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A major policy impact of the European Centre's consultancy: A new long-term care scheme for Bolzano-Alto-Adige (Italy)

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Background

Since 2000, the European Centre has accompanied the preparatory process for the introduction of a long-term care insurance in the Autonomous Province of Bolzano-Alto Adige (Italy), with the following objectives:

a) consultancy with respect to general policy guidelines for a reform of long-term care;
b) scientific and developmental work to design and validate an adequate assessment tool to classify individual care needs and respective entitlements (including an estimation of the share of the population with long-term care needs in order to estimate the costs of a long-term care insurance);
c) proposals in relation to concrete entitlements and provisions to be foreseen in the respective legal regulations;
d) recommendations concerning the organisational framework in relation to administration, assessment process and accreditation of additional providers.

On 12 October 2007, the Provincial Government passed Law nr. 10/2007 concerning new provisions for supporting persons in need of long-term care. This Policy Brief highlights the main features of this new scheme as well as the political and developmental process behind it.

In doing so, it is important to underline the relatively privileged situation of the Autonomous Province Bolzano-Alto Adige. The province is quite prosperous and has almost no obligations to transfer regional taxes to

the federal State. It has important competences in the field of health care (autonomous administration in the framework of a National Health System) and was also able to obtain the right to introduce a provincial long-term care scheme at the provincial level by the Region-State Commission.

Policy guidelines

Universal access, continuity, transparency and choice as most important policy guidelines

Following a seminar with international experts, a workshop and several discussions of an internal working group with representatives of relevant stakeholders, the following guidelines of the reform were set up already in 2001:

- Universality: The reform should complement the universal health system and thus qualify all citizens in need of long-term care as eligible for respective provisions (non means-tested and no restriction to specific groups).
- Continuity: The reform should take existing benefits and services into consideration, in particular the hitherto existing provincial care allowance (two levels of allowances between 400 and 600 Euro per month paid to family carers) and the national regulation concerning long-term care needs (care benefit, lump-sum of about 450 Euro). The reform should thus try to develop an assessment tool that should allow to classifying persons in need of long-term care in four levels, thus replacing existing assessment schemes and possibly reducing the number of assessment procedures.
- Transparency with respect to benefits and costs: Benefits should comprise both in-kind and cash benefits. Costs and (social) prices of both public and private providers of services should be made transparent.
- Standardisation vs. choice: It should be clear that public benefits can never cover the entire costs of care – thus it is necessary to standardise benefits to provide a defined share of overall costs. Nevertheless, assessment procedures should be used to assess all individual care needs. Rather than just defining the statutory contribution, assessment procedures should be carried out with the aim to inform and counsel persons in need of care and their family about potential alternative care arrangements to satisfy individual care needs. Thus, it should also be possible to choose between cash benefits (different levels according to needs) and services (including funding of nursing homes).
- Feasibility and steering mechanisms: To make long-term care reform feasible and sustainable, it is important to define clear objectives and to develop steering and controlling mechanisms.

An assessment tool to classify and estimate individual care needs

A tailor-made, integrated system to assess attendance and care needs, developed with key stakeholders

Major efforts were made during the past few years to develop an adequate tool to assess long-term care needs. A working group, facilitated by the European Centre for Social Welfare Policy and Research (Kai Leichsenring), brought together members representing all relevant stakeholders (professional nurses, home helpers, social workers, medical staff, administrative staff etc.). This group started off with an analysis of existing assessment tools and procedures in Germany, Luxembourg and Austria and then defined the following key features of the new tool:

- The assessment tool should be able to assess the entire individual care needs in terms of "time needed to care" in relation to the activities of daily living (nutrition, hygiene, mobility and social needs, housekeeping but also professional health care).
- The tool should foster the ability of persons suffering from dementia or other mental health problems to become eligible for benefits (for existing tools often privilege persons with physical handicaps).
- The assessment should be carried out by health care staff, as a team consisting of professional nurses and home-helpers (geriatric aides, social workers, etc.), rather than by medical doctors.
- The assessment procedure should involve the assessed person and/or his/her main carer (family or informal carers), and should take place at the present home of the assessed person.
- The tool should cater for a classification of persons into at least 4 levels.
- The tool should be a first step to care planning, i.e. the assessment procedure should also serve to inform the beneficiary and carers about existing services and opportunities (e.g. also in relation to barriers, adequate technical aides etc.), and to install relationships with existing providers.
- The tool should be easy to handle in order to store and control data, in particular by developing it as a PC application that, in future, could also be run as an intranet or internet platform.
- The tool should be applicable both in the community and in residential settings; in the future it should be guaranteed that care needs of persons moving into old-age or nursing homes will have been assessed before the transfer.

Extensive evaluation of VITA, an assessment scheme of about 40 items covering all activities of daily living

This tool was set in place and evaluated at three occasions in 2001 (about 220 persons both in the community and in nursing homes), in 2002 (about 3,000 inhabitants of old-age and nursing homes), and in 2003 (about 120 persons in need of care living in the community). After each evaluation the tool was improved and now exists on paper and as an EXCEL-application under the title "Valutazione Integrata dei Tempi Assistenziali" (VITA) which means "integrated assessment of attendance and care times". A final evaluation was carried out in 2005 covering about 1,000 persons receiving disability pensions.

