



# Long-Term Care 2.0 in Taiwan - Respond to An Aging Society

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Aug 30, 2017

# Outline



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## Background



- Current Status of LTC 2.0
- Challenges and Strategy of LTC 2.0



## Conclusion



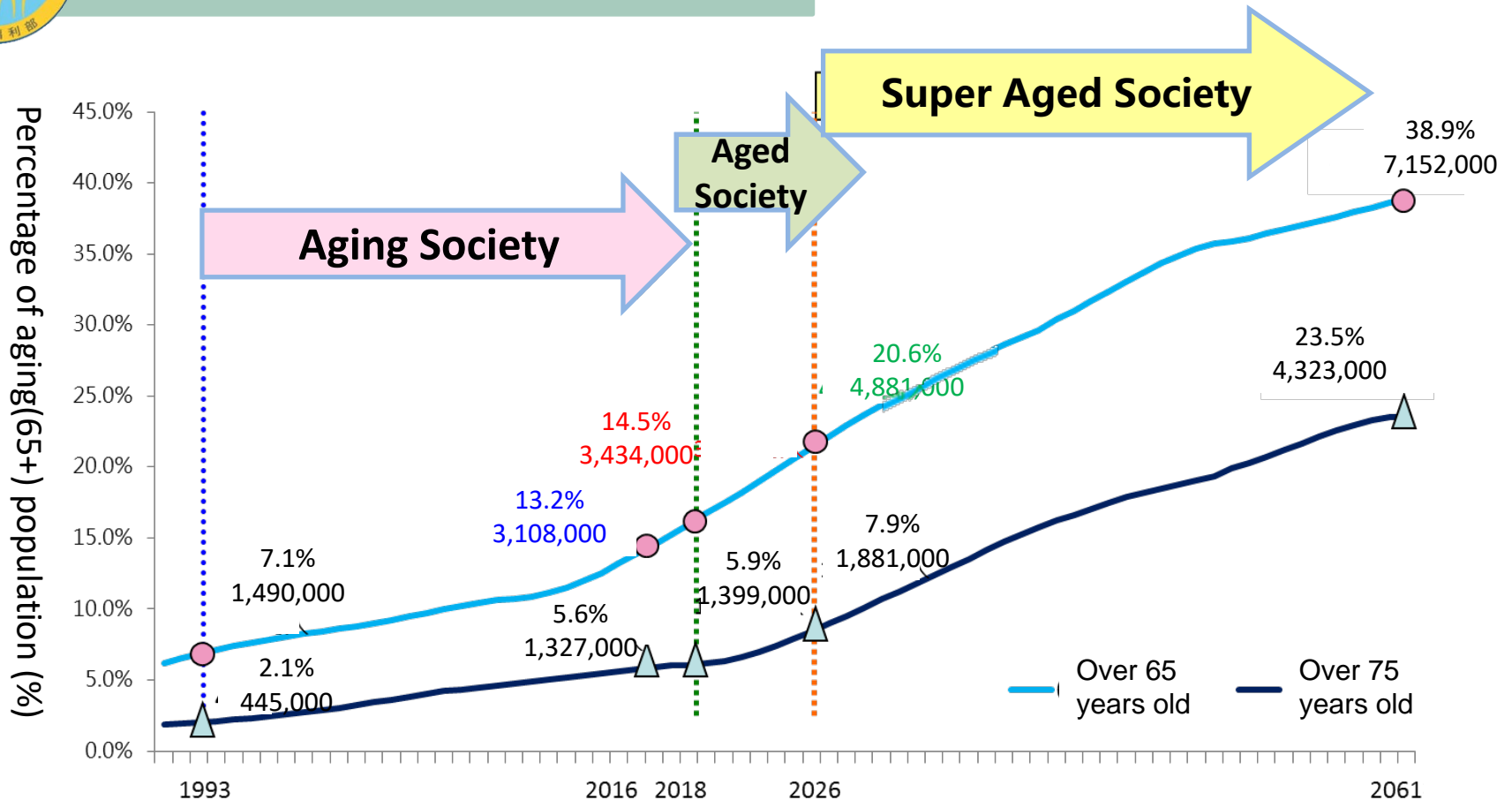
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# Background

