



FOSTERING A STRONGER LONG-TERM CARE SECTOR

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1

STRUCTURAL CHALLENGES IN LONG-TERM CARE



Poor working conditions limit retention while lack of resources can lead to poor safety



More than half (64%) of LTC workers suffer from **physical risk factors** across OECD countries



Low pay predominates. LTC workers (nurses and personal carers) receive EUR 9 per hour (median wage), compared to EUR 14 for workers in the same occupation in the hospital sector



High rate of **part-time** work



Care workers are **mostly women**



Migrant workers are important in many countries

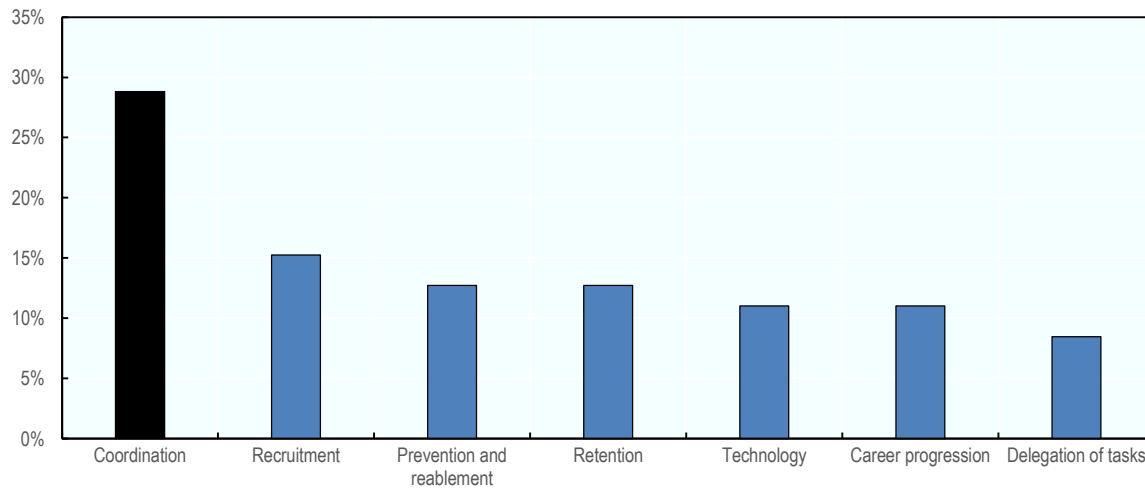
Over half of the harm in LTC is preventable, as well as 40% of admissions to hospitals

The total cost of preventable hospital admissions is equivalent to 2.5% of all spending on hospital inpatient care or 4.4% of all spending on LTC



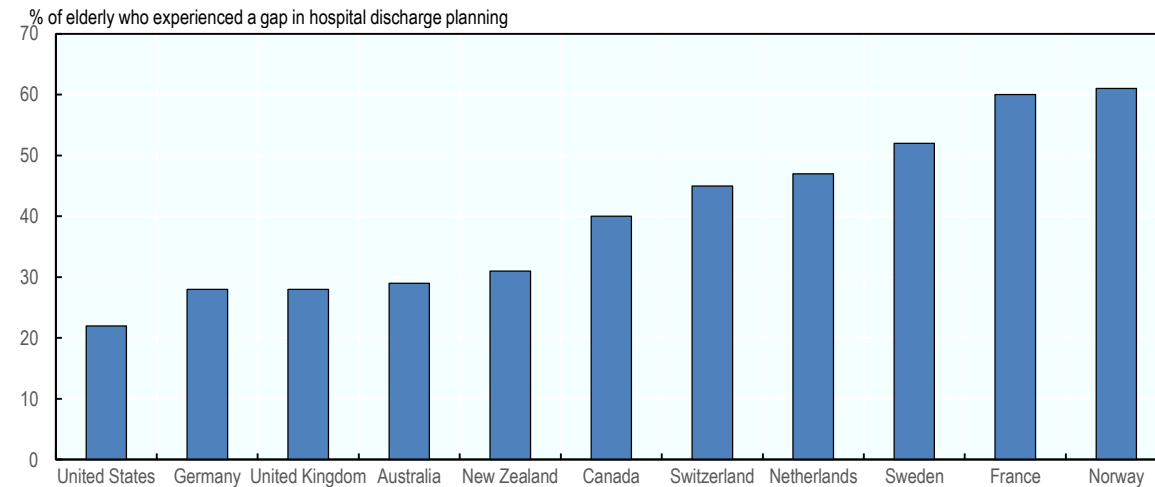
Deficiencies in care co-ordination and integration between health and long-term care

Co-ordination is the number one policy in countries' workforce agendas



Source: 2018 OECD Long-term care workforce questionnaire.

