ORIGINAL ARTICLE

WHAT WE NEED TO SOLVE THE URGENT CRISIS OF AND HOW TO DEVELOP SUSTAINABLE LONG TERM CARE IN THAILAND: POLICY MAKERS' PERSPECTIVES

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ABSTRACT

Thailand's growing aging population who have increased longevity has resulted in an upsurge in disability and the expectation of chronic diseases. The demand for increased care challenges the government to develop treatment and long-term management procedures. This study explores the following two objectives: 1) identifying policies for intervention that improve the quality of life of the elderly; and 2) developing a sustainable and feasible ten-year delivery system for Long Term Care (LTC). We conducted comprehensive interviews with 8 male and 3 female policy makers on LTC development for the elderly in Thailand and analyzed these transcripts by using NVivo 8 data analysis. Two independent investigations that contain thematic codes have been developed from the transcript subset's first set. Six of the identified issues – care services imbalance, poor management, skill search, health workforce scarcity, regulations, and information system problems – are considered urgent and require a solution. The surveys reiterate that an LTC scheme will become family- and community-based in a decade. The improvements in the quality of life for elderly patients with long-term conditions are accomplished through integrated services, regulatory system consolidation, an LTC workforce, infrastructure delivery, and investment in elderly health groups. LTC must use an all-inclusive societal policy.

Keywords: Community, Elderly, Financing, In-depth interview, Long Term Care, Policy maker, Thailand

INTRODUCTION

The older population (60 years and above) in Thailand is the second highest in South-East Asia[1]. By 2040, this population will increase to 22 million or 33.5% of the Thai population. The impact of the elderly (80 years and above) will also increase as their population increases from 1.1 to 4.4 million. Unlike in developed countries, Thailand's aging population is increasing in an unstable economy. Thailand's per capita GDP is $2,206, whereas Japan's is $12,499[2].The rise in the aging population has led to an increase in acute degenerative diseases. The amount of time that elderly people live in dependency has also increased, which has created a greater demand for long-term care (LTC).

Although the Buddhist nature of the Thai population usually determines that elderly people are cared for at home informally, Suwanrada et al. (2010)[3] note an increase in the adoption of formal care because more Thais live in cities because of the complexity of elderly diseases. Other reasons for the increased adoption of formal care include the poor quality health services that are provided by the current health care systems and the early discharge of elderly patients. However, a separate long care system is not present in Thailand and the various sectors of the social welfare system have distributed the services. For long term care in Thailand, there is a need for families-communities based model due to various objectives. For instance, the cultural factors and also the hindrances that create issues in private long-term care and institutional care access. Reliable and formal help is needed by the severely dependent individuals as the aged care policies by the government is usually carried out by the volunteers of the community care. Hence, in 2011, a new community care policy was developed by the Royal Thai Government as a part of the Lam Sonthi District, Lopburi Province project development[4].

For older individuals, two national plans have been adopted by Thailand. In the present plan, from 2001–2021, there are five strategies included with the objective of protecting and empowering the elderly people to change the system for the elderly individuals. The National

Committee on the Elderly was established under the 2003 Elderly Person Act. The Prime Minister was the chairperson of this committee and it was an inter-sectorial one. The secretariat was by the lead agency of the government namely the Ministry of Social Development and Human Security. Later, in 2011, an Action Strategy on LTC (2011–2013) was devised, which delineated a number of social, and health matters brought up by concerned parties or line ministries. A sub-Committee on Long term care, whose aim was to establish a Long term care system for needy elderly people, was later established by the National Health Security Board on March 11, 2013[5].Furthermore, a Thai baht (THB) 600 million fund was created by the National Health Security Office (NHSO) for LTC facilities for the elderly. During the next 3 years, the NHSO is expected to spend 10% of the whole LTC budget[6,7]. For the fiscal year 2016, a trial program was announced by the government, which, after modifications and consultations, would spread across 1,000 sub-districts, including 100,000 severe-disability individuals[6].

