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Case Management in Dementia

Alzheimer’s Association Japan
Conflict of Interest Disclosure

Noriyo Washizu, Master of Social Welfare

Has no real or apparent conflicts of interest to report.
Alzheimer’s Association Japan
Outline

Part 1:
Fundamental issues in case management
- Definition
- Key issues

Part 2:
Case management of dementia in Japan
- The history of the elderly/dementia care and case management
- Introduction of recent approaches for case management in dementia

J-DECS (Health care decision making support for people with dementia)
Kyoto integrated dementia care plan 2013 to 2017
Fundamental issues in case management

1. Definition

2. Key issues in general /dementia
By The Case Management Society of America

“Case management is a collaborative process of assessment, planning, facilitation, and advocacy for options to meet an individual’s health needs through communication and available resources to promote quality cost-effective outcomes.”

By Japan MHLW

“Case management (Care management) is the effective, ongoing, and collaborative process and system to fulfill the client’s well-being life in the community by application and improvement of services and developing the social resources.”
Keywords of Case Management

- Social resources
- Skills Assessment & planning
- Advocacy
- Collaboration
- Effectiveness
Five key issues in case management in dementia

- Ethics
- Social resources
- Continuity
- Integration
- Family
Ethics

Person with dementia

- Difficulty in indication of intension
- Difficulty in decision making
- Stigma derived from Hyper cognitive culture

- Autonomy
- Beneficence
- Justice
- Non-Maleficence
Social resources

- Initial Impact
- Broad range Care Needs
- Prolongation & Fluctuation

Utilization & Innovation of Social resources
Family

- Care Practioner
- Family matters
- Spokesperson
- Social life
- Advocator
- Job

Physical/Mental/Financial Impact

Burn out
Five key issues in case management in dementia

- Ethics
- Continuity
- Social resources
- Integration
- Family

Case management
Dementia
Symphony of living well with dementia
Case management in Dementia in Japan

Past and Present
The History of Elderly Care and Case Management in Japan

1960~1980
Family care/ Institutionalization/Hospitalization

1980~2000
Preparation for the aging society

2000~2010
Start and Development of Long Term care Insurance

2010 ~
Integrated community care system

Case management
focused on the whole community

Case management
within Long term Care Insurance

No Case management

No Case management
Major policies & elderly population ratio

Universal health insurance & pension system
Social welfare service act for Elderly

*Health care act for elderly
*Gold Plan
*new Gold plan
*Gold plan 21

*Integrated community care policy
*5year plan for dementia care

*LTG insurance
*Future plan for Elderly care
*Dementia supporter national campaign

AAJ

Family care & institutionalization
preparation & trials
case management
super care management

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<tbody>
<tr>
<td>Ratio</td>
<td>5.7%</td>
<td>7.1%</td>
<td>9.1%</td>
<td>12.1%</td>
<td>17.4%</td>
<td>23.0%</td>
<td>31.6%</td>
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Restrained patient in his bed – From the book “The elderly hospital” By Kazuo Okuma, 1988
The lunch time of the elderly hospital  From “The elderly hospital” By Kazuo Okuma, 1988
From the book “The elderly hospital” By Kazuo Okuma, 1988
The history of aged care & elderly population ratio

- Universal health insurance & pension system
- Social welfare service act for Elderly
- *Health care act for elderly
- *Gold Plan
- *new Gold plan
- *Gold plan 21
- LTC insurance
- *Future plan for Elderly care
- Dementia supporter national campaign
- *Integrated community care policy
- *5-year plan for dementia care

Family care & institutionalization → preparation & trials → case management → super care management
Increasing of Aged Care Services

- **Gold Plan**
  - 1960: 0
  - 1989: 520000
  - 1994: 570000
  - 2000: 660000

- **New Gold Plan**
  - 1960: 0
  - 1989: 100000
  - 1994: 170000
  - 2000: 350000

- **Gold Plan 21**

- **Home helper**
- **Residential facility bed**
Permanent admission for reasons of wandering, hallucination, and aggression, etc.
The history of aged care & elderly population ratio

- Universal health insurance & pension system
- Social welfare service act for Elderly
- LTC insurance
- Future plan for Elderly care
- Health care act for elderly
- Gold Plan
- New Gold plan
- Gold plan 21
- Integrated community care policy
- 5-year plan for dementia care
- Dementia supporter national campaign

Family care & institutionalization → preparation & trials → case management → super care management

1960: 5.7%
1970: 7.1%
1980: 9.1%
1990: 12.1%
2000: 17.4%
2010: 23.0%
2035: 31.6%
### Long Term Care Insurance

