

## REASONS FOR ACTION

### Increasing Need for Palliative Care Services

Population growth, ageing and chronic disease will continue to drive significant increases in the need for palliative care. There is also a significant level of current unmet need among specific populations.

Over 300,000 Victorians will die within the next 8 years. Unless current trends are turned around, 52% will die in Victorian hospitals and most without the benefits of palliative care.

### More Effective Use of Health Resources

International and Australian evidence indicates that palliative care not only improves the quality of life of patients and their families, it also contributes to more cost-effective use of health resources.

A conservative analysis of available data indicates that the cost of palliative care services can be between 40% and 300% less expensive than care in an acute bed or intensive care bed.

### Palliative care a health care priority

The World Health Assembly passed a unanimous resolution on 23 May 2014 calling for the integration of palliative care into healthcare systems. Palliative care is an increasing health priority that can deliver improved patient and carer outcomes as well as contributing to improvements in the overall performance of the health system.

### Support more Victorians to die at home

Home is the preferred place of care and place of death for most Victorians. However, only 25% die at home. Community based palliative care services need the capacity to provide clinical advice and carer support/respite on a 24/7 basis as required to support patient choice to die at home.

### Community awareness of palliative care

Lack of awareness of palliative care and physician referrals to palliative care are key barriers to access. Community engagement will enable more people to be aware of the options and to discuss and document their advance care wishes.

### Research, education and innovation

Investment in palliative care research, education and service innovation will assist Victoria to address forthcoming challenges arising from an ageing workforce and ageing population and the need to deliver better health outcomes more efficiently.

### Further information and evidence

A detailed supporting paper is available at <http://bit.ly/pcvlibrary-election2014>

## ABOUT PALLIATIVE CARE

### What is Palliative Care?

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (World Health Organisation)

### Who Can Benefit from Palliative Care?

Palliative care is beneficial for people of all ages with a wide range of life limiting conditions, including cancer, end stage organ failure, dementia, other neurodegenerative conditions and genetic disorders. It is provided on a needs basis from diagnosis and including bereavement.

## PALLIATIVE CARE VICTORIA

Palliative Care Victoria is an independent not-for-profit peak body in Victoria. Established in 1981, we represent palliative care providers, consumers and their families, and those with an interest in palliative care in Victoria. We are a member of the national peak body, Palliative Care Australia.

### Our desired outcomes:

- Caring communities that are supportive and resilient in responding to life limiting illness, death, grief and loss.
- Equity of access to quality palliative care when and where it is needed.
- High quality palliative care achieved through a capable and compassionate workforce and a strong, innovative and effective service system.

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**PalliativeCare**  
VICTORIA  
Living, dying & grieving well

# 2016 BUDGET HIGH PRIORITY

## Call to Action to

- Expand palliative care services and options
- Improve in-home palliative care
- Improve access in rural and remote areas
- Ensure palliative care is culturally and age-appropriate
- Help people to understand and have informed discussions about treatment options

Approved for distribution by the Board of Palliative Care Victoria

## CALL FOR ACTION SUMMARY

Increase investment in palliative care by at least **\$16.45 million a year:**

**Service Growth - \$14.25 million a year**

See recommendations 1, 2 & 3

**Effectiveness & Efficiency - \$2.2 million a year**

See recommendations 4, 5 & 6

**Allocate funding to improve equity of access and outcomes, as well as efficiency.**

## DESIRED OUTCOMES

- Palliative care services are responsive to the growing need and care choices.
- An increasing trend in home deaths and an associated decline in hospital deaths.
- Improved support for caregivers, including after-hours respite.
- Improved access to palliative care by groups currently missing out.

## PALLIATIVE CARE IN VICTORIA

- Community: 15,323 people received palliative care at home in 2012-13 – **80% increase** since 2008-2009. Average cost per patient \$2,570; 174 days average duration of care.
- Inpatient: 8,035 palliative-care related separations (94,384 patient days) in 2012-13. Average cost per patient separation (12 days) \$5,995.
- Funding for palliative care in 2013-14 is \$109.5M; **<1% of public hospital expenditure.**

## REASONS FOR ACTION

- Current unmet & growing need for palliative care
  - Lack of community awareness of palliative care
  - Preference to receive care and die at home
  - Integration of palliative care within health services a priority
  - Improve health outcomes and resource use
- See overleaf for more information.

### Positive Case Examples

#### Palliative care reduces use of hospital emergency

Moira is in her 70's and is cared for at home in regional Victoria by her husband, George. She suffers from end stage chronic obstructive pulmonary disease. George says before palliative care Moira struggled - they would call the ambulance and end up in hospital a couple of times a month. The palliative care team prescribed medication, provided equipment, taught them helpful practices, visit regularly and can be called at any time. As a result, there have been no more ambulance calls or emergency admissions to hospital. George says that getting respite one afternoon a week and for a few days every couple of months enables him to re-charge his batteries and re-dedicate himself to caring for Moira. "Without that, I probably couldn't exist under the strain," says George. **View video at <http://bit.ly/moiraandgeorge>**

#### Achieving the wish to die at home in rural Victoria

Jan was a 73 year old with advanced ovarian cancer who lived three hours' drive from the closest palliative care service in Gippsland. She did not have any family or extended network and wished to die at home. The palliative care nurse practitioner candidate (NPC) developed a care plan with Jane that involved utilising the remote area nurses. A trained volunteer who lived close by was enlisted to provide support to Jane. The NPC provided support to the remote area nurses caring for Jane and the volunteer. Jane died at home with her volunteer holding her hand.

