長期照顧制度規劃與實施經驗研討會

及參訪指導活動

Long-term Care System Planning, Implementation Experience Seminar and Instructive Visits

成果報告

Achievement Report

計畫執行期間/九十六年十月二十九日至十一月二日

Project Execution: Oct.29 ~ Nov.2 2007

申請團體/中華民國家庭照顧者關懷總會

Applicant/Taiwan Association of Family Caregivers

負責人/陳金玲

Chairwoman Chen Jin-ling

九　十　六　年　十　一　月　五　日

Nov.5 2007

目錄

為因應台灣高齡化社會來臨，人口快速老化，亟須借鏡先進國家長期照顧相關經驗，以作為我國將來施政參考。此次經濟部洽經日方同意派遣日本長期照顧專家前來我國指導，目的即為吸收日本經驗，作為台灣服務提供之參考，並提升我國與日本政策及服務交流。本計畫自十月二十九日至十一月二日，配合辦理研討會、赴台北縣及南投縣長期照顧管理中心參訪及指導。

研討會除請日本專家介紹「日本介護保險服務體系的現況與發展」、「日本介護保險制度的服務品質監測與管理」及「日本介護保險事業計畫與保險費用的設定」，也安排台灣長期照護學者，針對我國目前推行之「長期照顧十年計畫」作介紹，以提供日本專家了解現階段台灣之長期照顧政策，及提供所有與會人員了解政府制定新的長期照顧政策起源及措施。

參訪及指導：邀請日本專家至台北縣、南投縣長期照顧管理中心參訪，各中心除由主任（課長）進行中心簡介，說明中心業務、工作流程、服務量及控管服務品質機制，進行座談，並提出問題請教日本專家。

本次交流活動對於我國剛開始推動十年長期照顧計畫很有助益，冀望藉由日本專家提供的經驗作為推動長期照顧政策之參考。

活動行程表

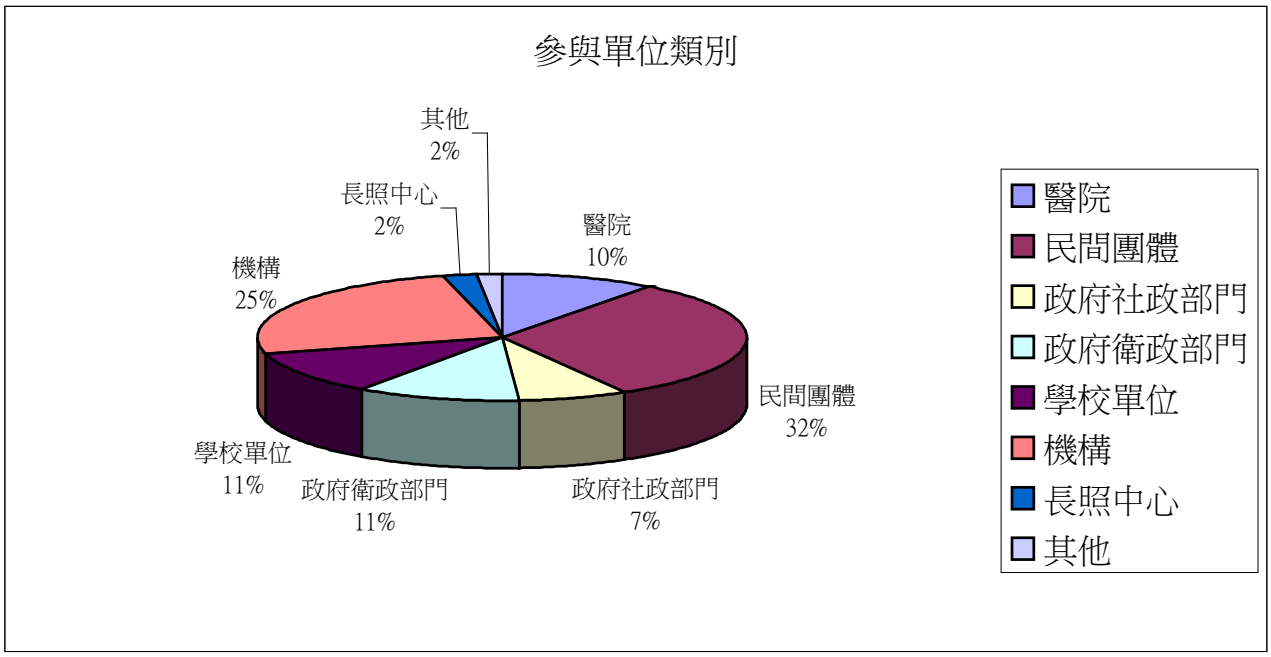
日　期	內容/時間	說　明	陪同人員
10 月 29 日	日本講師抵達台灣	BR2197 NRT(Tokyo) 14:00 →TPE 17:00	陳穎叡秘書長(機場)
			陳維萍秘書長(旅館) 袁慧文社工員
10 月 30 日	0820	旅館接日本講師	陳維萍秘書長
	0910-1740	長期照顧制度規劃與實施經驗研討會	家庭照顧者關懷總會 老人福祉協會
	1800-2000	交流座談會暨餐會	石田課長、黃美娜處長、賴科長、視察、陳金玲理事長、陳穎叡秘書長、陳維萍秘書長、袁慧文社工員、沈渝社工員、翻譯人員李家儒
10 月 31 日	0900	旅館接日本講師	陳維萍秘書長
	0930-1130	台北縣長期照顧管理中心參訪及指導	陳穎叡秘書長、陳維萍秘書長李佳儒助理教授(明新科技大學，翻譯)、衛生署代表
	1500-1600	日本交流協會台北事務所拜會	西沼主任、陳維萍秘書長、陳穎叡秘書長
11 月 1 日	0800	旅館接日本講師	陳維萍秘書長
	1000-1200	南投縣長期照顧管理中心參訪及指導	陳穎叡秘書長、陳維萍秘書長、蔡淑娟研究員(翻譯，國家衛生研究院 衛生政策研發中心)、衛生署代表
	1400-1600	行政院衛生署護理及健康照護處 拜會及座談	
11 月 2 日	日本講師返回日本	BR2182 TPE 13:25 → NRT(Tokyo)17:20	陳穎叡秘書長

