

Plenary 4: The Economic Case for Community Care



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THE ECONOMIC CASE FOR COMMUNITY CARE

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ESN Seminar 2023 – Social Services Leading Care in the Community
Plenary 4: The Economic Case for Community Care
Barcelona, 10 October 2023



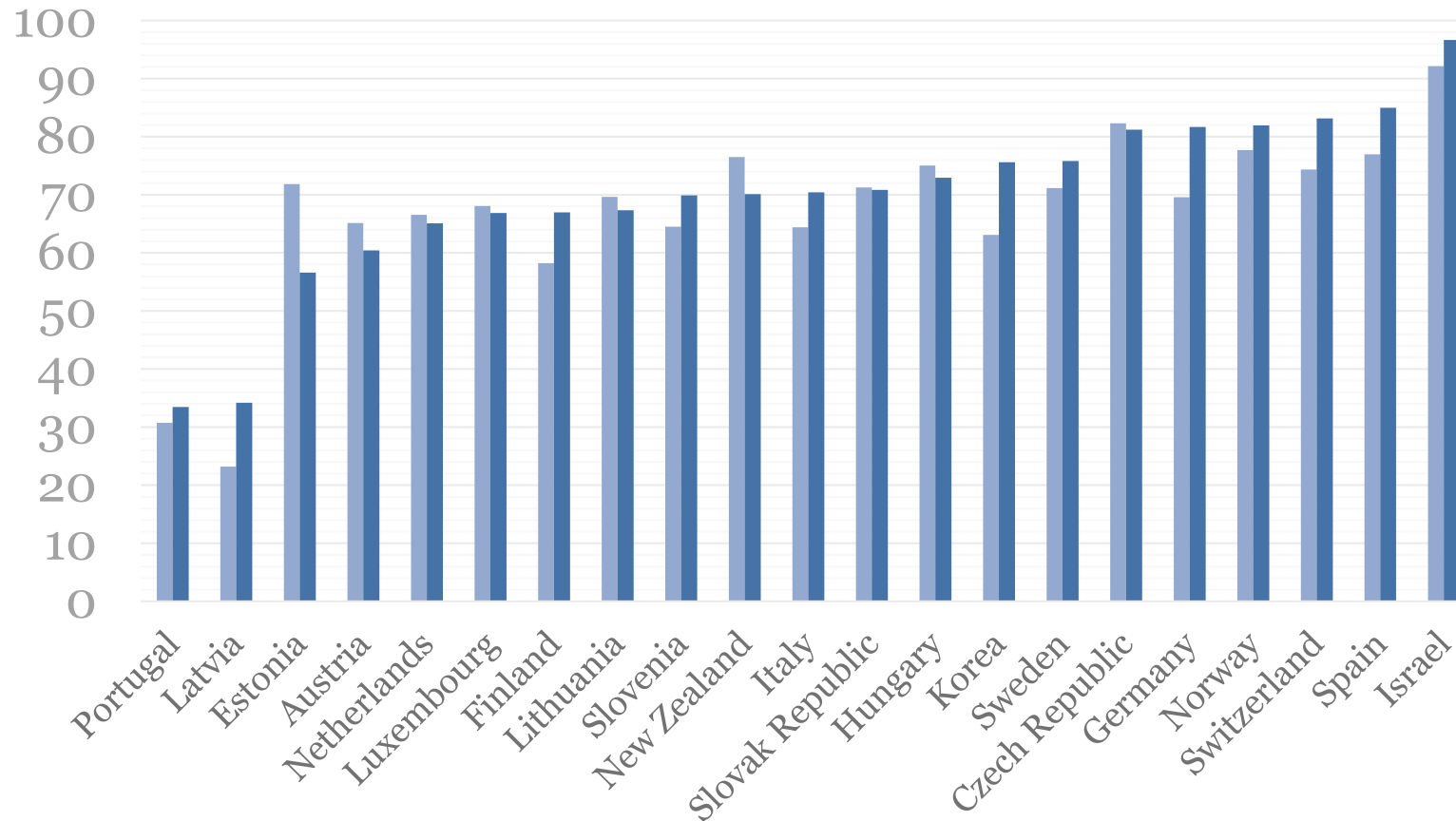
What drives community care?

- General interest across OECD **countries** to move towards community care
 - Preference of home-based and community over institutional care
 - Particular interest to integrate services across different sectors (health, social care, long-term care)
- Motivation of **individuals** to prefer community over institutional care is multidimensional, e.g...
 - Preferences of older people to grow old at home
 - Understanding of poor quality in institutional care
 - Financial incentives to prefer home and community over institutional care



Where do people get care?