Despite the efforts of the Thai government to offer quality healthcare to the elderly, challenges regarding access, resources, and institutional coordination persist. To resolve these challenges, the government has commissioned the amendment to the 2009 National Plan on Older Persons, which recommends the establishment of community-based LTC institutions[5]. The increase in the aging population has presented many challenges to the welfare of the elderly in LTC. This study identifies the policies and interventions to improve the quality of life of the elderly who are in LTC and to develop a sustainable and feasible LTC delivery system over the next ten years.

MATERIALS AND METHODS

In-depth interviews were utilized in this study. Subsequently, the participants were approached through purposive sampling method. The participants are policy makers and include a sub-committee/committee member of The Development system of Long Term Care for Older Persons in Thailand who has been involved in the policy development of elderly LTC for at least 1 year. The study criteria exclude the policy makers who could not participate in the meeting and who asked other professionals in their organization to represent them more than two times at the meeting. After obtaining consent forms, direct interviews were conducted over a two-month period from May to June 2015. The interviews were copied and translated from Thai to English by a bilingual researcher. Randomly selected interviews were checked for accuracy of content and translation by using back translation. Next, the transcripts were subject to an NVivo 8 data analysis test. The first set of transcripts contained thematic codes that were produced from the transcript subset and were created by two independent investigators to enhance reliability. The codes are adjusted by using an inductive analytical method, and outcomes are arranged based on major themes in the data.

Ethical considerations

This research was approved by the Ethics Review Committee for Research Involving Human Research Subjects, Health Sciences Group, Chulalongkorn University (ECCU), Certificate of Approval number 031/2015. The authors obtained written consent from all participants prior to their involvement in this study.

RESULTS

A qualitative method was selected that offers a comprehensive understanding of key contexts that were considered critical for improving the quality of life for Thai octogenarians. Eleven participants who consisted of 8 males and 3 females were interviewed. Although the respondents come from academia, non-governmental organizations (NGO) and the government, the presentation of data is based on issues that require urgent resolution to enhance octogenarian quality of quality and provide better LTC over the next decade. We have not ascertained the variations among the respondents' opinions.

The urgent problems that must be solved to improve the quality of life of older people with disabilities

1) Imbalance in health and social care services

Key policymakers reported that there is an imbalance between social care and health care in Thailand, as the Ministry of Public Health focuses on policies related to health care, curing, and treatment, even though economic and social support are just as necessary. As noted before, in Thai society, the family is responsible for elderly care in terms of the management of normal daily living tasks. Although many government sectors are responsible for social welfare support, the main ones are the Ministry of Social Development and Human Security and the local

administration organizations (LAOs are offshoots of the Ministry of Interior). Currently, these bodies' services mainly include periodical monetary or material assistance, such as elderly cash allowances, rather than systematic management for impoverished elderly. Furthermore, the government only provides nursing homes for elderly adults who are designated s dependent due to extensive disability.

> We [government] establish the policy but tend to provide only health care or medical care…you know, Universal Health Coverage. But what about social support such as helping them out in their homes, buying things, or any type of simple home task…who should support them? [female 3, Gov't]

> The care for the community now is now separated into sections. One section is for social care, and another section is for health. We provide health care via many channels, via universal health coverage, but how about social support? [male 7, NGO]

2) Poor management systems

Recently, elderly care has been based on the coordination among elderly care centers, health promotion hospitals and executive organizations. Each community has its own perspective. Therefore, following through with sustainable elderly care services requires an additional system that identifies and strengthens the coordination and collaboration among the different organizations.

> The administration system needs to improve because it does its tasks separately [male 3, Gov't]there is fragmentation, discontinuous work, and a need for coordination. [female 2, Gov't]

3) Caregivers need knowledge and supports

According to the policy makers, inadequate tools and equipment lead to a poor quality of care outcome. More information, knowledge, and expertise are needed by caregivers to offer the aid that the elderly require.

