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Have we under-invested in Palliative Care? Aligning Policy Objectives and Payment Design in Palliative Care

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and Palliative Care South Australia Forum
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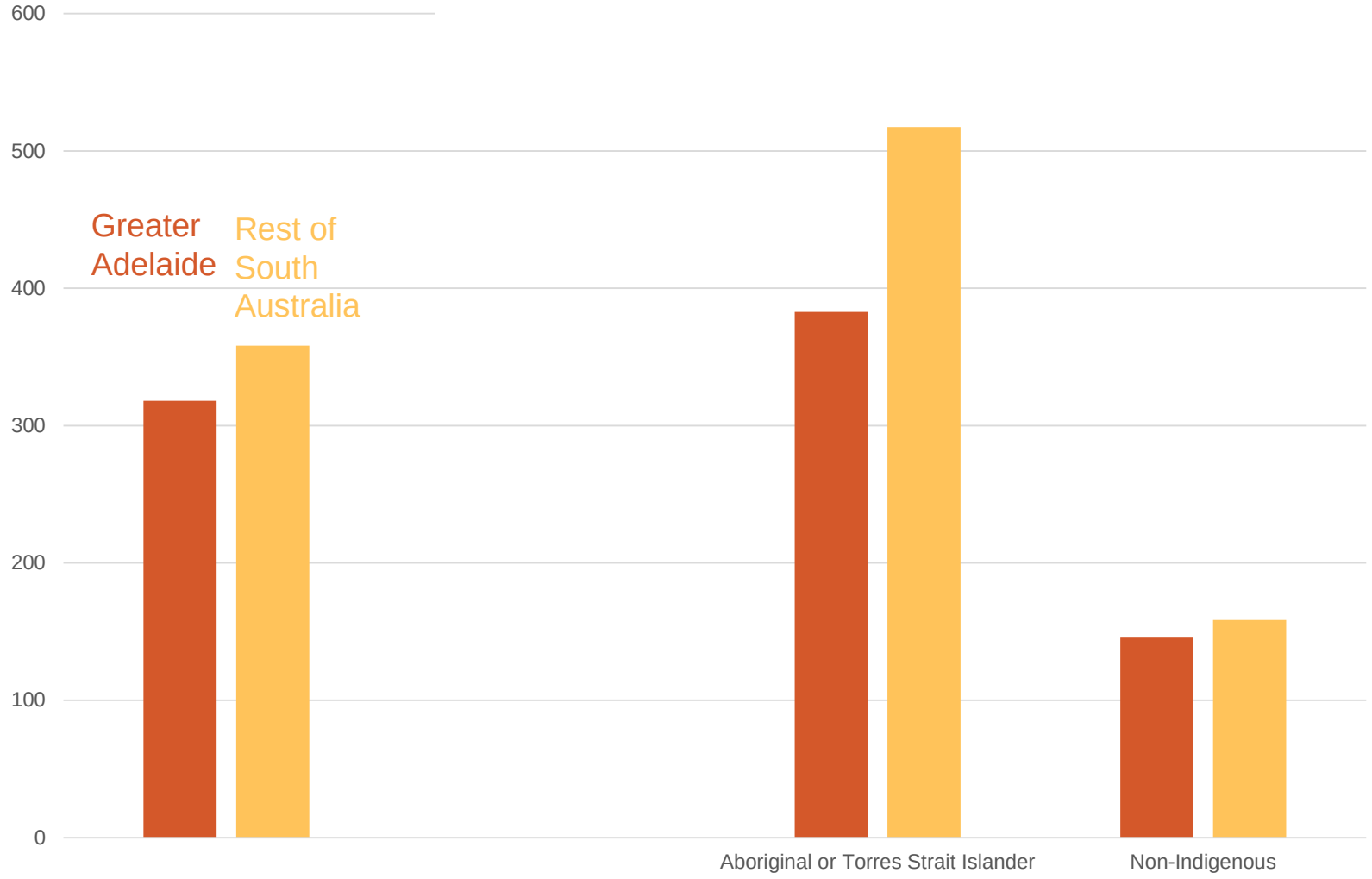
People in Greater Adelaide have higher rates of avoidable mortality than people in the rest of South Australia

