

Insurance for the 65+ Population					
	Australia	Canada	France	United Kingdom	United States
Coverage for acute care services	Universal	Universal	Universal	Universal	Universal
		Medicare covers acute care for the entire population.		All citizens are eligible for acute care coverage under the NHS.	Universal for those over 65 or under a \$2000 poverty level. Others covered by private insurance.
Coverage of nursing home care	Selective	Selective	Selective	Highly Selective	Highly Selective
Special attributes	Means testing and federal needs testing	Means testing and provincial needs testing	Needs testing	Coverage after spend down of UK16000 in assets is reached.	Coverage after spend down limit of \$2000 in assets is reached.
	Social Security Pensioners receive assistance for nursing home payments on a means tested basis. The maximum payment is 87.5% of pension. Non-pensioners pay more but can still receive assistance. The maximum basic payment is AU\$23.46 plus a means tested accommodation charge of AU\$13.07/day.	Extended care is not covered under the national insurance scheme but many provinces provide assistance for the cost of nursing homes. Assistance is provided on a means tested/needs tested basis.	Only medical services are covered. Public assistance for room and board is offered on a means tested basis. No special funding for LTC, but regional authorities are the primary source of financing. The <i>Prestation Specifique Dependance (PSD)</i> is a new plan that offers cash allowances for LTC.	Institutional long term care is under the jurisdiction of local authorities and is financed as such on a strict means tested basis only when a person cannot afford to pay. The limit to receive a government subsidy is UK16000 in assets.	Institutional long term care is only covered by Medicaid after a recipient has spent down to the \$2000 mark. Financing is shared by the federal and state governments but administration is handled on the state level.
Coverage for intermediate care	Universal	Selective	Universal	Selective	Selective
(Intermediate care refers to all forms of care that are less intensive than nursing home care but more intensive than informal care at home)	Criteria for admission to hostels is similar to nursing homes, although hostel admissions were not means tested until after 1997.	Generally provided on a provincial level.	The <i>Prestation Specifique Dependance (PSD)</i> is a new plan that offers cash allowances for LTC.		None on a national level, although states have the option to apply for waivers to use Medicaid funds for home and intermediate care
Coverage for home care	Universal	Selective	Universal	Selective	Selective
	Home and Community Care packages are funded and administered jointly, on a needs tested basis, by the federal and state/territorial governments.	Home care is not covered under the Canada Health Act. It is managed by provincial and territorial governments and delivered by local, regional and municipal authorities. Each has its own definition of home care, its own set of services, its own eligibility criteria and its own time limits and/or funding limits for the provision of services (CHA).	Medical services received at home are covered by public health insurance. The <i>Prestation Specifique Dependance (PSD)</i> also offers cash allowances which can be used to cover non-medical aspects of LTC.	Home care services are often provided on the local level.	None on a national level, although states have the option to apply for waivers to use Medicaid funds for home and intermediate care

TBD=To be determined

Carer Support					
	Australia	Canada	France	United Kingdom	United States
Extent of caregiver payments relative to total cost of care at home	High	Low	None	Low	Low
Means testing	No	Yes	Yes	Yes	Yes/ state level
Needs testing	Yes	Yes	Yes	Yes	Yes/ state level
	Australia has two forms of payment to caregivers. Carer payments are means tested and set at a maximum rate of US\$416/month. The person receiving care must be receiving SS pension or meet income and assets test. Carer allowances are not means tested and available to those caring for people with disabilities who require additional care. The rate is US\$97 /month and the carer is required to be involved in daily care and attention 7 days/wk.*	Although there is no federal Medicare coverage of long term care, many provinces have needs tested benefits for informal caregiving. Rate is usually low (US\$18-32/month)* There is a small income tax credit for caregivers.	Dependency allowance is a needs tested and means tested cash benefit offered to care recipients rather than caregivers, with a ceiling of US\$782/month (439 avg) used to buy services or pay salaries. (may pay for institutional care?) Reserved for the most frail elderly with the 3 highest of 6 levels of dependency. Means tested ceiling for income is 72,000FF.*	No general assistance for carers; attendance allowance available for frail or disabled themselves. Invalidity Care Allowance available only to caregivers of people with disabilities. Caregivers have no additional entitlements to social assistance**.	Informal care is generally not covered but states have the option to apply for "medicaid waivers" to increase contributions for formal and informal home care. Variation exists on the state level.
Elder Support Mandates	No.	No.	Yes.	No.	No.
	NA	NA	Children are responsible for parents. Also a strict spousal obligation. Long-term care is expected to be provided by family members, "with benefits recovered from inheritance above Euro 45,000***	Municipalities may require the patient or spouse to pay for social care**	Although some states hold family members responsible.
Respite Care	Yes/ national level	Yes/ provincial level	TBD	TBD	Yes/ state level
	Respite care is available through the HACC, which is the broad program for the carer payments and care allowances.	Respite care available in most provinces			The Older American's Act provides federal funding to states that establish support programs for the elderly. Emphasis was placed on day care, respite care, and other support for the carers of the elderly, especially those with AD/Dementia. The 2001 budget was \$125 million.

