Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)

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1. Outline of LTOP

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People（LTOP)

Project which focuses on “Long-term Care (LTC) for the Elderly”, which is based on the experience of CTOP project ended in November 2011, has started in January 2013 in Thailand where the population is rapidly aging, and the knowledge and experience of Japan will be transmitted to Thailand.

I. LTC Service Model Development

Model services will be implemented to look forward to the “introduction of professional LTC services for the elderly at home” by which family caregivers are appropriately supported and the frail elderly can be supported at the communities.

- ◆ LTC model by the professional care workers which is based on the appropriate care management will be developed and implemented/tested in pilot project sites.
- ◆ Condition of the service users will be followed and recorded minutely, and the efficiency and benefit of the service will be explained by the evidence.

II. Transmission of Advanced LTC Skills

Knowledge of advanced skill related to LTC (including care management, nursing, rehabilitation, LTC for the persons with dementia, introduction of welfare equipment, etc.) will be transmitted from Japan to Thailand by Japan training and the development of textbook for human resource development.

III. Policy recommendations

Policy recommendation will be developed for the future policy response in Thailand through sharing rich experiences of policy responses etc. in Japan regarding the various policy issues related to LTC among the policy makers and researchers of Japan and Thailand by holding seminars etc. The result of the project will be disseminated to other East Asian countries and shared through seminar.

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People

Summary of the project

Long-term care system for the frail elderly people which is financially sustainable will be proposed by making use of the integrated community-based services, which is a result of the "Project on the Development of a Community Based Integrated Health Care and Social welfare Services Model for Thai Older Persons (2007 – 2011)". "Model services" will be developed in pilot project sites (6 areas: Chiang Rai, Khon Kaen, Nonthaburi, Surat Thani, Nakhon Ratchasima and Bangkok) and implemented in the efficient and sustainable way. Training programs for care workers and care coordinators will be developed.

【Period】 14 January 2013～31 August 2017 (4 years 8 months)

