

Freedom of choice and dignity for the elderly

Short statements and comments

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My comments are related to the discussion paper by Clemens Tesch-Roemer and the Swedish paper by Karin Hellqvist and Kent Löfgren, at the occasion of the peer review on 'Freedom of choice and dignity for the elderly' to be held on 13-14 September in Stockholm.

I found the discussion paper very good and summarizing in a short and clear way the Swedish experience in LTC and its possible interest for other countries. The Swedish paper is a more detailed complement. I do agree on the caution raised by Tesch-Roemer on the fact that the exercise of benchmarking the care policies in Europe, has to take into account the complexities of the societies. The countries have differences in care policies, but also in mortality and morbidity structures as well as cultural beliefs and societal structures. Finally, the German Charter of rights for people in need of LTC and assistance seems to me very valuable and a core document for LTC.

1. Brief assessment of the possible relevance to other EU countries

In general, the goal of the Swedish policy for the elderly is to avoid their social exclusion where they can fall through their potential situation of poverty and distress due to dependency problem and other handicap or health problem.

1.1. Strong points of the good practice

General Goal of the policy

The example of the overarching goal "enabling older persons to live independently with a high quality of life", with the motto that the older persons can continue living in their own homes for as long as possible, even when in need of extensive care and social services, is a good example for countries without any specific policy on LTC.

In the same way, all the efforts made by the Swedish Government on Equality between women and men should be very relevant for the other countries.

On specific points of the policy, the following points are very relevant:

- Healthy ageing
 - the emphasis on prevention starting early in life, promotion of a healthy lifestyle up to old age, and good access to health care for all, in order to avoid or delay dependency

- Accessibility:
 - besides the universal perspective, a relevant point is the special attention given to particularly vulnerable groups (special needs of old persons with dementia or of persons with certain functional impairments, the immigrant elderly)
 - the transfer of responsibility to the municipality on social care (inclusive special housing) with financial and human resources, which led to the reduction of the 'bed-blockers'
 - the right to LTC go through a needs assessment without means testing by a case manager
 - the right to appeal if the person is not satisfied with the assessment decision
 - the new rules which set limits for the highest charge which can be made for home-help services, daytime activities and certain outpatient health care

- Quality of health and social care:
 - an outstanding guideline policy is the **German "Charter of rights** for people in need of LTC and assistance": the way the Charter was built, the very comprehensive content, the goal of the Charter, the implementation strategy with the targeted stakeholders and the monitoring of its implantation by a coordinating office.
A last statement of the Charter saying that the responsibility of the state in LTC "does not release individuals themselves from their obligation to adopt a healthy and responsible lifestyle which in itself can play a significant role in delaying, mitigating or overcoming the need for long-term care and assistance", is very relevant.
 - the dignity guarantee for health and social care
 - the fact that quality is of central importance in Swedish social policy law
 - the striving to better coordinate health services and social services
 - the freedom of choice for individuals in social care
 - the national initiative "Steps for Skills" to support municipalities' long-term quality and skills development in health and social care for older people, in order to improve the internal quality of health and social care
 - the emphasis on home care with the results showed by the decrease of people living in special housing
 - the support of informal family carers with diverse actions (respite services, grants, ..)
 - efforts of information to the patients on quality, costs, and efficiency through "open comparison of care services"

- Sustainability
 - the exceptional example of spending 3.8 % of its total GDP on long-term care
 - the endeavour to combine an increase of efficiency with more preventive and health promoting measures
 - the promotion of research on the elderly on the different fields (access, quality, sustainability)

Practical implementation of the policy

- Access
 - assessment by a care manager in the municipality of the residents who apply for LTC
 - the municipal cheque
 - the measurement instrument for needs assessment which takes into account four factors: physical status, change in mental age, psychological status and need for medical input
 - the different services proposed: home health care services, short stay accommodation/short term healthcare, day care activities, transportation services,
 - particularly: medication reviews, preventive for avoiding falling accidents, dental care protection, better access to doctors to avoid unneeded hospital admissions, technology for the elderly
 - housing supplement for pensioners
- Quality
 - same payment in the client choice system for the providers, with the exception of supplementary services where the providers themselves set the price, leading to the marketing of the providers through quality instead of price
 - follow-up by the municipality's assistance officer of the services carried out
 - improvement in the housing standard of the special housing
 - the municipal grants for housing adaptation
- Sustainability
 - all the money provided for incentive grants to increase quality of health and social care for old people, investment grants for elderly housing, support for family carers, and development of technology for older people

1.2. Points to be strengthened or avoided, etc.

- Access
 - the inequalities between municipalities on LTC, due to decentralisation and autonomy
 - ensuring sufficient special housings and sufficient qualified staff for LTC services
- Quality
 - qualitative data and indicators are to be improved, particularly to have national complied data and to allow comparison between municipalities on LTC
- Sustainability
 - ensuring the sustainability of the high funding on care for the elderly

2. Brief assessment of the potential transferability of the policy to other EU countries

The overall policy on LTC is a remarkable reference, as it is said by Tesch-Römer. Of course, the cultural believe in the state and the civil society and the decentralisation aspect of Sweden are part of a particular context which explains that some interesting issues cannot be transferable as a whole (e.g. prominent role of the municipalities), as well as the exceptional funding of LTC.

