

Integrated Institutional and Community-based Long Term Care: Model Development in Lampang, Thailand supported by UNFPA

prepared by

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at

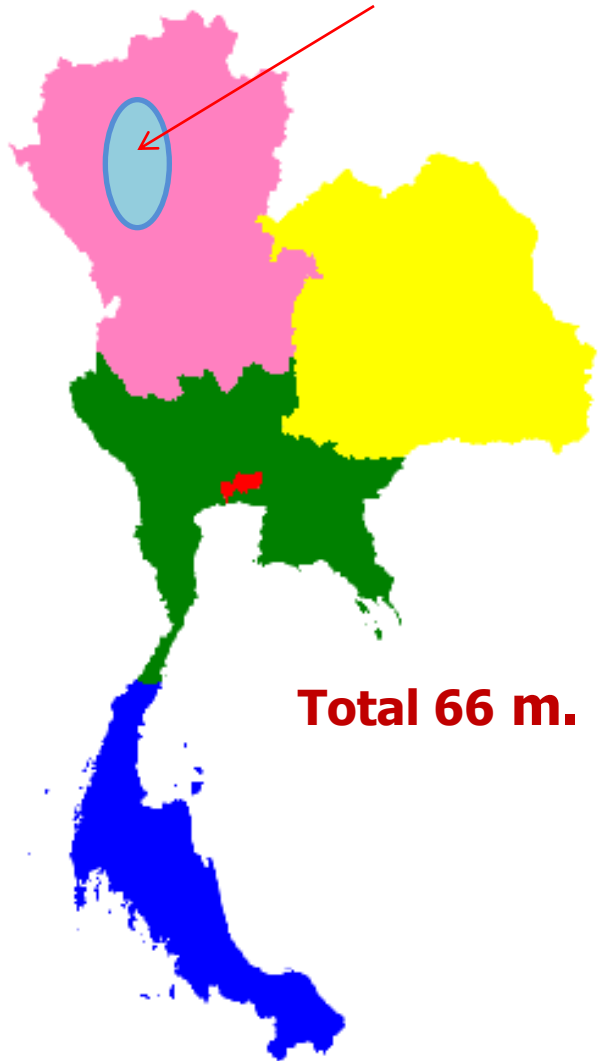
**The Eight World Congress on Long Term Care in Chinese Communities and
Asian Ageing Development Conference, Hong Kong, 25 November 2011**

Population Ageing in Thailand

- **Rapid population structure change** in the past 3 decades
- **Total number of older persons: 7 million (11.5%)** in 2010
- **Rapid population ageing** (the share of older population *doubles in 25 years time* - from 10.1% in 2000 to 21.5% in 2025 and *triples in 50 years* – 29.8% in 2050)
- **Second fastest ageing** country in South East Asia (3.7% per year), next only to Singapore; much faster than western country
- The **tipping point** occurs almost at the same period of East Asia, much earlier than other countries in South East Asia

Thailand's Population Structure (2007)

Lampang Province

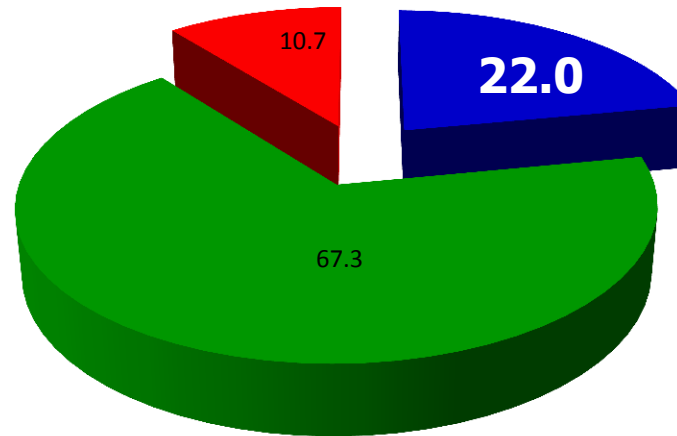


Total 66 m.