Individual care needs are assessed in minutes and hours and a special software calculates four levels of care needs

The assessment scheme consists of about 40 items to assess the individual care needs in all activities of daily living in terms of "time needed to satisfy the individual care needs": nutrition, personal hygiene, excretion, household and organisational matters, psychological and social needs (these latter items help increase the eligibility of persons suffering from dementia and other mental or psychic health problems), and nursing care. Nursing care items are not included in the calculation of the result as these activities (and services) are covered by the National Health Service.

It is important to note that single care needs are assessed in minutes and hours (per day, per week). The software automatically calculates data only within a "time-corridor" which was defined for each single item in order to guarantee standardisation and comparability, and in order to make the tool applicable both in the community and in residential settings. The result of the assessment thus becomes visible only once data have been inserted into the EXCEL-file. In the future, the software will be developed as application as intranet or internet platforms (respecting general privacy issues) so that data will be retrievable at any time by the relevant actors.

Trials have involved staff in nursing homes but also first emanations of "Assessment Teams" in assessing individual care needs of persons living in the community, following joint trainings. In general, this procedure has been evaluated positively, in particular by staff who liked the exchange of professional perspectives (health vs. social care). Still, further training is needed to develop a common understanding and to overcome the existing division between health and social care staff.

Entitlements and provisions

The definition of long-term care needs is a fragile concept

For the estimation of the population with care needs, it has to be underlined that no absolute definition of "care needs" is available. It is thus always dependent on political decisions and definitions, which kind of care needs and which part of the population will be included.[1] For the Autonomous Region of Bolzano-Alto Adige (population: about 465,000), it can be estimated that about 12,000-15,000 persons (about 3% of the population) will be entitled to benefits from the envisaged long-term care scheme.

[1] Cf. for instance the fact that about 2.5% of the German population receive benefits from the long-term care insurance, while in Austria about 4.3% of the population are entitled to long-term care allowances.

Four levels of care needs with entitlements between € 510 and € 1,800 per month

The respective law has defined that "a regular need for long-term care is given if persons are unable to carry out activities of daily living (nutrition, personal hygiene, excretion, household and organisational matters, psychological and social needs) due to physical or mental disabilities, and if they need care or support regularly on a weekly average for more than two hours per day over a time period of at least 6 months in prospective, respectively since at least 6 months". Level 1 of care dependency is reached if an applicant is assessed to need more than 60 hours of care per month, level 2 more than 120 hours, level 3 more than 180 hours and level 4 more than 240 hours. The thresholds of these levels were subject to long debates and, eventually, a political decision as these thresholds obviously impact heavily on the number of eligible persons.

Based on the above estimations and results of first trials of VITA, the total costs of the long-term scheme in the Province of Bolzano-Alto Adige will amount to between € 150 and 200 million per year (depending on scenarios). The "Long-term Care Fund" will be fed by existing budget lines, and additional financing from the general provincial budget. In order to guarantee the sustainability of the fund, it will be complemented by a capital saving fund.

It is foreseen to establish 4 levels of care needs as a cash benefit that will be accompanied by means-tested benefits for additional services and/or in residential care (see table).

Table 1: Overview of monthly long-term care benefits in Bolzano-Alto Adige

Level of care needs	cash benefit	residential care
1	510 €	+ additional means-tested funding according to quality and price of the service
2	900 €	
3	1,350 €	
4	1,800 €	

Administration and organisation: the assessment process and the accreditation of additional providers

An Office for Long-Term Care is currently being installed within the existing administrative framework (Department for Health and Social Affairs) to administer the new scheme.

Special training for integrated assessment teams

Concerning the assessment process and the establishment of "Assessment Teams", specific training for assigned health and social care staff is offered to prepare them for the difficult task to assess care needs during a visit at the claimant's premises. During a ten-day course, Assessment Teams are not only trained in the practical application of the assessment instrument but also in communication, conflict management, and the legal and structural framework.

The aim of this training is to enable participants to establish a trustworthy relationship between "Assessment Teams" and services, and between them, the beneficiaries and their families.

This training module should, in the future, become part of mainstream education for all health and social care professions to ensure the availability of trained personnel for this assessment procedure. Furthermore, the approach should then also be applied in care planning, case-manage-

ment and the general integration of social and health care professions. Parallel to the introduction of the long-term care scheme, efforts have been made to establish accreditation mechanisms for all (public and private) providers of social services. These will be implemented from 2009 onwards.

Conclusions

As the assessment of needs is one of the most persuading steering mechanisms available, it makes sense to invest in the development of such a tool which, however, should be of benefit for all three groups involved: (potential) beneficiaries, the organisation of care services as well as for the administration:

- The most important innovation of VITA has been the introduction of items concerning social and psychological needs that are linked to the care of persons suffering from dementia and similar diseases, thus increasing the eligibility of this group of persons for long-term care benefits.
- Furthermore, the introduction of "Assessment Teams" consisting of social and health care staff has been a major step towards a more holistic assessment, towards a "de-medicalisation" of long-term care and an important step towards a systematic care planning process, involving persons in need of care and their carers.
- Finally, the documentation of the assessment process by means of a PC application will help organising, retrieving and storing all data connected to the administration of applications and beneficiaries.

Still, all efforts also depend heavily on the cooperation and coordination between the existing health care and social care systems. This remains an ongoing discussion, even in Alto Adige, where both systems are administered within a single Department of the provincial administration.

Further Reading

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