



Being cared for at home:

**The experience in
Luxemburg**



- ▶ Before the LTC law
- ▶ Actual offer : definition , type of benefit
- ▶ LTC insurance : being care at home : a reality
- ▶ Room for improvement



Before the LTC law

- ▶ an unequal geographical coverage by the care providers,
- ▶ an unsatisfying number of professional care givers
- ▶ 7 days a week = NO
- ▶ no continuity of care between home and residential : hospitalisation = the only alternative





The LTC law 1998: A new risk – 4 priorities

- ▶ Being able to be cared for at home
- ▶ Assuring care continuity,
- ▶ Priority for the benefits in kind over benefits in cash
- ▶ and the emphasis of rehabilitation measures



Different types of benefits

The dependent person is entitled to the following services according to their individual needs

- ▶ Assistance and care which they need for the activities of daily living (nutrition - personal hygiene - mobility)
- ▶ Help to take care of household tasks
- ▶ Support activities / Counselling
- ▶ Payment of the pension contribution insurance for the non-professional carer
- ▶ Adaptation of housing required for an easier accessibility
- ▶ Purchase or hire of technical aids: wheelchair, walking frame, adaptable bed, etc...
- ▶ Car adaptation - Guide dogs
- ▶ Financial allowance to buy disposable diapers



The definition of dependency

- ▶ To be dependent = to be in **need of assistance** of another person **on a regular basis**
- ▶ This main concept = the need of a tier, be it a professional or a close relation, is declined in **4 principles**
 - The need of assistance is located in the **activity of daily living (ADL)**: nutrition - personal hygiene - mobility
 - **A medical cause**: The need for assistance must be a consequence of a disease or a physical, psychic or mental handicap.
 - **A minimum level of help**: the need for assistance must account for at least 3.5h / week
 - It must persist for at least **a period of six months** or be definitive



Who benefits from the LTC insurance?

	Nb of persons
TOTAL	11 706
Care institutions	33%
Home	67%

- From young children to the elderly but average age= 72 y.old 51% > 80 years old
- 66% of women – 34% of men

- Persons who benefit from LTC insurance = x 2 in 10 years
- 2,3 % of the population living in Luxemburg benefit from the LTC insurance
- 1,7% of the population covered by Luxemburg's Health insurance benefit from LTC insurance

