

朝日新聞

Medical care, nursing care services at one place in the U.S. care program

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By Ayako Oikawa

In the United States, there is effort called "PACE" (comprehensive care program for the elderly) so that elderly people who need nursing care can live at their homes for as long as possible. The biggest feature is that in addition to living support, medical and nursing care services can also be received at one base.

Easier to cooperate, including living support

Elderly people came down from the shuttle cars one after another in front of the building in the city center of San Francisco, California, USA. With the hands familiar to the driver, guided elderly people using canes and wheelchairs. Bill is one of the centers operated by 'On Lok' which carries out the PACE program.

On the first floor rehabilitation for the musculoskeletal device are lined up. There is also a restaurant, a place to relax on the sofa, a room for leisure activities and others. There was a clinic in the basement with a doctor and a dentist. In the heated pool, elderly people were moving while moving under guidance.



Irene Higgins (left) and Ms. Arai Arai California State in the center of On Rock, relaxing after lunch

PACE is for people who are 55 years of age or older and who are in a healthy condition that satisfies the tenancy requirements of nursing care facilities. There is a center for each area where it lives, and it is a mechanism that provides medical care and nursing care and living support at home collectively. Regional comprehensive care, which is being introduced in Japan, is also a mechanism to provide medical and nursing care in one unit, but emphasis is placed on collaboration among local medical institutions and nursing care facilities. Meanwhile, since PACE has functions at one center, coordination among occupations is easy.

If Japan long-term care insurance system day service and visitors are available in long-term care services in addition to, such as, it is also received

medical care by a doctor or dentist. Social worker and physiotherapist, including nutritionists, et al., To create a support team in a variety of occupations, make a plan for the person to live at home.

Mr. Masahiro Arai you are using the On Lok from 2011 (75) diabetes in addition to, stroke caused the twice. Because I live alone, I get consultation at the center during the day, enjoying gymnastics and bingo. At home, they receive meal delivery, medicine management, laundry and cleaning services.

"I heard that there is no system in Japan, and if someone gets sick, someone will rush up if you call On Lok."

Irene Higgins's (60) three times a week from last fall, going to the center of the On Lok, rehabilitation and the and exercise, also participated in the painting of the class. "Although I have pain in my body, I want to live at home, surrounded by friends and pet dogs, not facilities, while using this place."

On Lok runs seven PACE centers in San Francisco and the surrounding area. There are about 1600 users in total. Women account for 70%, the average age is 81 years. People who need an average of three items or more on average, such as changing clothes and bathing in their daily lives.

Grace Li CEO says, "We can provide necessary support including medical care and nursing care at the time necessary for the user, PACE is effective for families who care for them at home." I will explain.

Point of effort to prevent prevention Cost reduction

The prototype of PACE was a day center for immigrants that On Lok had been implementing since the 1970s and was a new way rooted in the community. In 97 years, and Medicaid for low-income people "Medicaid" senior authors of the medical insurance has become a service that can pay from public mechanism called "Medicare".

PACE now spreads to more than 110 locations nationwide, and a total of about 38,000 people use it. It is said that costs will be lower than existing nursing homes because they focus on prevention of severity. Including the period during which you are in a hospital or facility, the use fee is inclusive payment. Although it becomes expensive if it is entirely self-incurred, users are mainly low-income people because they can pay from Medicaid and Medicare.

In order to refer to the elderly medical care and nursing care system, Japanese officials also visit for On Lok inspection. Medical and nursing care office management consultant "Mediva" (Tokyo Kanoko president visited the On Lok two years ago Oishi). "It was interesting that the services are provided in a form of fully integrated medical care and nursing care, including support for everyday life," he said. Suppression of long-term care expenses is a problem in Japan, and efforts to prevent deterioration of the degree of need for care by fine-grained support is considered effective.

"It is safe for users to have responsibility for medical personnel who are regularly seeking medical care, which is an indispensable viewpoint for promoting regional comprehensive care in the future"

Initiatives at home for reference

Every time I interviewed a caregiver suffering between a love affair for my family and an unfamiliar nursing care life, I was thinking about how we could continue the nursing care environment. Also, I

wanted to explore the mechanism of living safely in the area even if I grew old when I live alone, I visited the United States.

In the United States, individuals' economic burdens related to medical care and nursing care are heavy, I met someone who fell into on-vehicle life by exhausting money by family care. I heard a lot of uneasiness about the baby boom generation born in 1946-64 years to greet old age.

Meanwhile, it seems fresh that there are diverse occupations such as care coaches and family consultants that alleviate the burden on caregivers. Japan's long-term care insurance system is the care recipient 's provision of services to, but in the United States there has been a point of view that was standing on the caregiver side. NPOs supporting carers are active in policy recommendations, public relations activities, and acquisition of subsidies. If such activities take root in Japan, if we have a mechanism to receive donations and subsidies, will not it be possible to reduce even the burden of those who care for home at all?

The mechanism like PACE introduced is complete with one stop even if the physical and mental condition is good or suddenly disappointing to the side receiving care. There is a long-term care insurance service that nursing persons with facial familiarity such as small-scale multifunctional in-home care in Japan, but it becomes a reference as an effort that can live at home even when repeating hospitalization.

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