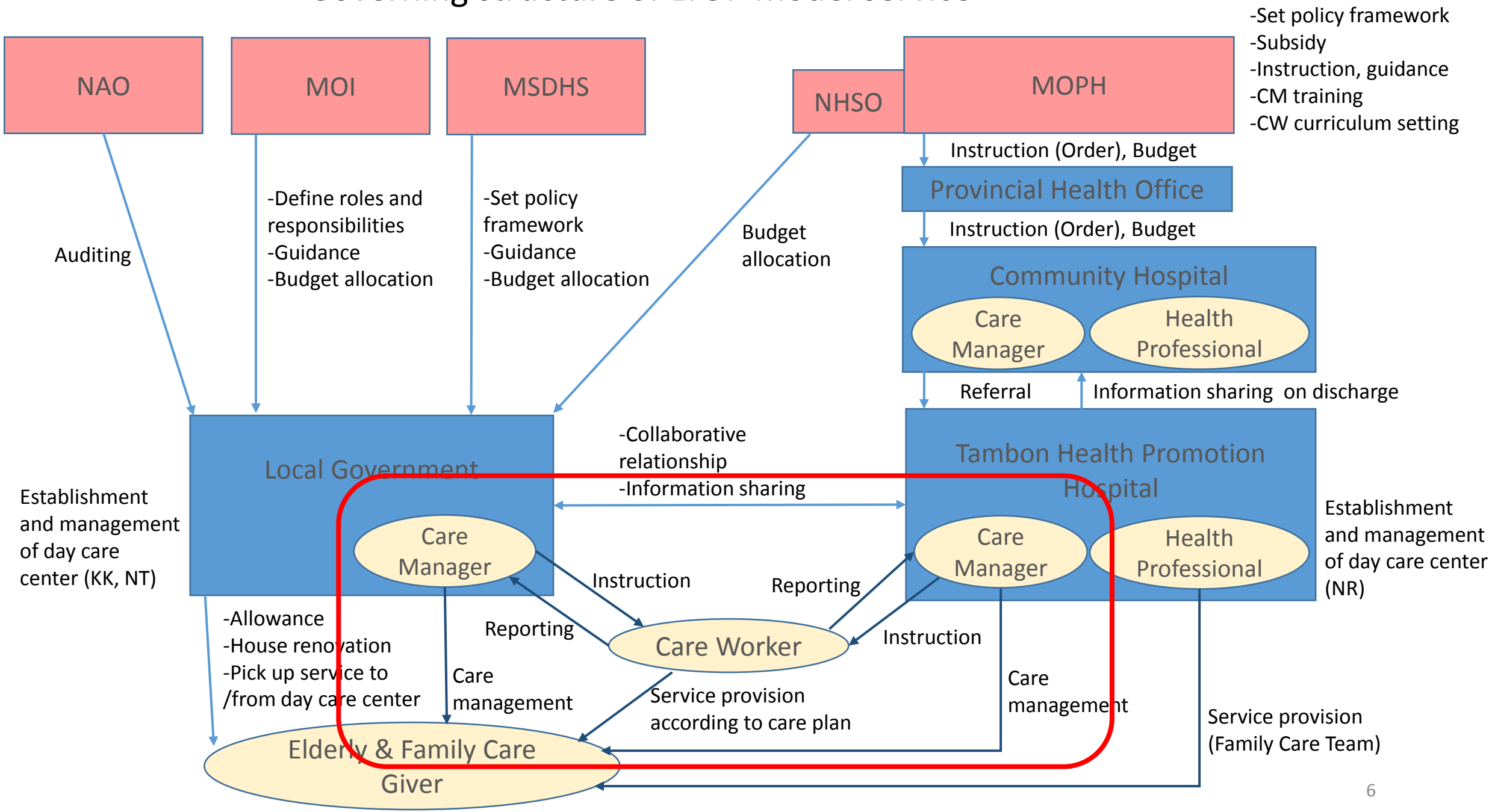
【Purpose】

Policy recommendations on the long-term care for the elderly are accepted by the relevant ministries and organizations.

【Outputs】

1. Policy recommendations on the long-term care for the elderly are developed, based on the evidence from the pilot projects and Thai and Japanese knowledge and experiences.
2. "Model Services" are developed and implemented in an effective and sustainable manner at pilot project sites.
3. Training programs of the care workers and coordinators are developed.

Governing structure of LTOP model service



Surveys and Analysis

1.Monitoring Survey

- 4 times (January to March of 2015, June to August of 2015, April of 2016 and November of 2016)
- QOL of Care Giver, ADL of Elderly, Working Ability of Care Manager and Care Giver

2.Model Service Survey

- 2 times (November of 2015 and June of 2016)
- The kind and quantity of service provided

3.Cost Analysis

- April to May of 2016
- Personnel cost, Land cost, Asset cost, Operational cost and Opportunity cost

2. Operation of the Project
(Data from Model Service Survey(June of 2016))

Table 1 Number of the elderly in each site

	CR	KK	NR	NB	BK	ST	Total
Male	13	12	5	9	6	11	56
Female	10	13	15	23	14	8	83
Total	23	25	20	32	20	19.0	139

Table 2 Age of the elderly in each site

(year)

	CR	KK	NR	NB	BK	ST	Total
Minimum	66	34	45	56	65	61	34
Maximum	95	89	94	94	95	100	100
Average	80.2	71.8	69.6	80.8	82.6	79.1	77.2

Table 3 ADL of the elderly in each site

	CR	KK	NR	NB	BK	ST	Total
Entry							
Minimum	3	0	0	2	0	0	0
Maximum	11	14	18	18	14	13.0	18
Median	11.0	10.0	9.5	12.0	3.5	5.0	9.0
Average	9.0	8.7	8.8	10.3	4.4	5.4	8.0
Current							
Minimum	2	0	0	1	0	0	0
Maximum	19	19	20	19	20	12	20
Median	12.0	13.0	11.0	12.0	6.0	8.0	11.0
Average	10.1	12.4	10.6	11.7	6.8	6.8	10.0

