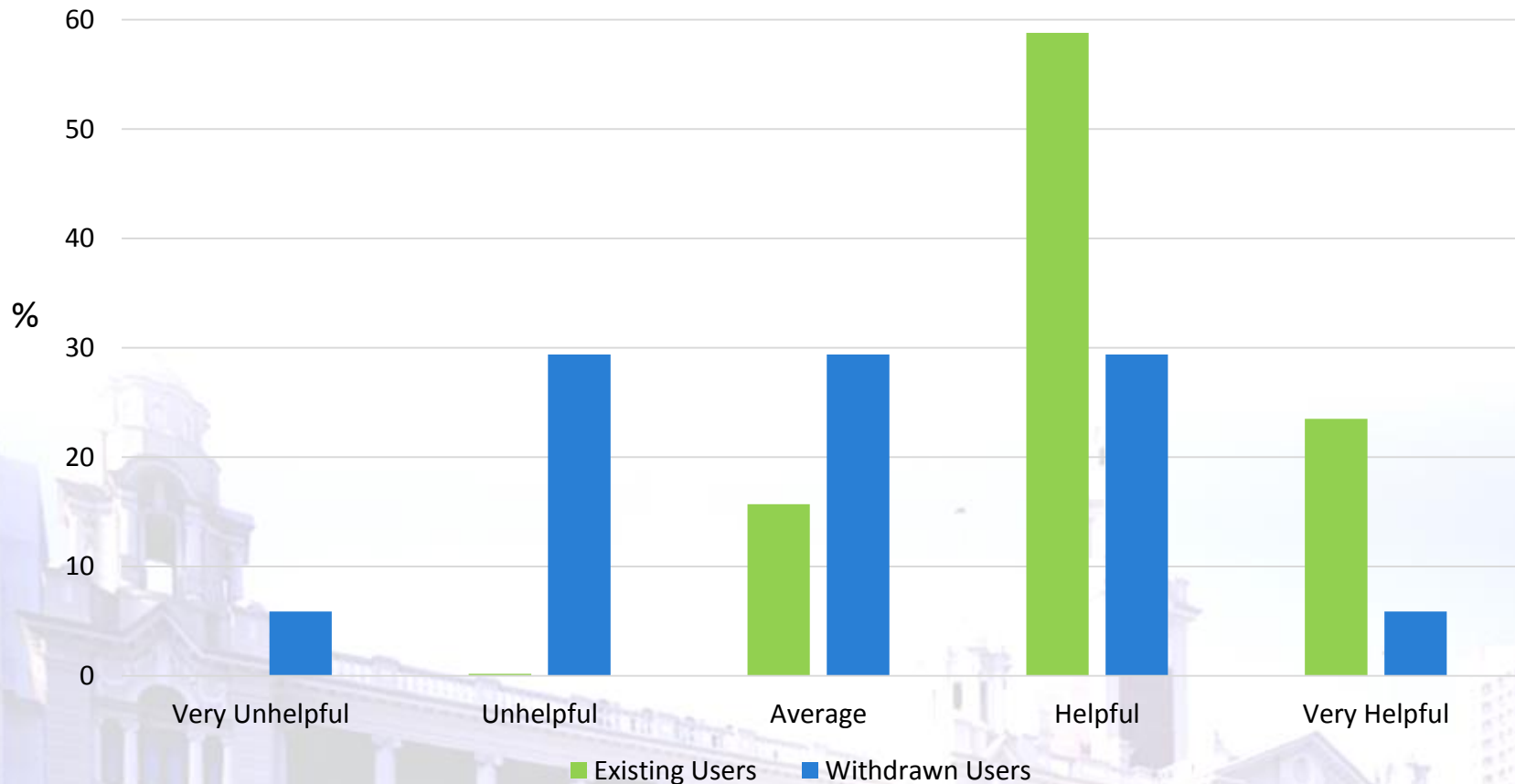


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# Group Comparison of Quality of Life

(Existing Users: N=52 / Withdrawn Users: N=17)

To what extent do you feel CCSV is helpful for improving your overall quality of life?



