Care for vulnerable older people in Denmark

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The Danish Public Sector (since 2007)

- The Danish Parliament and Central Government
  - General policies and overall structure
- Five regions
  - Hospitals and financing of general practitioners
- 98 Municipalities
  - Community-based care including home care and supported housing
Coordination between regions and municipalities

- Health-coordination boards
  - Coordinate regional and municipal health efforts
  - Coherence between the health sector and adjacent sectors

- Compulsory health agreements on
  - Discharge from hospital of vulnerable older patients
  - Admission to hospital
  - Training/rehabilitation
  - Technical aids
  - Prevention and health promotion
  - People with mental illnesses
Economic incentives to develop community care

- Activity based municipal payments to hospitals (depending on the number of bed days of the population)
- Municipal payments for bed days of patients ready to be discharged
  - Development of community care incl. temporary arrangements
  - Fully treated patients are still occupying beds
  - Are the economic incentives strong enough?
Community-based services
Principles of community-based services (legislation)

The provision of services should

- Prevent problems from being worse
- Improve the individual’s social and personal functional ability
- Improve the individual’s fulfillment of life's potential through contact, possibilities of being together with others, treatment and care
- Provide coherent services tailored to the individual’s needs in his or her own dwelling, including assisted living facilities
Municipal integrated care

24-hour home-care services

Care in assisted living facilities

Adapted housing

Ordinary housing

Tenants

Owners/tenants

Public and private providers
Community-care services

- Home help – from one visit every fortnight (cleaning) to several visits round-the-clock incl. acute calls (personal care)
- Home nursing on a 24-hour basis
- Assisted living facilities
- Training of functional ability
- Day care, night care, respite care, acute care
- Technical aids and adaptations of the home

- Provided without user payment
Incentives in community care

- The responsibility of care is placed at one authority – the municipal council

- The granting of help is based on an overall assessment of needs and all types of help should be considered

- Help should be provided as to support the ability of disabled people to help themselves

- Financed out of municipal budgets - economic incentives to provide cost-effective solutions

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Evidence on effects of community care

- No evidence to which extend the preventive approach and self care have been implemented in practice
- No evidence that there is a preventive effect on older people’s ability in ADL
- Some municipalities are experimenting with integrating home help and functional training in the home – to strengthen the preventive approach
Evidence on effects of community care (cont.)

- Evidence that integrated community care on a 24-hour basis can substitute institutional care and bed days in hospital (e.g. the Skaevinge case)
- Evidence that the expansion of home care can reduce total costs of care
What is needed?

- 24-hour home care (including personal care and nursing)
- Emergency preparedness in the home care organisation
- Training of functional abilities (to support self care)
- Adequate assisted living facilities for severely disabled
What could be done to develop integrated care?

- The formulation of (political) priorities and principles of care (legislation)
- The right economic incentives for the responsible authorities
- Training of staff (attitudes and working principles in accordance with political priorities)
- Demonstration projects including documentation of effects
Thank you for your attention