

The Importance of Residential Aged Care in Palliative Care in New Zealand

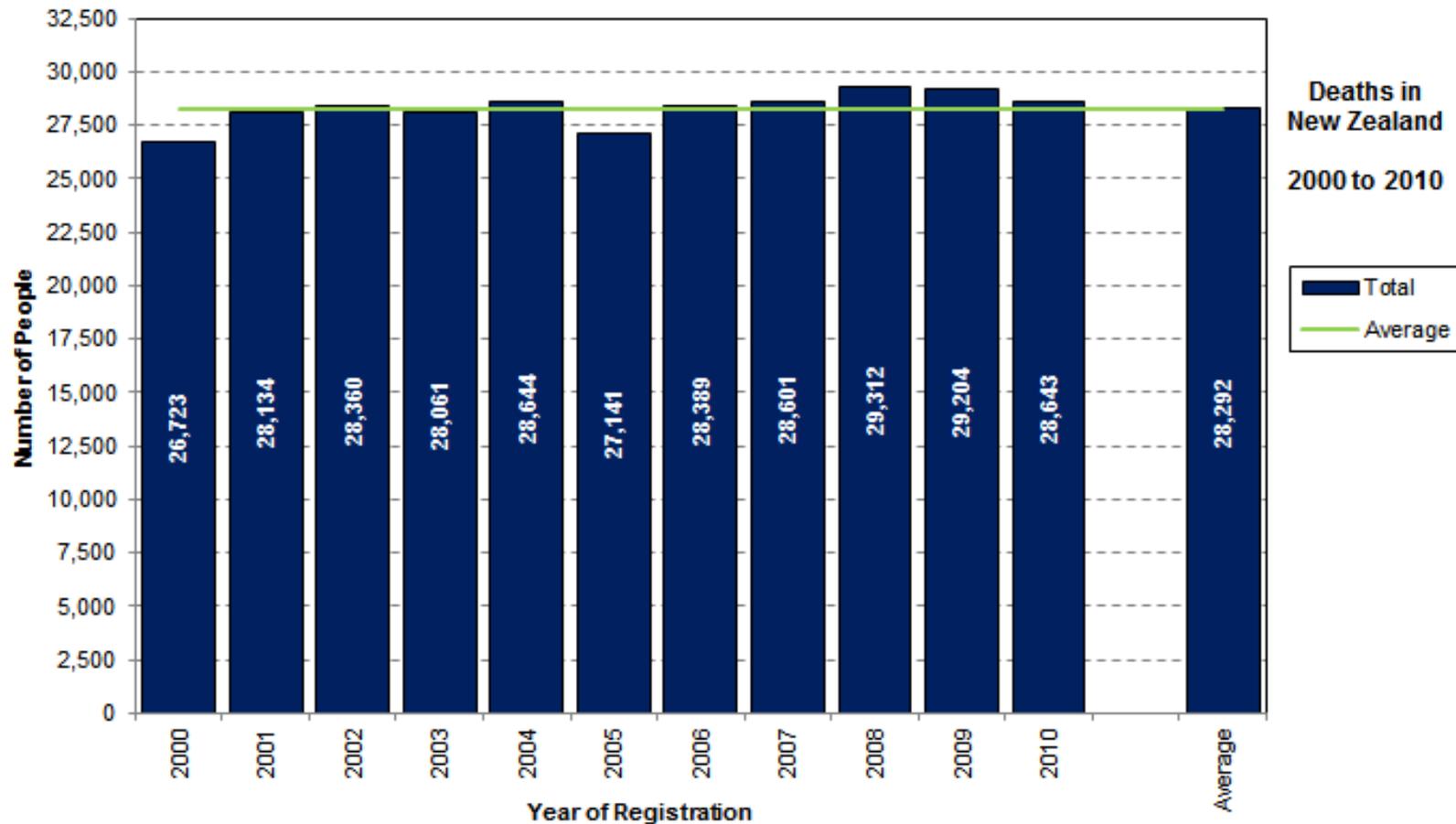


Outline

- Strategic Challenges for Palliative Care in New Zealand
 - Increasing numbers of deaths
 - Deaths at older ages
 - Trajectories of dying
- Place of Death in New Zealand
- Deaths in Residential Care in New Zealand
- Hospice NZ and Aged Residential Care
 - Impact of research
 - New funding
 - New partnership model

