ORGANIZATION AND FINANCING OF HOME CARE IN EUROPE: AN OVERVIEW

INTRODUCTION

About one year ago the organizer of this international conference, ie. the European Association of Organizations for Home Care and Help at Home has commissioned the Netherlands Institute of Primary Health Care to carry out a study on the organization and financing of home care in the twelve member states of the European Union. The study was funded by the Dutch Stichting Onderzoek en Ontwikkeling Maatschappelijke Gezondheidszorg (STOOM).
The study is nearly finished now, and for me it is a great honour to present the results today.

To conduct a cross-national comparative study on home care is not easy, because each country has its own historical background, each country has its own way of organizing health care in general, and each country has its own geographical features. This however, should not prevent us from looking at those other countries, since there are indeed a lot of common features.

All twelve member states, for instance, are confronted with an aging population. Most of these countries are trying to limit the costs of health care and many countries do this by trying to substitute home care for hospital care and shortening the average length of stay in the hospital. It will be interesting to see how the countries cope with the growing demand for home care, which tis caused by these developments. Finally, with the unification of Europe it is important to have information about home care in the other member states. Such an overview may be helpful to improve communication and co-operation between home care organizations as well as between policy makers at European level.

In our study home care has been restricted to nursing care at home and home help services.

All current member states of the European Union have been studied: Belgium, Denmark, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain and the United Kingdom.

Methods

Datagathering took place, first of all, through a search for literature in several international databases. Second, experts on home nursing or home help services in all countries were asked to complete a comprehensive questionnaire. Third, six counties were visited. During these visits the experts were personally consulted for additional information.

Today, I would like to highlight the following important topics: I will start with an overview of the organization of home nursing and home help services in the twelve countries, that is of the organisational structure, required qualifications of the nurses and home helpers and the need for home care. Secondly, I will pay attention to the relation between home nursing and home help services. Thirdly, I will give an overview of the financing of home care, that is the reimbursement of home nursing

and home help services and whether or not co-payment of the patient is required. And finally, I will mention some problems in home care that seem to exist in most countries.

Of course, during this presentation I can only give a general overview and I will ignore all kinds of variations within a country. More detailed information will be available in the report of the study to be published next month.

RESULTS :

ORGANIZATION OF HOME NURSING SERVICES

Organizational structure

Nowadays, in all of the member states of the European Union home nursing is part of the health care system. However there are large differences between the countries in the history and the way home nursing is organized. In Belgium, the United Kingdom, Denmark, Ireland and the Netherlands home nursing has already a long tradition and has been developed many years ago, whereas in some other countries like Italy, Spain and Greece home nursing was only developed recently and is still not provided in every region of the country.

In five countries home nursing is provided by mainly one type of organization.

For instance, in Denmark home nursing is provided by the munipacilities (the local communities) in the same department as home help services. In Ireland home nursing is provided by Public Health Nurses employed by Health Boards, which operate in 8 geographical areas. And, in Portugal the National Health Service covers the whole country with a network of health centres. Home nursing is provided by nurses employed by the health centres.

In three other countries home nursing is provided by mainly two types organizatios.

For example, in Belgium the largest organization is the White-Yellow Cross which covers the whole country and performs about 50 % of all home nursing activities. The much smaller orgazation is solidarity for the Family, which provides both home nursing and home help services. Besides these two organizations an increasing number of independent nurses are working in private practices. And in Germany home nursing is provided by the 'Sozialstationen' which also provide home help services and by the so-called 'Gemeindekrankenpflegestationen'.

Finally, in four countries home nursing is provided by three or more different organizations. Those are also the countries in which home nursing was only developed recently or still has to be developed in some parts of the country.

In many parts of Greece home nursing services still not exist. In some regions home nursing is provided through the National Health Services by nurses from the hospitals, in the big cities home nursing is mostly delivered by for-profit private organizations or by the non-profit Hellenic Red Cross. A main problem in the description of home nursing in Italy is the lack of a general terminology about what kind of services should be provided. For example there is still a discussion whether home care for the chronically ill is a matter of the Health Care Service or of the Social Services. Officially, home nursing services are part of the National Health Service, but they are not yet extended to the entired country. However in many places home nursing is still organized by the Social Services of the municipalities. In the smallest memberstate of the European Union Luxembourg the two largest organizations for home nursing are Hellef Doheem and the Croix-Rouge. In addition there are four smaller organizations, two of them are non-profit organizations that also provide home help services. All those six organizations cover together the whole country. Finally home nursing is provided within the Spanish primary health care system, which now covers approximately 65 % of the total Spanish population. Between the comminities large differences exist in the types of home nursing provided. Home nursing has still to be developed in many parts of the country.

