Social care governance structures and the business model at early stages of integrated care design and development in a LMIC region to create cashable savings and RoI

Stella I. Tsartsara
Gerontologist, Integrated Long Term Care,
Wellbeing & Senior Tourism expert
South East Europe Healthcare
@stsartsara

INTRODUCTION - CONTEXT OF STUDY

- **Action Research** started in 2013 in Greece with the aim to diversify the local Care product in rural areas and to develop further the local economy with Senior and Health Tourism products one of which is LTC
- Partners were the Thermal Springs Association of Greece, the CHMTA, individual owners of Springs and Hotels and Municipalities. Later discussions with the 2nd Health Authority of Greece started.
- It is a ***resource and assets based*** and ***Nurse based Community Care***, ***Social Impact Investment*** driven development incl. the creation of a ***local exchange trading system (LETS),*** through ***social entrepreneurship, teal org. management, a Living Lab establishment, peer to peer training and CB***, ***voluntarism***, ***health ecosystem development*** and ***territorial branding*** rising thus the value added of the Territory via Senior Care products.
- The RoI produced by the revenue of these operations would be reinvested in ***LTC*** and ***Active and Healthy Ageing*** of the local population providing ***home care, e-health and m-health, long term care, rehabilitation*** *and* ***social care*** but also recreation and psychological support.
- Due to *disinvestment* and *expropriation* of the LGA assets the pilot stops.

Access and accessibility in Care: the cost burden of lack of LTC integration

- **Ageing, replacement and dependency ratios** in Greece constitute a threat
- Greece has a population of 10.815.197 inhabitants, spread in 131,957 km2. **77% of the population lives in 85% of the Greek rural** mountainous or semi-mountainous, or small islands territory, with almost 1,000 islands.
- Median age is 44.7 years and population ageing is the highest in OECD countries: **19% of population is 65+ and could rise to 32% by 2050**.
- Common chronic conditions are: **Hypertension, Depression, CVD, Diabetes II, Myoskeletal pain and Hyperlipidaemia**
- High supply of MD v/s low untrained number of care givers and nurses covering 80% of areas with agglomerations of less than 1000 people.
- **65% of elderly visits to PHC centres about chronic conditions not medical.**
- Day Care centres for elderly financed by the state and run by municipalities - in outermost areas are poorly served.
- 1992 a National Program for elderly people care at home called “Home Aid” - *OECD, Country Report 2015*

Objectives of the Action Research

To investigate feasibility of ***local resource based community nurse based care***,

- To design the **institutions** and **social business model** and the impact investment and care **funding facility**,
- To set a **nurse based care organization** and a simple health monitoring system for the >60 cohort, based on geriatric assessment &telemedicine for home health & care provision in the remote, border, insular, Region of Northern Aegean in Greece where access to care is scarce and difficult to achieve.

N. Aegean which is the 4th Region in Greece in negative trends to the core ageing indexes of *replacement, dependency* and *ageing* and l it is a *remote, border, insular* and *mountainous* region

SPECIFIC OBJECTIVES OF INTERVENTION

- **The Change in the institutional setting**:
  - **Living Lab** (scientific & business overview), **Health Ecosystem** (cluster dev. approach) and a **Nurse** led **Care Hub** (health and care service)
  - Investment Facility and Social Impact Bond creation to support the Care Facility in the first years

- **The Change in the LTC delivery model** first enhancing the community based targeted bundled care for case/disease management, by nurses:
  - Extensive use of Geriatric assessment, Prevention and Tele-care/medicine
  - Mapping **providers** and care services suppliers – Design the for-profit Care **Products** – finalize the social **business** and the impact **investment plan**
  - Organization of community care, home healthcare and home care **programs** and **services** run by the LL and the Care Hub

OUR ROLE MODEL IS THE BUURTOZRG TEAL, NOT FOR PROFIT ORGANIZATION MODEL

Run by regional **Care Hubs** and local **Health Hubs/Ecosystems**

Some SO would be addressed at a later stage e.g. Elaborate a new LETS payment model to finance LTC locally. (TEM unit, Volos Greece for food supplies)

METHODOLOGY

The 5 priorities of Research Implementation in Chronic Care

1. **Leadership Awareness and Culture** in integrating care and LTC – Educating the LGAs
2. **Stakeholder endorsement and sustainable use** – Living Lab, the University, GPs, nurses, carers & health tourism businesses
3. **Match of implementation to intervention and context** – type of Soc.Ent, E-health platform, Care Products v/s Assets, the Investment Plan
4. **Coordination and alignment between levels or sectors** – start with LTC first run by LGAs
5. **Workforce and Patient Empowerment** – the pilot is deployed, actions start.

