



cutting through complexity

Survey Respondents

An uncertain age

Reimagining long term care
in the 21st century

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Section: 1

The Current State of Long-Term Care

The rise and rise of the elderly population

The narrowing longevity gap

Quote	Name of Person
Demand for LTC services in Japan will come from 2 basic needs: to promote independent life in old age and to decrease caregiver burden, especially for the family.	John Creighton Campbell, Japan
We (Finland) are ageing more rapidly than other European countries, so the number of frail elderly has already increased, and is going to continue to very rapidly increase over the next 20 years.	Juhani Lehto, Finland
The fastest growing segment here in the U.S is 85+ and 10,000 baby boomers a day are turning 65.	Bobbie Sackman, United States of America
Our hospitals are flooded with elderly patients. More than 60 percent of hospital beds are taken up by the elderly.	Patrick Cheung, Hong Kong
Demand for “universal coverage” will only increase in Singapore as the population ages and dependency ratios of working persons supporting retired persons falls drastically. The current system is not future ready.	Yeoh Kam Leong, Singapore
We need to think about the ageing population in terms of four segments: <ol style="list-style-type: none"> 1. People in their late 50s onwards who are relatively fit and healthy, are generally more prosperous than previous populations. This is a big and growing group to whom we need to pay much more attention. An important public health policy and system challenge is trying to keep this group fit and healthy so they stay out of formal care services. 2. People with more significant health problems. This group requires care closer to home and good long-term conditions management. 3. People aged 75+ with a combination of more intensive health and social care needs, including people with dementia. There is a tendency when thinking about the ageing population to put all people in this category. 4. End of life care. 	Richard Humphries, United Kingdom
The big discovery we are working on is that demand for social care has been driven by eligibility. People have hidden behind ‘you need to be very needy before you get services’. Actually, we are responding to the budget challenge by focusing on how to avoid reacting to eligibility levels. We are now talking in terms of what is our universal offer for all older people and how we hold them in the community, how we prevent them from reaching a crisis point, and how we enable them to return to their homes after hospitalisation.	Peter Hay, United Kingdom
There is a high demand for community elderly care services, but supply from private sector is low.	Patrick Cheung, Hong Kong
Healthy independent elderly can suddenly need care (e.g. stroke, fracture, major surgery), and cause an unpredictable demand for elderly care services.	Dr. Edward Leung, Hong Kong
There is a tremendous demand for eldercare in New York City. The reason for this is that the population is aging rapidly – the population has increased dramatically in the last 10 years.	Lilliam Barrios-Paoli, United States of America
1 out of 3 seniors live in poverty – seniors have the biggest jump into poverty.	Bobbie Sackman, United States of America

Quote	Name of Person
<p>It is not just that the number of older people that is growing dramatically, but also the composition of the population is also changing. Now 1 in 5 people who are 65 and older in the US is a person of colour. Over the next 20 years that number will increase to 1 in 3. That's a dramatic demographic change that requires policy responses.</p>	<p>Michael Adams, United States of America</p>
<p>Fifty years ago Brazil was predominantly rural with large extended families and few older people. It was relatively easy to accommodate people with long term conditions. Technology was very basic so the needs for home care were not complex. Now, it is a totally different scene. We have very fast ageing in Brazil, much faster than what had previously occurred in the developed world. In 30 years, Brazil will have the same demographic structure that Japan has now. We do not have the long-term care services in place to meet the growing ageing population and, even if we did, few people could afford them.</p>	<p>Dr. Alexandre Kalache, Brazil</p>
<p>By 2050 about 80 percent of the world's older people will live in the developing world. From my personal point of view, that is where the main focus of attention should be. From a global perspective there is a critical need to develop alternative long term models because the present systems will simply not be able to meet the needs. The main challenge is lack of political recognition of the issue. Any country that calls itself civilized must protect those particularly vulnerable, frail and poor – which must translate into affordable, sustainable and more equalitarian care. A major problem is that throughout the world there are people who can afford long-term care living side by side with others who cannot and for whom the costs of private insurance are simply out of question.</p>	<p>Dr. Alexandre Kalache, Brazil</p>
<p>The population of elderly people in Norway will spike between 2015 and 2020.</p>	<p>Jon Magnussen, Norway</p>
<p>The key issue is understanding how demand for services is shaped by the type of services available.</p>	<p>Juhani Lehto, Finland</p>
<p>As funding in social care is reduced, local authorities are putting up eligibility criteria. You have to have some quite serious needs before you are eligible for social care these days.</p>	<p>Ruthe Isden, United Kingdom</p>
<p>Institutions need to be able to respond effectively to the populations that they are engaging. The dramatic shift in the composition of the population in the United States has to have an impact on practice and policy. There are particular interests and needs around linguistics, diet, and many other aspects of life that need to be addressed as the demographics of the population changes.</p>	<p>Michael Adams, United States of America</p>
<p>The economic climate has made the situation worse. Now only those people with the most acute needs receive care. Huge numbers of people are not receiving care, and are losing care that they used to receive.</p>	<p>Baroness Sally Greengross, United Kingdom</p>
<p>The economic crisis is forcing service providers to re-envision the way we see our roles and to approach the emergence of managed long-term care as an opportunity to do things differently in ways that benefit our constituents' health and longevity, and at the same time contribute to the financial sustainability of our organizations.</p>	<p>Michael Adams, United States of America</p>

Quote	Name of Person
The economic crisis and desire for better return are investment are leading to an emphasis on measurable outcomes and less space for softer types of programs and services that are less amenable to outcomes based approach.	Michael Adams, United States of America
What everybody here accepts is that with the demographics of an aging population, the current long-term care structure is not sustainable from both government subsidy and consumer perspectives.	Paul Gregersen, Australia

Pressure on traditional family based care

Quote	Name of Person
Hong Kong is a modernised urban society. Households are small and many young people are working overseas. There are fewer children to care for ageing parents. 30 percent of the elderly here are living alone or with an elderly spouse.	Dr. Edward Leung, Hong Kong
The elderly in rural areas (in Taiwan) prefer to stay in their homes because they are used to that environment. Elderly in urban areas are also cared for by family, but they are often moved between their children's households. They don't like this and in some cases they may be sent to a nursing home.	Dr. Chung-Fu Lan, Taiwan
In Chinese families there has always been a familial obligation for the young generations to look after the seniors. However it is becoming more and more of a myth. And, most young people, even if they are willing to provide some support, don't really have the knowledge of skills themselves. So this is becoming less and less practical.	Ninie Wang, China
There is still a lot of stigma surrounding long-term care in Brazil. It can bring shame to a family if a member ends up in a long-term institution. To some extent, this reflects the view that the institutions are of poor quality. For many people however, institutional care is the best option and much greater effort is needed to improve standards.	Dr. Alexandre Kalache, Brazil
The structure of the family is evolving; certain kinds of care and support that historically came from traditional family structures are now provided by community-based care.	Michael Adams, United States of America
The dual family income and the fact that women are working more have had an impact on the provision of care.	Lord Chai Patel, United Kingdom
Families are becoming smaller and smaller, younger people have more seniors to look after, the young generation is not staying with their families.	Ninie Wang, China

A shifting burden

Quote	Name of Person
It is always difficult for a government to announce to the electorate that citizens are going to have to pay more money, but the reality is that the government can either finance long-term care through taxation or a user-pay system. I think the right way to do it is through a user-pay system.	Paul Gregersen, Australia
Political will is extremely important, and when we are talking about finding sustainable solutions for long-term care, we are not talking about something that will carry us forward for the next 4 or 5 years, it needs to be a long term solution.	Carolyn Denne, United Kingdom
Chinese families are definitely now more willing to pay for formal support but the question is what type and how much?	Ninie Wang, China

