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Federal Department of Home Affairs DHA  
**Federal Social Insurance Office, Switzerland**

# Home care versus institutional care – the swiss way

Monitoring Long Term Care of the Elderly  
Jerusalem, 7<sup>th</sup> September 2009  
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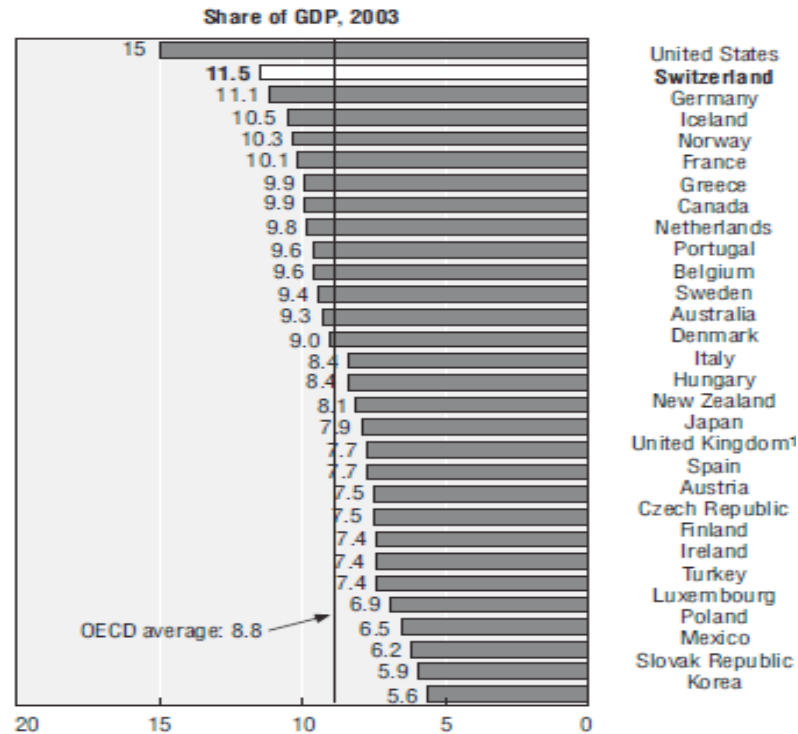


# Facts and Figures: ca. 19% > 65 require Long Term Care

- **Institutional Care:** ca. 80'000 persons > 65 (6.6%)
- **Home Care (Spitex):** 115'000 persons > 65 (12.4%)
- **No mandatory LTC-insurance**, but mixed funding through health-insurance, taxes and to a very large share by private households;
- Spitex and institutional care funded by taxes through cantons and municipalities
- **Overall expenditures for LTC:** 1.54% / GDP = 6.9 Mrd. \$
- 1.34% for institutional care, 0.2% for home care
- **Additional:** informal care by family members/neighbors