長期照顧制度規劃與實施經驗研討會

一、 日期：九十六年十月三十日

二、 地點：台北市市立圖書館總館

三、 人數：127 人



四、 內容

時　間	主　題	主持人 / 主講人
0840-0910	受 理 報 到	
0910-0920	主席致詞	衛生署護理及健康照護處　黃美娜 處長
0920-1120	日本介護保險服務體系的現況與發展	東京都稲城市福祉部高齢福祉課 石田光広（MITSUHIRO ISHIDA）課長
1120-1130	休　　息	
1130-1230	台灣長期照顧十年計畫介紹	台北醫學大學公共衛生學系莊坤洋助理教授
1230-1330	午　　餐	

1330-1500	日本介護保險制度的服務品質監測與管理	東京都稲城市福祉部高齢福祉課 石田光広（MITSUHIRO ISHIDA）課長
1500-1510	休　　息	
1510-1640	日本介護保險事業計畫與保險費用的設定	東京都稲城市福祉部高齢福祉課 石田光広（MITSUHIRO ISHIDA）課長
1640-1740	綜合座談	黃美娜 處長 陳金玲 理事長 石田光広 課長

五、綜合座談摘要

一：為因應雙薪家庭及單身男女的需求，介護服務主要是以老人為主，請問貴國是否會有互相濫用的情況，介護服務被申請來服務，但服務對象非老人，又稽核及監察制度為何?（伊甸基金會陳俊良顧問）

二：今天石田課長介紹之「口腔功能提升方案」可否再詳細介紹?如何推廣?成大護理系於 10/22 舉辦「台灣老人長期照護人才需求與培育」研討會中提及，長照人才幼老化，日本已關心到老人的生活品質，希望政府能夠指導靜態及動態的活動。（台南新營居家護理所）

賴科長：有關長輩之生活照顧相關活動、辦理，目前為各縣市政府及各服務提供之單位自行規劃，所提建議，留供參考。

石田光廣課長：

1. 新介護預防計畫之定位為防止高齡者惡化所提供之服務，主要加強長者殘存的能力，長者能做的就讓長者自行處理，不能做的再給支援作業處理，例如：長者可以洗菜，搬器皿等。不論預防或是介護都是依據此理念推動，對於居家長者提供到宅服務，但也希望他們走出家裡到日托等機構，給付有定額，此為社區支援。家事援助也是介護服務之一，但家事援助對於提升健康狀態並無幫助，且僅提供獨居老人，此為預防濫用的方式，但地區屬性不同會有不同。最近日本社協(民間團體)利用會員制度提供家事服務，是屬於介護給付之外的，其他 NPO 也有提供介護保險以外的服務。
2. 口腔功能提升是在預防給付範圍內，是為解決長者營養不足的問題，主要是了解長者的營養狀況，除了營養問題，口腔運動指導也提供給付，此為地區支援事業，所以跟介護保險沒有相關。

3. 介護保險對口腔機能服務會提高給付金額，但有人覺得家事援助應排除在介護之外。

三:我國照顧工作現況大多是以外勞為主要照顧者,按照規定外勞至本國服務 2-3 年後需回國 1 個月，或重新申請約需等待 1.5 個月，在這些空窗期家屬缺少 24hr 照顧人力，請問對這部分是否有配套措施?(新光醫院居家護理)

賴科長：失能者照顧之外勞政策對政府來說是並不鼓勵的，希望還是由國人來照顧，當本國照顧人力無法滿足需求才引進外勞。長照十年計畫相關補助措施，對家庭裡有外勞是不適用的，但所提申請階段之空窗期替代人力，可使用長照十年計畫資源及補助。

四：介護保險從申請到提供服務需要多久時間?大家的接受度如何?照管師所屬機構是否可以是服務提供單位?

石田光廣課長：從申請到認定約一個月，有些人等不及，這樣的人經照顧管理者判定後，針對有急迫需求者可提前提供服務。現況有九成事業所自己提供服務，一成為獨立業者，有些市町村自己設有事業所。

五：目前介護保險從進住機構介護保險不支付住宿費，修改為需自付食宿費用，但長者已支付保險費，且又需支付一成機構使用費，關於這部分，長者之反應如何?(台北市智障者家長協會丁巧蕾)

六：介護保險的機構服務內容為何？(台北市智障者家長協會丁巧蕾)

石田光廣課長：

1. 關於入住機構的費用因低所得負擔減免，中高收入的負擔較大，所以這項改變並沒有引起太多的不滿及抱怨。
2. 介護保險之機構分三大類，一是特別養護老人之家，從事照顧工作。一是老人保健設施，為醫療機構與家庭之間的過渡機構，以物理治療為主，提供復健服務協助長者回到家裡，但最近之發展狀況，保健設施漸漸養護之家化，就無法達到在宅服務目標。還有一種機構型態為療養型，針對醫療需求較高者提供服務，特別養護之家較無法滿足長者醫療上的需求，療養型有醫生及護理人員，療養型機構會被批評明明為介護需求卻被歸為醫療型，四年後第三型機構將廢止，未來會有新的老人機構產生。
3. 而在機構內是以提供肌力訓練、生活照顧為基礎，另外還有餵食、大小便協助及入浴等服務。但在機構中個別性的服務介護保險無法提供，這部分需自費至私人特別養護老人之家。