Table 4 Total number of visit in each site

	CR	KK	NR	NB	BK	ST	Total
Total number of visit	44	97	72	262	106	57	638

Table 5 Ratio of Number of Visiting Workers

	CR	KK	NR	NB	BK	ST	Total
1 person	75.6%	0.0%	50.0%	79.4%	56.6%	35.1%	56.1%
2 persons	15.6%	77.3%	33.3%	20.6%	43.4%	22.8%	34.2%
3 persons	6.7%	19.6%	16.7%	0%	0%	5%	5.8%
4 persons	0%	1.0%	0%	0%	0%	0%	0.2%
5 persons	2.2%	0%	0%	0%	0%	0%	0.2%
6 persons or more	0%	2.1%	0%	0%	0%	36.8%	3.6%

Table 6 Ration of Transportation for visit

	CR	KK	NR	NB	BK	ST	Total
Official Car	0%	1.0%	0%	0%	17.9%	15.8%	4.5%
Private Car	0%	0%	1.4%	3.4%	0%	36.8%	4.8%
Motorcycle	55.6%	99.0%	63.9%	13.2%	66.0%	0.4	46.2%
Bicycle	15.6%	0%	30.6%	0%	0%	0%	4.5%
Walk	15.6%	0%	4.2%	83.4%	15.1%	0%	38.4%
Others	13.3%	0%	0%	0%	0.9%	5.3%	1.6%

Table 7 Number of visit per the elderly

	CR	KK	NR	NB	BK	ST	Total
Minimum	1	2	2	7	1	1	1
Maximum	2	5	4	10	10	6	10
Average	2.0	3.88	3.6	8.2	5.2	3.0	4.6

Table 8 Service Time per Visit in each site

(minute)

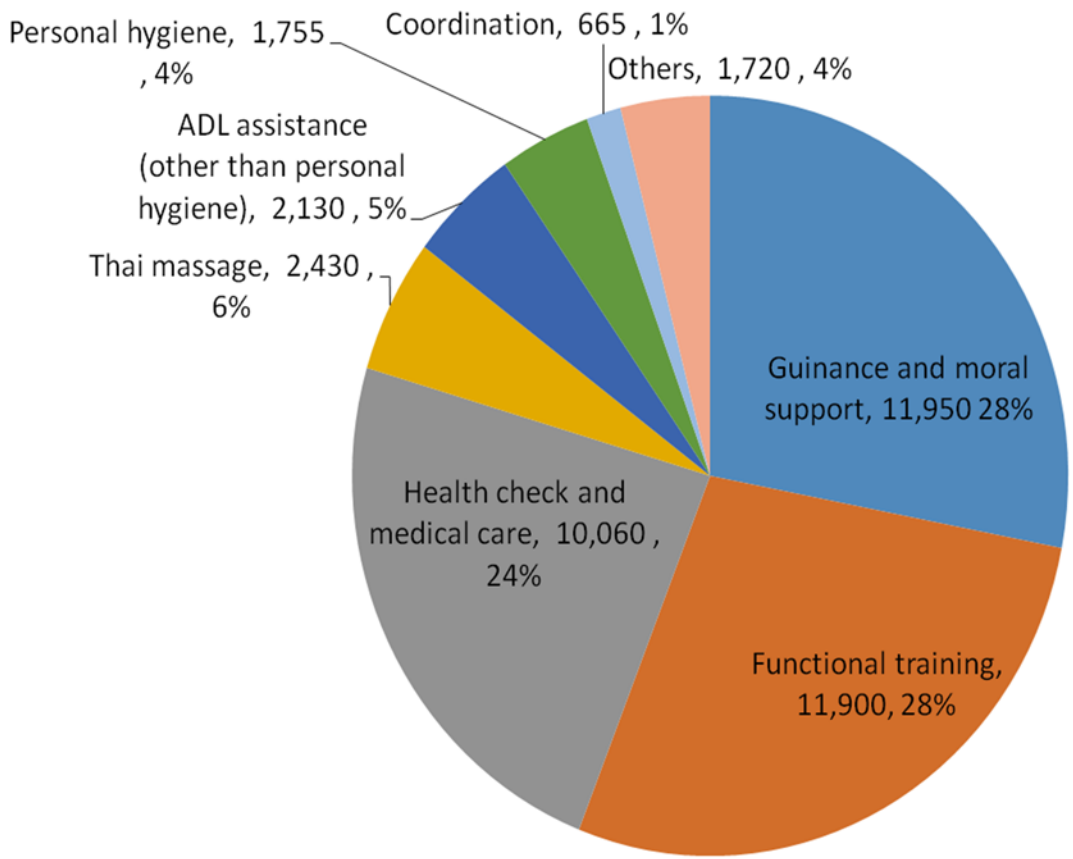
	CR	KK	NR	NB	BK	ST	Total
Minimum	30	25	30	30	30	25	25
Maximum	190	140	130	90	120	210	210
Average	90.0	52.0	78.7	57.0	74.0	100.4	66.8

