12. LONG-TERM AND ACUTE CARE FOR THE ELDERLY

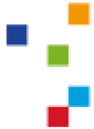
12.1. Elderly population receiving long-term care, in institution (ELD-1) or at home (ELD-2)

12.1.1. Documentation sheet

Description	Proportion of population aged 65 years and over receiving long-term care, in institution or at home
Calculation	Numerator: total number of recipients of long-term care, in elderly or nursing homes, or at home Denominator: total population aged 65+
Rationale	Due to the ageing of the population future needs of long-term care are expected to grow in the coming decades. According to the demographic projections made by the Belgian Federal Planning Bureau, the share of older persons in the total population (aged 65 or older) is expected to rise from around 21% in 2025 to almost 26% in 2050. This demographic trend will translate in growing numbers of older people in need of long-term care. Long-term care can be delivered either formally by professionals, or informally by family or friends. In this section we focus on formal care. Formal care can take place either in an institution (such as homes for the elderly and nursing homes) or at home by home nurses. Monitoring the evolution over time of the share of population receiving formal long-term care is an indicator of the accessibility and sustainability of the long-term care component of the health system. The extent to which a country relies on formal or informal care and the extent to which this is provided in institutions or at home are important determinants of public expenditure on long-term care. [1]
Data source	IMA
Technical definition	International institutions like OECD, Eurostat and WHO have defined long-term care services as a range of services required by persons with reduced degree of functional capacity (physical or cognitive) and who consequently need help for an extended period of time for their basic and/or instrumental activities of daily living (ADL).[1] Basic ADL include but are not limited to bathing and showering, personal hygiene and grooming, dressing, getting to toilet, transferring ourselves and feeding ourselves. Instrumental ADL include amongst other cleaning and maintaining the house, preparing meals and taking prescribed medications. Help with basic ADL is often combined with basic medical services (such as nursing care), domestic help or help with instrumental activities of daily living (IADL).[2] In the residential sector, **homes for the elderly**[mmm] provide nursing and personal care as well as living facilities to older persons with mainly low to moderate limitations. Older persons who are strongly dependent on care but who do not need permanent hospital treatment are admitted to **nursing homes**[nnn]. Each nursing home has to have a functional link with a hospital.[3]

[mmm] Dutch: **rustoorden voor bejaarden** (ROB; now called woonzorgcentra)
French: **maison de repos pour personnes âgées** (MRPA)

[nnn] Dutch: **rust-en verzorgingstehuis** (RVT; now called woonzorgcentra)
French: **maison de repos et de soins** (MRS)



Eligibility for residential care, or more precisely the level of care covered by the public health insurance scheme, depends on the degree of care dependency, and is evaluated using the same criteria as in home nursing (6 activities of daily living (ADL) items and disorientation in time or space, see below). While medical costs and costs of care in residential care facilities are covered by public health insurance, board and lodging costs are to be paid by the resident.[3]

Table A6.1: Scale of disability used by Belgian NIHDI to determine dependency. Part B: Categories.

Category	Level of physical dependence*		Level of mental dependence*
O	No dependence	AND	No dependence
A	Dependent in washing and/or dressing	OR	Disoriented in time and space, but physically independent
B	Dependent in washing and dressing, AND dependent for moving and/or going to the toilet	OR	Disoriented in time and space, AND dependent in washing and/or dressing
C	Dependent in washing and dressing, AND dependent for moving and going to the toilet AND dependent for incontinence and/or eating	AND	No dependence
Cdement	Dependent in washing and dressing, AND dependent for moving and going to the toilet AND dependent for incontinence and/or eating	AND	Disoriented in time and space

** A score of 3 or 4 on an item is regarded as 'being dependent' or 'being disoriented'*

Source: Rijksinstituut voor Ziekte en Invaliditeitsverzekering (no date), Dienst voor geneeskundige verzorging, Richtlijnen bij het gebruik van de evaluatieschaal, van toepassing vanaf 2006, Brussels, document.