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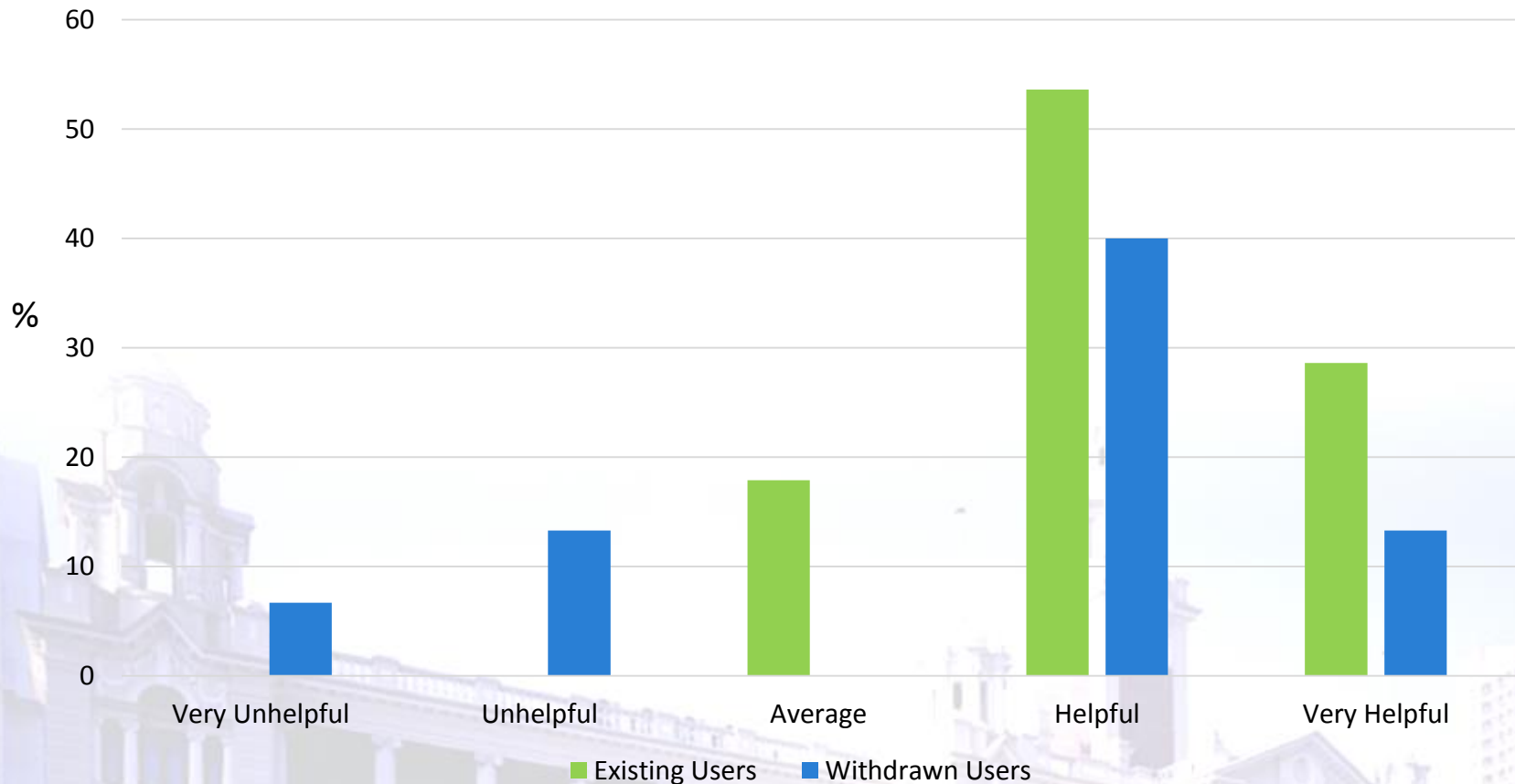


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# Group Comparison of Caregiver Burden

(Existing Users: N=52 / Withdrawn Users: N=17)

To what extent do you feel CCSV is helpful for improving your caregiver's burden?



