



Access to Palliative Care in Canada



Authors: Clare Cheng, Geoff Paltser, Christina Lawand

@cihi_icis cihi.ca

Introduction

Palliative care can help to improve quality of life for people of all ages with life-limiting illnesses by relieving symptoms, enabling a peaceful and dignified death, and providing support to family through the dying and bereavement process. Estimates suggest that up to 89% of people who die might have benefited from palliative care. Access to community-based palliative care has become a priority for federal, provincial and territorial governments, with an emphasis on services that can help people remain in the community even at the end of life.

Objectives

The Canadian Institute for Health Information (CIHI) used its Health System Performance Measurement Framework as a guide for exploring the different dimensions of access to palliative care, including whether it is patient-centred and effective, and whether it delivers equitable and appropriate services.

Methodology

CIHI data sources were used to identify people age 19 and older at the time of death, and people who received palliative care in the last year of life. These sources included information on the following: acute care, emergency departments, long-term care facilities, home care, physician billings and claims to palliative care drug programs.

Due to the availability of more data in Ontario and Alberta, it was possible to take a comprehensive look at system-wide interactions in the last year of life for deaths identified across all settings in these jurisdictions.

Results

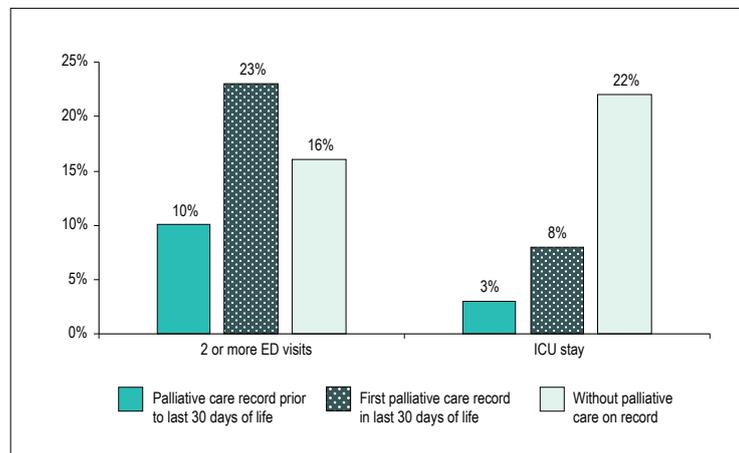
Of people who died in home care, long-term care, an emergency department or hospital (acute care, subacute care or complex continuing care), nearly two-thirds (62%) were formally identified as palliative patients only in acute care and usually in their last month of life. Few Canadians (15%) who died received publicly funded palliative home care in the last year of life.

Those who received palliative care before their last 30 days of life were the least likely to have 2 or more emergency department visits in their last month.

The highest proportion of people who had 2 or more emergency department visits in the month before their death were those who had not received palliative care until that time, suggesting that the emergency department is the gateway through which many patients get access to palliative services for the first time.

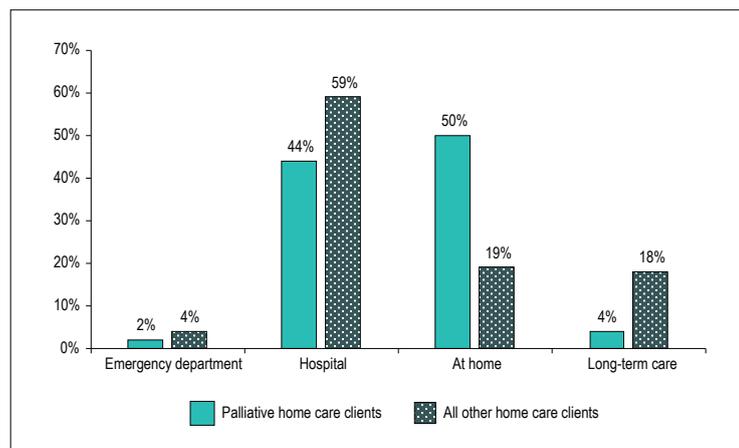
People with formal palliative care — and earlier palliative care in particular — were also less likely to spend time in an intensive care unit (ICU), which is primarily for life-sustaining treatment, or for support before or after undergoing complex procedures. ICU stays may reflect overly aggressive treatment for those in the last month of life.

Figure 1 Proportion of those who died in 2016–2017 with 2+ emergency department visits, or an ICU stay in last 30 days of life, by record of palliative care



Notes
Palliative care record prior to last 30 days includes home care, long-term care, acute care, subacute care, emergency department and complex continuing care.
Includes deaths in Ontario and Alberta only.
A greater proportion of those who have a first record of palliative care in the last 30 days and 2+ emergency department visits in the last 30 days of life may be the result of identification bias, due to the likelihood of being identified as having palliative needs upon going to the emergency department.
Sources
Discharge Abstract Database, National Ambulatory Care Reporting System, Continuing Care Reporting System and Home Care Reporting System, 2015–2016 to 2016–2017, Canadian Institute for Health Information.

Figure 2 Location of death in 2016–2017 for people who were home care clients in their last year of life, by client type



Notes
Includes deaths in Ontario and Alberta only.
“Hospital” refers to deaths in acute care, subacute care and complex continuing care.
Sources
Discharge Abstract Database, National Ambulatory Care Reporting System, Continuing Care Reporting System and Home Care Reporting System, 2015–2016 to 2016–2017, Canadian Institute for Health Information.

Conclusions

Findings in this study show that most Canadians accessed palliative care for the first time in the hospital, usually on an emergency basis and only in the last 30 days of life.

Getting palliative care earlier was associated with fewer emergency department visits and ICU stays in the last 30 days of life. These patients and their caregivers may have been better supported or more prepared to manage symptoms in the community. In addition, Canadians who received palliative care at home were more likely to die at home than regular home care clients.

In Canada, research suggests that the following factors can improve delivery of, and access to, palliative care:

- Frameworks and strategies that define palliative services, and provide coordinated policies, standards and guidelines
- Eligibility criteria that support early access to a mix of services
- Funding that is stable and predictable
- Measurement for monitoring and evaluating progress, quality and outcomes

The availability of more comprehensive and comparable palliative care data from across care sectors and jurisdictions is important to evaluate the progress, quality and outcomes of palliative care.

This poster presents findings from the recent CIHI report *Access to Palliative Care in Canada*, which is available at cihi.ca.

For more information
healthreports@cihi.ca