Source : [3]

The following lump sums are used in residential care: 763011-763571, 763711-763755, 764094-764190, 764315-764455, 764610-764794.

Home care per diem fees are based on the same dependency scale: :
- Lump sum A (425272, 425670, 426075)
- Lump sum B (426090, 425692, 425294)
- Lump sum C (426112, 425316, 425714)

International comparability

Data in this field are reported by

- OECD Health Statistics. As several countries use slightly different methodologies, results are not completely comparable.

Dimension

Care for the elderly; Accessibility; Sustainability

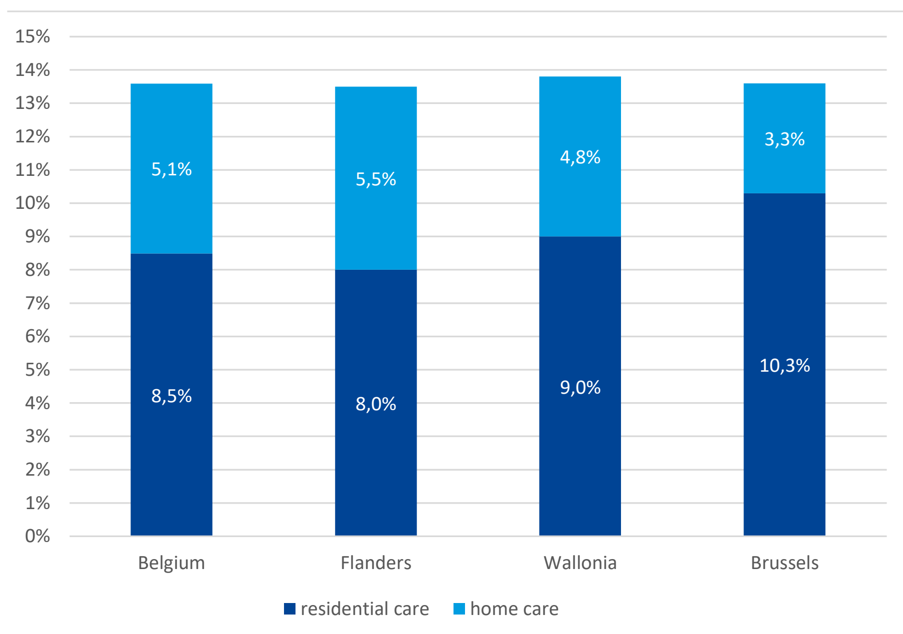
12.1.2. Results

In 2016, a total of 13.6% of the population aged 65 years and over received long-term care, either in residential setting (8.5%), or at home (5.1%). In Wallonia and Brussels, a higher rate of residential care is found (respectively 9.0% and 10.3%) compared to Flanders (8%). At the same time in Wallonia and Brussels, a lower rate of home care is found compared to Flanders (4.8% and 3.3% versus 5.5% respectively) (see Figure 173).

In the period 2013-2016, there was a very slight increase in the residential care rate in Flanders and Brussels and a very slight decrease in Wallonia (see Figure 174). Over the same period, there was a very slight increase in the home care rate in all regions.

The proportion of the population in residential care increases by age. Only 1% of the 65-69 years old is in residential care. This proportion increases to 43% for 90-94 years and more for the highest age groups. More women are in residential care than men: 11% of women, 5% of men. Persons with preferential reimbursement entitlement have a higher rate of residential care than persons without (16% compared to 5%) (see Table 111). The same trends are observed for recipients of home care, but with less pronounced differences.

