

Developing home care services in Bulgaria

Overview

Observing an increasing demand to better manage the complex and continuous health care needs of the elderly population in Bulgaria, this initiative has sought to introduce the concept of home care services to the Bulgarian health system. Working in partnership with the Swiss Red Cross and the nonprofit home care organization Spitex, home care services have been designed and adapted from international models for application in the Bulgarian context. In 2013, the first Bulgarian home care centre opened and began offering services to its local elderly population; 11 additional centres have since opened and are providing home care services across the country. The centres employ nurses and home helpers; both are required to complete a nationally licensed training upon hire. Centre employees work as a team to provide services, with nurses leading patient care in a coordinating role. Home helpers assist patients with daily tasks including managing personal hygiene, preparing meals and cleaning the home. Nurses provide services such as blood pressure monitoring, heart checks, bandage changes, wound care and other primary care services. As home care centres continue to rely on donor funding, the Bulgarian Red Cross is currently working with the government to develop a sustainable financial model for delivery. In 2012, a common project between the Bulgarian Red Cross, government ministries and other stakeholders was started. Currently in the final stages, this project is working to establish the necessary political, legal and financial frameworks to fully integrate home care services into the health system, establishing the building blocks for future sustainability.

Problem definition

Bulgaria is faced with an ageing population; in 2011 nearly a fifth of the population was over the age of 65 years.¹ This trend has shown a steady increase over time, up from 13% in 1990.¹ The ageing population has paralleled a rise in chronic morbidities, comorbidities and disabilities. For example, rates of type 2 diabetes among those over 70 years of age increased from 147 per 100 000 population in 2005 to 154 per 100 000 in 2010.²

In this context, the existing health care system has faced difficulties in providing the necessary continuity of care called for. Unmet care needs within the elderly population, resulting from a narrow scope of services and the exclusion of supportive social services, became increasingly evident. Additionally, this demographic faced varied mobility challenges in reaching providers, ultimately undermining their access to necessary services.

Box 1

What problems did the initiative seek to address?

- Ageing population with nearly 20% over age 65 in 2011.¹
- High and rising prevalence of comorbidities, disabilities and chronic disease.²
- Too narrow a scope of services to manage the full range of health and social care needs.
- Restricted access to providers leading to overuse of expensive institutional or specialized services.

Health services delivery transformations

Timeline of transformations

In response to the problems described, an integrated model for providing health and social care services to elderly patients in their homes was proposed. In the early 2000s, the Bulgarian Red Cross initiated development of a home care model for the Bulgarian context and gradually, home care services have been introduced across the country.

In 2012, in response to increasing national pressure to accommodate the future health needs of the ageing population, coupled with the success and continued expansion of the home care model, the Bulgarian government prioritized the formalization of this effort through a collaborative project with the Bulgarian Red Cross.

A number of actions to support the formalization of home care services have been taken and the government's priority to develop a fully embedded and sustainable home care service model has been detailed in policy documents.

Description of transformations

Selecting services. Home care services are now available to the elderly population, responding to a number of their health and

Table 1

What were the chronological milestones for the initiative?

2003	Set-up of first home care centre to coordinate delivery of home care services led by the Bulgarian Red Cross in response to changing population needs.
2005–2006	Launch of five additional home care centres in different regions across the country; standard quality criteria developed for the service.
2010	Two additional home care centres opened.
Early 2012	Common project between the Bulgarian Red Cross, Ministry of Health, Ministry of Labour and Social Policy and Swiss Red Cross launched to formalize the home care model.
Late 2012	Four additional home care centres opened.
June 2013	Study conducted on the specific home care needs of the Roma population; members of the Roma community recruited by home care centres.
2014	Government approves National Strategy on Long-term Care and the National Health Strategy 2014–2020, formalizing its priority for an integrated approach to home care.
2014–2015	Project for determining cost-effectiveness and cost pricing for home care services is organized.
Present	Common project continues to be implemented; drafted legislation is awaiting finalization.

social needs. This includes basic medical services such as blood pressure measurements and blood glucose checks, wound care and heart monitoring. Additionally, home helpers provide services such as assisting with personal hygiene, cleaning and household chores, grocery shopping and meal preparation, paying bills and other similar activities.

Designing care. A needs assessment is conducted for each patient upon enrolling for home care services to ensure care plans are adapted to individuals' needs. Services are provided in patients' homes in strict observance of quality criteria developed by the

Bulgarian Red Cross based on the Swiss Spitex home care model and early operational experience of implementing the programme in Bulgaria. National standards and protocols are being developed.