參訪與拜會

一、拜會行程

日期	時間	地點
10 月 31 日 星期三	0930-1130	台北縣長期照顧管理中心 台北縣板橋市中正路 10 號
	1330-1530	日本交流協會台北事務所
11 月 1 日 星期四	0930-1130	南投縣長期照顧管理中心 南投縣南投市復興路 1 號

二、參訪內容

1. 台北縣長期照顧管理中心參訪提問之問題：

一：日本長期照顧服務中照管師扮演的角色及功能為何?如何與其他專業團隊分工合作?

回　應：

（1）照顧管理師的工作流程大致是：

①. 設計照顧計畫：說明照顧管理師的工作內容及這項服務使用上的相關說明
②. 依使用者的期待擬定計畫：與服務使用者，家屬會談，了解他們的狀況與期待，並與相關的業者進行協調，了解業者服務能夠提供到的程度。依據上述擬定服務計畫。
③. 服務計畫應包括：照顧計畫方針，照顧計畫目標，預期的效果，服務內容，自負金額等。
④. 訂定服務契約。
⑤. 監督後續服務的狀況，定期調整照顧計畫內容。
⑥. 照顧管理師對於個案的隱私具有保密的義務。

（2）照顧管理師其他的工作項目包括：

①. 尋找介護保險以外的服務：有些家庭所需的服務介護保險中不提供，照顧管理師必須要能掌握社區中的資源，或是開發新的資源來協助家庭。

②. 照顧管理師須定期召開服務承辦者會議：邀請醫師、業者、實際服務人員、家人，一起溝通服務方式與內容。不過因為照顧管理師的專業性有時不夠受到肯定，不過醫師或其他專業工作也很忙，通常不容易邀請到，變成只能用電話溝通，因此有時也無法實際召開會議。

（3） 照顧管理師設計照顧計畫的費用是由戒護保險全額幾付，民眾不用在自付 10％。

（4） 目前照顧管理計畫全部都已經ｅ化，照管師的各項服務分佈都會呈現在電腦上，因此市町村能夠掌握照顧管理師的服務品質。

（5） 目前日本照管師的薪水不高，雖然每件案件給付 10000-18000 給機構，但付給照管師的薪水略低於護理師的薪水，不過因爲護理師多半有夜間等加給，照管師的時間比較正常，大致上來說是差不多的。

（6） 目前介護保險給照顧管理服務的給付費用

要介護等級 1.2－￥10,000 每案/每月
要介護等級 3.4－￥13,000 每案/每月
剛出院的個案－增加￥6000
若服務量超過 40 件，每件給付減三成
如果服務過於集中在某一個單位（超過 8 成），每案減￥2000

二：請以日本介護保險之經驗，提供台灣長期照顧未來發展模式之建議?

回　應：日本介護保險的兩大重點是：支援自立，自我選擇。

是因應高齡化的社會，希望維持長者的尊嚴，協助他們維持現有的功能。

以前的照顧服務是屬於福利的範圍，針對的對象比較是中低收入者，比較是補充性質，是國家給的幫忙。現在考量高齡化社會的現實面，有了介護保險，不分你的收入有多少，是每個人都可以擁有的服務，介護課題變成社會化。

三：日本介護保險制度如何推展失智老人預防之業務，包括政府預算所佔總支出之比率、服務人口數、實質效益及是否有需再改進之處？

回　應：

(1) 目前日本有三大失智症研修中心：東京、仙台、大阪。

(2) 因為以往一般民眾不了解失智症，常常有虐待失智症患者的情形，所以有很多的研習或宣導希望幫助社會大眾認識失智症。

（3）訓練的類型大概有針對診所醫生及社區醫護人員的訓練，幫助第一線的工作人員了解失智症。

失智症支援員：訓練社區中有興趣的民眾，透過講習，讓他們擔任種子教師，去做社區宣導，幫助更多人認識失智症。(此項計畫從去年起在稻城市施行，促進了失智症的知識提升與支持的普及，一年預算約￥100萬）通過這樣的宣導，日本人慢慢的認識失智症，並能了解這個疾病。

目前正計畫建設 group home 來收容失智症患者，不過還不夠，還有很多患者是在機構或是居家服務中。

2. **南投縣長期照顧管理中心參訪提問之問題：**

一：針對高齡化日本政府是否有優待方案補助縣市政府？

回應：日本經驗如下：

(一)本國由介護保險提供介護服務，目前高齡化需求人數逐年增加中，同時復健需求人數、金額也增加。

(二)將補助分成三類：

1.中央補助

2.縣市補助

3.使用者付費

(三)政府對機構補助可分：

1.營運面補助

2.硬體面補助

(四)日本政府過去基盤整備對大型機構予以補助，惟目前已無補助。現況補助鼓勵設置小型化機構(29 床以下)，惟硬體建築經費仍屬經營者自付，必要時政府會提供參考意見。

二：請問日本失智症患者照護比率多少?

