

Long-term Care Insurance (II)

Existing resources for dealing with dependency

As discussed in the previous edition (No. 36), this issue includes the second part of the article on “Long-term Care Insurance” detailing the existing resources for dealing with dependency. The third and final part will be published in the next edition, No. 38.

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We will now concentrate on the resources available for dealing with long-term care (dividing them into home and institutional). We will not refer to other very important aspects which will supplement and strengthen the provision of services and/or resources such as: professional training, care and training of the carer, development of technology, strengthening of ethical and legal aspects etc.

Each of the resources will be dealt with according to the following outline:

- 1) Current definition of the resource.
- 2) Characteristics of the resource.
- 3) Data.
- 4) Future needs of the resource geared towards long-term care.
- 5) Conclusions of the resource and relationship with the insurance company.

Care in the home (SAD)

Characteristics of the resource

- ▶ A service which is provided in the person's home.
- ▶ Currently geared towards carrying out domestic tasks.

- ▶ The majority of currently existing home help services are public (municipal) although provided by private companies. In some cases, the service is provided by co-operatives, foundations and/or associations.
- ▶ Currently, home care is provided by unregulated labour and non-professionals.
- ▶ Lack of price per hour standardisation. In some authorities, the price per hour is below the minimum wage level.
- ▶ Difficulties in making the resource professional due to the price barrier and non-profitability of the resource (price per hour below the minimum wage level) which prevents companies penetrating the sector and eliminates competition.
- ▶ No development of the resource over the last few years.
- ▶ Lack of coordination (except for remote home assistance) with other resources (day centres, temporary visits, etc.).
- ▶ Growth of the resource related to reduction in number of hours provided instead of budgetary increase.
- ▶ Major differences between the various regions, in terms of price per hour, population, type of people cared for.



RESOURCE FOR DEALING WITH DEPENDENCY	DEFINITION	OBJECTIVES PERSUED	MOST SIGNIFICANT DATA
CARE IN THE HOME (SAD)	<p><i>“Individualised programme, of a preventive and rehabilitating nature, involving a number of professional intervention techniques and services consisting of personal and domestic care services, psycho-social and family support and relationship with the environment, provided in the home of an elderly person who is dependent to some extent, with the basic objective of encouraging an increase in self-sufficiency in his or her normal living environment.”</i></p>	<ul style="list-style-type: none"> ▶ To increase the self-sufficiency of the dependent elderly person in order to live at home for as long as possible. ▶ To improve the quality of life by means of behavioural changes and to develop a healthy lifestyle. ▶ To make it easier to carry out tasks and activities which cannot be done by oneself, without interfering in decision making ability. ▶ To strengthen social relations, encouraging communication with the outside world. ▶ To increase personal safety and confidence. ▶ To strengthen the development of activities at home and in a community environment. ▶ To adapt the home to the individual's requirements, by means of repairs, adaptations and/or installation of AA.TT. 	<ul style="list-style-type: none"> ▶ Index of national cover: 2.07% (gerontology plan estimate: 8%). ▶ Growth 99-01: 23.5%. ▶ Intended for: disabled elderly (95%). ▶ Profile: woman, age 75-80 years, living alone, dependent, multiple problems, difficulty with essential daily activities. ▶ Environment: local, little private management. ▶ Professionals: helpers coordinator (TS) and home helps (training not regulated). ▶ Dependency services: domestic tasks (60-70%), care and assistance (15-25%), company (3%). ▶ Number of hours provided: 16.01 h/month. <p><i>Care for dependents with the need for care in another resource more appropriate to their level of need.</i></p> <p><i>Source: IMSERSO</i></p>

Care in the home. Future needs

To be able to guarantee a resource geared towards the provision of long-term care insurance, some of the following future changes need to be made:

- ▶ Making the sector professional: training of specific categories, appearance of other new professional categories, etc.
- ▶ Development of the resource: appearance of new home services (food, laundry, assessment of risk factors, etc.).
- ▶ Addition of other resources: remote home assistance, considered to be more a public health resource.
- ▶ Regularisation of the sector: at workforce level (wage agreement) at regional and local level (definition of economic conditions adjusted to the actual workforce).
- ▶ Differentiation of activities: based on assessment of needs and actions taken to mitigate risks factors in order to prevent disability.
- ▶ Increased cover: as a resource which encourages remaining at home and which has to be strengthened.
- ▶ Public health co-ordination: single professional assessment and possibility of assigning resources (temporary visit, day centre, voluntary workers etc.).
- ▶ To establish national cover mechanisms which offer assurance of the provision of the service: disappearance of companies which cannot offer this guarantee, creation of large groups, union of companies, etc.
- ▶ Formulation of fast, easy methods for

applying the assessment of needs for assigning resources.

Care in the home and the insurance company

- ▶ Inclusion of the resource in other types of policies (homeowners', motor, health, etc.) in connection with claims where home care is needed in view of specific circumstances and limited in time (home help service risk).
- ▶ Relationship with companies of proven technical solvency and quality assurance.
- ▶ Importance of assessing the need for the resource before assigning the resource, home and family position.
- ▶ Recognition of the value of preventive actions with regard to the resource (addition of other resources, intervention programmes, etc.).
- ▶ Limitation of daily and weekly number of hours provided (such as limit of the need and assignment of the resource).
- ▶ Ongoing assessment of the need for the resource and assignment of new resources.
- ▶ Ongoing assessment of the service provider company.
- ▶ Search for comprehensive service providers (for supplementing with other resources and ease of continuity of the service and relations with the customer).

Remote Home Assistance (TAD)

Characteristics of the resource

- ▶ Need for technological investment for providing the service.

- ▶ Need for a large enough portfolio of customers to guarantee the technological investment and personnel necessary to be able to provide the service.
- ▶ Most currently existing remote home assistance is based on public tenders (local government, local authorities, FEMP, IMSERSO, etc.) even though it is provided by private companies.
- ▶ Reduced development of the private market.
- ▶ Basically related to dealing with emergencies.
- ▶ Lack of development of the resource over the last few years.
- ▶ Association of peripheral detectors with remote home assistance over the last year. No current assessment of results due to short period of use.
- ▶ Not considered to be a preventive resource. Action basically aimed at dealing with emergency situations and specific requests.
- ▶ The family is the principal "purchaser" of the private remote home assistance service. The elderly person does not perceive it as necessary.

Remote home assistance. Future needs

- ▶ Need for regularisation of the sector and equal conditions for all operators in presenting the tender.
- ▶ Need for coordination with other services and/or resources.
- ▶ Association of new technologies to the service.



RESOURCE FOR DEALING WITH DEPENDENCY	DEFINITION	OBJECTIVES PERSUED	MOST SIGNIFICANT DATA
<p>REMOTE HOME ASSISTANCE (TAD)</p>	<p>«Immediate, permanent, preventive home care service for elderly and/or disabled people, which operates in any kind of emergency situation or where aid is not immediately available, providing and facilitating the necessary resources to solve the problem.».</p>	<ul style="list-style-type: none"> ▶ Help with emergency or need situations that users may request. ▶ Mobilisation of social and health resources to deal with the emergency. ▶ Communication and reminder services, etc. 	<ul style="list-style-type: none"> ▶ Index of national cover: 1.07%. ▶ Growth 99-01: 61%. ▶ Intended for: elderly and disabled people. ▶ 24 h response (with/without mobile unit). ▶ Connection: telephone, remote assistance switchboard, remote control unit. ▶ Public health assessment of the person (file). ▶ Population affected: 100,000 users. ▶ Calls: call for help (11%), communication of information (80%), user monitoring (9%). ▶ Call for help: health emergency (35%), loneliness (31%), social emergency (13%), resource information (8%). <p>Source: IMSERSO</p>

▶ Combining the service with other services which give it added value.

▶ Combining the service with assessment mechanisms to enable risk factors to be detected: preventive resource.