Organizing providers. Home care centres are staffed by specially trained nurses and home helpers, which are both new provider positions in the Bulgarian context. The initiative has expanded the scope of practice for nurses who have assumed the primary responsibility for delivering home care services and supervising home helpers.

Managing services. Home care centres are overseen by the Bulgarian Red Cross. Nurses and home helpers are employed by the organization and are trained through a partnership with lecturers at the medical university in Sofia. Activities are carried out with donor funding support from a variety of organizations including the German, Italian and Swiss Red Cross, UniCredit Foundation, European Union funds and the Swiss Agency for Development and Cooperation.

Improving performance. All nurses and home helpers employed by home care centres are required to undergo an initial training on providing health and social services in home settings. Home helpers are expected to complete 120 classes and nurses 160 classes. The training for nurses includes additional specialized topics unique to their role such as performing needs assessments, developing care plans and supervising home helpers.

Engaging and empowering people, families and communities

An important aspect of the activities of home care centres is their support of patients' capacity for self-care and independence. Nurses provide training to patients and their relatives with the objective of strengthening patients' ability for self-care and increasing personal motivation to invest in health. In order to provide equitable, patient-centred care, approximately 25% of home care centre staff are from the Roma population, which allows for more tailored, peer-led services for this at-risk population group.

Health system enabling factors

The introduction of home care services in Bulgaria has challenged existing laws that prohibit payment for the provision of nurse-led services in homes and require nurses to be supervised by a physician. Adjusting the institutional context

Table 2

How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Home care services not available.	Home care services have been established; nurses provide a range of primary care services; home helpers provide social support such as cleaning, preparing meals and helping with other daily tasks.
Designing care	
No guidelines or protocols for delivery of home care.	Quality criteria for services delivery developed based on international models and early operational experience; needs assessment conducted to develop a personalized care plan for each patient upon entry into the programme.
Organizing providers	
No providers offer home care services; concentration of providers in secondary and tertiary care levels; nurses are prohibited from practicing autonomously and must be supervised by physicians.	Home care centres employ nurses and home helpers to deliver care in patients' homes; nurses work autonomously to deliver care in patients' homes and supervise home helpers.
Managing services	
No resources for delivery of home care services; no actors in home care.	Bulgarian Red Cross established 12 home care centres and employs nurses and home helpers within these; donor funding supports activities.
Improving performance	
No training on providing home care available.	Bulgarian Red Cross requires all nurses and home helpers to complete a training course on providing health and social services in home settings; home helpers complete 120 classes and nurses complete 160.

for the widespread availability of home care services has been put to the health system which is now in the process of reforming legislation to allow autonomous, nurse-led services. While this process has not yet been completed, an important milestone was achieved at the end of 2015, when an amendment was made to the Health Act allowing for the integrated provision of health and social services.

Trainings provided by the Bulgarian Red Cross for home care centre staff have been devised in line with European requirements and are licensed by the National Agency for Professional Education and Training. The Bulgarian Red Cross is working

with the Ministry of Labour and Social Policy to develop national level training for social assistants and home helpers engaged in the provision of social services in home settings. The objective is to formally recognize this role within the health system and introduce a standardized training and certification programme for these professionals.

Multi-actor and cross-sector partnerships have supported the development of unified national quality standards for health and social services provided in home settings. Software to standardize data collection has been developed with the support of universities in Sofia. First introduced in 2013, data

collected through the new software programme has informed research examining, for example, the cost of delivering home care services and how to improve access for underserved population groups.

While significant steps have already been taken to reorientate the health system to support the delivery of home care services (Table 3), until legislation is formally adopted oversight for home care services remains the responsibility of the Bulgarian Red Cross.

Table 3

How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	<ul style="list-style-type: none"> • Bulgarian Red Cross currently responsible for oversight of home care centres. • Amendment to the Health Act allows the integrated provision of health and social services. • Common project between the Bulgarian Red Cross and government ministries is working to establish the legal and financial framework for the sustainable, integrated provision of home care. • Recent government documents supported the continued development of home care within the health system.
Competencies	<ul style="list-style-type: none"> • Training provided by Bulgarian Red Cross for home care centre staff certified by the National Agency for Professional Education and Training. • Bulgarian Red Cross working to build on the existing social assistant profession with additional competencies in home care; drafted proposal currently awaiting government approval.
Information	<ul style="list-style-type: none"> • Data collection recently introduced; data gathered will serve as the basis for cost pricing of home care services and other research agendas.
Innovation	<ul style="list-style-type: none"> • Software programme developed by technical universities in partnership with the Bulgarian Red Cross to enable necessary data collection.

