

People Centered Palliative Care: Policy and implementation

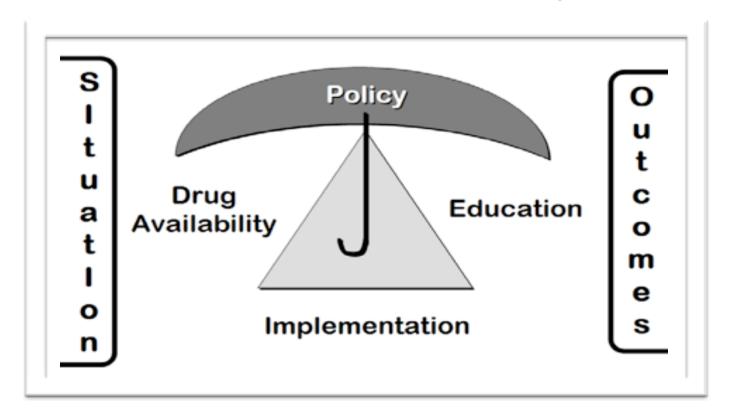
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Worldwide Hospice Palliative Care Alliance



- What are the barriers to palliative care?
- How do we overcome them?
- The Public Health Model for Implementing Palliative Care (PC)



The Public Health Model of Palliative Care Development



Stjernsward J, Gómez-Batiste X. (2008)

Policy

- Needs assessment
- Legal recognition
- Standards of operation
- Guidelines and protocols
- Specialty recognition
- Licensing and regulation
- National strategy for implementation

Specialty Recognition

 Recognized in 38 countries (many others in process) Specialty in 13 countries Sub-specialty in 27 countries (2 both)

Public Health Model - Medicine

- Medication
 Availability
 - Opioids
 - Oral forms
 - Other EssentialMedications
 - Drug Control &PrescriptiveAuthority



Essential Medicines for PC

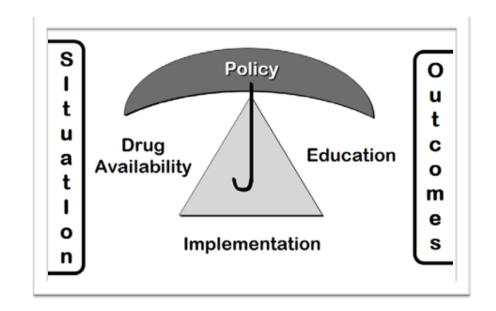
- Oral morphine immediate
 & slow release
- Other analgesics
- For other symptoms
 - Anti-depressants
 - Anti-emetics
 - Anti-seizure
 - Bowel protocol
 - And so forth



Public Health Model - Education

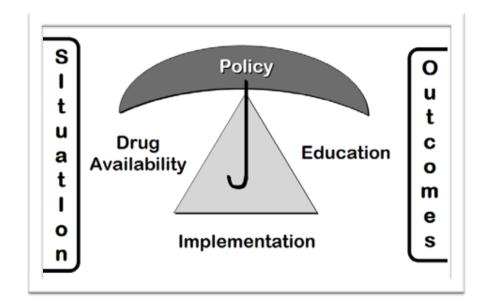
Education

- Curricula
- Clinical Guidelines
- National TrainingCenter(s)
- Primary, Secondary,Tertiary



Public Health Model - Implementation

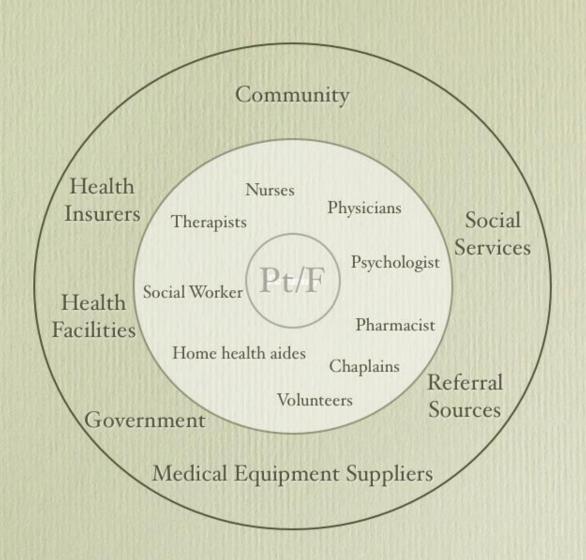
- Implementation
 - Scale up of care provision
 - Home based care
 - Inpatient & outpatient care
 - Consultative services
 - Primary, secondary, tertiary