> This has their heart but cannot meet the standard of care. It is true that this kind of caregiver will meet the basic needs of the elderly according to Maslow. It only fulfills at a certain level; if you want more than this, it

cannot be supported. [female 3, Academic]

The volunteers who care for the elderly will need to improve their care abilities and skills. Thus, in addition to the elderly home care advocates, a village-based healthcare project that is initiated by volunteers does not include sufficient training to allow these volunteers to serve the older people in the community. As a result, the volunteers will need ample support to improve their abilities and skills and successfully provide elderly care services.

> In some cases, Aor-Sor-Mor cannot handle the elderly who have serious illnesses, especially psychological or mental health issues. We [government, policy maker] should think about this circumstance and form health care teams with professionals such as nurses to help Aor-Sor-Mor. [male 3, Gov't]

4) Health human resource shortage

The essential problem of elderly care in Thailand is a lack of caregivers, particularly in the remote and rural regions. These areas have few skilled and trained doctors, nurses, and health professionals who can care for elderly patients, which leads to low quality services.

> A lack of caregivers that provide care assistance, even paid caregivers…there is a high demand but no caregiver supply. We urgently need to fix this. [male 4, Gov't]

> We [Thai people] usually think volunteering involves committing time and energy to provide health care or assistance that benefits someone without expecting financial rewards. If they [Aor-Sor-Mor] get paid, it's not volunteer work. How can they survive without money? It's extremely difficult. [male 2, NGO]

5) Problems with regulations

Other problems relating to formal care were the lack of price regulation in health care facilities and standardization of curriculum training. Although private health care facilities are more suited to taking care of elderly adults, they still lack price monitoring. This is a problem because if health care services depend on market mechanisms, they will become increasingly costly. Furthermore, customers may be unsure whether these higher

prices would be worth paying for the services provided.

> we don't know the cost that we pay is reasonable or not. No existing price regulation, it seems the private institution are take advantage by market demand. (female 1, NGO)

> From now on, Thailand will have more and more elderly in the country, so why don't we rethink how to improve the course of teaching.....increasing credits and hours in studying for the elderly caring field and spilt this course as another subject. (male 7, Gov't)

Some key informants shared their thoughts regarding how the elderly care training curriculum varies throughout the country, with the majority being based on the curriculum of the Ministry of Education. When the demand for caregivers of elderly adults increases, private training centers respond by people who train caregivers using the curriculum of the Ministry of Education along with English language training and computer skills. However, some training centers modify the curriculum such that it can be completed in a shorter period, thereby generating caregiver aides more quickly in order to meet the market demand. Thus, a number of training curriculums do not meet the minimum standards. Furthermore, such training is not monitored, assessed, or subject to quality control by professional associations.

> There are many private agencies enter this [elderly care] market. They offered short course training, but in fact, how do we know the quality of care as the short course training are depend on that agencies, how they develop the course? (male 8, Gov't)

6) Problems in the information system

Important information on the elderly is obtained by different organizations, such as the local government unit and elderly care centers. However, because of a lack of evaluation of its thoroughness and suitability, this information is not always timely or functional.

> There are many units that collect information on the elderly, but the data is inaccurate or incomplete, because some units do not share their data...that's the problem [female 2, Gov't]

Understanding how to develop sustainable and feasible LTC delivery to address the growth in LTC needs over the next ten years

Over the next 10 years, policymakers agreed that LTC in Thailand should be based on the family and community. Thai social values regarding "filial piety are a significant cultural heritage that can help in promoting the development of an LTC system for community-dwelling elderly adults. Furthermore, they reported that most elderly adults would prefer to live in their own homes and be taken care of by their children rather than live in a nursing home. Thus, the direction of development seems to relate to promoting the family as the major source of caregiving. However, the community's support system must also be developed to ensure that families are able to take on this role.