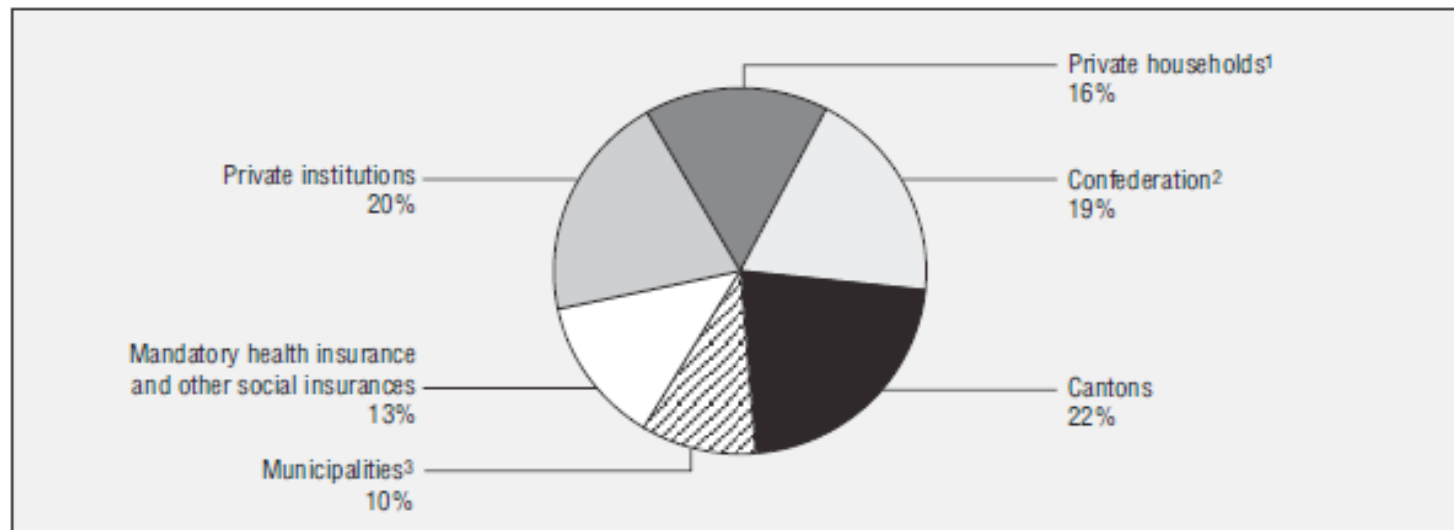


# Health Expenditure in OECD Countries as a percentage of GDP (OECD 2006)





# Funding of health promotion and prevention activities in Switzerland (OECD 2006)





# Main factors influencing the costs of LTC

- **Moderate increase of need of nursing care:** even more elderly people enjoy longer a good health
- **Medical progress:** increase the costs for the health insurance due to the performance contract
- **Increasing demand of a sustainable and adequately trained LTC workforce:** more professional training in universities of applied science and higher wages increase costs of LTC workforce
- **New law for LTC funding in Switzerland (2010) = more pillar system**
  - Cantons: Main financial responsibility for institutional care and home care
    - Funding home care through taxes due to contracts with Spitex or other private institutions
    - Welfare payments in case of high costs for institutional care; the canton receives 5/8 of the welfare payments back from national government.
  - Health insurance: Limited costs due to a specific performance contract
  - Municipalities: Social assistance for poor households
  - Private Households: private savings / assets, deductible of ca. 7'000 \$



# The LTC Workforce in Switzerland

- **Informal Care:**
  - Family: mainly women, wives or daughters
  - Neighborhood: mainly women > 60 years, mostly single, low education
  - Higher participation of young women in the labour market reduces the availability of informal caregivers (estimated additional costs for formal home care ca. 18 Mia. \$ till 2030).
- **Institutional care:**
  - About 150'000 professional caregivers, 90% women and mostly part-time working (FSIO anticipates a need of 14'000 additional professional caregivers till 2020)
  - Decrease of attractiveness and high fluctuation because of high pressure of work and stress induced a decline of 20% of candidates between 1999 and 2005.
  - The foreign-trained nurses represent 25% of the current LTC workforce (UK 8%, USA 4%)



# Sustainable quality management in LTC

- **Combination of formal and informal care:**  
Professional services prevent older informal caregivers of excessive workload or stress
- **Complementary possibilities of care:** Models of assisted accommodation
- **Special Support of the informal caregivers:** Training for special diseases of elderly people (dementia etc.)
- **Quality standards for the long-term care on cantonal level:**  
Comprehensive monitoring of care providers of LTC and implementation of quality reporting.



# LTC project: Time voucher system

- **Idea:**  
Training “younger” pensioners to care for older long term care patients
- **Aim:**  
Stay at home, more or less autonomously, as long as possible
- **Payment through vouchers**  
Caregivers get time vouchers instead of money, which they can give in, when they are older and need care themselves