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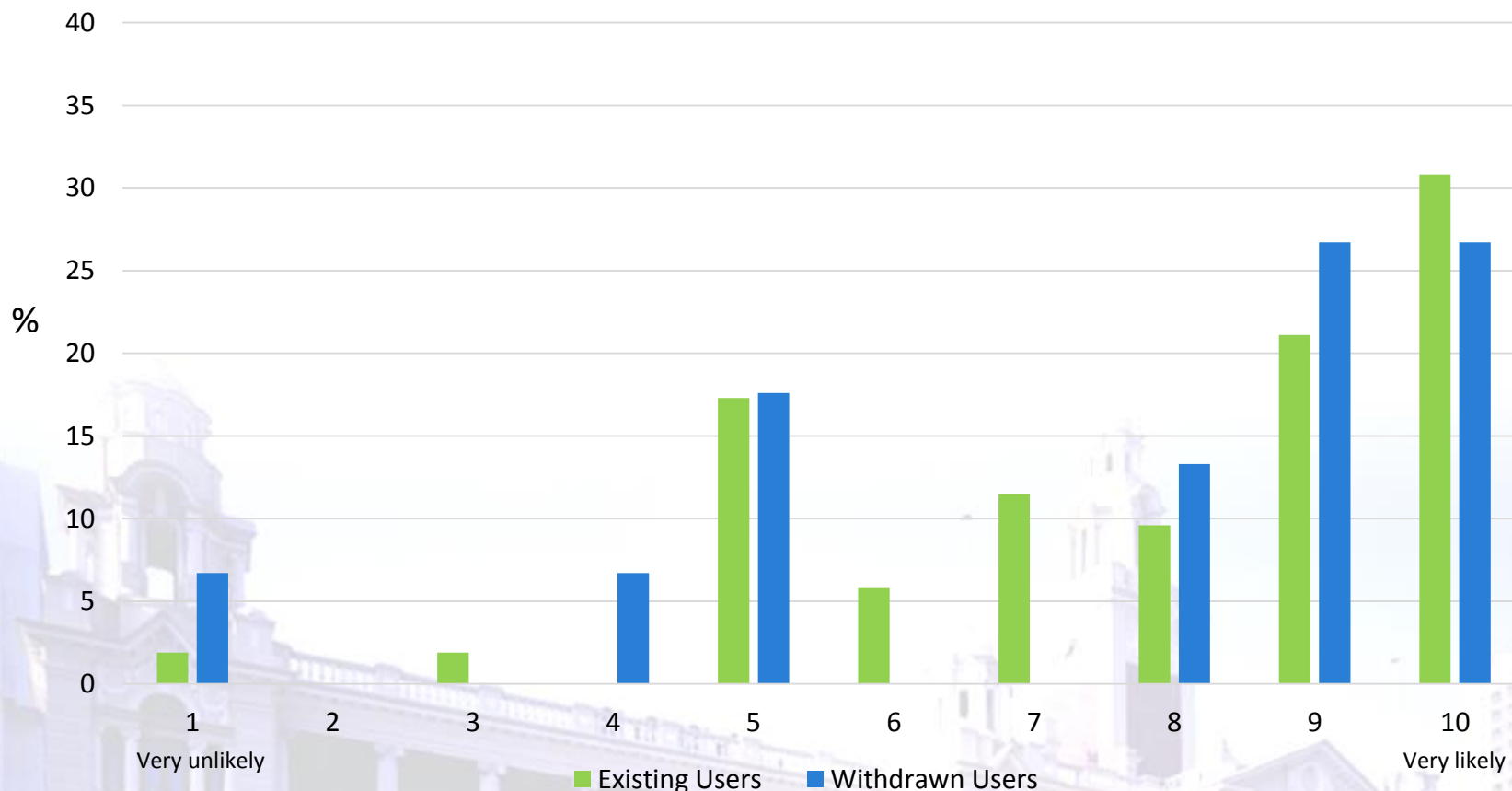
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# Group Comparison of Community Dwelling Likelihood

(Existing Users: N=52 / Withdrawn Users: N=17)

In the coming year, how likely do you see yourself remain living in the community?



