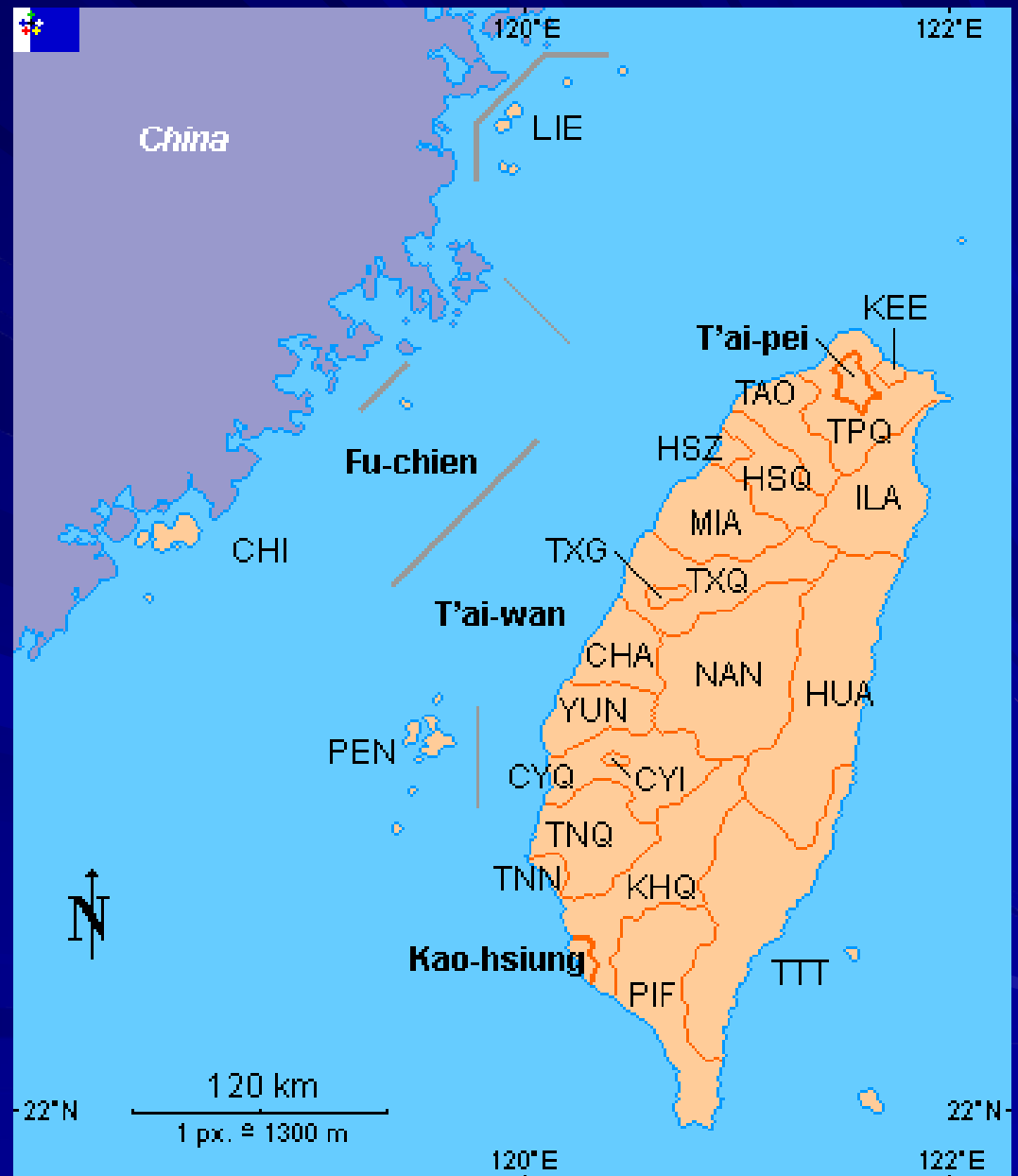


# Long Term Care Policy and Practice in Taiwan

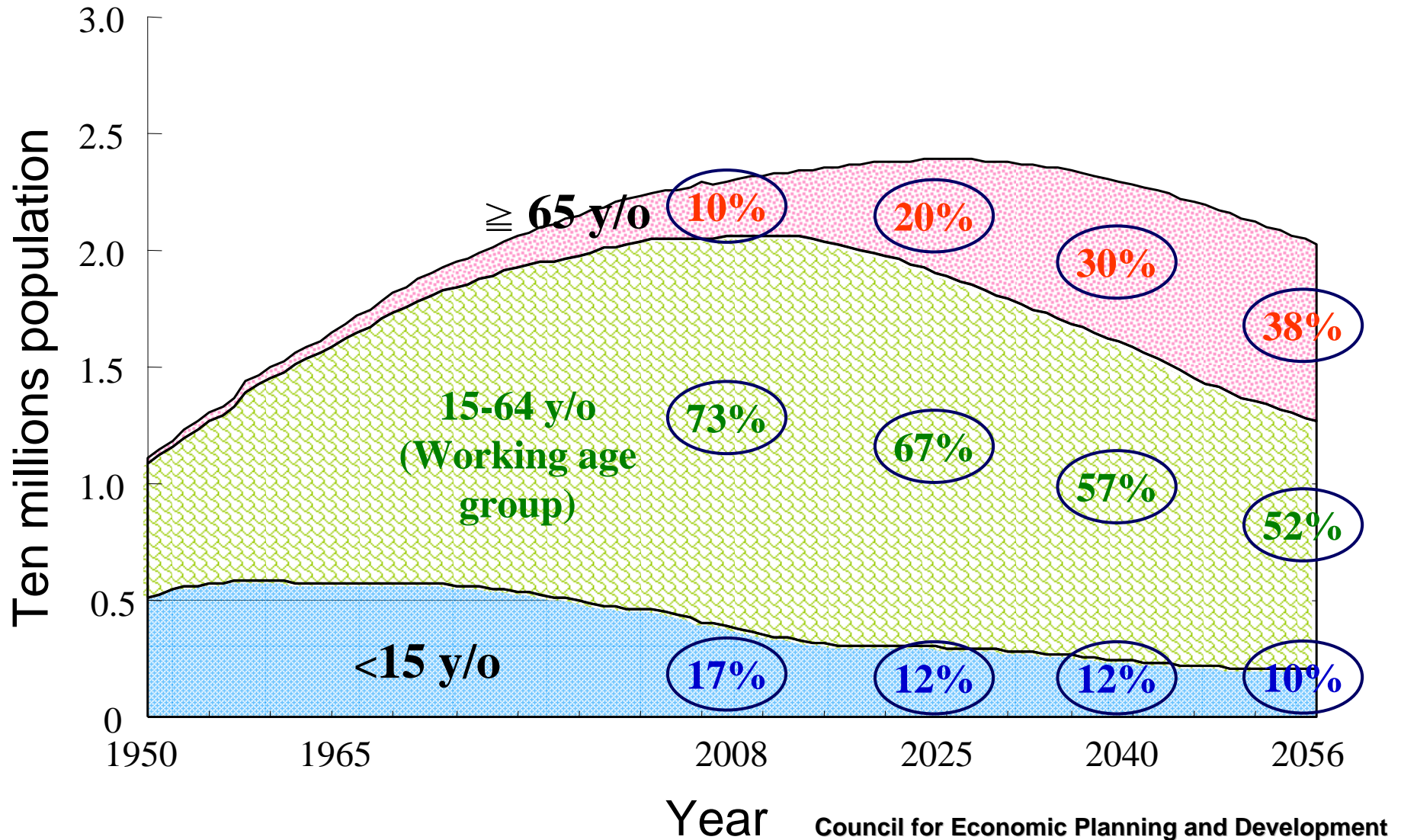
Shiao-Chi Wu PhD, Professor

National Yang-Ming University  
Institute of Health and Welfare Policy and  
President, Taiwan Long-Term Care  
Professional Association

