

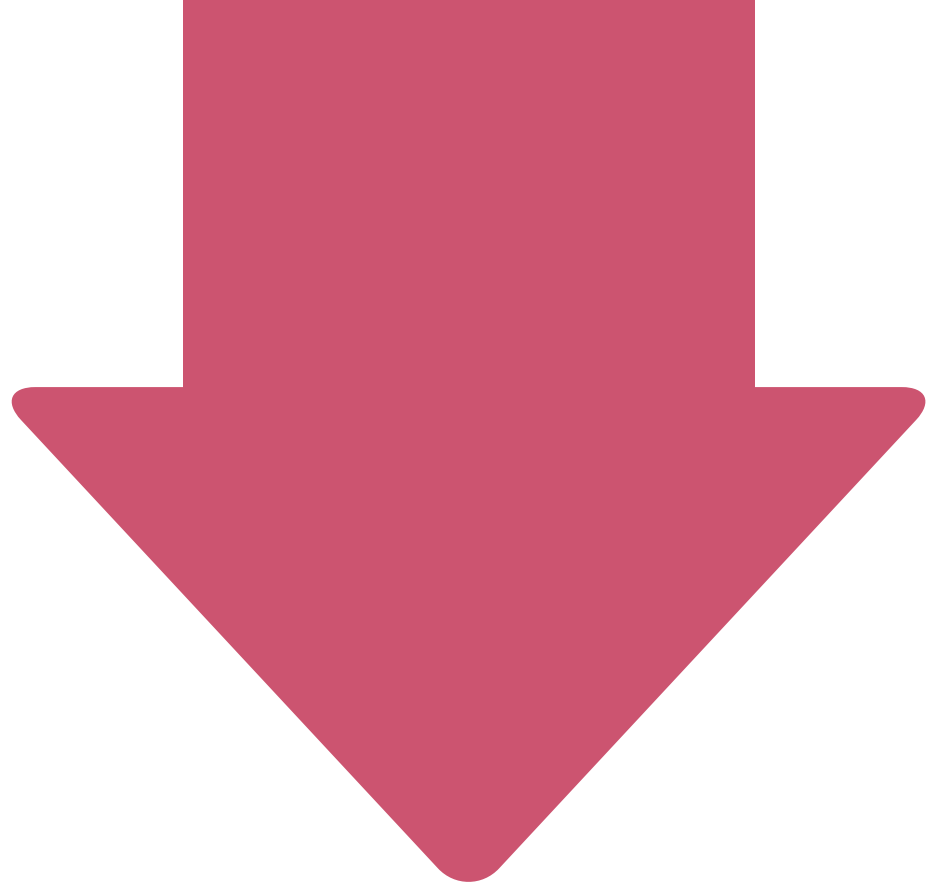
LONG-TERM CARE

FOR DEPENDENT ELDERLY
IN THE NATIONAL HEALTH SECURITY SYSTEM

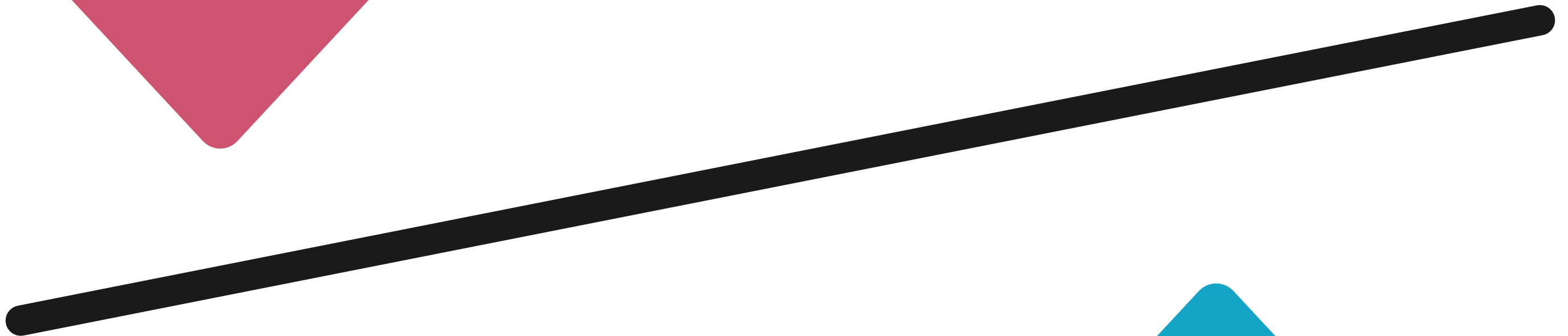


WHY

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



**DECREASING
CAPACITY OF THE FAMILY
TO TAKE CARE OF
THE ELDERLY**



**INCREASING
DEMAND FOR
LONG-TERM CARE FOR
THE DEPENDENT ELDERLY**



1

THAILAND
HAS BECOME
**AN AGING
SOCIETY**

2

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

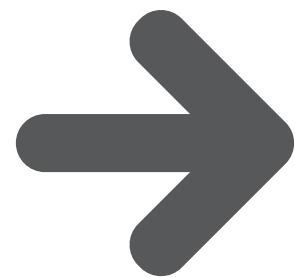
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**THE FAMILY
STRUCTURE**
IN THAILAND
IS ALSO CHANGING

**PHYSICAL
CONSTRAINTS
OF THE ELDERLY TO ACCESS
