Dr. Doris Barwich

Executive Director, BC Centre for Palliative Care

Co-Chair Provincial Palliative Care Advisory Committee

CARENET researcher (Advance Care Planning)

Clinical Associate Professor, Department of Medicine

University of British Columbia

(FH Medical Director End of Life Care 2001-2014)

BC Centre for
Palliative Care

Healthy aging -> Living with chronic illness/ frailty -> End of Life

In 2012/13: 31,000 deaths (-> 35,129 in 2016)

- 58% designated as palliative but often late
- No standards; no reporting
- 20-30% access to specialized PC
- Home deaths 18% (US 29%); Hospice: 15%
- Acute Care 41%; Residential Care 25%;

BC Centre for Palliative Care

End of Life care (BC)

2% of the population is coping with End of Life

BUT use **35% of all services/expenditures***

- 21% for Frail in Residential Care
- 9% for frail in community
- 5% for Palliative Care

*http://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf

Greatest $$ often associated with poor quality of life (e.g. chemotherapy, ICU, ER visits)

BC Centre for Palliative Care

Palliative & End of Life Care (BC)

Provincial End of Life Working Group/ Palliative Care Advisory Committee:

- ✓ 2006: End of Life Care Framework
- ✓ 2013: Provincial End of Life Care Action Plan
- ✓ Commitment to double Hospice spaces
- ✓ **Funding to establish BC Centre for Palliative Care (Institute for Health System Transformation & Sustainability)**
  - ✓ 2015: $$ for Hospices spaces; Best Practice Initiatives

BC Centre for Palliative Care

BC Centre for Palliative Care

To enable excellence in compassionate, person-centred care for everyone affected by serious illness.

BC Centre for Palliative Care

The Economist *Quality of Death index*: UK ranked first (2010 & 2015)

1. Comprehensive national policies
2. Integration of palliative care
3. Strong Hospice movement
4. Deep community engagement

http://www.eiuperspectives.economist.com/healthcare/2015-quality-death-index

Early Integration of a Palliative Approach To Care

Improved Outcomes:

- Informed decisions & time to fulfill personal goals
- Improved quality of life;
- Higher patient satisfaction
- Eased burden of decision-making for families
- Better patient & family coping
- Less anxiety & depression
- Cost savings
- (Improved survival (Temel)

Chiarchiaro AATS 2015 ; Yoong JAMA 2013; Temel NEJM 2010; Mack JCO 2010; Detering BMJ 2010; Wright JAMA 2008; Zhang AIM 2009

BC Centre for Palliative Care

Compassionate Community models

- Strong social relationships: 50% higher survival (Holt-Lunstad JPMed 2010: Meta Analysis: 148 studies; >300,000 participants);
- Improved coping; physical & mental well-being (Reeves 2014: 10.1371/journal.pon.0098340)
- Local communities: 17% reduction in hospital admissions -> 21% reduction in costs (5% of health budget); More home deaths (International Public Health & Palliative Care conference September 2017; Guardian March 2018)