- 23,027,672  
(2008 Nov.)
- 25  
cities/counties



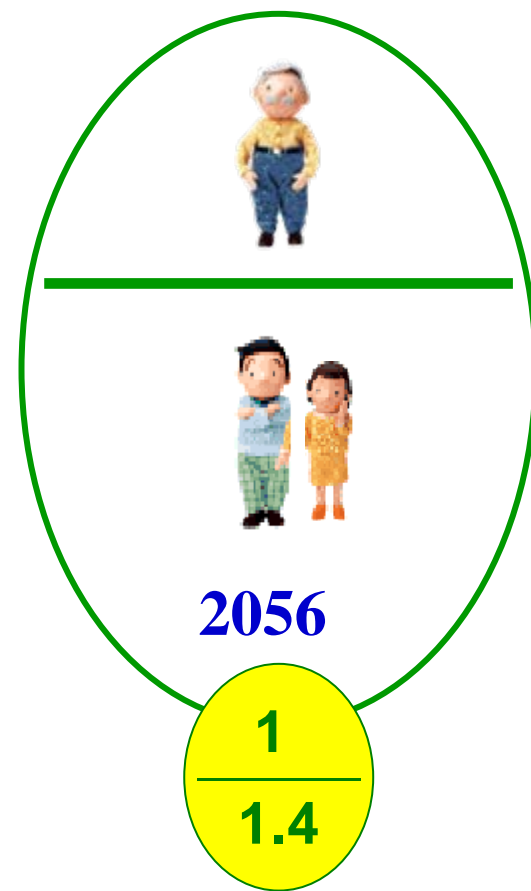
# Population structure in the next 50 years