The need for long-term care

Models for providing long-term care

Quote	Name of Person
Those who can afford it, financially support their parents through hiring domestic maids. However for the lower income groups, they have no choice but to send their parents to a nursing home.	Patrick Cheung, Hong Kong
According to research that has been done here and at the Health and Welfare Agency, informal care provides 80 percent of care hours. We have a care allowance for people who take a large part of the care responsibility for dependent elderly. If you have a spouse, then that spouse provides care for you to the final state of your life. But if you are alone, then the major responsibility for your care lies with the formal public care systems.	Juhani Lehto, Finland
Of the 75 years and older population in Finland, 24 percent received one of five eldercare services in 2010.	Dr. Harriet Finne-Soveri, Finland
<p>Three phases of ageing can be identified in Australia:</p> <ol style="list-style-type: none"> 1. Active phase: Older people in this phase want healthy ageing centers, like gyms. These facilities help them stay healthy, especially those with chronic conditions. We are currently seeing huge demand for these services. 2. Passive phase: In this phase there is a significant demand for facilities that connect people (e.g. day centers), where people can come together for social connections and physical activity within the local community or within their own cultural group. Here in Australia, day centers are funded by the Government. 3. Dependence phase: In this phase we see a very large growth in community care. In Australia, community care is growing at the rate of 6–10 percent a year. People in this phase require a whole range of care levels, from basic services to personal care (e.g. showering) through to complex care (i.e. nursing home care). We are also seeing substitutes for institutional care. For example, previously a lot of institutional respite care was provided in aged care facilities, which might typically house approximately 60–100 people, and one person will come in for respite. We are now seeing large numbers of respite cottages, attracting 4–5 people a day and also for overnight respite. These services are common in Australia. 	Steve Teulan, Australia

Quote	Name of Person
In terms of solutions for the ageing problem, China is still 20 years behind the other countries.	Ninie Wang, China
If you look at the national supply, we have about 3 million beds, compared to 185 million people over 60 years of age (not even 2 percent) – there is no way China is going to be able to double that supply in the next 5–10 years.	Ninie Wang, China
It will still take a lot of education, both for the Government and the media/general public to understand what is really needed in terms of long term elderly care. Leaving people to live in their own homes is not really providing care – we need to understand who these people are and what kind of care is most urgently needed – these are fundamental questions which need to be addressed.	Ninie Wang, China
To set up a residential care home all you need is planning permission. Providers don't have to check to determine if there is too much supply in the market, or if this is the model of care commissioners require. The Care Quality Commission also has no market control, so providers can build and open units without anyone saying whether it is what we need. In an open market you can get things coming in from left field and you can get an over-representation of particular private providers. The risk is that there will be more people in hospital from poor standards of care. However, without a market, we would not have got such levels of investment in capital, as the private sector can take more risks in terms of building residential care units.	Peter Hay, UK

Institution-Based Care

Quote	Name of Person
There is an inequity in funding between community care, which delivers services to people in their own homes, and institutional care.	Paul Gregersen, Australia
There is an overall trend to move care from institutions to home care and sheltered housing.	Jon Magnussen, Norway
Nursing homes should only be available for people who need integrated care. Elderly who don't need integrated care should be taken care of in their own homes.	Gabrielle Davits, Netherlands
The focus is still on building more institutional care facilities to host the seniors together, without even differentiating what level of dependency/level of care these people need.	Ninie Wang, China
There are 3 million beds in the LTC facilities (e.g. nursing homes, retirement homes) however, only 17 percent are for people who are more dependent. These facilities mainly tend to admit only healthy and independent seniors. Therefore the institutions are not actually taking on the main responsibility they should be taking on.	Ninie Wang, China
Institutional care givers are more concerned about keeping their costs down and limiting their own risk, instead of providing what is most urgently needed by the elderly.	Ninie Wang, China
Understanding what old people want is confused by what the financial systems will pay for. Existing demand for institutional care is artificially high because this is the type of care that governments and insurance programs pay for.	Dr. Ruth Finkelstein, United States of America

Home and Community-Based Care

Quote	Name of Person
There is probably a decline in informal caregivers as children are living further away from their parents and the old social networks are not as strong as they used to be. So, we are depending less on informal care than we used to. There has been, on and off, debate about paying people to take care of their parents at home, but that's not high on the agenda and it is not discussed in a serious manner. There are currently no incentives to be a family caregiver.	Jon Magnussen, Norway
Once a senior is hospitalized they deteriorate at a much faster rate than a healthier person.	Scott McLeod, Canada
It is not easy for the elderly to be cared at home in Hong Kong. The physical size of homes and apartments here is small and whole families live in a few hundred square feet. In such an environment it is difficult for the elderly to use equipments such as wheelchairs, commode and the like.	Dr. Edward Leung, Hong Kong
The US model of care in the future is going to be much more home and community based compared to the previous generation. The problem is that we have not built services that really help people to maintain their independence in their homes.	Eric Dishman, United States of America.
We are seeing growing resistance to traditional forms of institutional care. People want to stay at home or be some place that feels like home.	Michael Adams, United States of America
In 2011, the 5-year plan was issued and it became very clear that the positioning of home and community care will be the basis of the system to support the ageing population in China.	Ninie Wang, China
A very small percentage of the elderly are enjoying aging in their own homes.	Patrick Cheung, Hong Kong
Finland has a large publically funded institutional care model, but we are moving towards more home care and residential care.	Juhani Lehto, Finland
When we look at resource allocation and where people are planning to invest their money or put more effort, community and home related care is not getting much.	Ninie Wang, China
There is a clear need for community and home based services.	Dr. Edward Leung, Hong Kong

Resource challenges

Paying for long-term care

Quote	Name of Person
Seniors prefer to stay at home as long as they can. It is cheaper for the system as a whole to keep seniors at home.	Scott McLeod, Canada
Today, more money is spent on residential care than community care in Hong Kong. To reduce the burden of residential care, more resources need to be put into day care centers and home care.	Dr. Edward Leung, Hong Kong
Today there are 2 options for long-term care in Hong Kong. One is fully funded by the government, but there is limited capacity and a need to wait. The other is fully out-of-pocket for the care receiver, but this is quite expensive. The government is considering means testing, where those with the greater ability to pay will pay more.	Dr. Edward Leung, Hong Kong
Private nursing homes care for low-income groups is financed by the government welfare payment.	Patrick Cheung, Hong Kong
What we haven't figured out is how to take the money out of nursing homes and put it back into the community.	Bobbie Sackman, United States of America
Only 2 percent of all foundation funding nationally is spent on aging issues. It just isn't seen as the future. How do you get new ideas and new approaches and innovative models? How do you move ahead?	Bobbie Sackman, United States of America
The US currently has a completely irrational long term elderly care system, and there is a general lack of political will to invest tax dollars into the aged care sector to implement an alternative model. The lack of creative policy attention has moved long-term care into the poverty health care system by default, as people spend themselves into poverty, and then Medicaid picks up the bill for institutional services – the most expensive and least desired option.	Dr Ruth Finkelstein, United States of America
The current requirement for local authorities to do annual budgeting is a real problem. Local authorities are required to demonstrate results every year, yet a new business would not expect to see a return on their investment within a year. This requirement makes it impossible for local authorities to do any preventive work, as this takes time to deliver results.	Baroness Sally Greengross, United Kingdom
Publicly funded systems are more professionally driven, rather than consumer or supplier driven. The advantage of a publicly funded system is that the funding is a lot more controlled and therefore potentially a lot more efficient. But it doesn't allow for a high level of risk taking and experimentation, which you would get in an open system.	Lord Chai Patel, United Kingdom
Norway does not have significant financial challenges. The provision of long-term care is predominantly through the welfare state and is in a stable position.	Jon Magnussen, Norway
There is the problem that aged developed countries are struggling with the economic crisis. In Spain, for instance, 1 in 4 adults are unemployed. It is more than that if you consider only the very young, those under the age of 25. Within such a context a complex dilemma is emerging – choosing between supporting the unemployed or subsidizing long-term care. The issues need to be debated openly and rigorously or a generational war will ensue.	Dr. Alexandre Kalache, Brazil