There are gaps in hospital discharge planning



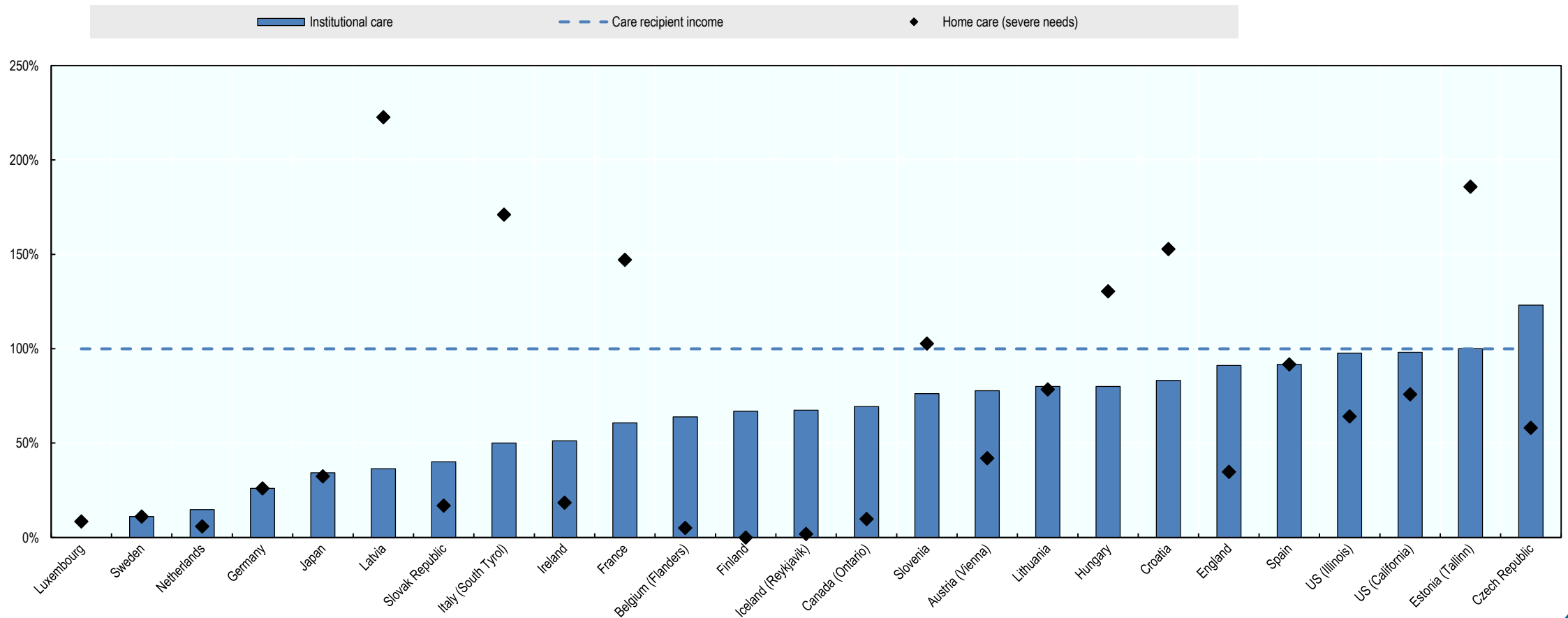
Note: Gaps include: i) not discussing the purpose of taking each of the medications, ii) not having arrangements for follow-up care with a doctor or other health professional and iii) not receiving written information on what to do upon return home and what symptoms to watch for.

Source: 2016 Commonwealth Fund International Health Policy Survey (data refer to 2016).