  $\geq$  65 y/o elderly

 15-64 y/o Working age people



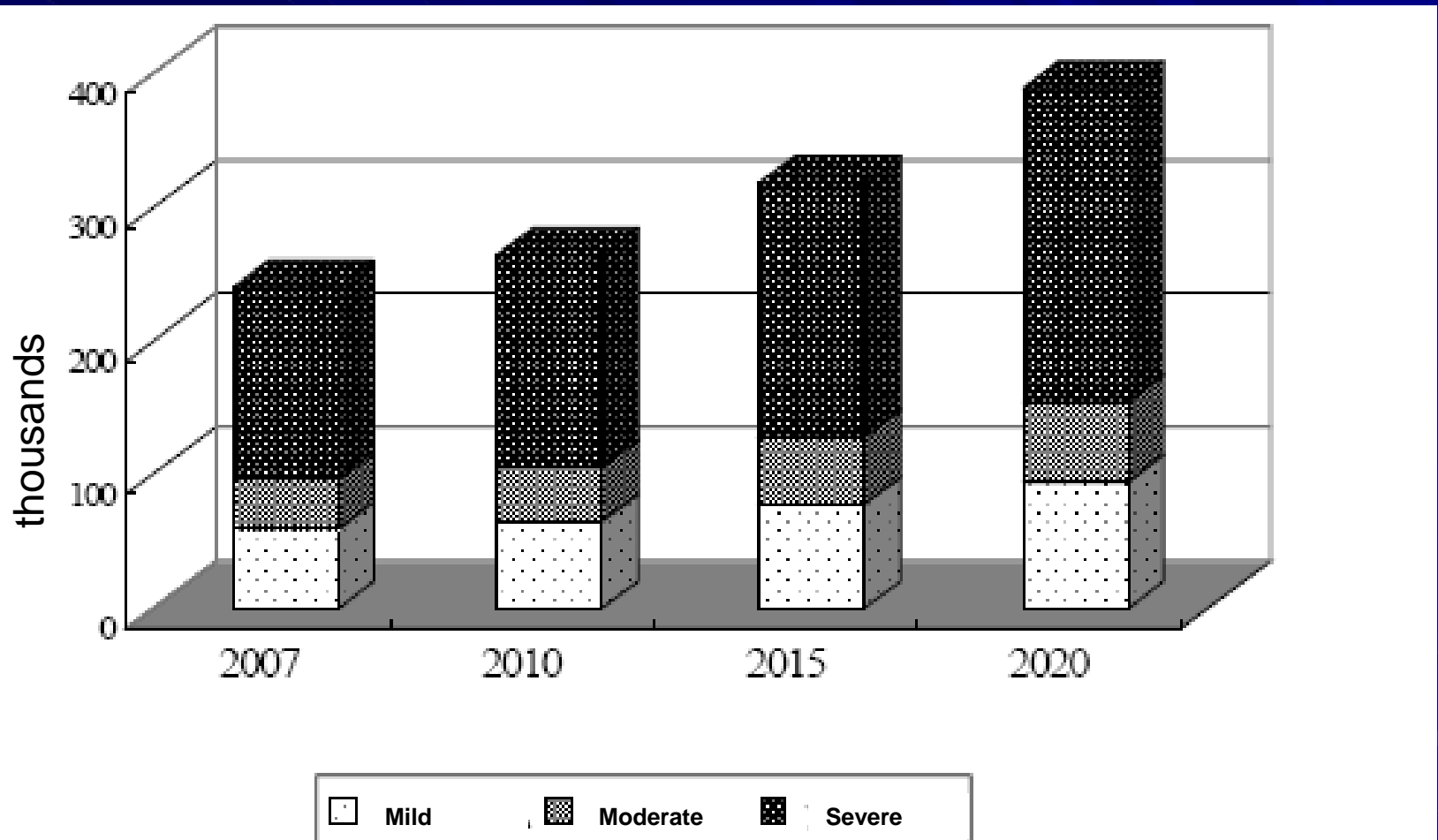
# Family structure Change in Taiwan

- 1986--2005: elderly living with children decrease from 70.2% to 57.3%
- 2007: 49.57% wives have to work outside
- Low fertility rate in younger generation (TFR=1.13 in 2007)
  - family size decrease (no relatives, live alone)
