

The 12th ASEAN & JAPAN High Level Officials Meeting on Caring Societies

Long term care services for elderly and human resources development

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Expansion of Services 2000: Long Term Care Insurance / 2011: Latest Data

	Service	Num. of Establishment		Capacity for facility and Users for homecare (thousand)		Description
		2000	2011	2000	2011	
Facility	TOKUYO	4,463	5,953	299	427	Facility for care needy elderly
	ROKEN	2,667	3,533	234	318	Facility with rehab & preparation for homecare
	RYOYO	3,862	1,711	116	76	Facility wit medical service
Residence type	Group Home (for Dementia)	675	9,484	6.5	142	Facility for Dementia
	Care House (specific facility)	288	3,165	NA	184	Facility mainly for semi dependent
Home Care (User)	Home Visit (Care)	9,833	21,315	447	1,082	Visiting home, providing service incl. care, house keeping, nr, rehab, and bathing.
	Home Visit (Nr)	4,730	5,212	204	341	
	Day & Day Care Service	8,037	24,381	880	1,900	Care at facility during daytime for rehab. Recreation.
	Short Stay	9,166	11,779	132	338	Stay at facility for short time (few days to weeks)
	Com. Based Multi Service	-	2,484	-	41	Day-s, short, and Home Visit combined
	Multiple Home Visit (NEW service from 2012)	-	300 (2013)	-	3 (2013)	Multiple visits of caregiver per day

LTC service providers by corporate type (selected)

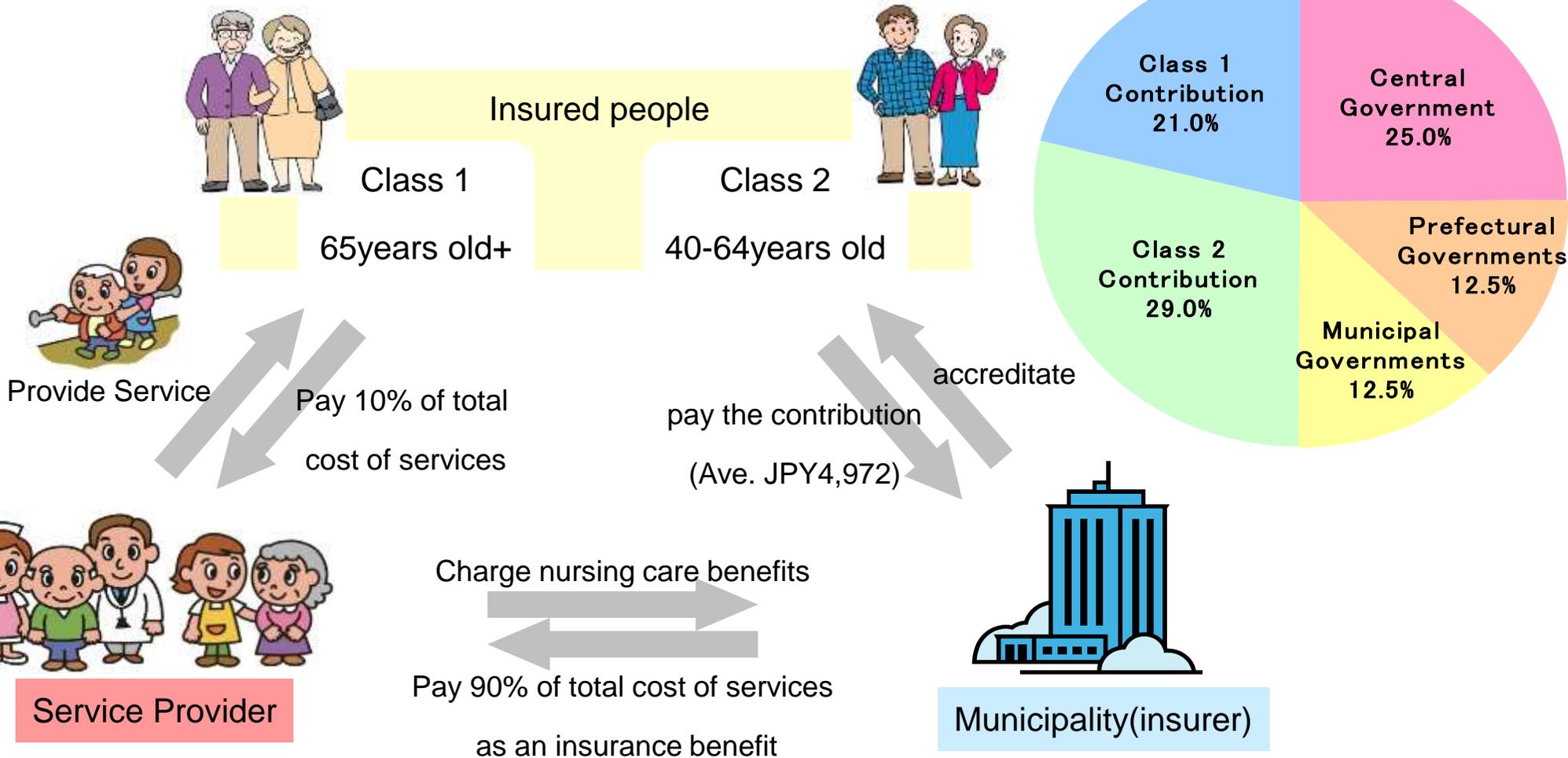
	Service	Local Public Entity	Social Welfare Corporation	Medical Corporation	For Profit Company	Non profit Organization	Others
Facility	TOKUYO	5.5	92.5	-	-	-	2.0
	ROKEN	4.0	15.5	74.4	-	-	6.2
	RYOYO	4.3	1.0	81.8	-	-	12.8
Home Care Service	Home Visit	0.4	21.0	5.9	62.6	5.7	4.3
	Home Visit Nrs St.	3.1	8.1	36.0	32.6	1.8	17.3
	Day Service	0.9	31.5	6.9	53.1	4.9	2.7
	Day Care Service	3.0	8.9	76.8	0.0	7.0	11.2
	Short Stay	2.9	82.7	3.5	9.8	0.5	0.5
	Short Stay (med)	4.1	11.1	77.0	0.0	3.2	9.7
	Care Management Center	1.1	26.7	17.0	45.6	3.6	5.9

