Assessing Elderly Long-Term Care Needs at Home or in Nursing Homes: What Differences does it make?

Author: Delphine Roy (Institut des Politiques Publiques, France)

Discussant: Jérôme Schoenmaeckers (University of Liege, Belgium)

2023 Gateway LTC Policy Conference, November 8

Summary

- To determine whether and to what extent assessment of comparable patients differ according to the incentives of evaluators
- Context of France: at home vs nursing homes →opposite directions
  - NH: ↗ disability level, the more funding received from the State
  - AH: ↗ disability level, the more local authorities (*départements*) have to pay (even if it is in-kind benefits, with money of the State allocated)

→Less severe AH (*département's* assessor) / More severe in NH (NH doctor)

- Use of CARE surveys (with same measures of disability) and compare to official LTC-benefit related assessment (administrative data) → gap?

Contributions

- Based on descriptive statistics and OLS models, two main results:
  - NH residents are given a more severe disability level compared to AH residents (particularly true for NH classified as not disabled in the survey data)
  - Public Hospital-owned NH : overrate disability levels more than other types of NH (in spite of their non-profit objectives & seems to be targeted towards socially disadvantaged patients) → redistribution goal ?

- Contribution to literature on proxies: more functional limitations reported by a proxy than by the person herself (in line with literature, Davin et al., 2019; Li et al., 2015)

What I like in this paper

- The hypothesis you want to test and implications in terms of LTC services AH (not enough?) and in NH
- The result about public hospital-owned (to be confirmed) rehabilitating value of (some) NH → redistribution objective with potential welfare impact (see results of Böckerman et al. (2012) in Finland on differences in quality of life of people institutionalised)
- Potential contribution to the literature on 1) the type of nursing home (Comondore et al., 2009); 2) validity of proxies interviews
- Descriptive statistics and figures

Main comment

How can we check that people who are very disabled at home are the same as those who are very disabled in nursing homes?

Table 3: Share of dependent people according to the Katz index in each survey disability level, by living arrangement

Survey disability level (DL)	Community	Institution
6	0%	0%
5	3%	4%
4	3%	6%
3	86%	89%
2	82%	93%
1	100%	100%

Source : CARE-Ménages and CARE-Institutions surveys, DREES

→ need of (some) descriptive statistics about covariates used in econometric specifications according to the dwelling

Methods used

- OLS regressions with administrative disability level as dependent one (from 1 to 4, most to less disabled among patients eligible for LTC)
- NH dummy in order to see the « *impact* » of NH assessors
- Why OLS and no ordinal estimation such as an ordered logit?
- Addition of other (health and social) variables available in CARE surveys… as partially done in section 7 of the paper

Tableau - Signification du Gir auquel le demandeur est rattaché

Gir	Degrés de dépendance
Gir 1	Demandeur confiné au lit ou au fauteuil, dont les fonctions mentales sont gravement altérées et qui nécessite une présence indispensable et continue d'intervenants
Gir 2	- Demandeur confiné au lit ou au fauteuil, dont les fonctions mentales ne sont pas totalement altérées et dont l'état exige une prise en charge pour la plupart des activités de la vie courante - Ou demandeur dont les fonctions mentales sont altérées, mais qui est capable de se déplacer et qui nécessite une surveillance permanente
Gir 3	Demandeur ayant conservé son autonomie mentale, partiellement son autonomie locomotrice, mais qui a besoin quotidiennement et plusieurs fois par jour d'une aide pour les soins corporels
Gir 4	- Demandeur n'assumant pas seul ses transferts mais qui, une fois levé, peut se déplacer à l'intérieur de son logement, et qui a besoin d'aides pour la toilette et l'habillage - Ou demandeur n'ayant pas de problèmes locomoteurs mais qui doit être aidé pour les soins corporels et les repas
Gir 5	Demandeur ayant seulement besoin d'une aide ponctuelle pour la toilette, la préparation des repas et le ménage
Gir 6	Demandeur encore autonome pour les actes essentiels de la vie courante

How to go further?

1) Matching methods to get closer to a causal effect?

→To match similar individuals from the two groups so that the differences in outcomes (here assessment of level of disability) of these matched pairs can then be attributed to the treatment, i.e. being in a nursing home.