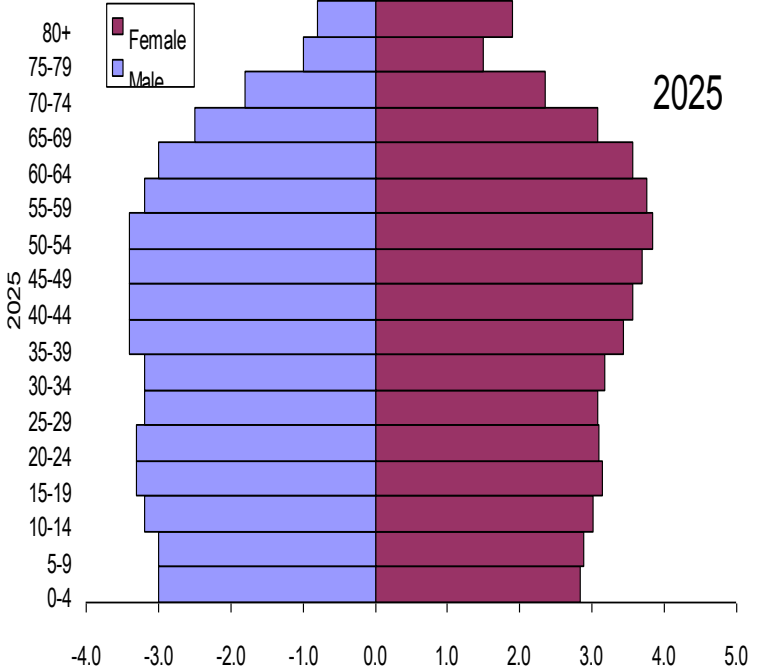
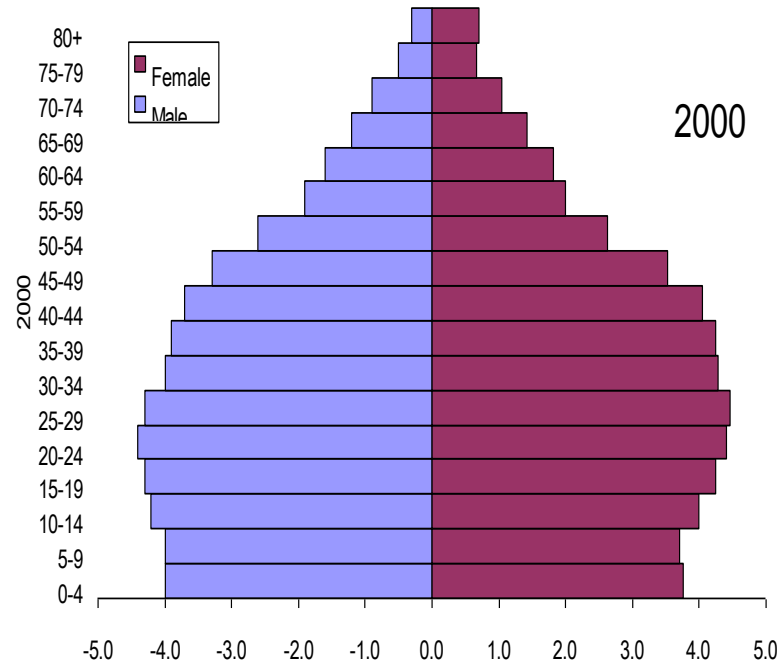
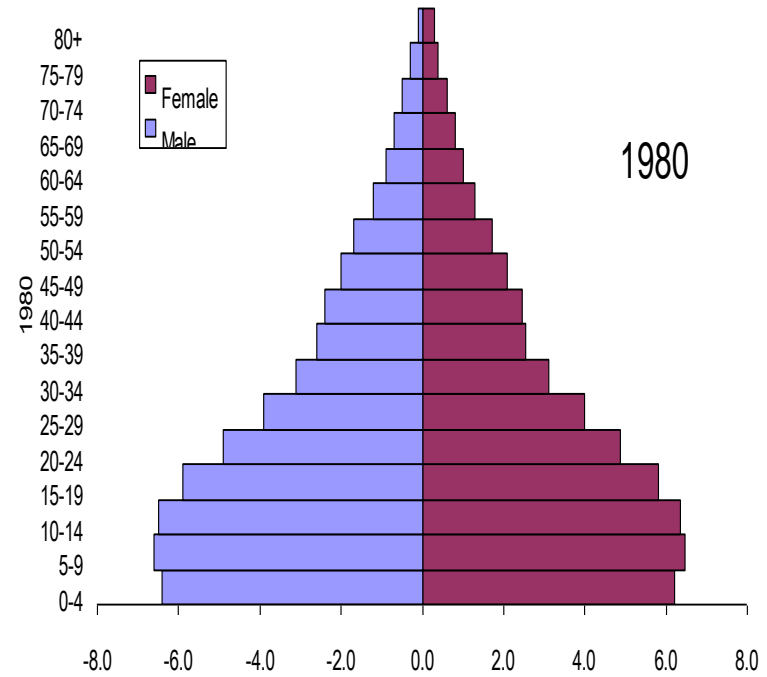
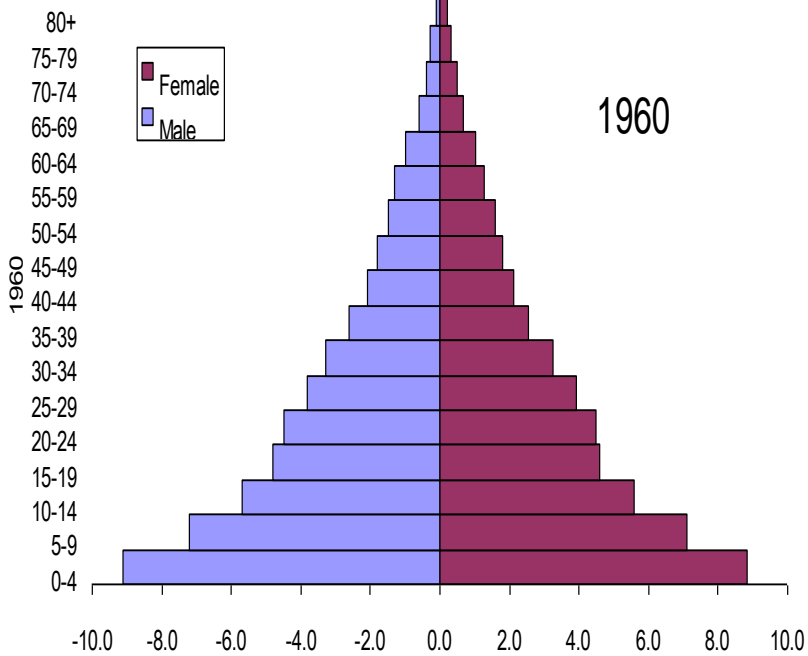
60+ yrs
7.1 m.

0-14 yrs
14.5 m.



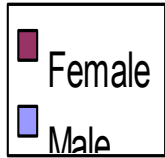
15-59 yrs
44.4 m.