Source: Ministry of Health Labour and Welfare, Survey on LTC service and facility, 2013.

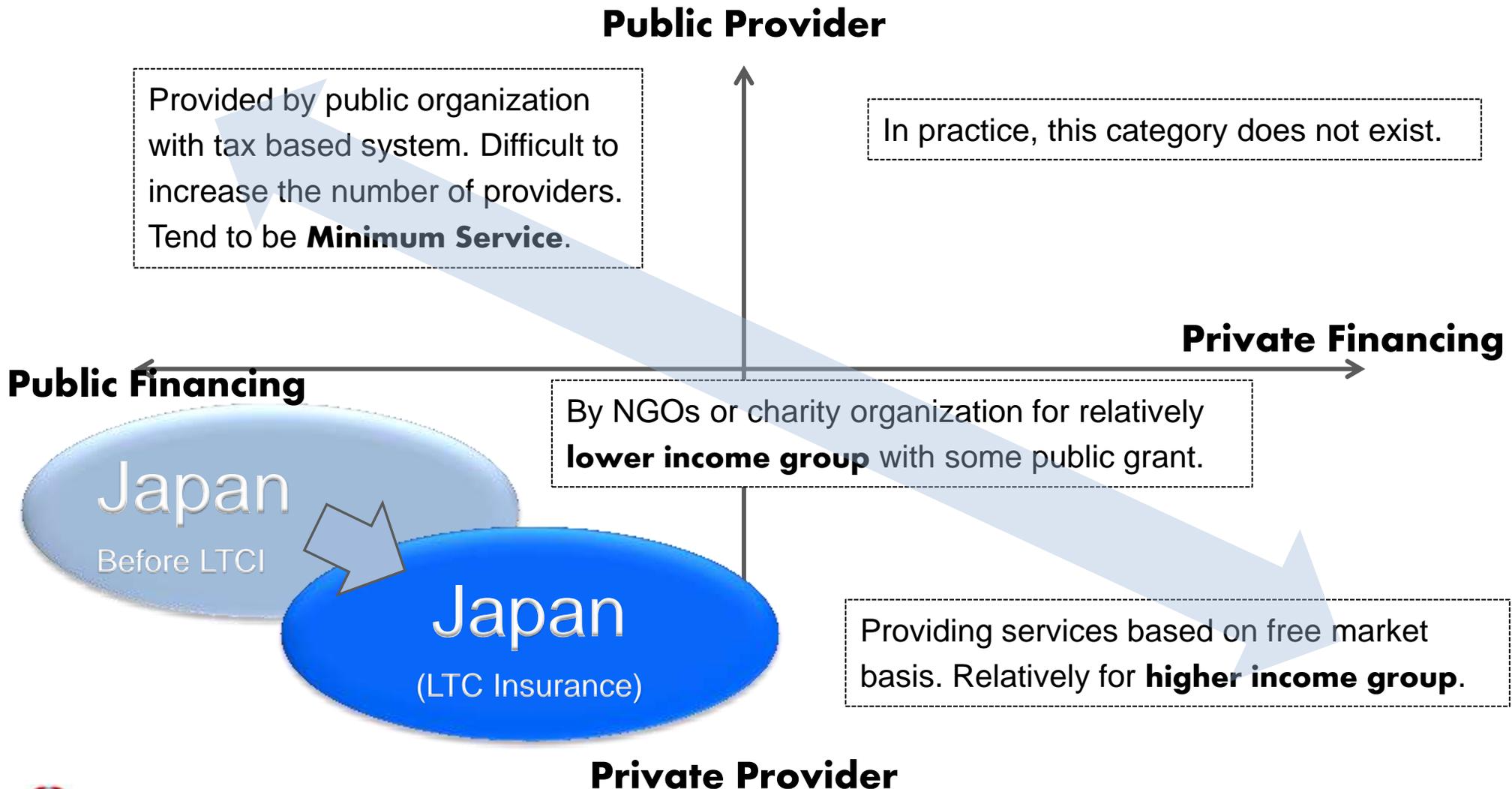
Figure is calculated and aggregated by IWANA, Reisuke based on original table. Since “Local Public Entity” and “others” are combined figure based on original categories, each data do not match to original data.

