

THE PROPOSED LONG-TERM CARE SYSTEM AND THE ROLE OF THE MEDICAL ASSESSMENT SERVICE

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Submitted: 2012-07-04

Accepted: 2012-08-21

Published online: 2012-12-20

Abstract

The ongoing social reform has brought change in the long-term assessment of adverse health and its medical implications by the Medical Assessment Service (MAS) for the purposes of the Act on social services since 1 January 2012. The first phase of social reform is based on the medical service. Part of the second phase of the social reform is forthcoming proposals for substantive intentions of long-term care and coordinated rehabilitation. The Ministry of Labour and Social Affairs of the Czech Republic is preparing, in cooperation with the Ministry of Health of the Czech Republic, the intent of the law on long-term care. Long-term care is a complex of services that is required by people with long-term reduced self-sufficiency. The guiding principles of the proposed resolution should be to ensure high-quality long-term care services for the clients, and to link the network of health and social services. The Advisory category in the system of social services – the degree of dependence – should be assessed for a system of long-term care. MAS would decide on assesment for the purposes of dependency allowance at the same time. Therefore, the role of MAS in the second phase of the social reform appears to be similarly crucial for the fulfilment of its objectives as in the first phase of social reform.

Key words: long-term care; Medical Advisory Service; care allowance

INTRODUCTION

The currently discussed changes that affect our social system and the activities of MAS are amendments to laws in the context of the so-called social reform. The government approved its first phase on 18 May 2011. Steps related to the unification of uninsured social welfare amend the law on State social support, Material Need Act and the law on Social Services. The second amendment is related to amendments to the law on the provision of benefits to persons with disabilities and on the amendment of related laws. There is a third amendment to the law on employment. These laws have been enforced since 1 January 2012.

The aim of social reform is primarily to save procedural costs in the payment of benefits and the elimination of the fragmentation of a complex system of benefits, each of which requires the evaluation of health status by MAS from a specific point of view.

One of the changes in the context of Social Reform 2011 is a change in the assessment of the long-term adverse health condition and its consequences for the purposes of the law on social services, which is used for the purposes of benefits for persons with disabilities. At the same time, the competence of MAS was extended by the health assessment for the purpose of the provision of special equipment.

The first phase of social reform is based on the grounds of MAS. The foundation of uninsured benefits has become a care allowance – the care allowance is based on the uninsured benefit (Čeledová and Čevela 2011a, b). The facilitated assessment of the degree of dependence allows other uses of evaluation for the purpose of issuing benefits to persons with disabilities. Assessment of basic life need for mobility and orientation has become the basis for issuing of a contribution for mobility, which will replace the existing exceptional advantages. A draft amendment of assessment with the multi-purpose use of assessment constitutes “social reform 2011” and its objectives – better targeting, reduction of the administrative burden for users of benefits, streamlining the work of the organisations of state administration and the improvement of the system. However, the demands on MAS remain on a high-quality level. Part of the second phase of the social reform are forthcoming proposals for the intentions of long-term care and coordinated rehabilitation.

Long-term care

The Ministry of Labour and Social Affairs of the Czech Republic is preparing, in cooperation with the Ministry of Health of the Czech Republic within the framework of the second phase of social reform, the substantive intent of the law on long-term care. Long-term care should be part of the two systems, i.e. health and social services should be provided by mutual integration. A separate long-term care system will be created with its own standards of care and financing, while maintaining the principle of shared funding of care from both systems, i.e. health insurance and care allowance. Currently, it is proposed that a client who is at a certain degree of dependence (IIIrd and IVth degree), is covered by adequate health and social services according to his/her social and health needs (a plan for long-term care, which should take into account the complex care of the client). Co-financing by the client in the form of reimbursement of part of the costs, food and accommodation, but also, the possibility to pay for the extra care in defining the standard of care (Válková et al. 2010) will play a certain role in the longer term, there will be established by state-sponsored savings of

citizens combined with insurance. The issuing of long-term care services and the inclusion of the client in the long-term care system will, however, be subject to the assessment of the degree of dependence by MAS for the purpose of obtaining the care contribution. The care allowance will not be the only form of the newly proposed uninsured benefits, but also the possibility of the inclusion of the client in the system of long-term care. Indeed, the issuing of social services and health care had been established before the adoption of the law on social services by separate legislation (Jeřábková and Průša 2010, Průša 2011). Last year was adopted by law no 372/2011 Coll., on medical services, which, inter alia, addresses the provision of long-term residence and nursing care. Currently, it is proposed to modify this statutory standard in accordance with the forthcoming revision of Act No. 108/2006 SB., as amended. Changes in both laws should respond to the need for long-term care, so that both systems may provide residential care. Understanding of long-term care varies across the European Union. Long-term care may include rehabilitation, basic medical care, domestic care, accommodation and services such as transport, meals, assistance in matters of employment and assistance in managing the everyday lives of individuals (European Commission 2008). Long-term care is a complex of services required by people with reduced long-term self-sufficiency. The Organisation for Economic Cooperation and Development (OECD) in its report on long-term care for the elderly dependent on assistance in some of the fundamental self-serviced activities (hygiene, dress, ability to eat, use the restroom, etc.) defines the particular range of services. International documents, for example, the OECD document long-term Care for Older People (Holmerová et al. 2011) define long-term care as care provided for people whose long-term self-reliance is limited, therefore they are dependent and their ability to carry out everyday activities is impeded. Self-serviced activities are divided into the basics which include the dress code, the ability to eat, continence, the ability to perform basic sanitation, basic mobility, and more. Long-term care can be provided in a domestic environment and in institutions. The European Union also in its materials,