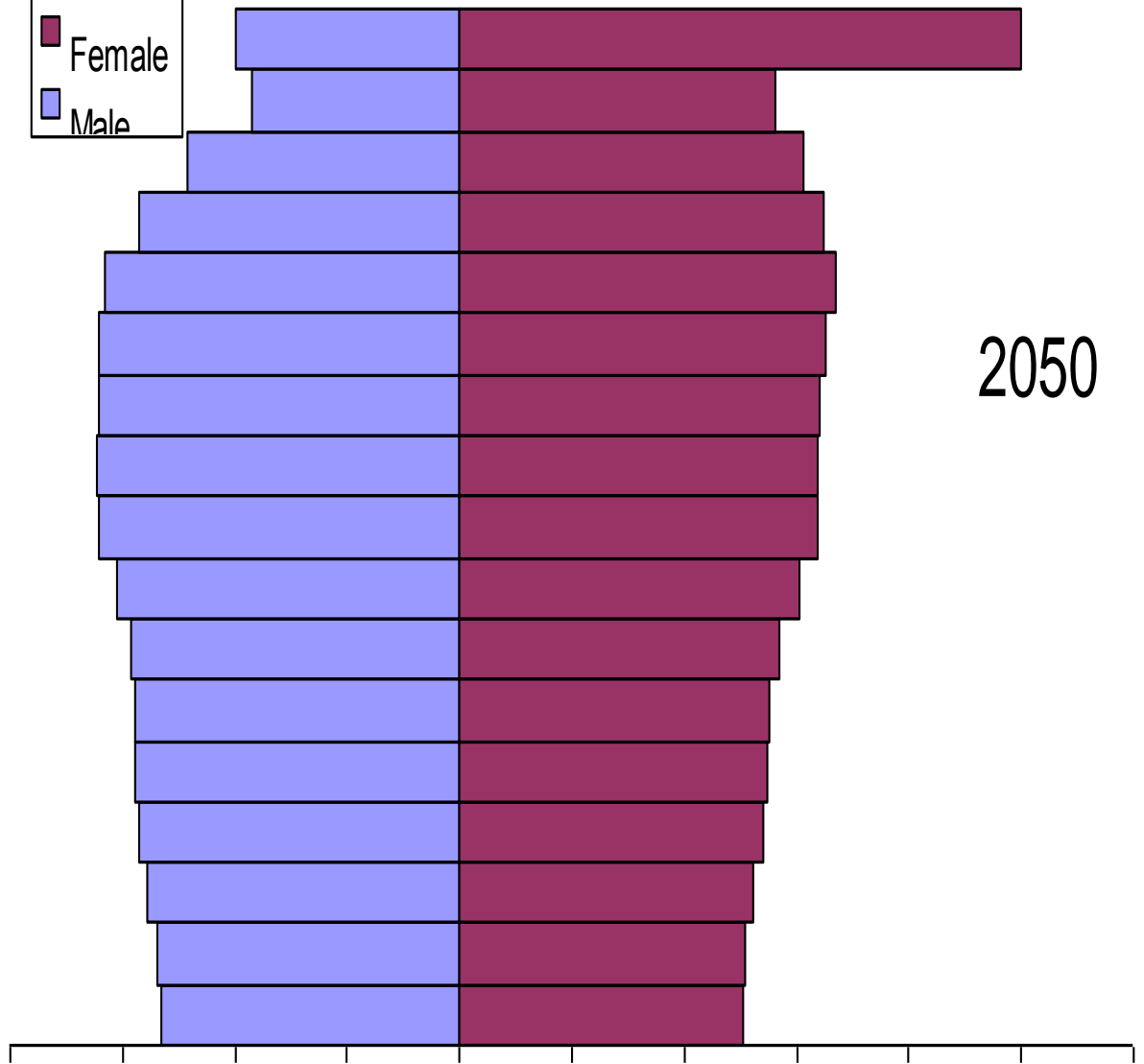
2050

80+
75-79
70-74
65-69
60-64
55-59
50-54
45-49
40-44
35-39
30-34
25-29
20-24
15-19
10-14
5-9
0-4