Quote	Name of Person
The population, the electorate, is increasingly dissatisfied that, despite surpluses and reserves, the government is not doing more to go beyond the current “80 percent coverage” scenario for affordable healthcare, which may actually get lower as the population ages.	Yeoh Lam Keong, Singapore
Publicly funded systems by their very nature are inflexible, and therefore people get trapped inside the funding mechanisms, and by the barriers they create, rather than flow seamlessly through services. Publicly funded systems are also very hard to navigate.	Lord Chai Patel, United Kingdom
NYC is one of the places that provide the most extensive LTC for the elderly – the problem that we face is that it is becoming more expensive to provide these services.	Lilliam Barrios-Paoli, United States of America
The government announced reforms in April 2012 that are moving future care provision to many more community care services, including at the highest level of care. Consumers in both community care and institutional care will contribute more to the cost of their care, but not hugely more.	Steve Teulan, Australia
At the moment in Australia, when the value of people’s assets is looked at for aged care, the value of their home is ignored. This is probably going to change in the future, so that a greater scope of assets will be assessed that will include the home.	Steve Teulan, Australia
Generally people think the state funds care and that they’ve been paying for this through taxes, etc. It’s a politically toxic issue because it involves first saying to the public that they haven’t, in fact, been paying for something that they thought they had been paying for, and second, that they are going to have to pay even more and they are going to have to pay for it even if they don’t need it. In the current climate this is a really big ask.	Richard Humphries, United Kingdom
10 years ago the Government introduced approximately 200,000 long-term care beds and across a time period of 3 years all these beds became available. However, the funding model states that for a nursing home to get full funding at a per diem basis there needs to be 97 percent occupancy. The consequence was that individuals were institutionalized into these LTC homes even if they didn’t need to be in order to meet the occupancy rate.	Scott McLeod, Canada
Traditionally in Finland, long-term care is organized by local community authorities, which by law are responsible for taking care of all the people. There are 336 local authorities, which are relatively independent and which make up their own rules. It is up to the local authorities to decide who are eligible for long-term care services and who are not eligible.	Dr Harriet Finne-Soveri, Finland
Australia, in terms of major funding, has a controlled supply environment. The government has a ratio which it uses to determine how many residential aged care services will be allocated to each region, as well as for Australia overall. There is a need to apply for licenses to set up an institutional care facility. This is very anticompetitive and means the choice is limited for consumers. The occupancy rate for institutional eldercare across Australia is over 90 percent. There is a lack of variation due to lack of choice and because many of these facilities are government funded, the government by and large sets the pricing. Accommodation bonds are an alternative source of capital funding and are not as tightly controlled.	Steve Teulan, Australia

LTC Insurance

Quote	Name of Person
Long-term financing, particularly for long-term care insurance, will be challenged by the demographic changes now underway. The financing for care programs should be sufficient to 2014, and then the insurance will likely become more expensive.	Michael Plazek, Germany
We have observed the increasing demands for long-term nursing care services. Majority of them have been covered by our social insurance system since 2000. Primarily, 80 percent of the increase is due to the growth of elderly population, while 20 percent is due to the larger service usage per the insured on average.	Shigeru Tanaka, Japan
Currently in Germany there are around 2.5 million people needing long-term care. They receive this care through mandatory care insurance.	Michael Plazek, Germany
At the moment, the government is pushing to implement long-term care insurance. It was originally supposed to be implemented in 2012, but it is now delayed until 2013 or 2014. A national health insurance scheme does currently exist, it was implemented in 1995, but it does not cover long-term care, neither the institution kind or home care.	Dr. Chung-Fu Lan, Taiwan
Hong Kong does not have a pension fund or a medical insurance scheme for citizens. It is too soon to talk about long-term care insurance.	Patrick Cheung, Hong Kong
We don't have long-term care insurance. It is very expensive and there is no expansive coverage.	Bobbie Sackman, United States of America
The aging of Japan is thought to outweigh all other nations, as the country is supposed to have the highest proportion of elderly citizens. Long-term care insurance is fairly well developed in Japan and in fact is the innovation that Japan can offer to the world.	Osamu Utsunomiya, Japan
In Japan all seniors are covered by long-term care insurance and reimbursement is currently capped.	Shozo Ikeda, Japan
Funding for long-term care is increasingly moving to an insurance-based system. For rich countries this may be the only sustainable way – provided that it will not leave behind those particularly vulnerable (e.g. the poor, those with lifelong disabilities, older women with reduced contribution to social security).	Dr. Alexandre Kalache, Brazil
The problem with Medishield in Singapore, though highly successful in some ways, is that the risk pool is divided by age group and is therefore too narrow. The older and retired individuals may have to contribute the highest premium, or lose their cover totally, at the point when they need insurance most and can least afford it. Also, it excludes a range of cases like congenital illnesses or pre-existing conditions that most often need affordable intensive medical care.	Yeoh Lam Keong, Singapore

Quote	Name of Person
Long-term care is currently funded by the family, out-of-pocket. Some elderly have a pension if they have worked. If a person is very poor the government will provide some funding. Most nursing homes are sponsored by the public sector.	Dr. Chung-Fu Lan, Taiwan
The vast majority of individuals can never save enough money for their own long-term elderly care. The size of families is also too small nowadays to pay for and support their parents' long-term care – so who is saving for whom? We need to change the current ideology of expecting individuals and families to finance long-term care.	Dr. Mary Ann Tsao, Singapore
Consumers don't realize that they have to finance the bulk of the long-term care for their parents or for themselves. Surveys show that the public does not understand how long-term care gets paid for.	Eric Dishman, United States of America
In the past, individuals believed that their homes were their retirement nest egg; that is no longer a sustainable option for retirement, let alone long-term care.	Dr. Ruth Finkelstein, United States of America
People often don't realize until they get to the point of needing services that there are eligibility criteria, and that they may be required to pay. People don't always expect those things and certainly the families and caregivers supporting those people don't expect those things.	Carolyn Denne, United Kingdom
Even in families that can afford long-term care, the service doesn't exist in most places. In some cities in China the Government has started giving out subsidies to the elderly and their family to buy services, however they forget that the service industry hasn't been developed. The willingness to pay is very positive, we just need to put in place innovative, affordable and accessible services that families with different budgets can afford.	Ninie Wang, China
If you are in institutional care, you have to pay 85 percent of your income and the local authorities cover the remainder of the costs. If you receive home care, service housing or intensive service housing, you are responsible for covering the cost yourself. However, if you receive home care or reside in service housing you can apply for state subsidises (which you cannot get in institutional care).	Dr. Harriet Finne-Soveri, Finland
If you are not in institutional care, you may end up paying more than if you are.	Dr. Harriet Finne-Soveri, Finland
The system is organized in such a horrendous way that millions of Euros per year are wasted on the administrative costs of care. We should, as a rich and civilized nation, first solve this problem before we start asking for more money from patients or raise taxes.	Jos de Blok, Netherlands
Today most of the long-term care is paid for by families simply because the social insurance doesn't cover any long-term care services, and commercial insurance is only beginning to cover some long-term-care-related products.	Ninie Wang, China

