Multi-morbidity, Complexity and End of Life Care: Challenges for financing and delivery of care.

Charles Normand
Edward Kennedy Professor of Health Policy and Management
2016/04/05
Outline of Presentation

• The unimportance of the unexpected
• Demographic change is interesting
• Why focus on end of life care?
• What do people want?
• Rationing without barriers
• Implications for funding and delivery of care.
The Unimportance of the Unexpected

- Care needs, (similar to room service), are complex, varied and individual, but overwhelmingly predictable
- We should be surprised by who needs but not how many need
- Rationing by price, insurance status or by waiting should be largely unnecessary since volume of needs to be met are known.
Demographic change is interesting

Life Expectancy at 65 Canada

<table>
<thead>
<tr>
<th></th>
<th>1997-99</th>
<th>2007-09</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>16.3</td>
<td>20.1</td>
<td>3.8</td>
</tr>
<tr>
<td>Women</td>
<td>18.5</td>
<td>21.6</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Source: Statistics Canada

- In 10 years the gap narrowed by 8.4 months
- The absolute number of single elderly households is falling in most developed countries
- Roles of formal and informal carers are changing.
Why focus on end of life care?

• Provides lens on common issues and problems
• No second chance: system only gets it wrong once
• People die of disease(s) and with diseases
• Decision making near the end of life has to confront complexity
• End of life care involves and affects other parties strongly
• Costs of care are concentrated in last year and especially last 3 months.
What do people want? 1

• Process as well as content, but sometimes mainly process – how services are delivered can be key.

• Availability (even if not used) - very easy access with no hassle to patient or family.

• Minimising burden on family – care time commitment of families is largely fixed, and should be used for what they alone can do.
What do people want? 2

- Prepayment – no worrying about paying at time of service use – timing of payment more important than level of payment
- Participation in making choices
- Expert help in making choices (even in US)
- ‘It’s bad enough to be dying without all this nonsense!’
Rationing without barriers

- Rationing by delay destroys its product
- Rationing by hassle and confusion is hated
- Free at point of use is highly valued, rationing by price is hated
- Rationing is easier when most important services are available
- Current benefit and utility metrics are of limited use in complex cases.
Rationing without barriers 2

- Some capacity can be released by not doing inappropriate things
- Care protocols and pathways can help, but currently tend to be too disease specific
- Brokerage and case management will have roles
- Formal charging and insurance systems are largely pointless.
Implications for funding and delivery of care 1

- Funding system needs to be simple, with strong pre-payment – we might name this taxation
- Avoid the distress and transaction costs of pay and reclaim
- ‘Single pipe’ for funding to cover all relevant health and social care services
- Where charges do apply make them easy to pay (sometimes after death) and access should not be contingent on paying.
Implications for funding and delivery of care 2

- Delivery system should have strong hospital and community links
- There need to be strong links across professions, specialisms and provider organisations to manage complexity and multimorbidity
- Provision will need to adapt over time to account for more older people but fewer single older people
- We will need to find ways to value availability as well as use of services.
He’s watching and listening

• What exists exists for a reason
• Alternatives that seem too good to be true probably are
• Failed mechanisms probably failed because they were not very good
• Advocates for complex and innovative funding are normally advocating transfers from poor to rich
• Private health insurance, user charges and pay and reclaim systems are increasingly inappropriate
• The fact that something works is not a reason to change it.
Thank You