BC Centre for Palliative Care

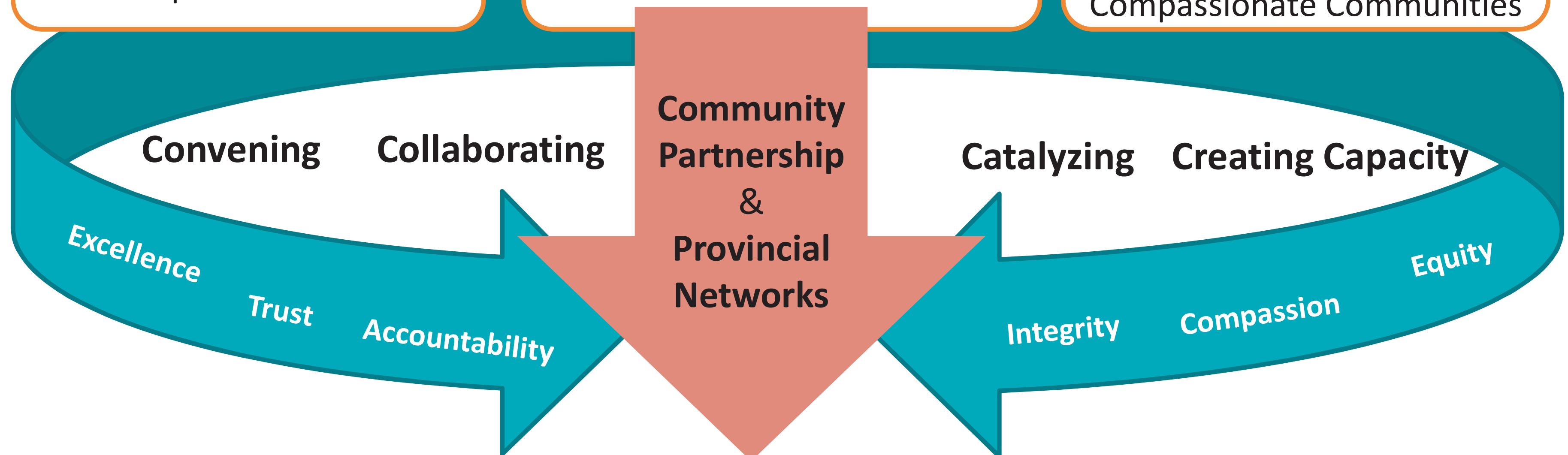
BC Centre for Palliative Care
Strategic Plan 2015-2018

Mission: To enable excellence in care for British Columbians affected by serious illness

Strategic Priority #1:
Promote person-centred care for patients & families

Strategic Priority #2:
Support education, integration & spread of innovation

Strategic Priority #3:
Mobilize Citizen Engagement & promote Compassionate Communities



Vision

All British Columbians affected by a serious illness have equitable access to innovative, compassionate quality palliative care and

Failure to engage...

Hospitalized elderly patients in ?last yrs of life

- 89% had talked with family; 48% had ACP plans
- Only 25% were asked about ACP on admission
- **Overall: 32% alignment** of preferences with chart documentation
- 70% waiting for MD to initiate

(Heyland, Barwich, et al. JAMA Int Med, April 2013)

Silviera et al. NEJM 2011: **92%** have a threshold at which they would choose limited or comfort care

- Without discussions threshold not identifed

BC Centre for Palliative Care

33-38% treatments at EOL non-beneficial

(Int J Qual Health Care 2016) e.g.

- 28%: CPR in advanced cancer
- 33%: Chemo in last 6 weeks of life
- ICU admissions: 10%

Survey in Canada: (Downar et al CCM 2015)

- 90% due to decision making by family (No Advance Care Planning)
- Health professionals typically treat when uncertain

BC Centre for Palliative Care

Advance Care Planning Initiative

More, better, earlier conversations

to enable person-centred care

BC Centre for Palliative Care

Serious Illness Conversation Initiative (Ariadne Labs: A. Gawande)