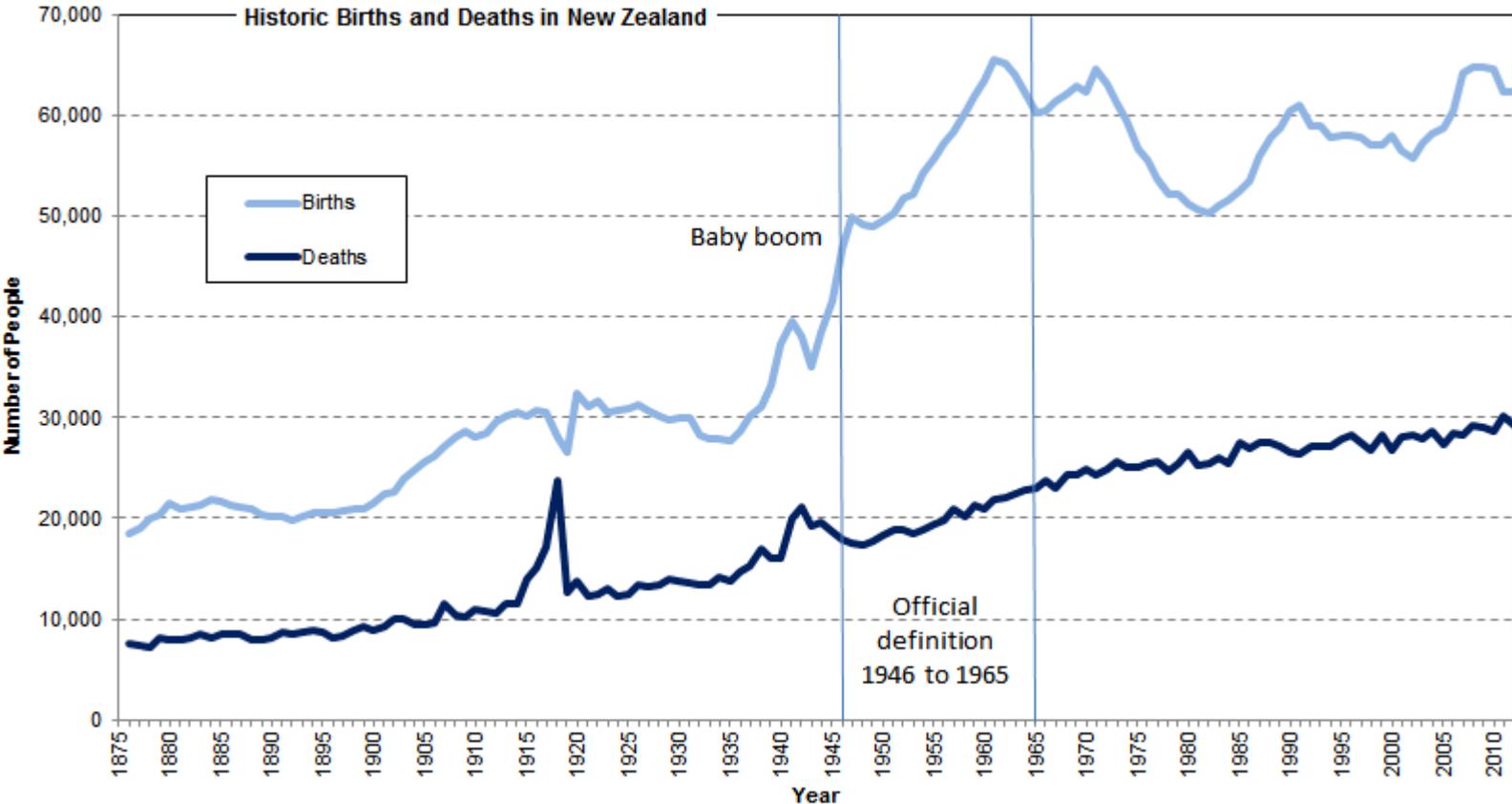
Strategic Challenges

Deaths in New Zealand 2000-2010



There has been remarkable stability in the total number of deaths since 2000, with perhaps only a very small increase.

