Sustainable Palliative Care: How to?

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EOL Care From a New Public Health Approach

- Medical care cost sharply increase towards EOL.
- In USA., 80% of medical care expenditure occurs in the last year of life, 40% in the last month.
- Majority of EOL patients receive aggressive care approach (CMT, ER visits, ICU admission) very near to death.
- Poor access to good quality PC/hospice.

Luce IM. Am J Respir Crit Care Med 2002;165:750-4.
Consequences of Life-Limiting Disease Treatment in Modern Medicine

- Patients’ expectation: cure, prolonging life.
- The care receive is intensive, aggressive, costly.
- High physical symptom burden.
- Limited understanding of their illness and an inaccurate view of their prognosis.
  - Difficult decisions about EOL treatment.
  - More aggressive treatment at EOL.
- Experience psychological suffering.
• 23.1% of patients referred to KPC were intubated prior to consultation.
• Diagnosis:
  - Advanced cancers 56.8%
  - Terminal stage 7.4% (Parkinson, sys sclerosis, etc.)
  - End-stage organ failure 16.0%
  - Acute conditions 19.8% (Hosp-acq infections/stroke)
HCC with PC undergone ET intubation less often (P 0.025); less likely to be admitted to ICU (P 0.001)

Lung CA most unlikely to be intubated (P 0.001)

Adjusted net saving for the care of palliative patients was 16,669 baht/person (P 0.035) compared to usual care patients
Place of Death

- For Asian countries, patients and their informal care givers prefer death to occur at home.
- Dying at home can contribute to a better death compared with dying in an institution.

Expenditure of CA patients under UC (care in hospital) was 44,974 B in the last month of life.

Compare to care at home which is 26,821 B

Cost consists of:

- Medical instrument/supplies
- Supplies
- Traveling costs
- Carer compensation

TDRI. Financing long term care and palliative care, 2016.
# Changes After PC Implementation in Srinagarind Hospital

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>2012</th>
<th>2016</th>
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<tbody>
<tr>
<td>Intubated before consultation</td>
<td>23.0%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Intubated after ACP</td>
<td>4.0%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Dead at Srinagarind hospital</td>
<td>39%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Dead at community hospital</td>
<td>11.5%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Dead at home</td>
<td>48.0%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Peaceful death</td>
<td>NA</td>
<td>99%</td>
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Karunrak Palliative Care Center 2012 & 2016 report
What is the Sustainable PC Model For Thailand?
PC in National Health System

Policy

Explicit service system PC integrated into primary care - Home care
- PC ward/bed in district hospitals
- PC Unit in provincial hospital with specialist PC team
- Metropolitan area – Home care center & hospice
PC is fully funded

Opioid availability
- Essential opioids in every hospitals
- Prescribing
- Procurement
- Amendment of regulations

Implementation
- Manpower training
- GL development, registration
- Quality assurance

Education
- Specialist PC
- Mid-career training
- Fellowship, APN PC
- General PC training
- Primary PC training
- Undergrad & post grad curriculum of professional
- Volunteer training

Current Training Program in Thailand

**Specialist PC**
- Certified course (mid-career training) (1Y)
- Fellowship training (2Y)
- APN PC

**General PC**
- Basic Cert. Course in Pall Med (8wk)
- Cert. Pall Nursing (4 mo)
- Basic Cert Course in Pall Nurs (6wk)
- Clin Attachment for Com Nurs (4wk)
- Clin PC for pharmacists (2 wk)

**Primary PC**
- Pain and PC for doctors (3-5 d)
- Basic PC for Nurses (3d)
- PC for pharmacists (2d)
- TOT for carers/volunteers
Health Care Service Model in Thailand

Provincial Hospitals

District Health System

Community

Patient & Family

Patient & Family

Patient & Family

District Hospitals

Refer

PCUs

Family care team

Health Volunteers

Refer

Refer
PC Service Model in Thailand

Functional unit with specialist palliative consultation team.
- Provide education/training.
- Provide consultation.
- Networking.

Functional unit with intermediate training PC team.
- Supervise primary care team.
- Provide essential medications.
- Provide medical instrument.

Home care team.
- Primary PC team.
- Screening of cases.
- Provides home care.

Community ← Awareness building → Health Volunteers

Provincial Hospitals

District Hospitals

PCUs

Networking

Refer

Refer

Family care team
Specialist PC teams
  • Provide comprehensive home care.
  • Working with primary care teams in the area.
Palliative Care Network in the Northeast of Thailand (2016)

Objective: Building strong network to provide continuity of care at home in whole NE region

Pilot project in Service Area 7 in 2015 then extended to the whole Northeast region (including 4 provinces in other part of Thailand)

• 25 provincial hospitals
• 300 district hospitals
Impacts of Educational Programs and Networking in the NE

- 17 PC units act as clinical training sites.
- 80% of district hospitals have at least 1 nurse training in intermediate-course PC (4-weeks).
- District hospitals have extended network with their PCUs, generating a wide strong network to provide home care/home death for the NE patients.
- This successful model could be used for replicating a wide network in other regions of Thailand. (Service area 12 is replicating this program).
Sustainable PC for Thailand
Recommendations to All Stake Holders
Develop Quality Sustainable PC Functional Units

- Provide career path for personnel working in PC.
  - PC Unit in large hospitals with full time specialists.
  - Provide clinical/continuous PC training.
- Quality palliative home care (education, supervision).
- Create PC network – lesson learned from the NE.
- Easy access to opioids.
- Provide recommendations, GL, accreditation.
- PC is fully funded, both home & hospital care.
Health Care Delivery Reform in Chronic/Life threatening Diseases

- Early integration of PC into chronic/life-limiting disease management.
- Multidisciplinary team work; concept of share care.
- Provide appropriate information & shared decision making.
- Setting a goal of care and advance care planning with patients and their families.
Professional & Public Education

- PC integrated to professional curriculums, both undergrad & specialty training (Oncology, Geriatrics, Fam Med, Internal Med, Pediatrics), and training specialist PC.
- Generate public awareness.
- Promotion of advance care planning and advance directive.
- Supports and participation from local community/organization.
Affirms life
Promotes quality of life
Treats the person
Supports the family