

Korea's "War on Dementia"

26th ADI Conference, Toronto

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Good morning ladies and gentlemen. I am pleased to be here and thank you for inviting me.

According to our government figures, 10% of the population now is over 65. In the 10%, 8.3% have dementia, which means four-hundred thousand people (400,000).

By 2018, it will have doubled.

The amount of spending on the elderly will increase from 18% to 50% of the healthcare budget.

Korea has implemented several key policies in the last 10 years. Last year was a particularly important year. For example, dementia has been placed as a national health care priority whereby in July, the national long-term care insurance has been put in place and on World's Alzheimer's Day in September, the government declared 'War on Dementia'.

한국의 장기요양보험과 치매와의 전쟁 (24회 ADI 싱가포르 대회 발표)

한국에서는 치매문제가 국가 노인복지정책의 최우선 순위가 되어 2008년 7월 제 5대 사회보험인 "노인 장기요양보험제도"가 도입되고 9월 21일 "세계 치매의 날"을 기념으로 보건복지부에서 "치매와의 전쟁"을 선포하였다.

노인 장기요양보험제도가 도입하게된 배경은 고령화로 인한 사회적 변화에 따라 유교적인 가정의 효가 사회적인 효로 전환 되었다고 할수 있다. 그동안 저소득층에 한정되었던 노인복지서비스가 소득 제한이 철폐되고 모든 국민이 중증도에 의해 입소 가능해 졌으며 자신이 선택하고 계약하는 시스템으로 바뀌게 되었다.

◀ Outline

1. How was the plan developed?
2. Who were involved?
3. Main elements of the policy
4. Implementation so far – going well?
5. What lessons for those without a national policy?



Dementia care policy revolves mainly around the insurance and the recently declared 'War on Dementia'. I will describe both and explain the challenges of each.

*목차

우선 노인장기요양보험 제도에 대한 설명과 치매가 노인복지의 최우선 순위가 됨으로써 세계치매의 날을 기념으로 치매와의 전쟁을 선포하게되고 현재 그에 대한 문제점에 대해 설명 하도록 하겠습니다.

1. How was the plan developed?

Background

- Rapid ageing society & low birthrate
- Increasing reluctance of support provided by the immediate family
- Rapid increase in medical cost
e.g. In-patient hospitalisation → Long-term care insurance (July 2008)



1.a Tipping point?

- Spiralling cost of elderly care
- Young old looking after Old old
- Destruction of families
- Media's role



From 1st July last year everyone's national health insurance payments went up by 4%.

The extra money raised will be used specifically to pay for the long-term care of the elderly with 3 grading systems. Grades one and two are eligible to enter nursing home while the third is eligible for homecare use, such as day-care, homehelpers, et cetera. Recipients of grades 1 and 2 must pay 20% on their own and 3 must shoulder 15% of the cost. The grading system is quite complicated but it is, bottom line, very frustrating. For example, anyone who is mobile is downgraded into 3. This is including wheel-chair users that can move their own wheelchairs.

* 대상자

대상자는 65세 이상 노인과 노인성 질환을 가진자이며 급여를 받을수 있는 사람은 6개월이상 혼자서 살기 어려운 노인으로 항상 케어가 필요한자 이다.

등급은 3등급으로 되어있으며 1등급이 최종중 환자이다. 시설입소 가능한자는 1,2등급 이며 본인 부담이 20% 와 식비는 별도로 징수한다. (약60만원 정도)

재가서비스 이용자는 15%를 본인이 부담하도록 되어있다.

2. Who were involved?

- Neurologist/psychiatrist associations
- Ministry of Health & Welfare
- Nurse's associations
- Alzheimer's Association, Korea
- Media



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2.a AAK's work

- 20yrs in existence. Introduced the word, 'Dementia'
- Wandering bracelet: Reg – 15,000 Saved- 1,000
- Education: dementia care → 700
dementia supporters → 7,000
- Started the country's first Home Helper, Day care, Shortstay, Long term care services → 'Model business'
 - 1996: KRW 60m (USD 50k) in Day care to
 - 2008-2010: KRW 24bn (USD 20m)



There are many challenges ahead for the insurance scheme. It is important that dementia is now Korea's health care priority. However, the government is unlikely to be able to respond fast enough given the lack of infrastructure. For example, only 4% of the entire elderly population is the limit of the programme. South Korea has been building at a rate of 100 new homes every year for the past decade. Many more will be needed in the future bc by 2020 there could be up to seven-hundred thousand (700,000) dementia patients.

문제점

장기요양보험의 문제점으로는 치매환자가 등급 판정에서 와상 노인보다 케어를 더 많이 해야 하는데 제대로 평가 받지 못한 점과 아직도 치매에 대한 사회의 부정적인 인식, 가정의 수치로 생각하고 조기진단 받지 않고 서비스 인프라가 부족하며 예방적인 부분까지 고려 되지 못하여 치매가 또다시 사회적인 이슈로 대두 되게 되었다.