# 1. Rapidly Aging Population



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Note: Population figures after 2018 are estimated figures

Data source:

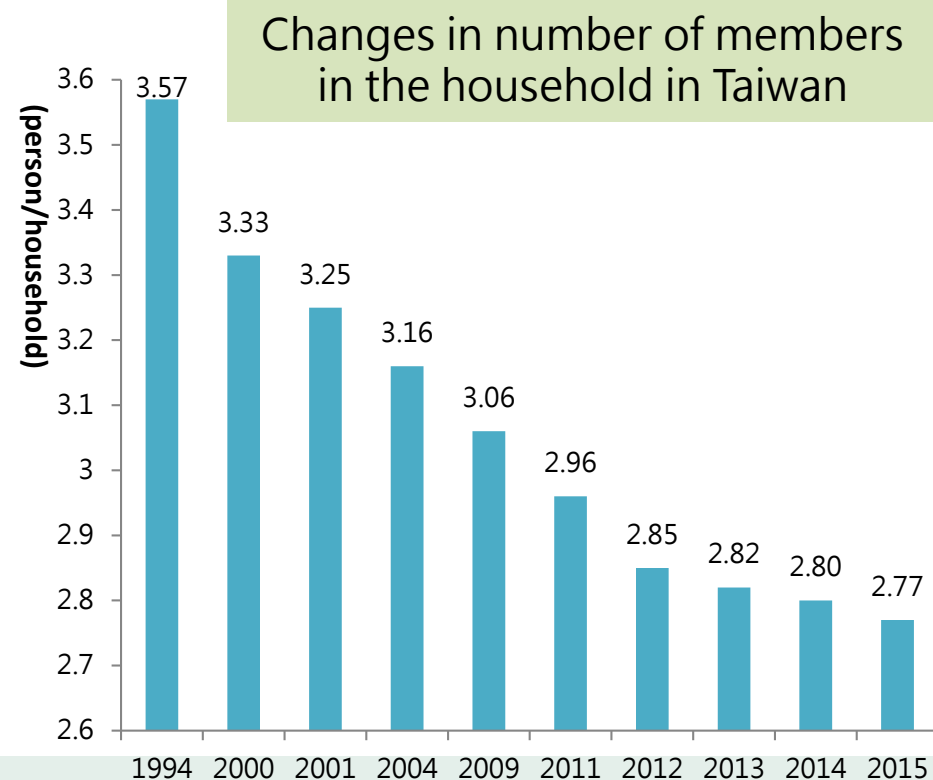
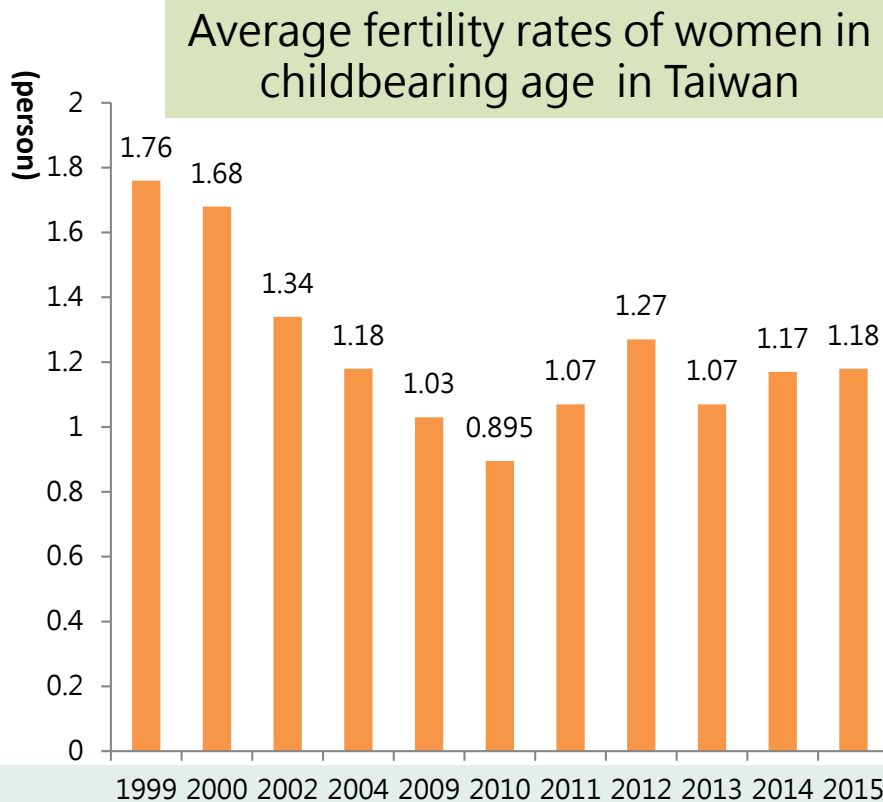
1. National Development Council (2016) Population estimate of Taiwan (2016-2061), <http://goo.gl/d4kckk>
2. Department of Statistics (2016) Monthly report of the Interior Statistics Jan-Nov, <http://goo.gl/05L1A4>



