

## **POLICIES ON HEALTHCARE OF OLDER PERSONS: IMPLICATIONS TO INTERNAL MEDICINE TRAINING AND PRACTICE**

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### **ABSTRACT**

Although there are several laws that are relevant to Geriatric health care, concrete action towards their implementations is lacking. These include Republic Act (RA) No. 9257 of 2003 or “An Act Granting Additional Benefits and Privileges to Senior Citizens, Amending for the Purpose Republic Act No. 7432.” The DOH-NIH BSNOH Survey revealed that fewer than 10 percent had their height and weight determined, and only 15 percent had a hearing evaluation. Sixty one percent indicated that lack of money was the major reason for delaying medical consultation, and ninety two percent were without any form of pension. Based on the above data, the priority needs of PSGM and older persons, the group decided to focus on 3 major policy statements. These are: Policy Statements on Community-based Long-term Care, Recommendations to PHIC and other Social Insurance Systems; and Policy Statements on Geriatric Education.

### **BACKGROUND**

#### *The Demographic Shift*

The total number of senior citizens (60 years old and over) based on the 2000 Census of Population and Housing was 4.6 million, accounting for 5.97 percent of the 2000 Philippine population. In terms of the average annual population growth rate, the elderly population grew at 4.39 percent during the 1995 to 2000 period, higher when compared to the 1990 to 1995 growth rate of 3.06 percent. If the growth rate continues at 4.39 percent, the number of senior citizens is expected to reach seven million in 2010 and to double in approximately 16 years.

The number of households with at least one member aged 60 years and over was 3.3 million (21.84 percent of the total households in the country). The largest percentage of households with at least

one senior citizen was found in Southern Tagalog with a 14.48 percent contribution to the total number of households with senior citizens while the lowest was registered in Autonomous Region in Muslim Mindanao with 1.70 percent. A number of households with senior citizens were also found in Central Luzon (10.63 percent), NCR (10.35 percent), and Western Visayas (10.22 percent). (NSO 2005)

#### *Health Status and Healthcare Needs of Older Filipinos*

The National Institutes of Health and the Department of Health completed a survey of older Filipinos in 14 regions throughout the country in the year 2002 (BSNOH 2002). Of the 2,690 Filipinos aged 60 and older, 60-69 years old comprised 60% of the survey. These are the “young old”. The “oldest-old”, aged 85+ comprised only 2.6% of the population surveyed. Almost half were widows, most of whom were women. Only 4.4 percent of the 2,690 older persons had pensions.

In terms of health seeking, about 48 percent consulted government health centers and hospitals while almost the same proportion (44 percent) went to private doctors. The most common health complaints were body aches/pains (44 percent) and colds, coughs and fever (43 percent). Eighteen percent of women reported heart disease (vs. 14.8 percent in men), kidney disease (13 percent vs. 11 percent in men), asthma (13 percent vs. 18.8 percent in men), diabetes (10 percent each for both women and men), stroke (7 percent vs. 17.5 percent in men) and osteoporosis (4 percent and same with men). There were no statistical differences in the prevalence of common degenerative diseases across the age sub-groups (young, middle, and old-old).

General socio-psychological concerns unique among Filipino older persons include a low prevalence of disability on self-report. The BSNOH 2002 report found that only 0.05 percent reported any disability, of which 30 percent were reported to suffer from impaired hearing while 10 percent admitted to being blind.

The BSNOH revealed that of the 2,690 older persons surveyed, only 0.3 percent ever had a

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Geriatric Health Screen. The number of elderly who had screening for geriatric syndromes such as urinary incontinence, memory and affective illnesses was less than 5 percent. The BSNOH Survey revealed that fewer than 10 percent had their height and weight determined, and only 15 percent had a hearing evaluation. Sixty one percent indicated that lack of money was the major reason for delaying medical consultation, and ninety two percent were without any form of pension.