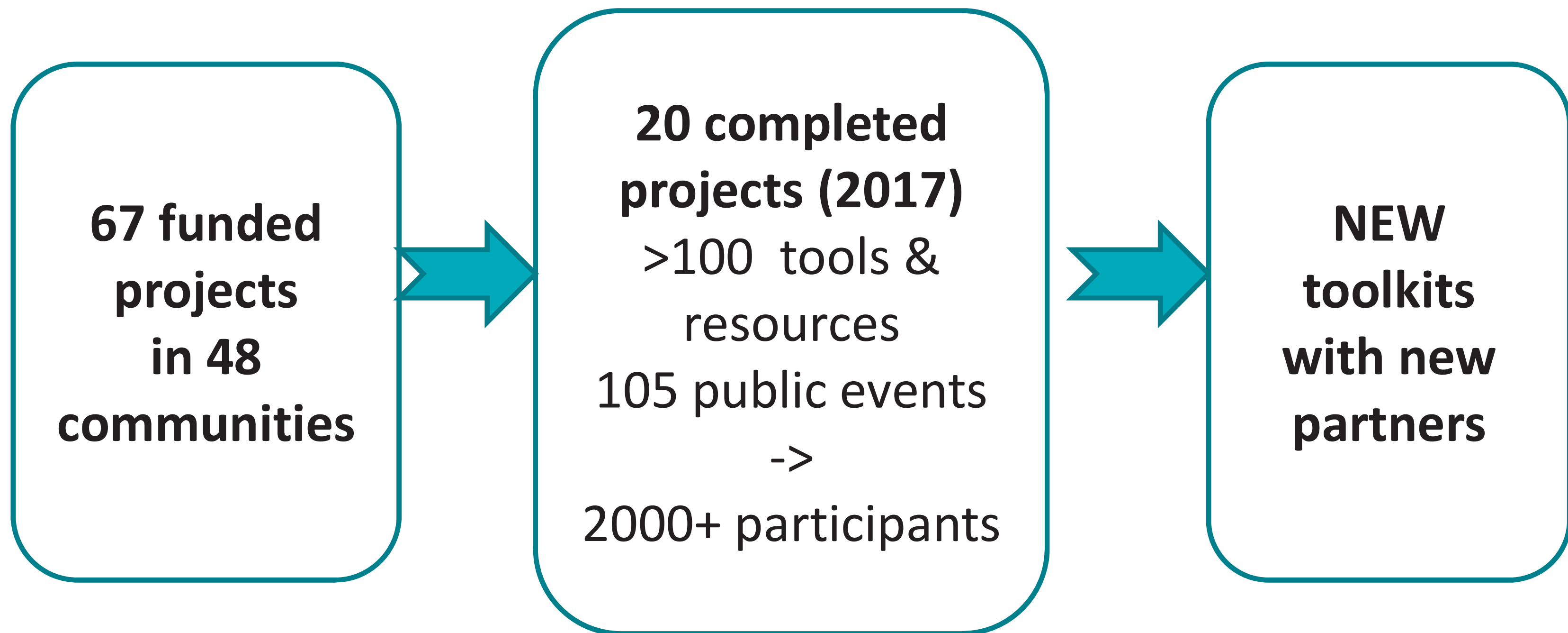
Structured approach to ***earlier*** conversations

- *Focus on the person:*
  - Earlier identification -> Integration of Person-centred care
  - Address needs, goals/priorities; fears/worries, trade-offs
- *Focus on the provider (**more**):*
  - Goals of care/treatment decisions revisited frequently
  - **Training & coaching**
- *Focus on the system **(better**):*
  - Shared decision making
  - Conversations visible in EHR
  - Accountability to honor preferences

BC Centre for Palliative Care

Seed Grants Program

To engage & empower community organizations as change agents



BC Centre for Palliative Care

Public Poll in BC: September 2016

Omnibus survey, 500 participants.

Margin of error +/- 4.4% at 95% confidence interval

	Canada (2012)	BC (2016)
Have heard of ACP	16%	28%*
Have an Advance Care Plan	20%	27%**
Discussion with family/friends	52%	53%
Discussion with HCP	10%	10%

