



INSTITUT FÜR HÖHERE STUDIEN
INSTITUTE FOR ADVANCED STUDIES
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Typologies of LTC systems

Results from Work Package 1 of the ANCIEN project

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Research Question

The objective of WP 1 of the ANCIEN project was

- **to portray long-term care systems in light of provision of care and financing** and
- **to derive a typology of LTC systems.**

...but:

Questionnaire-based collection of data on LTC resulted in **limited availability** and **comparability of quantitative data**

→ To fully exploit available quantitative and qualitative data, we derived two typologies, each with different focus:



Two typologies of LTC systems in Europe:

System Characteristics Typology

- relies on qualitative characteristics
- uses ordinal scaled variables,
- includes 22 EU-member states

Use and Financing Typology

- based on quantitative information,
- uses metric and pseudo-metric variables;
- includes only a selection of countries

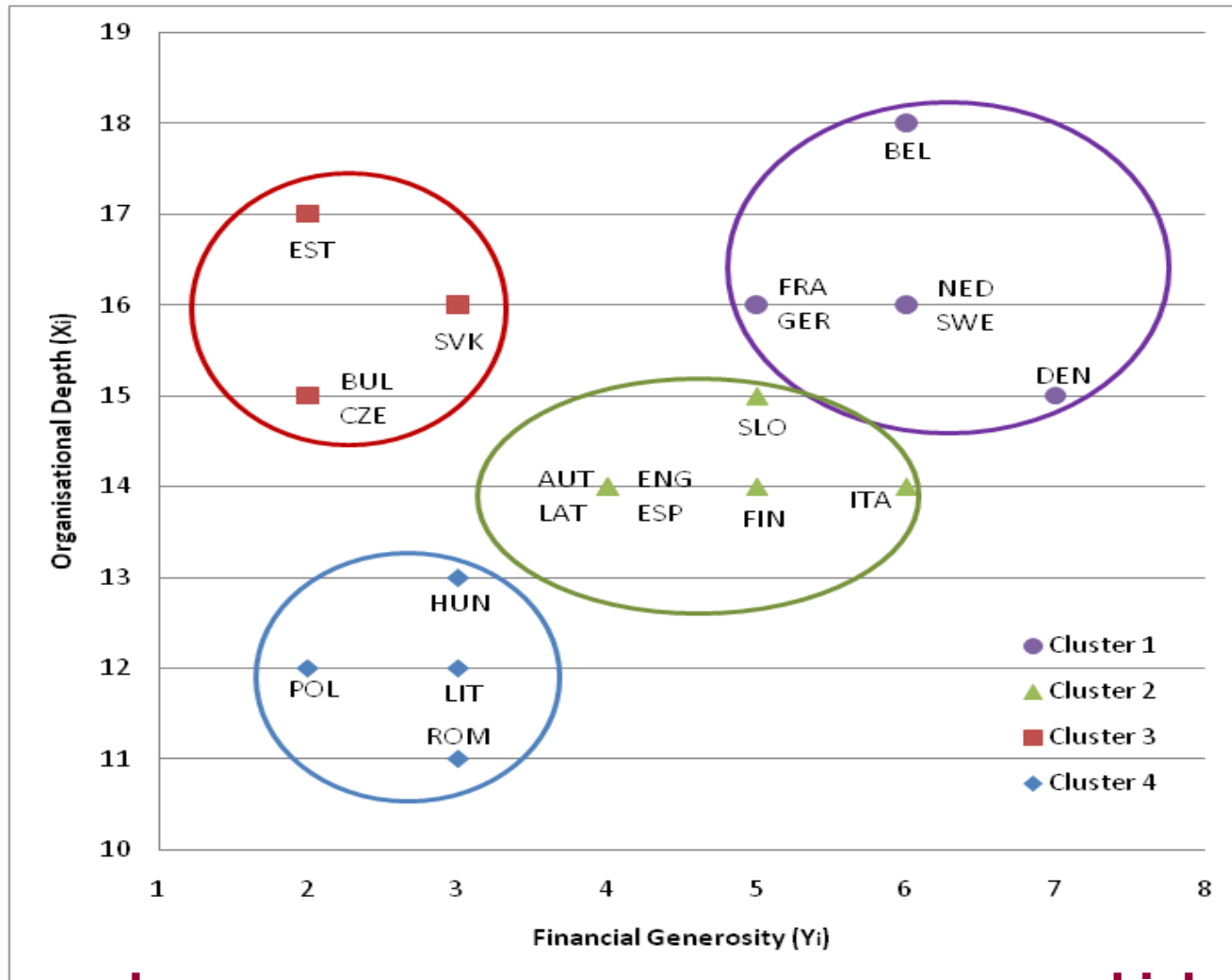
T TYPOLOGY BASED ON SYSTEM CHARACTERISTICS

**“Which system
characteristic is more
preferable from the
patient’s point of view?”**



Results

high
 Patient
 friendliness
 low



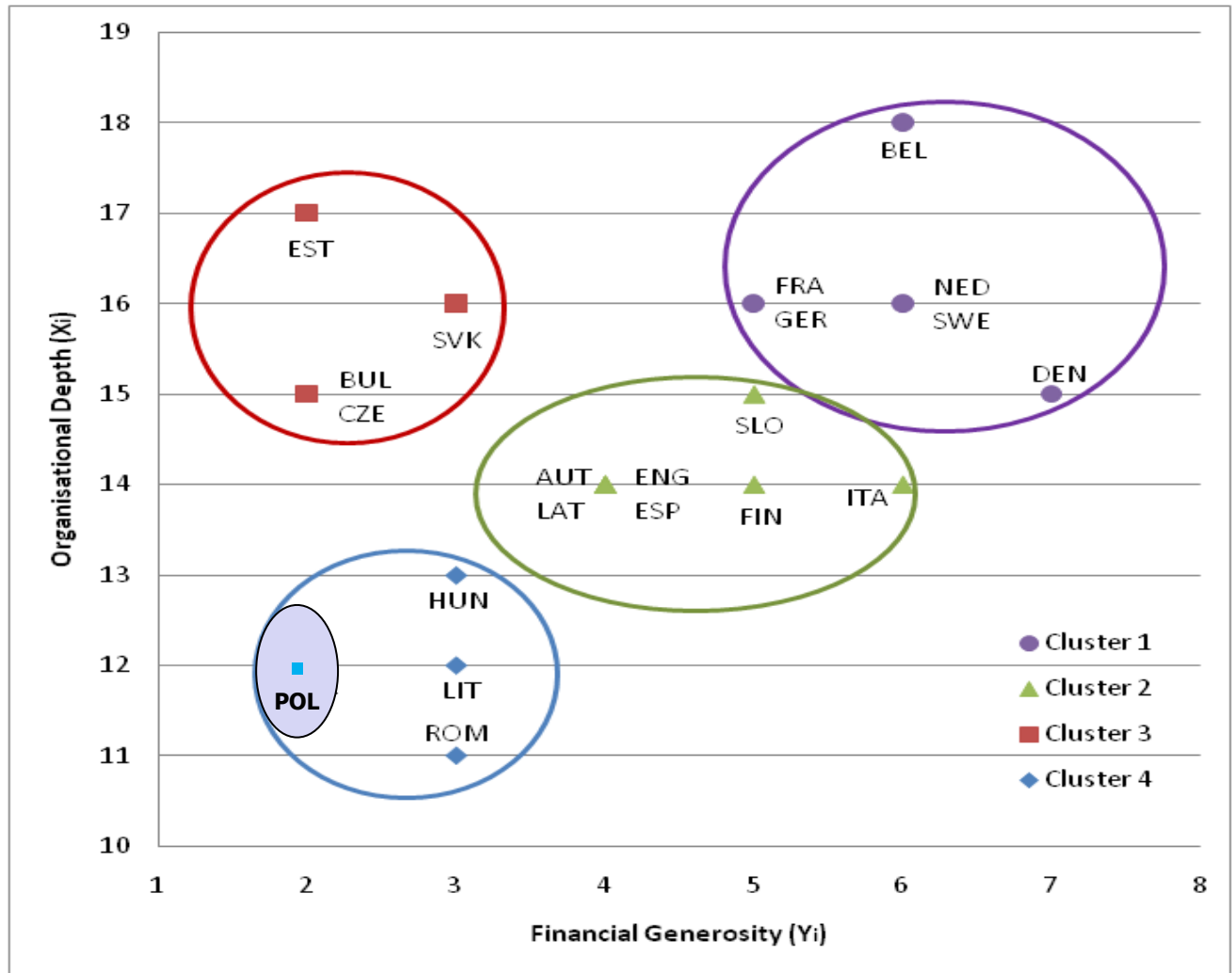
low ← Patient friendliness → high