The Top Ten diseases seen in 2005 at the Outpatient Geriatric Clinic of the Philippine General Hospital were the following: 1) hypertension (n=221); 2) degenerative osteoarthritis (n=147); 3) non-insulin-dependent diabetes mellitus/impaired glucose tolerance (NIDDM/IGT) (n=92); 4) pulmonary tuberculosis (PTB) (n=62); 5) osteoporosis/osteopenia (n=52); 6) stroke/cardiovascular disease (n=44); 7) dyslipidemia; 8) spondylolysthesis (n=27); 9) neuropathies (n=20); and 10) chronic obstructive pulmonary disease (COPD) (n=19). Aside from common diseases, geriatric syndromes were identified as follows: 1) dementia and Alzheimer's disease; 2) constipation; 3) hearing impairment; 4) drug-induced gastritis and bradycardia; 5) falls; 6) malnutrition/hypoalbuminemia; 7) anxiety disorder; 8) depression; and 9) chronic pain syndrome.

#### *Relevant Philippine Laws, Policies, and Documents on Older Persons*

Republic Act 9257 (Feb. 26, 2004) – An Act Granting Additional Benefits And Privileges To Senior Citizens Amending For The Purpose Republic Act 7432 (1991). One of its significant policies is the provision of comprehensive healthcare and rehabilitative services to the disabled elderly to foster their capacity to attain a more meaningful and productive ageing. It includes the provision of 20% discounts in medicines and services for Senior Citizens and requires all hospitals to have a Geriatric Ward.

Executive Order No. 105 “Approving and Directing the Implementation of the Program “Provision of Group Home/Foster Home for Neglected, Abandoned, Abused, Detached and Poor Older Persons and Persons with Disabilities and its Implementing Rules and Regulations Developed CY 2003.

GAA 32, “1% Allocation of Agency Budget to Programs and Services for Older Persons and PWDs”

Republic Act 9241 (2004) Republic Act 9241 is an act amending Republic Act No. 7875, otherwise known as an Act Instituting a National Health Insurance Program for all Filipinos and establishing the PHIC for the purpose. It defines home care and medical rehabilitations services, including hospice or palliative care for people who are terminally ill. At this time, there are no provisions for implementation of RA 9241.

Executive Order 372 (The Public-Private Sector Initiative On The Promotion of Medical Tourism in the Philippines) This prepares the Philippines for being the prime destination for healthcare services because of its world-class medical personnel and relatively lower costs, taking advantage of the rising healthcare costs, overburdened public health systems because of an ageing population in developed countries such as Europe and Japan. Among the potential services to be tapped include short-stay medical procedures, spa and wellness centers, and long-term care for the sick and elderly people. Short-stay medical procedures involve preventive health screening and diagnostics; elective surgery such as cosmetics, implantation, orthodontics, and non-elective surgery such as coronary, orthopedic, and transplants. Long-term care for the elderly, on the other hand, includes assisted or shared living facilities or home-based health care that provide 24-hour supportive services, personalized assistance, and health care designed to meet patients' needs on a daily basis.

The Philippine Plan of Action for Senior Citizens (PPASC 2006-2010) The Vision of the PPASC is “A society for all ages where the senior citizens are empowered to achieve active ageing.” Its Mission is “To promote active ageing, provide social protection and promote the rights and welfare of senior citizens and their empowerment through development of policies, programs, projects and services implemented with or through Local Government Units, Non-Government Organizations, People's Organizations, National Government Agencies and other members of civil society.”

Part of its Action Plan is to develop a research network/agenda for Senior Citizens to tackle topics such as special needs of Senior Citizens living in rural and remote areas or living alone; evolving health and nutrition challenges of Senior Citizens; among others.

There are several mandates supporting Geriatric education and training. The Philippine Plan of Action for Older Persons (DSWD) supports geriatric training and improved access to geriatric care and

has identified the UP Manila academe as the lead agency for institutionalization of geriatric training. Republic Act 9257 advocates for increase in geriatric medicine trained health professionals. Despite these mandates, there is still a lack of geriatric trained health education professionals in the countries. Only five medical schools offer special geriatric content in their curriculum: 1) The University of the Philippines, 2) The University of Sto. Tomas, 3) St. Luke's Medical School, 4) Cebu Doctor's University and 5) The Ateneo School of Medicine and Public Health.