  - lack of man-power at home!!

# How Many Elderly Need Long Term Care?

- 9.7% in year 2000 (data from Executive Yuan)
- It means that the number of elderly need long term care will be increased due the increasing population of elderly

# Forecasting disability persons in 2007-2020



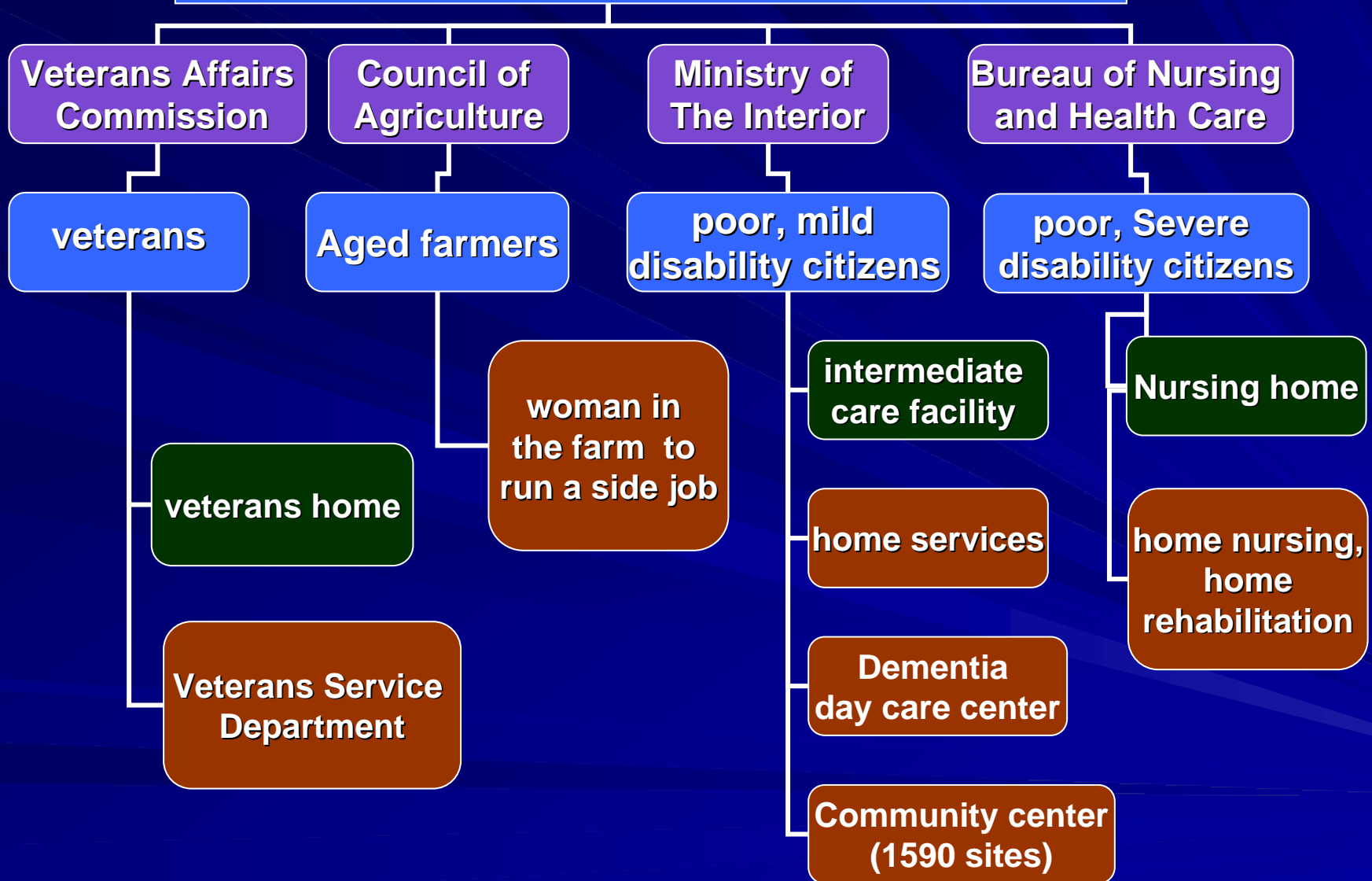
**Mild: 1-2 ADLs; Moderate: 3-4 ADLs; Severe: 5-6 ADLs**