PUBLIC HEALTH SERVICES**



**HIGH COST
OF NURSING HOMES**



**COMMUNITY-BASED
LONG-TERM CARE
(LTC)
SERVICES**

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

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

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



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.

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)

4

MINISTRY OF SOCIAL DEVELOPMENT AND HUMAN SECURITY (MSDHS)

5

MINISTRY OF EDUCATION (MOE)

6

COMPTROLLER-GENERAL DEPARTMENT (MINISTRY OF FINANCE)

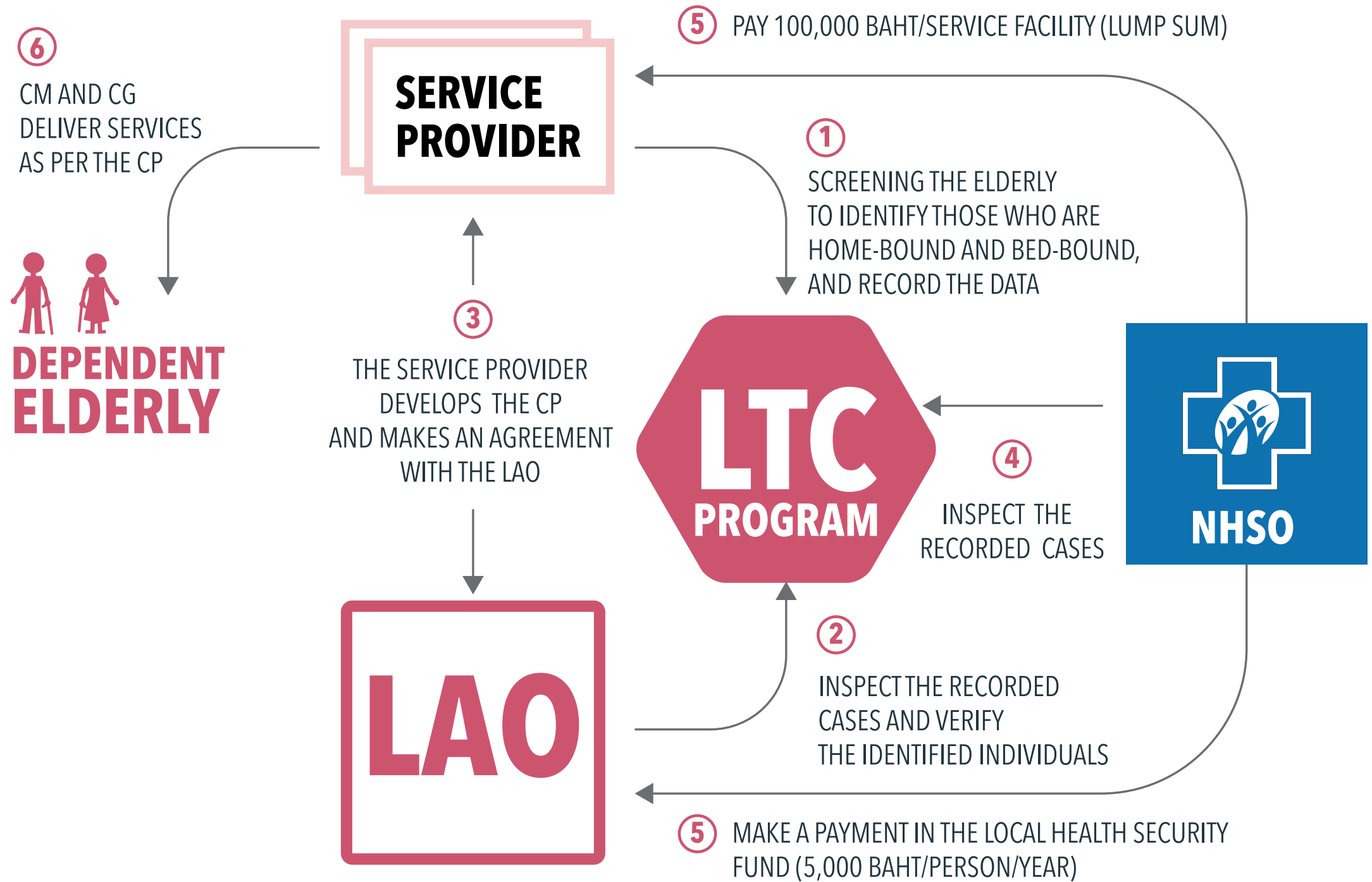
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COUNCILS OF PUBLIC HEALTH PROFESSIONALS