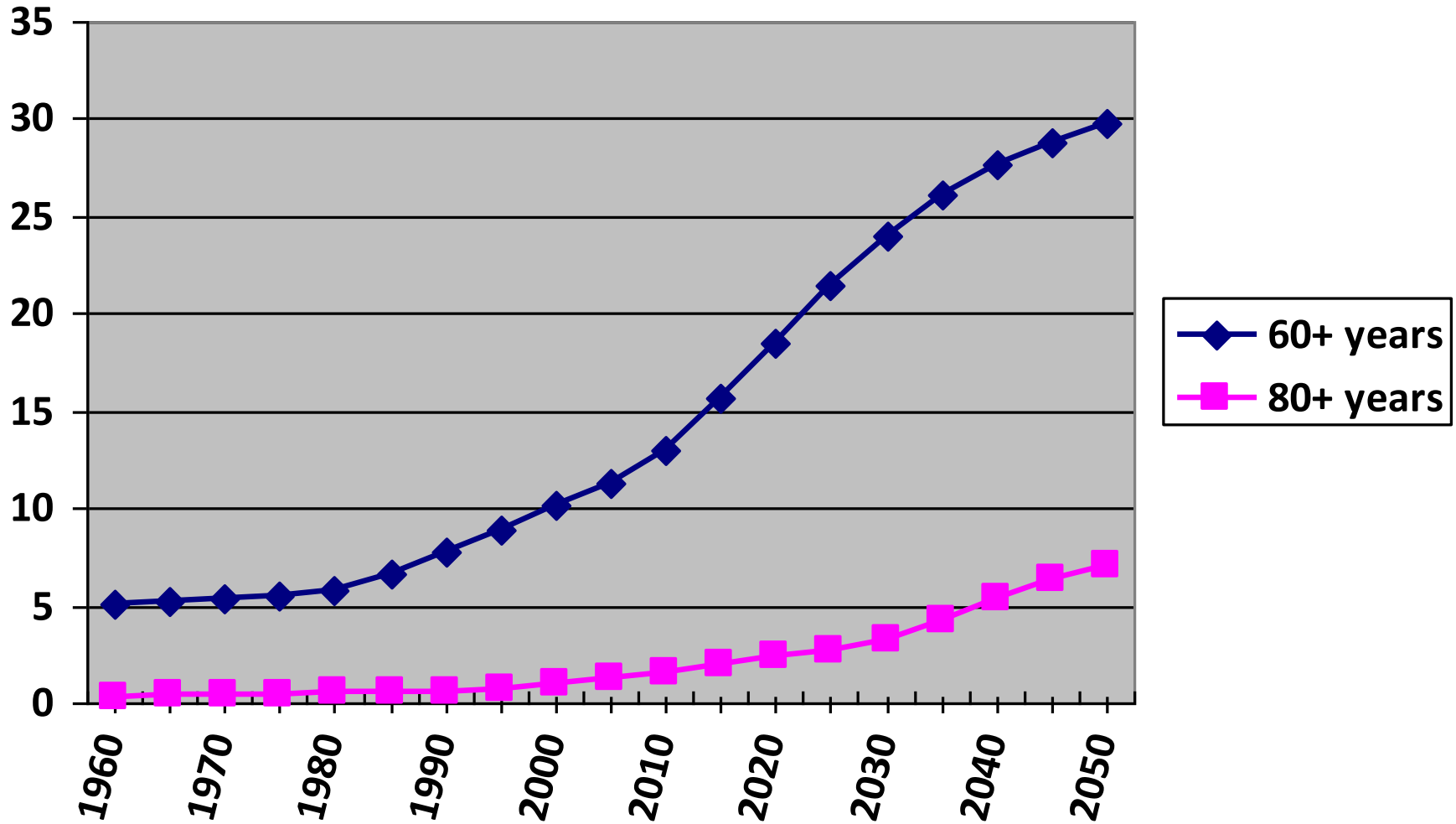


-4.0 -3.0 -2.0 -1.0 0.0 1.0 2.0 3.0 4.0 5.0 6.0

2050



Thailand's Growth of Older Persons at 60+ and 80+



Population Ageing in Thailand

- **Rapid declines in fertility** due to successful Family Planning from 6+children per woman in 1960s to 1.5 in 2010
- **Increased life expectancy** - thanks to improved public health care & services (2010; Male = 67.8 yrs; Female = 72.8 yrs)
- **Demographic Dividend** end in 2010
- **Decreasing potential support ratio**
- **Family structure change/** smaller family size/ children per family decreased
- **Skipped generation** due to out-migration of children
- Majority **caregivers are females**

Trends

- Continuing **decline** in the percentage of older persons who **co-reside** with their adult child(ren)
- Increased **health expenditures**
- **Increasing demand in Long-term Care**
- Decreasing number of **family caregivers**
- **Feminisation**, especially among eldest old (80+yrs)

Health Policies

- Universal free health care for older persons has been in effect since early 1990s
- Section 52 of the Constitution (1997) states that “ *All Thai people have an equal right to access the quality health services...*”
- Universal Health Coverage (UHC) reforms introduced in 2001 with small co-payment at Baht 30 (equivalent to 1 USD) and became free in 2006

Health Care Challenges

- Unavailability of transportation and absence of care givers are barriers for older persons to access to the universal health care at the health centres
- Long-term care (LTC) and rehabilitative care are not yet available through the state system while the private nursing homes are increasing
- Universal Health Coverage (UHC) only covers institutional care
- LTC budgeting is not included in UHC

R&D on Integrated Institutional and Community-based LTC: Model Development in Lampang supported by UNFPA (2007-2011)

Support factors for selection of Lampang as R&D site:

- High growth of population ageing
- Sound capacity of the health personnel and strong network
- Positive management support
- Enabling environment e.g. active older person clubs, volunteers, temple-based rehabilitation centre, community participation
- The model, once developed, could be scaled-up nationwide

Selected 2 districts:

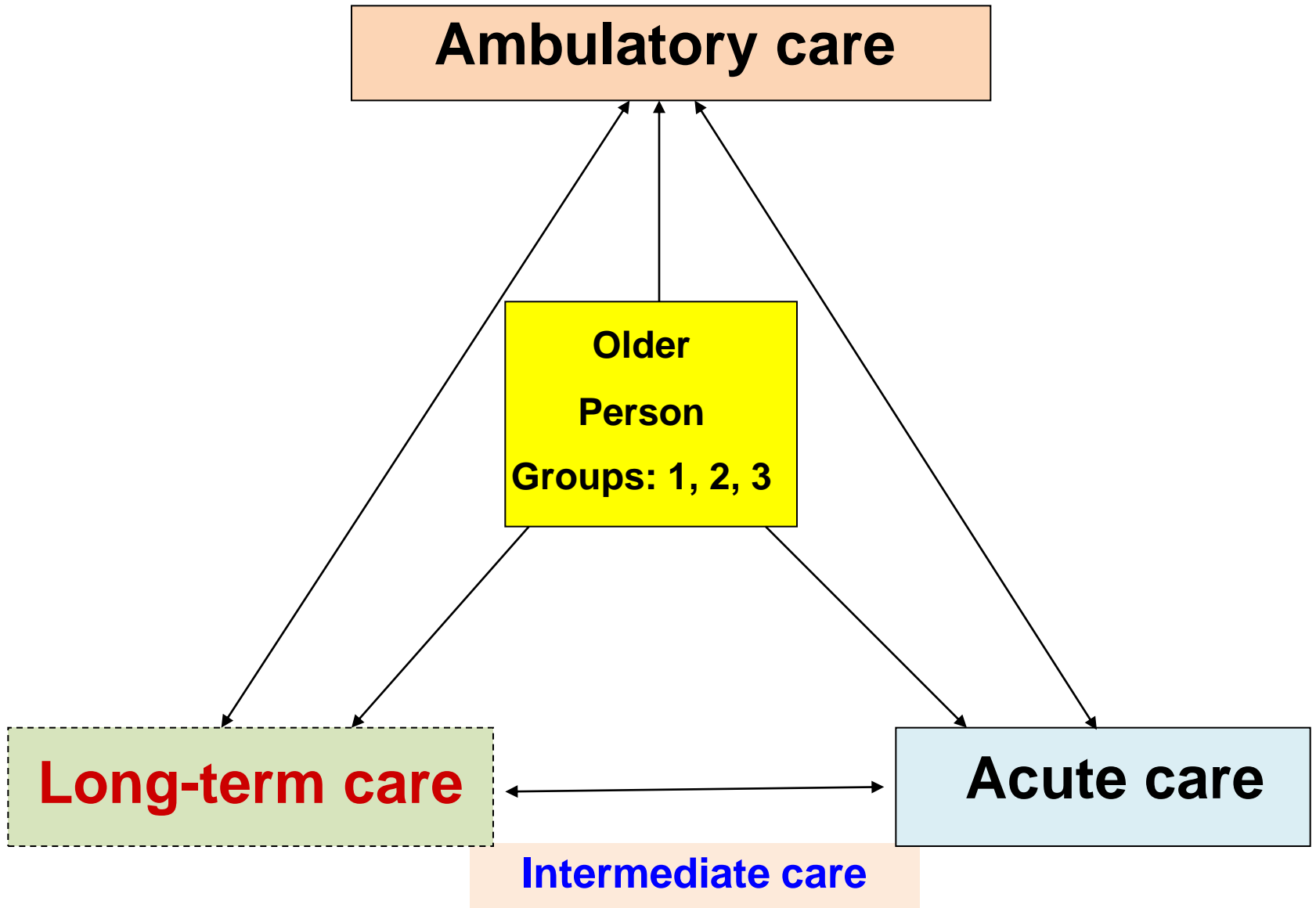
- Hangchat: older persons = 14.3%; represents Thailand today
- Mae Prik: older persons = 21.8%; represents Thailand in 14 years

Expected outputs:

- A comprehensive LTC model where health and social care are linked
- Institutional and community-based care are complimenting each other with seamless links

Strategic Actions

- **Holistic care approach**
- **Prevention of complication**
- **Reduction of morbidity**
- **Comprehensive health assessment/screening**
- **Multi-disciplinary care**
- **Knowledge management and capacity building of the health personnel in elderly care**
- **Empowerment of patients and their carers**
- **Community participation**
- **Enhancing quality of life of older persons and their carers**
- **Networking and linkage between hospital and of community-base care**



Integrated LTC Steering Committee

Multi-disciplinary Professionals

Technical Advisors

Relevant GOs at provincial and district levels

Coordination Centre
Home Health Care
(HHC)

Lampang Hospital & Regional Referral Centre

District Hospitals

Community Health Promotion Hospitals

In communities

Front Line

In-patient Ward

Elderly Clinics

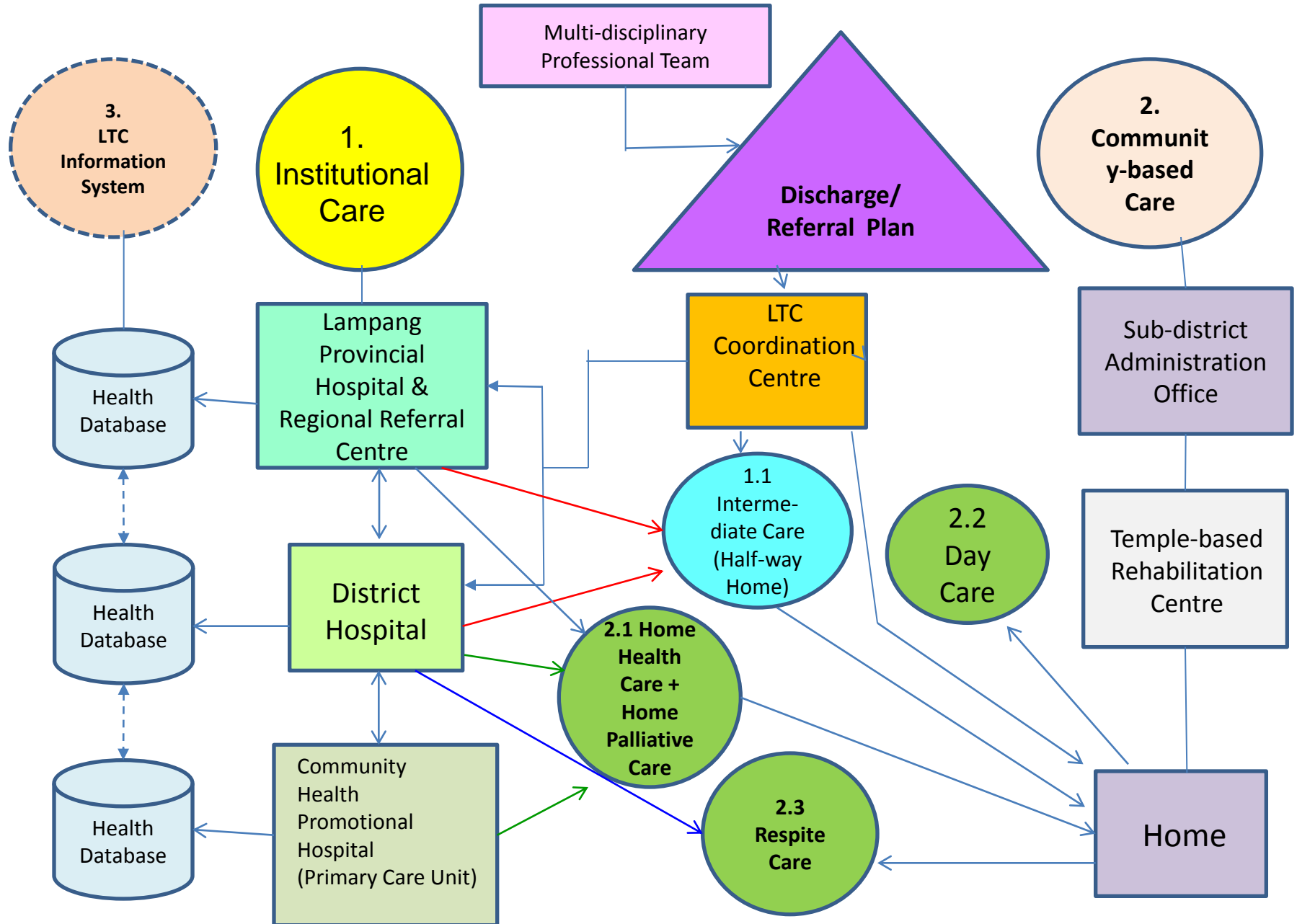
Front Line (OPD, ER, Special Clinic, LAB, Dental clinic, Health Records, Fast tract, Elderly patient assessment)