> Another 10 years, family base may be used as always, but it may be covered to the neighbors. Of course, we have compassion, generosity, etc., but everyone has their own duties and they don't free for all 24 hours. Thus, we have to think about system that we will use to provide help for the family. (female 1, NGO)

> In the future, the size of family will continue decrease, and the female will be main family caregivers...comprehensive local service in assisting family is key point.(female 1, NGO)

DISCUSSIONS

The urgent problems that need to be solved to improve the quality of life of older people with disabilities
Various challenges are associated with LTC. This study explores some of these challenges and recommends that we redress the balance in healthcare and social care services.

1) Imbalance in health and social care services

There is a considerable imbalance in healthcare services, which can be attributed to the changes involved in the adoption of the context of individuals' disability in the framework for social care. There have also been numerous changes in policies related to the care of people with disabilities, people requiring LTC, etc. to the point where many of these policies focus predominantly on the problems in society. Another contributing

factor to the aforementioned imbalance is the bureaucratic "red tape" that characterizes healthcare administrative systems[8,9]. With regard to the demand for healthcare services for elderly adults, one barrier to a holistic approach to these services is the fact that healthcare services for disabled persons have been separated from those for elderly persons[10]. To resolve this issue, there must be collaboration (i.e., a gathering of experts) between staff of wellbeing and social care organizations to ensure adequate commitment to quality care[11]. It would also be important to create a volunteer system that addresses both the health and social care sectors.

2) Poor-quality management structure

In most cases, the services provided by nursing homes and other healthcare centers are not monitored for quality by the relevant bodies in the medical and public health sectors because the scope of these sectors does extend to social services, and the connection and continuity of such services is restricted. One of the most important features of health promotional programs, especially for elderly adults, is effective management structures that guarantee consistent quality of healthcare services and appropriate utilization of skills and knowledge (i.e., good practice) in the healthcare organization[12]. Furthermore, it is recommended that there be efficient communication and information flow between healthcare professionals and the healthcare organization management during the operationalization of healthcare projects so that experience-based procedures backed by empirical evidence can be shared. Overall, flexibility in service delivery should be improved and, given that older persons might not communicate their needs properly, service providers should attempt to consolidate their services in a centralized manner[11].

3) Caregivers need knowledge and supports

In some cases, family caregivers will lack the necessary skills to deliver relevant care to their elderly charges, and will receive minimal supervision or guidance from general healthcare specialists. This insufficiency of skills and knowledge can make caregivers unaccustomed with specifics of the care they are supposed to deliver and the level of care needed[13]. Furthermore, family caregivers might not know the necessity of community resources for care, which means that they might not be well-versed in access to and appropriate use of the resources available.

Our results suggest that the professional support should be improved through effective social work. Some professionals have pointed out that professional social work can offer a rare technical platform encouraging society, the government, and third-party organizations to supply necessary public services. Accordingly, such they could provide technical support to meet the needs of caregivers and their families. The government could also facilitate the development of a social work system by partnering with instructors and learners who major in social work in higher-learning institutions, which would in turn provide caregivers with the opportunity to utilize distinguished and definitive professional services aligned with their characteristics, such as social work for elderly adults, women, and families[11,12].

4) Health human resource shortage

One of the major challenges pointed out by the key informants was the significant deficit in the personnel, including both paid employees and volunteers[14]. This deficit can be attributed to the high turnover rate among healthcare workers in Thailand, together with the challenge of recruiting suitable employees to fill gaps left in the job[15,16]. In most cases, healthcare workers living in rural areas seek out more stable jobs because they are poorly compensated by the healthcare system in those areas; the work environment is isolated; there are deplorable conditions in patients' homes, which can pose health and safety risks; or a general lack of enthusiasm in identifying a career path[16].

In Thailand not long ago, the National Health Security Office (NHSO) came up with the care manager because their task is considered a means of ensuring high quality care through their planning, executing, and assessing of the care provided to elderly adults that enable them live independently for a long time in their homes for as much as possible. But a lot of questions still remained unanswered at this initial state. Follow-ups need to accompany the training of care managers. Their roles and effectiveness also need to be monitored and evaluated.