	Cost/year
Care institutions	55 532 €
Home	14 454 €

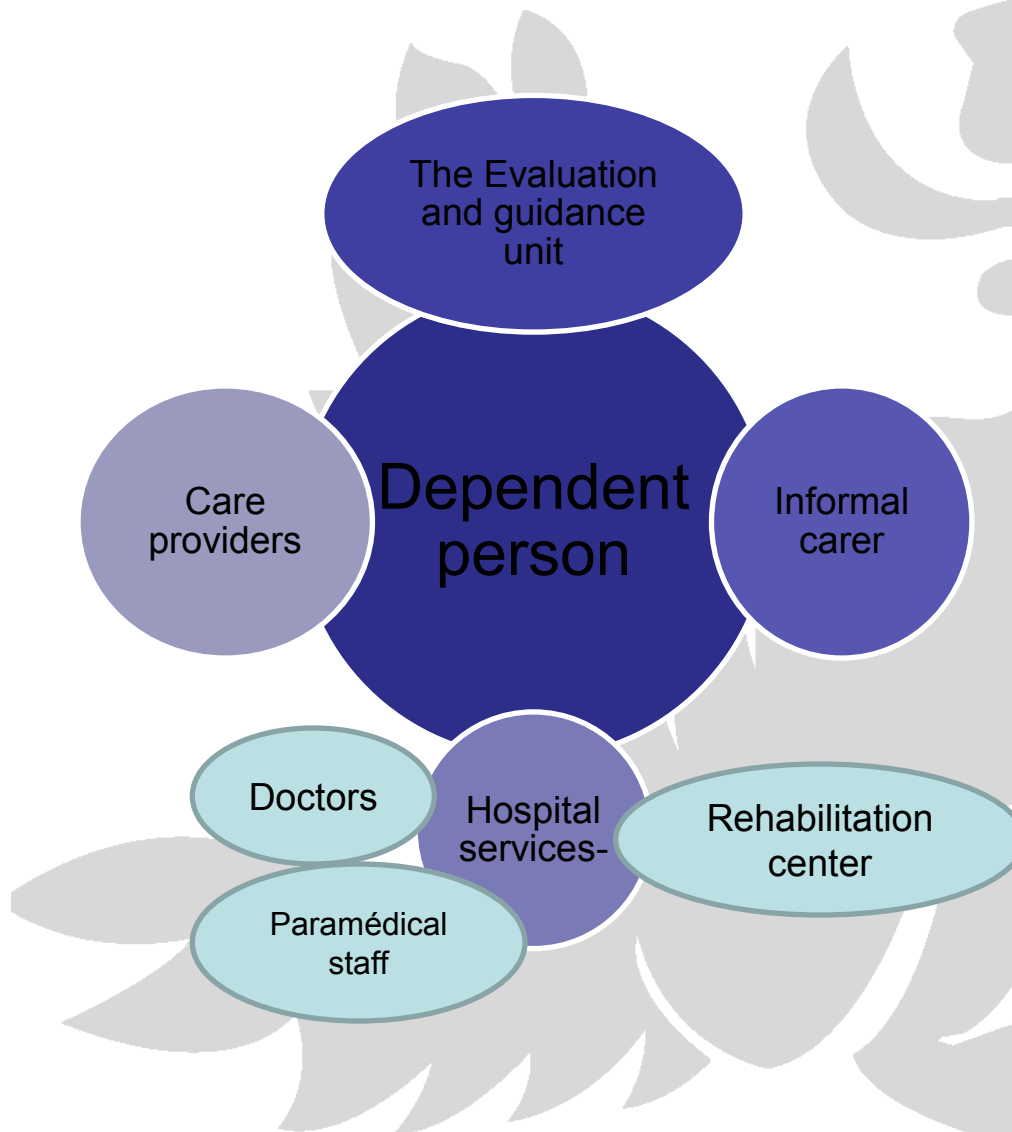
Cause of dependency

1. Osteoarticular pathology
2. Dementia
3. Nervous system pathology

data : 31/12/2010
Bilan Assurance dépendance, 2013



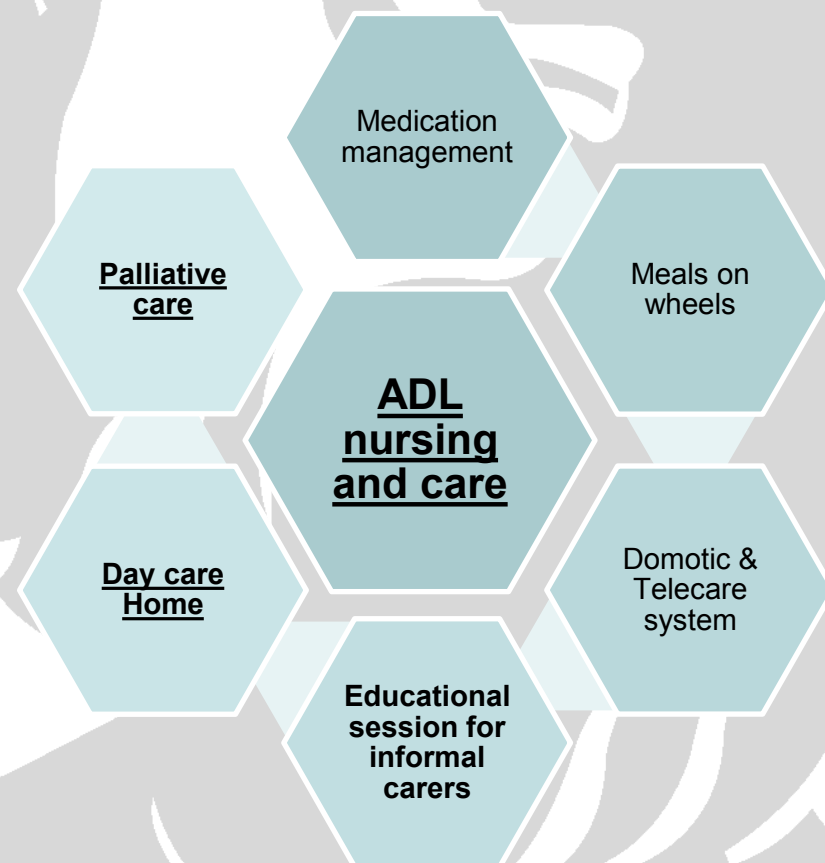
A new organisation around the dependent at home





The LTC law 1998: a real change for the professional caregivers

- ▶ Obligation to form a care network
- ▶ Adherence to the Agreement with the administrative body (CNS)
- ▶ A range of service : not only the services directly financed by the LTC (mandatory) but also other services





Another way of providing the care at home

- ▶ Day care home
- ▶ Planned respite for the non-professional carer
- ▶ A formal way to share the “work” between professional and non-professional caregivers
- ▶ Housing adaptation (x11 in 10 years) – 30% of the cost of technical aids= stairlift (2010)
- ▶ « Easy » access to basic technical aids via Helpline



Another way of considering special needs for the elderly

Geriatrics Rehabilitation centers/Units (5) + 1 convalescent home

- ▶ Beds available after an hospitalisation (orthopaedic rehab mostly) – average stay between 20 and 40 days.
- ▶ Special procedures for an early detection of the needs
- ▶ 75% of the patient are back in their usual place of living



Being cared at home : a reality ?

- ▶ More than 2/3 of our dependent population live at home
- ▶ 2000 = 59% 2010 = 67%





Room for improvement to guarantee a better coordination and management

▶ In the services covered at home

- development of the domotic – telecare system payed by LTC insurance? → news type of providers (private firm) to be expected → news costs?
- Medication management : No real coordination. Polymedication problem . Paid by private means at home : there is a big request to add it to LTC insurance services.



Room for improvement to guarantee a better coordination and management

► In the system

- Geriatric rehab : day care coverage ? Length of stay?
- Early intervention for a better coordination
- The referent doctor : a gate keeper?
- Quality standards, national indicators, financial incentives/fines, administrative sanctions



Room for improvement to guarantee a better coordination and management

- ▶ In the communication about and for the dependent persons
 - Availability of an integrated information system linking data between the different actors
 - Cf Agence esante **eSanté**
 - Cf reflexion about a shared patient file between LTC insurance and care providers : less administrative burden – rapidity, information up to date



The future?



Thank you for your attention Any questions?

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