

Chapter 7

Summary

October 2020

This chapter should be cited as

Study Member (2019), 'Summary', in Tamiya, N., H.Yasunaga, X.Jin, K.Uda and O.Komazawa (eds.), *Outcomes of Long-term Care Insurance Services in Japan: Evidence from National Long-term Care Insurance Claim Data*. ERIA Research Project Report FY2020 no.13, Jakarta: ERIA, pp.41-43.

Chapter 7

Summary

The world is in the process of ageing at an unprecedented pace. In ASEAN, the speed of population ageing varies, but the urgent development of long-term care provision systems is required to meet the demand in some ASEAN Member States. Along with rapidly ageing populations, the increasing needs of long-term care and the relevant welfare policies have become a key challenge. Japan, the country with the most aged population structure in the world, introduced a social LTCI system in 2000 that requires all residents in Japan to be the members if they are 40 years old or more. Although Japan's LTC system may not be directly applied to other countries since the socio-economic status and cultural backgrounds differ across countries, Japan's long-term care policy and its impact on residents' outcomes can be a good reference when dealing with problems regarding long-term care.

Owing to its universal coverage for long-term care and well-established payment computing system, Japan is a unique country with national-level long-term care claims data. Additionally, all long-term care beneficiaries are required to satisfy criteria for their care-need levels, which is assessed using a nationally standardised questionnaire strictly based on their current physical and mental status. Therefore, taking advantage of the abovementioned generalisability and by applying the care-need level as an indicator of functional status, it is easy to capture functional change at the national level.

In this study, we used nationwide long-term care claims data to examine the effects of individuals' special care and facility/provider initiatives on the prevention of care-need level deterioration in two kinds of LTC institutional services and two kinds of LTC home-based care services: long-term care health facility services, long-term care welfare facility services, day services, and day care rehabilitation. **Table 15** shows the main results of this study and presents the additional payment items that are negatively associated with deterioration in the care-need level

In all care settings (both LTC institutional services and home-based care services), individual rehabilitation or functional training were associated with reduced risk of care-need-level deterioration of the LTCI beneficiaries. Because of the variety in the need for independent living, individual rehabilitation and training seem to be effective for the maintenance or improvement of the care-need level in almost all LTC settings. Further research to examine the effects of the specified content of such services on changes in the care-need level in both LTC institutional services and home-based care is needed.

Besides rehabilitation, the predictors of care-need level deterioration also depended on the facility functions (welfare-based versus medical-based care). In more detail, long-term care welfare facilities and day services usually support older people with chronic conditions rather than conditions requiring high medical needs. Therefore, these facilities generally focus on living

support, well-being, and environments.

Our study showed that residents who were provided with unit-type services in long-term care welfare facilities had better outcomes than their counterparts. This can be interpreted that unit-type services are more likely to slow down deterioration in the care-need level because such services can respond to the needs and demands of individual clients more quickly and effectively than conventional-type care.

Day-service providers that have more care staff who have been working at the same place for more years are likely to succeed in reducing the risk of the care-need level deterioration their service clients. Through working at the same day-service provider for a longer time, staff may have a better understanding of the specific needs of clients. Looking at the results of our analyses on the effect of unit-type services in LTC welfare facilities and the staffing of care workers who have longer experience at the same day-service providers, we can conclude that the provision of care services combined with service users' specific needs may be effective for reducing the risk of deterioration in the care-need level in such settings.

On the other hand, long-term care health facilities are usually a good option for older people with higher medical needs or unstable physical conditions because they focus more on care provided by nurses. Thus, being equipped with nutrition management system, oral hygiene management systems, and having sufficient night-shift staff may prevent care-need level deterioration.

We acknowledge several limitations of the study. Due to the lack of information on participants' medical conditions in the LTCI claims, we could not rule out the effect of natural recovery from acute conditions on changes in the care-need level. In this analysis, we did not link the LTCI claims data with the data on medical insurance claims, through which information on the medical conditions can be retrieved. Unfortunately, linked data between the LTC claims and medical claims are unavailable at the national level, mainly because insurance systems are separated between medical and LTC insurance, and the databases of these insurance systems do not contain common identification information that can link the claims of the two insurance systems at the individual beneficiary level (i.e. the insurance number is different). The Japanese government is making a determined effort to link medical and LTC claims at the national level so that data for research use can be provided in the future. Although we adjusted the analyses for potential confounding factors, for example the baseline care-need level, which was associated with functional ability, other potential confounders like the medical conditions of the LTCI beneficiaries which could not be found in the LTCI claims were not included in our models. We would like to encourage the readers of this report to be cautious when interpreting the results as causal relationships.

In conclusion, our results showed that several forms of individual special care, especially rehabilitation and facility/provider initiatives focusing on the perspectives of the service users, were effective in reducing the risk of deterioration in the care-need level. These findings could provide good guidance for establishing high-quality services.

Table 15. Additional Payment Items in the LTCI Fee Schedule that are Negatively Associated with Deterioration in the Care-need Level

	Long-term care facility services		Home-based care services	
	Long-term care health facilities	Long-term care welfare facilities	Day care rehabilitation	Day service
Additional payment for individuals' special care	<ul style="list-style-type: none"> • Short-term intensive rehabilitation* • Short-term intensive rehabilitation for dementia* • Instructions for pre-post admission • Therapeutic meals 	<ul style="list-style-type: none"> • Therapeutic meals 	<ul style="list-style-type: none"> • Short and intensive rehabilitation* • Home visiting to create rehabilitation plans 	<ul style="list-style-type: none"> • Individual functional training or rehabilitation
Additional payment for facility/provider initiative	<ul style="list-style-type: none"> • Support for resuming home life • Sufficient night-shift staff • Nutrition management • Oral hygiene management system • Strengthening of the services provision system (certified care workers account for more than 50%) 	<ul style="list-style-type: none"> • Full-time physician assigned 		<ul style="list-style-type: none"> • Workers who have worked for more than three years account for 30% of all staff
Facility characteristics	<ul style="list-style-type: none"> • RN/(RN + LPN) • Physical therapists per 100 users 	<ul style="list-style-type: none"> • Unit type • Central city of metropolitan area • Large facility (>=60 beds) • RN/(RN + certified assistant nurses) • Number of occupational therapists per 100 users 	-	-

LPN = licensed practical nurse, RN = registered nurse.

* Services are required to be provided within three months after being discharged home or the date of certification of the care-need level.

Source: Classified by the authors based on the outcomes of this study.

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