



## Development of Financial Service Methods for People with Dementia during Digitalization: A Partnership between Citizens and the Russian State

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**Abstract.** There is a need to achieve complex quality services for people suffering from dementia based on significant reductions in the material and moral capabilities of the family and state in a limited period of time. A method of forming a personal fund is proposed, in which citizens can save their personal funds, and the state will provide quality services in case of illness. Data are presented about three groups of elderly people, whose representatives differ in terms of social activity and health status. It is substantiated that the third group, belonging to the retirement age (people aged 80–85), is burdened to the largest extent by medical and social-care problems, including the susceptibility to dementia. The paper analyzes the volume and structure of financial resources for treatment and presents a forecast of the burden on the able-bodied population of the country for the timely treatment and service of these persons. The proposed creation of citizens' personal funds makes it possible to transfer the psychophysiological burden experienced by members of society with dementia to specially trained personnel in order to save their families money in the event of an insured event—dementia. This will reduce household costs, ensuring the provision of qualified, comprehensive, high-quality services that not just alleviate the condition of elderly people with dementia but also create guaranteed decent living conditions. The organic blending of this suggestion with the introduction of a new cumulative pension scheme (guaranteed retirement plan, GRP) that envisages numerous tax incentives and state guarantees can ensure the effective support of people with dementia. It will contribute to the fair distribution of responsibilities to finance the social services provided to dementia patients between the families and the state.

**Keywords:** Dementia; Family; Guarantee; Personal fund; Service

### 1. Introduction

The aging of the population is a process common for most countries in Europe and North America, which generates a wide range of social, economic, and political problems. The major economic problems include a growing burden on the pension system (Sinyavskaya, 2017), while the social objectives are defined by the need to ensure active longevity (Second World Assembly on Ageing, 2020). The political objectives are preconditioned by a growing share of the elderly-aged electorate and significant risks of remonstrative moods in this group of electors as well as the negative impact on the military-mobilization potential of the state (Erokhin, 2018). One of the factors of the growing burden on the social and economic system is higher costs of services for disabled, elderly people, among which there is a group requiring various expenses. These are people suffering from

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dementia, who experience a steady, progressive decline in cognitive functions expressed as a loss of existing knowledge, skills and abilities, and mental handicap (Malofeev, 2013; World Health Organization, 2017; Alzheimer's Disease International, 2019).

According to experts, the proportion of people with dementia in the world increased from 20.2 million in 1990 to 43.8 million in 2016 (2020 XXII Century: Discoveries Expectations Threats, n.d.), increasing by 2.17 times. The average annual growth is 8.3%, and experts believe that the share of patients with dementia is going to double every 20 years. Their number will reach 65.7 million by 2030 and roughly 115 million by 2050. The frequency of registration of new cases of dementia in the world is once every four seconds (Bogolepova, 2015). According to this trend, growth can be forecasted in:

- The costs that households bear to service patients with dementia;
- The share of employable people that have to quit their jobs or transfer to part-time jobs because of a need to provide 24-hour care to dementia patients.

Possible ways to reduce this foreseeable impact are related to the need to transform the labor resources under the "Digital Economy" program (Rudskaia, 2018; Kudryavtseva et al., 2019).

With a growing share of the population in the majority of developed countries becoming "elderly," the increase in the number of people suffering from dementia will be one more factor reducing the quantity of economically active workers/professionals, which poses a threat to economic growth. This threat cannot be neutralized by increasing the income of the elderly based on non-government retirement plans because the citizens of the country have little trust in the savings schemes of non-government organizations, the stability of the national currency, and the inflation expectations, which can devalue long-term savings. On the other hand, state funding of the expenses arising from the need to pay for the comprehensive services related to the health care and leisure of elderly dementia sufferers, during a time of a growing pension burden caused by the aging population, does not seem possible at first glance. At the same time, effective organizational and financial mechanisms ensuring citizens' employment during this time of growing retirement age are suggested.