METHODOLOGY

FOR CARE NEEDS MONITORING

1. Extraction of **epidemiological data** from the 1st first National Study of Morbidity and Risk Factors Assessment http://emeno.gr
2. **VES -13 self administered CGA questionnaire** to that cohort to measure from and to i-ADL transition.(not realized)
3. **Regression analysis** of care means available to the needs per CGA risk factor and service cost.
4. **GIS mapping of population and matching the providers for prevention** and **care**. Populating the E-Health platform (existing and tested product) **Desk research analysis** on the health and care resources of the region
5. **Setting** the team of Nurses and Carers (not realized)

METHODOLOGY

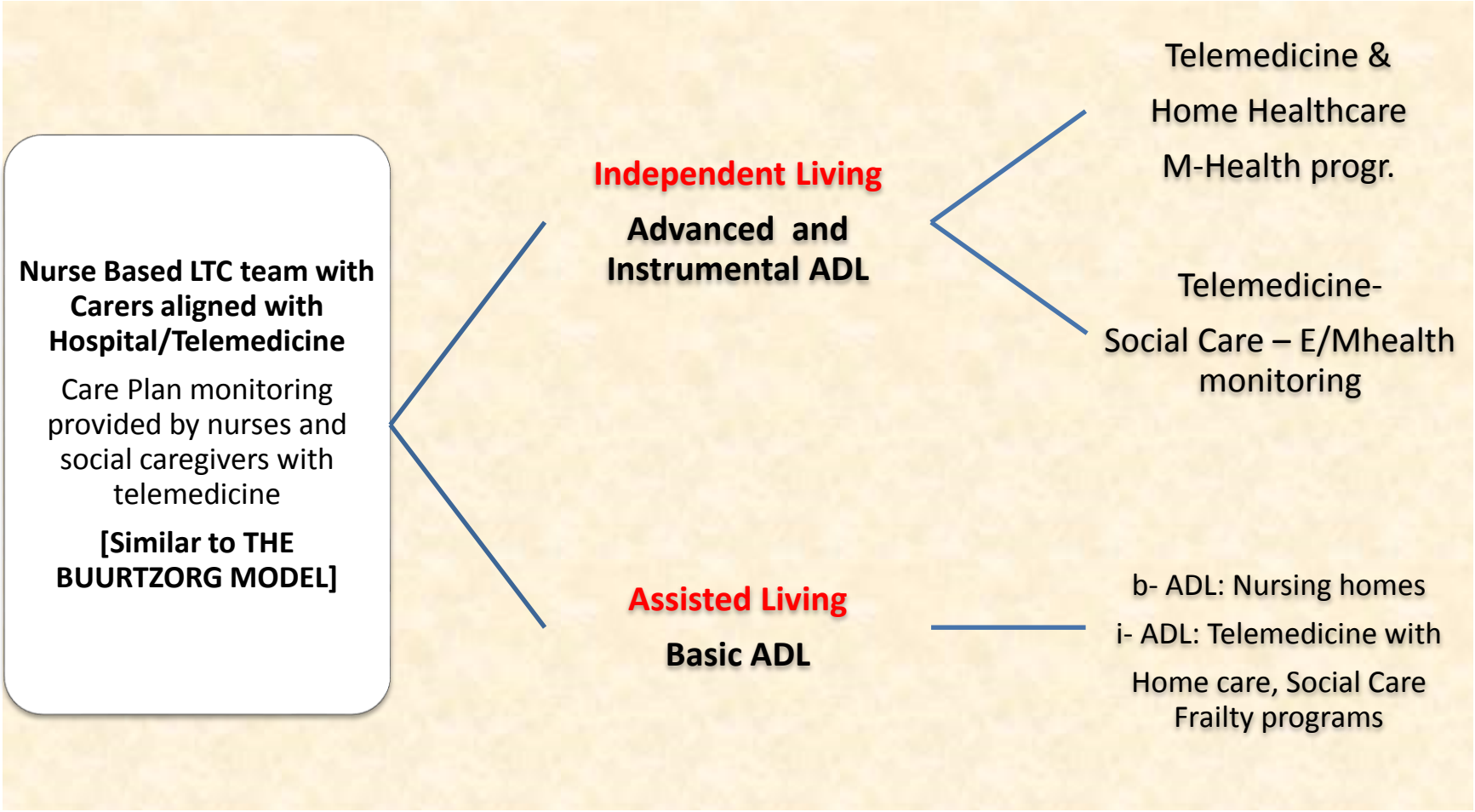
FOR THE INSTITUTION AND CAPACITY BUILDING NEEDS

A. Arrangements establishing a **Living Lab** with the University and leading local Health and Care figures of the area to supervise and support the political and administrative authorities – drafting the Statute

