

Ageing and Long Term Care in Thailand under Universal Health Coverage



Orajitt Bumrungkulswat
Director, Community Health Program
National Health Security Office

สำนักงานหลักประกันสุขภาพแห่งชาติ (สปสช.)

NATIONAL HEALTH SECURITY OFFICE (NHSO)



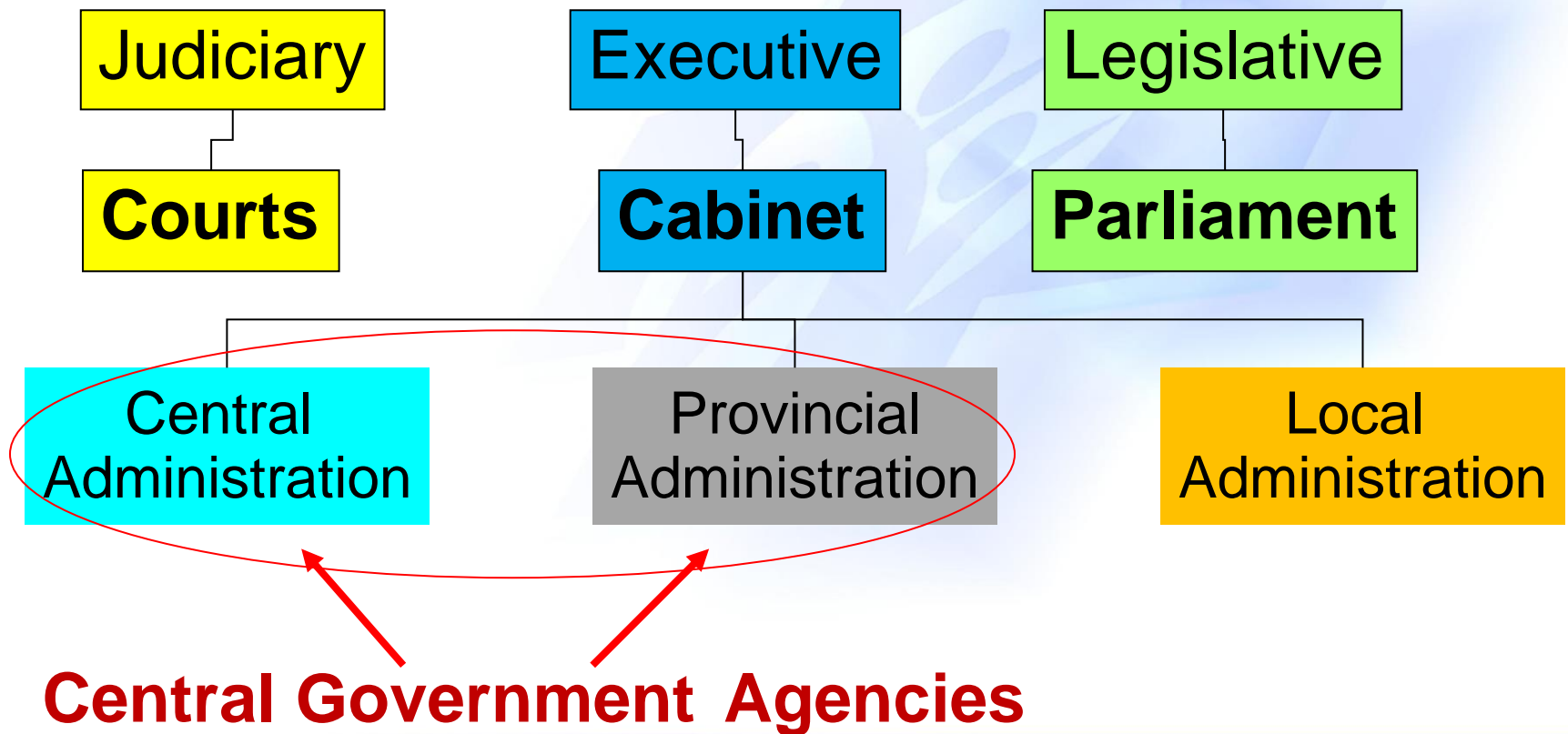
THAILAND



Area	514,000 sq.kms
Provinces	77
Districts	876
Tambons (Sub district)	7,255
Villages	68,839
Population	~65 mill.



