



**“INTRODUCING COMPETITION AND INFORMED USER CHOICE INTO  
HUMAN SERVICES: IDENTIFYING SECTORS FOR REFORM “**

**OPPORTUNITY TO RESPOND TO THE PRODUCTIVITY COMMISSIONS PRELIMINARY FINDINGS  
REPORT**

**FOR A GREATER ROLE FOR PRIVATE HEALTH INSURANCE IN SPECIALIST PALLIATIVE CARE**

**CABRINI HEALTH – A PRIVATELY FUNDED SPECIALIST PALLIATIVE CARE SERVICE**

---

**INTRODUCTION**

The Productivity Commission has identified specialist palliative care as one of six priority areas that could be opened to more competition in a preliminary findings report released in September. The report highlights considerable variation in both the access to and quality of specialist palliative care across Australia, particularly in community settings. These community models of palliative care not only provide patient choice but also prevent costly and distressing patient transfers to hospital from home or residential aged care facilities.

There is also increasing consumer demand for end of life care choices which is reflected in a number of contemporary documents including the *“Victorian End of Life and Palliative Care Framework”*. This framework recognises that the current system of palliative care is outdated, not in line with community expectations and will not meet future demand. Currently, only 14 per cent of Australians who want to die at home are able to (Australian Centre for Health Research, 2016), and this new Framework is part of the Government’s plan to change that.

Currently, Cabrine Health in Victoria is the only privately funded provider of community based specialist palliative care services in Australia. This service is part of a broader suite of palliative care services focusing on an early integration model of care for patients with life-limiting illness across all clinical areas across Cabrine and out into the community. A 22 bed inpatient unit provides a multi-disciplinary model of care for patients who require control of physical and psychosocial symptoms to improve their quality of life and care for dying patients at the end of life. The Cabrine Palliative Care homecare program has been providing similar support for patients and their families in the community which is funded by private health insurance products. The community service currently relieves a significant burden on other publically funded community providers within the demographic area.

In this environment, Cabrine and Private Health funds have a unique opportunity to review current palliative care service provision and implement growth opportunities to meet consumer demands for a more contemporary palliative care experience. Thus Private Health insurers are essential stakeholders in the provision of future funding models and products to support better access to comprehensive palliative care services including allied health and bereavement services within the community setting.

## **BACKGROUND**

The Cabrini Palliative Care inpatient service was established in 2004 to develop a community based model to support care in the home without disrupting the continuum of care. It was acknowledged by the Board and Sisters at that time that such a service was currently not available in the private sector so Cabrini recognized a need to establish a palliative home care service. In 1997, The Federal Government and Cabrini established a Pilot Project with private health insurance funds to provide specialist palliative care services in the community. The program evaluation confirmed both better patient outcomes and significant cost benefits to the insurers.

## **CURRENT SERVICE PROVISION**

### **Palliative Care Home Care service**

There are approximately 200 patients currently admitted to the Home Care program with the service conducting 150 – 200 patient visits per week. Home visits are generally scheduled between 9am and 6 pm in accordance with patient preferences but there is an on call nurse available 24 hours a day to provide telephone advice and or after hour's visits as required.

The Home Care service provides nursing assessment and care to assist patients to be supported with symptom management and end of life care in their home environment, including residential aged care facilities. The service coordinates care with other community providers, provides advice and support to patients and carers regarding symptom management, triages the requirement for specialist medical involvement and hospitalization and supports patients with end of life care in their home environment.

A Medical and Nursing consultation service makes specialist palliative care skills available to inpatient in our acute care facilities in Malvern and Brighton and to patients in our ambulatory care programs and clinics. The Multi-Disciplinary Team continues to develop with increased service provision of Allied Health both in the inpatient and the community settings.

### **Shared Care model**

Cabrini, in seeking to address the provision of a Shared Care Model, has improved linkages for our patients with chronic disease into aspects of the palliative care program to better assist with care in the home and access to advice through the home care program. The ability for our team to diversify and respond to treatment needs in this way is directly related to our service integration strategy and the ability for our Chronic Disease nurse specialists caring for our patients and families in the acute and community settings in conjunction with the Palliative care team.

The chronic disease shared care model was introduced in 2011 as part of the ambulatory care model and as an adjunct to the palliative home care program. The program was developed in recognition of the increasing burden of chronic disease management for patients and the distress and costs associated with hospital admissions for this cohort.

The program was designed to provide specialist chronic disease nursing services to support patients with a palliative chronic respiratory disease, cardiac failure, dementia, neuro-oncology disease and cognitive decline to remain at home with good symptom management.

The service provides inpatient, rehabilitation, telephone support and conducts @50 community visits per week. The program also provides nursing symptom assessment and management including complex medication management, caregiver and family support and education to assist patients with chronic life limiting illness.

The introduction of this program has resulted in a significant reduction in both the emergency department presentations and hospital admissions for patients within this program. Community programs not only provide patient choice but also prevents the more costly and distressing option of patients being transferred to hospital from home or residential aged care facilities.