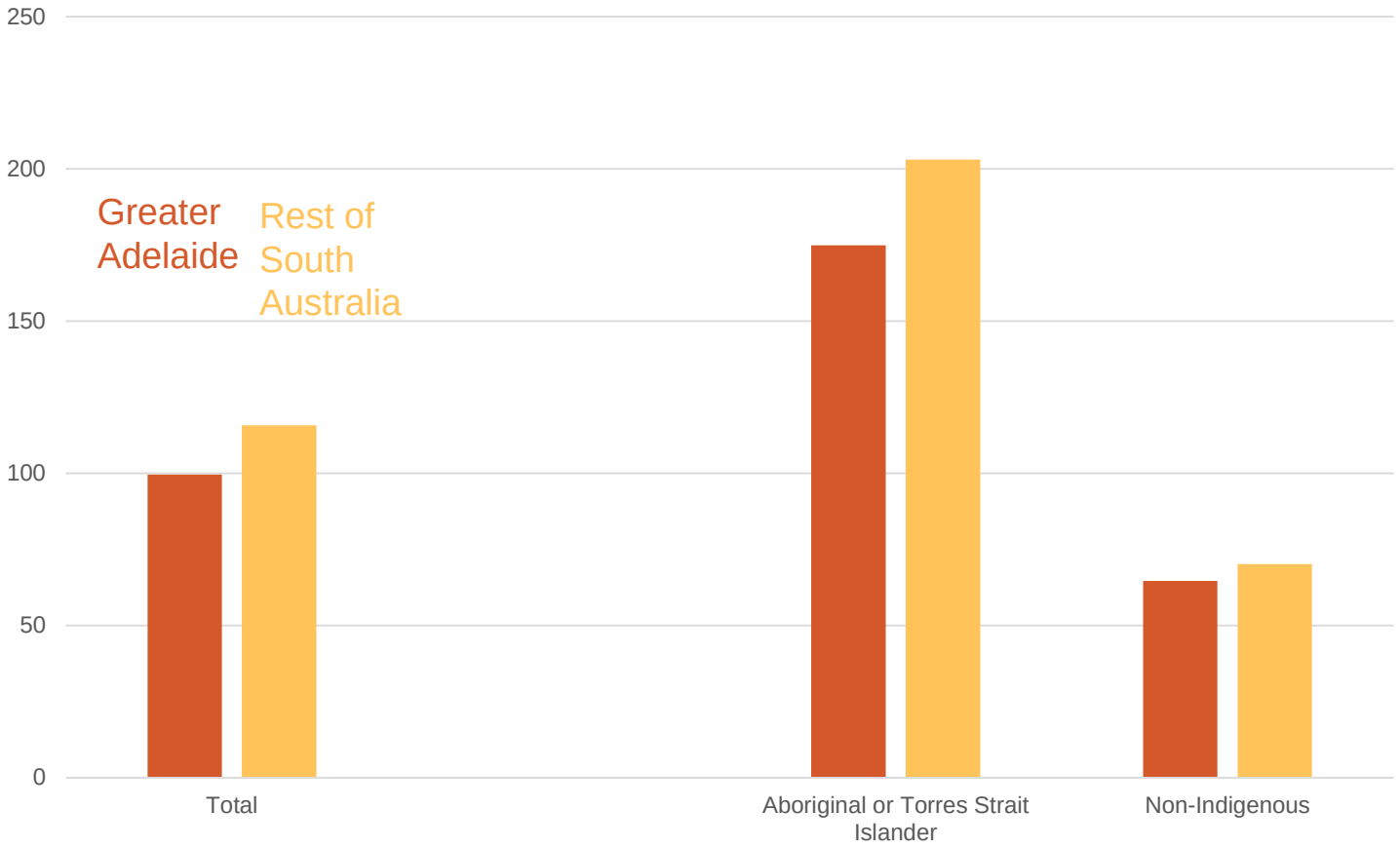
Standardised avoidable death rate per 100,000 population, 2015-17



Source: Australian Bureau of Statistics (2018), 'Causes of Death Data: Customised Report', (Canberra: ABS).