Level of expertise of nurses

In most countries there are at least two levels of expertise in home nursing. In general the length of the basic education of the first expert level nurses varies between 3 and 4 years. The length of education of the second expert level nurses varies between 1 and 3 years. So, there appears to be a lot of variation.

The lower level nurses are always more concerned with personal hygienic care and uncomplicated technical nursing than the higher levels of expertise. In England the most differentiated system is used: the clinical grading structure for nursing staff, which was introduced in 1988, distinguish nurses in nine grades. Each grade has his own task profile and required qualification.

Need for home nursing

In all countries mainly the elderly receive nursing care at home. When patients need nursing care at home, in nearly all countries they do not have free choices as to which home nursing organization they adress, because in most cases there is only one home nursing organization in their region. Belgium is the only exception: recently the opportunity to choose between home nursing care delivered by formal organizations like the White-Yellow Cross and home care by independent nurses has increased enormously. In some countries a referral of a doctor is needed to receive nursing care at home, while in other countries patients can contact the home nursing organizations themselves.

In Greece, Ireland, Italy, the Netherlands, Portugal and the United Kingdom no referral of a doctor is needed.

In Denmark, Luxembourg and Spain a referral is only needed for complicated technical nursing or medical care and not for other types of nursing care.

In France and Germany a physician's prescription is needed for all types of care, necessary for reimbursement. In Belgium this is true with the exception of hygienic care.

As a consequence countries also differ in who is making the assessment of the patients need.

In Denmark, Ireland and United Kingdom the assessment is made by a first level nurse who is also going to provide the care or have it provided by a lower level nurse. In the Netherlands, within the process of integration with the home help services, most home care organizations have the intention to combine the

assessment of patient need for home help and nursing care. There is a lot of discussion about who has to pay the assessment visits: a first level nurse who also provides care, a manager of the home-help services or a special assessment team. The fact is that the health insurance companies demand more standardized and objective methods of assessment and support solutions including special assessment teams, place more or less outside the care giving organization. Therefore, at this moment it differs from organization to organization, who is paying the assessment visits.

In Greece, Italy, Luxembourg, Portugal and Spain frequently the assessment is carried out by a nurse together with a physician, sometimes depending on the patient's need.

In Germany and France the assessment is always done by a doctor. And in Belgium, patients have a prescription from their general practitioner, which is necessary for reimbursement of all nursing activities except ADL-assistance. After a referral by a doctor, a first or second level nurse pays an assessment visit to decide whether it concerns a dependent, a very dependent or an independent patient, using a scale developed by Katz to determine the patient's degree of care dependency. This assessment of dependency is important for how the care will be financed.

THE ORGANIZATION OF HOME HELP SERVICES

All of the twelve memberstates of the European Union have organizations for home help services as well, although in Greece and Italy the organizations of these services are still in a developmental stage. In some parts of those countries there is no home help services available.

Contrary to home nursing, in most countries home help services are not a part of the health care system but belong to the social services and are organized by and the responsibility of the local authorities, ie. the municipalities.

This is the case in Denmark, Italy, Luxembourg, Spain and the United Kingdom. Belgium, France and Portugal have a mixture of home help organizations organized by the minucipalities and private organizations. Ireland, Germany and the Netherlands are the only three countries in which home help services are part of the health care system. However in Germany this only concerns 'traditional' home help services delivered by the Sozialstationen or Haus- und Familiepflegestationen. Additional services for the elderly provided by the so-called 'mobilen sozialen Hilfsdienste' like meals on wheels and cleaning services are not covered by the health insurances. Finally, in Greece home help services are provided by a mixture of private organizations, non-profit organizations like the Hellenic Red Cross and Greece Orthodox Church and voluntary organizations.

Home help services like preparing meals, washing dishes, ironing, cleaning the house, hygienic and personal care and general moral support are provided by home helpers. In most countries these home helpers do not have had a formal education, but only a few short courses and a 'training on the job'. Only in Belgium, Germany, Italy and about 20 % of the home helpers in the Netherlands have had specific education with a duration varieting from 6 month to 3 years. In Denmark only recently a one year education for home helpers has been started.