Thus, providing guaranteed, comprehensive, high-quality health care services, medical treatment, and leisure to the elderly is an important issue that, if tackled, will:

- Reduce, in the long run, the economic and psychological burden on households that have to take care of a disabled, elderly person due to the simultaneous use of the public-private partnership (Ivanov et al., 2019);
- Ensure larger employment in the social sphere (Rodionov et al., 2018);
- Contribute to the growth in productivity of citizens of employable ages due to their liberation from having to take care of the people suffering from dementia and elimination of psychotraumatic factors;
- Create prerequisites for changing the services for people suffering from dementia into high-quality ones of mass proportion, making it possible to reduce the per-unit costs of services to become widely-accessible due to innovations (Zaborovskaya, 2020) and mass scale (Zhilyaeva and Rodionov, 2016).

This paper aimed to develop an approach providing comprehensive, high-quality health care services to people with dementia (CSPD), including accommodation, care, medical treatment, and leisure at a level guaranteed by the state.

The research hypothesizes that the participation of citizens and guarantees of the state are a mandatory component for providing comprehensive, high-quality services that ensure comfortable living, care, medical treatment, and leisure to the elderly, including those suffering from dementia, in cases where personal savings are established by citizens.

## 2. Literature Review

The issue of high-quality servicing and care for the elderly with dementia has both humanitarian and socioeconomic significance. An alternative to the care provided by the relatives is placing the patients in elderly homes with 24/7 supervision, where comprehensive, high-quality accommodation, medical treatment, care, and leisure are provided.

The following conclusions were made in a research study conducted by the London School of Economics and Political Science (LSE): almost 80% of the population are worried about the development of dementia, and 25% of people believe that we cannot do anything to prevent dementia. Thirty-five percent of worldwide caregivers claimed that they hid the dementia diagnosis of a family member; over 50% of worldwide caregivers said that their health suffered due to fulfilling their duties even though they express a positive opinion about their role. Almost 62% of healthcare workers in the world believe that dementia is a normal part of aging. Forty percent of the population thinks that doctors and nurses ignore people with dementia. At the same time, scientists recommend improving the life of people with dementia, their caregivers, and relatives around the world, i.e., people with dementia must have access to support and services without being afraid of stigmatization ([Alzheimer's Disease International, 2019](#)).

Insurance payments to cover healthcare services in accordance with the provisions of the 11<sup>th</sup> volume of the Social Code (SBG XI) of Germany are given to people who have a documented disability and limited abilities to live independently. The abilities of the disabled person are considered in six life-spheres, determining his or her degree of independence. The six spheres are the six so-called modules—mobility; cognitive and communicative abilities; behavior and psychological problems; meeting one's own needs; ability to cope with the requirements and stresses related to the disease and treatment; organization of daily living activities and social contacts. In the course of the analysis, a total score is determined, which characterizes the necessity for care from a third person and based on it, a disability category is established. People with dementia whose capabilities in daily living activities are limited are assigned a disability category from two to five.

Legal support and legal representation are provided if dementia is accompanied by a loss of intellectual capacity when decisions have to be made for the patient based on a general power of attorney or appointment of a guardian (Information for Russian-speaking relatives of patients suffering from dementia in the Saarland, n.d.).

The study conducted by [Alashev and Kuteinitsyna \(2016\)](#) established that the elderly have a strong need for sanitary, hygienic, and domestic services. The ability to provide palliative support in case of dementia was researched by [Kuzenkova et al. \(2017\)](#), who believed that the scope of such help includes support for such patients' families. However, the economic aspects of this support were not considered by these authors. The fact that dementia is gradually moving to the group of problems requiring public participation, in terms of improvement of the infrastructure for caring for the elderly, was studied in the work of [Vorob'eva \(2014\)](#). This idea must be further elaborated and lead to concrete actions with substantiated financial support.

The issue of the quality of services provided to the elderly, especially those with dementia, exists not only in Russia but also in other countries. In particular, personnel specializing in the care of dementia sufferers are not trained properly. Caring for the elderly and people with dementia is difficult even for trained personnel.