People in Greater Adelaide have higher rates of preventable mortality than people in the rest of South Australia

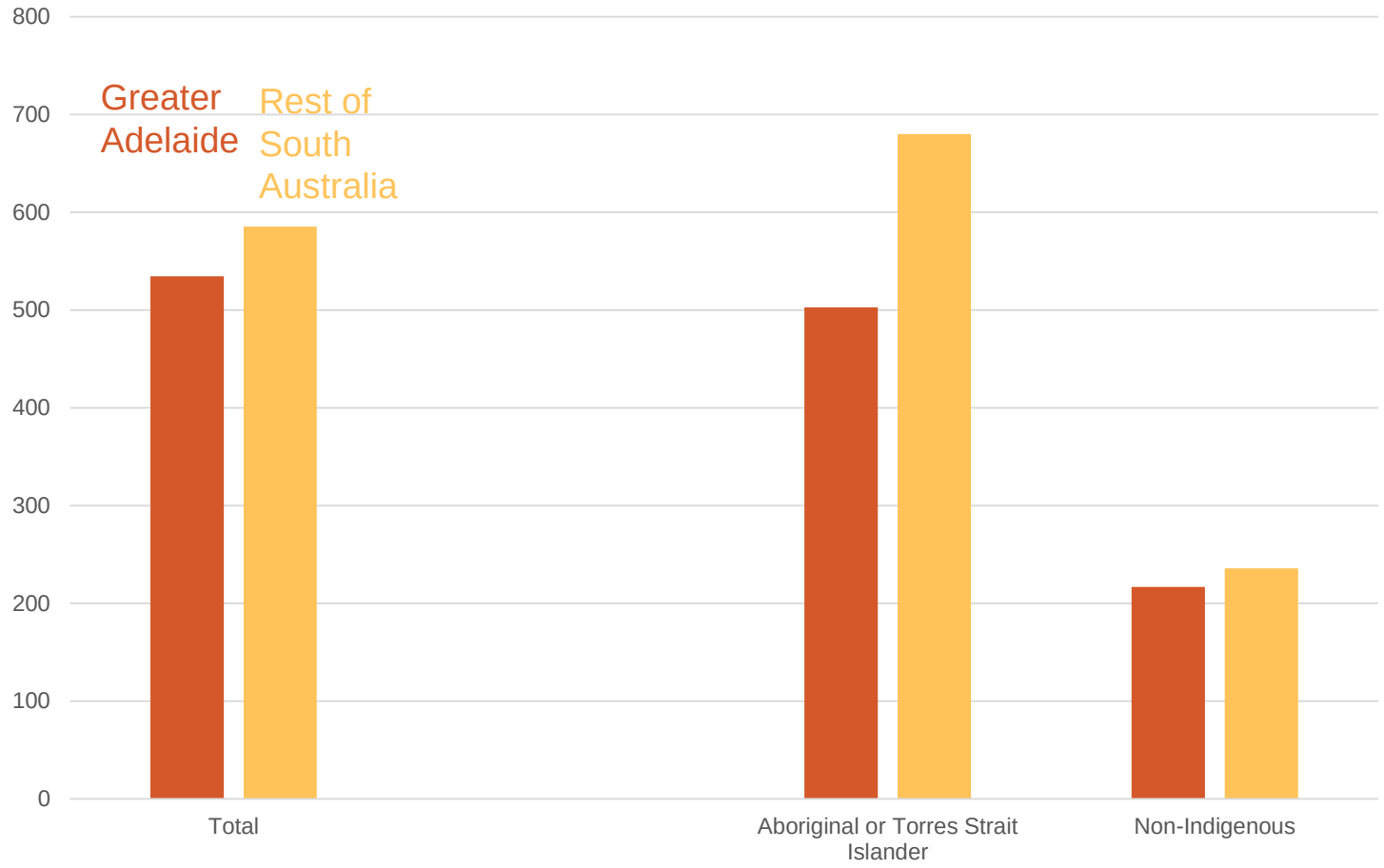
Standardised preventable death rate per 100,000 population, 2015-17



Source: Australian Bureau of Statistics (2018), 'Causes of Death Data: Customised Report', (Canberra: ABS).

People in Greater Adelaide have higher rates of all cause mortality than people in the rest of South Australia

Standardised death rate per 100,000 population, 2015-17



Source: Australian Bureau of Statistics (2018), 'Causes of Death Data: Customised Report', (Canberra: ABS).

Palliative care stories

- Because they don't class my situation as being "Terminal", even though there is nothing further my surgeons can do for me anymore, palliative care doesn't come to my assistance therefore I'm unable to receive IV pain medication in the home (Submission 282).

