# LONG-TERM CARE

## FOR DEPENDENT ELDERLY

### IN THE NATIONAL HEALTH SECURITY SYSTEM

NHSO
National Health Security Office

# WHY

## IS LONG-TERM CARE NEEDED FOR THE DEPENDENT ELDERLY?

Three main factors contribute to an increase in demand for long-term care (LTC) for the dependent elderly.

**1**

### THAILAND HAS BECOME **AN AGING SOCIETY**

Thailand has become an aging society. The number of older persons aged 60 and above represented 18% of the total Thai population in 2018. The proportion of older persons is estimated to reach 30% in the next 20 years.

**2**

### A HIGH PREVALENCE OF CHRONIC **NON-COMMUNICABLE DISEASES (NCD)**

The country's epidemiological transition, where the changing pattern of predominant infectious epidemics shifts to one with a high prevalence of chronic non-communicable diseases (NCD), will require continuous care or treatment of most of those chronic non-communicable diseases.

# 3

## THE FAMILY STRUCTURE IN THAILAND IS ALSO CHANGING

The family structure in Thailand is also changing. The average size of a Thai family has decreased from five family members in 1980 to three members in 2016. Consequently, the capacity to care for the elderly in the household is likewise declining. Further, the percentage of elderly living alone increased from 6% in 2002 to 9% in 2014. Another factor for the dwindling ability to care for the elderly in the home is that more women, the primary care-providers in traditional Thai households, are working outside of the house.

## AN INCREASING DEMAND FOR LONG-TERM CARE FOR THE DEPENDENT ELDERLY,

coupled with a decreasing capacity of the family to take on this role, makes it necessary for the country to design a long-term care system that is both efficient and sustainable.

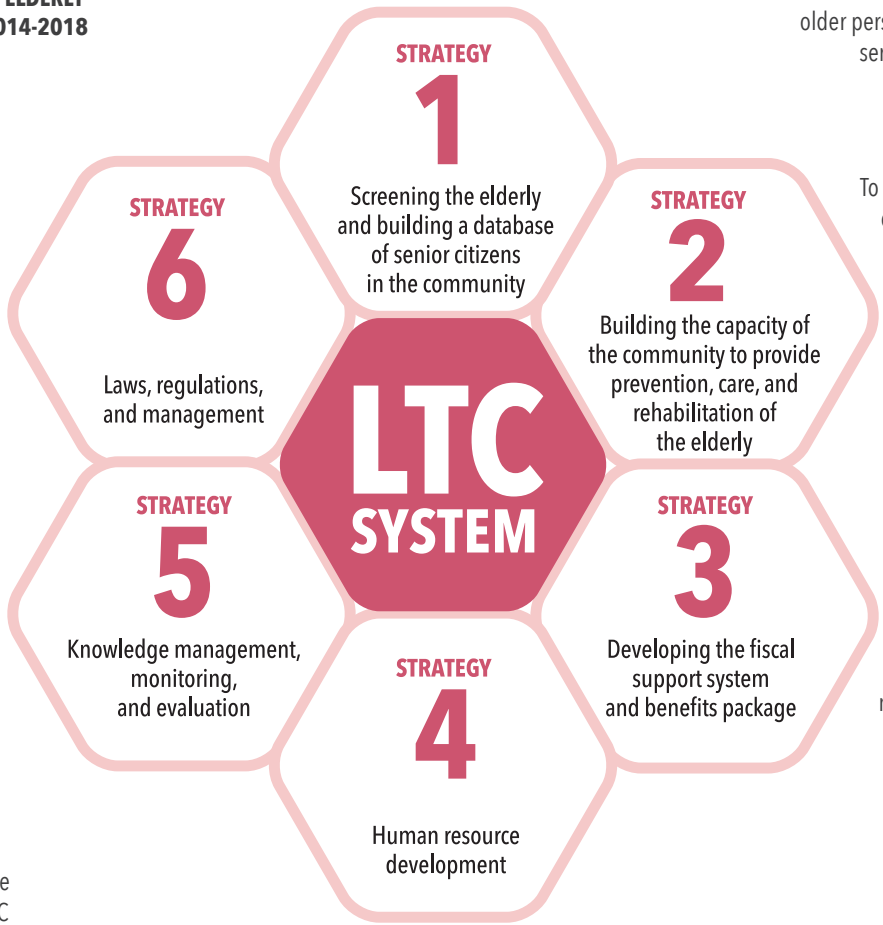
## COMMUNITY-BASED LONG-TERM CARE (LTC) SERVICES, therefore,

have become increasingly important considering the physical constraints of the elderly to access public health services and the high cost of nursing homes.