### 3. Research Methodology

For the first time, from the standpoint of the social and financial components of the problem, the research methodology is based on a system of sequential analysis of data on the state and development prospects of dementia in different age groups with a simultaneous increase in the material and moral costs of families and the state to address this problem. Predominantly in the old retirement age group, people, when health and social care issues become a priority. Especially, at this age should be allocated to persons suffering from dementia, including Alzheimer's disease. For them, it is advisable to use the already achieved successes in the field of public space management for social purposes of distancing and protecting public health, such as health testing and digital contact tracing (Berawi, 2020). The structure of the expenses arising from their treatment and servicing is

The cost structure for their treatment and maintenance includes indirect and supplementary costs that arise due to the fact that the patients gradually lose their ability for independent daily living activities, while their relatives suffer because the ill person fails to perform their cognitive functions (Puzin et al., 2015).

As follows from the estimated calculations, the direct and indirect costs significantly exceed the costs of treating patients with dementia (therapy and outpatient services: 110–150 thousand rubles). The current costs include payment for sick leave, losses from reduced labor productivity of relatives, and the cost of round-the-clock care, totaling more than 185 thousand rubles/person. These costs create a significant burden on households; relatives caring for such patients, as a rule, cannot work full-time or are forced to leave their jobs.

### 4. Results and Discussion

In order to calculate the expenses arising from caring for patients suffering from dementia, the dynamics of the number of people with dementia were projected until 2035. In order to develop the forecast, data about the age of population by 1-year groups were used. When calculating the proportion of the population over the employable age, the retirement age was taken into account according to Federal Law No. 350-FZ "On introducing amendments to some legislative acts of the Russian Federation concerning assigning and paying pensions" (Federal law No. 350-FZ, 2018). The number of patients with dementia was calculated based on the data of König (2013). For the age groups of 70–74, 80–84, which lack any data, the share of people with dementia is assumed at the level of the middle of the interval of the neighboring 1-year groups. Thus, in the calculation, it is assumed that the share of people with dementia is 1% among the people aged 65–59, 3.5% among the people aged 70–74; 6% among the people aged 75–79; 15% among the people aged 80–84; and 24% among the people aged 85–89.

The number of people with dementia was calculated as the sum of products of the number of people in the same age group per share of people with dementia in this group. The burden carried by the employable population represents the number of people with dementia per 1000 people of employable age (Table 1).

**Table 1** Forecast of the number of patients with dementia per 1000 citizens of the RF (burden on employable population)

Indicators	Forecast scenario		
	Low	Middle	High
2019			
Employable age (16–61(56)), people	123266734	83408450	83442422
Number of patients with dementia, people	1467864	1469375	1470711
Burden on the employable population, people/1000 people	12	18	18
2021			
Employable age (16–63(58)), people	85780785	85945766	86106459
Number of patients with dementia, people	1537903	1539994	1548119
Burden on the employable population, people/1000 people	18	18	18
2023			
Employable age (16–65(60)), people	88084301	88487222	88914934
Number of patients with dementia, people	1601067	1603385	1624164
Burden on the employable population, people/1000 people	18	18	18
2027			
Employable age (16–65(60)), people	86092499	87153366	88333933
Number of patients with dementia, people	1680745	1683538	1767426
Burden on the employable population, people/1000 people	20	19	20
2029			
Employable age (16–65(60)), people	85867617	87314069	88913799
Number of patients with dementia, people	1725522	1729955	1855650
Burden on the employable population, people/1000 people	20	20	21
2031			
Employable age (16–65(60)), people	85805165	87661685	89689140
Number of patients with dementia, people	1803097	1810063	1989499
Burden on the employable population, people/1000 people	21	21	22
2033			
Employable age (16–65(60)), people	85776496	88069069	90514450
Number of patients with dementia, people	1906644	1909622	2168178
Burden on the employable population, people/1000 people	22	22	24
2035			
Employable age (16–65(60)), people	85178242	87946541	90836700
Number of patients with dementia, people	2013140	2004423	2364123
Burden on the employable population, people/1000 people	24	23	26