as stated in Holmerová, defines long-term care as care provided for people whose medical condition is stabilised, but on an unsatisfactory level, that these individuals are not self-sufficient and need health and social services (European Commission 2008). As stated in the OECD (2005): "The needs of long-term care in particular predominate in higher age groups, who are exposed to the greatest risk of persistent chronic conditions, leading to a physical or mental disability." The target group for long-term care are therefore particularly seniors, persons with disabilities and persons chronically ill who need higher and medium levels of assistance in caring for him/herself, that is, in the basic activities of daily life (Activity of Daily Living), which are for example, personal hygiene, dress, food, income, transfers from/to a bed and a chair, walking and orientation in the immediate surroundings (Kalvach et al. 2008, Malíková 2010, Sikorová et al. 2010). We understand long-term care in the Czech Republic in terms of international instruments, to be care in self-served activities in a situation where health status was stabilized on a relatively satisfactory level. This is not "pure" social care, but care, which also requires qualified health access.

DISCUSSIONS

The role of MAS in the proposed long-term care system

In the system of social services, the degree of dependence category shall be assessed by MAS (§ 8 of the Act No. 108/2006 Coll., on social services, as amended, hereinafter referred to as "ASS") for the purposes of contribution for care (§ 7 ASS). Competencies for this assessment are based on § 8 of the 1 point g) of Act No. 582/1991 Coll., on the organization and implementation of social security, as amended, and as regards the competence of the Ministry of Social Affairs Assessment Commission for assessment of the category for the purposes of the appeal against administrative procedure – in § 28 para 2 ZSS and in § 4, paragraph 2 Act No. 582/1991 Coll. (Čeledová and Čevela 2010).

In the context of the first phase of social reform in the system of social services MAS continues to assess a category dependence

degree (§ 8 ZSS, as amended by the Government a draft law amending the Act No 111/2006 Coll. on assistance in material need, as amended, Act No. 108/2006 Coll., on social services, as amended, Act No. 117/1995 Coll., on State social support, as amended, and any other related laws – hereinafter referred to as "n the text of the print house 372" for the purposes of care contribution (§ 7, amended by ZSS printing house 372).

Competence of this assessment will continue to be based on § 8 of the. 1 of law No 582/1991 Coll., on the Organization and implementation of social security, as amended by the Council prints 372, 373 and 374, or – as regards the competence of the Ministry Of Social Affairs to assess by the Assessment Commission this category for the purpose of the appeal against the administrative procedure – in § 28 para 2 of Act No. 108/2006 Coll., on social services, as amended by the printing house and in 372, § 4, paragraph 2 Act No. 582/1991 Coll.

Furthermore, a proposal has been approved to assess the degree of dependence (329/2011 Coll. and amendments to the law No. 108/2006 Coll., as amended).

The essence of the proposal is the aggregation of the existing 36 operations into 10 coherent assessments of the degree of dependence, which will be evaluated as day-to-day activities. Among the basic necessities are mobility, orientation, communication, food, dress, hygiene, exercise of physiological needs, care for one's own health, personal, and household activities.

The new methodology uses a system of evaluation of functional skills, activities and participative processes, according to the ICF (International Classification of Functioning, disability and health capabilities). The new legislation is based on the internationally used system of ADL (Activities of Daily Living), which divides necessary life activities into the basics, expressing self-service and instrumental (IADL Instrumental Activities of Daily Living), expressing self-sufficiency in ordinary daily life, such as: shopping, money handling, etc. A new method of assessment with respect to the administrative management is more efficient, and in particular from the economic perspective, in addition the client will not have to repeatedly ask for a health assessment. Still, it is necessary to mention

that the managing of the care allowance shall be a legal norm shifted from the municipalities with an extended scope to labour offices, which carry out social investigations of the client in natural environment – at home.

The aim of long-term care is compensation of continuing non self-sufficiency and maintaining or improving the quality of life. The aim of health care is to improve health status. In the long-term care system is integrated health and social care. The aim is to preserve client self-sufficiency, enabling him to live independently in a natural social environment. Non self-sufficiency is a result of disability or chronic illness, which causes deterioration of the ability to cope with self-served activities (Čevela et al. 2011). The aim of nursing staff and the health system- the Ministry of Health-is improvement of the health status of patients. The aim of MAS, the Ministry of Labour, is the assessment of long-term negative health and as a result, the incurred non self-sufficiency. Such assessment is the basis for the degree of dependence for the purpose of care contribution. A new paradigm of the degree of dependence assessment, according to the 10 basic living needs, brings a complete assessment of the self-reliance of persons. Therefore, the newly established medical-advisory criteria for assessing the degree of dependence should be the criteria for the assessment of the needs of the recipients of long-term care services as well.