Current Administration in Thailand



Ageing policies development in Thailand

1982 Vienna
Assembly on
Ageing

1991 UN Assembly
Recognized Elderly
rights

1999 UN
International
Elderly Year

2002 Madrid
International Plan
Action on Ageing

Ageing policies development in Thailand

1st National
Long-term
Plan for Older
persons
1982-2001

Policies and
Measures for
Older
Persons
1992-2011

1997
Constitution
2 sections on
older persons

2nd National Long-term Plan for Older
persons 2002-2021

The Act on Older
Persons 2003

The National Older
Persons Commission,
2006

Foundation of Thai
Gerontology Research
and Development
institute (TGRI) 2007

National Economic and Social Development Plan

Plan V
1982-86

Plan VI
1987-91

Plan VII
1992-96

Plan VIII
1997-2001

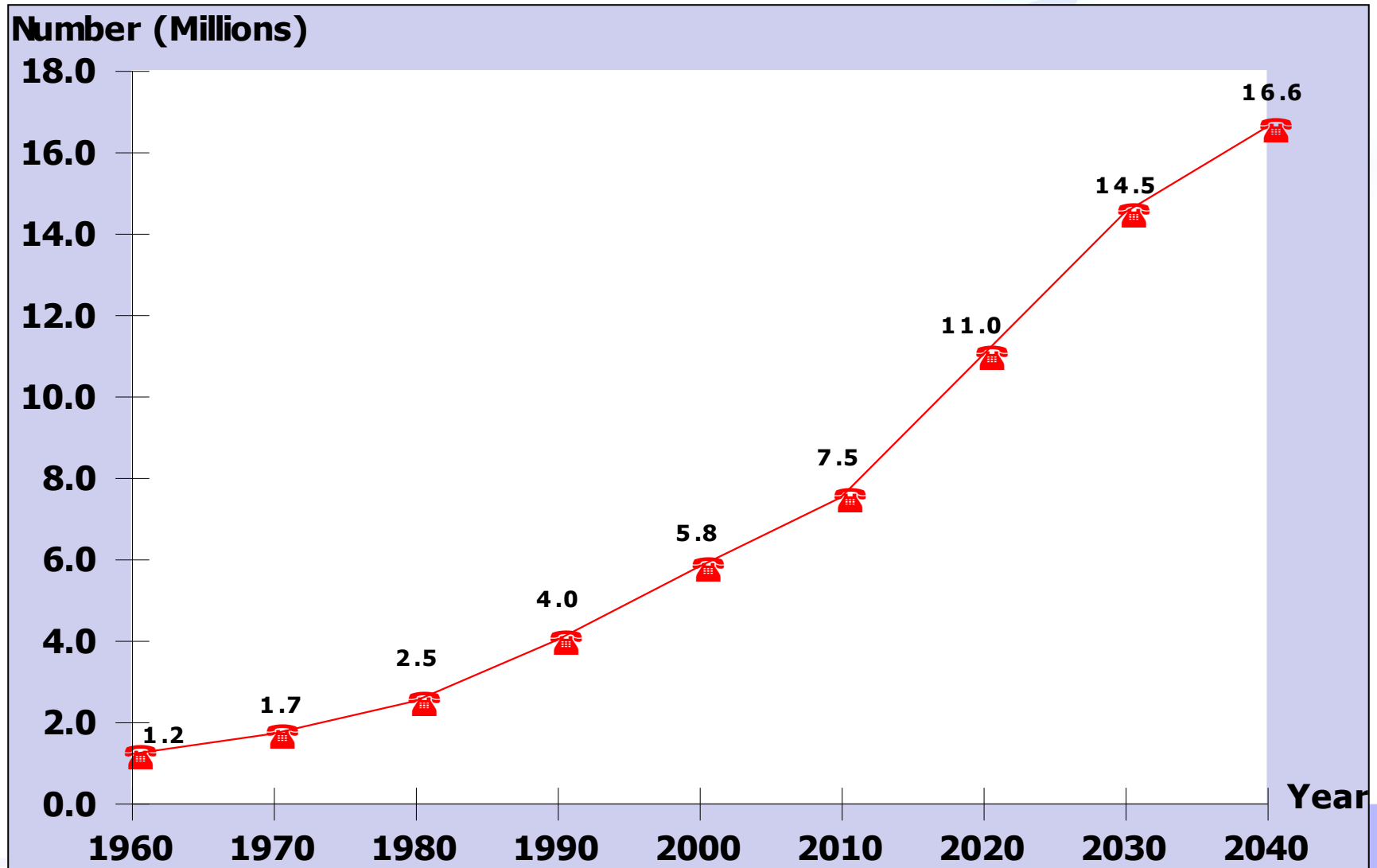
Plan IX
2002-06

Plan X
2007-11

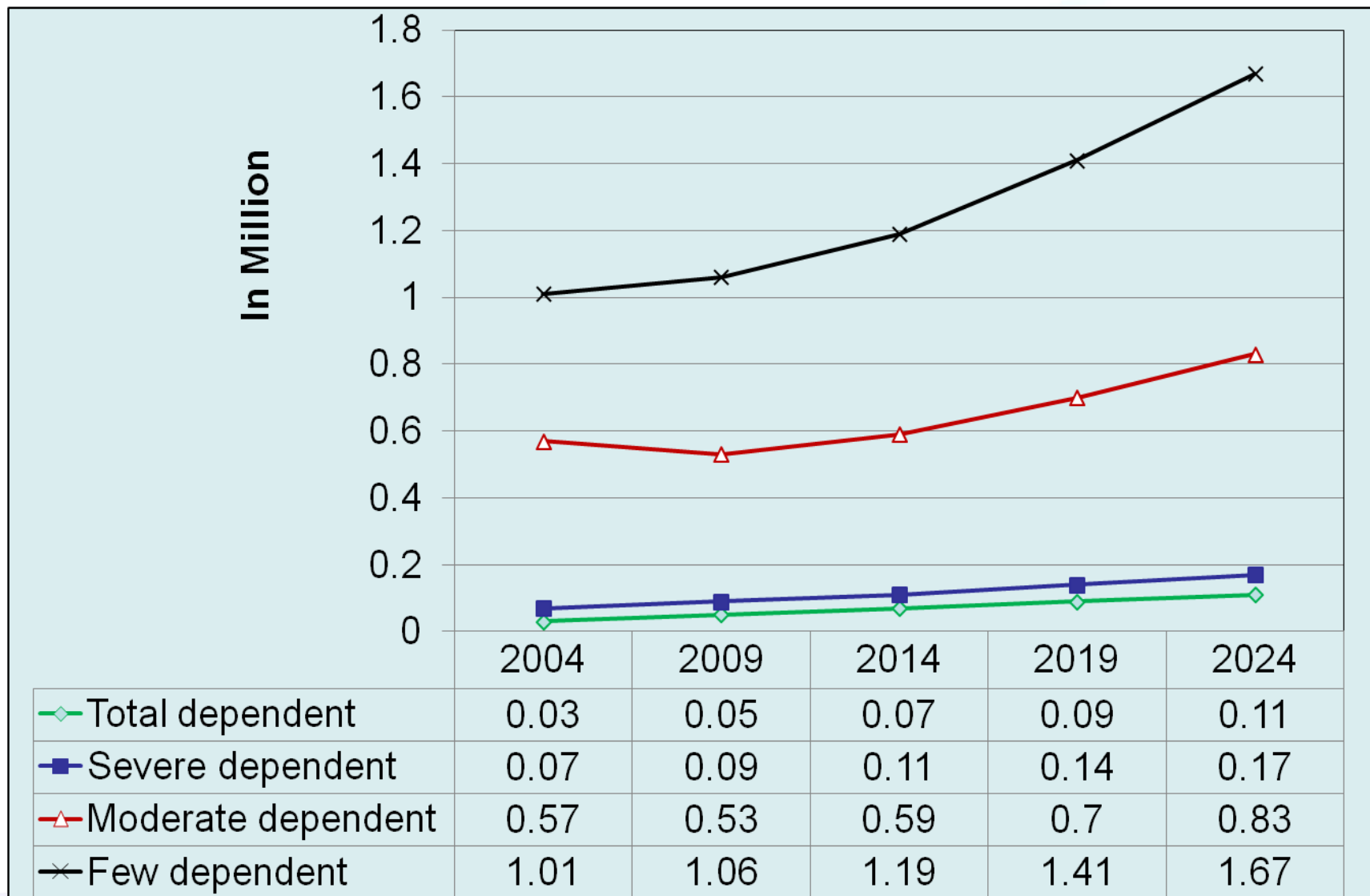
★ Explicit programs
for older persons

★ Prepare for
aging society

Number of Population Aging in Thailand : 1960 - 2040

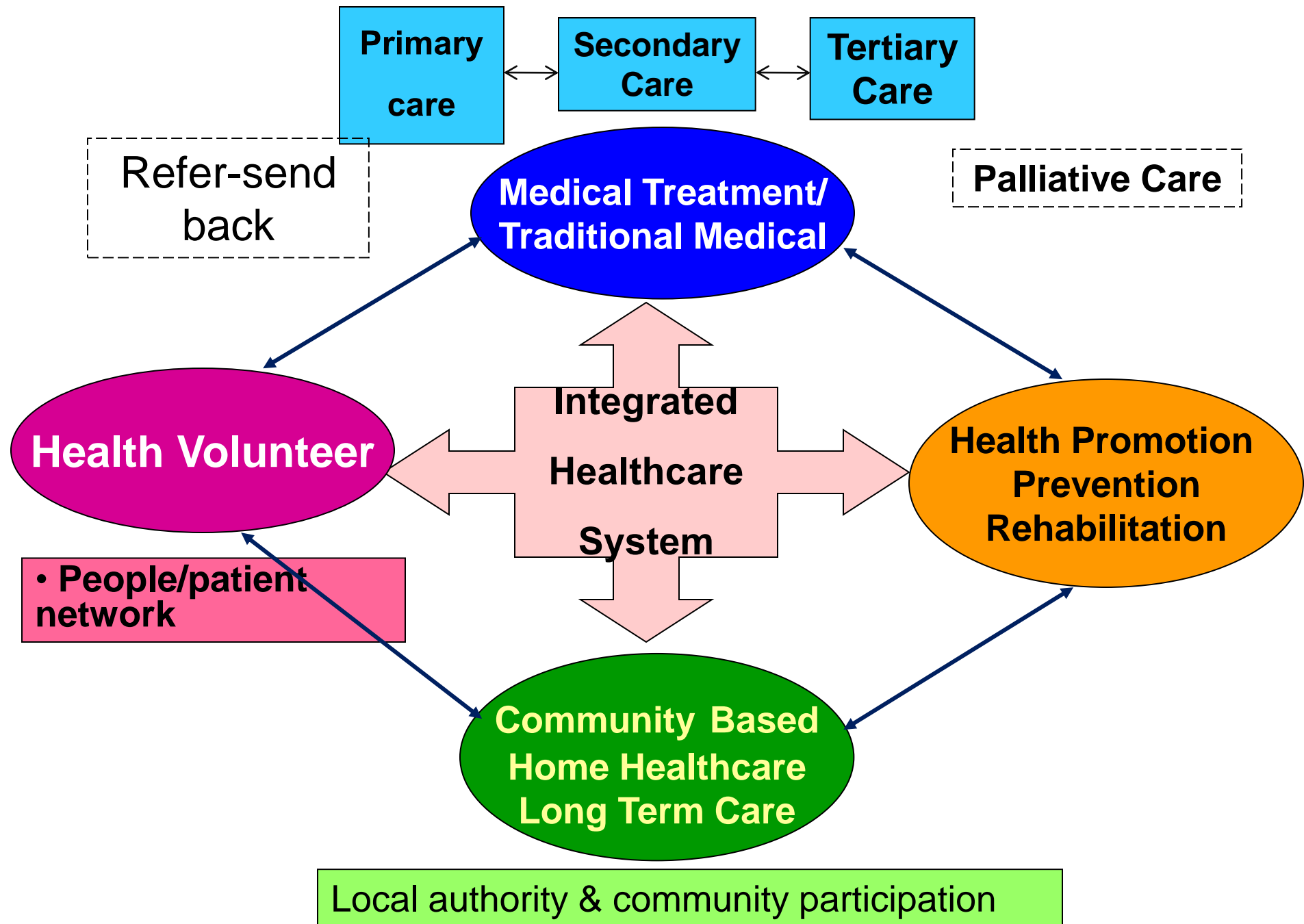


Increasing in Number of dependent older persons 2004 - 2024



Source: Srithamrongsawat, S., Bundhamcharoen, K., Sasat, S. et al., (2009)





Elderly care system in UHC

- **Medical Care** → Healthcare Unit/ Home Healthcare
- **Prevention and Promotion** → Healthcare Unit /Community (Community Health Fund)
- **Rehabilitation** → Healthcare Unit /Community (Provincial Rehabilitation Fund& Community Health Fund)
- **Long Term Care** → Home/Community (Long Term Care Fund & Provincial Rehabilitation Fund)

Strategic Plan on Community-based LTC Development (2014-2018)

- **Aim;** strengthen and support individuals (self-care), families (family care) and communities (community support) in providing integrated health and social care for frail elderly by the support of DHS and LGs to let them able to stay at home with their family
- **Principles;** maintain cultural value and family bond, strengthen role of local government in contributing, managing the system and providing social support, enhance integration of health and social service and community participation

Strategies for the development

- **Create a new budget line for community-based services** in FY 2016
 - Community-based and home-based services for long-term care, rehabilitation/ intermediate care, palliative care
- **Matching fund between NHSO and local governments**
 - Community-based approach, not just an outreach services
 - Ensure ownership and involvement of LGs and community
 - **Create a platform for integration** of health and social services
- Create a community services unit in hospital
- Human resources development
 - Care manager
 - Multidisciplinary team (com. nurse, physiotherapist, occupational therapist, psychologist, social worker, etc.)
 - Care giver/ volunteer
- Tools to support community-based services
 - Screening tool to assess dependency level
 - Assessment tool for care plan
 - Information system for monitor and manage the system
- Set standard and guidelines for service provision