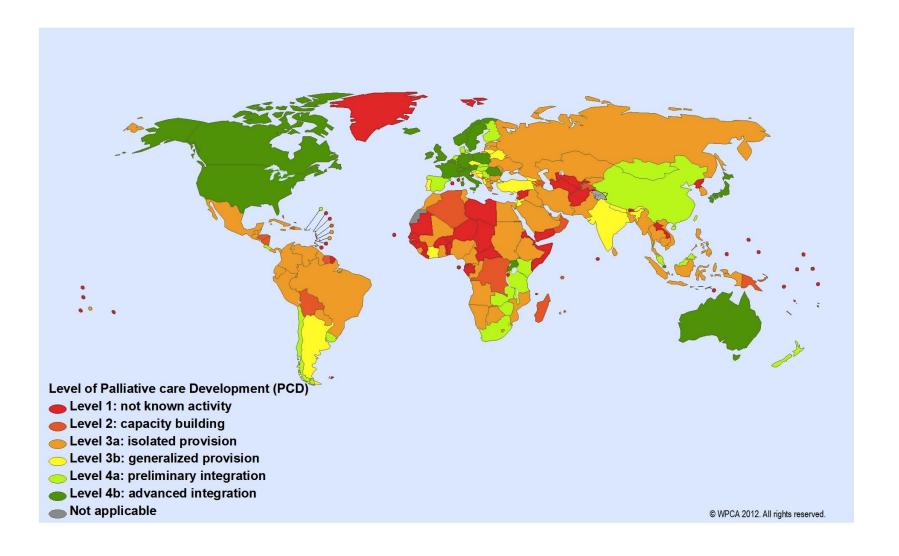
Other Barriers







PC All Levels of Development



Levels of PC Development in the Region (2012)

- Azerbaijan Group 2
- Armenia Group 3a
- Iran Group 3a
- Georgia Group 3b

Model Palliative Care Programs Globally - Kerala





Model Palliative Care Programs Globally - Barcelona

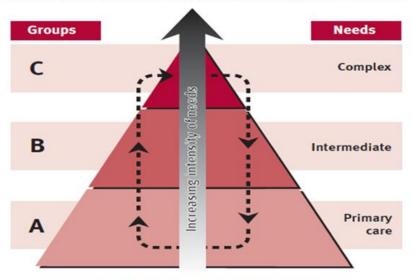






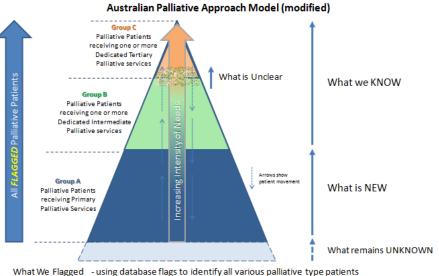
- Primary Community Care,
 Family Medical Center's
- Secondary Home Based, day care,
- Tertiary Specialized Services, consult service, inpatient

Australian Population-based Palliative Approach Model



◄= = Patient movement between levels





- previously unknown palliative patients now picked up by flags

What is Unknown - patients who died but no palliative flags or services. Not know if need for HPEOL

- patients already receiving one or more dedicated palliative services & providers

- remains to be decided what dedicated services best fit in Group B or Group C

What we Know

What is New What is Unclear

How do we get to a more integrated model of palliative care?

- Increasing the capacity of primary care providers to integrate palliative care (PC) into practice
 - Increased PC education for all health professionals
 - Shifting existing resources from acute to primary palliative care – advanced illness management
 - Increased capacity to deliver home-based care
 - Available, accessible, and affordable medicines

How do we get to a more integrated model of palliative care?

- A national strategy on palliative care implementation, part of Universal Health Coverage continuum
 - Prevention-Promotion-Treatment-Rehab-Palliation
- Public awareness campaign on benefits
- Family caregiver support and education
- Document the value proposition for PC

How do we get to a more integrated model of palliative care?

- Integration of specialized PC into existing health care delivery structures, not stand alone
- Better continuity of care between levels of care
- More community involvement/ownership and volunteerism
- Palliative care as a model for the health care system of the future

Conclusions

 Global access to palliative care is still very limited

 PC should be an essential component of every health care system

 Policy, medicine availability, education, & implementation are key drivers of PC



Thank you! This presentation was funded by Last Mile4D

For questions about this presentation email: sconnor@thewhpca.org