* OECD informal care document

** Reform Monitor

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Out of Pocket Costs (OOP)	Australia	Canada	France	United Kingdom	United States
Overall percentage of health expenses paid out of pocket-all ages	19	8	17	TBD	17
Overall percentage of health expenses paid out of pocket-elderly	TBD	5.5	3	TBD	TBD
Acute Care	Low	Low	Low	TBD	High
	In general, 25% copayments for covered services at private impairment facilities. About 40% of the elderly purchase supplemental insurance.	No copay for covered services.	No OOP for acute care in the public sector. Some in the private sector.	No OOP for acute care	
Average per capita cost of nursing home care	AU\$153/day	TBD	TBD	TBD	TBD
Average per capita out of pocket cost of nursing home care	AU\$36.53/day	TBD	TBD	TBD	TBD
Nursing Homes- relative to OOP cost of alternatives	Low	TBD	Low/ moderate	High	High
Nursing Homes-relative to total cost of nursing homes	High (24%)	Medium	Medium	High	High (22%)
	The maximum daily residential care contribution is AU\$23.46 for full pensioners in nursing homes and hostels. Plus a means tested accomodation charge set at a maximum of AU\$13.07/day (US\$2600/yr). Part pensioners pay, on average, an additional \$5 income tested fee, for non-pensioners \$14 on average.	Out of pocket costs, as well as reimbursement rates and financial assistance, vary across provinces. The national average is 29.86 per day.		LTC only covered after residents spend down to £16,000 in assets.	Spend down limits allow for coverage of nursing home care only after a residents assets are below \$2000. Stays in many nursing homes are paid entirely out of pocket with an average of \$55.23/day.

* Residential care avg cost is \$153/day

*Avg cost of care is \$136/day

*Total oop for 65+ in '99 was \$2430/yr

Supply	Australia	Canada	France	United Kingdom	United States
Acute care beds					
Nursing home beds			***See time series data chart***		
Physician supply					
Nursing supply					

Cultural Attitudes	Australia	Canada	France	United Kingdom	United States
	TBD	TBD	TBD	TBD	TBD

TBD=To be determined

Annual spending per capita aged 65+ unless otherwise noted	Australia, late 1990s (exceptions noted)	Canada, 2000-2001 ¹	France, mid-late 1990s	United Kingdom, late 1990s	United States, 1999
Total Health Expenditures per capita (OECD 1998-99 in \$US PPP)	2085	2360	2043	1510	4165
Public	US\$11855 PPP	US\$13710 PPP	US\$10369 PPP	US\$8342 PPP	US\$15330 PPP
Private	US\$5094 PPP	US\$5719 PPP	US\$2912 PPP	US\$1672 PPP	US\$19143 PPP
Out-of-pocket	US\$2746 PPP	US\$3092 PPP	US\$1337 PPP	US\$1123 PPP	US\$5411 PPP
Total Acute Care		US\$2761			
Public	US\$688 ³ (1993-94)	US\$227	US\$777 ⁸ (1996)	US\$431 ¹⁰ (1996)	US\$6676 ¹⁵
Private	TBD	US\$2534	TBD	TBD	US\$3557 ¹⁶
Out-of-pocket	TBD	Included in private (none for covered services)	None	None	US\$359 ¹⁷
Total Nursing Homes		US\$1262	TBD	US\$30538 PPP (all LTC)	US\$2585
Public	US\$534 ⁶ (1993-94)	US\$883	TBD	US\$462 ¹	US\$1554
Private		US\$379	TBD		US\$345
Out-of-pocket	US\$7500 (average OOP per institutionalized person)	US\$6976 (average OOP per institutionalized person)	TBD	US\$15269 PPP (average per institutionalized person for all LTC)	US\$686
Total Intermediate Care					
Public	US\$252 (combined home and community care)	US\$2151 ¹³	TBD	US\$90 ² (including administrative costs for home care)	TBD
Private	TBD	TBD	TBD	TBD	TBD
Out-of-pocket	US\$7500 (average OOP per institutionalized person)			No charges for community health services provided by NHS; free services to low-income elderly provided by Local Authorities; some charges assessed by LA to higher-income elderly receiving services provided by these agencies. ¹⁴	
Total Home Care	TBD	US\$570	TBD	TBD	US\$948
Public	US\$252 (combined home and community care)	US\$444		US\$160 ³	US\$462
Private	TBD	US\$126	Does not appear to be financed privately-- payment sources are end users and social insurance programs. ¹²	TBD	US\$229
Out-of-pocket	US\$1799 (average OOP per person using Community Aged Care Packages)	included in private	TBD	No charges for community health services provided by NHS; free services to low-income elderly provided by Local Authorities; some charges assessed by LA to higher-income elderly receiving services provided by these agencies. ¹⁴	US\$257
Total Prescriptions	TBD	US\$864	TBD	TBD	TBD
Public	US\$295 ⁷ (1993-94)	US\$476	US\$267 ⁷ (1996)	US\$132 ¹¹ (1996)	TBD
Private	TBD	US\$388	TBD	TBD	TBD
Out-of-pocket	US\$1324 PPP (1998 - OECD)	US\$1439 PPP (1993 - OECD)	US\$2292 PPP (1997 - OECD)	US\$1058 PPP (1996 - OECD)	US\$1236 PPP (1994 - OECD)

TBD=To be determined

1. Health Canada

2. NHS Bulletin 1999/11 (1997-98 data)

3. *Ibid.*

4. *Ibid.*

5. *Older Australia at a Glance*, Australian Institute of Health and Welfare, 1997.

6. *Ibid.*

7. *Ibid.*

8. Reform Monitor

9. *Ibid.*

10. *Ibid.*

11. *Ibid.*

12. OECD, *Caring for Frail Elderly People*

13. *Ibid.*

14. *Ibid.*

15. *Health, United States, 2001.*

16. *Ibid.*

17. *Ibid.*