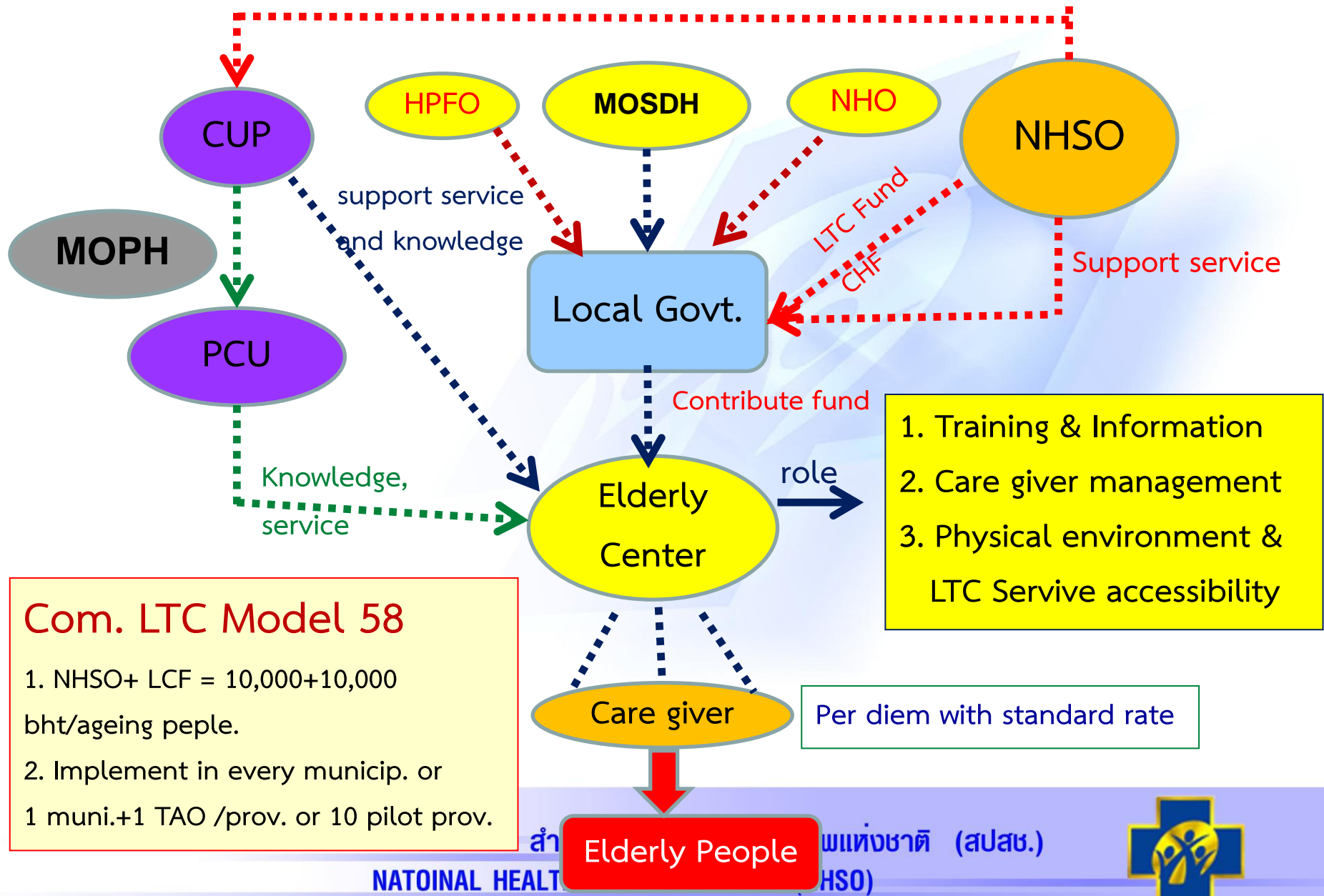
Progression of the development

- Pilot study has been conducted in 9 provinces (11 districts) since April 2014
 - To test tools and information system, appropriate benefit package for health and social care including its' cost, management and service provision models at the community
 - Provide training for care managers, care givers
 - Key actors; DHS, Local Administration Office, Local Health Fund
- According to the Minister of Public Health policy to accelerate the development of community-based LTC and palliative care
 - Expanded to 25 provinces in Dec 2014
 - Expected to covered all provinces in April 2015, 1-3 districts per province
 - Expand to cover all districts in 2016

Strategies (Long Term Care in Community)

- Develop Day Care Center in every sub district (7,000 Centers) within 5 years under management of local authority with physical therapist as manager and provide physical therapy in the center.
- Training of care giver/volunteer and assign to provide service for bed ridden elderly people in 1: 10 ratio with minimum wage daily payment.
- Build up capacity of nearby primary healthcare unit to support service of the center and referral service.

Long Term Care in Community



Community Health Fund : Partnership with Local Authority

- Set up Community Health Fund co-financed by Sub district (Tambon) Administrative Organization (TAO) or Municipality and NHSO.**
- NHSO finances 45 Baht/capita (US\$1.4) and TAO co-finance by 30, 40 and 50% according to their side and 50-60% for Municipality.**
- Start operated in 2006 with 888 piloted TAO and Municipalities in every district.**
- 7,760 Funds nation wide (99.80%) in 2015.**

Fund Objectives

To support and promote healthcare services of

- Primary healthcare unit or other public healthcare services of local authority**
- Health activities of school and religion institution**
- People organizations in the community**

in order that all vulnerable groups and chronic patient groups can efficiently and widely get access to healthcare service with proper participation of the people according to their needs.

- Sign contract with TAOs & municipalities
- Train & build capacity of Fund Committee.
- Fund performance monitor. & evaluation
- Promote Innovation and learning centers.

NHSO co-finance 45
baht/cap. Muni.&TAO
co- finance 30,40,60 %

Community Health Promotion Fund

Fund Managment
Committee

Health promotion

Health prevent.

Rehabilitation

Primary Care

15% of total fund to support

Youth group

Women gr.

Aging gr.

Diabile gr.