Historic Births and Deaths 1876-2012

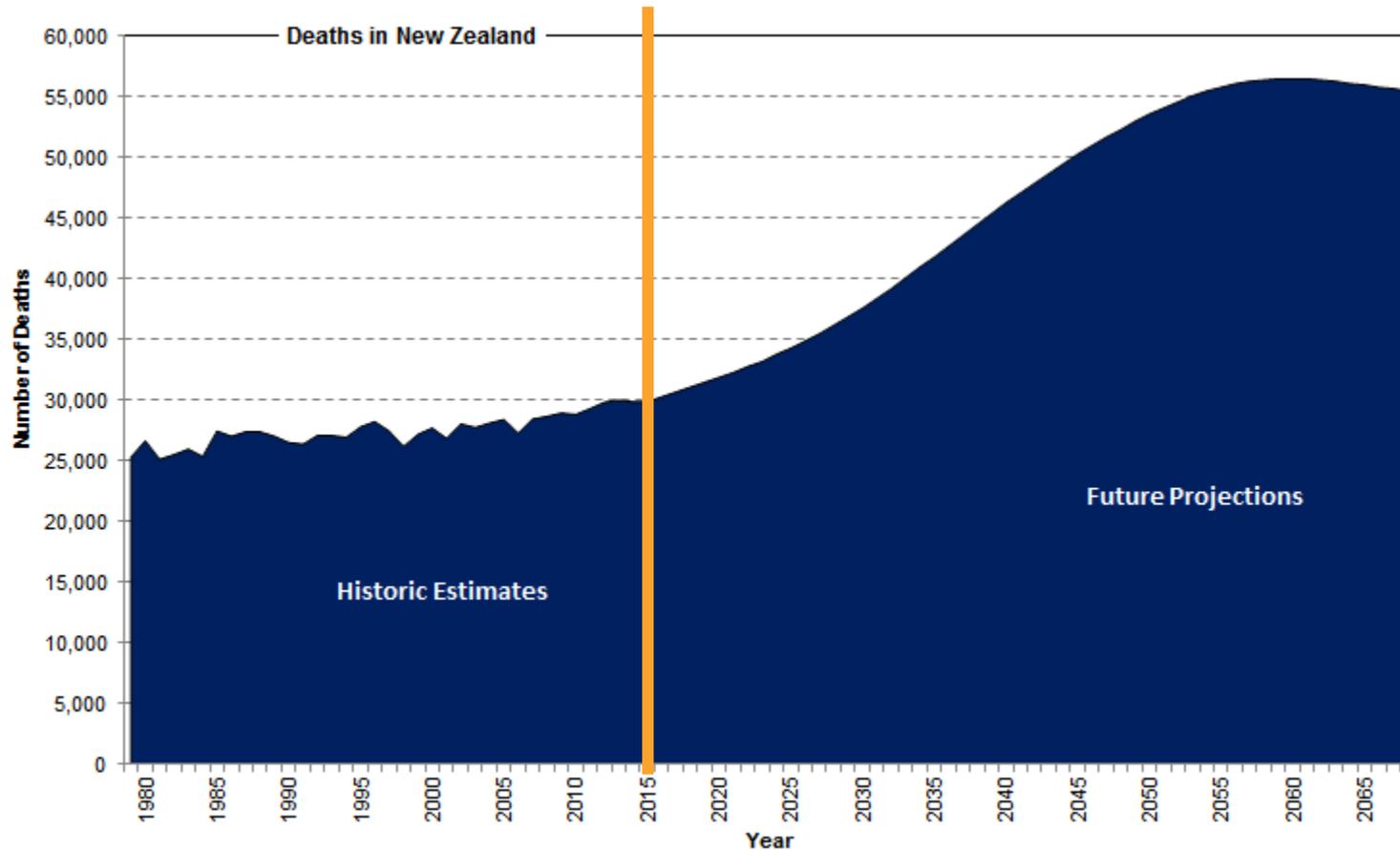


Baby Boomers are usually regarded as those born in the years 1946–65



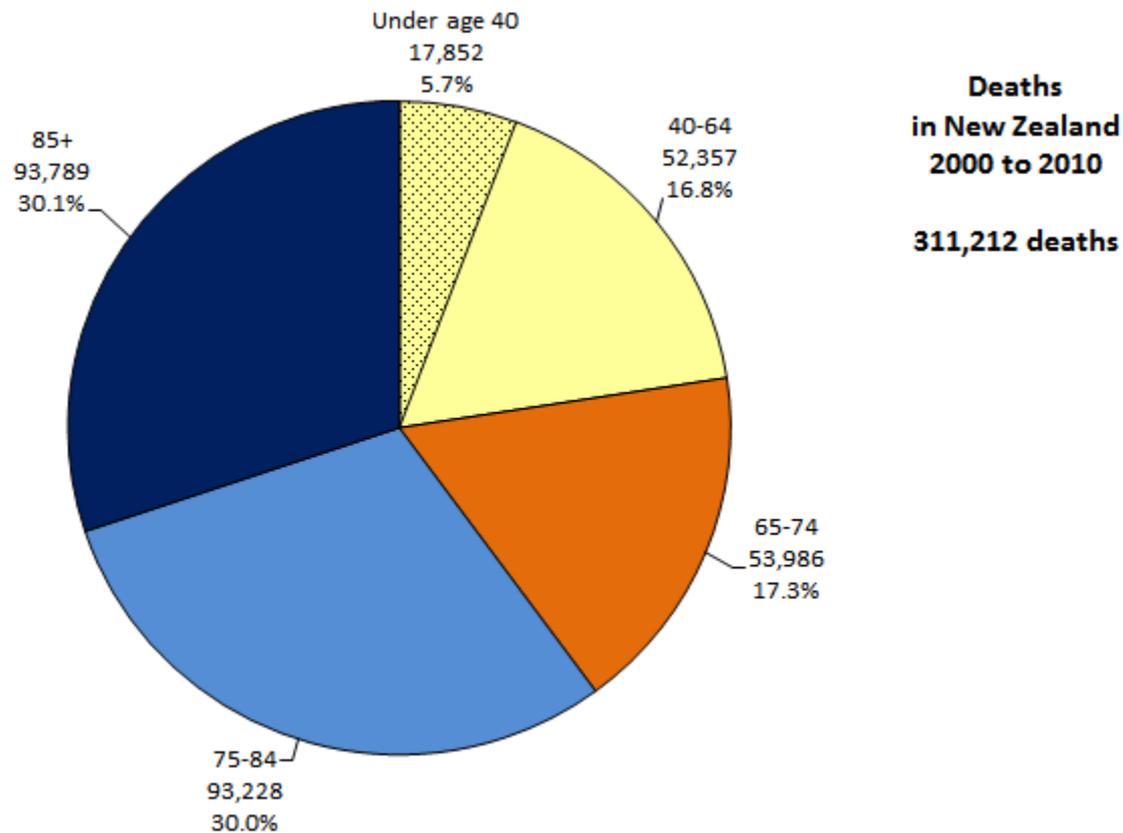
Source: Statistics New Zealand data, 1876 to 2012

Historic Deaths, Future Projections



The median projection from Statistics New Zealand is that deaths will rise from around 30,000 a year to 55,500 a year by 2068. The number of deaths is projected to be 86% of the number of births in 2068, up from 51% in 2015.

