Home care versus institutional care – the swiss way

Monitoring Long Term Care of the Elderly
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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 trough 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