Chronic dis.
patient

Community Health Plan with people participation

4 year term of committee

**Comm.hospital Dir. & District
helth office as advisor**

**Transparency &
participatory committee
selection**

**Member of Local
Autho. Council 2
persons**

Expert 2 persons

**Hlth. volunteer
represt. 2 persons**

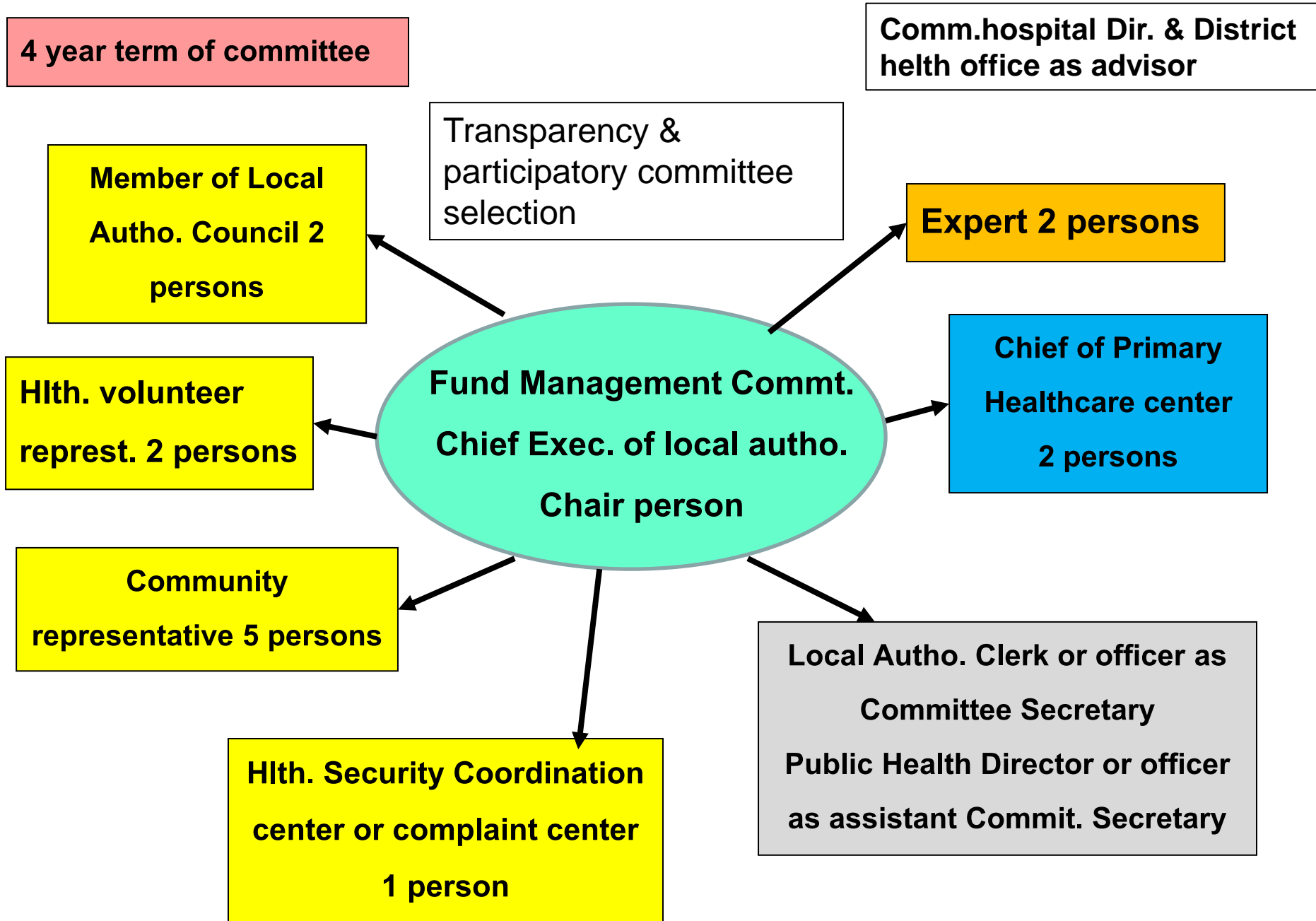
**Fund Management Commt.
Chief Exec. of local autho.
Chair person**

**Chief of Primary
Healthcare center
2 persons**

**Community
representative 5 persons**

**Hlth. Security Coordination
center or complaint center
1 person**

**Local Autho. Clerk or officer as
Committee Secretary
Public Health Director or officer
as assistant Commit. Secretary**