Share of LTC beneficiaries in home and community care,
2012 vs. 2022 (or nearest year)



- The **majority of people** receives care **at home / in community**
- Share has **increased** over time in most OECD countries

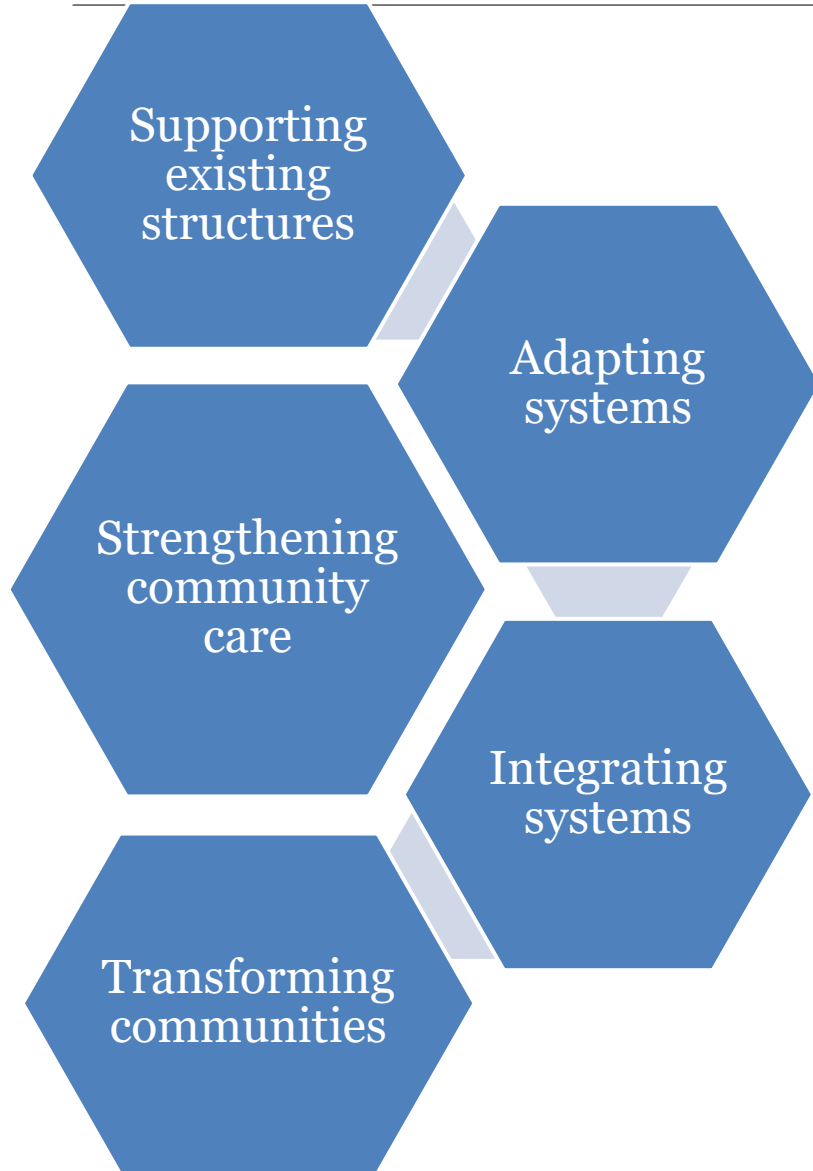


Is there an “economic case” for community care?

- Demand and expenditure for LTC going to increase either way – how to **invest wisely**?
 - Depends on the degree of severity – **community care** likely more appropriate **for low to moderate** rather than severe LTC **needs**
- Positive effect of investment in LTC **reducing health expenditures / adverse health events**, such as avoidable hospital admissions
 - General provision of LTC benefits in Catalonia (Serrano-Alarcón et al. 2022) and Ireland (Walsh et al. 2019)
 - Expansion of informal care allowance in Spain (Costa-Font, 2018)
 - Home visit programmes to older people in the US (Felix et al. 2011, Ruiz et al. 2017)



Which intervention points do policymakers have?



- **Supporting existing structures**, e.g., by introducing support policies for informal carers, improving information for future beneficiaries
- **Adapting systems**, e.g. by adding additional services, introducing new roles in workforce
- **Integrating systems**, e.g., by financially linking health, social, and long-term care
- **Transforming communities**, e.g., by making infrastructure age-friendly



Which countries hold lessons learned? – France

- *2019: *Experimentation of payment to Primary Care Groups* (Expérimentation d'un paiement en équipe de professionnels de santé en ville – PEPS) & *Experimentation of financial incentives for care co-ordination* (Expérimentation de l'incitation à une prise en charge partagée – IPEP)
 - PEPS: For people aged 65+; IPEP: For a population of >5,000 people
- New financing and care arrangements:
 - PEPS: Quality-adjusted **alternative** capitation payment; IPEP: Quality-adjusted **add-on** financing
- Adds to the care pathways of older people (*parcours santé des aînés*) for people aged 75+ -> Yielded mixed results (lack of formalization?)



Which countries hold lessons learned? – England and Japan

- England: *2020: Introduction of 42 Integrated Care Systems (ICSs)
 - Size ranges between 500 000 and 3 million people
 - Partnership of various organisations (National Health System, Local Authorities, social & care bodies, and additional stakeholders)
 - These partnerships **plan, purchase, and provide** care
 - They enjoy high degree of **freedom** in organizing health care for their population
- Japan: *Early 1970s / 2025: Community-Based Integrated Care System
 - Combines **health** care, **nursing** care, **prevention, housing, and livelihood support**
 - Care **manager** as a co-ordinator
 - Variation across municipalities on exact design



Which ways forward for community care?

- Countries are piloting various projects to strengthen community care
 - How to **scale** them **up** and define their **scope**?
 - Investments for system adaptation and transformation needed – gains only **long-term**?
 - How to strengthen good **co-operation** across governance levels?
 - How to strengthen **team integration** and engage with the **community**?
- Case for integration of **new skills** and **roles** in health & LTC systems
- How to allocate financial resources **wisely**? (Prevention and co-ordination within and across different sectors)



Sources

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