- Geriatric assessment
- Acute/Sub-acute care
- Intermediate care
- D/C Plan
- HHC
- Refer

- Physical, mental and social assessment
- Curative, Prevention, Promotion
- HHC Coordination

Assessment, screening, promotion, prevention, curative HHC
Follow-up in communities
Coordination with relevant organisations in communities
-Local Administrative Organisations
-Health Volunteers
-Older Person Clubs
-Temples
-Health Centre/ Rehabilitation

Integrated Institutional and Community-based Long-term Care Model Development in Lampang Province, Thailand

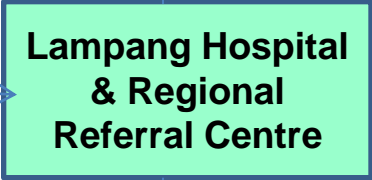


Lampang LTC Model : Actors & Functions

- Villagers
- Local Administrative Organisations (LAO)
- Temples
- Older Person Clubs
- Volunteers
- Carers



- Medical doctors
- Nurses
- Health personnel in the community health promotion hospitals
- Physical therapists
- Health volunteers
- Dentists
- Pharmacists
- Social workers



- Home Ward
- HHC
- Home Hospice Care

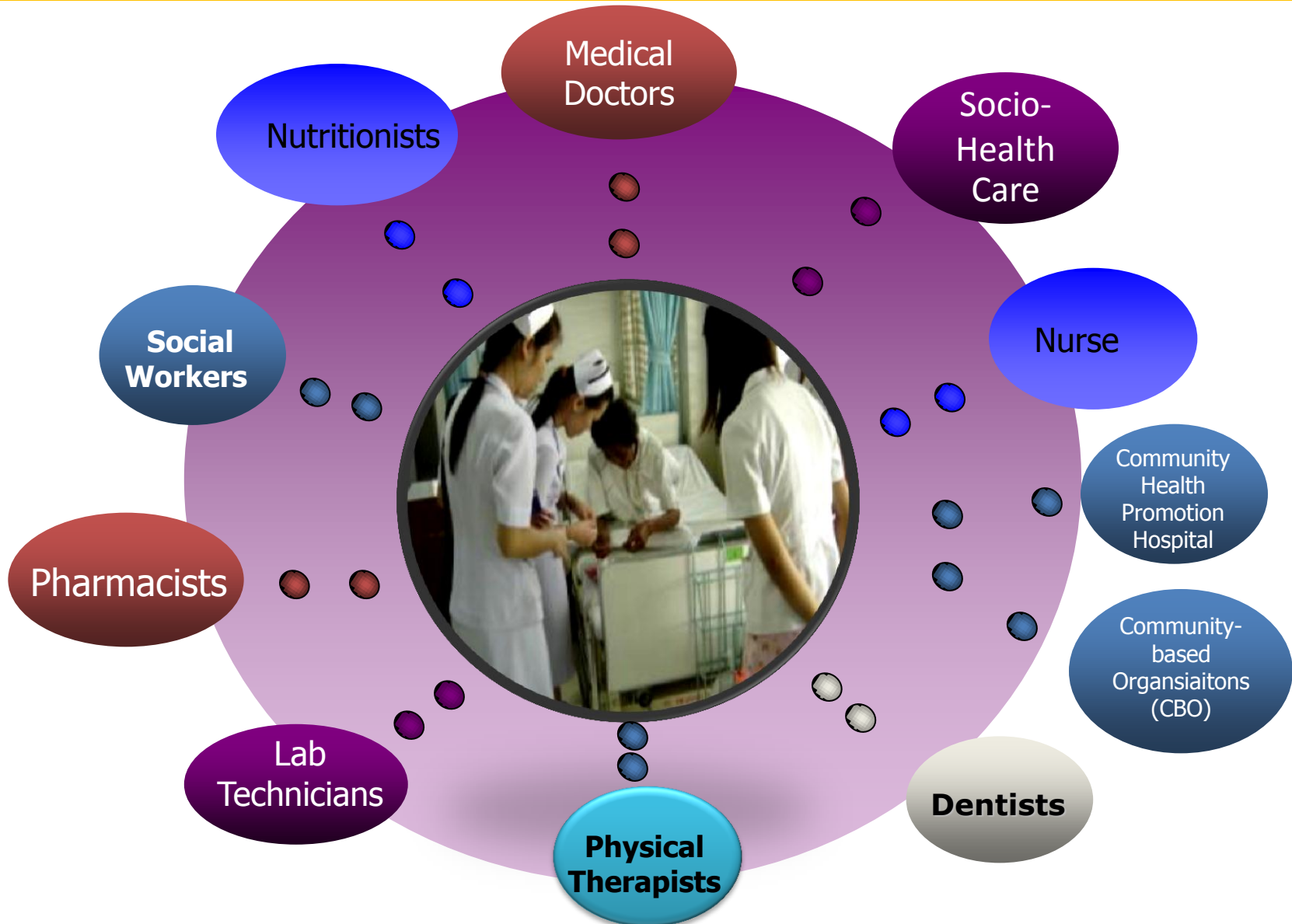
- Day Care
- Rehabilitation
- Alternative Care / Traditional Medicine
- Health Promotion/ Prevention/ Screening
- HHC