# Challenges

- How to decrease the demand of long term care?
- How to increase the effectiveness and efficiency of long term care ?
- How to decrease the cost of long term care ?
- How to let the people approach the long term care easily?

# The Structure of Long Term Care



## ■ **Strength**

- Good care to veterans and poor people
- More manpower involved in the long term care from different departments
- More facilities: Ministry of the Interior provide 41,067 beds in 959 institutions, the occupancy rate is 73.12% (2008)

## ■ **Weakness**

- The standard and criteria of care may be different
- Hard to integrate the training program and manpower– low efficiency of manpower
- Lack of community resources

# Legislation for LTC services

**Veterans  
Affairs  
Commission**

**Regulations**

**Council of  
Agriculture**

**Regulations**

**Ministry of  
the Interior**

**Senior  
Citizens  
Welfare  
Act**

**Bureau of  
Nursing &  
Health  
care**

**Nurse Act**

## ■ Strength

- Different Acts for different departments for their own affairs of long term care

## ■ Weakness

- Regulation and standard of staffs and facility are different
- Can't cover all long term care resources and management centers

# Education

Council of Labor Affairs

Ministry of Education

Ministry of the Interior

Bureau of Nursing and Health Care

Certificate for care providers

Dept of Technological & Vocational Education

Dept. of Social Education

Dept. of Higher Education

Provider training, healthy community Programs

Set up programs in college & U.

Education program for senior citizen

Related courses at university (esp. architecture)