回應：目前失智症個案在居家服務個案中佔 2 分之 1，機構式照護佔 80%。2005 年介護保險改革時，分下列幾個步驟實施失智症患照顧：

(一)辦理專業人員訓練，以去除身體約束為目前教育訓練之重點。

(二)過去針對徘徊失智症患者放其不間斷地活動，待其累了就停下來，但應以去除徘徊行走之問題癥結為主，並協助處於安祥緩和環境以舒緩症狀。

(三)推動機構教育照顧服務員當患者徘徊行走時應陪伴行走而非制止。

三:請問日本政府如何防失智症患者走失?失智症民間團體或協會其功能、角色為何？

回應:失智症政策為政府目前施政重點，推動方式如下：

(一)為防失智症患者走失福利服務有推動 GPS 服務。

(二)為早期發現、早期治療失智症患，不斷在社區教育居民有關失智症相關知識，以減緩失能程度及照護成本。

(三)招募失智症志工並培訓，並稱「失智症支持員」。

(四)鼓勵研發失智症患醫療照護技術、物品、設備等。

四:請問日本獨居老人佔所有老人的比率約有多少?政府是否有對獨居老人提供服務?

回應：

(一)2000 年獨居老人佔所有老人比 26%，預測 2015 年將達到 33%。

(二)過去社區照護制度以家庭為主，目前已列入有關獨居老人的照護福利。

(三)介護保險依個案狀況公平評估，重度患者則建議入住機構，不會因個案獨居而有不同的照護。

五:請問日本到宅協助沐浴之服務，是否普遍被失能者及家屬接受使用?服務提供者有何資格規定?

回應:

(一)介護保險有給付沐浴方案之費用，惟家屬需自付 10%。

(二)服務提供單位資格條件:

1. 法人化

2. 具專業人員合法經營之機構。

(三)具資格條件者:護士、照服員。

六:請問日本政策面如何控管長期照護資源，進而避免資源被濫用?

回應:

(一)應考量服務方案是否適用且符合被照顧者需求。

(二)服務提供面由政府評估若資源供給量不足，政府應介入平均分配給每個人。

(三)目前給付面限制少，保險金額管控成為重要課題。

(四)照顧管理專員應去除不必要的照顧計畫及方案。

(五)介護保險主要為協助個案促進獨立自主的生活能力應破除民眾有關介護保險為協助失能者所有事務之迷思。

七:日本推動社區化服務情形?

回應:

(一)日本研究調查住到機構者 90%非自願進駐，多數仍想要住在自己家裡。

(二)照顧服務為福利服務的一環，因需耗費為數不少的金錢，故並非低所得的人才能使用。

(三)居家式照護所需費用為機構式照護 2 倍之多，但仍以推動居家社區化為主要的照顧目標。

衛生署照護處與日本專家交流座談會暨餐會

一、 日期：96 年 10 月 30 日

二、 時間：下午六點三十分至八點三十分

三、 地點：天成大飯店

四、 內容：衛生署官員與日本專家對兩國政策與長期照顧服務分享並交流

五、 與會成員：

單位	職稱	姓名
東京都稲城市福祉部高齢福祉課	課長	石田光広（MITSUHIRO ISHIDA）
衛生署護理及健康照護處	處長	黃美娜
衛生署護理及健康照護處	科長	賴采滿
衛生署護理及健康照護處	視察	林慶錫
中華民國家庭照顧者關懷總會	理事長	陳金玲
中華民國家庭照顧者關懷總會	秘書長	陳穎叡
中華民國家庭照顧者關懷總會	社工	袁慧文
中華民國家庭照顧者關懷總會	社工	沈渝
中華民國老人福祉協會	秘書長	陳維萍
	翻譯	李佳儒

整體成效

1. 日本之「支援自立」與「自我選擇」的目標清楚，可清楚制定服務品質監控機制，透過照顧管理師專業的評估提供服務，一方面避免資源浪費，另一方面也可滿足使用者需求，值得我國參考。

2. 透過日本專家介紹日本長期照顧經驗，更確定「社區式的服務」是長期照顧中最重要的部分，目前政府長期照顧十年計畫中對社區式的服務雖有新增及擴大項目，但還是不足，希望可吸取日本經驗，逐步提供更多元化的社區式服務，提供給需要的人。

3. 日本專家除了分享介護照顧，亦介紹介護預防，其概念是加強長者殘存能力，以及預防延緩老化及疾病的發生。隨著我國人口急速老年化，從預防的觀念著手的「介護預防」是值得我國學習的觀念。

4. 有關介護支持專門員及督導之訓練－日本訂定訓練項目：分別包含需要有基礎及實務研修時數，在職訓練研修的課程及制度等，可作為我國推展長期照顧管理中心之照顧管理師、督導的培訓與再教育參考。

5. 本次日本專家介紹日本稻城市的介護預防社區活動之推行模式，可做為我國各縣市推展長期照顧業務之參考。

English Achievement Report

In order to address the problem of fast-growing aging society, Taiwan is in urgent need of learning from the experience of advanced countries in long-term care to use it as reference for future policy. This time the Ministry of Economic Affairs was able to obtain the agreement of the Japanese government to send a long-term care specialist to help Taiwan in this area. The goal was for Taiwan to absorb the Japan experience and make it reference for provision of similar service, as well as upgrade the exchange of ideas for policies and services between the two countries. The project, including instructive visits to long-term care management centers in Taipei County and Nantou County and seminars, was carried out between October 29 and November 2.

At the seminar, besides the Japanese specialist who spoke on Japan's "Current Status and Development of Long-term Care Insurance Service System", "Supervision and Control of Service Quality of Long-term Care Insurance System", and "Long-term Care Insurance Business Planning and Insurance Fee Regulation", Taiwanese long-term care scholars on were also invited to brief on the "10-year Long-term Care Plan" currently being promoted in Taiwan to help the Japanese specialist understand Taiwan's long-term care policy at the present stage and provide all those attended with a complete picture of the origin of Taiwan government's new long-term care policy and the measures that have been taken.