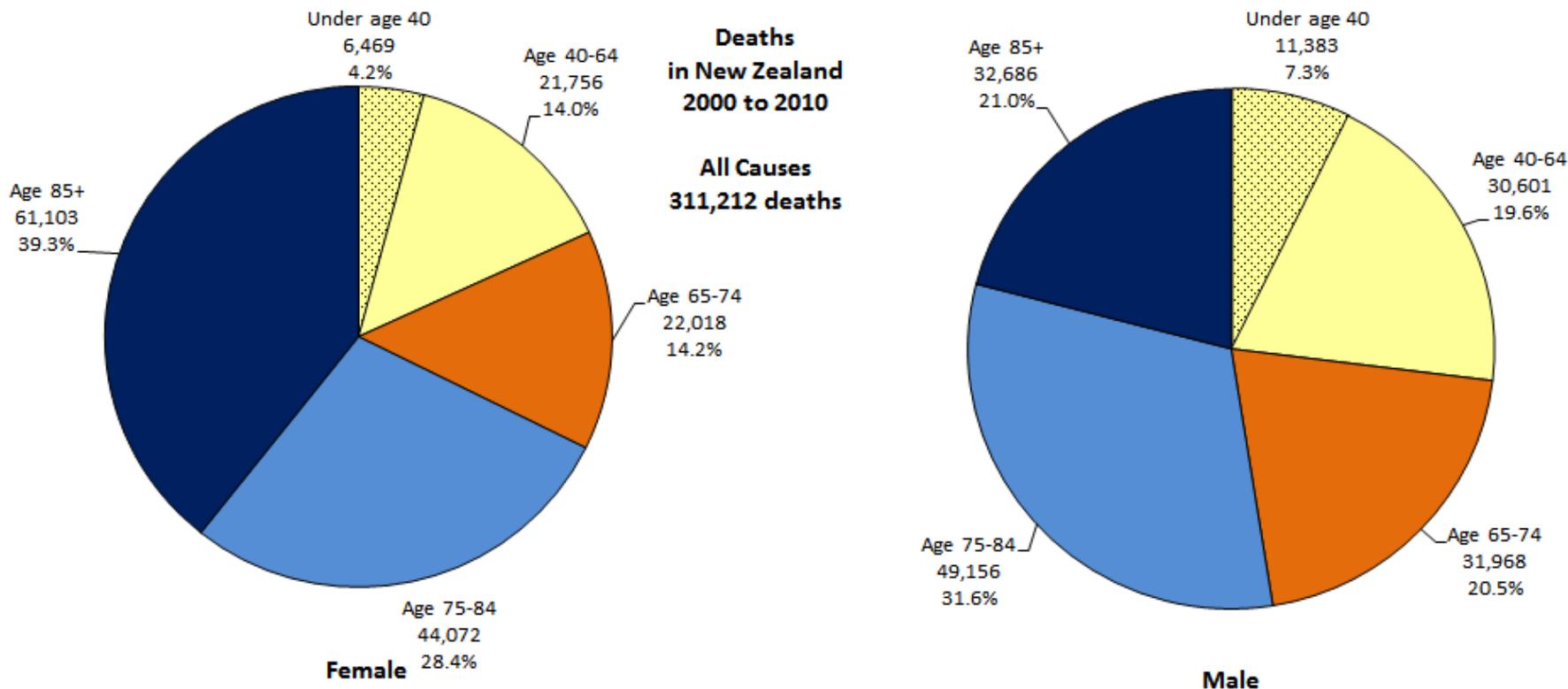
Deaths in New Zealand 2000-2010



30.1% of all deaths are over age 85; 60.1% are over age 75 and 77.4% are over age 65.