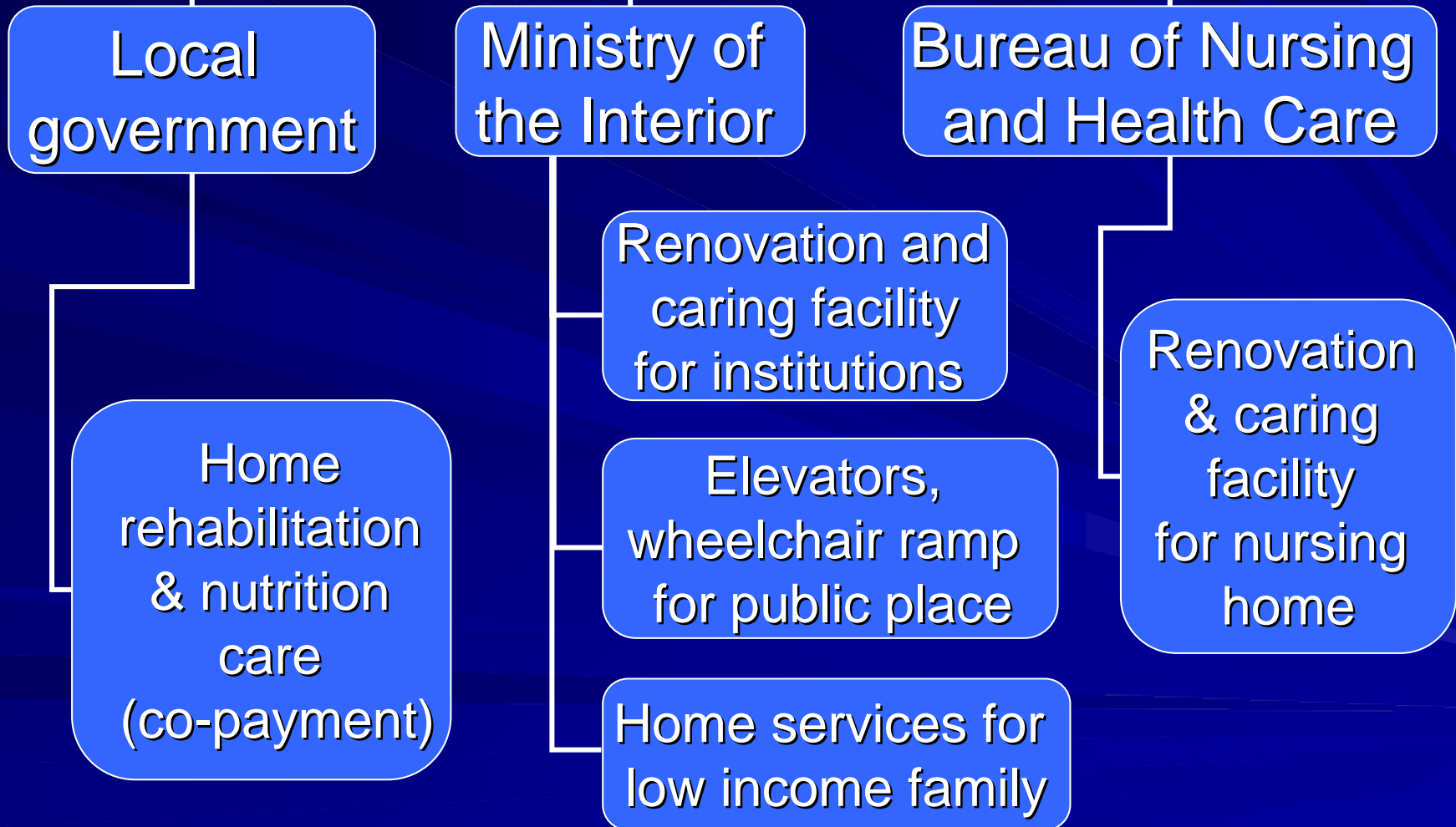
## ■ Strength

- Specific training program for different population

## ■ Weakness

- Deficient of professional trainers to extend the educational programs

# Subsidization



## ■ Strength

- Take good care for the poor and severe disable persons
- Near poor or mild disable citizen were subsidized care services

## ■ Weakness

- Limited support from government, especially at home and community
  - Such as home nursing or home rehabilitation
- The criteria and contents of subsidization are different depends on the financial condition of different local government.
- The barrier for the disable people or their family to apply the subsidization at different government department



Have we achieved the challenges?



- Did we decrease the demand of long term care ?
- Did we increase the effectiveness and efficiency of long term care ?
- Did we decrease the cost of long term care ?
- Did we let the disable people and their family approach the long term care easily ?
- Did we do enough ?

# The demand of long term care was increased

- Under the good and effective medical service, elderly people was increased.
- Under the successful public health policy for health promotion and disease prevention, elderly people was increased
- Frail elderly people increased



- Did we decrease the demand of long term care?
- Did we increase the effectiveness and efficiency of long term care ?
- Did we decrease the cost of long term care ?
- Did we let the disable people and their family approach the long term care easily?
- Did we do enough?

# The Effectiveness and Efficiency was improved

- Institutional care beds is more than demanded
- Long Term Care Resource and Manage Center have been established in each city/county
- E-care system is developing for monitoring the health record and long term care people's security, etc.
- More training and education programs for long term care providers



- Did we decrease the demand of long term care?
- Did we increase the effectiveness and efficiency of long term care ?
- **Did we decrease the cost of long term care ?**
- Did we let the disable people and their family approach the long term care easily?
- Did we do enough?

# Cost was increased

- The increased demand
- Fragment services
- Focus on the institutional care, not on the “care by the community”
- Limited care at home and community



- Did we decrease the demand of long term care?
- Did we increase the effectiveness and efficiency of long term care ?
- Did we decrease the cost of long term care ?
- Did we let the disable people and their family approach the long term care easily?
- Did we do enough?

