Executive summary

Delivering high-quality care services has become a policy priority

With the ageing populations and growing costs, ensuring and improving the quality of long-term care (LTC) services has become an important policy priority across OECD countries. The share of those aged 80 years and over is expected to increase from 4% in 2010 to nearly 10% in 2050, while in 2010 OECD countries allocated 1.6% of GDP to public spending on LTC, on average. The goal of good quality care is to maintain or, when feasible, to improve the functional and health outcomes of frail elderly, the chronically ill and the physically disabled, whether they receive care in nursing homes, assisted living facilities, community-based or home care settings. This report focuses on three aspects generally accepted as critical to quality care: *effectiveness and care safety*, *patient-centredness and responsiveness* and *care co-ordination*.

Monitoring LTC quality has been growing in importance but needs further development

LTC quality measurement lags behind developments in health care. Only a few OECD countries have well-established information systems for care quality. Four-fifths of countries have indicators of inputs, such as staffing and care environment, but only a handful of OECD and EU countries systematically collect information on quality. Over time work on quality measurement has come to encompass both clinical quality (care effectiveness and safety), user-experience (user centredness and care co-ordination), and quality of life.

While the collection of LTC quality data poses a number of challenges, there is a potential for harmonising data collection on LTC quality at the international level. The OECD measures health quality indicators such as avoidable hospitalisations for older people. Another system widely used in LTC, the interRAI system for assessment of care needs, aggregates person-level data, recorded for the purpose of care planning and provision of care, to compare quality of care and efficiency of services.

External regulatory controls are the most developed quality assurance approach but enforcement might be lenient

The most common policy approach to safeguard and control quality in OECD and EU countries focuses on controlling inputs (labour, infrastructure) by setting minimum acceptable standards and then enforcing compliance. In two-thirds of the OECD countries reviewed, certification or accreditation of facilities is either compulsory, a condition for reimbursement, or common practice. Australia, Japan, Germany, Portugal, the United States,

England, France have accreditation for home care providers. Outcomes, quality of life, choice and human dignity are the quality dimensions most often included in accreditation and standards. Specific regulatory protection mechanisms designed to prevent elder abuse range from ombudsman to adult guardianship systems and complaint mechanisms.

Despite regulation, compliance and enforcement may not be strong enough. There are still questions regarding the effectiveness of fines, warnings and threat of closure. Too much of it can stifle innovation or discourage providers from going beyond minimum requirements.

Setting standards for "doing the right things" based on best practices is not widely in practice

Standardisation of practice is one way to find more effective solutions for driving care processes towards a desired level of care quality. All OECD countries use comprehensive care needs assessment to measure the level of disability of LTC recipients and determine eligibility for benefits. A growing number of OECD and EU countries use standardised tools and scales to guide care decisions and resource allocation, and develop quality indicators.

Conversely, standards of practice are not widely adopted yet due to the relatively low qualification levels of LTC workers, fewer peer-learning opportunities, lack of guidelines to respond to complex conditions of the frail elderly, and the difficulty of turning clinical guidelines often developed around specific diseases to cover the multiple, complex conditions of frail elderly. Canada, France, Sweden, and Germany, among others, have clinical guidelines around dementia care.

Market-based and care co-ordination approaches are an appealing option to incentivise consumers, providers and payers

Financial incentives and performance measures encourage competition among care providers and give consumers a basis for informed decision making. Two-thirds of OECD countries (primarily in Europe) have implemented cash-for-care, voucher or consumer-directed benefits delivering high satisfaction among LTC users although they may or may not make a difference to health or functional outcomes. Consumer-centred approaches and quality-rating systems assume frail disabled people can make informed choices, therefore the quality and simplicity of the information for comparing options is a key factor affecting their ability to choose. Offering providers financial rewards for delivering good outcomes in long-term care show potential but are limited to a handful of countries (e.g., Korea, the United States, Germany) and evidence on improvement in quality is not robust enough as yet. The need to address fragmentation of care is well understood.

While more complex conditions of the elderly require a higher degree of integration (multidisciplinary teams, organisational collaboration, joint care planning), it has proven difficult to collect systematic country examples for evaluation. Good case management, primary-care co-ordinators, integrated information systems linking data through portable records, multidisciplinary assessments teams and single-entry points have all been identified as potentially quality-enhancing.

Quality assurance schemes vary greatly: Cases from Europe and the United States

Case studies in a selection of European countries and the United States show that current approaches to long-term care quality assurance focuse on three key areas: the standards for provider participation; the monitoring and enforcement of compliance; and public reporting and other market-based approaches to improving quality. The present quality assurance system boasts a complex interplay of national, regional, local and voluntary rules, which can raise challenges for effective and efficient monitoring and enforcement of regulatory standards. While heavy regulation of LTC services, particularly institutional care services, has presented high administrative burdens for providers, the transition of quality assurance to outcomes-based measures should be supported by robust data infrastructure and clear guidance. There is potential for using market-based approaches to improve LTC quality, but incentives to spur desired behaviours must be trade off against possible unintended consequences.