# A STRATEGIC PLAN FOR IMPLEMENTING A SYSTEM OF LTC FOR THE ELDERLY

The National Health Security Office (NHSO) has developed the "Strategic Plan for Implementing a System of Long-term Care for Dependent Elderly for the period of 2014 to 2018". The objective of this strategic plan is to build the capacity of individuals, families, and communities to care for their elderly members so that these older persons can age with dignity. This strategy calls for a central focus on those older persons who are home-bound or bed-bound and establish the system to link between the health and social services systems in the local medical facility, which provides health care knowledge and clinical care for the families. The philosophy behind this approach is to make use of the existing community resources, such as the Village Health Volunteers (VHV) and Elderly Care Volunteers (ECV), Senior Citizens' Clubs, and Local Administrative Organizations (LAO) which play a major role in integrating these relevant services. The Local Health Security Fund, which has been a collaboration over that past decade between the NHSO and the LAO, is the financial mechanism to support these activities.

Figure 1
**SIX STRATEGIES UNDER THE STRATEGIC PLAN FOR IMPLEMENTING A SYSTEM OF LONG-TERM CARE FOR DEPENDENT ELDERLY FOR THE PERIOD OF 2014-2018**




To create an accurate picture of the number and health status of the elderly, and to identify those older persons who are eligible for services under the benefits package.

To call for the collaboration of the community-based services with clinical care to provide a comprehensive LTC system and essential infrastructure for LTC for dependent elderly in the community.

To ensure a comprehensive package of services which meets the basic needs of the elderly with an appropriate and sustainable financial support system.

To ensure the adequate number of trained personnel who meet the standards for quality LTC of the elderly

To call for building a basic level of knowledge and compiling the relevant data and information to monitor the LTC services and assess outcomes.

To create an enabling environment for all related agencies in the LTC system.

# KEY AGENCIES

## INVOLVED IN IMPLEMENTING THE STRATEGIC PLAN

1

LOCAL ADMINISTRATIVE ORGANIZATIONS (LAO) (UNDER THE MINISTRY OF INTERIOR)

2

MINISTRY OF PUBLIC HEALTH (MOPH)

**3**

**NATIONAL HEALTH SECURITY OFFICE (NHSO)**

**5**

**MINISTRY OF EDUCATION (MOE)**

**7**

**COUNCILS OF PUBLIC HEALTH PROFESSIONALS**

**4**

**MINISTRY OF SOCIAL DEVELOPMENT AND HUMAN SECURITY (MSDHS)**

**6**

**COMPTROLLER-GENERAL DEPARTMENT (MINISTRY OF FINANCE)**

**8**

**FOUNDATION OF THAI GERONTOLOGY RESEARCH AND DEVELOPMENT INSTITUTE (TGRI)**

# STEPS IN IMPLEMENTING LTC FOR DEPENDENT ELDERLY

The first step in implementing LTC for dependent elderly is to appoint a "Sub-committee for Support LTC for Dependent Elderly" comprised of the following individuals: (1) Chief Executive Officer of the LAO; (2) representative of the local Health Security Office; (3) Director of the local hospital; (4) District Health Officer; (5) Chief of the Primary Care Unit; (6) Care Manager; (7) Care Giver; and (8) Chief Administrator of the LAO or appointed staff.

Once the subcommittee is established, the following steps should be implemented:

**1**

The local service provider conducts a survey and assessment of older persons to identify the dependent elderly (i.e., homebound/bed-bound) using a standard assessment, the Barthel ADL Index, and then records the data in the LTC program.

**2**

The LAO inspects and confirms the screened cases in the LTC program.

**3**

The service provider develops a care plan (CP) and submits the project to the LAO. The subcommittee reviews and approves the CP, then the relevant entities formulate an agreement to provide LTC services.

**4**

The NHSO inspects and compiles the data entered into the LTC program to allocate a budget for the planned services.

**5**

The NHSO transfers budgets for the LTC services in two parts: One is for service provider, and the other is for the LAO by paying to the local Health Security Fund.

**6**

The Care Manager (CM) and Care Giver (CG) deliver LTC as per the care plan (CP).