Box 2

What were the main outcomes of the initiative?

- Integrated health and social services in the community are recognized for the first time in Bulgaria and are included as a priority in government policy documents.
- Twelve home care centres have been established across the country, providing services to over 800 patients.
- Patients are provided with necessary care in the comfort of their own home.

Outcomes

While data on outcomes are not yet available for the initiative, a number of qualitative indicators can be observed (Box 2). As a result of the initiative, elderly patients now have increased access to primary care services delivered conveniently in their own homes.

Change management

Key actors

The introduction of home care services benefited from the engagement of multiple actors working across sectors (Box 3). Strong leadership from the Bulgarian Red Cross, in partnership with international organizations such as the Swiss Red Cross and Spitex,

propelled the initiative forward.

The later partnership formed with the government and subsequent stewardship of the Ministry of Health is currently serving to develop system conditions required to take the initiative forward and fully integrate home care services within the health system.

Box 3

Who were the key actors and what were their defining roles?

- **Bulgarian Red Cross.** Led the initiative to deliver the first home care services in Bulgaria; oversees running of home care centres; coordinates training for home care centre staff; collaborates with government on a common project to formally embed home care within the health system.
- **Swiss Red Cross.** Supported the initial development of a home care model in Bulgaria and provided technical assistance in setting up the initiative; collaborates on the common project.
- **Spitex.** Swiss nonprofit organization specializing in home care; lent technical assistance at start of initiative; Bulgarian home care centres based on its care model.
- **Ministry of Health and Ministry of Labour and Social Policy.** Working with the Bulgarian Red Cross on the common project to develop policies and legislation that will allow the integration of home care.

Initiating change

Inspired to address gaps in services delivery for elderly patients, the Bulgarian Red Cross initiated development of a home care model for Bulgaria despite the concept of home care being nonexistent in the country. Financial and technical input from the Swiss Red Cross and

Spitex helped kick-start the initiative. The Spitex model provided the necessary starting platform to inform programme design, which was then adapted to suit the Bulgarian context.

Implementation

Several different Red Cross agencies, nonprofit organizations and other groups assisted in the implementation of the initiative. Financial and technical support was provided by the German and Italian Red Cross for the running of five home care centres. UniCredit Foundation assisted with running a further two centres. Several different stakeholder groups, including Caritas Bulgaria (a social work nonprofit), the Bulgarian Association of Professionals in Nursing Care and the Bulgarian Association for the Protection of Patients helped build community awareness of activities and support the services offered by home care centres. Leaders do, however, note that additional awareness raising among general practitioners, municipal authorities and hospitals, among others groups, is still needed to fully meet patients' needs.

There was originally a lack of trust from patients and their relatives as

home care was a foreign concept for Bulgarians. It took initiative leaders several months to explain to communities what the initiative was trying to achieve. In most cases, trust and understanding were built gradually through the consistent provision of high-quality home care services, which enabled patients and communities to see and experience the benefits of such a service for themselves. Gradually, the regular provision of home care services contributed to the popularization of this type of service among patients and communities.

Moving forward

The Bulgarian Red Cross is working with the government and other expert stakeholder groups to finalize the development of a political, legal and financial framework to support the full integration of home care services delivery in the health system. Once accomplished, this will ensure sustainability and allow standardized, high-quality care to be provided to elderly patients in home settings across Bulgaria.

Highlights

- Faced with an ageing population and increasing chronicity, introduction of home care services was proposed as a patient-orientated approach for ensuring appropriate service provision close to home.
- A pilot approach allowed the gradual rollout and testing of an adapted model in the Bulgarian context, maturing processes and building trust both among providers and the population.
- Efforts to adapt services delivery included new roles and responsibilities for the health workforce and the development of supporting information and communication resources.
- Establishing the necessary system conditions, including the development of a supportive legal framework, continues to be integral for advancing the sustainability and scale of transformations.

1 WHO Regional Office for Europe, (2014), *European Health for All Database*. Retrieved from <http://data.euro.who.int/hfad/>

2 Institute for Health Metrics and Evaluation, (2014), *Global Burden of Disease Cause Patterns*. Retrieved from <http://vizhub.healthdata.org/gbd-compare/arrow>