Poland combines low generosity with not very patient-friendly characteristics

Which characteristics explain the Polish position?

- Means-tested access
- Entitlement
- Availability of cash benefits
- Choice of provider
- Quality assurance
- Integration / coordination of care



- Cost sharing
- Public expenditures as share of GDP

LTC system characteristics by country

Countries	Organizational depth						X _i	Financing generosity		Y _i
	Means tested access	Entitlement	Cash benefits	Choice	Quality assurance	Integration		Cost sharing	Public expenditures	
Austria	3	1	3	3	1	3	14	1	3	4
Belgium	3	3	3	3	3	3	18	2	4	6
Bulgaria	3	3	1	3	3	2	15	1	1	2
Czech Republic	3	3	2	3	2	2	15	1	1	2
Denmark	3	3	1	2	3	3	15	3	4	7
England	1	2	3	3	3	2	14	2	2	4
Estonia	3	3	3	3	3	2	17	1	1	2
Finland	3	3	3	1	1	3	14	1	4	5
France	3	3	2	3	3	2	16	2	3	5
Germany	3	3	2	3	3	2	16	3	2	5
Hungary	3	3	1	3	2	1	13	2	1	3
Italy	1	3	3	2	3	2	14	2	4	6
Latvia	1	3	2	3	2	3	14	3	1	4
Lithuania	1	3	2	3	1	2	12	1	2	3
Netherlands	3	3	2	3	3	2	16	1	5	6
Poland	1	3	2	3	1	2	12	1	1	2
Portugal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Romania	2	1	1	3	3	1	11	2	1	3
Slovakia	3	3	2	3	3	2	16	2	1	3
Slovenia	3	3	3	3	1	2	15	2	3	5
Spain	1	3	3	2	3	2	14	2	2	4
Sweden	3	3	1	3	3	3	16	1	5	6

Source: Kraus et al. (2010)



Typology Based on Use and Financing



Use and Financing Typology

- Also derived by formal cluster analysis.
- Choice of variables also formalized (factor analysis)
- Finally we used the following composite variables:
 - Public expenditure on LTC as a share of GDP, corrected for the share aged 65+
 - Private expenditure as a share of LTC spending
 - Informal care recipients aged 65+ as a share of the population aged 65+
 - Support for informal care givers



Results

Nature of the system	Countries	Characteristics
Cluster A Informal care oriented, low private financing	Belgium,* Czech Republic, Germany, Slovakia	Low spending, low private, high IC use, high IC support, cash benefits modest
Cluster B Generous, accessible and formalised	Denmark, the Netherlands, Sweden	High spending, low private, low IC use, high IC support, cash benefits modest
Cluster C Informal care oriented, high private financing	Austria, England, Finland, France, Spain	Medium spending, high private, high IC use, high IC support, cash benefits high
Cluster D High private financing, informal care seems necessity	Hungary, Italy Poland	Low spending, high private, high IC use, low IC support, cash benefits medium

Note: IC = Informal care; * medium spender

Source: Kraus et al. 2010 , A Typology of Long-Term Care Systems in Europe.



Not calculated due to
missing data, but allocated

Thank you for your attention!