Figure 173 – Proportion of population aged 65 years and over receiving long-term care (residential vs home care), by region (2016)



Source: Based on IMA data

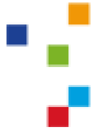
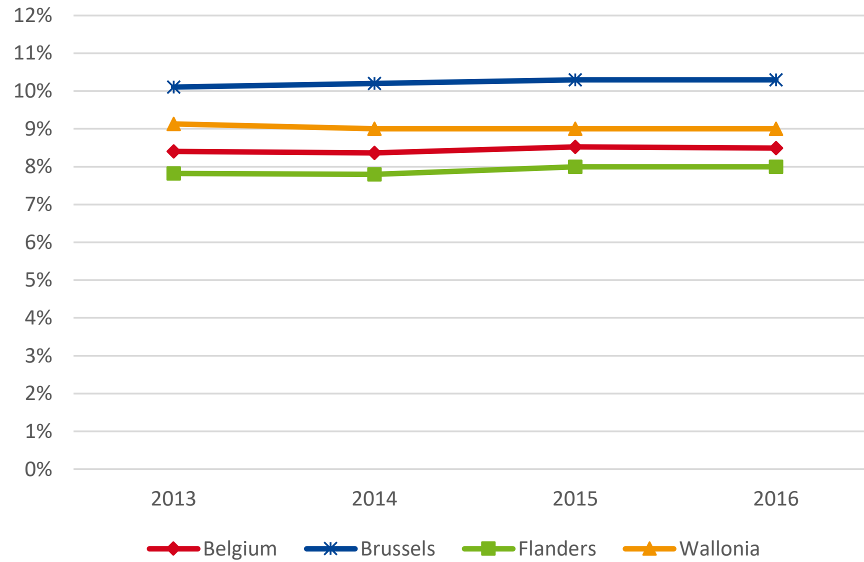
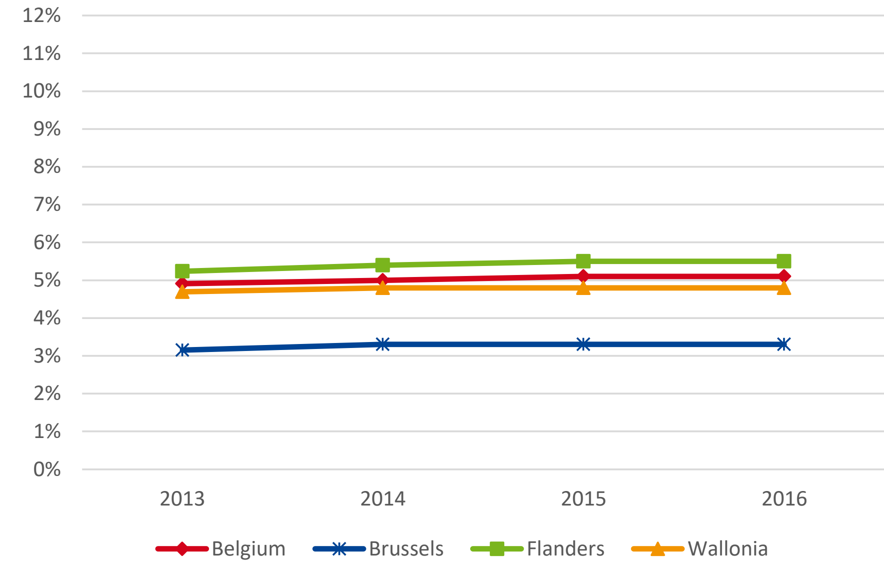


Figure 174 – Proportion of population aged 65 years and over receiving long-term care (residential vs home care), by region (2013-2016)

Long-term care in residential care (A)



Long-term care at home (B)

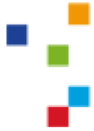


Source: Based on IMA data

Table 111 – Proportion of population aged 65 years and over receiving long-term care (residential care vs home care) by patient characteristics (2016)