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# Results of Paired Sample Test

(Existing Users Only: N=52)

Variables	T1 (Before CCSV) 3 months	T2 (After CCSV) Present	t	P-value
Self-Perceived Health (1=Very Poor : 5=Very good)	2.83 (SD=0.83)	3.25 (SD=0.84)	3.503	.001***
Self-Rated Quality of Life (1=Very Poor : 5=Very good)	3.04 (SD=0.75)	3.84 (SD=0.69)	6.462	.000***
Caregiver Burden (1=Very Poor : 5=Very good)	2.31 (SD=1.20)	3.20 (SD=0.82)	5.142	.000***



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# Discussion of Findings with COA Data

- Similar to the findings generated from the SWD data, greater percentage of existing CCSV users:
  - Has lower household income
  - Lives with family carers
- Compared to withdrawn users, existing users reported that:
  - CCSV was helpful in elevating their self-rated health and QoL
  - CCSV was helpful in reducing caregiver burden
  - Little differences were found on future anticipation on community dwelling
- Higher order analysis revealed that with CCSV usage :
  - Users' self-rated health and QoL has significantly increased across time
  - Users' perceived caregiver burden has significant decreased across time
- **Based on available data, CCSV is effective in promoting greater health and QoL among service users, while reducing caregiver burden. Family support remains a critical factor for CCSV participation.**



# Findings from Focus Group Interviews

Responsible Workers (n=10)  
Service Providers (n=18)



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# Methodology

## Data Collection

- All focus groups were conducted in January 2014 by 2 COA facilitators
  - One focus group was held for responsible worker (n=10)
    - All participants were social work professionals
  - Two focus groups were held for service provider (n=18)
    - 16 participants had a social work background and 2 had a nursing background
    - Roles of participants: Center-IC, Supervisor, Superintendents & Social Workers
- A semi-structured interview protocol was used to elicit participants' experiences of implementing the CCSV as well as their opinions on programme enhancement.

## Data Analysis

- Each focus group was audio recorded, transcribed verbatim and analyzed using Framework analysis. Investigator triangulation were employed throughout data analysis so as to ensure research rigor.



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# Demographic Information

	Responsible Workers (n=10)		Recognized Service Providers (n=18)	
Gender	N	%	N	%
Male	4	40	1	6
Female	6	60	17	94
Age				
Below 30	4	40	4	22
30 to 40	5	50	9	50
41 and above	1	10	5	28
Education Level				
Diploma	0	-	2	11
Associate Degree	0	-	2	11
Bachelor Degree	7	70	4	22
Master Degree	3	30	10	56
Years of Service				
Less than 1	0	-	1	5
1 to 5	4	40	5	28
6 to 10	4	40	5	28
11 to 15	1	10	4	22
16 to 20	1	10	1	6
20 and above	0	-	2	11



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# Qualitative Findings

4 major categories emerged in the analysis with each containing 4 themes:

## 1. CCSV Implementation Challenges

- ❖ Service & administration burdens
- ❖ Staff Training & Readiness
- ❖ Resource & manpower limitations
- ❖ Role conflict of Interest

## 2. CCSV Usage Barriers

- ❖ Inflexible service mode
- ❖ User misinformation
- ❖ Financial concerns
- ❖ Service inaccessibility

## 3. CCSV Efficacy Attributes

- ❖ Choice promotion
- ❖ Holistic health improvements
- ❖ Family Empowerment
- ❖ Caregiver stress reduction

## 4. CCSV Enhancement Needs

- ❖ Program flexibility
- ❖ Service coordination
- ❖ Care management
- ❖ Infrastructure transparency



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# Discussion of Findings from Focus Group Data

- Overall impression of the CCSV is positive, both RWs and RSPs stated that CCSV empowered elders through the promotion of users choice and services selection.
- Challenges are encountered by RWs and RSPs in the implementation of CCSV, more support from SWD is needed in term of resources, manpower, administrative support and system management.
- Content of service packages, level of co-payment, program information and service accessibility were found to be critical barriers to CCSV usage.
- **Care coordination and care management are key imperatives for the enhancement of the CCSV scheme.**




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# Overall Discussion of Findings

The current CCSV program captures a small portion of elderly people belonging to the middle-lower income class, who are socially active, with higher levels of education, mobility and family support. Its promotion is dependent upon in-person contact via Responsible Workers. In order to enlarge the CCSV service window and to enhance CCSV service quality, the following should be considered:

- 
- 1. Adopt a family-centered care approach in program promotion, service planning and service provision
  - 2. Strengthen support to RWs and RSPs via enhanced care coordination and a proficient care management system
  - 3. Transparent platform for up-to-date information sharing and knowledge exchange regarding all aspects of CCSV

- 1. Flexible mode of CCSV include single or dual modes for home care and day care services
- 2. Expand CCSV provision in terms of service districts, service contents and service targets
- 3. Public education and promotion of CCSV using traditional and social media to foster engagement and participation



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