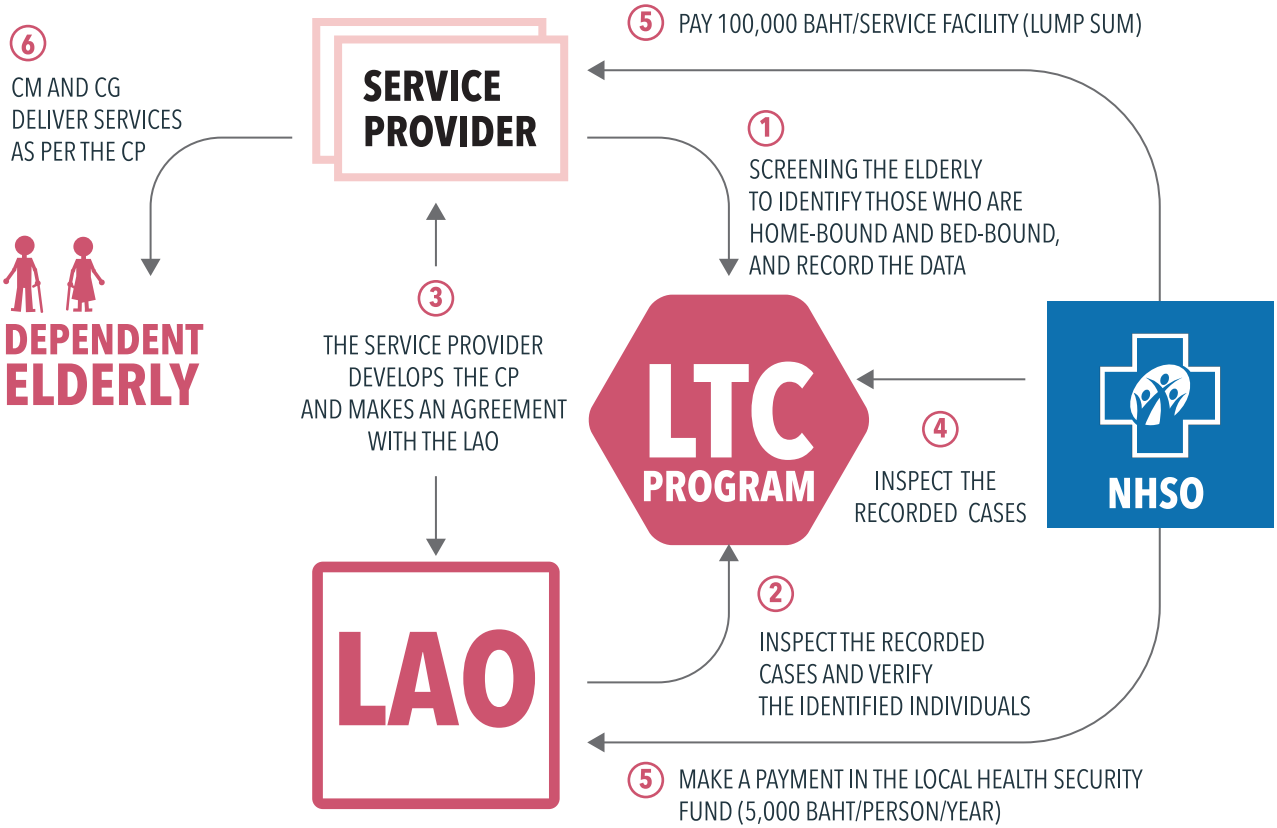



Figure 2
**STEPS IN IMPLEMENTING LTC FOR DEPENDENT ELDERLY**

Then nine months after implementing the services according to the CP, the service provider conducts an assessment of the elderly who are home-bound or bed-bound using the Barthel ADL Index as a measure of the outcomes of the LTC. The results of the assessment are then recorded in the LTC program as a basis for requesting additional budget for on-going LTC. In addition, after one year of completing the care, the service provider reports the outcomes to the National Health Security Board.

In 2016, there was a total of 1,752 LAOs participating in the community-based LTC initiative, and that number steadily increased. By 2019, there was a total of 6,003 LTC providers in 7,852 LAOs (76% of the total LAOs in the country).

**BY 2019,**
**THERE WAS A TOTAL OF**

**6,003**

**LTC PROVIDERS IN**
**7,852 LAOS**

# OLDER PERSONS
## ELIGIBLE FOR LTC

The NHSO classifies home-bound and bed-bound elderly into the following four subgroups based on assessments using the Barthel ADL Index:

### GROUP 1

Ability to somewhat move independently, but may need help with eating and toileting

### GROUP 3

Cannot independently move and need help with eating and toileting; or with a severe illness

### GROUP 4

The same as Group 3 and at the end-stage of life

### GROUP 2

The same as Group 1 plus who also have a cognitive disability

# BENEFITS PACKAGE

The benefits package for LTC of dependent elderly covers home-based care or community-based care, and clinical devices and equipment. The benefits may vary slightly from person to person based on individual needs, frequency of required services, etc. The following table summarizes the components and cost of the benefits packages.