Quote	Name of Person
Out of pocket spending for health and social care remains high (55–65 percent) despite general universal healthcare practices in developed countries that indicate it should be one-third or lower. There will likely be political pressure for universal coverage as medical needs grow, and affordability becomes more difficult as the population ages and the dependency ratio falls – and change will inevitably come. It thus behooves the government to take the lead in establishing more efficient universal healthcare or risk have its hand forced to move towards more piecemeal and less efficient or more populist solutions.	Yeoh Lam Keong, Singapore
The majority of seniors living in Ontario get only a small monthly income; therefore it is a challenge for them to afford assisted living facilities. Consequently this cost becomes the family's obligation.	Scott McLeod, Canada
The care allowance system provides only meager allowances and thus, are mainly used by spouses, and less frequently by the working age children of the elderly.	Juhani Lehto, Finland
We don't really know yet how willing people will be to spend their own money on care.	Richard Humphries, United Kingdom
There is likely to be an increasing proportion of people who will decide to sell property and use the money they get to pay for whatever care they need.	Richard Humphries, United Kingdom
Care and housing should be separated in how we pay for it. As long as you live you have to pay for your own house, or pay rent. Why that should stop when you need integrated care and are not able to live in your own house anymore?	Gabrielle Davits, Netherlands
While there was much in it that was to be welcomed, I think some people were disappointed that the recent White Paper didn't move us forward in identifying what people should be expected to provide for themselves. It is difficult and challenging, but there needs to be an acknowledgement that, taking account of demographic and financial pressures, many people will have to contribute something themselves.	Richard Humphries, United Kingdom

In-Kind Services versus Direct Payments

Quote	Name of Person
The whole 'personal budgets' approach can be difficult to communicate as it is hard to make people accept that care recipients will make sensible decisions about what is important to them.	Carolyn Denne, United Kingdom

Workforce shortages

Quote	Name of Person
There is a disparity in the pay received for staff in a LTC home vs. a hospital vs. community.	Scott McLeod, Canada
We are addressing the challenge of the workforce by getting more people to work full time, particularly women. We are providing financial packages and addressing the problem of people not wanting to work weekends and unsociable hours. The nursing associations are to some degree opposing this.	Jon Magnussen, Norway
The long-term care workforce supply is the labour market, about the pay, working conditions, and career options available. One "globalised" solution is to bring in foreign domestic maids. In the end, care must be provided by one of 3 parties: family member, foreign maid, or a professional. Other sources, such as volunteers, are not sustainable.	John Creighton Campbell, Japan
There are skills and labour shortages in Germany due to the unattractive nature of caregiver jobs. They are hard, poorly paid and often part-time. There are not enough men taking them up. We have partially compensated by using cheap labour from poorer countries in the EU, like Poland, but it is becoming more and more attractive for these people to go elsewhere, where the pay is slightly better.	Michael Plazek, Germany
Organisations should provide better incentives for employees to work for longer instead of retiring. Organizational changes include more flexibility and options for phased retirement, job sharing, and part time work.	Dr. Ruth Finkelstein, United States of America
Care staff are underpaid, undervalued and have low status and low wages, and not enough time or training. There is a need for greater respect for care workers, for better status and salaries, and for better training.	Baroness Sally Greengross, United Kingdom
What we are seeing is that in relation to long-term care, developing countries are subsidizing the rich world. The reality is that African, poorer Asian and Latin American nurses, doctors and auxiliary staff are recruited by the developed world to provide long-term care there; often for very poor remuneration and low recognition. And they are expected to provide this care with love and respect – which very often families are neither willing nor capable to provide"	Dr. Alexandre Kalache, Brazil
Companies are just beginning to recognize that assistance and support for eldercare can improve worker productivity and focus, similar to the impact following assistance with childcare.	Dr. Ruth Finkelstein, United States of America
There used to be expectations that women would provide informal care, but increasingly women have become key to the paid workforce. So, it is important there is support to enable women to continue working.	Carolyn Denne, United Kingdom
Workers who provide long-term care to the elderly are very poorly paid and there is limited career opportunity.	Patrick Cheung, Hong Kong

Quote	Name of Person
There is a shortage of geriatric social workers and people trained to work with the elderly. Salaries are very low, so it is difficult to attract people into this industry, especially younger people. We need to revamp and step up education and training.	Bobbie Sackman, United States of America
The U.S. immigration policy is making it more difficult to fill long-term care roles, for example, certified nursing assistants.	Eric Dishman, United States of America
We have shortages of general practitioners in less densely populated areas of Finland and a shortage of nurses in the metropolitan areas, where housing costs are high and nurses' wages are low.	Juhani Lehto, Finland
We have a severe shortage of care workers in Japan. The government has not developed effective measures to deal with this problem. We need to think about productivity more seriously, to always monitor productivity of each worker and to control the volume of service.	Toshiaki Hashimoto, Japan
There is a need to address the high turnover rate in the long-term care business. Salaries for common workers are relatively low and it is difficult to find attractive career paths for them.	Osamu Utsunomiya, Japan
Demand for the help of foreign labor is very strong in the long-term care sector here, from Vietnam, the Philippines, Malaysia, Indonesia and Thailand.	Dr. Chung-Fu Lan, Taiwan
If you wish to be well looked after in your old age, don't be racist because the probability is that your care-givers will be from other countries, races.	Dr. Alexandre Kalache, Brazil
There is discussion about supporting part-time care jobs, but there is difficulty getting this through the employer and trade unions. It is taking an eternity to do it. It has been discussed for 5 years and there has been little progress.	Juhani Lehto, Finland
Hong Kong relies on two sources of supply to take care of the elderly – nursing homes (which is not LTC) and foreign maids.	Patrick Cheung, Hong Kong
We are a relatively wealthy country, so funding systems is not the greatest challenge; the main challenge of meeting this increase in demand is workforce. Although we have a high proportion of the workforce in the public sector, the long-term care part of the sector is not as attractive as other areas.	Jon Magnussen, Norway
In order to satisfy more expanded demands in 2025, 2.5 million trained care-workers will be necessary in the long-term nursing care sector in Japan.	Shigeru Tanaka, Japan

Section: 2 Reimagining the future

Deliver person-centered care

Quote	Name of Person
The rhythms of life are the person's rhythms of life, not the caregiver's. People should be able to receive the services as they want them and not have their daily lives regimented (e.g. showering times, meal times).	Dr. Stephen Judd, Australia
The key point here is to get people into housing that suits their care needs. Quite often people end up having to move because their care needs have changed. The beauty of extra care housing, for example, is that the care support can be increased as people's needs change.	Richard Humphries, United Kingdom
In 2010 new legislation was passed that guarantees that older people can choose the local community where they want to age. Ageing in place is one part of this, it is more about ensuring that the individual has freedom in decision making and ageing in place is part of this big issue.	Dr. Harriet Finne-Soveri, Finland
The key theme is 'person centeredness'. Good eldercare focuses on the needs and aspirations and wishes of the elderly person. It's also about what the care receiver can contribute. Co-production is an important criterion for good care, but the details will vary from individual to individual.	Carolyn Denne, United Kingdom
Some 25 years ago a vigorous debate took place in Brazil, culminating with the adoption into the Constitution (1988) of the declaration of health care as a fundamental right. Before that, people would have to rely on family, if they had one, which may or may not be capable or willing to look after them. They would have to rely on the "generosity" of their relatives. Universal right to health makes a big difference to the lives and concerns of people in older age; knowing that you will, somehow, be protected regardless of your ability to pay. Now, the notion of the right to health care is firmly established in the minds of Brazilian citizens. Other developing countries have not established health care as a right and have gone down the American model where, by and large, care is mostly based on the ability to pay.	Dr. Alexandre Kalache, Brazil
We should create a clear right for care for the elderly. Whether they get care or not is too dependent on the local municipal administration, and not even the medical or care professionals can determine if they can get care. These decisions are currently led too much by the bureaucracy and too little by the elderly and their caregivers.	Juhani Lehto, Finland
Care is frequently not compassionate and not of a standard that any of us would want for ourselves or our parents.	Baroness Sally Greengross, United Kingdom
The US healthcare system is built upon a model of institutional care.	Eric Dishman, United States of America
Nursing homes are becoming more popular in Taiwan. Most nursing homes in urban areas are very small, with less than 50 beds. If children don't have time to take care of their parent themselves, they organize for the parent to stay in a nursing home nearby, so they can visit them.	Dr. Chung-Fu Lan, Taiwan