- Eastern Palliative Care have refused to help me twice because I cannot … promise that I will be dead in three months though doctors give me less than 12 months but most of all care is denied me because I do not have cancer (Submission 47).

- Palliative Care gave her an extraordinary good final period of her life in which all members of her family were able to spend quality time with her until she eventually died. We look back on that time with much gratitude for the skills and dedication of the Palliative Care team in making this possible. Thanks to their efforts my sister's death was indeed a 'good death' and one that was accompanied with great dignity (Submission 255).

Submissions to Victoria. Parliament. Legislative Council. Legal and Social Issues Committee (2016), *Inquiry into end of life choices: final report (Melbourne: Parliament of Victoria).*

Palliative care stories

- System access factors
- Patient needs not met
  - Including painful, lingering deaths
- Patient wishes not met
  - e.g. stronger medication, possibly not aware of then current law

Duckett, Stephen (Forthcoming), 'Pathos, Death Talk and Palliative Care in the Assisted Dying Debate in Victoria, Australia', *Mortality*.

What we recommended

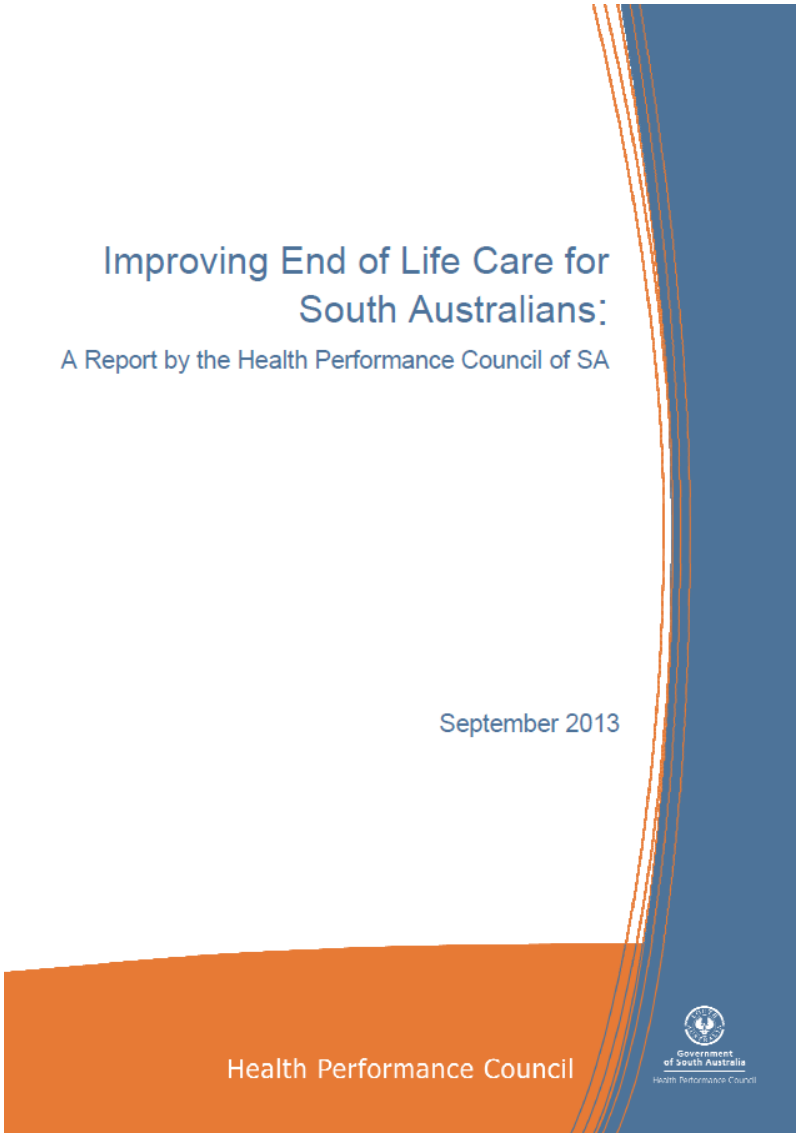
Implement a national Public education campaign on end-of-life	• National public education campaign on the d e decision mak g ($10m)
Ensure end of life discussions and plans occur	Funding incentives and service requirements to: • trigger conve ations about end of life preferences for 75+ health assessments and Medicare fu ded chronic illness management plans • require the d velopment of ACPs on entry to residential care & allocatio needs home are package • encourage GPs to initiate conversations on end-of-life care and dischar those likely to die within 12 months
Better coordination and implementation of end-of-life plans	Nationally consis ten regulatory and legislative base for ACPs to ensure they are authoritative and enforceable Assignment of c ear coordination responsibility to health professionals for the implementation o ACPs
Provide home based support for carers to support people to die at home	Provide additional 39,000 pal iative care services to support people who choose to die at home (overall cost neutral)

