

Defeating dementia: progress and challenges on the road to 2025

Care panel

Moderator: Vivienne Parry
Science Journalist & Broadcaster

#DefeatingDementia

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Paul Hogan

Founder, Home Instead

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Relationship-Based Home Care for People with Dementia

The Impact of Innovation Across Technology, Health,
Care and Urban Design for Super Ageing Societies

5 DECEMBER 2018



PRESENTED BY
Paul Hogan, Founder and Chairman of Home Instead Senior Care

Each Home Instead Senior Care® franchise office is independently owned and operated.

RBHC Benefits Individuals, Families, and Society



Enhanced Emotional
Well-Being



Better Care for People
Living with Dementia



Greater Flexibility and
Peace of Mind for Families



Better Care
Coordination



Improved Care
Safety and Quality



Lower Healthcare
Costs



Relationship-Based Home Care Delivers on Our Promise of High-Quality Care

Relationship-based home care (RHBC) is an innovative type of care organized around the needs of the care recipient, rather than the completion of a predefined set of tasks. Home Instead is delivering this innovative type of care in more than 75,000 homes around the globe.

Relationship-based home care:

- Is **person-centered**
- Is **outcomes-base**
- Keeps care recipients **healthy** and **independent**
- Embraces the philosophy “**relationship first—task second**”
- Engages care recipients **collaboratively** and **purposefully**, while also connecting emotionally

How we provide care

Person-Centered and Relationship-Based

- 90% of seniors prefer to live at home as they age
- Focus on relationships, not tasks
- Personalized care solutions, including care coordination



Specific Focus on Alzheimer's and Other Dementias

- Alzheimer's training for our professional CAREGivers
- Free Alzheimer's training for the public
- 10,000+ in-person trainings completed and 50,000+ by e-learning course



Care for the Family Caregiver

- Free training and resources for family caregivers and care partners
- Focus on family caregiver wellness
- Alleviates physical and emotional burdens, provides peace of mind



OUR CARE OBJECTIVES

Active & Healthy Living



Extended Life With Quality

Home Instead Is Improving Quality of Life for Seniors with Alzheimer's



Double the Care Time

AOD patients with paid home care received 97.1 hours per week, compared to 51.7 for those without.



Nearly 50% Fewer Doctor Visits

AOD seniors with home care averaged 10.2 doctor visits per year versus 19.2 for those without home care.



Fewer Hospital Admissions

AOD seniors receiving home care had a 58% rate of in-patient hospital admissions, compared to 66% for those without.



Overall Better Quality of Care

73% of caregivers using professional home care rated the overall quality of care for their family members with AOD as “very good” or “excellent,” compared with 62% of non-users.

SOURCES: “The Value of Caregiving at Home” – Conducted by the Boomer Project for Home Instead, Inc., franchisor of the Home Instead Senior Care franchise network, this major national study surveyed more than 1,600 family caregivers across the U.S. Results described here refer to the “more serious” AOD group evaluated.

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Kees van der Burg

Director-General, Long-Term Care, Ministry of Health, Welfare and Sport, The Netherlands

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Ministry of Health, Welfare and Sport

KEES VAN DER BURG

Director-General for Long
Term Care











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Shekhar Saxena

Visiting Professor, Harvard and Former Director, World Health Organization

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Care for persons living with dementia: Opportunities and challenges in LAMICs

Shekhar Saxena

Harvard T H Chan School of Public Health

Five years since G8

Awareness and planning has progressed; actual services have not.