Integrate care

Quote	Name of Person
<p>Multidisciplinary or interdisciplinary teamwork should form the backbone of the LTC system. Building the most effective interpersonal and inter-organizational long-term care models among and between professionals, paraprofessionals, agencies and institutions should be a priority.</p>	<p>Dr. Dennis Kodner, Canada</p>
<p>When you are looking at long-term care you have to look at preventive solutions. There are a lot of things that can be done that can catch illness early or manage it. Sometimes it's the most simple of things in life that make huge differences: repairs and environmental scans for safety at home to prevent people from falling, nutritious and sufficient food that is appropriate for their medical conditions, ensuring people are taking their medicine providing transportation to follow up medical appointments, and being supportive of emotional needs.</p>	<p>Bobbie Sackman, United States of America</p>
<p>The GP should be the care coordinator, the first one to turn to and the only one to refer a care recipient to a specialist. But, that doesn't mean he needs to be the case manager as well. The case manager should be the one that has the most logical position to execute the role. That could be the home care nurse, family or a social care worker. It is crucial is that we do not institutionalize case management. That will only lead to higher costs.</p>	<p>Gabrielle Davits, Netherlands</p>
<p>In my ideal world I would want a system where there is an informed navigator or care co-ordinator, and there are new systems around the world that have adopted this approach. This co-ordinator would facilitate the journey of an individual with a long-term care condition through the various opportunities available in the health and social care system. This approach enables the care recipient to be in the right place at the right time and to receive early interventions that prevent chronic dependence on the system.</p>	<p>Lord Chai Patel, United Kingdom</p>
<p>Effective links with primary care physicians and hospitals should receive major attention throughout the long-term care process. Fully integrated care and successful care recipient outcomes cannot be attained without the means to achieve the sustained involvement of these two important providers.</p>	<p>Dr. Dennis Kodner, Canada</p>
<p>The home care nurse can be the care coordinator. We should create a strong local model for family doctors, nurses and other care givers in which all activities are geared to one another in accordance with common standards.</p>	<p>Jos de Blok, Netherlands</p>
<p>More needs to be done on prevention. In particular more multi-disciplinary team working, interventions earlier in the process of care and measures to ensure that medical help is provided when it is needed rather than patients being written off.</p>	<p>Dr. David Oliver, United Kingdom</p>
<p>Really good coordination is key for older people. In practice this means a key person, a navigator, an information-broker, who is responsible for joining everything up, for guiding people through the system. There are some niche areas of information and advice around financial products where a specialist is needed, but a lot of what is required is social work. The coordinator role could be provided by a social worker, community mental health nurses, and support workers.</p>	<p>Richard Humphries, United Kingdom</p>

Quote	Name of Person
Coordination is often a role that is filled informally at the moment by family members or caregivers. But there is a drive to introduce actual services in this space. This is something Age UK is piloting in Cornwall.	Ruthe Isden, United Kingdom
People who need integrated care are in a stadium where different care professionals are involved in the daily life of the patient. That could be medical care, para medical care, and/or social care. The distinguishing characteristic is that patients can't live without those professionals communicating and collaborating in a way to optimize the patient's life.	Gabrielle Davits, Netherlands
Managed long-term care offers the potential to build a community based approach to long-term care that enlists a variety of partners in delivering services that are consistent with their competencies. This is the challenge, to re-think how we work together to provide services.	Michael Adams, United States of America
Care management should be considered a core long-term care technology, enabling providers to enhance choice and flexibility in service delivery, improve coordination between services, and increase the efficiency and effectiveness of community care.	Dr Dennis Kodner, Canada
Comprehensive LTC assessment should be standardised and regionalised to ensure this critical process is population-based, fair and timely, and that the right people end up receiving access to needed levels and types of care.	Dr Dennis Kodner, Canada
Integration is essential, and this is currently a real problem. Plans are not coordinated, health and social care are not integrated, and housing is not incorporated. There is a need for integrated budgets and services.	Baroness Sally Greengross, United Kingdom

Rethink medical care

Quote	Name of Person
The transition from independent living to being in a long-term care program or an institution is a significant one. There is no clarity on the medical purpose in this phase of life. It is not just about end of life nor a period when the usual objectives of treatment that are based on long term objectives are universally appropriate. What is required is a fresh approach centred on enabling individuals to have the best quality of life in their reframed lives.	Dr. Clive Bowman, United Kingdom
The ability to deliver care to the home is hampered in the US by the almost obsessional belief that all healthcare must be done in a clinical setting.	Eric Dishman, United States of America
In social eldercare, and also in end-of-life care in particular, there are many grey areas where a social consensus needs to be reached on what is 'acceptable care'. The government has a big role to play in forging consensus. This is the role of leadership.	Yeoh Lam Keong, Singapore

Quote	Name of Person
Medical professionals are fatalistic about conditions of old age. They fail to actively treat conditions in older people that would respond, and they are poor at identifying underlying social and psychological factors. The specialist model is an issue as medical care is increasingly delivered in silos.	Dr. David Oliver, United Kingdom
Should nursing homes start to specialise more, for example physical disabilities or dementia? Do nursing homes in the UK need to be larger to allow for more organised clinical input from specialists?	Dr. Clive Bowman, United Kingdom
Our nurses and doctors are highly educated, but most care is provided by general practitioners, who are not specialized in care for the elderly and who make very few home visits to see elderly patients. Finland's general practitioners make fewer home visits compared to their peers in other countries, so the role of physicians in eldercare is low.	Juhani Lehto, Finland
Roughly 1 in 5 people over the age of 80 is diagnosed with dementia and 1 in 3 over the age of 90, and we know that our populations are ageing. Yet dementia isn't a specialization in the curriculum of University degrees. Thankfully, this government has recognized dementia as a national health priority in Australia.	Paul Gregersen, Australia
There is a need to change the attitude and approach of the medical profession and of other health professionals towards eldercare, and GPs will need to work in quite different ways. The role of geriatrician needs to be given much more respect and be repositioned in the way it is seen within medicine.	Dr. David Oliver, United Kingdom
The Hospitals should, for eldercare recipients who need integrated care, be organized in a different way than we are used to. The traditional setting of specialized departments does not work for this group. We should organize the care in hospitals for this group the way we organize children's centers in hospitals and design special programs for their special needs.	Gabrielle Davits, Netherlands
There are an awful lot of people in secondary care hospitals who do not need to be there. They could potentially be cared for in the same building but in a program that is run differently. Twenty percent of acute hospitals could be transformed into community settings instead. These alternative settings would provide better care for older people. The experience of being in an acute ward can be awful for people with dementia. They can become more confused and anxious, and that can make it very difficult for everyone else in the ward.	Baroness Sally Greengross, United Kingdom
Applying a model based on prevention is less appropriate very late in life.	Dr. Clive Bowman, United Kingdom
We have failed at making connections between the health care system and social services – systemically it's not there. We need to systemically bring the social services together with the medical side.	Bobbie Sackman, United States of America