Visits and instructions: The Japanese specialist visited long-term care management centers in Taipei County and Nontou County and was briefed by the director or section chief on the functions of the center, work procedures, service quantities and the service quality control mechanism. A seminar was held at each center and questions were raised to seek advice from the Japanese specialist.

This exchange activity was of great significance to Taiwan's newly initiated 10-year long-term care plan. The experience provided by the Japanese specialist can be future reference for promoting long-term care in Taiwan.

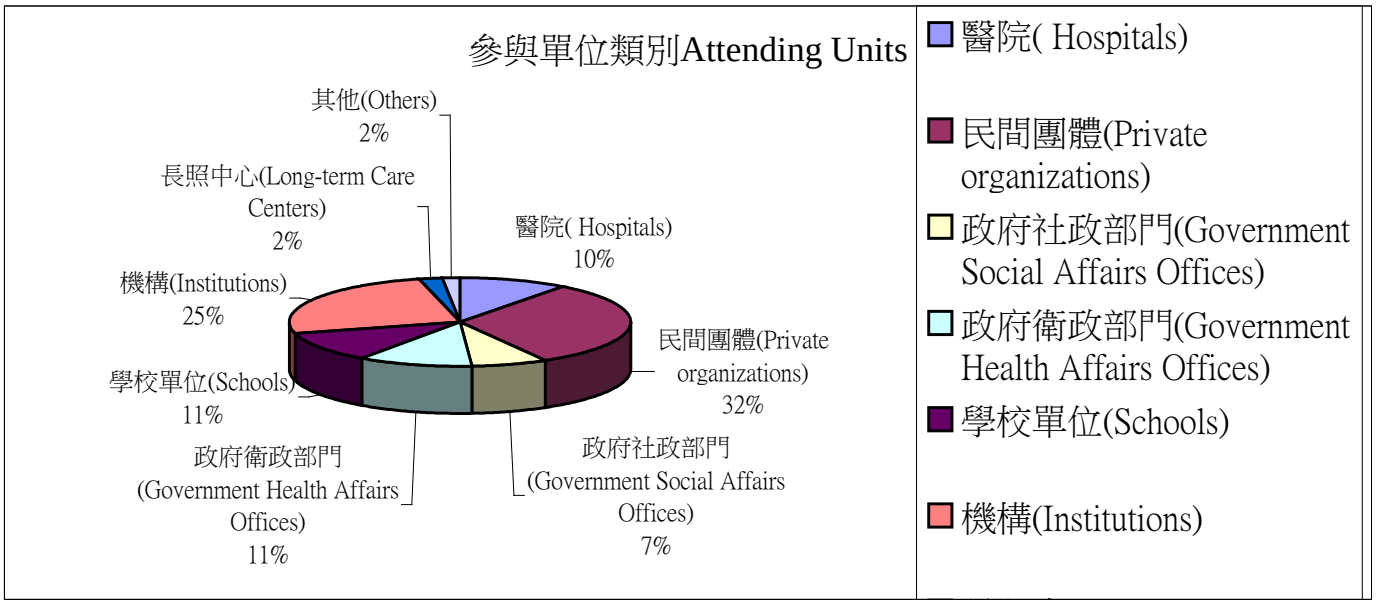
Agenda

Date	Content/Time	Description	Accompanying Personnel
Oct.29	Japanese instructor arrived in Taiwan.	BR2197 NRT(Tokyo) 14:00 →TPE 17:00	Secretary General Chen Ying-rui (airport)
			Secretary General Chen Wei-ping (hotel)
Oct.30	0820	Picking up Japanese instructor at the hotel	Secretary General Chen Wei-ping
	0910-1740	Long-term Care System Planning and Implementation Experience Seminar	Taiwan Association of Family Caregivers Welfare Organization for the Elderly
	1800-2000	Seminar and dinner	Mr. Ishida, Director Huang Mei-na, Section Chief Mr. Lai, Inspector, Chairwoman Chen Jin-ling, Secretary General Chen Ying-rui, Secretary General Chen Wei-ping, social worker Yuan Hui-wen, social worker Shen yu, interpreter Li Jia-ru
Oct.31	0900	Picking up Japanese instructor at the hotel	Secretary General Chen Wei-ping
	0930-1130	Visit to Taipei County Long-term Care Management Center	Secretary General Chen Ying-rui, Secretary General Chen Wei-ping, Assistant Professor Li Jia-ru from Minghsin University of Science and Technology (interpreter), and representatives from Department of Health
	1500-1600	Visit to Japan Interchange Association, Taipei Office	Director Mr. Nishinuma, Secretary General Chen Wei-ping

Nov.1	0800	Picking up Japanese instructor at the hotel	Secretary General Chen Wei-ping
	1000-1200	Visit to Nantou County Long-term Care Management Center	Secretary General Chen Ying-rui, Secretary General Chen Wei-ping, Researcher Cai Shu-juan (interpreter, from Center for Health Policy Research and Development of National Health Reseach Institutes), and representatives from Department of Health
	1400-1600	Visit and seminar at Bureau of Nursing and Health Services Development	
Nov.2	Instructor returned to Japan	BR2182 TPE 13:25 →NRT(Tokyo)17:20	Secretary General Chen Ying-rui