# 2. Changes in Family Structure

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- **Changes in family structure resulted in less caregivers in the family**
  - Average fertility rate is 1.18 persons, with number of members per household at 2.77 persons



Data source: Ministry of Interior

# 3.Profile of Older Adults



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❑ co-resident with children : 59.9%

❑ Life expectancy:

- All national : 79.84 years old
- Indigenous people : 71.60 years old

❑ Disability rate

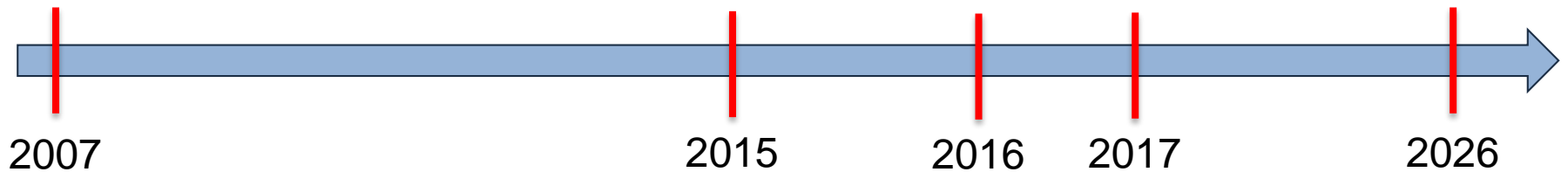
- Older adults over 65 : 12.7% ~ 16.3%
- People with disability(aged 50 to 64) : 17.9%
- People with disability (aged 5 to 49) : 13.8%

❑ Prevalence of older adults with dementia: 8%

# 4. Overview of the Development of Long-term Care Policy



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Stage 1: Long-term Care Plan1.0

Long-term Care Plan 2.0  
(2017-2026)

Stage 2: Long-term Care  
Service ACT

(The Long-term Care Services Act was promulgated by Presidential Order on June 3, 2015)