Look beyond institutional boundaries towards the community

Quote	Name of Person
If we recognize that institutional care isn't the first place to go, what are we doing on the community side to support people?	Bobbie Sackman, United States of America
In my ideal world, all nursing homes in Netherlands would be closed today. A majority of the care could be delivered in a home care setting. The other part should be designed and delivered in small-scale homes. The alternatives should be as close to the 'old life' as possible and embedded in the community.	Jos De Blok, Netherlands
We need to think a lot more about combating social isolation and reducing dependency. This requires more customer driven activities that can cater for a range of interests and abilities. I am talking about opportunities to develop and maintain a social life, integrating housing schemes into the local community, designing age-friendly environments, using restaurants and shops as venues for social interaction, and ensuring access to extra care with support outside core hours of work, including the use of technologies. These are the virtues that good housing with care can deliver.	Jeremy Porteus, United Kingdom
The vast majority of people requiring care want to stay in their own homes for as long as possible and don't want to go into a traditional care home. This is likely to lead to more offers of 'in-between' care services, such as groups of people needing care living together. This allows care recipients to help and care for each other and also allows their family and friends to care for the others in the house while they're caring for their own loved one. There will also be more demand for short-term care facilities, where a care recipient will go for a short time after a hospital visit or when their family/friends who are caring for them want to go on holiday.	Michael Plazek, Germany
We need different models so people have a choice. One model that will suit some people is the retirement village. This is like a mini campus with gyms, workrooms, pottery, and photography. This is different from extra care housing as it will include people requiring little or no support, whereas extra care housing caters for a range of care needs including dementia and frailty.	Richard Humphries, United Kingdom
We need to think about the care home of the future. Often in institutional care homes, individuals have just one room and all the other rooms are communal. We probably need some sort of group living situation for people with substantial care needs, but we need to combine the right level of care with privacy for the individual and personalized choice. Perhaps we need to give them a spare room or a kitchenette, or some equivalent.	Richard Humphries, United Kingdom
There is a mismatch between older people's housing needs and preferences, and the availability of specialist housing. Three-quarters of the residents of older households are owner-occupiers but less than one quarter of specialist housing is for purchase.	Richard Humphries, United Kingdom
Most mainstream housing doesn't follow Lifetime Home Standards (e.g. having doors wide enough to allow a wheelchair to pass). A lot of new buildings aspire to this, but the majority of older housing doesn't conform. Therefore, there is going to be a bill for adaptations that somebody is going to have to pay.	Richard Humphries, United Kingdom

Quote	Name of Person
There are issues of disrepair where older people are struggling to maintain the homes they've got. This is where handy person schemes are so valuable, they help with little jobs around the house that keep it in good repair.	Richard Humphries, United Kingdom
There is a lot of interest in the UK in developing 'care ready' housing, but because of the slow rate at which housing is replaced this will also need to involve the adaptation of existing housing.	Jeremy Porteus, United Kingdom
The Chinese Government has rightfully identified 'ageing in place' and care in the elderly's home and community as the principal means of providing long-term care for elderly. There will be no other choice for most of the elderly.	Ninie Wang, China
From 2011 onwards, there has been a big rush of real estate developers and investors looking into senior living villages/communities – senior living projects.	Ninie Wang, China
We have a relatively high level of institutionalized care compared to international standards. The breakdown between institutional care and home care is about 50–50. The institutional care is split between residential homes and sheltered housing, where people live in their own flats with nurses and physicians on the premises. The trend in Norway is moving towards more home based care, to have more people live at home for longer. We are trying to provide more sheltered housing and home based care, but we still have quite a high level of traditional nursing homes, especially compared to Sweden and Denmark.	Jon Magnussen, Norway
We have to think about long-term care from the perspective of community-based care, and to re-imagine the resources that already exist in the community with a long-term care viewpoint. Instead of thinking about an organization as a social service provider that has nothing to do with long-term care, we have to start thinking about how the organisation's services can be integrated into delivering long-term care needs. This becomes part of a formula for how you meet people's long-term care needs in a more efficient and client-centred manner at the community level.	Michael Adams, United States of America.
If you can get the very basic services into the community, like personal care, domestic services and home modifications, if you can make the elder person's home an easier place to live in, this will prevent people from going into institutional care.	Steve Teulan, Australia
Eighty percent of all care giving is done by family members across the nation. Family members are asked to go home and do things they are not trained to do, such as medical procedures, injections, and moving the patient.	Bobbie Sackman, United States of America
The Scandinavian model of patient hotels holds promise. These provide post-operative and rehabilitative care on the hospital site or near the hospital, for people who need to be near but do not need to be on a ward.	Baroness Sally Greengross, United Kingdom
Government should encourage the private sector to develop elderly care services and elderly care products. These are excellent business opportunities.	Patrick Cheung, Hong Kong
There is a tendency to think about the ageing population as a future burden rather than thinking through the opportunities.	Richard Humphries, United Kingdom

Quote	Name of Person
Traditionally, New York city authorizes the number of hours of care an individual can get based on their social and economic situation. Part of what is changing is that this authority is being transferred away from the city to long-term managed care companies. A capitated rate system is at the core of the reform effort.	Lilliam Barrios-Paoli, United States of America
Based on a very historic view of services, the bulk of funding goes to high acuity settings (e.g. nursing homes, hospitals). We need a different model that's about keeping people out of that system in the first place, with more care closer to home.	Richard Humphries, United Kingdom
The other major trend is privatization of the provision of residential and home help services.	Juhani Lehto, Finland

Get more out of communities

Quote	Name of Person
The community model should, in my view, be the leading model. To organize care in products and activities and deliver it by historically grown institutions as we do now, is not the solution.	Jos de Blok, Netherlands
Traditionally Finland had a trend of institutionalizing the elderly, with care being provided in institutions. During the last 15 years there has been a trend to reduce institutional care for the elderly and replace this service with residential housing and home care and home nursing services.	Juhani Lehto, Finland
It is important to create a community. Human beings used to have pro-social behavior, we used to take care of each other in the old days. Now, the western world has professionalized social care. We should be careful with this. It removes the natural incentives with the consequence of exploding the cost of care.	Dr. Joris Slaets, Netherlands
Strategically located service points with community outreach capabilities should be developed to facilitate access to client information, advice, and intake, support family and informal carers, and engender cooperation between provider agencies.	Dr. Dennis Kodner, Canada

Invest in the formal and informal workforce

Quote	Name of Person
We have introduced a nurse-practitioner model here. These nurse-practitioners have been assigned to a couple of homes where they provide support within a specified geographic area. This helps prevent calls for emergency services that immediately send the elderly person to an emergency department.	Scott McLeod, Canada
We need new kinds of long-term care workers who aren't necessarily clinically trained. Maybe these people will have some clinical training, but not a full-fledged nursing or physician's degree, so they can help lighten the load for the scarce geriatricians.	Eric Dishman, United States of America
The average staff turnover in the long-term care industry is about 25 percent. In the best organizations, people stay because they feel that they belong and that they know what their role is in the workplace and that they achieving their goals. Believing, belonging and achieving must be key goals of employee engagement.	Dr. Stephen Judd, Australia
We have to produce more primary care physicians. There is a shortage right now. And, we have to teach them the basics of geriatric care. We have to develop 'extenders', people who can extend the care team and take on some of the responsibilities that geriatricians and primary care doctors are burdened with now. These extenders might include community health workers, members of the care receiver's family, and probably new kinds of caregivers that we don't have a name for yet.	Eric Dishman, United States of America
An immediate in-home solution may be to increase the supply of foreign domestic maids. This is still cheaper than keeping an elderly person in a nursing home.	Dr. Edward Leung, Hong Kong
We need to take a long hard look at the social care workforce, how we recruit people into it, how we train them, how we pay them, their working conditions, their qualifications and personal development structures, and how we regulate the workforce.	Ruthe Isden, United Kingdom
It astonishes me how little training professionals receive around age and ageing. Geriatric care modules in medical training are often quite minimal. There is a long term issue that we haven't got to grips with yet, which is how do you train the workforce so they can look beyond their specialism and help provide holistic care.	Ruthe Isden, United Kingdom
The main trends are in up-skilling health care assistants and care assistants. I think this is the right move forward. As nurses get up-skilled, they to do more of the work that doctors used to do.	Lord Chai Patel, United Kingdom
From the social care point of view and how it compares to the health sector, there are huge differences in terms of the workforce and its competencies, and the supply and levels of pay. There are real challenges about the confidence they have to support care recipients with increasing needs and to work with their counterparts in other components of the system.	Carolyn Denne, United Kingdom
We are heavily reliant on a relatively unskilled, poorly paid, low status workforce; care assistants, care workers, healthcare workers. This is a major challenge for the system. We will never overcome quality issues unless we have a decently paid, skilled, and trained workforce. This comes down to what we pay, to funding issues.	Richard Humphries, United Kingdom
To reduce the excessive demand for skilled workforce, the application of nursing-care robot and censor technologies are deemed necessary, along with various information technologies to improve efficiency and to enhance optimization.	Shigeru Tanaka, Japan