HOME-BOUND ELDERLY

BED-BOUND ELDERLY

Table 1

## BENEFITS PACKAGE FOR LTC OF DEPENDENT ELDERLY

| Type | GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 |
|---|---|---|---|---|
| **Assessment and establishing the Care Plan** by the CM or health personnel | Annual | | | |
| **Health services** by public health staff including counseling, basic nursing care training for caregiver, rehabilitation, nutrition, pharmaceuticals, and other related areas based on the needs of the dependent elderly | At least once a month | At least once a month | At least once a month | At least twice a month |
| **Home-based or community-based care** by the CG for health and housing | At least twice a month | At least once a week | At least once a week | At least twice a week |
| **Procure clinical devices and equipment** by the LAO, service center, or private sector | Clinical device or equipment to assist movement or functioning of the dependent elderly | | | |
| **Evaluate and adjust the CP** by the CM or public health personnel | At least once every 6 months | At least once every 3 months | At least once every 3 months | At least once a month |
| **Payment** Compensation (lump sum baht/person/year) | Not over 4,000 | 3,000-6,000 | 4,000-8,000 | 5,000-10,000 |

Source: Handbook on Support for Management of Long-term Health Care for Dependent Elderly under the National Health Security System, NHSO (2016)

# PERSONNEL IN THE LTC SYSTEM

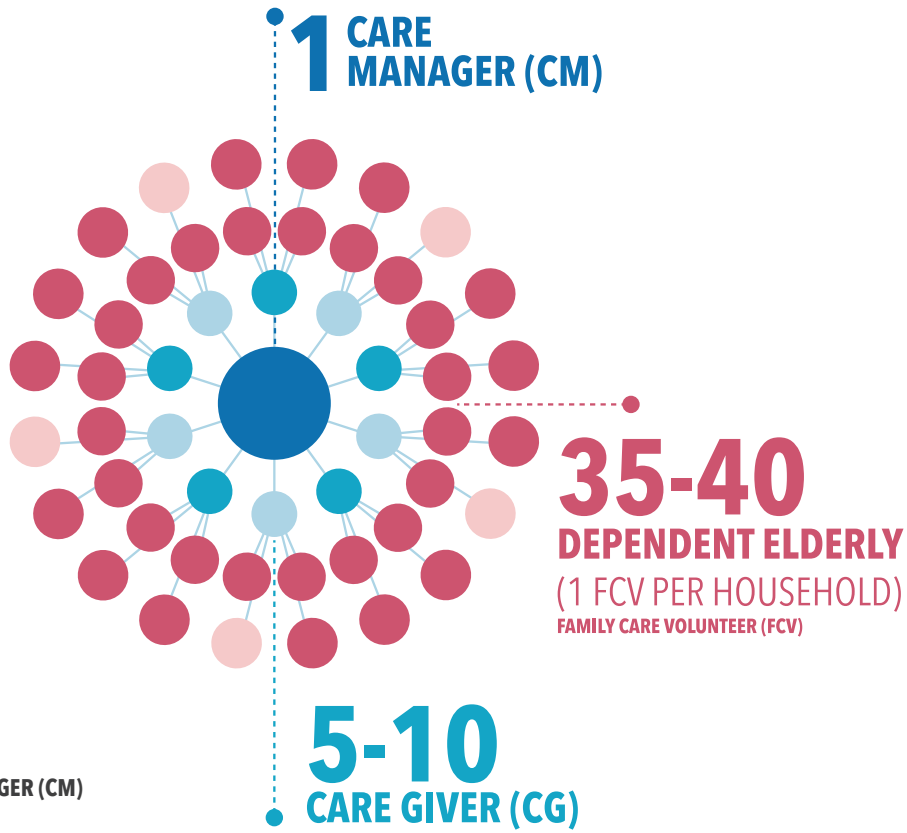



Figure 3
**RATIO OF CARE GIVER (CG) TO CARE MANAGER (CM) TO DEPENDENT ELDERLY**

## CM Roles and Responsibilities

- Overseeing the care of the dependent elderly
- Coordinate with external health and clinical services covered in the benefits package.
- Set up the care plan (CP)
- Select the Care Giver (CG)
- Assign CG to homes with dependent elderly
- Coordinates with the multi-disciplinary team to ensure implementation of the CP