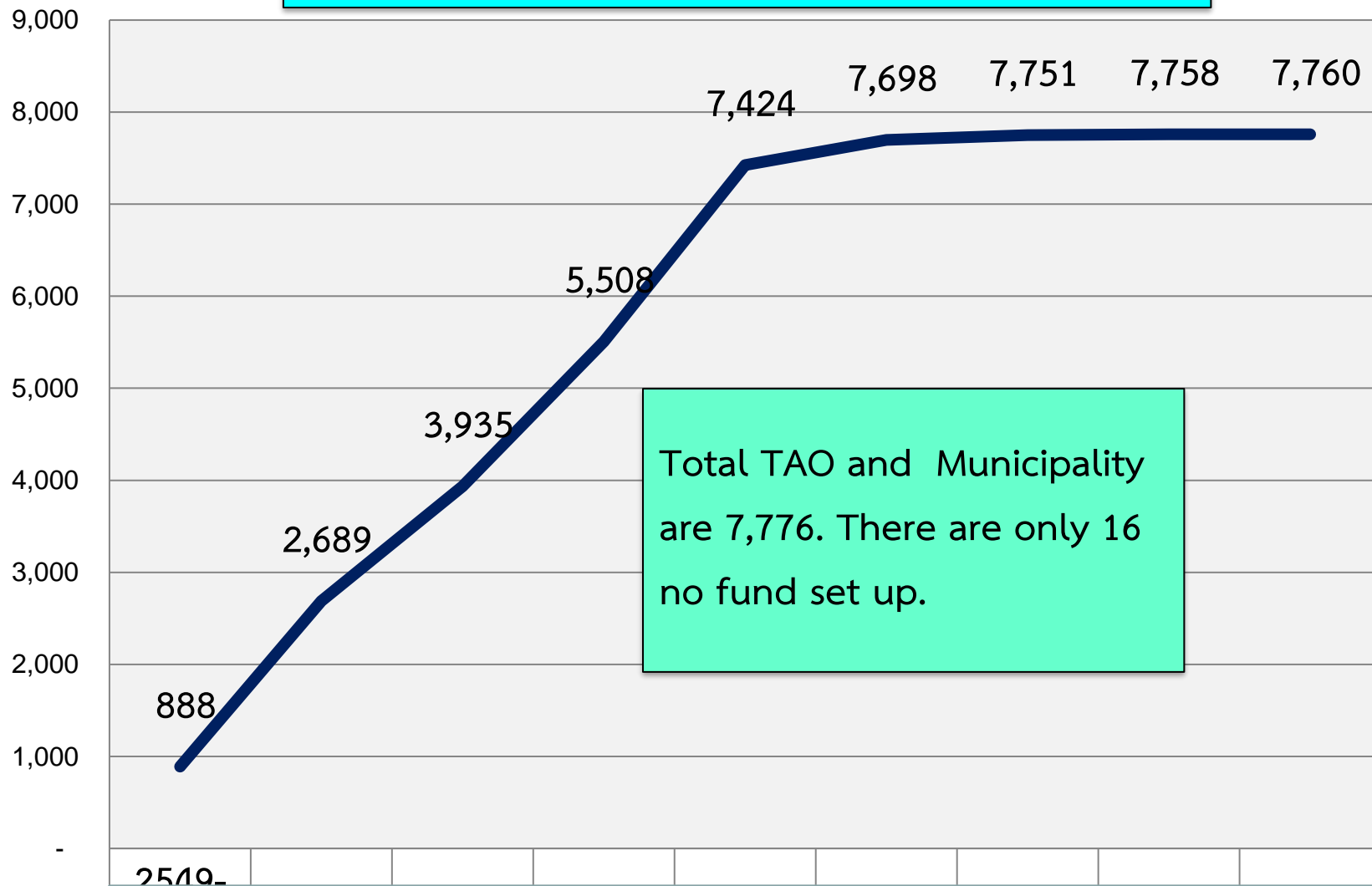




Fund Activities



Expansion of Fund from year 2006-2015



จำนวนกองทุน

888

2,689

3,935

5,508

7,424

7,698

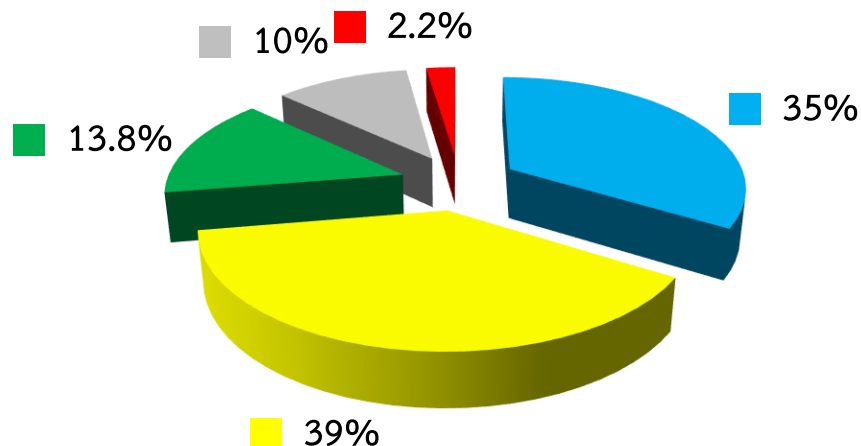
7,751

7,758

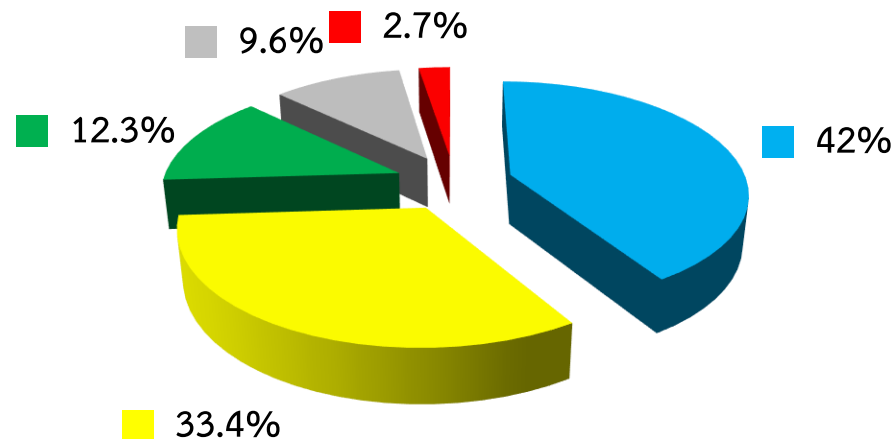
7,760

No. of Project and Budget in each Activity Category (30 June 2015)

No. of Project



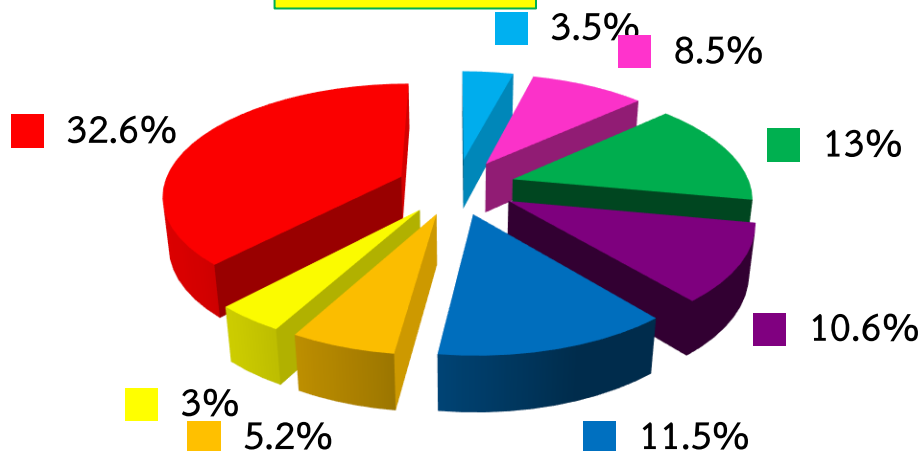
Budget (mil.baht)