Support informal carers

Quote	Name of Person
There has been a fair amount of effort put into support for informal caregivers in Australia, such as funding, organized respite, and other support arrangements.	Steve Teulan, Australia
We have a benevolent system for childcare. You can be out of the labour market for 3 years and still have the right to return to the same employer. Yet, we don't have such a benevolent system for employees to take leave from their jobs to take care of elderly parents.	Juhani Lehto, Finland
Almost half the 2.5 million Germans receiving long-term care are cared for solely by family or friends, and they receive just a little bit of money through their care insurance.	Michael Plazek, Germany
We have a high level of employment for working age adults, who are the daughters and sons of the elderly. But the care allowance is so low that it isn't beneficial for these 'children' to take time off from work to care for their elderly parents. So, informal care is normally provided by the spouse.	Juhani Lehto, Finland
There is a caregiver allowance provided to informal carers, and there is a debate around altering employment legislation to allow people to take time off work to care for elderly relatives, with the right to return to their employment after an extended leave.	Juhani Lehto, Finland
There can be a tendency to think of the UK as an uncaring society, but there are in fact millions of informal carers who care for members of their family.	Baroness Sally Greengross, United Kingdom
We have made progress around support for informal caregivers and there is a growing recognition of the need for them. Without informal caregivers, the system would collapse. We have an army of people providing informal care.	Baroness Sally Greengross, United Kingdom
The increasing age of carers is important. This is a major risk and the public sector in the UK is facing up to it, recognizing that the carers of older people are themselves in need of care.	Lord Chai Patel, United Kingdom
The system depends very heavily on the vast army of unpaid caregivers. Informal care is the most cost-effective route in many cases. If caregivers are well supported then they can hold down jobs, and they are less likely to have crises that result in an institutional admission. But there is not a full appreciation of this. We need to get smarter at supporting caregivers. The idea that families don't look after their elderly like they used to is unfounded, and if anything it's the other way around, with caregivers left unsupported.	Richard Humphries, United Kingdom
In terms of the informal workforce, too often there is a perception that families are not doing enough. For me, this really misses the point. We are in a position where people are living independently for longer with some quite serious conditions. We have to recognize what this means in terms of the support families provide to their older members and what needs to be provided on a more formal basis.	Ruthe Isden, United Kingdom
We need more collaboration. Although more formal support for caregivers would be welcome, we need to share the care of people with more complex needs, rather than saying the caregiver will do it all until he or she collapses. We are currently in a system where support is only provided when there is a crisis. We need to provide support to prevent this.	Ruthe Isden, United Kingdom

Quote	Name of Person
We tend to think of long-term care as part of the welfare state, so actually paying family members to take care of their own family's elderly is viewed as departing from the publicly funded welfare state model.	Jon Magnussen, Norway
Because of the economic crisis we lost some funding streams. People who are the family care givers are the biggest victims because they don't get support or breaks.	Bobbie Sackman, United States of America

Embrace technology

Quote	Name of Person
The use of technology (ranging from sensors to telemedicine to ongoing monitoring and more sophisticated biological systems) is a huge growth field. However, older adults are reluctant to adopt these types of technology because they find it intrusive. Technology cannot replace people or the concept of a community.	Dr. Ruth Finkelstein, United States of America.
Technology should help people out, rather than replace people. Care recipients still need contact with human beings.	Baroness Sally Greengross, United Kingdom
One of the challenges in the use of technology in eldercare is that there aren't quite enough computer savvy baby boomers yet retired to create a critical mass around these services. Today's seniors haven't grown up with these technologies and many aren't comfortable with them. In the US, the first baby boomers just entered retirement-age a couple of years ago. We are right on the cusp of having a critical mass of older people who are also very technology savvy. These people will be the first generation of elderly to use technology in bulk.	Eric Dishman, United States of America
One challenge of using technology is cost and scale. How do you develop technological innovations that are affordable when deployed broadly?	Michael Adams, United States of America
For the last 16 years there have been technology enablement projects funded by the government, for example supporting people with mobility problems. There is a still lot of work to be done. We are a small country, we are following the technological trends and we are more focused on importing technology than developing it ourselves.	Juhani Lehto, Finland
The problem of technology adoption is really a care model problem. Most of the countries that we are looking at start trying to adopt technology, but they haven't stepped back to firstly identify the care model. Is it a nurse-driven model, physician-driven model, family-driven model? They need to decide on a care model before determining the IT tools required to support that model.	Eric Dishman, United States of America
Telecare is just taking off. There is more evidence now about its benefits in terms of keeping people out of hospital, keeping people independent, and the prices are now coming down. We need to shift to a model where people can buy these telecare products themselves.	Richard Humphries, United Kingdom
We are trying to narrow the grey area between long-term care and older people staying in hospital, so we are shifting hospital technology into the nursing homes.	Jon Magnussen, Norway

Quote	Name of Person
We believe that as many countries move their payment paradigm towards a somewhat capitated system and a quality, value-driven model over volume, there will be more incentive for providers to adopt telehealth, videoconferencing, and remote patient monitoring. We are literally at the cusp of that.	Eric Dishman, United States of America
In terms of technology China is actually quite up to date with the other countries in looking at Telecare and mobile health. We are starting to look at developing all the services for care recipients in their home and using these technology networks to reach out to build transitional care....it's what we call the virtual nursing home.	Ninie Wang, China
Major investments should also be made in clinical management tools, information technology (IT), and tele-health devices that promise not only more effective joint working, but also better LTC for clients and families.	Dr. Dennis Kodner, Canada
In Hong Kong today there are long-term care providers using safety alarms, anti-wandering dementia alarms, safety devices and safety aids, and tele-monitoring.	Dr. Edward Leung, Hong Kong
There is an opportunity to look at what social networking means to connect generations.	Dr. Ruth Finkelstein, United States of America
Technologies that allow older people to interact and engage with their own health needs in a more structured way can be a first step or a bridge to more formal care for populations who avoid care, or have barriers to accessing care.	Michael Adams, United States of America
For a certain level of senior, in terms of frailty or risk, the home sensor network is compelling. Picking up behavioral cues through these simple in-home sensors (for example Care Innovations™ QuietCare®) is a key capability that is going to be required in individual homes as well as in large apartment complexes.	Eric Dishman, United States of America
Social support and social networking is a good idea. One possibility is a Facebook-like tool for coordinating care management across families, friends and neighbors. A lot of companies are starting to work on this now, but we haven't seen anyone bring all the pieces together yet.	Eric Dishman, United States of America
I can see virtual Seniors Center on computers for people who are home bound connect into senior centers.	Bobbie Sackman, United States of America
I also see technology playing a bigger role in facilitating people to be more independent, and I see virtual monitoring systems playing a role.	Lord Chai Patel, United Kingdom
In terms of telehealth and telecare there are opportunities that need to be maximized. There is a good evidence base for some technologies, such as pendant alarms. But looking at some of the other technologies, there are questions as to how cost effective they will be. I think people need to look at creating a long term strategy around technologies.	Ruthe Isden, United Kingdom
Governments have to address the technology issues around freedom of rights and use of tracking surveillance equipment. The technology for monitoring in long-term care probably already exists, but people's mindsets towards using it are not in the right place. I think Governments have a job to do to make people understand why some of these technologies will be useful.	Paul Gregersen, Australia