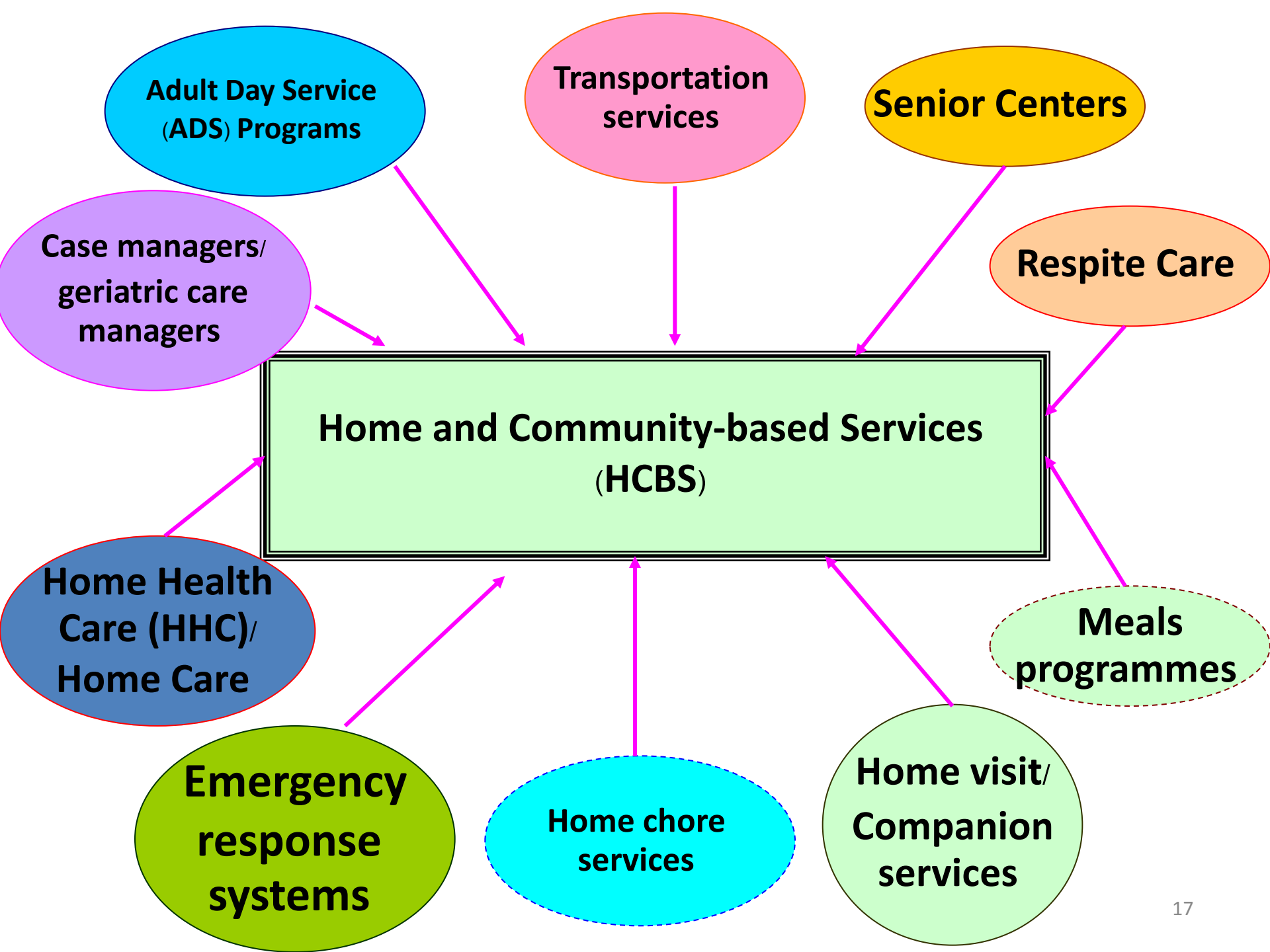
- Fast Track
- HHC
- Health screening
- Referral

- Fast Track
- Screening
- Elderly Clinic
- Referral
- IPD
- HHC
- Palliative Care
- Respite Care
- LTC Coordination Centre

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- Screening
- Elderly Clinic
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Networking between Multi-disciplinary Professionals from the Regional Hospital, Community Hospital and Primary Health Care Unit





**Adult Day Service
(ADS) Programs**

**Transportation
services**

Senior Centers

**Case managers/
geriatric care
managers**

Respite Care

**Home and Community-based Services
(HCBS)**

**Home Health
Care (HHC)/
Home Care**

**Meals
programmes**

**Emergency
response
systems**

**Home chore
services**

**Home visit/
Companion
services**

Refer Link System

Means: meeting, telephone, web-based data/info sharing, skype



Multi-disciplinary Professional Team



Physical Care



Spiritual care in hospital

Rehabilitation



CA
Larynx



Speech
Therapy



Home Ward



Training of volunteers on “friends visit friends”



Training on elderly care, traditional medicine, massage for carers and young people



