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CONFERENCE ABSTRACT

Investigating the potential in adopting a "Design – for – All" asset based developed, Integrated Long-Term Care Innovative Financing Model, in countries facing budget cuts in social care.

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1: South East Europe LTC, Athens, Greece

Introduction

Ageing, replacement and dependency ratios in countries facing budget cuts in social care, constitute a threat as according to the OECD, in 2030 aged population will grow from 18% today to 25% in average. Their healthcare systems suffer from severe budgetary cuts with cuts in social care reaching almost 80% in the recession period.

The need for policy coordination, scaling innovative solutions adapted to a regional context meeting the population's care needs, is now deemed imminent. Second priority is to reduce budgetary costs for LTC for older people at local level.

Change implemented, Targeted population and stakeholders

This is an innovative funding model from Rol of health related resources for social care at community scale, integrating care bundle, managed by local PPP with municipal services, including prevention, health at home and rehabilitation as opposed to in-hospital episode-based care. The targeted population is elderly population with disability.

Methodology and Results

Study of all Thermal Springs Municipalities in South East Europe in Greece, Turkey, Bulgaria and Cyprus.

Five Greek municipalities were shortlisted according to their assets, resources and maturity to adhere to the model. One municipality adhered.

Desk review of white and grey literature of the existing situation. Desk research analysis on the local health resources

Resource Asset Evaluation of the Health Tourism SPA of adhered municipality. Rol estimation. Projection to human resource needs to cover a population of 30.000 elderly population.

Action research method finalization: qualitative and quantitative data collection and content analysis from structured and unstructured interviews

The scope of the study was to observe the local authorities decision making process in change management and adopting innovative models of LTC.

The pilot area to test this in Greece was the Municipality of Trikala - the Mayor of Trikala signed an Expression of Interest to participate to the study.

Discussion

Difficulty of local staff and mayors to grasp the potential of innovation, due to lack of technical knowledge of investment, asset management, integrated care and Rol reinvested in care, managed by a Civil Non Profit PPP company.

Difficulty of the tourism and health municipal administration to work together on asset based income generation for public health needs. Neither department demonstrated knowledge how to exploit municipal assets for investments.

Clear intention of some municipalities to let the private sector cover the unmet needs.

Transferability is guaranteed since the model is based on assets and needs for LTC of a certain population.

Sustainability is guaranteed by the PPP form of the managment company reaching consensus at community level.

Conclusions

The innovative character of the model was its main limitation.

The modernization gap in policies and social care models was the reason that kept back some municipalities from expressing interest.

The municipality of Trikala is one of the 20 most innovative cities in Europe, awarded for its achievements in Smart City solutions. The mayor is an exceptional forward oriented policy decision maker. His ability to grasp and adopt innovation was the reason to adhere to the model.