Focus on outcomes

Quote	Name of Person
A hope is that a shift towards personal budgets, and people employing their own caregivers, will stimulate new approaches and there is some evidence that this is beginning to happen.	Richard Humphries, United Kingdom
Personal budgets are a great way forward and I am glad the Government is going to run a small pilot program around personal budgets for residential care and home care, as it allows people to determine the right care for them.	Lord Chai Patel, United Kingdom

Develop better funding models

Quote	Name of Person
Hong Kong does not have a pension fund or a medical insurance scheme for citizens. It is too soon to talk about long-term care insurance.	Patrick Cheung, Hong Kong
Our current financing model in the United States is not sustainable. There is too much finance and focus on the medical side. We need to focus on things that are not medical, such as housing, and focus on elderly support systems. We need to bring services into the buildings and into the communities where elderly people live. The more you bring into an elderly persons' world and community, the better support they get.	Bobbie Sackman, United States of America
Long-term financing in Germany, particularly for long-term care insurance, will be challenged by the demographic changes now underway. The financing for care programs should be sufficient to 2014, and then the insurance will likely become more expensive.	Michael Plazek, Germany
The whole funding issue is linked to plans to overhaul social and health funding. Right now 50 percent comes from municipal taxation and small municipalities have difficulties funding their care systems. We are moving towards creating larger municipalities.	Juhani Lehto, Finland
We have observed the increasing demands for long-term nursing care services. Majority of them are covered by our social insurance system since 2000. Primarily, 80 percent of the increase is due to the growth of elderly population, while 20 percent is due to the larger service usage per the insured on the average.	Shigeru Tanaka, Japan
Our current financing model in the United States is not sustainable. There is too much finance and focus on the medical side. We need to focus on things that are not medical, such as housing, and focus on elderly support systems. We need to bring services into the buildings and into the communities where elderly people live. The more you bring into an elderly persons' world and community, the better support they get.	Bobbie Sackman, United States of America

Quote	Name of Person
<p>'It's how we throw open the windows of technology and the market to really allow people to have more choice and control as opposed to one size fits all solutions. The money is there. There is massive housing wealth amongst people over 60, and they will want to draw on that to meet their care needs. But, at the moment, it's very difficult for people to do that. First, because they don't know how. Second, because the financial products aren't there. And third, the quality of financial advice is very patchy'.</p>	<p>Richard Humphries, United Kingdom</p>
<p>There is quite a large co-payment model for the nursing homes and people pay around 75 percent of their after-tax pensions to stay in the nursing homes. The remaining part of the long-term care budget comes from municipal taxes; the municipalities are comparatively wealthy so they do not struggle to contribute this level of funding. It is a sustainable funding model.</p>	<p>Jon Magnussen, Norway</p>
<p>For an efficient, reasonably comprehensive and universally affordable yet fiscally sustainable healthcare system, we should not just raise the subsidy alone on all existing procedures. Rather, we should decide systemically on what percentage of care cost should be out-of-pocket, what percentage should come from insurance benefits and subsidies, and also what total range of services, procedures and treatments should be subsidized at the same time.</p>	<p>Yeoh Lam Keong, Singapore</p>

Carry out more research

Quote	Name of Person
<p>Applied research and evaluation should go hand-in-hand with efforts to modernise the LTC sector. This is to ensure that reforms work as intended, and 'best practices' are identified and cycled back to providers in order to improve service delivery and the quality of care.</p>	<p>Dr. Dennis Kodner, Canada</p>
<p>Various acts and laws have been passed on the federal level in Germany in the last few years. The focus of these has been on the short-term however. These have been partially complimented by initiatives that the individual states have put in place to various degrees, but to date there have been few initiatives on a local level. In the last 2-3 years there has been an increase in focus on the potential to give more control to local level.</p>	<p>Michael Plazek, Germany</p>
<p>There are policy schools, observatories and other 'think tanks' looking at developments in health and healthcare policy, financing, etc. There is no observatory for LTC or aging. This means that policymakers are flying blind. They are already in a position where they are not really very clear on what they are funding. We need the same discipline in thinking about value in long-term care that we are seeing develop in healthcare.</p>	<p>Dr Clive Bowman, United Kingdom</p>

Quote	Name of Person
Long-term care in Singapore needs to be looked at through a gender lens, and recognize that men and women age differently with different requirements in their old age in terms of financing and support. Likewise, it is important to take a long term perspective in planning for preventive and health promotive care in order to reduce long-term care needs in the population over time.	Dr. Mary Ann Tsao, Singapore
All programs need clearly defined and elder-centric goals in order to achieve the right outcomes. Why are we doing this? What do we want to achieve?	Dr. Mary Ann Tsao, Singapore

Change attitudes to aging

Quote	Name of Person
There is a need to educate people about home care services. The services are there, but people are not aware of them.	Janet E. McElhaney
Often people put off choosing care until they are at the crisis point. It would be good to move to a point where people have already discussed their wishes before a crisis. As long as people have the capacity to make their own decisions then they should be supported in that. Even if they don't have capacity then decisions should be made based on their best interest.	Carolyn Denne, United Kingdom
Currently the attitude of people in their 70s and 80s towards receiving help tends to be about gratitude and relief. But we're in a state of flux and we are moving towards the elderly behaving more like consumers with expectations and aspirations.	Richard Humphries, United Kingdom
"Geronto-literacy" i.e. how much people know about the elderly, about ageing and about the type of care the elderly need is minimal in China.	Nine Wang, China

Conclusion – An agenda for action

Quote	Name of Person
The Australian government has been promoting ageing in the home for over a decade. There is no doubt that the demand for institutional care would be much greater today if the government hadn't focused on ageing in the home.	Dr. Stephen Judd, Australia
Consumer research done by Bupa leads us to believe that people want to stay at home as long as possible and the government's 'Living Longer Living Better' aged care reform package is focused on the delivery of developmental services which will enable people to stay in their own homes for longer.	Paul Gregersen, Australia
Local government should play an important role in strengthening the community. It's not something that will easily bloom in a commercial environment.	Dr. Joris Slaets, Netherlands
The multi-million dollar question is whether there is the political will to deal with the challenge of funding long-term care.	Ruthe Isden, United Kingdom
Prevention and education is something that the local governments should have as a responsibility.	Gabrielle Davits, Netherlands
We have had a market system in the UK since 1989, but we have never addressed the fundamentals of the market. We need to be clear about its imperfections and how we want to maximize its best features. Markets are driven by their own motivations, like misinformation and return-on-investment. We've been really naïve. We need sophisticated economic regulation of eldercare and perhaps more attention to the positives of barriers to entry, such as a sign off from professional bodies.	Peter Hay, United Kingdom
The government should develop a holistic elderly policy aiming to build up an elderly care industry, which is quite different from setting up a welfare policy.	Patrick Cheung, Hong Kong
There is a tendency to think about the ageing population as a future burden rather than thinking through the opportunities.	Richard Humphries, United Kingdom

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