Long-term Care System Planning and Implementation Experience Seminar

Date: Oct.30 2007
Location: Taipei Municipal Library
Attendance: 127 people



1. Content

Time	Subject	Host/ Speaker
0840-0910	Signing in	
0910-0920	Opening speech by chairperson	Ms. Huang Mei-na, Director of Bureau of Nursing and Health Services Development
0920-1120	Current Status and Development of the Long-term Care Insurance System in Japan	Senior Citizen Welfare Section, Social Welfare Department, Inagi City, Tokyo Section Chief Mr. Mitsuhiro Ishida
1120-1130	Break	
1130-1230	Introduction of the 10-Year Long-term Care Plan in Taiwan	Mr. Zhuang Kun-yang, Assistant Professor, School of Public Health, Taipei Medical University
1230-1330	Lunch	
1330-1500	Supervision and Control of Service Quality of the	Senior Citizen Welfare Section, Social Welfare Department, Inagi City, Tokyo

	Long-term Care Insurance System in Japan	Section Chief Mr. Mitsuhiro Ishida
1500-1510	Break	
1510-1640	Long-term Care Insurance Business Planning and Insurance Fee Regulation	Senior Citizen Welfare Section, Social Welfare Department, Inagi City, Tokyo Section Chief Mr. Mitsuhiro Ishida
1640-1740	Closing Seminar	Ms. Huang Mei-na, Director of Bureau of Nursing and Health Services Development, Department of Health, Executive Yuan Ms. Chen Jin-ling, Chairwoman of Taiwan Association of family Caregivers Mr. Mitsuhiro Ishida

2. Outline of Closing Seminar

A. Long-term care service is primarily for the elderly, yet it can be improperly used to meet the needs of double-income families or single men and women. Does such abuse exist in your country – When long-term care service is acquired but the object of service is not a senior citizen? And what is your supervision and audit system like? (Chen Jun-liang, consultant to Eden Social Welfare Foundation)

B. Is it possible to elaborate on the “Oral Function Improvement Project” Mr. Ishida introduced today? How can it be promoted? Japan has taken measures to care for the quality of life of the elderly. Our government should guide both active and passive actions in the same area. (Xin-ying Home Care Center, Tainan)

Section Chief Mr. Lai: At present, matters related to care for the elderly are in the hands of city and county governments and service providers. All suggestions will be kept for future reference.

Mr. Mitsuhiro Ishida:

1. The new long-term care and prevention plan is defined as the service to protect the elderly from falling into deteriorating situations. The main purpose is to strengthen the ability of the elderly to carry on their life. In principle, things they can do are left to their own handling; support is given for things they

cannot do. For instance, the elderly are still able to wash their vegetables and move certain utensils. Both care and prevention are based on this principle. House call services are available for the elderly but at the same time we also would like them to leave their homes now and then to go to daycare agencies. Payments are fixed and this belongs to community support. Housework support is also part of the care service but it does not help health improvement. Besides, it is provided only to old people living alone in order to prevent abuse of such service, although regulations vary with different neighborhoods. Recently, the Japan Social Welfare Association, a private organization, began to provide housework services based on a membership system. This is outside insurance payment. There are other non-profit organizations offering services not covered by long-term care insurance.

2. Oral function improvement is included in prevention payment. The purpose is to understand the nutritional condition and solve the undernourishment problem of the elderly. In addition, oral exercise instruction is also paid for, but this belongs to community support and is not related to long-term care insurance.
3. Long-term care insurance will increase its payments for oral function improvement but some people believe housework support should be excluded from long-term care.

C. Currently in Taiwan, most caring work is performed by foreign workers. According to regulations, after two to three years of service in Taiwan, these foreign workers are required to return to their country for one month. There is the other option of reapplying, which takes about 1.5 months. During this window period, family members of those who need long-term care are deprived of around-the-clock help. Are there supplementary measures to ease the situation? (Homecare Service, Shin Kong Hospital)

Section Chief Mr. Lai: The government does not encourage hiring foreign workers to look after the disabled. Taiwanese people should be given the jobs first. Foreign workers should be brought in only when domestic human resources have failed to meet the demand. The subsidizing measures of the 10-year long-term care plan do not apply to families employing foreign workers but cover substitute labor employed during the window period mentioned earlier.

D. How long does it take between applying to long-term care insurance and actual provision of service? What do most people think of it? Can the organization the care manager belongs to be the service provider?

Mr. Mitsuhiro Ishida: It takes about one month between application and ratification. Some people cannot wait. If they are confirmed by care managers as in urgent need of care, the service can be provided before it is ratified. Presently 90% of the businesses provide their own service. The remaining 10% are independent agencies. Some local governments have their own service operations.

E. At present, long-term care insurance policies have been revised from not covering accommodation charges in long-term care institutions to asking patients to pay for their own room and board. This means after paying their insurance fees, the elderly also have to pay 10% of the expenses for their use of long-term care facilities. What's the reaction of the elderly to this? (Din Qiao-lei, Taipei Association of Mentally Retarded Persons)

F. What is the content of services long-term care insurance organizations provide? (Din Qiao-lei, Taipei Association of Mentally Retarded Persons)

Mr. Mitsuhiro Ishida

1. Since low-income families could receive deductions on the charges for the stay at a long-term care institution and medium- and high-income families had a relatively heavier burden, the change of policy did not incur a lot of complaints or discontentment.
2. Long-term care institutions can be divided into three types. The first is old folks' homes that take care of the elderly. The second is healthcare facilities for the elderly. These are transitional institutions between medical facilities and homes mainly to offer physical therapies to help the elderly to rehabilitate before going home. But recent developments show that healthcare facilities have been turning into old folks' homes and home care service has become an unsolicited target for them. The last type is nursing homes for people in more serious need of medical care. Old folks' homes cannot satisfy the medical needs of the elderly, whereas nursing homes provide doctors and nurses. These institutions are criticized for offering long-term care yet being classified as medical care facilities. They will be abolished in four years and new institutions to care for the elderly will emerge.
3. Inside institutions, muscle training and daily care are the basic services. Feeding, toilet assistance and bathing are also offered. Individual services are not covered by long-term care insurance; they can be acquired at private old folks' homes at patients' own expense.