Still 2011

Should have recommended: Changed funding

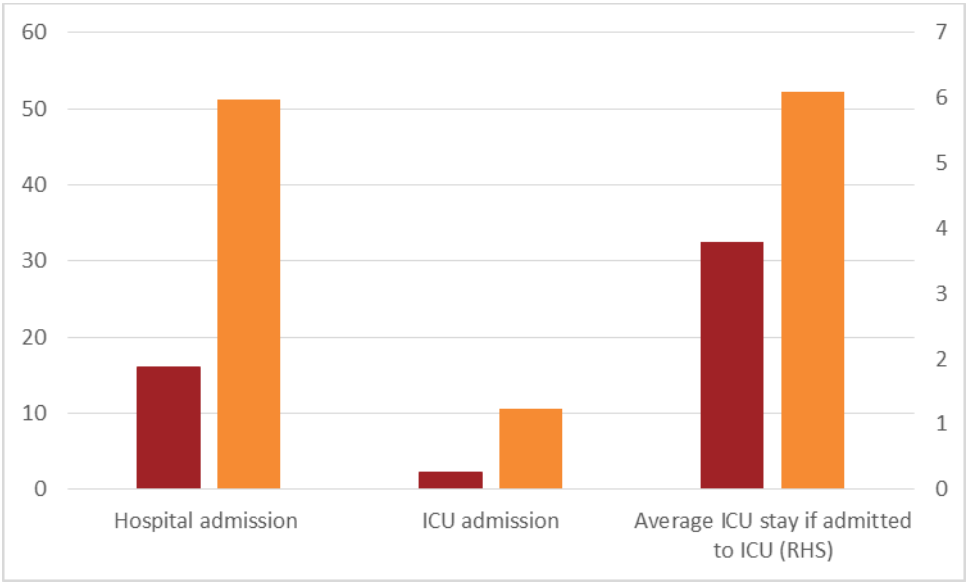
Swerissen, Hal and Duckett, Stephen (2014), *Dying well* (Melbourne, Vic.: Grattan Institute), p 29.

Previous HPC Report



People who were identified as having used palliative care, used fewer hospital resources in their last year of life

% who used these resources, 2009-10



Recent reports

"On the Central Coast there are no options, other than an acute hospital bed, for people that don't want to die at home or in a nursing home. While Palliative Care support does exist in the community it is often not comprehensive enough to provide the full scope of support needed in the last days of life…"

Despite the early impetus to establish a sustainable, consumer-centred and centrally coordinated model of end-of-life care, progress in achieving the 2009-16 plan and its goals has stalled. The four objectives identified in the plan – improved health and wellbeing outcomes, person-centred care, more care in the community, and consistent service delivery – have been achieved only in part.... For consumers, families and carers, the lack of action has had real and significant impacts: less community-based care than was promised, continued high levels of hospitalisation and acute care treatments, more pressure on carers, more disruption for consumers as they move between systems, delays in receiving care, and inconsistent quality of care. For SA Health, it has meant ongoing pressure on financial, staff and other resources in many parts of the system.

(Declaration of interest: I am member of SA Heath Performance Council)

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September 2014

Directions for funding design in palliative care

Values		
Compassion	Access to care	Uncapped funding
	Quality provision	Performance monitoring/ pay for performance
(Autonomy/ patient choice)	Patient choice of location of death	Performance monitoring/ pay for performance
Social justice/ equity	Minimise financial barriers to access	No/ limit out-of-pocket costs
Responsible use of resources	Efficiency	Activity based funding (at National Efficient Price)

Duckett, Stephen (2018), 'Aligning policy objectives and payment design in palliative care', *BMC Palliative Care, 17 (42).*

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