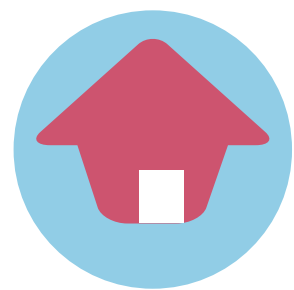
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FOUNDATION OF THAI GERONTOLOGY RESEARCH AND DEVELOPMENT INSTITUTE (TGRI)

STEPS IN IMPLEMENTING LTC FOR DEPENDENT ELDERLY



4 GROUPS OF OLDER PERSONS ELIGIBLE FOR LTC



HOME-BOUND ELDERLY



BED-BOUND ELDERLY

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

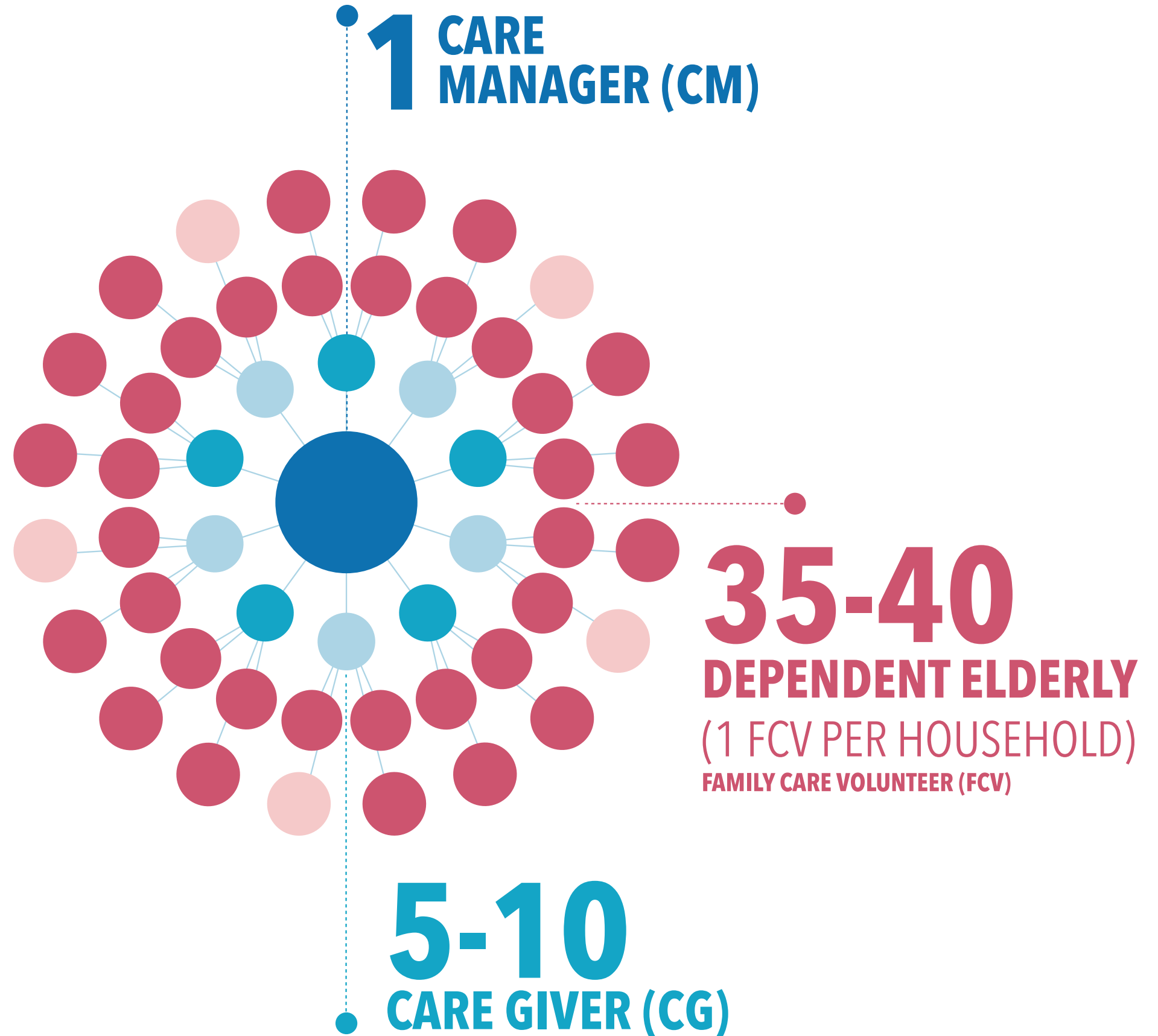
GROUP 2

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

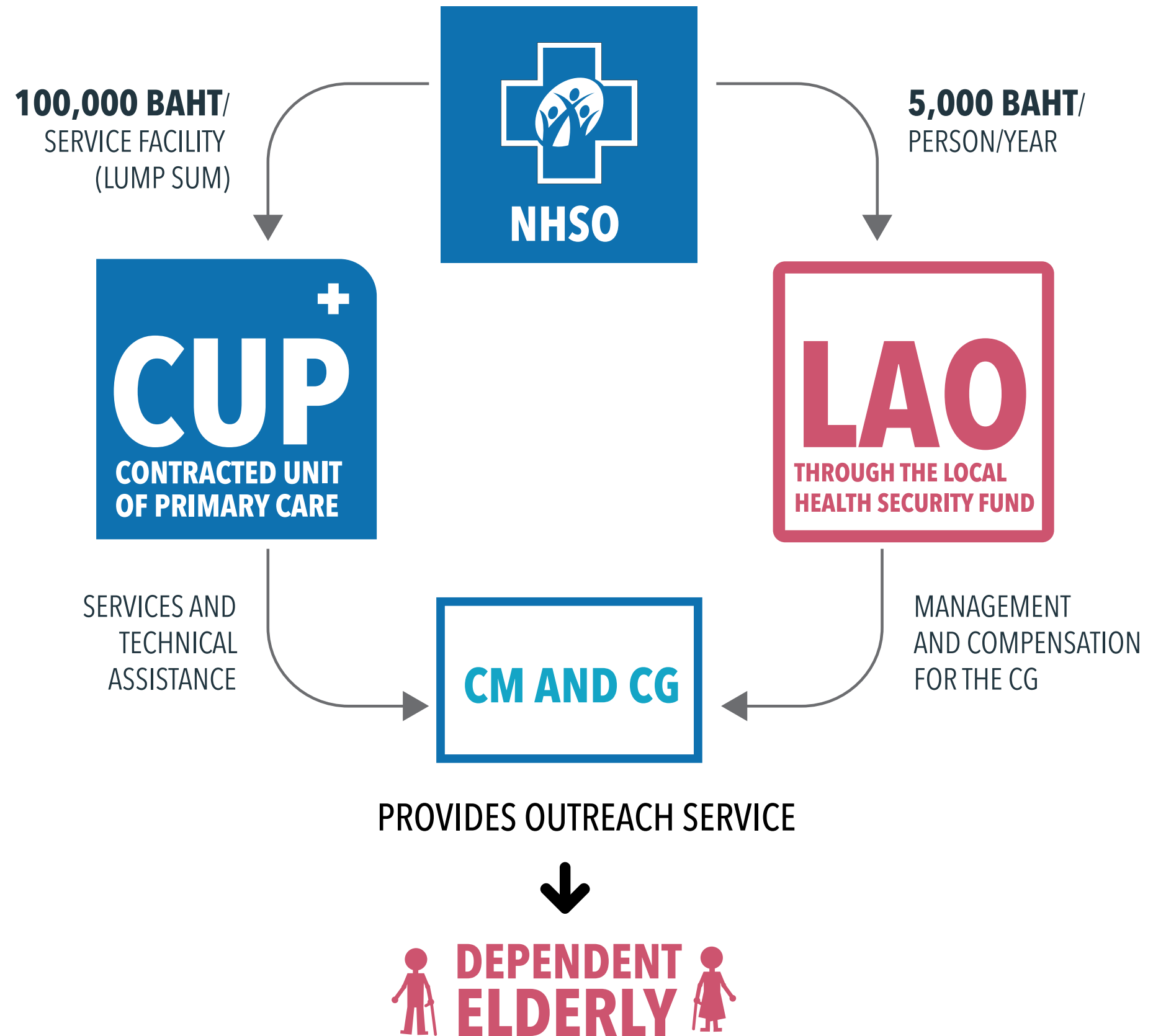
BENEFITS PACKAGE

BENEFIT	GROUP 1	GROUP 2	GROUP 3	GROUP 4
HEALTH SERVICES	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	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	Clinical device or equipment to assist movement or functioning of the dependent elderly			