Although there are several laws that are relevant to Geriatric health care, concrete action towards their implementation is lacking. There is a National Coordinating and Monitoring Board organized in December 2004, composed of the DSWD (Chairperson), DILG (Co-chairperson) and members: DOJ, DOH, plus five, namely, Coalition of Services for the Elderly [COSE], Federation of Senior Citizens Association of the Philippines, Louise de Marillac Foundation, Veterans Federation of the Philippines [VFP] and the Association of Retired Postal Employees and Senior Citizens.

Philhealth (PHIC) is trying to address the gap in service delivery to older patients by creating responsive benefits that will address the rising prevalence of chronic diseases. These include a hypertension package, out-patient drug benefits, home peritoneal dialysis. PHIC plans to invest in long-term care bundle payments for post hospital care, integration of acute care and some coverage into one delivery system. In the open forum that followed, issues raised included the difficulty in Philhealth reimbursement of all members of the multi-disciplinary healthcare team, and the lack of coverage for nursing home and home care.

#### *The Policy Review Process*

Aligning ourselves to our Vision, the Philippine Society of Geriatric Medicine (PSGM) prepared to create relevant Policy Statements. The members of the PSGM Policy Committee and key Policy Champions agreed to focus our efforts towards the achievement of key missions of PSGM, in particular:

1. To help build political will among public policy-makers to devise and support efforts for the study and improvement of healthcare of the elderly;
2. To support and assist agencies and organizations in establishing and developing aged care programs and services; and

3. To stimulate and integrate the field of Geriatric Medicine in the various medical and allied health professions.

Based on the above data, the priority needs to PSGM and older persons, the group decided to focus on 3 major policy statements. These are: Policy Statements on Community-based Long-term Care, Recommendations to PHIC and other Social Insurance Systems; and Policy Statements on Geriatric Education.

#### *Policy Champions*

Content experts were identified and named as Policy Champions and represented the PSGM, Department of Social Welfare and development, the Academe, Philippine College of Physicians, Philippine Academy of Family Practice, Philippine Academy of Rehabilitation Medicine, Private Hospitals and Health Facilities. They were tasked with the responsibility of convening a group which elected its own facilitator, documenter and reporter.

#### *Capacity Building*

The PSGM policy champions received skills training in policymaking thru a series of lectures and workshops on Evidence-based Medicine and the policy making process. Two other workshops were sponsored by the UP Manila-National Institutes of Health Committee on Aging and the Asian Institute of Management Policy Center. Guest facilitators were Dr. Belen Dofitas (St. Luke's Medical Center EBM), Dr. Fe Marilyn Lorenzo (UP college of Public Health) and Dr. Ruben Caragay (UP Manila-NIH Policy Center). The focus for the project was the improvement of the Quality of Life of Older Persons.

A series of meetings and round table discussions followed, in order to start the process towards improved communication, dialogue, and relationships with public policy makers and opinion leaders. Officers, members of the PSGM, representatives from UP Manila – National Institutes of Health and Phil Health (PHIC) were present.

### **POLICY RECOMMENDATIONS**

The draft policy statements were presented on August 25, 2007 and stakeholders were invited to a discussion in October. The final Policy Statements were presented to the Public, the DSWD, DOH and PHIC during the Joint PSGM/Asian Institute of Management/Okinawa Longevity Center Convention

“Longevity, Public Health and Policy” on November 10, 2007 at the Manila Hotel, Centennial Hall.