## CG Roles and Responsibilities

- To help the dependent elderly to perform essential daily activities
- Ensure that the housing situation is safe for the elderly
- Help prepare meals
- Assist the elderly person in case of emergency
- The CG is supervised by the CM

## CM Qualifications

- Trained in medicine, nursing, or public health
- Trained in the CM training curriculum of DOH
- Have experience in care for elderly

## CG Qualifications

- Trained in a curriculum approved by the NHSO
- Completed 70 hours of training in the requisite subjects to become CG
- Completed 120 hours of the Elderly Care Curriculum will be qualified to be a professional caregiver

## FCV Roles and Responsibilities

- Provide simple, essential care, and assistance to the dependent elderly
- Share knowledge of basic care of the elderly with other members of the household
- Promotes health development in the household and links with the network of VHV

## FCV Qualifications:

- Household members who are 15 years or older
- Trained 18 hours of basic care of the elderly

# ONE CM OVERSEES 5 TO 10 CGS, WHICH CARE FOR 35-40 DEPENDENT ELDERLY

There was a cumulative total of 12,843 CMs and 77,853 CGs in 2018. The total number of dependent elderly persons enumerated during 2016-2018 was 180,821. Those totals indicate that there was approximately one CG for every three dependent elderly individuals.

# BUDGET ALLOCATION

The NHSO sets the budget for LTC services for the home-bound and bed-bound cases. The budget is divided into two categories.

## 1

NHSO makes a lump sum payment of 100,000 baht to a health facility, including the contracting unit for primary care (CUP) and primary care unit (PCU). The budget will be used for screening of local residents to find eligible elderly, make the care plan (CP), and provide services and technical assistance to LAO.

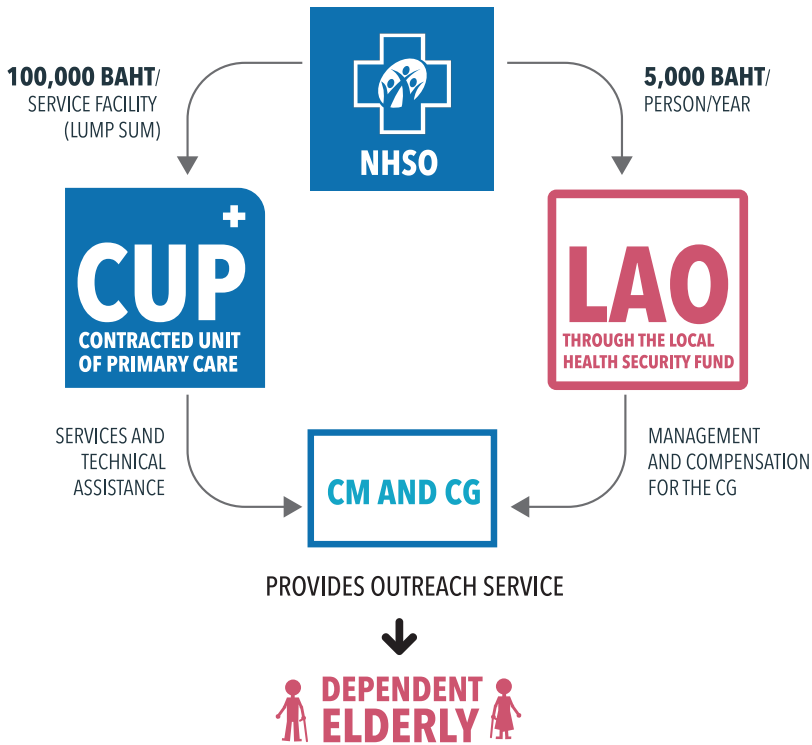



Figure 4
**ALLOCATION OF BUDGET OF HEALTH SERVICES FOR LTC**

# MONITORING AND EVALUATION OF THE LTC PROGRAM

The NHSO has created a computerized database for use in recording data on LTC services at every level in the system. This includes checking the insurance scheme of the elderly, inputting data of older persons who are eligible to receive LTC, recording care plan, CM, and CG of each elderly. The database includes the benefits package for the four categories of dependent elderly, reimbursements for compensation payments, and care outcomes. This database should facilitate service providers and LAO to assess progress in the LTC management, and enable monitoring of beneficiary status. In addition, the data can also be used for overall monitoring and evaluation of the LTC management and system. The monitoring and evaluation (M&E) are conducted on a quarterly and yearly basis. There are two main components of the M&E. The first component is to monitor the record to verify the number of dependent elderly persons by location and track the budget allocated for LTC services and funds in the Local Health Security Fund. The second component is to monitor, according to the KPI, the quality of services both at the health facilities and the management of LAO.