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# Current Status of LTC 2.0



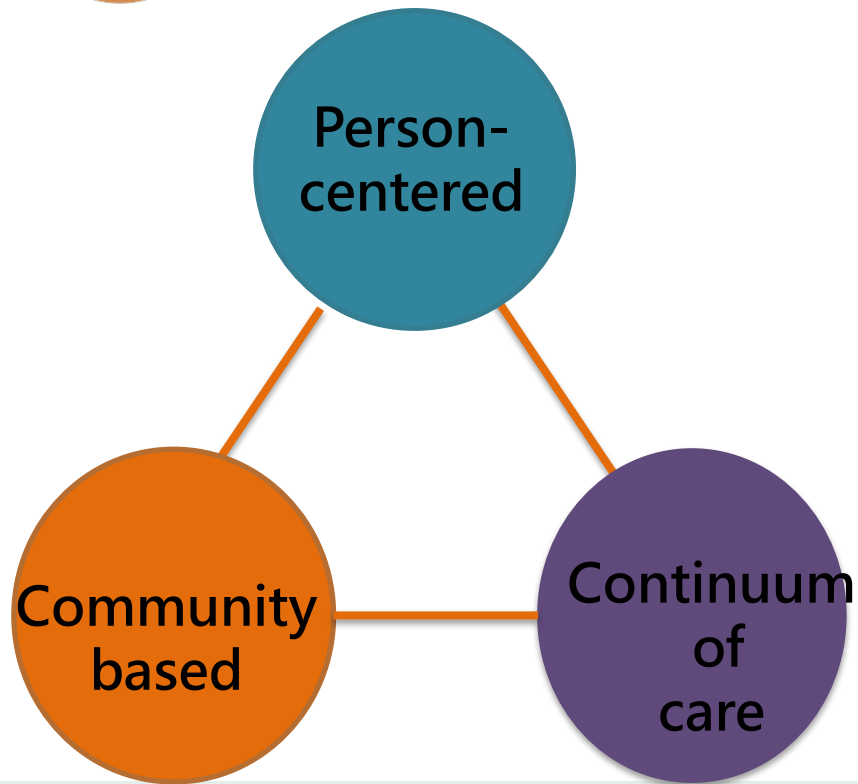
# Missions and Goals of LTC 2.0



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## Missions



## Goals

1

"Ageing in place" as policy goal

2

Establish an accessible, affordable, universal long-term care service system with good quality.

3

Upstream prevention to delay disability

4

Downstream preparedness to provide discharge plan, home-based medical care.

# Targeted population



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## Eligibility Criteria:

1. Functional limitations
2. Age

### LTC1.0

- ① Older people with functional limitations of ADLs (aged 65 and over)
- ② Mountain indigenous people with functional limitations of ADL (aged 55 to 64)
- ③ People with disability (aged 50 and over)
- ④ Older people living alone with only limitations of IADLs (aged 65 and over)

Expanded to include

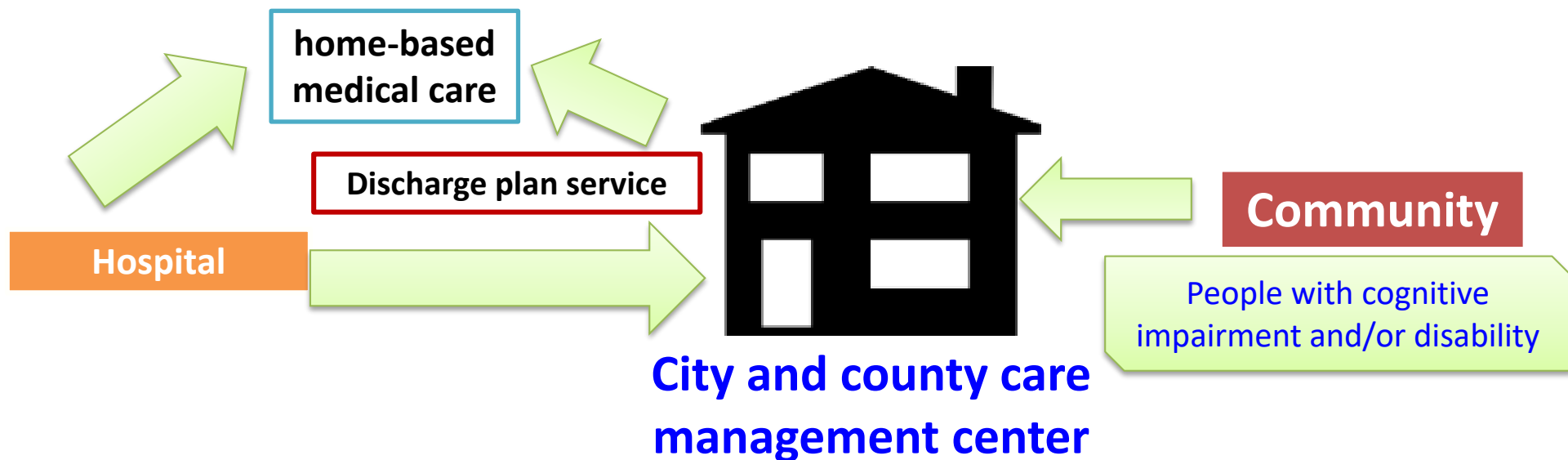
### LTC2.0

- ⑤ People with Dementia (aged 50 and over)
- ⑥ Plain-land indigenous people with functional limitations (aged 55 and over)
- ⑦ People with disability (aged 49 and under)
- ⑧ Older people with frailty (aged 65 and over)