Table 9 Accumulated Total Service Time in each site

(minute)

	CR	KK	NR	NB	BK	ST	Total
Total service time	4,000	5,045	5,665	14,935	7,880	5,085	42,610

Fig. 1 Home visit service in 6 sites (in minute, June 2016)



Summary of results of Model Service Survey

- According to the results, among the total service hours, Guidance and moral support shares 28%, followed by functional training (28%) and Health check and medical care (24%).
- Service provision for personal hygiene was 4%, ADL assistance (other than personal hygiene) was 5%.
- There was a wide variety among different pilot sites. For example, in NT, 64% of total service provision time was spent for functional training. In KK, 26% was spent for Thai massage
- In 6 sites, 708 hours of services were provided to 139 clients during the month of June, which means approximately about 5 hours of services were provided to 1 client. On average, 4.6 visits were made for 1 client although there is a wide variation among different sites.

3. Impacts of LTOP

- More coordinated, organized and needs-based care service is provided by the introduction of care management concepts and methods.
- Provision of services made positive impacts on ADL of the frail elderly persons. Out of 136 clients, of whom ADL score (from 0 to 20) can be followed from the baseline survey to the 3rd Monitoring survey, 64.7% of them had the improvement in their ADL scores.
- However, the service provision didn't have significant positive impacts in the QOL of family caregivers. Self-evaluation of QOL of family caregivers hasn't changed significantly between the baseline survey and the 3rd Monitoring survey after an improvement from the baseline survey to the 1st Monitoring survey.

4. Policy Recommendation

LTOP project's policy recommendation (main points)

1. Service Delivery
   - Establish family caregiver support systems: education and practicing, respite services.
   - Develop long-term care service delivery systems at all sub-districts nationwide, including care management, home visit and daycare. (A model system was developed in LTOP pilot sites.)
2. Workforce
   - Roles of and requirements for care managers, caregivers and other related service providers (Necessary numbers were estimated based on the workforce in LTOP pilot sites.)
   - Develop curricula and provide the training.
3. Information
   - Establish the database of frail elderly persons at the district level.
4. Products and technologies
   - Develop standard guidelines for care managers and other service providers.
   - Support the development of vehicles to transport frail elderly persons.

LTOP project's policy recommendation (main points) (continued)

5. Financing
    - Establish the long-term care fund at local level, which integrates health and social welfare budgets from ministries as well as the fund from the local government.
    - Expenses to be covered by the fund (Costs were estimated based on LTOP's cost analysis.)
6. Leadership/Governance
    - Authorize the local authority as the principal organization to manage the long-term care system
    - Establish committees to work on frail elderlies and long-term care from national to local levels.
    - Develop the service accreditation system.
7. Community participation
    - Support the establishment of sub-district welfare fund for the provision and group-purchase of consumables.
    - Support and develop the capacity of elderly clubs, children and youth council in the community to support elderly persons.