**2**

NHSO allocates the budget at the rate of 5,000 baht per person per year to LAO through the Local Health Security Fund. That amount is expected to cover the basic LTC for one dependent elderly during the year according to the benefits package and compensation for the CG.

# PROBLEMS, OBSTACLES, AND PLANS FOR FUTURE IMPLEMENTATION

The LTC systems of the NHSO, still in an early stage of implementation, face several challenges.

**1**

Some LAOs are not yet ready to manage LTC. According to data in 2019, a total of 6,003 LTCs have been implemented out of 7,852 LAOs, or about 76 percent of total LAOs nationwide. Thus, 24 percent or 1,849 LAOs are not yet ready to implement the LTC system. At the same time, there are no clear strategic plans for building the capacity of the locality to successfully implement the LTC services in a self-sustaining way.

**2**

There are differences of opinion between the NHSO and MOPH about the concept of volunteerism and contracted work of the CG. This difference in interpretation has caused confusion and inconsistency in hiring CGs, and has led to non-payment or delay in payment for the CGs.

# 3

It is not always easy to recruit eligible individuals to assume the full-time position of CG. This is especially true in the case where the CG is viewed as a "volunteer" and, thus, there is less interest in applying. If a person were to take on the full-time CG role, then most would have to leave whatever occupation they were employed. In addition, after training, some CGs are not able to implement the required tasks because they may not be able to perform the necessary services.



The NHSO plans to alter the LTC budget allocation by changing from splitting the budget into two channels to allocating the whole budget to the LAO. The LAO will be able to more efficiently and systematically manage the budget for this activity. The NHSO is aware of these shortcomings of making payment to CGs and is trying to clarify and streamline the system of payments to the CGs. The NHSO has submitted a proposal to the Cabinet to approve the budget for the Local Health Security Fund for LAO to pay the CGs in their area of administration. There is also a plan to upgrade the CG position to a more formal status by providing an additional 50 hours of training for those CGs who have completed 70 hours of training to qualify for full-time assignment (8 hours/day and 5 days/week). The LAO would be the contracting agency to hire and pay these CG positions and monitor their performance.

# SUMMARY

Thailand continues to become an aged society. The increasing number of the aging population is causing a major epidemiological transition, from infectious diseases to NCDs and other chronic conditions of the growing elderly population. This epidemiological change will increase the care burden over time, and the duration an individual will require care will also increase as the life expectancy of the population extends. At the same time, the capacity of the typical Thai household to care for older members of the family is decreasing due to demographic and socioeconomic factors. Clearly, Thailand will have to rapidly develop a comprehensive, expandable, and sustainable LTC system to cope with the demographic tsunami of older persons that are starting to flood the country. These efficient LTC systems will have a significant impact on reducing the burden on the family responsible for LTC of aging members. In addition, community-based care is a more effective mechanism for providing LTC as compared with institutional-based care.

Starting in 2016, Thailand launched the LTC system for dependent elderly under the Universal Coverage Scheme. This scheme has been extended to cover the beneficiaries under the Civil Servants Medical Benefits Package and the Social Security Scheme, thereby creating a unified LTC service package across government health insurance systems as well as creating equitable access to LTC for all dependent elderly.

The Ministry of Public Health (MOPH), Local Administrative Organizations (LAO), and National Health Security Office (NHSO), collectively managing

the long-term care (LTC) system, set up and introduced a national LTC system. The MOPH has the role of overseeing the health and medical components of the LTC system, and providing technical assistance and quality control to ensure a standard criterion of service. The LAO manages the LTC system, oversees the Local Health Security Fund, and monitors service providers. The NHSO has the role of providing financing support and setting up an LTC management mechanism. In addition to these three agencies, other agencies, public, private, and Civil Society, support the livelihood of Thai elderly in their independent area of responsibilities. This LTC system using community-based care will be able to improve the quality of life of those older persons so they can age with dignity

**THIS LTC SYSTEM USING COMMUNITY-BASED CARE WILL BE ABLE TO IMPROVE THE QUALITY OF LIFE OF THOSE OLDER PERSONS SO THEY CAN AGE WITH DIGNITY**

NHSO

National Health Security Office