Need for home help services

Similar to home nursing, most clients are elderly. In some countries, like Germany, the Netherlands and Luxembourg home help was originally intended for assistance to families with young children in case of illness or hospitalization of the mother, but gradually the emphasis has shifted to helping elderly people.

In most countries there is only one home help organization in a region. Therefore, formally people do not have a choice when they need home help to what organization they want to adress. Only in Belgium, there are sometimes more organizations in one region. And of course, people are always free to arrange private help for household tasks, but this solution might be more expensive.

In all countries no referral from an other professional care provider is needed for using the home help services. So, the clients may contact the organizations themselves.

As you can see in Italy, Luxembourg, the Netherlands and Spain indeed most of the clients or their families contact the organizations themselves, while in Ireland and teh United Kingdom the majority of the clients are referred by other professional care providers, like general practitioners, hospitals and home nurses.

In all countries the assessment of the need for home help is performed by a

professional, who is not involved in direct home help care. In nearly all countries this professional is a social worker, but exceptions are made in integrated organizations for home help services and home nursing; in that case the assessment is sometimes made together with a nurse or by a nurse.

RELATION BETWEEN HOME HELP SERVICES AND HOME NURSING

The increasing elderly population induces a greater need for home help services and home nursing. Therefore, in many countries policymakers recognize the advantages of not only co-operation, but o merging the two services into one organization.

So, within Europe there seems to be a tendency towards integrating home nursing and home help services. We see that in Denmark and Ireland both services are part of the same organization. In Denmark the services are organized by the municipalities and in Ireland the two services are under the community care programme of the Helath Boards. In France, Germany and the Netherlands both services are often integrated. In Germany the two services are integrated in the Sozialstationen and are offered from the same location, improving possibilities of contact between different professions. The number of integrated Sozialstationen is still increasing. And in the Netherlands, ımbrella organizations for community nursing and for home help services merged in 1990. At this moment this integration is taking place at the regional level. About 50 % of the home nursing organizations have already merged with organizations for home help services. It is expected that the integration will increase the efficiency in home care and will avoid unnecessary overlap between home nursing and home help services.

In Belgium, Greece, Italy and Luxembourg there are some organizations for both types of services; Furthermore, in Belgium multi-disciplinary co-operation initiatives are subsidized on the condition that general practitioners, community nurses, home help services, social workers as well as three other professions take part in them. In the private sector of the United Kingdom there are organizations which provide both home nursing and home help services. In addition, one of the major conditions for the new approach in home care in the public health system is an extended co-operation between home nursing and home help services ie. consultation between social services and health agencies is required. Finally, Portugal and Spain appeared to be the countries in which very little seems to be happening in this respect and in which co-operation with general practitioners is higher on the agenda.

Financing of home nursing

In all countries that were studied home nursing organizations are usually non-profit. In some countries, however, cost-containment measures include the introduction of competitive elements in the health care system. This may mean the advent of a for-profit sector, also in home nursing.

Reimbursement

There are two main principles according to which a home nursing organization can be reimbursed: fee for service and fixed budgets.

Fee for service

There are various types of reimbursement on a fee for service basis. In the most simple type reimbursement takes place according to a list of nursing activities and states the costs of these activites. This price can be reimbursed to the home nursing organization or to the patient. This method is part of the reimbursement system in Belgium, Greece and France. In these countries only technical nursing procedures are reimbursed and hardly any preventive or psychosocial activities.

Reimbursement can also take place based on the number of home visits. Here a distinction can be made between various types of home visits according to the type of care that is delivered during these visits. This is the case in Germany, where a distinction is made between 'Grundpflege'which involves mainly personal hygienic care, and 'Behandlungspflege', concerning technical nursing procedures as a support for medical treatment. However next year in Germany the funding system will change. Patients will be categorized in three levels of need for nursing. According to the level of care dependency of the patient, the home nursing organization will receive a reimbursement per patient per month. For each categorie, there will be a maximum allowance. Furthermore, it will also be possible to provide a budget to the patient himself, so he will be able to buy his own home care. A third type of fee for service reimbursement is based on the number of days of care. This is part of the system in Belgium as far as heavily or moderately dependent patients are concerned. The

amount that is reimbursed varies with the level of care dependency of the patient.