# The Accessibility Still Need to Be Improved

- **Access barrier:** not enough long term care provider and resources in community
- **Financial barrier:** not enough financial support
- **Information barrier**



- Did we decrease the demand of long term care?
- Did we increase the effectiveness and efficiency of long term care ?
- Did we decrease the cost of long term care ?
- Did we let the people approach the long term easily?
- Did we do enough?

# Ten Years Long Term Care (LTC)

## Plan (2007/3/14---2017/3/13)

- To encourage home and community services
- Total 81.7 billion NT dollars in ten years
  - offer 12 thousands new jobs
- Expand target population from poor and severe people to :
  - Age  $\geq$  65 yrs for elderly
  - Age  $\geq$  55 yrs for native people
  - Age  $\geq$  50 yrs for disability
  - Living alone elderly

# The Subsidization of Home Care in Ten Years LTC Plan (I)

<b>Home care</b>	<b>Before</b>	<b>After</b>
<b>Care services</b>	Poor (<1 X LLP) (100%)	Poor (<1 X LLP) (100%)
<p><b>Mild</b> (1-2 ADLs or living alone elderly with IADL, <math>\leq 25</math> hrs/m),</p> <p><b>Moderate</b> (3-4 ADLs, <math>\leq 50</math>hrs/m)</p> <p><b>Severe</b> (<math>\geq 5</math>ADLs, <math>\leq 90</math>hrs/m)</p>	Different cities/counties with different copayment rate	<p><b>Near poor (&lt;1.5 X LLP) (100%)</b></p> <p><b>Medium income (1.5X ~ 2.5X LLP) (90%)</b></p> <p><b>General family (60%)</b></p>

LTC, long term care; LLP, lowest living expenditure; ADL, activity of daily living; IADL, instrumental of activities of daily living

# The Subsidization of Home Care in Ten Years LTC Plan (II)

<b>Home</b>	<b>Before</b>	<b>After</b>
<b>Home nursing</b>	<b>2 times / month (NT\$1,300/time)</b>	<b>4 times / month (NT\$1,300/time)</b>
<b>Home rehabilitation</b>		<b>1 - 4 times / month for home bound case (NT\$1,000/time)</b>
<b>Auxiliary instruments, home repair</b>	<b>poor and near poor</b>	<b>Max. NT\$100,000 in 10 years/family <b>Extend to general family</b></b>

# The Subsidization of Community Care in Ten Years LTC Plan

<b>Community</b>	<b>Before</b>	<b>After</b>
<b>Respite care</b>	some local government offered to general family	14-21 days / yr, transportation 4 times / yr,
<b>Transportation</b>		Severe case 8 times / month,
<b>Food services</b>		Mid & low income family, 1 meal / day
<b>Community services</b>	Poor and near poor, Some local government offered to general family	<b>Extend to general family</b> Every township at least 1 day health care center in 2016, Every city/county at least 1 Dementia day care center.

# The Subsidization of Residential care in Ten Years LTC Plan

<b>Residential</b>	<b>Before</b>	<b>After</b>
<b>Institutional care</b>	<b>Poor, Some local government offered general family</b>	<b>&lt; 1.5Times Lowest Living Exp. (Severe case subsidized 100%, Moderate case subsidized a proportion of fee) (MAX NT\$186,000)</b>

# Ten Years LTC Plan

## ■ Strength

- Provide more care to living alone elderly and general family to share the burden of care givers

## ■ Weakness

- Children and adults were excluded !!!
- Autism & some cognitive disability were excluded !!!

# Current problems in LTC

- Lack of services in community & home
- Shortage of related manpower
- Lack of integrated services
- Financial incentive still not enough
  - 40% co-payment in home care services
  - >90% co-payment in institutional care
- **Induce inpatient care**
  - 5% co-payment in chronic inpatients
  - 10% co-payment in acute inpatients

# Expectation

- National LTC Insurance before 2012
  - Universal, cover all age group
  - Sustainable development
  - Reasonable copayment (not higher than inpatient care)
  - Support **Cost-Effective Integration** of LTC services
- Integrate the standards of different LTC Institutions
  - Personnel, facility, space and accreditation
- Monitoring the quality of LTC services

**Thank you for your attention !**