

# Chapter 7

## Development of Accreditation Approach of Elderly Care Service Providers: Experience from East and West

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### ABSTRACT

*The purpose of this book chapter is to explore the similarities and differences in the development of performance measures and accreditation systems for the quality assurance of elderly care service providers of Asian and Western origins, focusing on Hong Kong, Macau, Australia and Canada. Building on a proposed theoretical framework, this study utilizes a multiple-case study method to examine the influencing factors for the accreditation approach adopted by a jurisdiction. The findings suggest that the quality assurance of the elderly care service operators of the Asian origins as selected appears to lag behind those of the Western countries and undergo their own peculiar paths of development. Thus, Hong Kong and Macau could learn from the practical experience of Australia and Canada in terms of their concerted approaches for funding, accreditation and assessments under an increasingly market-driven service sector in which the well-being of the end-users needs to be adequately protected.*

### INTRODUCTION

The worldwide aging population has increasingly become one of the most transnational social issues to be addressed by policy makers in different countries and the global research agenda. As the elderly population is increasing rapidly (OECD, 2016), the demand for institutional elderly care and residential care for senior citizens is experiencing exponential growth (Bernoth et al., 2014). Policy makers, health

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care professionals and care service providers for the elderly around the world need to take measures to address the growing demand of the aging society. Prior health care studies have paid relatively little attention to comparing various management perspectives in elderly care settings in various jurisdictions (KPMG, 2013). The purpose of this book chapter is to explore and examine the similarities and differences in the development of performance measures and accreditation systems for the quality assurance of care service providers of Asian and Western origins, focusing on Hong Kong, Macau, Australia and Canada.

This chapter is structured as follows. The next section provides general background information on the aging population and the elderly care service providers. A brief literature review of operational models and funding sources, performance measure systems and accreditation systems is then provided, followed by the proposed theoretical framework of the accreditation approach and research design. Then, multiple-case studies from four different jurisdictions are presented. Conclusions and future research directions are provided at the end.

## **BACKGROUND**

### **The Aging Population and the Elderly Care Service Providers**

The aging population has become one of the major transnational social issues to be addressed by policy makers. The global aging indicator shows that the number of people aged 60 or above is approximately 901 million, and this number is expected to grow to 2.1 billion by 2050, as the life expectancy rate will gradually increase from 70 years in 2015 to 77 years in 2050 (The United Nations Population Fund, 2015). The gap between older people and children under 15 will be 1.6 billion people, and approximately 48% of the retirement-age population does not receive any pension fund (The United Nations Population Fund, 2015). The aging of the Western population is mainly due to declining fertility rates, the aging of the baby boom generation born in the post-World War II era, and increased longevity in general (De Meijer et al., 2013).

Policy makers and health care planners have conducted various health-related and population-based studies to address issues pertinent to the aging population. These contemporary health issues could be viewed as social concerns that require insights from multiple disciplines, including political, economic, religious, legal, technological and medical perspectives (Lewis, 2002). Other factors that have also been taken into account include national income growth, new health and medical technologies for the elderly, and the social costs of health care to maintain the quality of life and sustain the lifespan of the local population (De Meijer et al., 2013). As such, substantial public and health expenditures could be required for allocation to resources pertinent to an economy with an aging population.

The sector of global healthcare service providers grew by 4.6% to reach a total revenue of US\$ 7,142 billion in 2013, presenting a compound annual growth rate (CAGR) of 4.8% between 2009 and 2013, and this sector is predicted to grow at a rate of 6.1% in the period between 2013 and 2018 (MarketLine, 2014). The Americas, Europe and Asia-Pacific accounted for 49%, 28.6% and 20.7% of the global healthcare provider sector in 2013, respectively, (MarketLine, 2014). The average health expenditures increased significantly from 5% of the GDP in 1970 to almost 10% in 2015 in OECD countries (OECD, 2015). The Asia-Pacific and European sectors grew with compound annual growth rates (CAGRs) of 8.4 and 2.6% in 2013 to reach US\$ 1,477 billion and US\$ 2,039 billion, respectively (MarketLine, 2014).

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