Fixed budgets

As we can see, in the majority of the countries home nursing organizations receive a fixed budget from the central government or local authorities. Mostly the budget depends on the number of inhabitants or elderly of the catchment area or on the number of personnel. In Greece only the home nursing organizations of the National Health Services and the Hellenic Red Cross receive a fixed budget; private organizsations are reimbursed on a fee for service basis.

In France a special form of the fixed budget method exists besides the fee for service system. Here the organization is au[illegible]ized by the sick funds to care for a fixed number of patients under two schemes: 'Hospitalization at home', under this scheme most patients are discharged from hospitals, and 'Elderly care at home'. For 'Hospitalization at home'patients reimbursement is about three times as high.

Finally, the funding system in the United Kingdom is in a period of significant change. According to the old system the District Health Authority received a fixed budget on the number of inhabitants and the demography of the population. In the new system the funding of the new community trusts is based on the services that they deliver to patients. At this moment both systems exist.

Co-payment

In most countries there is no co-payment for home nursing, that is home nursing services are usually free of charge. In Belgium and France co-payment depends on the type of insurance of the patient. However, in these countries most people are additionally insured and therefore do not have to pay this co-payment. In Luxembourg co-payment is required for general basic nursing care, but not for technical nursing care prescribed by a doctor. In addition, in Belgium and the Netherlands small membership fees have to be paid to the home nursing organization. This can be done in advance or when the care is actually needed. In the latter case, however, the fee is much higher. The membership fee in the Netherlands is about 50 guilders a year per family.

Financing of home help services

With the exception of Greece, organizations of home help services in all countries are to some extent funded or subsidized by the central government, local authorities or by both. The budget is based on the number of elderly in the catchment area, the number of home helps, the number of clients or the number of hours of provided care or a combination of these factors. In Greece home help services are funded by the Red Cross or the Orthodox Church. In France the organizations are partly funded by the 'departements' and partly through private insurance of the clients. And finally, under certain conditions home help in Germany is provided under the health insurance system in addition to home nursing care. The home help provided by the 'Mobilen sozialen Hilfstdienste' is funded by the state or by the municipality.

Co-payment

Contrary to home nursing, in most countries co-payment for home help services is required, in most cases related to the income of the family. In Denmark the home help services are free of charge, there is only some co-payment for acute home help of non-permanent character (usually for younger persons after accidents), and for additional services like gardening. In Germany clients have only to pay for the home help services of the 'Mobilen sozialen Hilfstdienste'.

And in Greece co-payments are only required by private organizations, not for the services of the Red Cross and the Orthodox Church.

Problems in home care

Finally, I will pay some attention to some problems in home care that seem to exist in many countries.

Waiting lists for home nursing were only reported in Greece and some regions of France. In Greece the waiting lists are due to the shortage of home nursing organizations. On the contrary, long waiting lists for home help services are quit usual in most countries. Only in Denmark, Ireland, Luxembourg and the United Kingdom there are no waiting lists. According to the experts the waiting lists are caused by budget problems, that is the budgets are to low, while the demand for home help services is increasing. An other identified cause is the shortage of home helpers in many countries. In addition, in Belgium the co-payment of the clients is considered to be insufficient, while in the Netherlands at this moment for many clients the co-payment is considered to high.

Shortage of home nurses were reported in Denmark, Ireland, Greece, Portugal and Luxembourg. In some countries it was reported that hospital nurses were better paid than home nurses and that equal payment would help. Also, an increasing number of part-timers was reported to be a reason for shortage of personnel, as well as the fact that nurses stay in the profession only a short time.

Finally, regarding the co-ordination of care, in many countries the home helpers complain about the co-operation with hospitals and General Practitioners. The reason for the unwillingness of the GP's and the hospitals to co-operate is that home helpers are perceived as professionals with a low status.

CONCLUSION

On the basis of this overview we have to conclude that the unification of Europe with regard to the organization and financing of home care is still far away. However, the problems encountered in home care seem to ignore the boundaries of the member states.

Ada Kerksta, Ph.D. &
Jack Hutten
Netherlands Institute of
Primary Helath Care (NIVEL),
P.O. Box 1568,
3500 BN Utrecht,
The Netherlands

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