### **Service Evaluation**

The Palliative Home Care service was recently evaluated through a series of qualitative patient and carer experience interviews to explore:

- patient perceptions of the patient experience with Cabrini Palliative Home Care
- areas of discontent with the service
- opportunities to improve the service provision

Patients and carers generally reported a very positive patient experience and praised the expertise, commitment and responsiveness of the staff. Patients used words such as “invaluable” and “excellent” to describe the service and the following strengths were identified by a number of respondents:

- the extensive clinical knowledge and experience of staff
- the provision of useful advice
- the opportunity to talk openly about death and dying
- impressive response time to urgent situations
- big team of support
- the social contact provided by the visit

### **Linkages with Residential Aged Care Facilities**

Cabrini Palliative Home Care in partnership with mecwacare residential aged care facilities conducted a 12 month project in 2015 funded by Decision Assist. The aim of the Decision Assist program was to improve the quality of palliative care in Residential Aged Care Facilities through improved linkages between specialist palliative care and aged care services. The project was conducted across 5 mecwacare residential facilities comprising 391 beds and was completed on January 31st, 2016.

The project partnership between mecwacare and Cabrini Palliative Home Care established a resident centered, evidence based service model based on the palliative approach which was not in use across mecwacare facilities at project commencement. A key outcome of the project is improved communication between residents, families and staff to enable discussion and informed choices about advanced care planning and end of life care. This communication in conjunction with training and education of staff will ensure that residents are supported to die in their home and reduce unnecessary transfers to hospitals and the associated distress for residents and their families.

The model of care was focused on streamlining processes and improving communication both between organizations and between residents, families and staff. Staff education and training was conducted on the palliative approach, effective communication and having conversations with residents and families about advance care planning and end of life wishes.

- 63% (247 of 348) of mecwacare staff attended one of the 2 hour training sessions conducted across the five mecwacare facilities.
- 93%(12 of 13) of Cabrini Palliative Home Care Staff attended the communication and training session which also stressed the importance of coaching and support for mecwacare staff
- Letters were written to all General Practitioners attending mecwacare facilities (88 General Practitioners from 55 practices) providing information about the project, implementation of the palliative approach and relevant resources available to them.

- Resident and Family forums were conducted to provide information to mecwacare residents and families about specialist palliative care service provision, advance care planning and choices for advance care planning and end of life care.

The project was evaluated through staff interviews and quantitative measures including the proportion of residents with an advance care plan, and the proportion of residents having died who had a palliative case conference and were placed on an end of life care pathway

- 66 % of residents who died within mecwacare facilities between September and December 31st 2015 were placed on the Residential Aged Care End of Live Care Pathway. End of life care pathways were not in place in mecwacare facilities on project commencement so this demonstrates a substantial change in practice.
- 41% of mecwacare residents had an advance care plan at project commencement compared to 55% on project completion. This represents a 34% increase in the incidence of advance care plans for residents across mecwacare facilities.

There was a 23 % increase in the number of palliative care case conferences offered to residents prior to their death, a significant change in practice from project commencement.

The number of Cabrini Palliative Home Care clients residing in a Residential Aged Care Facility rose 46% in the 12 months along with anecdotal reports of improved communication between mecwacare and Cabrini Palliative Home Care staff.

- There was a 100% increase in the referrals from mecwacare facilities to Cabrini Palliative Home Care in 2015 compared to referrals to the Cabrini service in 2014

In one after death audit conducted at one mecwacare facility on project completion:

- 100% of residents had an advance care plan
- A palliative care case conference was conducted in 80% of cases
- An end of life care pathway was in place in 100% of cases

The mecwacare palliative management policy developed as part of the project has formalised the process for advance care planning to ensure that residents are provided with the opportunity to express wishes about future care and treatment within 8 weeks of admission to the facility. It also provides guidance on conducting a palliative case conference and utilizing the Residential Aged Care End of Life Care Pathway which are all part of the palliative approach and the palliative approach toolkit.

During interviews conducted at project completion, staff identified improved confidence and skills in recognizing and managing resident deterioration and a greater ability to support residents and families to make informed choices about advance care planning and end of life care. All staff reported a better understanding of their role in relation to supporting residents and families to have conversations about death and end of life care.

The partnership and support from a specialist palliative care service, improved communication and the training and education of staff, ensured that residents are supported to have the choice to die in their home with familiar staff and reduce the distress of unnecessary transfers to hospitals.

## Discussion

Due to the ageing population and developments in treatment for patients with both malignant and non-malignant conditions, our communities are living longer (AIHW 2016)

Cabrini palliative care patients tend to be older than the national average with 69.7% over 75 years of age, compared to the national average 51.7% over 75 years of age. The 2015, March quarter Private Health Insurance Advisory Council data suggested that these older patients have the highest cost per patient and can generate up to five times higher private health insurance payments than the average patient.