Home visit by health volunteers



Home Health Care and Home Visit



Home Health Care by Health Professionals



Home Care by volunteers



Rehabilitation Centre in Buddhist Temple services provided by trained volunteers



Promotion of positive image of ageing through cultural activities and special events



Results

- **The executives give high priority to the development of the elderly care systems i.e. LTC for the elderly are mandatory to all health offices**
- **Health and social personnel are aware of the importance of the elderly care**
- **The institutional and community-based care are integrated**
- **Physical, social and economic assessment systems developed**
- **Holistic care and comprehensive geriatric care in place**
- **Reduced length of stay in hospital**
- **Reduced re-admission**
- **Demands of older persons in communities have been met**
- **Improved health outcome/quality of life of older persons i.e. shifted from partially dependent to independent**
- **Older persons and the health personnel are satisfied with the newly developed LTC systems**
- **Increased awareness of the family members/carers in LTC**
- **Increased awareness of Local Administrative Organisations (LAO) in population ageing issues including LTC**
- **Development of the integrated information systems on LTC for the elderly care between the hospital and community-based care is on-going**

Next Step

- Analyses of the institutional and community-based LTC costing and financing to feed into the national policy change in budget allocation under UHC scheme
- Plan for development of Dementia Care Model in Lampung
- Plan for establishment the Geriatric Care Centre in Lampung
- Policy advocacy on elderly care at national level
- National survey on dependency in elderly in 2012
- Initiate the community-based LTC fund with contribution from the Local Administrative Organisations (LAO)
- Policy advocacy on enhancing social protection to the carers e.g. extension of social security, dependency allowance, social support scheme

National LTC Action Plan

1

Promotion and Support LTC at Community Level

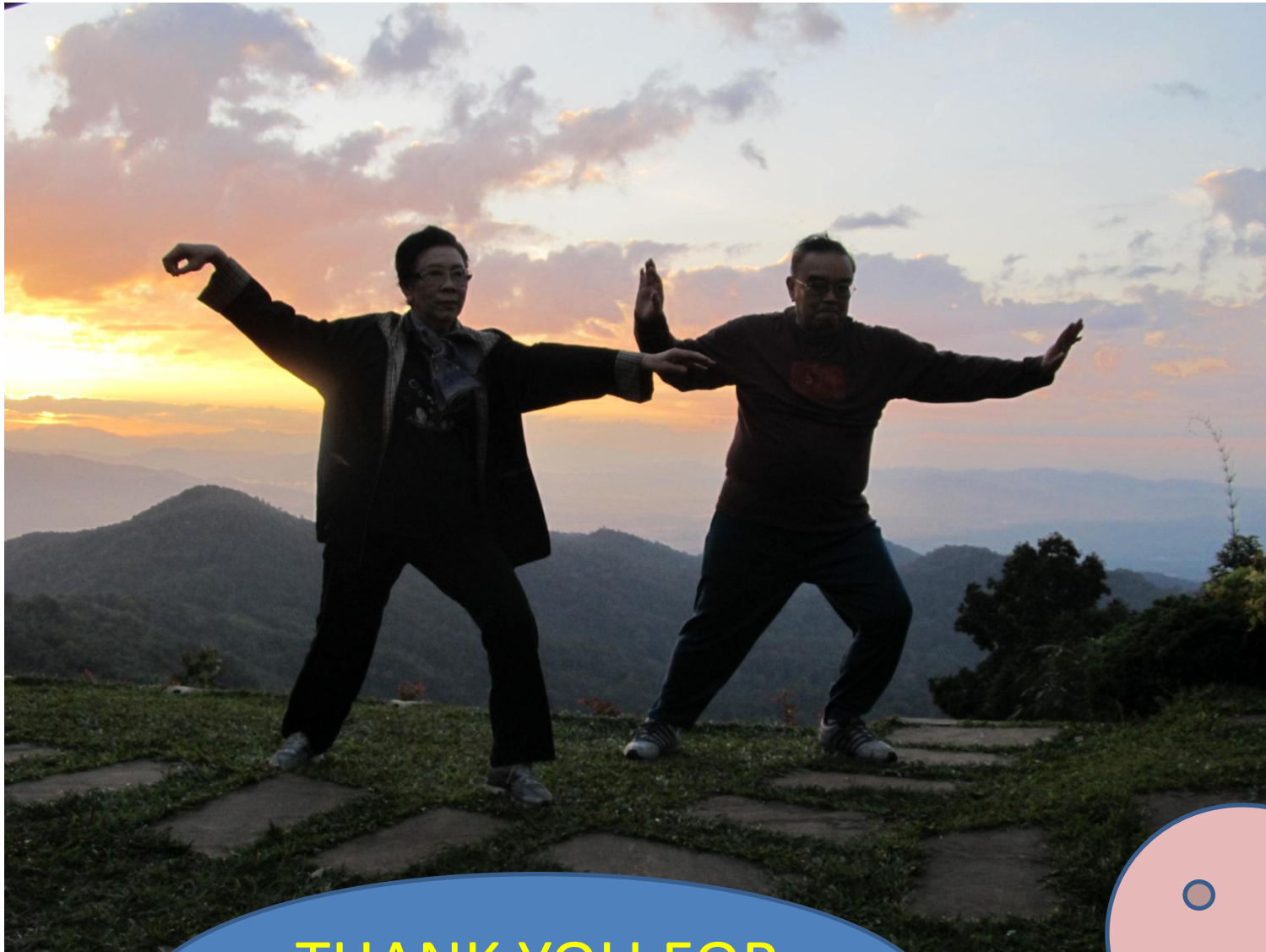
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LTC Motivation at National Level

3

Action on Financial Support/ LTC Financing





THANK YOU FOR
YOUR ATTENTION