*Policy Recommendations of the Philippine society of Geriatric Medicine*

1. Policy Statement on Longer Care

*General Policy Objective*

“To Achieve Quality Long Term Care for Filipino Older Persons”

*Specific Policy Objectives*

1. To uphold, first and foremost, the participation of the older person in self-care, wellness of mind, body and spirit and right to self-determination; (Rationale)
2. To provide quality, cost-effective, safe, culturally appropriate multidisciplinary health care and social services for the older person whether in the home, community and/or institution, that adhere to professional standards of care and evidence-based guidelines for programs and services.
3. To establish support mechanisms for the sustainability of long term care services whether in the home, community, institutions through appropriate accreditation, budget allocation, tax incentives, promotion of private and government collaboration, and various financial and non-financial benefits.
4. To foster the growth and development of geriatric medicine and gerontology in all aspects of health, social, economic, educational, and political components of the Filipino society.

**LONG-TERM CARE POLICY  
RECOMMENDATIONS**

*Sec. 1 Ensuring Quality of Care in the Home and Community*

- a) Professional home-based care for Older Person should be supervised by health care professionals with added qualifications in Geriatrics;
- b) The DOH, DSWD and PSGM would develop the minimum standard in operating professional home care services and create a task-force in the monitoring of the guidelines.

*Sec. 2. Ensuring Quality of Care in the Institutions for Older Persons*

- a) Professional institutional care for Older Person should be supervised by health care professionals with added qualifications in Geriatrics;
- b) The DOH, DSWD, PRA, PSGM and other relevant agencies would develop a minimum standard in operating institutions for the older persons and create a task-force in monitoring the implementation of the guidelines.

*Sec. 3. Program Development*

- a) The LGUs should enact local ordinances that would support the implementation recommended by Sec. 1, 2 and 3.
- b) The DOH, LGUs and other concerned agencies should establish Geriatric Services/Ward in every community (Regional, Provincial Government Hospitals) if possible, appoint Medical and allied professionals that are trained in Geriatrics and Gerontology subject to the guidelines to be issued by the DOH.
- c) Promote formal partnership with government and private entities in developing program/services for both Filipino and foreign older persons.
- d) Financial Institutions should develop guidelines to assist the domestic corporation in accessing guarantee funds for the establishment of nursing and/or residential homes for the older person.

1. Policy Statement on Healthcare Financing

1. The PSGM would like to propose the coverage for Geriatric Home-Based Care through Philhealth and other government and private agencies.
2. Propose research on public health insurance system that will provide additional information on the process and strategy to improve coverage, compensation and subsidies.

2. Policy Statement on Education and Training

1. Identify the Core competencies that will cater to the needs of Older Filipinos that are at par with global standards.

2. Develop and integrate this curriculum into various health disciplines.
3. Monitor and evaluate the implementation of the developed curriculum.
4. Provide funding and support in the form of grants and scholarships towards Geriatric Education.

#### *Response from Government*

The government has since responded by facilitating the discussion of several projects proposed by an NGO, the Coalition of Services of Older Persons (COSE), specifically, the Older Persons' Pension Bill and Volunteer Home-Based Care Program. A grant educational grant was also awarded to the University of the Philippines Manila-School for Health Sciences in Palo Leyte, for the purpose of improving the Geriatric Medicine content of its ladderized training program. In July 2009, the National Academy of Science and Technology (NAST) passed its "Resolution on Active Aging", which identified service, education, pension and financing gaps. The NAST has also committed to support these resolutions by creating the National Advisory council on Active Aging.

### **CONCLUSION**

**Implications to Internal Medicine Training and the Practice of Internal Medicine.** The current demographic shift creates an increasing demand for health care for older persons. There will be an increase in the need for geriatric care in all aspects of health care from preventive to acute to long-term. There is a need for a unified curriculum in geriatrics for all existing internal medicine training programs. We need to identify and address gaps in the geriatric curricular content, variation in skills of faculty as well as a need for appropriate teaching tools for residents in training. Aside from this, specialty training in Geriatric Medicine is recommended.

Improved healthcare insurance coverage which does not discriminate against older patients as well as extension of such coverages to homecare and longer-

care are necessary in improving the quality of life of older Filipinos.

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