# Care Management



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## The tasks of care managers:

- ☐ Conduct needs assessment
- ☐ Determine benefit level and care plan for people with disability and/or cognitive impairment
- ☐ Linkage services
- ☐ Regular reviews, monitor and quality control

# Service Items



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■ Increased from **8** items to **17** items

## LTC 1.0

### Service item

- (1) Care Services
- (2) Transportation Services
- (3) Nutrition Meals for the Elderly
- (4) Assistive Device Purchases/Rental and Handicap-Friendly Improvements to Residences (Instances)
- (5) Home Nursing
- (6) Home/Community Rehabilitation
- (7) Respite Care Services
- (8) LTC Institutions

## LTC2.0

### 7 innovative and integrated services

- (9) Dementia care services
- (10) Community integrated services in indigenous region
- (11) Small-scale, multi-functional services
- (12) Family caregiver support services
- (13) Community comprehensive care service system
- (14) Community preventive care
- (15) Programs to prevent or delay disability

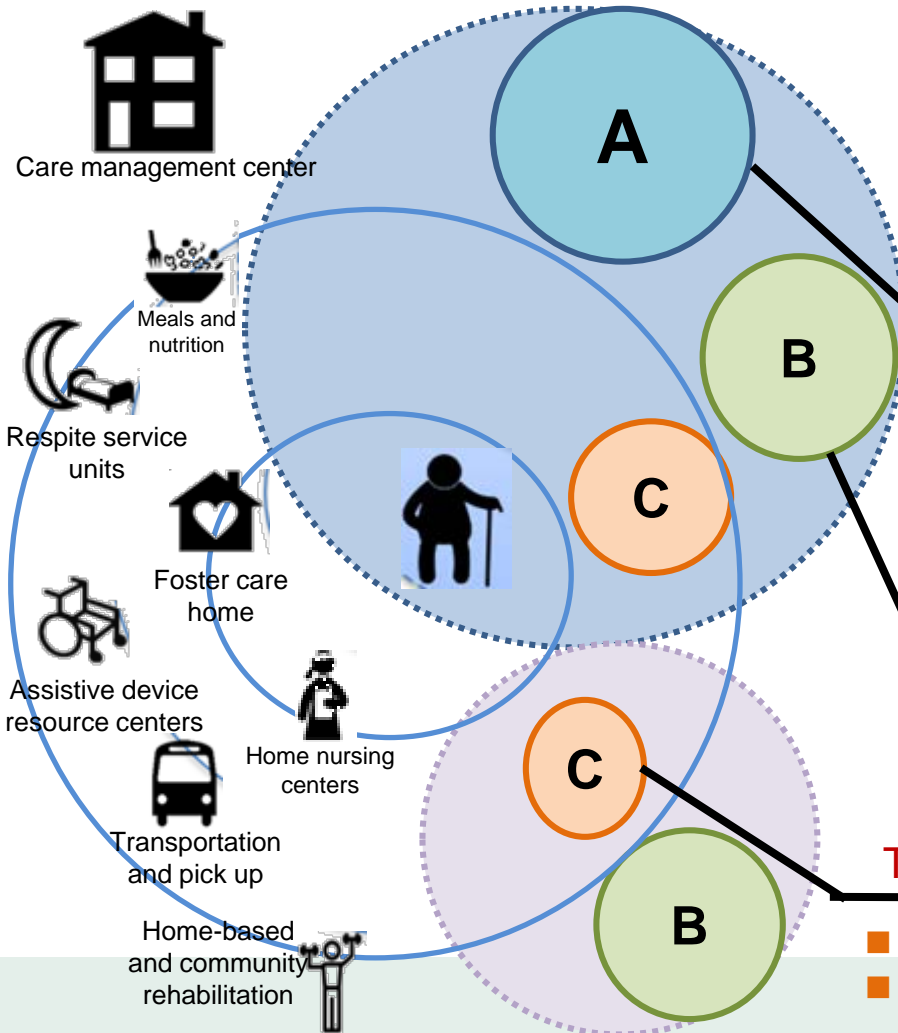
### 2 connected services

- (16) Discharge planning service
- (17) Home-based medical care

# Constructing the comprehensive community care service system



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## ■ Goal:

Create a comprehensive care system that integrates medical care, LTC services, housing, prevention, and social assistance to allow people with disability to receive the care they need within a 30-minute drive.