I just quote the different items which can be good example for the other EU countries.

2.1. General policy

- The overarching goal “enabling older persons to live independently with a high quality life”:
(towards European minimum standard on LTC ?)
- The healthy ageing policy
- Accessibility:
 - the special attention given to particularly vulnerable groups
 - the right to LTC going through a needs assessment without means testing by a case manager
 - the right to appeal if the person is not satisfied with the assessment decision
 - the protection against high costs
- Quality of health and social care:
 - the German “Charter of rights for people in need of LTC and assistance”
(towards an European Charter)

- the dignity guarantee for health and social care
- the prominence of quality as a central importance in the Swedish social policy law.
- the striving to better coordinate health services and social services
- the freedom of choice for individuals in social care
- the national initiative "Steps for Skills" on staff
- the emphasis on home care
- the support of informal family carers with diverse actions
- efforts of Information to the patients on quality, costs, and efficiency through "open comparison of care services" (towards European quality indicators)
- Sustainability
 - the effort of funding on long-term care
 - the endeavour to combine an increase of efficiency with more preventive and health promoting measures
 - the promotion of research on the elderly on the different fields (access, quality, sustainability)

Practical implementation of the policy

- Access
 - assessment by a care manager
 - the principle of cheque for LTC
 - specific activities: medication reviews, preventive for avoiding falling accidents, dental care protection, better access to doctors to avoid unneeded hospital admissions, technology for the elderly
 - housing supplement for pensioners
- Quality
 - marketing of the providers through quality instead of price, as there is a same payment in the client choice system for the providers
 - follow-up by an officer of the services carried out
 - improvement in the housing standard of the special housing
 - the municipal grants for housing adaptation

3. Important questions about the policy that are being raised and debated in stakeholders' organisations

Some of the members of our organisation AIM are particularly concerned by the long term care issue, as they are directly involved in the financial or organizational aspects of LTC (German Krankenkassen, French mutuality, Belgian mutual benefit societies..). But we just started this year a working group on LTC with the interested members.

Important question raised until now are:

- the funding and sustainability of the LTC policy
- the problem of lack of qualified staff
- how to support the informal carers
- how to ensure the quality of LTC services
- the problem of monitoring the process and outcome of the policy

4. Key issues and main questions proposed for debate at the review meeting.

The key issues and main questions proposed for debate at the review meeting are the following:

Access

- About freedom of choice for individuals:
 - how to get good information on the services (same apply for choice of hospital in the healthcare field)
 - how to evaluate the performance and efficiency of the private providers vs public/municipal provider
- About decentralisation:
 - how to decrease the inequality and differences in social services and benefits given by the municipalities: problem of equity (also example of Spain, ...)
- About staff
 - how to provide and pay sufficient trained and qualified staff (problem of sustainability, quality, attractivity)

Quality

- About informal carers
 - how to support them?
- About indicators
 - how to ensure qualitative indicators
- About technology

- how to integrate intelligent technology for LTC, particularly at home , and how to finance it

Sustainability:

- how to provide sustainable and sufficient funding for LTC

Remark:

As said above, our AIM members are just recently discussing the LTC issue.

The mutual benefit societies, members of AIM, and the paritarian organisations, members of AEIP (Association of European Paritarian Institutions) are looking towards how to improve their role in the LTC issue.

In this framework, AIM and AEIP will jointly organize a conference on LTC to make it possible to exchange together on the challenges of the LTC and some of the best practices developed.

The one day conference on LTC will take place on the second week of February 2008 probably in Brussels and will be organised using three working groups: the purpose of the conference is to exchange on the following issues:

- How to make long term care sustainable (finance and human resources)?
Is devoting LTC to a specific branch of the social security, the solution?
- How to improve the quality and the organisation of LTC? Some best practices and innovations (particularly informal carers, staff, ..).
- Is LTC compatible with the EU law regarding internal market and competition? Some examples and best practices in cross border LTC.

The first announcement of the conference will be launched end of September.

The '*Association Internationale de la Mutualité*' (International Association of Mutual benefit societies) (AIM), brings together 41 national federations of autonomous health insurance and social protection bodies in 29 countries. All these organizations operate according to the principles of solidarity and not-for-profit orientation.

In Europe, they provide coverage against sickness and other social welfare risks to more than 150 million people , either by participating directly in the management of compulsory health insurance, by providing voluntary health insurance or by delivering health care and social services directly through their own facilities.

AIM's goal is to defend and promote, at international and European level, the social values and basic principles shared by its members: access to health care as a fundamental right, solidarity and non-exclusion as essential means to ensure this access to quality health care for all, irrespective of health status or financial capacity to pay; and non-profit orientation. All these values are guiding principles for health insurance based upon the needs of citizens.

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