As shown in Table 1, according to the low forecast scenario, by 2035, it is projected that the burden on the employable population will double in comparison to 2019; according to the middle scenario, the growth will be 127%; according to the high scenario, the increase will be 144%. Correspondingly, all groups of costs will grow: direct, indirect, and supplementary. The costs of the mandatory medical insurance fund, which do not cover expenses related to medications and expenses of households, will increase, too. This problem is fully comprehended in Russia only by the experts and members of the families who have relatives with dementia. The survey, whose results were published by [Bogolepova \(2015\)](#), shows that about:

- One-fifth of the respondents do not think about the problems of old age;
- The ratio of those who are apprehensive about dementia and those who are not apprehensive is 46:48;
- People evaluating their material status as unsatisfactory are apprehensive about dementia, while students, men, and those who evaluate their material status as very satisfactory, are not afraid of dementia.

However, the problem of organization of the servicing of the elderly should be tackled with the participation of citizens themselves. Being still at employable age, they should accumulate savings that could then be used to pay for a comprehensive service aimed at treating and caring for people with dementia (CSPD), including 24-hour care, and, in case



of need, for a comfortable stay in a home for the elderly, which provides medical treatment. Health insurance mechanisms do not work effectively in this case because accumulating a fixed amount and its payment in the long-term does not guarantee that the CSPD is obtained in kind due to the inability to project the prices on the components of this service in a reliable way. It is true that, as a rule, insurance companies offer programs implying insurance coverage in case an insurance event occurs. Such programs are gradually becoming popular. For example, in Japan, they have developed a comprehensive insurance product for people aged 40–90, covering the risk of dementia due to a growing proportion of the elderly population. The insurance product called “Dementia Support” has been developed in partnership between Saint-Plus Small Amounts and Short-Term Insurance and, pharmaceutical company, Eisai. The insurance premium amount is established at \$1.52 or more per month (711, 2020). In Russia, such insurance products have not spread so far. Insurance companies predominantly offer standard health insurance products.

In order to provide the CSPD, it is suggested that a mechanism be used to form a personal health fund by citizens of employable age under the state guarantee of obtaining this service in case of a disease. These savings can be monetized only in the composition of the legacy of the citizen after his death, or this fund can be transferred to the heirs as a guaranteed CSPD. In order to carry the state guarantees, it is reasonable that a specialized fund should be set up for granting internal loans to physical persons. The state guarantees that the CSPD is provided to the investors of the fund in case they are diagnosed with dementia.

The possibility of forming such a fund was studied by scenario forecasting. With regard to the above:

- The average monthly salary in the RF at the time of research was taken as a basic amount of income (47,192 RUB/month);
- The possibility of forming the fund was considered in case of 0,1%, 0,5%, 1,0%, 1,5%, 2% deductions in the amount sufficient for receiving the accommodation services (comfort level of a 3-star hotel for double accommodation), meals, 24-hour care);
- Medical services were not considered because they are provided at the expense of the mandatory health insurance fund;
- The return on investment was defined based on the level of the zero-coupon return on investment of state bonds with the repayment date being 30 years as of June 19, 2019 (7.75%); the options of return on investment were considered as 7.5%, 7.0%, 6.0%, 5.0%.
- It was assumed that the growth in the cost of the CSPD, in the long run, would be compensated by the low return on investment for the investors;
- The average yearly cost of the CSPD is 720 thousand Russian rubles a year (according to the results of monitored prices for these services on the websites of homes for the elderly);
- The options for forming the fund were analyzed for different periods of time: 40 years (480 months), 30 years (360 months), 20 years (240 months), 10 years (120 months).

The fund value (FV) was calculated using the factor of unit accumulation for a period (1 month):

$$FV = \frac{(1+i)^n - 1}{i} \cdot PMT \quad (1)$$

where  $i$  is the rate of return,  $n$  is the number of the charge periods,  $PMT$  is the monthly payment.

The CSPD provision period was determined as the ratio of the accumulated amount of the fund to the average yearly cost of the CSPD.

The results of the calculations are presented in Table 2.