*Aided awareness question

** M 25%; W 29% **55+**: **43.5%**.

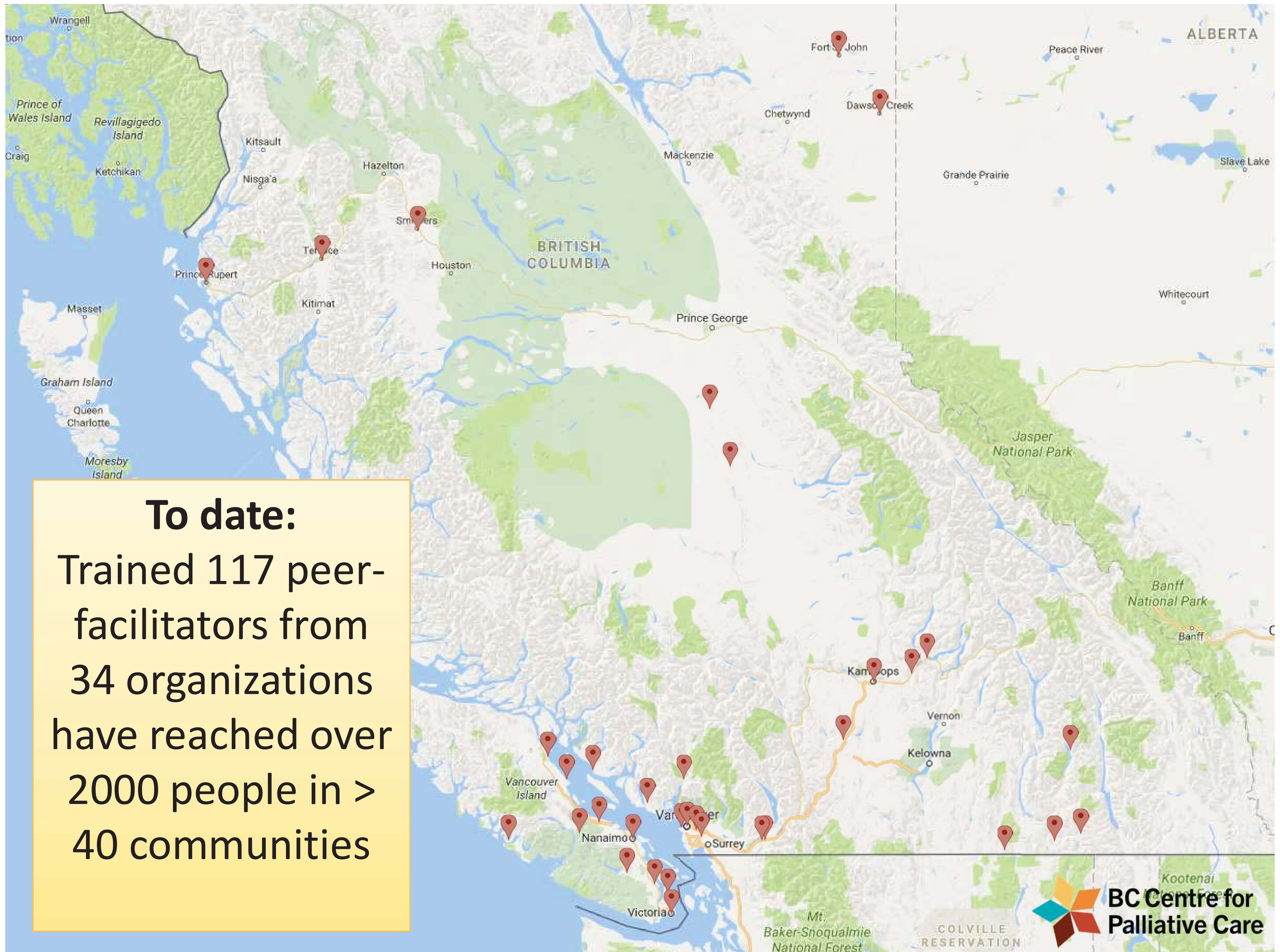
BC Centre for Palliative Care

Public Workshops: Toolkit for Peer-Facilitated ACP Workshops

Community Engagement Advisory Network (CEAN)

Comox Valley Hospice Society

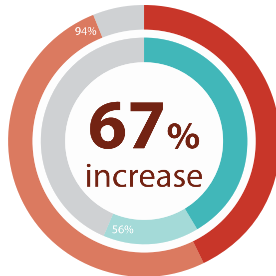
BC Centre for Palliative Care


To date:
Trained 117 peer-facilitators from 34 organizations have reached over 2000 people in > 40 communities
BC Centre for Palliative Care
ALBERTA
BRITISH COLUMBIA
Wrangell
Prince of Wales Island
Revillagigedo Island
Craig
Ketchikan
Kitsault
Nisga'a
Hazelton
Houston
Kitimat
Masset
Graham Island
Queen Charlotte
Moresby Island
Chetwynd
Mackenzie
Prince George
Peace River
Grande Prairie
Slave Lake
Whitecourt
Jasper National Park
Banff National Park
Banff
Vernon
Kelowna
Vancouver Island
Nanaimo
Surrey
Victoria
Mt. Baker-Snoqualmie National Forest
COLVILLE RESERVATION
Kootenai