## Tier A – Community integrated service center

- Coordinate and link care service resources according to the care plan designated by the care managers.
- Establish localized service delivery system that integrates and connects to B-tier and C-tier resources.
- Pick up and transport service connecting A-B-C service through community transport and care transport personnel

## Tier B– Combined service center

- Elevate community capacity to provide LTC services
- Increase diverse services for the public

## Tier C – LTC stations around the blocks

- Provide respite service in the neighborhood
- Implement primary prevention programs

# Wan-Hwa District ,Taipei City (1A2B3C)



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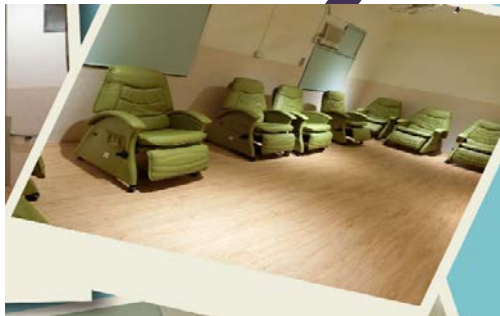




# Xio De Lan LTC stations around the blocks



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# Develop Resources for Family Caregivers



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### Service items

The Long-term Care Service Act was implemented in June, 2017.

Its service target includes family caregivers.

- **Art. 9.1.(4)**

Family caregiver supportive services: Fixed-location and home supportive services provided to family caregivers.

- **Art. 13. The scope of supportive services provided by family caregivers are defined as follows:**

1. Provision and referral of relevant information
2. Long-term care knowledge and technical training
3. Respite care services
4. Emotional support and referral of group services
5. Other services that help promote the capability of family caregivers and the life quality thereof.

### Current Status



**Establish family caregiver support service centers**

1. Case management
2. home care technique and training
3. Care technique training course
4. Respite service
5. Support groups
6. Destress activities
7. Joint counseling
8. Telephone outreach



**Family caregiver hotline 0800-507272**

Single contact window for all family caregivers. Telephone counseling is not only timely and convenient, and can provide services such as support, counseling, and welfare resource referral.





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# Challenges and Strategies of LTC 2.0

# Collaboration between public and private sectors



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## Challenge 1

The slow growth of home-based and community-based services.



## Strategies

1. The special budget(block grants) are given to local government.
2. Provide incentives to organization not only limited to NPOs, all join in as service providers.
3. Giving priority to:
  - (1) Expanding home-care services supply
  - (2) Increasing establishment of day care centers.
  - (3) Integrating multiple services.



# Speed up the development of workforce



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## Challenge 2

The shortage of long-term care workforce, especially the frontline direct care workers.



## Strategies

1. Improving employment conditions
2. Innovating job training
3. Advancing formal education to increase the supply of workers from young cohort



# Elevating the efficiency of long-term care payments & benefits



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## Challenges

Need assessment: The assessment tool is mainly based on functional limitations of ADL

Payment for providers: fee-for service payment

Commissioning LTC services

## Strategies

- Revision of the needs assessment tool
- The needs of LTC divided the needs of long-term care into 8 levels with evidence-based data

The payment is paid in package and capitation for user –centered integrated services.

From “commission” to “contract”





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# Conclusion: Looking Ahead in Long-term Care Policy

# Conclusion<sup>1</sup>



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Sustainability of Financial System



Collaboration among all stakeholders



Promote Quality



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# Conclusion<sup>2</sup>

Through the LTC 2.0

We wish to

**Establish community based long-term care system**

**AND**

**Provide accessible and affordable service with  
quality**





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# Thanks for your attention!

