

LONG-TERM CARE FOR FRAIL ELDERLY IN CEE COUNTRIES:the case ROMANIA

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INTRODUCTION

WHY CEE COUNTRIES?

Major changes since 1990

Poverty in old people

Strong family traditions

Lessons?

WHY ROMANIA?

**Past gerontology glory: Ana
Aslan for ever young**

**Admission to a nursing home is
a shame for the family**

Low health care budget

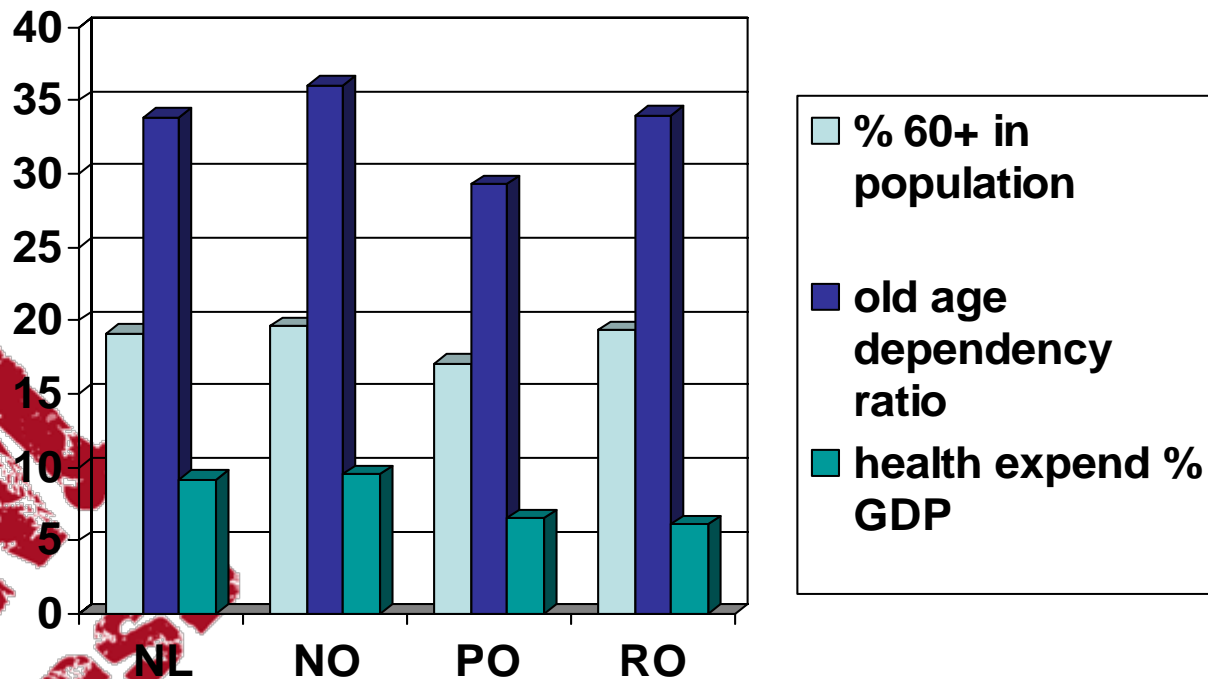
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WHY ME?

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AGEING OF SOCIETY



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AGEING OF SOCIETY

- **Life expectancy 60+:**

Sex	2000	2004	(NO)
M	16,4	16,5	21,0
F	19,7	20,2	24,7

- **Proportion very old:**

	80-84	85-89	90+
RO	1,7	0,4	0,2
NO	2,6	1,4	0,6

- **Pension**

Age:	Female 60	Male 65
Money:	2000 €24	2005 €82
Index:	133	100

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HEALTH CARE IN TRANSITION

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EXPLORES

- **Bismarck model after privatisation (World Bank)**
(National Health Insurance)
- **GPs were part of hospitals**
(overbedding → LTC)
- **% health expenditure GDP:**
 - 1995: 3,1%
 - 2000: 4,0%
 - 2004: 6,1%
- **Out-of pocket spending**
36% of total health care costs

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SOCIAL CARE

- No community-based social and home care
 - Social care = care in institutions for orphans, long-term psychiatric care
- 95% of patients die at home
 - Homes for elderly largely absent
 - 40 homes for the ages: 4369 'beds'
 - 19 homes for pensioners: 2105 'beds'

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LONG-TERM CARE FACILITIES 1

- No long-term care policy.
People prefer to die at home.
Total of 128 institutions.

- Estimations of mortality in:
 - Hospitals 1%
 - Nursing homes 3%
 - Other institutions 5%

- Long term care facilities:
 - 49 nursing homes for chronic diseases; 7068 beds
 - 20 nursing homes for neuro-psychiatric disorders; 4339 beds

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LONG-TERM CARE FACILITIES 2

- Palliative care:
 - Hospices for adults: 2
 - Hospices for children: 2
 - Palliative care in hospitals: 11
 - Palliative care at home: 16
 - Various: 20
- Prescription and costs of medicines

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LONG-TERM CARE FOR FRAIL ELDERLY IN CEE COUNTRIES:the case ROMANIA PROBLEMS AND HOW TO SOLVE THESE

- Health care and care for the elderly no priority

**MORE BUDGET FOR CARE +
ATTITUDE POLITICIANS/DOCTORS**

- Lack of continuity health policy

LONG TERM PLAN FOR CARE

- No infrastructure for home care, especially in rural areas, and shortage of trained home helpers

**REGIONAL NETWORK FOR HOME
CARE AND QUALITY ASSURANCE**

- To much hospital beds

**REDISTRIBUTION OF BUDGET FOR
RESPIRE CARE AND PALLIATIVE
CARE AT HOME**

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CONCLUSIONS

WEAK POINTS

- LOW BUDGET
- INFRASTRUCTURE
- EXPERTISE
- INEQUITY
- QUALITY

STRONG POINTS

- FAMILY CARE
- NO INSTITUTIONS
- MOTIVATED INNOVATORS

WITH INTERNATIONAL SUPPORT
AND EXPERTISE ROMANIA MAY
CREATE A NEW MODEL FOR LTC

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EXPERTISE