Palliative care in Chile: strengths, gaps, challenges and opportunities

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- Project between Universidad Catolica de Chile and University of Edinburgh, Newton fund
- Methodology
  - adapted rapid systems appraisal
  - detailed documentary review,
  - direct observation including clinical interactions
  - qualitative interviews (*more than 100*)
    - opinion, health systems and academic leads
    - deliverers and users of PC services
    - referrers to PC service
- 21 day period in country

Grant L, Brown J, Leng M, Bettega N & Murray SA. Palliative care making a difference in rural Uganda, Kenya and Malawi: three rapid evaluation field studies. BMC Palliative Care 2011, 10:8
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• Overview and discussion paper
• Report and recommendations
• Future collaboration

• Outline
  • Strengths
  • Gaps
  • Challenges
  • Opportunities
Public Health Model for Palliative Care

Policy

Drug availability
Education
Implementation

WHO model, Stjernsward and Foley

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Policy

• **Strengths**
  - strong public health systems with significant private health support
  - legal establishment for palliative care
    - GES (Health Explicit Guarantees)
    - minimum set of services for patients in public and private services
  - Postrados programme
  - supported by policy capacity, budget human resource
  - annual review of data via MOH
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- **Strengths**
  - Chile one of the leads for palliative care in the region

- **Atlas de Cuidados Paliativos en Latinoamérica cartográfico ALCP 2013**
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- Atlas de Cuidados Paliativos en Latinoamérica 2013
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Número de Personas Ingresadas por año red pública
Programa Cuidado Paliativo MINSA 1995 - 2013

N°

Año Base Piloto AUGE En régimen

AÑOS


1500 3000 4000 6000 8000 8020 8492 8737 8809 11600 13900 15899 16899 17099 19194 21066 21066 24071 24842 26482

Factor: 4.2 Fuente: Producción FONASA – 2013
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Policy

• Challenges
  • rising disease burden
  • disease focussed system
  • limited to cancer
  • compartmentalised
  • lacking flexibility
  • lack of career paths and remuneration
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Policy

• Opportunities
• leadership from MOH
• developing platforms and planning for NCD
• networking with stakeholders
• develop leverage and influence
• international and regional goals
• universal access
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Models

• Strengths

• networks of clinical support

• family support

• exceptionally high rates of home deaths
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Access to medications

• **Strengths**
  
  • few reported issues in accessing essential medications and opioids
  
  • several opioids and formulations regularly available
    
    • morphine, buprenorphine, methadone, fentanyl, oxycodone, hydromorphone
  
  • SC route very usual at home
  
  • significant increase in opioid consumption
  
  • reported very little pain in referred PC patients
Access to opioids
Access to opioids

AMRO Regional
Opioid Consumption in Morphine Equivalence, mg/person

Sources: International Narcotics Control Board; World Health Organization population data
By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015
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Access to medications

- **Challenges**
- still not at level of estimated consumption for cancer deaths
- 2013; 2.48mg per capita morphine but 20mg per capita ME
  - total 42kg
- mortality based estimates
  - assumption 80% of cancer patients who die will have needed 67.5mg ME for 91.5 days
  - total 99kg
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Access to medications and equipment

- **Challenges**
  - access more challenging for non-cancer
  - only available in palliative care services and secondary care (through public system)
  - paediatrics access variable
  - many self taught
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Access to medications and equipment

• Opportunities
  • competency based training
  • wide experience as base
  • extend availability through existing and developing networks
  • innovative solutions
  • evidence base
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Implementation

• Strengths
• Innovation and creativity
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Implementation

• **Strengths**

• Innovation and creativity

![Pie chart showing non-cancer and cancer statistics]

- Non cancer 20%
- Cancer 80%

**Diagram**

- **INPATIENT CARE**
  - TEAM: 3 Physicians, 1 RN
- **OUTPATIENT CARE**
  - TEAM: 4 Physicians, 3 RNs
- **HOME CARE**
- **HOSPICE CARE – (CLÍNICA FAMILIA)**

Other Team Members: 1 nurse coordinator, 1 paramedic, 2 psychologists, 1 chaplain, 2 physical therapists.
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Implementation

• **Strengths**

  • Innovation and creativity

  • Integrated networks

  • Tocopilla; primary and secondary care

  • Antafogasta; oncology and primary care, cancer liaison, paediatric chronic disease

  • Talca; gynea-oncology and palliative care
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Implementation

• Strengths

• Innovation and creativity
  • Valdiva
  • durante el 2011, el PAD y CP atendió a 658 pacientes
  • la atención primaria de la red asistencial del SSV atendió a 318 pacientes, (210 ingresos)
  • fueron atendidos el 98% de los pacientes derivados a atención 1°, con 2% de pacientes perdidos (4 en total).

Puga Y. María, Espinoza R. Ana.
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Implementation

• Challenges
• limitation of policy
• reliant on passionate, committed individuals
• human resource constraints
• geographical and economic differences
• lack of evidence base
• need to be holistic; spiritual and social included
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Implementation

• Opportunities

• Patient centred care
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Implementation

• Opportunities
• patient centred care
• empower and integrate
  • Mobilise resources
  • develop integrated models to include primary and generalist care
  • ‘patients have become ours not theirs’
• maintain quality
  • evidence base practise
• credibility and training
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Implementation

- Opportunities
- empower and integrate
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Training

• Strengths

• strong academic institutions
• opportunities for clinical modelling
• recent review of undergraduate curriculums
• inclusion in oncology programmes
• Masters in PC Nursing being developed UC
• Fellowship in Palliative Medicine planned UC
• international networks and collaboration
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Training

• Strengths

• clinical modelling

• ‘When they finish their month in PC they are amazed; they have hope’

• ‘Feel much more confident...symptom control and end of life care but also teamwork and home care’

• ‘Our doors are always open’
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Training

• Strengths

• values based care

• ‘all round professional with scientific, ethical and humanistic training and social responsibility…understand ..the factors determining health and take action in seeking the promotion, prevention, attention, rehabilitation and palliative care of individuals, families and communities in all their cultural diversity.. work well in teams, participating effectively in the healthcare systems, in accordance with the prevailing legal frameworks, by means of communication with the patient, their family, the healthcare team and in society, seeking quality of care.’

Tuning Project C Hanne et al 2014
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Training

• Challenges
• not enough formal structure
• no specialist training in Chile
• need to develop flexible training methods
• cross cutting competencies
• many opportunities are elective only
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Training

• Opportunities

• develop competency based curriculums
  • strengthen existing curriculums
  • mutiprofessional
  • consider use of blended elearning and m-learning

• offer training at primary, intermediate and specialist levels

• develop specialist career paths and training

• foster national and international modelling and collaboration
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Training

• Opportunities

• include community leaders, policy makers, family, spiritual leaders

• include research capacity building

• include curriculum review
  • Palliative Care Curriculum Toolkit UoE 2015; A practical guide to integrating palliative care into Health Professional Education
  • EAPC Recommendations development of undergraduate curricula in palliative medicine at European medical schools. EAPC 2013
  • Palliative Care Curriculum for You (PCC4U)
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Summary

- Huge achievements
- Strong health system
- Rich community culture
- Significant leadership
- Global, regional and international agenda
- Strong models and collaborations
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Summary

• Passionate, committed people
  • Perseverance
  • Excellent relationships
  • Clinical excellence
  • Passion
  • Self motivated
  • Going above and beyond
What is palliative care?

- What do people need from their doctors...to be valued, listened to, cared for, loved.