Integration within UHC

- UHC is a commitment of SDGs and is a rights issue
- UHC is one of the strategic priority of WHO
- UHC is high on national health agendas
- Dementia care needs to be integrated within the entire health system
- A large proportion of care overlaps with care of the elderly
- Integration is less stigmatizing
- Competition with other priorities

Innovation is the key

- Dementia care needs to be culturally appropriate
- Communities need to be involved closely
- Health and social care need to be fully integrated
- Alternative care providers can be (cost-)effective
- Information technologies can play a critical role

Prevention needs to be stepped up

- Prevention must be a component of the care continuum
- LAMICs have more prevention opportunities
- Prevention should be integrated within NCDs prevention
- Early identification is necessary (though exact diagnosis is not)

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Elina Suzuki

Health Policy Analyst, Organisation for Economic Cooperation and Development

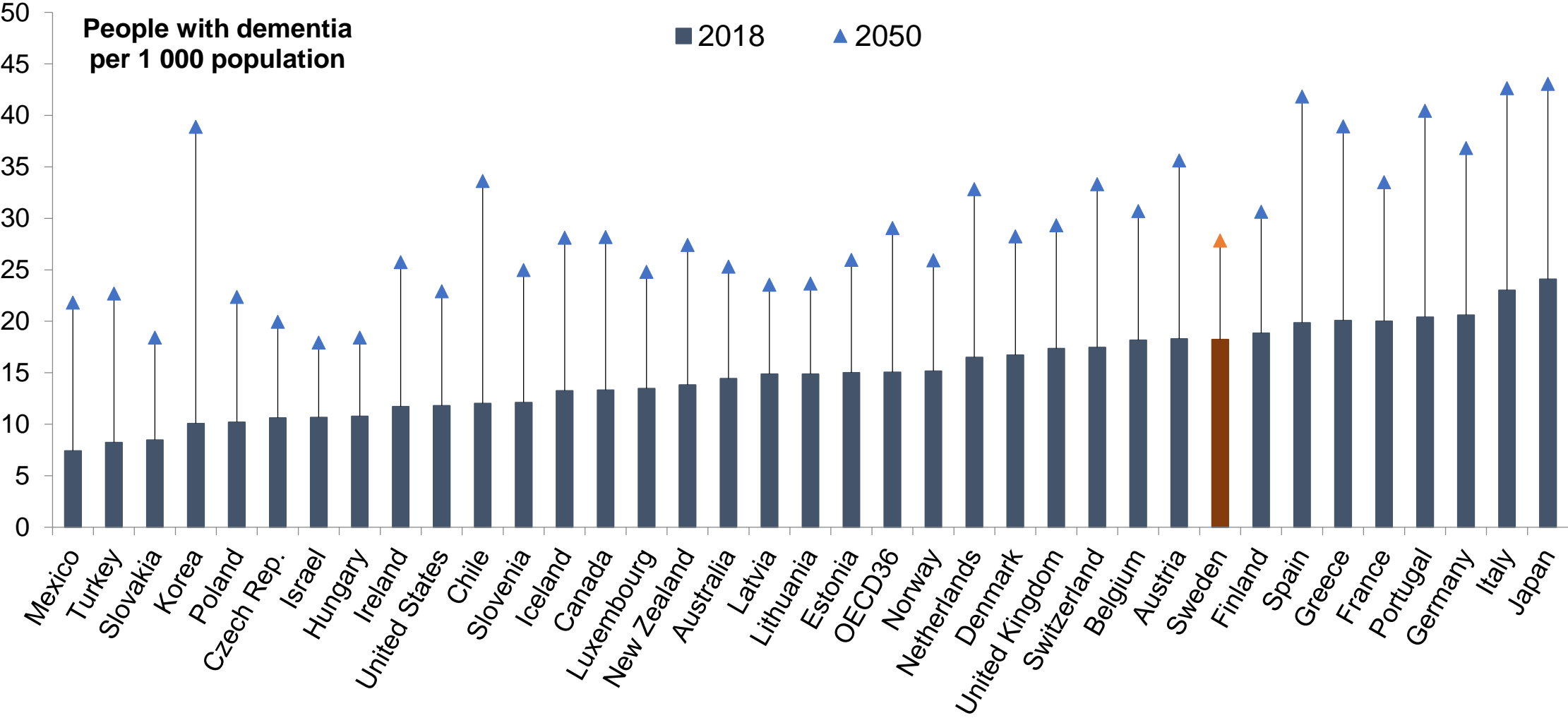
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Improving the quality of care for dementia