<table>
<thead>
<tr>
<th>Increase of elderly population in need of long term care</th>
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<th>Decline of family function</th>
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<tr>
<td>• Nuclear family</td>
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<td>• Aging of family cares</td>
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<td>• Women’s social advancement</td>
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<th>Impact of Social hospitalization</th>
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<td>• Increasing of the health cost</td>
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<td>• Bed blocking</td>
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**Social care resources**

**Case management**

**Clients decision making**
The finance of the long term care insurance

Service Provider

90% of the cost

Tax (50%)

Premium (50%)
Paid by persons over 40

10% of Co-payment

Payment for Accommodation & Meals

Users
(Persons certified in need of Long Term Care)

Services
How to use the long term care services

www.mhlw.go.jp/

Application

Investigation
Doctor's diagnosis

Judgment

Care need Certification

Case (care) Management

<In-facility>
Health care facilities
Special nursing home
Sanatorium medical facilities

<In-home services>
Home visit help
At- home Bathing
home visit nursing
Home visit rehabilitation
Day care service
Short –stay admission service
Provision or subsidy for care equipment
Subsidy for home alternation
Multifunctional care in small homes
Group homes for People with dementia

<Preventive care services>
The number of case managers and workplace
(Each case manager works with under 40 clients)

- Community care: 87,223
- Integrated community care center: 13,567
- Aged care facilities: 7,629
The history of aged care & elderly population ratio

Universal health insurance & pension system
Social welfare service act for Elderly

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5.7%
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Family care & institutionalization  preparation & trials  case management  super care management

## Aging situation in Japan

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<tr>
<td><strong>Over 65 population ratio</strong></td>
<td><strong>25.0 %</strong></td>
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<tr>
<td>(2013)</td>
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<td><strong>Life expectancy</strong></td>
<td><strong>Male 79.94</strong></td>
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<td>(2012)</td>
<td><strong>Female 86.41</strong></td>
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Increase in the number of the elderly living alone

![Graph showing the increase in the number of the elderly living alone from 1980 to 2010. In 1980, 11.2% of elderly were living alone. In 2010, 20.3% of elderly were living alone. The percentage for females was 11.1% in 2010, while for males it was 11.1%.](image-url)
The number of elderly persons & ratio with dementia higher than moderate (in millions)

- **2010**: 2.8 million (9.5%)
- **2015**: 3.5 million (10.2%)
- **2020**: 4.1 million (11.3%)
- **2025**: Estimated 4.7 million (12.8%)
Further Increasing Aging Population

- The ratio of aged 75 or older
- Persons with dementia
- Single/Couple households of aged 65 +

Demand of Integrated community care & Specific strategy for dementia care

★ Integrated community care system policy in 2013
★ Five-year plan “measures against dementia 2013~2017”
Integrated community care system policy by the government

**GOAL**

Integrated management of the services of medical care, social care and welfare

24/7 care setting within a radius of 30 minutes of travel time

- Small-scale multifunctional care facility
- Nursing home
- Visiting nurse station
- Daycare centre
- Comprehensive Regional Support Center
- Community activities
- Volunteer

Cooperation
Government’s 5-year Plan
“Change the flow of dementia care”

Long Term Hospitalization

Living in the community
- Community care services
- Home doctor
- Short term treatment in psychiatric hospitalization

Post Crisis Intervention

Early, proactive, preventive approach
- Integrated community care center
- Dementia medical center
- Initial Phase intensive care team
The Kyoto Community Dementia Care Model

Government measures + PWD and carers’ perspective = Kyoto Model
People with dementia

Explanation
Understand? Yes is yes?

Decision Making?

Withholding/Excessive/Involuntary Treatment
Health care decision making support for people with dementia in Japan

http://j-decs/org  Dr. J Narumoto
jnaru@koto.kpu-m.ac.jp

**Target**

1. **Assessment tools** of capacity of decision making for patients with dementia
2. **Guidelines and Materials** to help the elderly for health care decision making
3. **Decision making process model** for patients with decision making difficulty
Kyoto Integrated Dementia Care Path Map

Audit outcome in 2017

- I had early diagnosis and started treatment.
- I can receive appropriate medical services.
- I have a comfortable place to stay.
- I receive the appropriate services for younger onset dementia.
- People understand my difficulty in communication and respect my wishes.
- I & my family are well supported and feel peace of mind.
- I spend active life with the understanding & support from all people around me.
- I have a role as a community member.
- I can expect a cure.
Story of Mr. Sakai
Conclusion

Reference
ADI. Alzheimer’s Report 2013
Dr. Hajime Takechi. 2013. Aging as a positive phenomenon
Dr. Toshio Mori 2014. The guidebook for younger onset dementia care. Kyoto integrated regional care promotion organization
Kyoto Integrated regional care promotion organization.2013, Kyoto integrated community dementia care policy.