**Table 2** Model forecast of the period within which the CSPD is provided in case the personal fund is formed

Period of fund formation	7.50%		7.00%		6.00%		5.00%	
	Fund value, rub.	Period of CSPD provision	Fund value, rub.	Period of CSPD provision	Fund value, rub.	Period of CSPD provision	Fund value, rub.	Period of CSPD provision
40 years	14269417	20	12372591	17	9397845	13	7208811	10
30 years	6358595	9	5752501	8	4740306	7	3930335	5
20 years	2613055	4	2457059	3	2180371	3	1940564	3
10 years	839653	1	816607	1	773347	1	732934	1

According to the experts, the life expectancy of people with dementia is 7 to 15 years from the moment of diagnosis. Early participation of citizens in forming their personal CSPD funds between 30–40 years of age would make it possible to virtually neutralize the threat of discomfort or lack of care in case of dementia. Additionally, to reduce the projected increase in the burden on the working-age population from 2.0 to 1.3 times by 2035 compared to 2019, according to various scenarios, including the growth of all cost groups: direct, indirect, and supplementary.

This study proves that there is a practical possibility for citizens with an average income to ensure the provision of the CSPD at their own expenses in case they form their personal fund under state guarantees. Moreover, if they start to form the fund at an early age (30 years prior to retirement), the risks of discomfort and lack of proper care in case of dementia become minimal. As seen in the results presented in Table 1, even in the case of the 5% rate of return, forming the fund for 30-year-olds ensures the provision of the CSPD during the course of 5 years. Even a relatively short period of forming the fund (10 years) makes it possible to receive the CSPD to a full extent for 1 year.

However, since the calculations exclude the impact of inflation, the state must guarantee the provisions of the CSPD. The owner of the personal CSPD fund makes available “long” money with a low rate of return for the state; the state guarantees that the owner will be provided with the service, whose volume and assortment are established at the moment when the citizen begins to form the fund.

## 5. Conclusions

In practice, the idea of forming a personal fund for the provision of the CSPD is very problematic due to the following reasons: (a) The population has very little trust in making long-term savings without being able to withdraw the deposits due to the high instability of the financial and pension systems of the country over the last 30 years; (b) So far, the citizens of Russia, especially the youth, have not overcome the low level of personal responsibility for the formation of their own healthcare capital; (c) It is essential to expand the legislative environment for the formation, use, and inheritance of a means of personal CSPD funding, as well as the conditions for obtaining the CSPD in case of disability of the person who has initiated the personal account.

The calculations show that if citizens with above-average incomes allocate 1% to the personal CSPD fund, they can receive this service in case of disease under the state's guarantees. However, citizens with a low income are unlikely to form such funds because it

is far more important for them to resolve their current needs rather than view this problem, which may or may not arise, from the long-term perspective.

Nevertheless, the approach suggested helps transfer the burden of extreme psychological and physiological stress experienced by the family members of patients with dementia to specially-trained personnel in order to reduce the costs of households and ensure rendering of qualified services that help ease the condition of elderly dementia patients. It simultaneously takes into account the possibilities of sustainable development of technologies and their scaling (Berawi, 2019), including smart home services. If this proposal is organically blended with the new pension saving plan (guaranteed retirement plan, GRP), which envisages numerous tax incentives and state guarantees, it will be possible to effectively support people suffering from dementia (RG, n.d.). Given the abilities of the state during this time of economic digitalization, it will be possible to account for the incomes of the entire families rather than individual citizens, which will help to impartially distribute the responsibilities related to the funding of social services between the family members of patients with dementia and the state (Interfax, 2020).

## 6. Recommendations

Further research on the following areas is worth exploring:

- Studying the possibilities of forming personal CSPD funds and managing them so that the abilities of their use by people from relatively poor social groups can be expanded;
- Assessing the dynamics of the CSPD cost and its individual components in a long retrospective manner so that the long-term freezing ability of the CSPD price for the owners of personal accounts can be principally determined;
- Defining the form of ownership of the company that will be managing these personal CSPD accounts, as well as the administrative costs of forming and spending these funds;
- Developing a methodology to evaluate the social and economic efficiency of forming personal CSPD funds at the levels of state, region, and household.

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