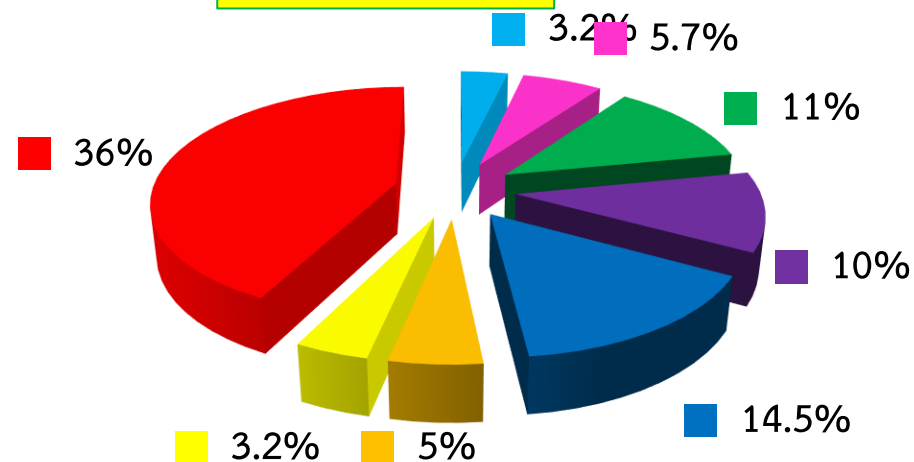
Activity Catagory	No.of Project	Budget (mil.baht)
1 = Support Healthcare Unit	27,938	1,045.98

No. of Project and Budget in each Target Group (as 30 June 2015)

No.of Project



Budget (mil.Baht)



Target Group

No.of
Project

Budget
(mil.baht)

1 = Pregnant and Post Partum
Women

2,770

79.37

Key Success Factors

- Good collaboration between TAO/ Municipality & Healthcare unit.
- Experiences in health promotion prevention and rehabilitation activities.
- Efficient management team.
- Co-finance from local authorities.
- Available of health data and plan.
- Effective monitoring and evaluation.



Next Step

From Community Health Promotion Fund to Vulnerable and Elderly Welfare Fund



Provincial Rehabilitation Fund collaboration with Provincial Administration Organization

Fund Objectives

1. To enable the accessibility to rehabilitation service of the people with disability (PWD), elder people and sub acute care patient.
2. To support the development of rehabilitation service system in order to respond to the needs of people in the community.
3. To support the model development of rehabilitation services at home and community in collaboration with healthcare facility.
4. To strengthen the rehabilitation capacity of PWD organization, elderly organization and others.
5. To support the standard services needed for daily life of the PWD, elder and sub acute care patient.
6. To support the administration cost not more than 10% of the annual budget of the fund

Fund Management Committee
(2 year term)

**Matching Fund
between NHSO &
PAO in equal amount**

Expert/PWD org./
Prov.Social Dev. Officer
(3 members)

Local authority
officers
(5 members)

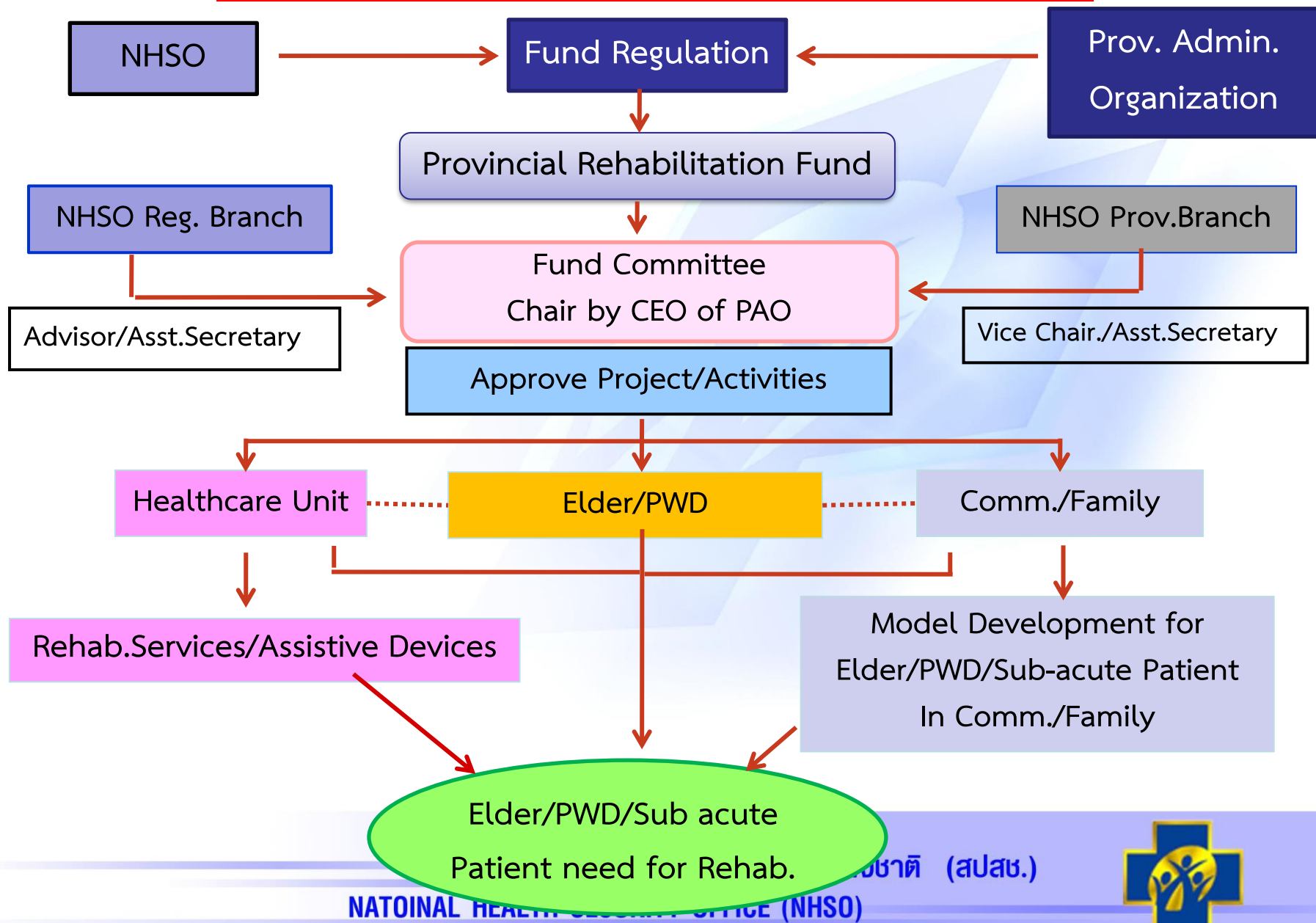
Chair by CEO
of PAO
16 members
(2 advisors)