LTC Insurance (2000): Financing System for Elderly Care

revenue structure



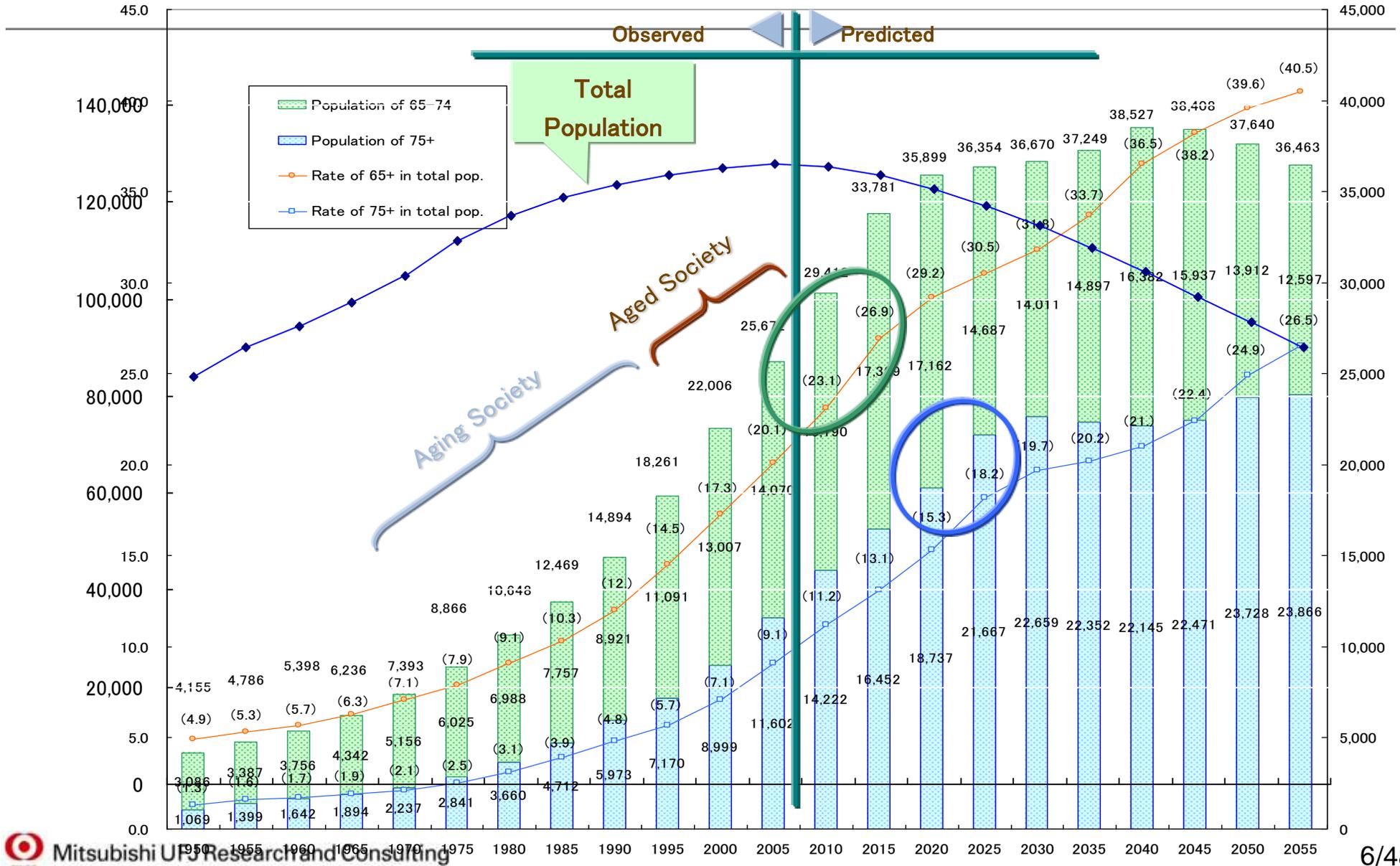
Financing System and Service Provider



Negative Legacy of Private initiative...

- ✓ Control over private sector: “regulation on facility, personnel, and operation” with incentive by grant (mainly before LTCI) or insurance payment (after LTCI).
- ✓ Relatively loose regulation for entering insurance market for the sake of rapid increase of service providers at the earlier stage of LTCI, which resulted in de-integration and fragmentation of providers.
- ✓ Due to loose regulation, private companies tend to join to the market of day service or house keeping service with a low barrier to entry.

Increasing Elderly and Decreasing Labour Force



Towards Community Based Integrated Care System

■ After Expansion of LTC Service

- Quite rapid expansion of LTC service market., which resulted in increasing of small sized entity and de-integration of service provider.
- Since the size of providers entity is important in management and wage level, Small sized entity might be a barrier to attract young workforce.
- The fragmented service providers lead to the diversity of idea and methodology for care. It causes barrier to integrate care in the community.

■ Towards CBICS (community based integrated care system)

- For the development of CBICS, “normative integration (sharing idea and objectives of care among stakeholders in community) must be achieved.
- While maintaining private initiative in providing LTC service, more coherent and integrated approach at community level in service provision and care management would be needed.