Contact

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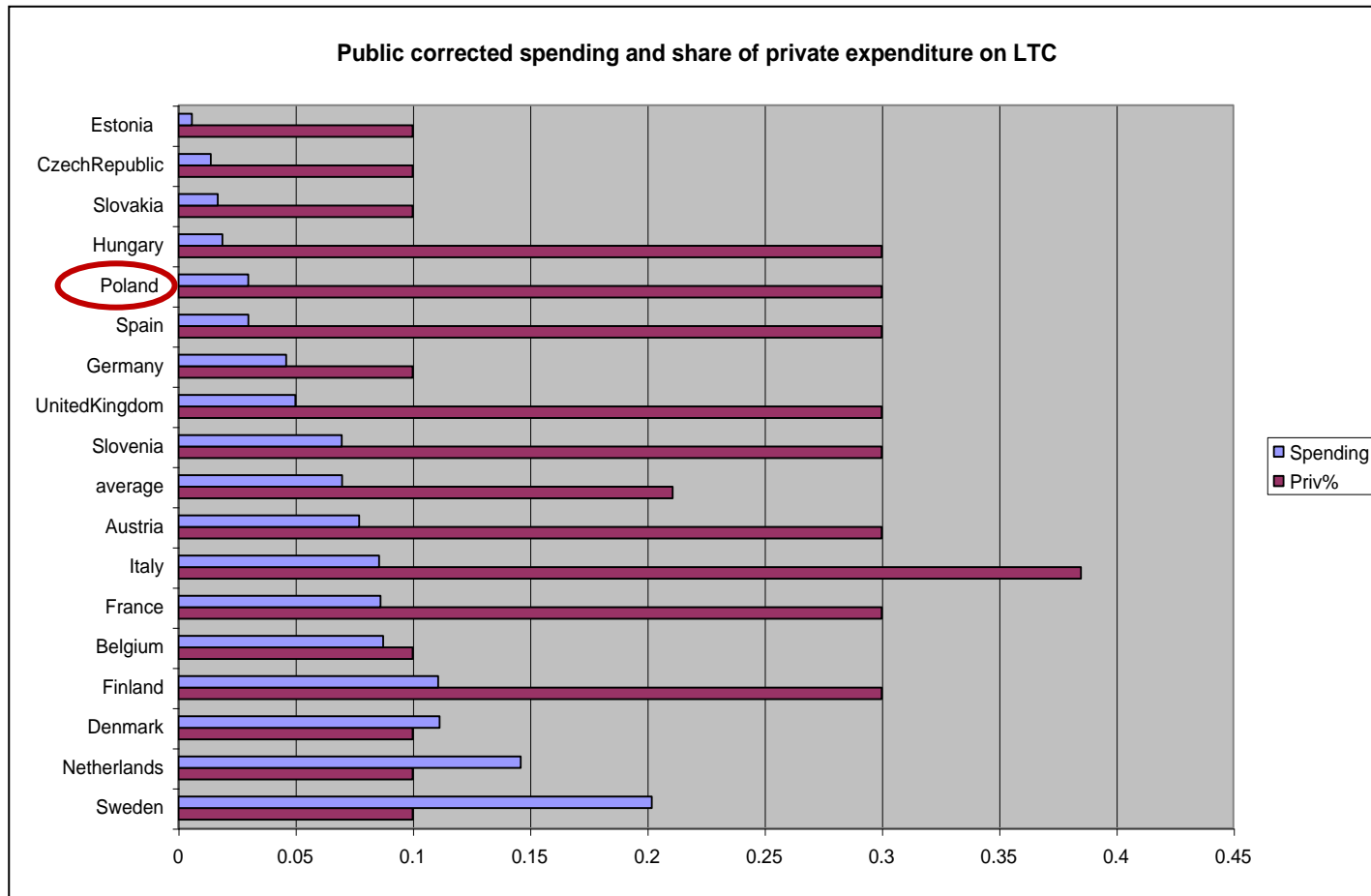
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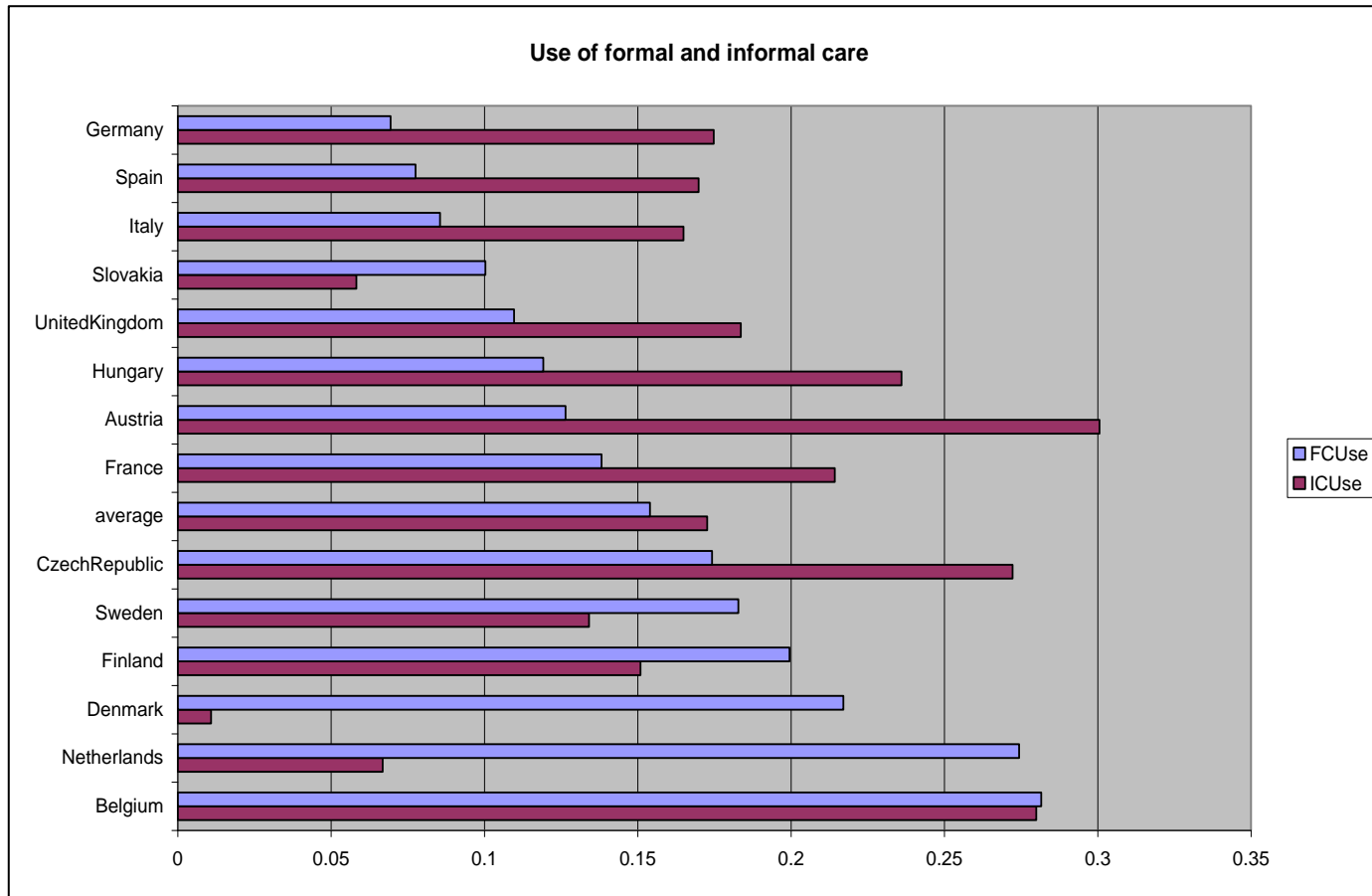
Public and private Spending for LTC



Source: Kraus et al. , A Typology of Long-Tem Care Systems in Europe, 2010.



Use of (in)formal Care



Source: Kraus et al. , A Typology of Long-Term Care Systems in Europe, 2010.