Additionally, 20 % of Cabrini Palliative Care patients are living with a chronic disease other than cancer. For example 55% of Cabrini heart failure and chronic obstructive pulmonary disease patients are over the age of 80 and many of those now being cared for in our Shared Care model.

The Palliative Care Homecare service has doubled in growth compared to the bed based service. Total Palliative Care inpatient separations at Cabrini have increased 16% since 2012 and with the 16/17 year projected to increase 22% on prior year. The Palliative care community service inclusive of 2016/17 has projected growth of 43% since 2012. This growth in community services is the equivalent of a 20% increase year on year in bed days should those same patients not have access to a community program.

According to the (1) Australian Centre for Health Research, (2016) approximately 70% of patients would prefer to die in their home but only 14 % do. Currently 48% of Cabrini patients die at home compared to recent research findings of 22% (PCOC 2016)

To ensure the Palliative Care was evidence based, had quality and measurements, the Government funded the Palliative Care Outcomes Collaborative (PCOC) in which Cabrini is an active participant. The latest PCOC data highlighted that Cabrini is one of only 5 services that met all PCOC benchmarks.

Cabrini has a strong focus on patient safety, clinical excellence and improving the experience our patients and their families have when in our service. We seek to do this by early management of symptoms and psychosocial distress and working with patients and families as individuals. To ensure we know how we are faring in this respect, the Patient and Family Experience Committee has been very active and engaged and we have consumer representatives on this committee adding significant value to our work.

(1) "Conversations: Creating Choice in End of Life. Care"(2016) Australian Centre for Health Research

## Conclusion

Cabrini Health is currently the only privately funded provider of community based specialist palliative care services in Australia. The productivity report released in September 2016 highlights considerable variation in both the access to and quality of specialist palliative care across Australia, particularly in community settings. The Cabrini community service currently relieves a significant burden on other publically funded specialist palliative care community providers within the demographic area.

There is also increasing consumer demand for end of life care choices which is reflected in the "*Victorian End of Life and Palliative Care Framework*" and other contemporary documents. This framework recognises that the current system of palliative care is outdated, not in line with community expectations and will not meet future demand. Currently, only 14 per cent of Australians who want to die at home are able to (Australian Centre for Health Research, 2016), and this new Framework is part of the Government's plan to change that.

Cabrini and Private Health funds have a unique opportunity in this setting to review current privately funded palliative care service provision and implement growth opportunities to meet consumer demands for a more contemporary palliative care experience. Thus Private Health insurers are essential stakeholders in the provision of future funding models and products to support better access to comprehensive palliative care services including allied health and bereavement services within the community setting.

These community models of palliative care not only provide patient choice but also prevent costly and distressing patient transfers to hospital from home or residential aged care facilities.

## **Attachment 1**

### **Patient Experience Evaluation**

---

The Internal Patient and Family Experience survey was introduced to all clinical sites at Cabrini excluding Cabrini Ashwood. The aim of this survey is to gather information about consumer experience at Cabrini so as we can continue to improve our care and services. Participation in the survey is entirely voluntary and answers are treated confidentially. At present, there are almost 50 respondents from Cabrini Palliative Care service.

The survey includes 12 quantitative questions and the participant has an opportunity to provide a qualitative response to highlight areas for improvement.

The question set is reflective of key principles of Patient Experience and Patient Centred Care as articulated by the Picker Institute () and Planetree () and reinforced in Cabrini's Patient Experience Strategy. Questions are related to the level of respect and compassion received from staff, the level of collaboration in decisions, how well staff communicate and the quality of information provided, if their spiritual and emotional requirements have been met and how likely respondents are to recommend Cabrini to family and friends. The survey also provides an opportunity for the participant to pass along a message for the ward or the staff caring for them.

Key positive themes have been in relation to respondents expressing their gratitude for the care they have been provided. Another theme was in relation to noise pollution from visiting families in the Lounge area. There are current plans for Cabrini Prahran to pursue renovations to alleviate this issue. 83% of respondents have stated that they would be very likely to recommend Cabrini to family and friends.

If families agree to participate (via reciprocal phone call or email) an evaluation survey is forwarded. There are 47 questions on the Family Evaluation of Palliative Care. The previous postal audit report was in January 2016 with 11 respondents who were predominantly spouses and children. 7/11 were involved with the Palliative Care Team for less than a month and 4/11 for up to a year.

Overall positive feedback with the 'right' amount of information being provided to the carer on pain and other troublesome symptoms.

- 100% of carers reported that they were 'always' treated with respect.
- 82% (9) of carers were involved to participate in care and believed they were provided with enough instruction to be confident in providing that care, 18% (2) did not
- 100% of respondents stated they would recommend the service to friends
- 100% rated the service very good to excellent for afterhours care
- 73% (8) Carers were 'Always' informed about the patient's condition whereas 27% (3) carers were 'usually' informed about a patient's condition