Variable	Category	Numerator (institution)	Numerator (home care)	Denominator	Proportion in institution	Proportion receiving home care
Data 2013 by categories						
Age (years)	65-69	6 314	9 064	605 241	1.0%	1.5%
	70-74	9 427	12 207	479 358	2.0%	2.5%
	75-79	18 092	17 813	385 292	4.7%	4.6%
	80-84	35 975	26 554	329 777	10.9%	8.1%
	85-89	54 064	26 723	225 279	24.0%	11.9%
	90-94	43 161	14 165	100 654	42.9%	14.1%
	95-99	13 697	3 293	22 810	60.0%	14.4%
	>=100	1 932	368	2 742	70.5%	13.4%
Gender	Female	133 438	72 701	1 210 958	11.0%	6.0%
	Male	49 224	37 486	940 195	5.2%	4.0%
Entitlement to increased reimbursement	No	81 464	52 328	1 525 746	5.3%	3.4%
	Yes	101 198	57 859	625 407	16.2%	9.3%
Province	Antwerpen	28 912	13 913	355 368	8.1%	3.9%
	Brabant Wallon	5 868	2 551	74 647	7.9%	3.4%
	Bruxelles-Capitale	16 289	5 141	157 449	10.3%	3.3%
	Hainaut	22 894	16 795	250 871	9.1%	6.7%
	Limburg	11 345	14 764	168 652	6.7%	8.8%
	Liège	19 467	6 866	207 809	9.4%	3.3%
	Luxembourg	4 127	1 532	47 066	8.8%	3.3%
	Namur	7 867	4 293	91 418	8.6%	4.7%
	Oost-Vlaanderen	25 963	17 160	300 735	8.6%	5.7%
	Vlaams Brabant	17 572	9 740	219 386	8.0%	4.4%
	West-Vlaanderen	22 358	17 432	277 752	8.0%	6.3%

Source: IMA data



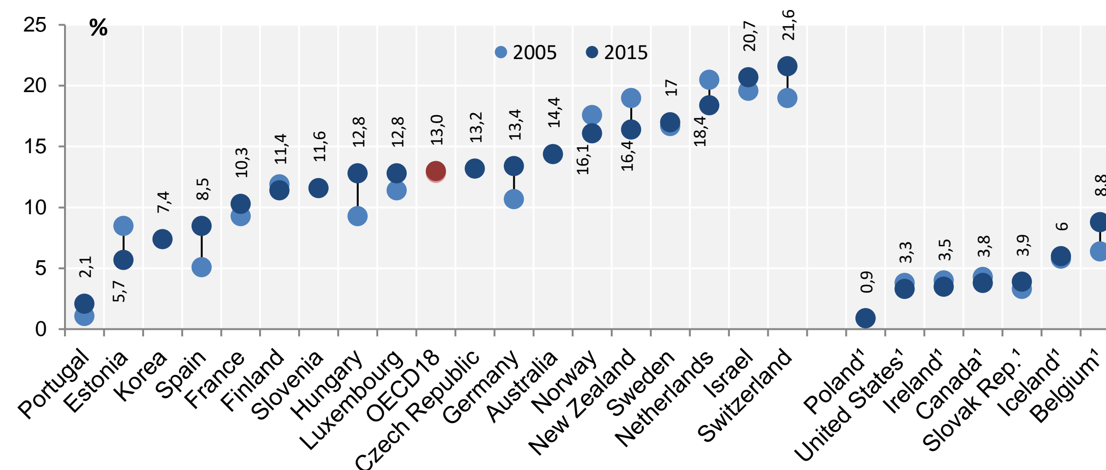
International comparison

The most recent edition of OECD Health Statistics (2017)[4] reports that 8.8% of the Belgian population aged 65 years and older received long-term care in institutions in 2015 (See Figure 175). Note that for the countries on the left side of the graph also home care is included, whereas for the countries on the right side (Poland, the United States, Ireland, Canada, the Slovak Republic, Iceland and Belgium) only long-term care in institutions is included.

Data on home care are not available for Belgium in OECD Health Statistics (See Figure 176), but we can compare average OECD data with the data of IMA above. On average across the OECD, 13% of people over 65 receive long-term care, either in institutions or at home (2015 data) (See Figure 175). This is very close to the Belgian situation, where a total of 13.6% of people over 65 receive long-term care (2016 data).