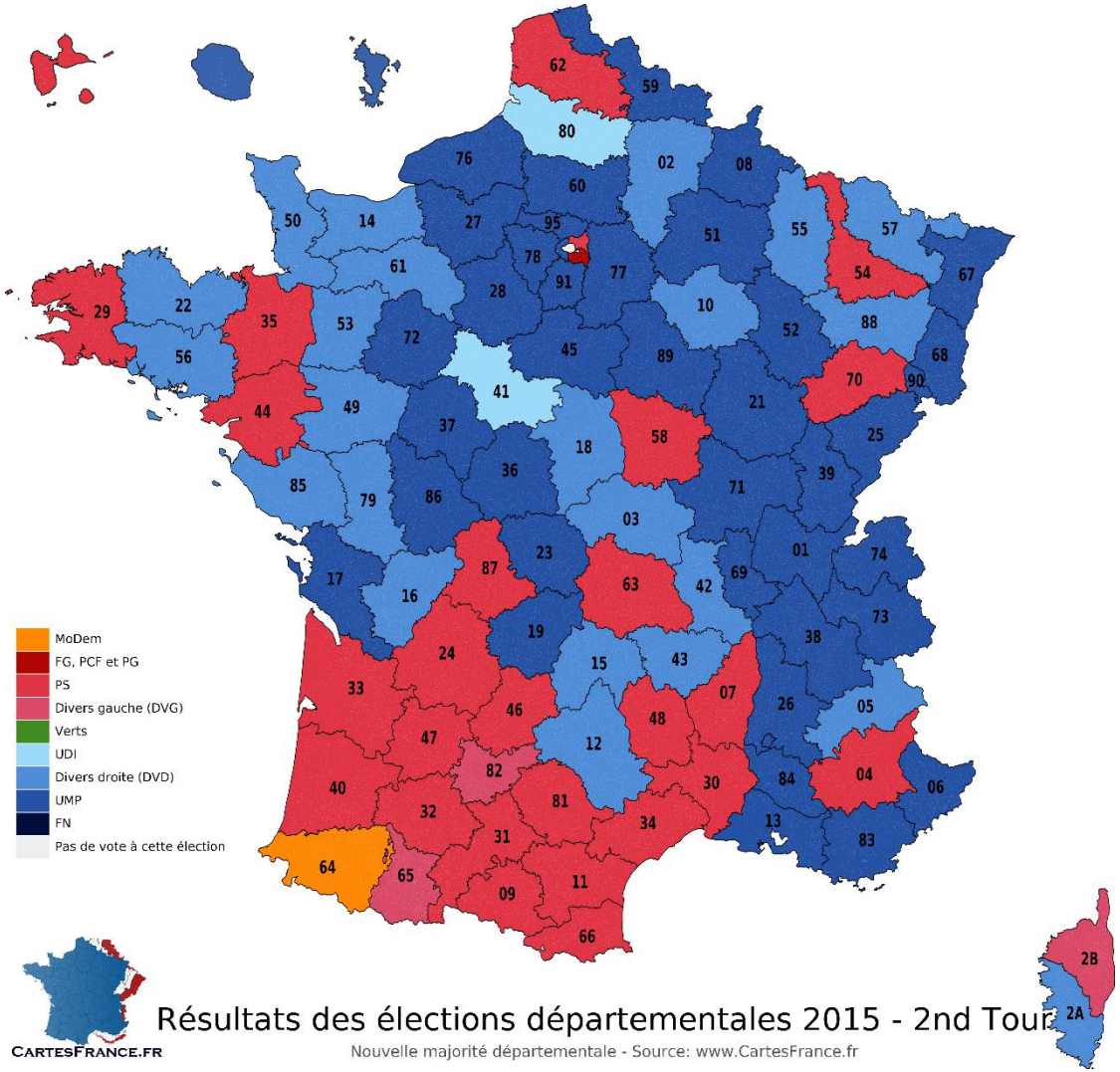
→By adding some variables step by step (nested model)

→By using simulated sensitivity analysis proposed by Ichino et al. (2008), you could verify that ATT are robust to deviation from the Conditional Independence Assumption (CIA)

How to go further (2)?

2) Use the results of departmental elections in France at the time of the CARE survey and related administrative data to support the idea of redistribution presented in the paper.

→ The hypothesis is that in departments that voted left, LTC needs at home are more often overrated.



How to go further (3)?

3) Back to 6.3 section and the paradoxical effect of time in the community context

- Only on community respondents and you have an unexpected result of a longer time elapsed between the two measures (date of measurement of the administrative DL and the survey date) associated with a relatively more severe administrative DL measured
- Mention selection bias and quite convinced by the explanation given (move to care home or more likely to die) → possible with data to verify the hypothesis made thanks to data collected after the survey (at least on the death of the respondents) → test it

Conclusion

- Really interesting research question about incentives of assessors
- First results are moving in the right direction
- But still some empirical work to be carried out to be certain that the differences observed in terms of assessment of disabilities concern identical people AH and in NH.