PAYMENT COMPENSATION (LUMP SUM BAHT/PERSON/YEAR)	Not over 4,000	3,000-6,000	4,000-8,000	5,000-10,000

PERSONNEL IN THE LTC SYSTEM



BUDGET ALLOCATION



MONITORING AND EVALUATION OF THE LTC PROGRAM

2
COMPONENTS

**MONITOR
THE RECORD**

- TO VERIFY THE NUMBER OF DEPENDENT ELDERLY
- TRACK THE BUDGET ALLOCATION

**MONITOR
THE QUALITY
OF SERVICES**

- AT THE HEALTH FACILITIES
- MANAGEMENT OF LAO

PROBLEMS & OBSTACLES

**SOME LAOS
ARE NOT YET READY
TO MANAGE LTC**

**NON-PAYMENT
OR DELAY IN PAYMENT
FOR CGS DUE TO
CONFUSION AND
INCONSISTENCY
IN HIRING CGS**

**IF CG IS CONSIDERED
AS A "VOLUNTEER",
IT IS NOT ALWAYS
EASY TO RECRUIT CG**

**SOME CGS ARE
NOT ABLE TO
IMPLEMENT
THE REQUIRED
TASKS**

PLANS FOR FUTURE IMPLEMENTATION

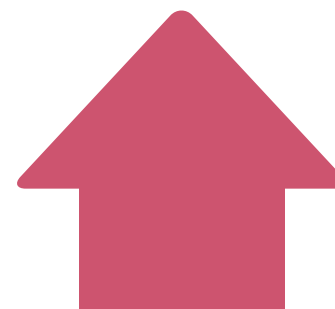
A PLAN TO **CHANGE THE BUDGET ALLOCATION** FROM SPLITTING THE BUDGET INTO TWO CHANNELS TO ALLOCATING THE WHOLE BUDGET TO THE LAO

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

THE **LAO WOULD BE THE CONTRACTING AGENCY** TO HIRE AND PAY THESE CG POSITIONS AND MONITOR THEIR PERFORMANCE

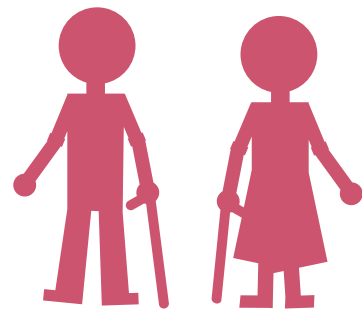
A PLAN TO **UPGRADE THE CG POSITION** TO A MORE FORMAL STATUS

AN **ADDITIONAL 50 HOURS OF TRAINING** FOR THOSE CGS WHO HAVE COMPLETED 70 HOURS OF TRAINING TO QUALIFY FOR FULL-TIME ASSIGNMENT



**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





Power Point Presentation
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IN THE NATIONAL HEALTH SECURITY SYSTEM**