Visits

A. Agenda

Date	Time	Location
Wed., Oct.31	0930-1130	Taipei County Long-term Care Management Center No.10, Zhongzheng Road, Banqiao City, Taipei County
	1330-1530	Japan Interchange Association, Taipei Office
Thu., Nov.1	0930-1130	Nantou County Long-term Care Management Center No.1, Fuxing Road, Nantou City, Nantou County

B. Visit Activities

3. **Questions Raised at Taipei County Long-term Care Center**

a. What is the role and function of a care manager in Japan's long-term care service? How does a care manager work with other professionals?

Answer:

（7） The work procedure of a care manager is generally as follows:

i. Design a care plan: Describe the care manager's work content and other details related to the use of this service.
ii. Draw a plan in line with the user's expectations: Consult with the service user and the family members to understand their condition and expectations. Coordinate with related operations to ascertain the amount of service they can provide. Combine the above to draw the service plan.
iii. The service plan should include: Service plan outline and goal, expected results, service content and amounts of self-financing, etc.
iv. Sign a service contract.
v. Supervise follow-up services and make regular adjustments to the care plan.
vi. A care manager has the responsibility to keep the private matters in each

case confidential.

（8） A care manager’s responsibilities also include:

vii. Find services outside long-term care insurance: As some families need services that are not included in long-term care insurance, the care manager should be aware of available resources in the community or find new resources to assist the families.

viii. Care managers must hold service agent meetings regularly: invite physicians, operators, actual carers and family members to discuss service approach and content. However, as care managers do not always have recognition for their expertise and doctors and other professionals are often occupied with their own work, telephone calls often become the only means of communication and meetings are sometimes impossible to organize.

（9） The design of a care plan by a care manager is entirely covered by long-term care insurance. People do not need to pay the 10%.

（10） Currently all care management schemes have been electronified. Care management services and spread are accessible through computers. Therefore, the local governments are able to control the service quality of care managers.

（11） Presently a care manager’s salary is not high in Japan. Insurance pays ￥10,000~18,000 to the agency for each case but the care manager gets a little than a nurse. This is because a nurse gets extra pay for nighttime work. A care manager works on a more regular schedule. On the whole, their pays turn out about the same.

（12） Long-term care insurance’s current pay scale for care management service:

￥10,000 per case/month for long-term care rated as 1st and 2nd levels
￥13,000 per case/month for long-term care rated as 3rd and 4th levels
An increase of ￥6,000 per case for patients just discharged from a medical unit
A 30% deduction per case when total service cases exceed 40
A ￥2,000 deduction per case when the service is overly concentrated in a certain unit (over 80%)

B. Based on the long-term care insurance experience in Japan, what is your recommendation for future development of long-term care in Taiwan?

Answer: The two key points in long-term care insurance in Japan are support for patients' independence and their liberty to make their own choice.

Helping the elderly sustain their self-esteem and existent functions is the most appropriate thing to do in an aging society.

Caring service used to be part of social welfare. The targets were primarily lower-income citizens. The work was more supplementary in nature; it was government assistance. Nowadays, with the reality of aging society in consideration, regardless of how much you make, it has become a service available to everyone. In other words, long-term care has become a social issue.

C. How does the long-term care insurance system promote the market for prevention of geriatric dementia? Is there room for improvement in the areas of government expenditure in relation to its total budget, the service population and the actual results?

Answer:

(3) Currently there are three major dementia research centers in Japan – in Tokyo, Sendai and Osaka.

(4) In the past, people did not understand dementia and abuse of dementia patients was not uncommon. As a consequence, a lot of studies and promulgations have been made in hope of helping the public know more about dementia.

（3）Training targets include doctors and community paramedics in order to help frontline workers understand dementia.

Dementia supporters: Interested people in the community can be trained to become seed teachers and help educate the community so that more and more people can understand dementia. (This program was practiced in the city of Inagi and understanding and support for dementia care has increased noticeably. The budget for this program was about ￥1 million per year.) Through such promulgations, Japanese people have gradually learned about dementia and understood this disease.

Right now there are plans to build group homes to accommodate dementia patients, but this is not enough. There are still a lot of patients staying at institutions or receiving home care.

4. **Questions asked at Nantou County Long-term Care Management Center:**

A. Is the Japanese government subsidizing local governments to help cope with problems derived from aging society?

Answer: The Japanese experience is as follows:

(1) Long-term care service is provided by long-term care insurance in Japan. The geriatric population is growing by the year and the number of people in need of rehabilitation and the amounts of money needed are also increasing.

(2) Funding can be divided into three categories:

a. Central government subsidies
b. Local government subsidies
c. Users' own financing

(3) Government subsidies to organizations can be separated into

a. Funding for operations
b. Funding for hardware

(4) In the past, Japanese government has subsidized large institutions in foundation preparation, but currently government financing is available only to encourage small operations (under 29 beds) and the operators have to pay for their hardware buildup. When necessary, the government will provide consultation.