▶ Technological development of terminals, peripherals, etc. to facilitate installation and use.

▶ Need to carry out research in connection with the resource to enable it to be developed.

Remote home assistance service and the insurance company

▶ Remote home assistance will be added to other products under long-term care insurance as a valuable and/or preventive measure.

- ▶ Inclusion of the resource in other types of policies (homeowners', motor, health, etc.) in connection with claims where home care is needed in view of specific circumstances and limited in time (remote home assistance risk).
- ▶ Combination of the remote home assistance risk and added value contributions as a way of standing out from the competition.
- ▶ Relationship with companies of proven technical solvency and quality assurance.
- ▶ The scope must necessarily be national.
- ▶ Use of remote home assistance technology as prevention and control mechanisms. Use of bio-medical technology in the remote home assistance service (ECG check, blood sugar check, etc.).
- ▶ Complementarity with other resources (home help service, day centre, etc.).
- ▶ Use of remote home assistance and its technology as a way of communicating between users and between company and large groups (intervention programmes, etc.).
- ▶ Ongoing assessment of the service provider company.
- ▶ Search for comprehensive service providers (for supplementing with other resources and ease of service continuity and customer relations).

Day Centre

Characteristics of the resource

- ▶ The resource operates and provides

care during the day between 8 a.m. and 8 p.m. Usually Monday to Friday in stand-alone centres but also weekends in those day centres located in residential homes.

The user profile of regular centre users is:

- ▶ Elderly people who, whether living alone or with family members, need therapeutic assistance.
- ▶ Users who are cared for by family members, where this resource offers the carer respite.
- ▶ Users who cannot be cared for during the day by their family members or carers for various reasons (work, etc.)
- ▶ There are different types of day centre which care for different types of people within the same centre and therefore it is difficult to produce comparative studies and type proposals.
- ▶ Centres also differ significantly in size as there are day centres with from 20 to 80 places.
- ▶ The size of the centre is closely related to the price, services and personnel. Larger centres lead to lower price/place ratios, a greater number of staff (categories) and consequently services and a lower rate of staff changes (full working days).
- ▶ It is a local resource and therefore the geographic scope is limited.
- ▶ Generally speaking, we can differentiate between two types of day centre: the traditional day centre where the user profile is usually very diverse (physical, cognitive and social problems) and the stand-alone day centre

for caring for people with cognitive deterioration, the so-called psycho-geriatric day centre.

- ▶ Day centres, as a resource, can be located inside a residential centre or independently.
- ▶ There is currently no clear definition of a day centre's user profile as we can find various types of users in the various centres.
- ▶ Transport has a significant influence on the price/place ratio.
- ▶ If it has adequate services and staff, a day centre is an expensive resource.
- ▶ Transport routes to a day centre located in a large city cause a problem due to the distance, traffic and time it takes to get to and from the centre.
- ▶ The lack of definition of the day centre model means that there is currently discussion over whether the resource should be social or public health and where the line should be drawn so that it is not confused with other types of health centre (day hospitals).
- ▶ There is currently nothing temporary about a day centre. Users who are allocated places remain there permanently until they leave by choice.
- ▶ The most frequent period of stay in the day centre is from Monday to Friday during the whole of the centre's opening hours.

Day centre. Future needs

- ▶ Definition of the day centre model, clarifying objectives, user profile, services and staff.