High costs for people even after social protection

Out-of-pocket costs of care as a share of old age income after public support by care setting



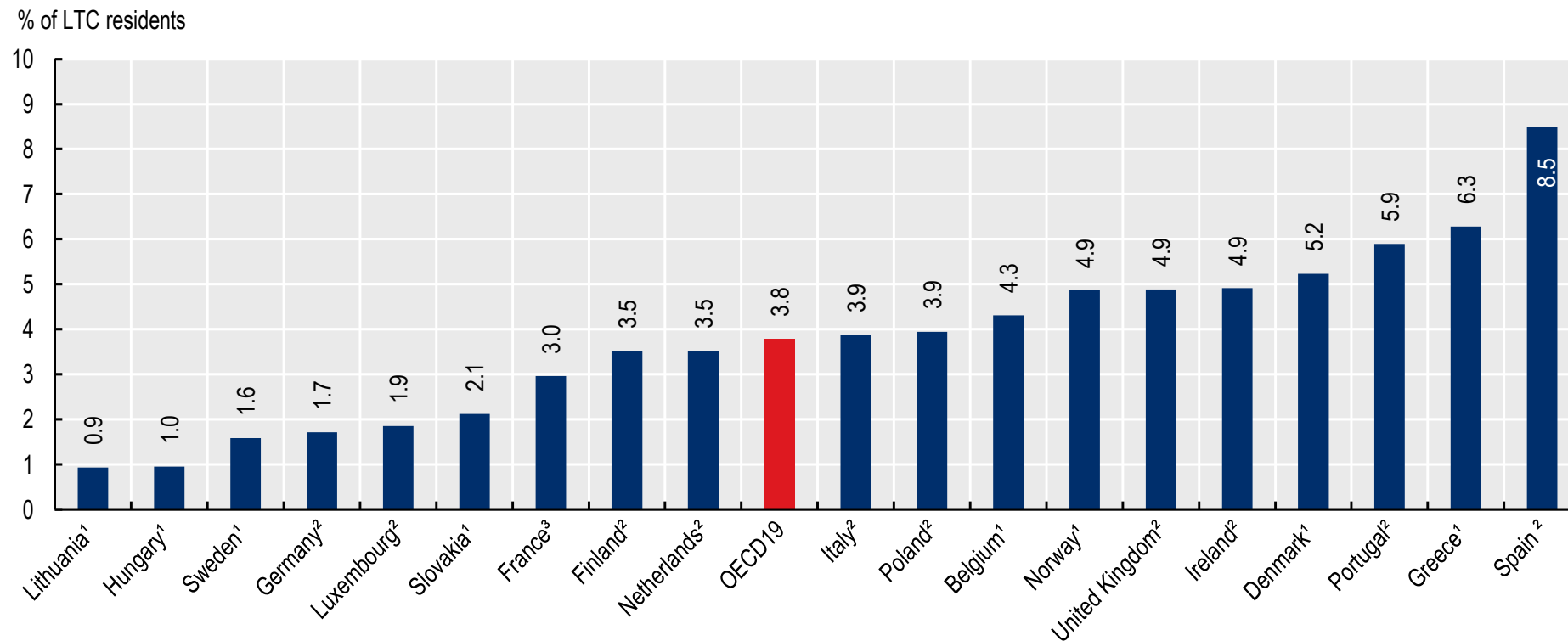
Note: Home care for older people earning a national median income and no net wealth, by severity. Care recipient income = 100%. Severe needs correspond to 41,25 hours of care per week. The costs of institutional care include the provision of food and accommodation, so are overestimated relative to home care.

Source: OECD calculations based on the Long-term Care social protection questionnaire.



LTC suffers from quality challenges: safety risks and insufficient infection control

Percentage of LTC residents with at least one health care-associated infection, 2016-17



1. Under 45% of residents sampled were wheelchair bound or bedridden. 2. Over 45% of residents sampled were wheelchair bound or bedridden. 3. No data was available on the proportion of wheelchair bound or bedridden residents.

Source: ECDC, CDC.



2

REFORM AVENUES FOR BETTER CARE IN COUNTRIES



Snapshot of recent and planned reforms



- Improve working conditions (wages, time, safety) e.g. Germany
- Redesign training e.g. Israel
- Give informal carers wider support e.g. Croatia
- Enhance coordination across workers e.g. Slovenia



- Expand home and community care options e.g. Spain
- Promote the use of innovation and technology e.g. Japan
- Reconsider allowances and address high out-of-pocket e.g. Slovakia
- Redesign funding options e.g. France
- Place stronger emphasis on quality control e.g. the Netherlands



Some elements of successful reforms processes

1. Wide stakeholder consultations
e.g. France



2. Pay attention to governance and adapt progressively
e.g. Lithuania



3. Piloting and rolling out progressively
e.g. Slovenia



5. Learn from other countries
e.g. Israel

4. Setting of indicators to monitor impact and evaluation
e.g. Chile Cuida





Thank you for your attention!

Thank you!



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Read our publication

COVID-19 in LTC: impact, policy responses and challenges
<https://doi.org/10.1787/18152015>

Further OECD work on LTC – check it out!