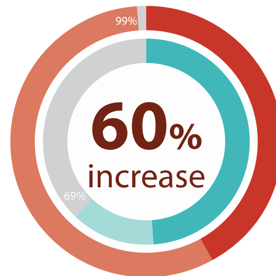
Benefits for trained volunteers

Increased knowledge: > 90%

Concepts and terms of ACP

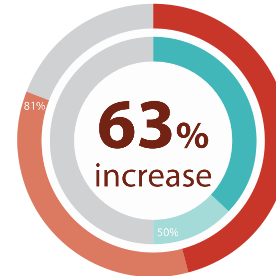


The ACP process

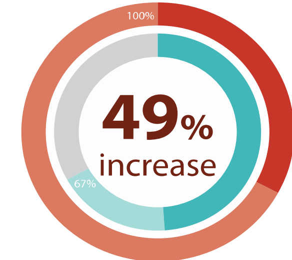


Improved skills: >80%

Have required facilitation skills



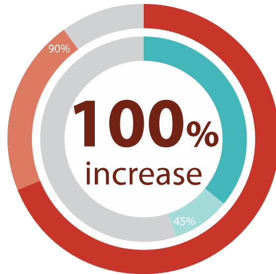
Know where further information can be found



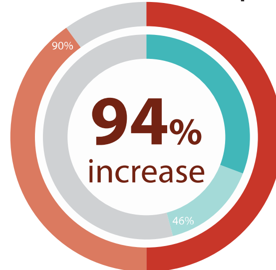
Data from ACP Training workshop for volunteers

Improved confidence

Ability to explain & answer questions about ACP



Ability to facilitate ACP workshop



Before
Strongly Agree
Agree

After
Strongly Agree
Agree

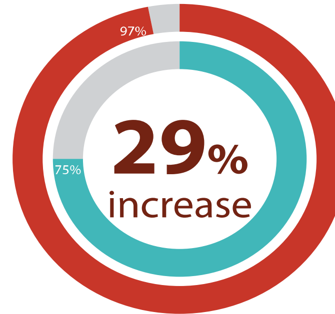
(n=47)

BC Centre for Palliative Care

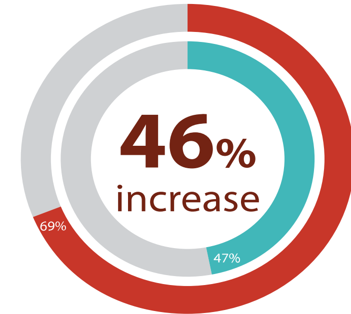
Benefits for public participants

4-6 weeks after ACP session

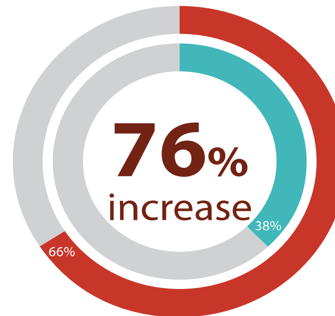
Thought about personal values, beliefs and wishes



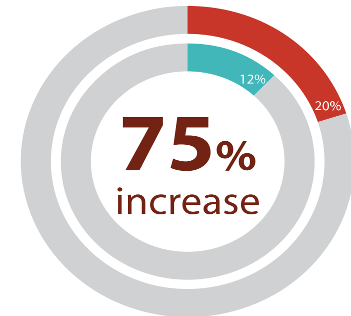
Had ACP conversations with Substitute Decision Maker



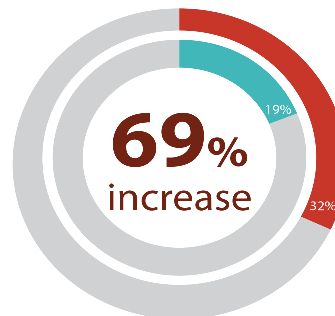
Had ACP conversations with those close to them



Had ACP conversations with a health-care provider



Created an ACP document



Before session
4-6 weeks after session
(n=69)

BC Centre for Palliative Care

Benefits for community organizations

*Health & Wellness **Award** from the Chamber of Commerce!*

*A **regular spot** on our local **radio** station*

*a **new face** .... a new reputation.*

Partnership with Family physicians

***Care facilities** want us to continue our work with seniors*

*Community now see us as **more than a support for end of life***

***Strong connections** with our 4 sponsors*

Interviews 12 months into project

Funded by Canadian Frailty Network. A National Centres of Excellence program (NCE)

BC Centre for Palliative Care

Sallnow: Impact of a public health approach (Pall Med 2016)

1

- **Addressing needs & making a practical difference**

2

- **Individual learning & personal growth** (both parties)

3

- **Develops community capacity: Embeds sustainable change:** Ripple effect

BC Centre for Palliative Care

Questions??

dbarwich@bc-cpc.ca

BC Centre for Palliative Care