The functional assessment of the client is counted in the draft of legal standards for long-term care. Two paths are designed for entry into the system, one for clients coming from home, there will be no change and the assessment will be carried out according to current regulations. The second will be for clients from medical devices.

The intention of the Ministry of Labour and Social Affairs of the Czech Republic and the Ministry of Health of the Czech Republic is the change of the client, who is hospitalized in subsequent health care, in order to initiate the issuing of care contribution already in the health facility. The client should already receive functional health assessment at medical facilities and the issuing of care allowance could be initiated. This new way would enable the acceleration and the streamlining of entitlement to uninsured

allowance (care allowance), and, of course, there is the assumption of mutual effective communication and cooperation between the social workers of the medical facility and Labour Office. It should be stressed that it is necessary to extend the availability of outside and outpatient social services, particularly in smaller regions where such services are not set up. The intention of the Ministry of Labour and Social Affairs of the Czech Republic is to support these out-side services, which would allow to the client to remain in their natural environment offering social and health services.

The Ministry of Labour and Social Affairs of the Czech Republic also has the intention of creating legal standards of coordinated rehabilitation (CR), which is targeted at disabled people.

The objective of this law is to set up conditions which would allow the early and long-term rehabilitation of persons with disabilities. If these individuals are inserted into the system in time, the CR will have a big impact on their quality of life. Currently an acute care model is more widely applied in our republic. The model is not effective for clients in terms of allocation of financial resources (the source of the MoLSA, CR' proposal, 2012). The Ministry of Health of the Czech Republic presented the concept of Geriatrics and Gerontology last year, which still has not passed the approval process. This concept is aimed only at post-treatment and support of rehabilitation departments for specific syndrome seniors (Válková et al. 2010).

Medical opinion in the system of social services – the degree of dependence should be an assessment category for a system of long-term care. MAS should have a major role in the proposed long-term care system, as it classifies the client to a certain level of dependency, and can collaborate when deciding how to categorize the client into the system. It is proposed that for the purposes of assessing the degree of dependency allowance, one opinion shall be valid for client assessment for inclusion among the recipients of long-term care services at the same time. On the basis of the decision of the recipient of the allowance (admitted degree of dependence), the person will be included among the recipient of services, long-term care, and that should be at his/her discretion.

The law on health care services (372/2001 Coll.) reacts in its legislative standard (§ 36 of the Act) to the Convention on Human Rights and Biomedicine, which in its article 7 deals with the protection of persons with mental disorders, who may not give consent for the provision of health services. A legislative directive is connected with the Convention, which deals with “previously expressed wishes”, and may also apply to clients who suffer from Alzheimer’s disease or other types of dementia. The full text of this paragraph can be found in law no 372/2011 Coll. (§ 36 of the Act). These clients may express how they imagine their health and social care for the future. Of course, it depends on which stage of dementia the person is currently in. According to the recommendations of the Strategy of the Czech Alzheimer Society (P-PA-IA), a person should be informed at the first stage of the disease. It is recommended by the Czech Alzheimer Society at the first stage to arrange matters which the person considers important, and to make decisions which will not be able to be made in later stages of the disease.

CONCLUSION

Understanding of the definition of long-term care varies considerably throughout the European Union. Long-term care may include rehabilitation, basic medical work, home care or even help with the long-term limitation of self-sufficiency. Long-term care and services for older persons define this care as a specific range of services intended for people dependent on assistance in some of the

fundamental self-sufficient activities such as: hygiene, dress, ability to eat, use the restroom, etc. The main objective of the entire system of long-term care services, both in the domestic environment and in institutions, should be adapted to the natural environment as far as possible.

The guiding principles of the proposed solutions are providing high-quality long-term care services for clients and their participation in the creation of the appropriate services for clients in need of network of services, promoting development at the level of communication, promoting open and transparent competitive providers of long-term care and the creation of conditions for the realisation of social and health care at the levels of the public administration. At the same time, it is important to set up a system of long-term care services, including being client-friendly from the first entry of the citizen into the system, from the submission of applications for the granting of these services. As in the system of social services shall be assessed by MAS category the degree of dependence, the category of degree of dependence for a system of long-term care should be assessed. By one assessment, a citizen would be assessed for the purpose of granting a contribution to the care allowance, and for the purpose of classification as a recipient of services of long-term care. The recipient of the allowance would receive the right to the provision of long-term care services by law. Therefore, the role of MAS in the second phase of the social reform appears to be similarly crucial for the fulfilment of its objectives as it is in the first phase of the social reform.

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