RESOURCE FOR DEALING WITH DEPENDENCY	DAY CENTRE
DEFINITION	<p>«Public health and family support service which, during the day, offers care for the basic personal, therapeutic and socio-cultural needs of elderly people with various levels of physical and/or psycho-social disability, by means of individualised programmes and after assessment by an inter-disciplinary team, thus enabling them to remain in their normal environment».</p>
OBJECTIVES PERSUED	<p>General objective</p> <ul style="list-style-type: none"> ▶ To maintain appropriate living conditions for elderly dependent persons, attempting to achieve the highest possible level of independence and facilitating the continuity of their lifestyle within their family and/or social environment. <p>Specific objectives</p> <p>For the user:</p> <ul style="list-style-type: none"> ▶ To recover and/or maintain the highest possible level of independence. ▶ To prevent an increase in dependency by using rehabilitation and therapy. ▶ To take part in individual or communal programmes depending on the physical and mental abilities of each elderly person. ▶ To provide an adequate framework within which involvement in the centre's activities and services reduces passivity and isolation and increases the level of socialisation. <p>For the family:</p> <ul style="list-style-type: none"> ▶ To facilitate the necessary social and assistance support to continue caring for the elderly person. ▶ To help with the stress and conflicts caused by constantly taking care of elderly people. ▶ To provide training in the various aspects of taking care of an elderly person. <p>For the institutions:</p> <ul style="list-style-type: none"> ▶ To reduce the number of people entering the institutional environment. ▶ To strengthen the social services community network. ▶ To serve as a support and supplement to formal public health resources, such as home help, remote home assistance, healthcare assistance etc. optimising the limited available resources to the maximum and rationalising their consumption.
MOST SIGNIFICANT DATA	<p>Actual availability:</p> <ul style="list-style-type: none"> ▶ Public: 8,843 places (0.13%) ▶ Private: 7,611 places (0.11%) ▶ Gerontology plan: no data available (97,500 places, 1.5% recommended) ▶ Actual needs: 227,500 places (3.5%) ▶ Growth 99-01: 24% ▶ Psycho-geriatric places (10-20%) <p style="text-align: right;"><i>Source: IMSERSO</i></p>



- ▶ To diversify day centre models geared towards social and public health care and the profile of a user with physical, cognitive, etc. problems.
- ▶ As it is a resource with a defined area of influence, it would be beneficial to set up larger day centres which could be split to care for different people but sharing service space (offices, administration, kitchen etc.) Geared towards long-term care, the resource must have a public health objective where control of pathologies, prevention of disability and rehabilitation programmes play an important role.
- ▶ To diversify types of visit according to the needs and/or requests made by the users of the centre: short stays (half day, to carry out a rehabilitation programme, etc.), different opening times, etc.
- ▶ Weekend visits.

- ▶ Possibility of being able to use it sporadically for overnight stays (either in the centre itself or agreed with some other residential centre).
- ▶ To establish new modes of transport (transport companies with adapted vehicles and specially trained drivers, multi-purpose vehicles, etc.) which facilitate and reduce the price of the same.

Day centre service and the insurance company

- ▶ Relationship with companies of proven technical solvency and quality assurance.
- ▶ Concept of process rehabilitation or stabilisation visits for the subsequent allocation of lower level resources.
- ▶ Day centres of a rehabilitating and assistance nature with a recuperative

objective, enhancing residual abilities and/or preventing disability.

- ▶ Importance of the treatment, level of assistance, categories of professionals, rehabilitating objectives, etc. over size.
- ▶ Need for day centres which can care for different user profiles, whether in the same or different centres.
- ▶ Given the need to work with national companies and the difficulty in extending the resource, companies which can provide a solution to the needs presented will be favoured (out-sourcing, alternatives, etc.).
- ▶ Given the restriction of the resource and the need to provide a response at a national level, it will be necessary to offer alternatives and/or the user to pay for transport.



- ▶ In certain towns, the day centre service may not be an available solution and a residential place will have to be used as an alternative measure.
- ▶ It may be supplemented by other resources: home help, remote home assistance, temporary residential care, etc.
- ▶ Being a resource involving staying in the home, we must combine it with other services: provision of technical help, assessment and adaptation of the home itself.
- ▶ Use of the resource with different use options: times, days, services, with/without transport, etc.
- ▶ Positive assessment of the preventive work included in the resource.
- ▶ Ongoing assessment of the need for the resource and assignment of other more intensive resources (residential homes).
- ▶ Ongoing assessment of the service provider company.
- ▶ Search for comprehensive suppliers (for supplementing with other resources and ease of continuity of the service and relations with the customer). ■