However, in order to address this shortage of healthcare and social workers, the government should focus on training and development and on attempting to improve working environments using new approaches[10]. Furthermore, to facilitate volunteerism, the healthcare system might offer financial reimbursements, stipends, or other similar

incentives that precisely reflect the value attached to the volunteer work[16]. Such incentives could encourage volunteers to work more competently and be more productive, as well as be willing to commit themselves wholeheartedly to aiding with healthcare services for a longer period.

5) Problem with regulations

According to the key informants, the regulations of particular concern to quality of care are curriculum training standards and price regulation, which were not effectively managed in Thailand. Numerous agencies offer training for caregivers to equip them with the necessary specialized skills to deliver services to elderly people and children in their homes. However, such services are costly, and thus can only be afforded by a small proportion of relatively well-off individuals. The Ministry of Education might monitor these agencies and register them, especially since concerns have arisen regarding the quality of training offered and the level of care graduates are prepared to provide[17]. In most cases, these agencies violate the standards of professional nursing, and thus trainees fail to acquire the necessary skills. Additionally, agencies recognized as making considerable efforts to provide quality training are facing stiff and often unfair competition from other agencies that are offering cheap, ineffectual, and below-standard training with limitations in all criteria[12]. Given the insufficient quality and training in a short period of time, the skill level of workers in the healthcare system is in jeopardy. In terms of the delivery of such training, price control is most efficient in a market with substantial barriers to competition, such as a smaller number of similar products, services, and providers. In contrast, the absence of government intervention or fundamental barriers to competition will render any market force a temporary occurrence.

Regarding the price control, it is most efficient in a market where significant natural barriers to competition are present, with a few homogenous products as well as providers to be checked and one ideal objective. Circumstances like this may not be more varied compared to those persisting in the health care system. As a matter of fact, the elderly people are more likely to suffer with chronic ailments and disabilities, require care from institutions; thus, institutional care serves as a crucial part of the LTC system of Thailand. Moreover, the institutional care may be given more significance in urban areas as people have the potential to pay higher remunerations and fees

of LTC services, considering institutional care better for their parents. Institutions initiatives by Private-sector are seen as the fastest way to meet the demand of long term care. These facilities are too expensive to be afforded by the low income segment of the population[18].

Even though, the Healthcare Accreditation Institute, Thailand, is serve as a system regulatory mechanism to encourage total hospital quality improvement in a systematic way and in a proper direction[19]. Alternatively, we propose that, to resolve this issue, healthcare providers and organizations embrace and implement a sounder system for monitoring prices, especially in terms of premiums for private healthcare providers that deliver care to elderly adults[10].

6) Problems with the information system

While registration is a vital concern regarding assessment of healthcare providers' the obligations towards older people, current information systems do not appear to be effective. To ensure that such information systems have practical use for the care of elderly adults, it is important that they have the ability to cope with frequent changes in information[11]. The rate of development of information communication technology targeting healthcare for the elderly is rather limited when compared to that applied in other areas, such as business, education, and entertainment.

The communication of information in healthcare might also be improved, and quality measures to manage healthcare data should be boosted. It is worthwhile for healthcare professionals to receive training on procedures to maintain the quality of healthcare data as well as improve currently existing data. Regarding the efficiency of communication, numerous government agencies choose to implement administrative centers that can serve residents at the local level[13]. They offer a new structure for managing LTC initiatives, consisting of a supporter that attends to patients' needs while maintaining a consistent administrative system to sustain and develop competent employees who can offer quality care within a given framework.

Understanding how to develop sustainable and feasible LTC delivery to address the growth in LTC needs over the next ten years

In the next decade, the capability of the Thai society must be harnessed to provide a sustainable LTC scheme. However, the family's

role in this scheme must be supported with established care personnel and organizations such as district hospitals that will work together with the families to provide care for the elderly. This need for hospitals to work together with families is also due to the decreasing number of children in families combined with the increasing elderly population. These hospitals should provide the major services for elderly caregiving and coordinate the various players (nurses, general physician, primary health worker, etc.) within a community zone[20].