Healthcare
providers/
professionals
(5 members)

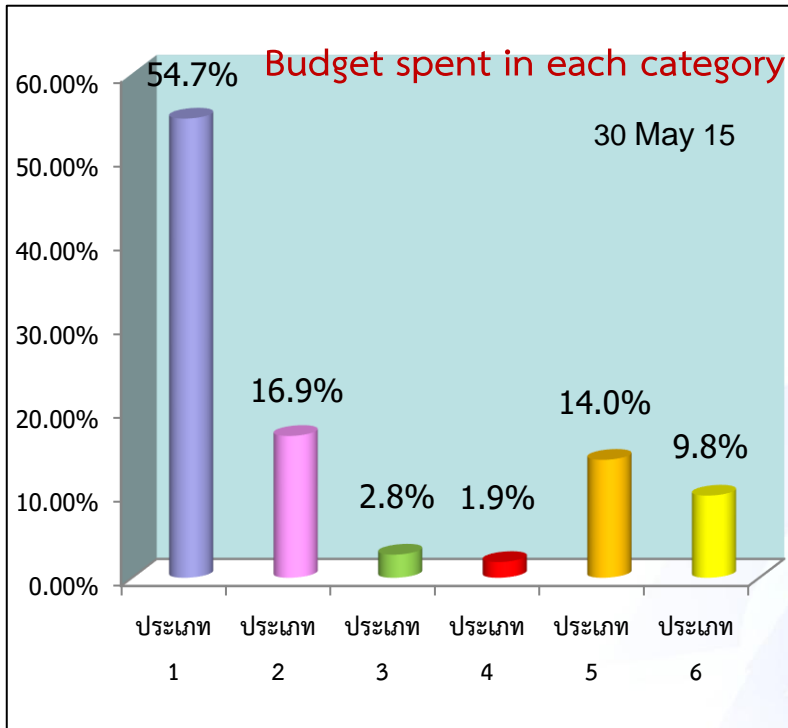
Prov./Regional Health
officer
(3 members)



Frame Work Fund Management



Progress of Provincial Rehabilitation Fund



Category 1 : Support rehabilitation services & assistive devices

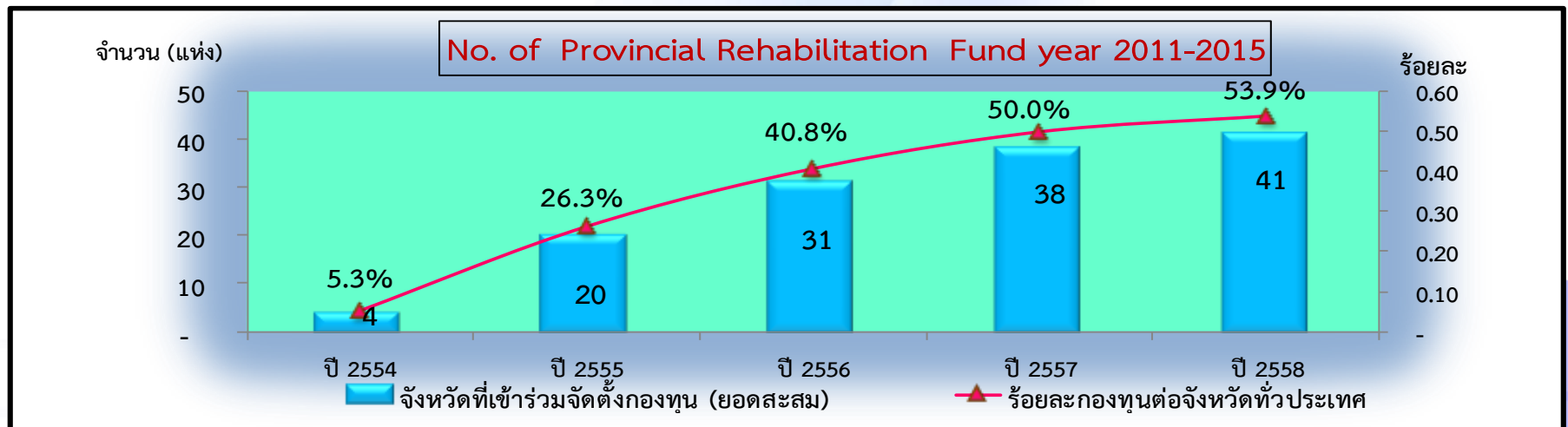
Category 2 : Support rehabilitation service system development of healthcare unit

Category 3 : Support model development of elder/PWD/sub acute patient rehabilitation

Category 4 : Support capacity building and strengthening of disability organization

Category 5 : Support elder/PWD/sub acute patient to obtain basic services needed for dairy life


Category 6 : Fund admin. cost (not more than 10%)



Challenges

- **Integration of health and social services** and continuity of care are challenging due to fragmentation of current systems and various vertical programs and policies.
- **Resilience and capacity** of the current health service delivery system.
- **Local Authority and community** involvement.





Thank you for
your attention

www.nhso.go.th

สำนักงานหลักประกันสุขภาพแห่งชาติ (สปสช.)
NATIONAL HEALTH SECURITY OFFICE (NHSO)