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Gaps in palliative care services make it difficult to achieve these outcomes in many situations. For example, one metro palliative care service found that short-term overnight respite for 15% of their patients would have enabled them to continue to receive care and die at home at a much lower cost to the health system, had the

### Recommendation 1: Increase community palliative care services.

**Need:** Population growth, ageing and the incidence of chronic disease will increase the need for palliative care. Increasing the availability of palliative care services will: improve equity of access and quality of life outcomes, assist more people to receive care and to die at their place of choice (for most people this is at home), and contribute to more effective use of limited health resources.

**Action:**

- 1.1 Increase the overall supply of palliative care services to address the unmet and growing need for palliative care and end of life care.
- 1.2 Support the provision of community palliative care on a 24/7 basis, including greater capacity to provide in-home care and respite (including overnight) by appropriately trained staff and improved access to out-of-home respite and end of life care options in metro and rural areas and for particular population groups, such as children and young adults.

**Investment:** \$9.5 million per year minimum

### Recommendation 2: Expand palliative care consultancy services

**Need:** Victoria has less than half the recommended number of palliative medicine specialists and more are required to meet the anticipated growth in need for palliative care. Gaps in these services contribute to avoidable hospital admissions, difficulties in accessing advice after hours, and diminished access to expert advice for GPs involved in end of life care.

**Action:** Increase capacity to provide specialist palliative care consultancy services. Priorities include: patients receiving palliative care in the community; 24/7 access to address complex / urgent needs; gaps in rural provision; state-wide services, including children and young adults.

**Investment:** \$4.3 million per year minimum

### Recommendation 3: Close the gap in palliative care for Indigenous Australians.

**Need:** In spite of higher rates of morbidity and mortality, Indigenous Australians have lower rates of use of palliative care services due to concerns about cultural safety.

Indigenous Australians prefer to receive care and to die at home, connected to land and their extended family network. Research indicates that it is preferable for palliative care to be delivered under the auspices of an Aboriginal Health Service and in collaboration with mainstream palliative care services.

**Action:** Provide a culturally safe model of care whereby Aboriginal Health Liaison Workers at Aboriginal Health Services assist patients to access specialist palliative care and provide support, advocacy, and care coordination. Adjunct education, clinical placement and resource development will build the capacity of Aboriginal Health Services and palliative care services to provide culturally responsive palliative care.

**Investment:** \$450,000 per year minimum

### Recommendation 4: End of life care a priority for all Victorian Government funded health services

**Need:** Over 300,000 Victorians are expected to die during the next 8 years; the majority will receive care in hospital and up to 52% will die there. Most health professionals have not received adequate education in care of the dying or discussing advance care wishes.

**Actions:** 4.1. Include high quality end of life care in the Statements of Priorities for all Victorian Government funded health services.

4.2. Provide education on palliative care and communications skills, including the use of key clinical triggers for referral to palliative care, to health professionals in Victorian Government funded health services. A priority focus should be health professionals working with patients with chronic illnesses that are leading causes of death.

**Investment:** \$50,000 per year minimum

### Recommendation 5: Increase community awareness and capacity

**Need:** Lack of awareness of palliative care and lack of physician referral to palliative care services are common barriers to accessing these services.

**Action:** A community engagement program to raise awareness of palliative care, to build community capacity in dealing with issues of dying, death, grief and loss, and to encourage people to discuss and document their advance care wishes. This would include delivery of peer education sessions by trained and supported volunteers in partnership with COTA Victoria, as well as train the trainer education to build this capacity in other volunteer programs. A range of media, engagement events and communication channels would be used, including those relevant to specific target populations.

**Investment:** \$400,000 per year minimum

### Recommendation 6: Improve health care experience and performance

**Need:** To improve equity of access and quality outcomes for consumers, as well as health system performance.

**Action:** 6.1 Fund priority palliative care research projects in Victoria to improve consumer outcomes, responsiveness to under-served populations, and provide evidence of cost-effectiveness.

6.2 Strengthen palliative care clinical and research expertise through continuation of post-graduate scholarships and 3 new PhD scholarships/placements.

6.3 Continue an annual survey of palliative care patients, carers and bereaved carers as this assists in measuring consumer outcomes and continuous quality improvement.

6.4 Seed, share and spread innovative approaches to improve referral pathways, fast track hospital discharge and enable people to receive care and die at home.

**Investment:** \$1.75 million a year minimum