B. What is the proportion of dementia patients that are receiving long-term care in Japan?

Answer: At the moment, the number of dementia cases account for 50% of all home care service cases, and 80% of institutional care. When long-term care insurance policy was reformed in 2005, the following steps were established as a guideline for caring dementia patients:

(1) Training of specialized personnel was primarily targeted at helping patients restore their physical mobility.

(2) In the past, dementia patients were let wandering around and did not stop until they got tired from incessant activity. But removing the cause that makes them wander around and putting them in a peaceful and relaxing environment to ease the symptom should be the better approach.

(3) Institutions should train their care service workers to keep wandering patients company instead of stopping them.

C. What has the Japanese government done to prevent dementia patients from getting lost? What are the role and function of civilian dementia care groups and associations?

Answer: Dementia policy is one of Japanese government's key efforts today. It is executed in the following fashions:

(1) The social welfare department has been promoting GPS service to prevent dementia patients from getting lost.

(2) The government is constantly educating people knowledge about dementia as an effort to diagnose dementia and treat dementia patients at the earliest possible time. This can help reduce the severity of disability and cut care cost.

(3) Recruit and train voluntary workers for dementia care. They are referred to as "dementia supporters."

(4) Encourage research and development in medical and care techniques, objects and equipment for dementia patients.

D. What is the percentage of elderly people living alone in Japan's elderly population? Does the government provide any service to solitary elderly people?

Answer:

(1) In 2000, the number of solitary elderly people accounted for 26% of Japan's elderly population. It is estimated that by 2015, the number will reach 33%.

(2) Community care system used to be centered on families but now solitary elderly people's care and welfare are also included.

(3) Long-term care insurance evaluates each individual case justly. Patients with serious problems are recommended to move into care institutions. Living in

solitude does not get special care.

E. Are house calls for bathing assistance service well received by the disabled and their family members in Japan? Are there certain regulations on the qualifications of service providers?

Answer:

(1) Long-term care insurance covers bathing assistance but the family still needs to pay 10%.

(2) The qualifications of service providers are:

a. They must be an incorporated organization.

b. They must be legal institutions with professionals.

(3) There must be qualified nurses and care managers.

F. What is Japan's policy for controlling long-term care resources to prevent the resources from being abused?

Answer:

(1) Service projects must be feasible and appropriate for meeting the needs of those to be cared.

(2) Government evaluates whether the resources are adequate for the service. If they are not enough, government interference should be executed to allocate resources to everyone evenly.

(3) Presently there are only few limitations on payment and insurance fee control has become an important issue.

(4)Care managing specialists should rid of unnecessary care schemes and projects.

(5) Long-term care insurance is primarily to help the patient of each case increase the ability to be independent. People's misconception of long-term care insurance being an approach to help the disabled in every aspect of life should be corrected.

G. How is communalized service promotion in Japan?

Answer:

(1) Studies show that 90% of institutionalized patients have not made the choice to do so. Most people would rather stay in their own homes.

(2) Care service is a link in welfare services. It costs a lot of money and not just low-income citizens are entitled to make use of it.

(3) The cost of home care is more than twice of that of institutional care but communalized home care is still the main promotion target.

Seminar by Bureau of Nursing and Health Services Development Officials and Mr. Ishida, and Lunch

Date: Oct.30 2007

Time: 6:30 ~ 8:30 PM

Location: Cosmos Hotel

Content: Department of Health officials and the Japanese specialist shared and discussed and shared ideas about long-term care service and related policies in both countries.

1. Attendees:

Unit	Title	Name
Senior Citizen Welfare Section, Social Welfare Department, Inagi City, Tokyo	Section Chief	Mitsuhiro Ishida
Bureau of Nursing and Health Services Development	Director	Huang Mei-na
Bureau of Nursing and Health Services Development	Section Chief	Lai Cai-man
Bureau of Nursing and Health Services Development	Inspector	Lin Qing-xi
Taiwan Association of family Caregivers	Chairwoman	Chen Jin-ling
Taiwan Association of family Caregivers	Secretary General	Chen Yin-rui
Taiwan Association of family Caregivers	Social worker	Yuan Hui-wen

Taiwan Association of family Caregivers	Social worker	Shen Yu
Taiwan Welfare Organization for the Elderly	Secretary General	Chen Wei-ping
	Interpreter	Li Jia-ru

Overall Achievements

1. The targets of independence support and self-choice are clearly defined in Japan. Therefore it has been possible to set up a service quality control mechanism. Service is provided after professional evaluation by care managers. On one hand, waste of resources can be avoided; on the other hand, the needs of users are fulfilled. This is worthy of reference for Taiwan.

2. From the Japanese specialist's introduction of Japan's long-term care experience, it can be certain that communalized services are the most important part in long-term care. Presently, Taiwan government's 10-year long-term care plan, despite items have been added or extended, is still inadequate. Taiwan can learn from Japan's experience to gradually provide more diverse communalized services to the people in need.

3. Apart from sharing long-term care experience in Japan, the Japanese specialist has also introduced the idea of prevention to strengthen the remaining functions of the elderly, delay aging and prevent disease. As the Taiwanese population is aging quickly, the prevention aspect is a concept worthy of learning.

4. Japan has made regulations for training of long-term care support specialists and supervisors to include required basic and practical study hours of, one-job training courses, and a clearly defined system. This can be reference for training and reeducation of care managers and supervisors in Taiwan's efforts to promote long-term care management centers.

5. The promotion of long-term care and prevention through communal activities as introduced by the Japanese specialist this time can be reference for local governments' promotion of long-term care in Taiwan.

附　件

一、研討會簡章乙份

二、研討會簽到表乙份

三、參訪台北縣及南投縣長期照顧管理中心資料各乙份

四、成果照片