There have been numerous organizations to a long term elderly care in a necessary basis and every organization has its specific and definite duty as well as responsibility that must be in complete coordination to the organization's effort. A particular health office in a province is ideally accountable for the establishment of guidance in high respect to the elderly attention and care along with the technical support and supporting a human resource. A district health quarters is in charge for supervision and for following the works of district care hospitals, together with actions connecting to the elders; the community hospital is accountable for giving of practical support and the transporting of interdisciplinary team comprising of physicians, of registered nurses as well as of physiotherapists to a home in order to care for a bedridden patient. Thus, a sub-district hospital is in charge of enhancing the general physical as well as mental health of the elders. A local administrative unit is responsible for the giving of support and of funding and of coordinating good community relationships and interactions to promote society consciousness.

However, hospitals should not make the assumption that family caregivers want to care for their elderly relatives, or compel family caregivers in this respect. Instead, the institution must be innovative in providing care to the elderly. For instance, the institution could provide funds for caring for the elderly as part of its corporate social responsibility objectives[21]. Additionally, Buddhist monasteries could aid in promoting LTC of elderly adults, given that they are integrated and have enough financial support among the Thais[22].

The increasing elderly population and decreasing number of informal caregivers has made healthcare programs targeting elderly adults and LTC services more necessary than ever before. As such, family caregivers must be suitably encouraged through coaching and respite programs in addition to financial help. However, the current, rather low availability of informal caregivers is determined by the smaller family sizes, current marriage and reproduction trends, and higher divorce rates[23]. To expand the pool of available caregivers, the LTC system must be organized such that others (i.e., volunteers) apart from family members are involved; these volunteers can include relatives, friends, and neighbors[24]. These volunteers and other community members can have a considerable impact on encouraging family members to provide care for elders. Furthermore, volunteers play a sizeable role in providing LTC because of their strong sense of responsibility and support for others[24].

It is not precisely known how many elders will require formal care over the next decade. However, the continued participation of caregivers and volunteers will ensure that the elderly population in Thailand remains in the same age range as 2015 in ten years' time. Furthermore, it will keep the costs of LTC down and thereby ensure its affordability. In the same period, it is expected that more people will opt to balance family caregiving with their own paid work. As such, the government must support initiatives for work–life balance to ensure that more caregivers, especially women, participate in labor activities as well as care for the elderly. The bureaucracy within care programs should also be limited as much as possible, and mediation programs with managers should be supported.

We recognized that our study is not entirely conclusive as we interviewed 11 key respondents at National Level for this work. We stopped interview when we got nothing. Our findings might have produced a different result had we chosen to interview a different set of respondents. Even it small number of key informants but this results are valid as software help to avoid the researcher's impressions of the data. In addition, further studies addressing older people living in long-term care facilities especially under the National Health Security funding are needed in order to explore and understand their perspectives.

CONCLUSION

Because of increasing demand, the Thai government is facing the challenge of developing a long-term healthcare approach for its elderly. This LTC approach will involve a shift from a narrowly focused model to a holistic and preventive approach in which

individuals are empowered to handle their own healthcare issues. The support that is required by individuals with LTC conditions demands significant changes that empower patients to manage the healthcare development process. Despite several initiatives and strategies, no significant improvements have been made over the last decade. The various strategies that are required for transformation have been established; however, they are inaccessible and uncoordinated. Top-down strategies and objectives have failed to influence change and clinical attributes. Although efforts are being established to develop a holistic healthcare system for the elderly, attention should be paid to the existing limitations in the current system. Despite the initiatives to improve the healthcare system, more work must be done. Integrated healthcare systems are acknowledged for providing healthcare services to senior citizens. Nonintegrated systems that provide social health support, community services, home care, residential care and case management do not have the capacity to enable individuals to pass from one service to the next, nor do they offer cost-saving alternatives. In these systems, stakeholder collaboration can help provide support to informal caregivers and the community. Thus, a holistic approach in the healthcare sector is required to address the inadequacies of the current healthcare system.

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