B. **Focus Groups** and structured interviews to establish a Memorandum of Understanding between mayors of the area to create the **Care Hub –** with the **Twinning and support of an EU Region** with advanced experience (not realized)

C. Setting the **Investment Facility** between the Municipal Authorities, a Bank in Greece and the public and private providers and elaborating the **Business Plan** of the entire **Care Hub operations** (only partially realized)

The Model of Care services : Care Monitoring & Delivery at Population Level



STUDY PROGRESS -1

Dellberation for change to regulation, tax Incentives, commerical health marketing of the Region, Investment promotion, representation with the state for Health and LTC competencies

Health Ecosystem

Nurses, GPs, suppliers, caregivers, healthcare managers, pharmacists, patients' associations, universities, tech leaders, public authorities, resorts managers, M&E systems and Telemedicine mangers, NGOs, insurers

Living Lab

(set by the University)

The Nurse Community based Care Hub

Geriatric Assessment

Care Plan Monitoring

Data gathering

Financing and Investment Facility

The Social Entreprise

Telemedicine, M-health, E-health

STUDY PROGRESS – 2

Tackling financing (the means) and stakeholder agreement (the foundations of the structures and framework) first

- Local stakeholders, providers and Health Resorts, have agreed **to launch the investment business plan with a investors fam tour** https://www.linkedin.com/groups/4304089/4304089-5993322333975105540
- Support provided from the North Aegean Region **Regional Governor**, the **University of Aegean**, private **E-Health Providers** and the **Government of an EU Region** in written for for the Institution and Capacity Building part have been provided
- The **business and investment plan** for the Care Hub has been prepared
- Initial negotiations with the **Deposits and Loans Fund of Greece** to create the **1st Long Term Care Social Impact Bond** and the **LETS payment system**.

Soon after the appraisal phase (June 2015) the study stopped due to the prolonged economic crisis and disinvestment, combined with the Refugee crisis in Greece and lately with the expropriation of all Greek public assets by the lenders.

Therefore RoI cannot be anymore directed in LTC innovation and development in Greece and I am looking to relocate this pilot study elsewhere, where local assets can be developed to create revenue and RoI to be reinvested in LTC.

STUDY PROGRESS -3: the study was halted due to two major Force Majeur – Capital Controls

Long before the imposition of the capital controls by the Greek government liquidity to the Regional authorities for LTC was dramatically reduced.

But CC rendered all operations to sustain further the pilot study supported by the stakeholders, almost impossible.

In combination with the Refugee Crisis in 3 months the Region's capacity to undertake any development was heavily compromised.

And the Refugee Crisis. The pilot study area was located at the Aegean Islands where refugees were disembarking from Turkey. The pictures below were daily routine – under those conditions the study could not continue

DISCUSSION

- **Risk Stratification**: population analysis with geriatric assessment . Initial measurement requires extensive resources until the patient record is set.
- The **lack of awareness and education** to the concept and benefits of integrated care in all levels of government is the No1 priority to address.
- **Innovative solutions** for care were not the problem as it was the lack of leadership awareness on integrated care and innovative social care.
- In general terms, **Culture Change Process** is the most difficult to achieve in local initiatives to implement integrated long term care, especially in LMIC that advancement in new care models, E-Health and Procurement is inexistent and the means scarce.
- Working with the **direct managers of LTC at the delivery point** – not political indirect authorities, even if they are supervisors proved to be more efficient. The commitment to the care delivery point is stronger.
- **LGAs are key** to any Care Change management process, social care movement, health and LTC reform – they are enablers and vectors of change.