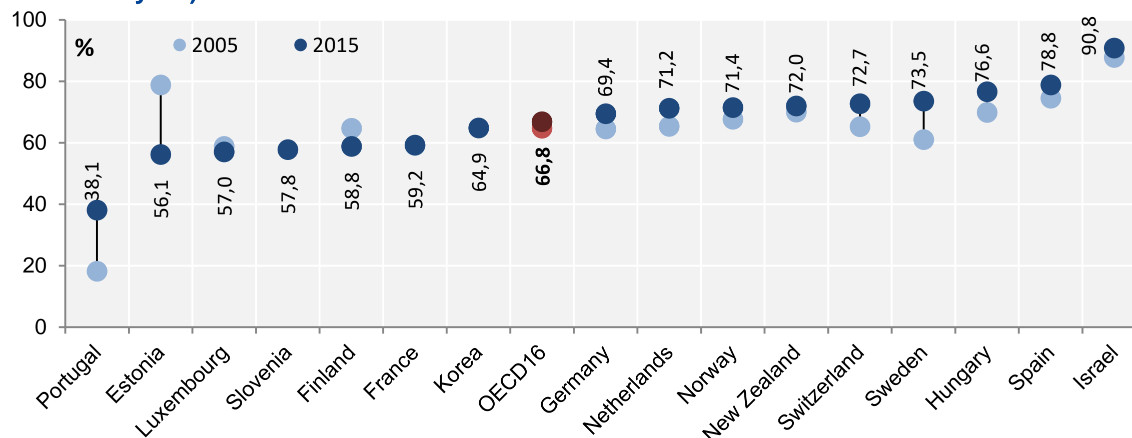
In the OECD dataset, long-term care at home is defined as care for people with functional restrictions who receive most of their care at home. Home care also applies to the use of institutions on a temporary basis, community care and day-care centres and specially designed living arrangements. Long-term care institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. According to the OECD report, cross-country variation in the percentage of care recipients of long-term care could be partly explained by cultural differences as to the availability of informal care and by the type of funding of long-term care services (public versus private funding).[4] The possible difference in funding however also makes that data on long-term care services are difficult to compare as some countries only refer to people receiving publicly-funded care, while other countries also refer to people who are paying for their own care.

Figure 175 – Percentage of population over 65 years being recipient of long-term care (in institutions and at home): international comparison (2005-2015 or nearest year)



1. These values cover only receivers of long-term care in institutions.
Source: OECD Health Statistics 2017; StatLink dx.doi.org/10.1787/888933605882

Figure 176 –Percentage of long-term care recipients (aged 65 years or older) receiving long-term care at home: international comparison (2005-2015 or nearest year)



Note: No data available for Belgium.
Source: OECD Health Statistics 2017; StatLink dx.doi.org/10.1787/888933605920.

Key points

- **A total of 13.6% of people over 65 received long-term care in 2016: 8.5% in residential care and 5.1% at home.**
- **There is considerable geographical variation in the provision and utilisation of home care, ranging from 3.3% of elderly in the provinces of Brussels-Capital, Liège and Luxembourg to 6.7% and 8.8% of elderly in the provinces Hainaut and Limburg respectively.**
- **Percentages of elderly institutionalized are higher in Wallonia and Brussels than in Flanders.**
- **On average across the OECD, 13% of people over 65 receive long-term care, either in institutions or at home (2015 data). This is very close to the Belgian data.**

References

1. European Commission (DG ECFIN) and Economic Policy Committee (AWG) European Economy 3. The 2015 Ageing Report – Economic and budgetary projections for the 28 EU Member States (2013-2060). Brussels: 2015 May. Available from: http://ec.europa.eu/economy_finance/publications/european_economy/2015/pdf/ee3_en.pdf
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