

Alzheimer Disease An Informal Carer's Perspective

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Difficulties encounter by Family Members

- Gradual, no acute episode, patient not in the health care system where professional help is readily available
- Care is 24 hours (patient has no sense of time) - no getting off work feeling.
- Little satisfaction:
 - Patient is often totally unreasonable
 - no gratitude for sacrifice made
 - patient does not get better



- **Difficult to get helpers who can put up with the patient**
- **Little support (financial and others) from Government as compare with acute conditions**



Caring for AD Patients: Range of Service Needs

- **Prevention**
- **Early Detection/ assessment**
- **Treatment**
- **Education/ information**
- **Day care**
- **Residential care**



Cost-effectiveness: Literature Review

- **Huge costs : In US, Direct + Indirect Costs: US\$148 billion annual**
- **An Irish study: family care accounts for 50%**
- **Residential care most expensive**
- **Little strong evidence of cost-effectiveness for most services except for**
- **Those that result in delaying placement into residential facilities**



Family Care is Most Desirable

- **Allows patient to remain at home**
- **Preserve quality of life for patient**
- **Preserve dignity**
- **Delay deterioration**
- **Delay placement in expensive residential facilities - a less friendly environment**
- **Family members work for free**



- From a family member's perspective, nothing is more important than the service of a good day care centre



Proper Day Care Facilities: A Must

- **Respite for informal carers**
- **Allows family members to do their share of caring without giving up their jobs**
- **More variety of activities for patients than staying at home**
- **Patients often listen to centre staff more so than to family members or domestic helpers**
- **Peace of mind for family members**



Supply vs Demand

- ~70,000 sufferers in Hong Kong
- ~50% in residential facilities
- ~35,000 requiring day care
- How many proper day care centres for AD sufferers in HK?
- How many places per centre?

Why so few supply?

- **Public resources all tied up in acute care**
- **Money does not follow patient**
- **No long term care financing system in place -- Not even in discussion**



Japan Mandatory LTC Insurance

- **Primary insured : 65 +**
 - 2,800 yen (HK\$230) a month deducted from pension for an average pensioner (with progressive rate)
- **Secondary insured : 40 to 65**
 - 0.9% of salary (50% from employer)
 - coverage for 15 conditions only
 - dependents are covered



- municipalities as insurer
- public subsidy 50% (25% by central, 12.5% by prefecture, 12.5% by municipal gov'ts)
- Applications have to approved by a committee



- 10% co-payment
- municipal gov't contracts with non-profit providers : fixed fee-schedule/fee-for-service reimbursement



Singapore: Eldershield

- Eldershield is a long term care insurance for persons who reach age 40
- The ElderShield pays subscribers S\$300 (HK1,600) per month, up to a maximum of 60 months in the event of disability.



Premium

- There are 2 Premium Plans:
- Regular Premium Plan (where policyholders pay premiums annually until age 65),
- Single Premium Plan (where policyholders pay a single lump sum premium upon joining the scheme).



Regular Premium Plan

- For example, a male who joins ElderShield at age 40 pays S\$148.84 (HK\$800) in the first year. When he turns age 41 in the second policy year, he still pays S\$148.84.
- After he makes his last premium payment at age 65, he would have paid a total premium of S\$3,869.84. If he becomes "disabled", he would receive up to a total cash payout of S\$18,000 (HK\$97,000).



Lump sum Plan

- At 40, a male can pay a lump sum premium of S\$2,325 (HK\$12,500)
- At 65, a male can pay a lump sum premium of S\$3,563 (HK\$19,200)
- If he becomes "disabled", he would receive up to a total cash payout of S\$18,000 (HK\$97,000)



Singapore: Eldercare

- **1:1 Matching capital grant from Government to NGOs that provide LTC**



Way Forward

- **Need to plan for LTC financing**
- **Use \$50Billion government reserve**
 - Matching grant to NGO for provision of AD Day care and residential care facilities
 - Startup LTC insurance scheme