DISCUSSION

Limitations

- Data and immediate financial subsidies availability
- Greece's economic collapse with capital controls and refugee humanitarian crisis as well as assets and land expropriation by the lenders.
- The depression of the LGA leaders and unwillingness to engage
- Health&Care human Resources availability also due to both crises

Recommendations

- Reboot with impact investments, voluntarism & the soc.ent. Nurse based community care model (like the Buurtzorg Netherlands model)
- Training and awareness raising of leadership – Twinning and know -how transfer in CGA and Telemedicine
- Systems and role alignment for care service delivery in an eco-system participatory approach

CONCLUSIONS

- The new care model in LMIC to provide long term community based care is related to the **capacity** of the LGAs as well as to the ability of the local stakeholders to **handle change management in care innovation** and **financial innovation**
- The factor and the agents of Change are located in

  a) the **local resource based care business & soc.investment model**

  b) to the **professionalized Living Lab** that will manage that change in the initial steps of Integrated community based care for chronic conditions.

  c) the quick implementation of the **Nurse based Care model**

The Association of Directors of Adult Social Services - Harold Bodmer's speech key points

- "We need a **social movement about social care**,
- "We need **to up the level of debate** about this, increase the volume, share best practice, run innovation masterclasses, whatever we need to do. We will never bring any meaning to integration while the bulk of home care is still based on **time and task and on the whole unconnected to the mainstream NHS provider services.**
- The future model of social care, integrated with the NHS:

"In my view this is **about strengthening our links with communities, with housing, and with individuals, ensuring that democratic accountability is retained**, so that in an integrated world of health and social care, the values we hold dear are retained."

Harold Bodmer

REFERENCES

1. "Active Ageing and solidarity between generations" - EUROSTAT 2012
2. Announcement of the demographic and social characteristics of the revised Resident Population of Greece according to the 2012 Population – Housing Census. (PDF). Piraeus: Hellenic Statistical Authority. 20 March 2014.
3. Committee of Regions: "Active ageing: local and regional solutions", EU 2011.
4. European Commission (2012) European Economy: Long-term care need, use and expenditure in EU-27. Economic papers 469, November 2012.
5. European Commission (2015) Annual Ageing Report -
    1. The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060)
    2. The 2015 Ageing Report: Underlying Assumptions and Projection Methodologies
6. European Health For All data base (HFA- DB) Greece, Data and Statistics 2012 – WHO Europe.
7. Florinis D. "*Ensuring a functioning health care system in regions with declining and ageing populations in Greece" peer review of EC DG-Employment 2009*
8. Hellenic statistical authority http://www.statistics.gr/portal/page/portal/ESYE
9. "Intergenerational Solidarity " – EUROBAROMETER, March 2009
10. Karamanoli, E. (2011) "Debt crisis strains Greece's ailing health system", Lancet Vol 378 July
11. Kentikelenis A, Karanikolos M, Reeves A,McKee M, Stuckler D "Greece's health crisis: from austerity to denialism", Lancet Vol 383 February 22, 2014
12. Kodner DL, Spreeuwenberg C. "Integrated care: meaning, logic, applications, and implications--a discussion paper.
13. Laboratory for Demographic and Social Analysis, University of Thessaly, Department of Planning and Regional Development, http://www.e-demography.gr
14. Mason A, Goddard M, Weatherly H, "Financial Mechanisms for Integrating Funds for Health and Social Care: An Evidence Review" - Centre for Health Economics, University of York, UK
15. Muiser J, Carrin G (2007), "Financing Logn Term Care programmes in health systems" WHO Geneva 2007
16. Murray CJ, Vos T, Lozano R, Naghavi M, Flaxman AD, Michaud C et al. (2013). "Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010". Lancet 380
17. OECD/European Union (2014), "Unmet health care needs", in Health at a Glance: Europe 2014, OECD Publishing.
18. Paulus D, Koen Van den Heede "The Challenge of Chronic Care", KCE report 190
19. Triandafyllidou, A."Migration and Migration Policy in Greece". *Critical Review and Policy Recommendations*. Hellenic Foundation for European and Foreign Policy. No. 3, April 2009
20. Tsiachristas Apostolos Doctoral Thesis "Payment and economic evaluation of integrated care" Erasmus University Rotterdam, The Netherlands, 2015, pp 253, ISBN: 978-94-6169-635-9
21. Wilkinson, R. (2005). The impact of inequality: how to make sick societies healthier? London: Rutledge.
22. Verte D, Verte E, Donder E, Smetcoren AS : « Étude de programmation pour Bruxelles. Recherche portant sur la mise en place d'une programmation relative aux structures de maintien à domicile et de logement des personnes âgées »
23. Wilson, K. "Social Impact Investment: Building the Evidence Base", OECD 2015
24. "Targeted policies to combat poverty in the Greek social welfare system", Ministry of Health & Social Solidarity (2008)