3. Main elements of the policy

National Steering Committee established

2 tranches

1. 2008-2010

Early diagnosis & Prevention, Treatment, Infrastructure building, Public awareness

2. 2011-2013

Expand outreach service

Upgrade the long-term care insurance

‘Demential Service Network’

‘Managing Dementia Law’



The idea of declaring war on dementia is to tackle the issue before it gets out of control. Since last year, dementia has taken on a new momentum to go from just a health issue to a broader society issue.

The aim is to increase the quality of life and maintain dignity of the elderly persons.

There are three objectives.

One, to lower the lead time to the treatment of disease through early diagnosis. One of the primary ways to achieve this will be through establishing public health centre from the current 50% to national coverage. There is also a plan to build a comprehensive National Dementia Centre and install a replica in the four big regional hospitals.

Two, service infrastructure is planned to expand, in particular, to train dementia specialists. The plan is to have six-thousand (6,000) specialists by 2012.

Three, in terms of lifting the caregivers' burden, the idea is for the state to become, in essence, an extended family of the individual. One of the main objectives is to increase the eligibility of long-term care insurance by increasing the recipient limit by twenty thousand (20,000) persons each year. Another is to increase the dementia supporters' number by one hundred and twenty thousand by 2012.

* 목표

한국에서는 “세계치매의 날”을 기해 “치매와 의 전쟁”을 선포하고 보건 복지부에서는 “치매 종합 관리 대책”을 발표 하였다.

현재 치매환자 비율은 8.3% 약 40만명에 이르고 있다. 그러나 아직도 나이가 들면 치매가 된다고 인식하는 노인이 40.5%이며 치매가 치료 불가능하다고 인식하고 있는 경우도 60.5%로 나타나고 있다.

그리고 치매 진단자 중에서 정기적으로 치료를 받고 있는 자는 15.5%에 그치고 있는 실정이다.

그러므로 현재 전국 253 보건소 중 118개소에서만 치매 조기검진을 하고 있는데 2010년 까지 전국으로 확대하고자 한다.

그리고 치매 전문 시설과 재가 서비스에 대한 인프라 구축을 위해 매년 100개소 씩 확장해 가는 계획이 실시 중이다.

더불어 가족의 부양 부담을 경감시키기 위한 각종 프로그램 활성화와 폭넓은 인식개선을 통하여 치매환자나 가족이 안심하고 살수 있는 지역사회를 만들어 나아가기 위한 노력을 할 것이다.

4. Implementation so far – Is it going well?

“Official version”

Positive:

**National policy & budget
Early diagnosis & Prevention, Treatment,
Infrastructure building, Public awareness**

Negative:

**How to scale while retaining quality of care
Lack of collaboration with NGOs**



As with the insurance programme, there are short-comings that need to be addressed. I want to highlight numbers 2 and 4.

In number 2, the government prioritises those that are bed-ridden and not necessarily with dementia. We think those who have dementia have more needs and deserves prioritisation.

In number 4, there has been a boom in building facility in the countryside and in the city. However, there is a strict rule about people in one province not being able to use the facility of another. So, for example, in Seoul, there are not enough facility to meet demand and my facility, for example, has a waiting list of 400 people. However, in the country side, beds are empty.

AAK has worked very closely with the Korean government in the past 15 years. We believe that despite the challenges ahead, the implementation of the long-term care insurance and the War on Dementia are steps in the right direction. It is a necessary one as we are projected to approach the 'Aged society' in 2018.

Thank you.

*문제점

치매종합 관리대책은 의료적인 부분에 집중 되어있으며 치매 전문인 양성을 위한 국가적 자격제도가 마련 되어있지 못하다. 또한 재가 서비스에 대한 인프라 부족으로 인해 적절한 서비스를 받고 있지 못하며 도시는 시설 충족률이 65%정도밖에 되지 못하다.

그러나 노인 장기요양 보험과 함께 치매관리 대책을 병행하여 실시하게 됨에 따라 한국 정부에서는 2018년 고령사회를 대비하여 노력하고 있다.

4.a Implementation so far – Is it going well?

“Unofficial version”

- Public awareness – all talk, no walk
- Too much emphasis on the ‘Treatment’ category
- They can do and give more options to PwD
- Long-term care insurance is too ADL focussed, not BPSD.
- What lessons for those without a national policy?



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5. What lessons for countries without a national policy?

- **Counselling to find out needs**
- **Pilot programme – just do it and don't forget to document!**
- **Maximum media cooperation**
- **Keep knocking on doors of the government for budget – use documented evidence**



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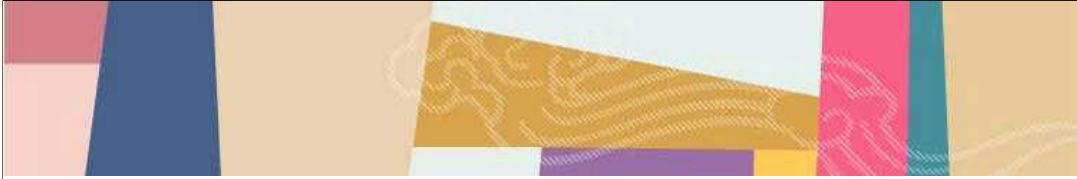
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