Elina Suzuki
Health Policy Analyst
OECD

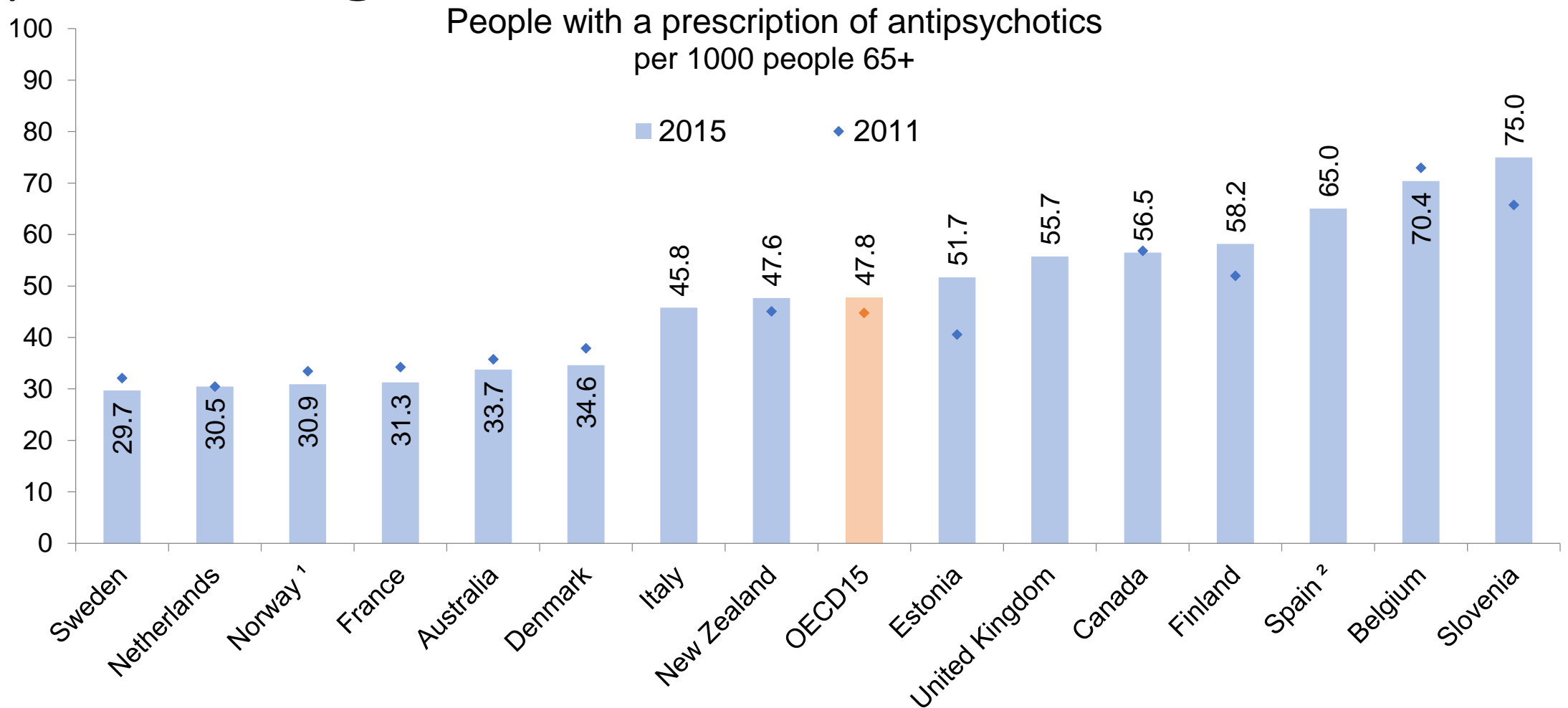
5 December 2018
London

The challenge of dementia will continue to grow



Source: OECD analysis, 2018

Significant variation in antipsychotic prescribing across OECD countries



Source: OECD Health Statistics, 2017

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Questions?

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