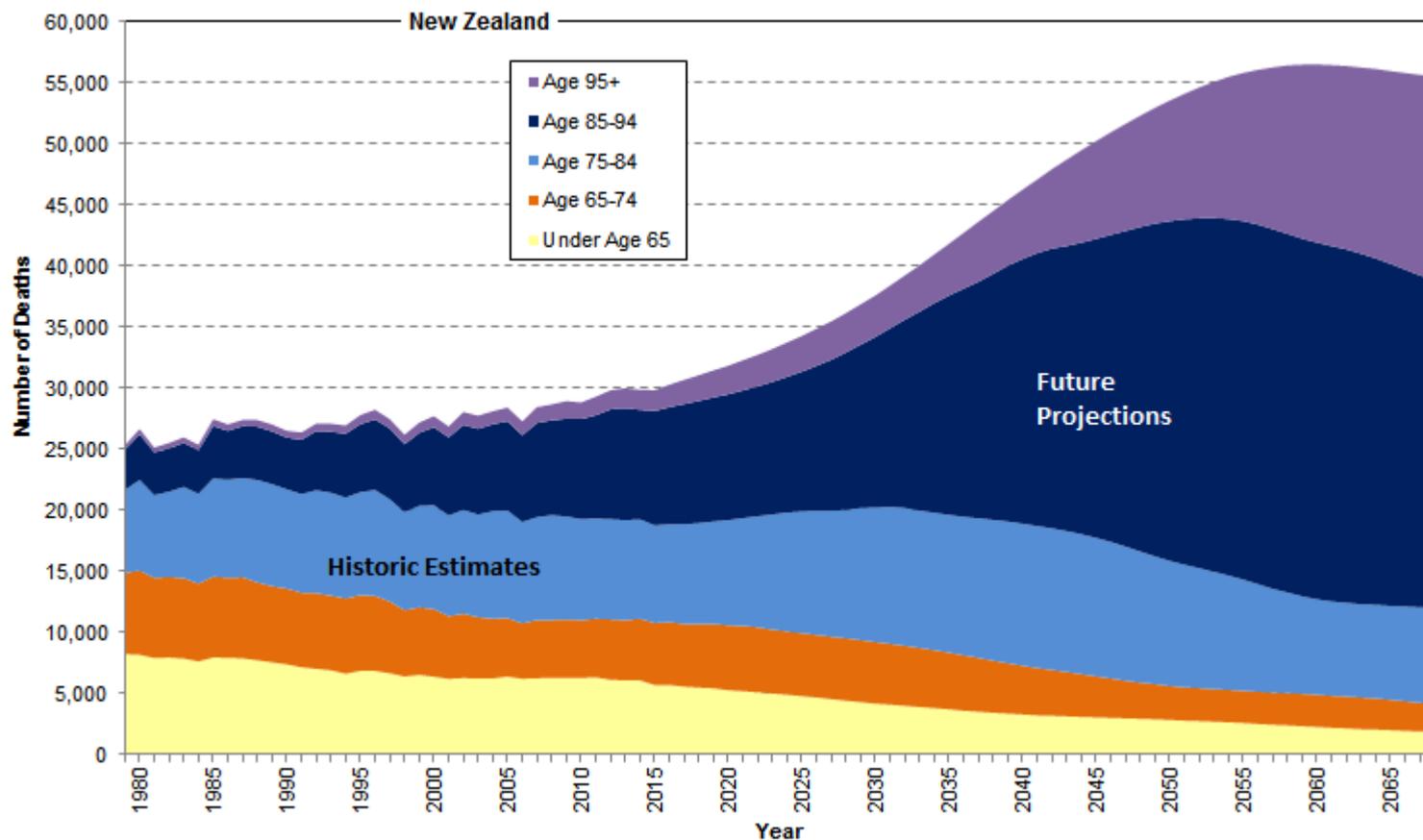
Deaths in New Zealand 2000-2010

All Causes



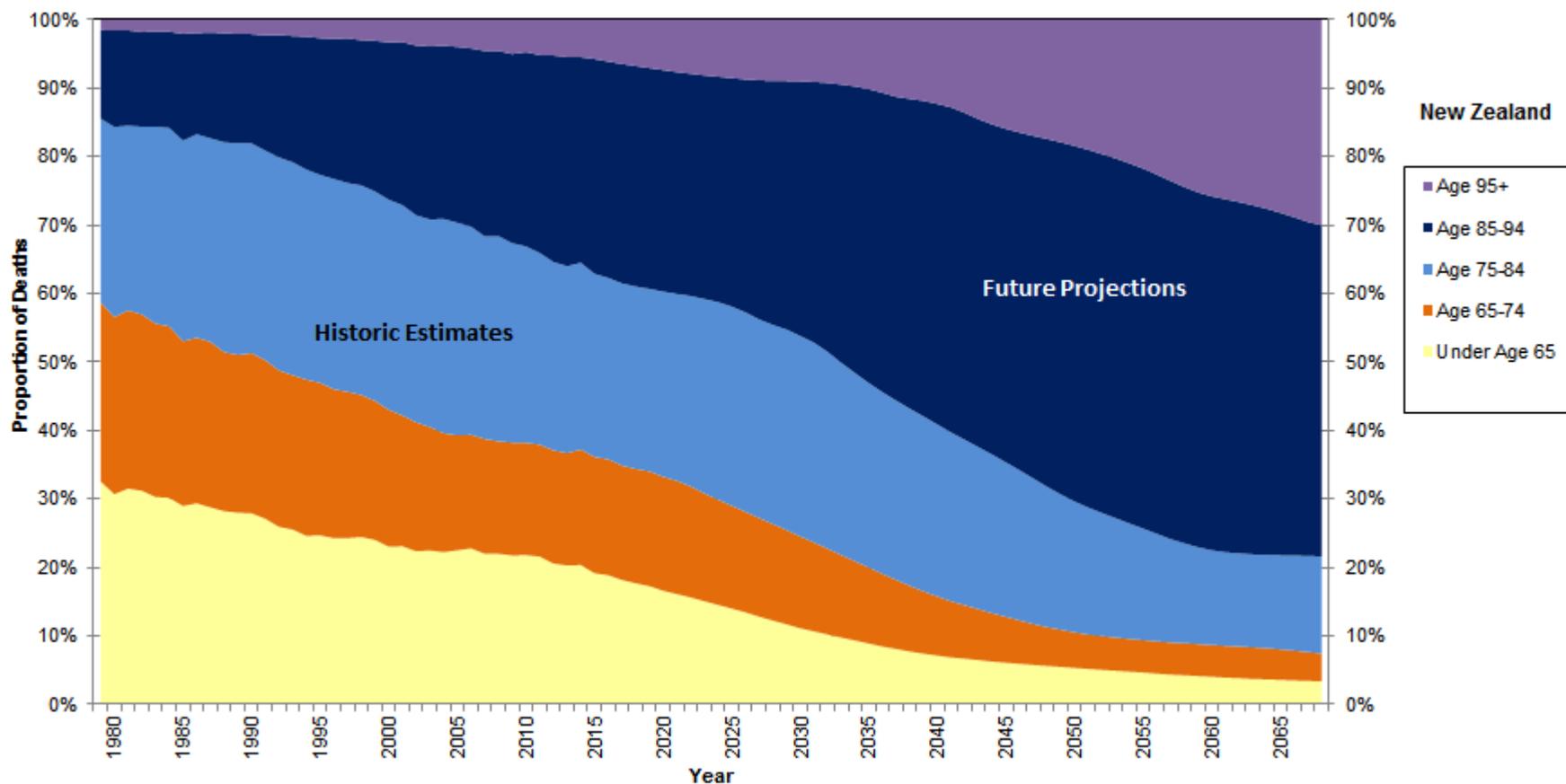
39.3% of all deaths for women are over age 85; men dying at younger ages and with more deaths under age 65 (26.9%).

Historic Deaths, Future Projections



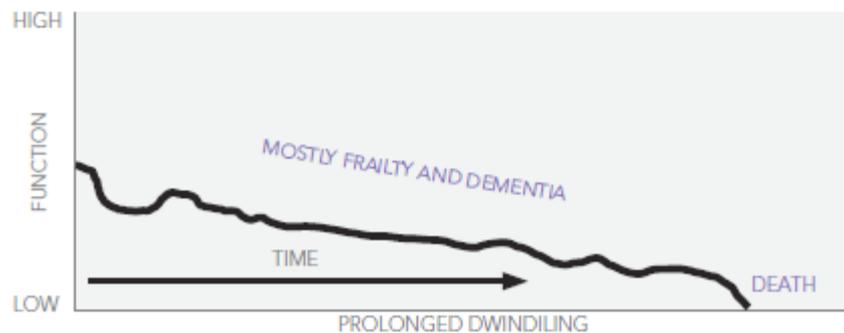
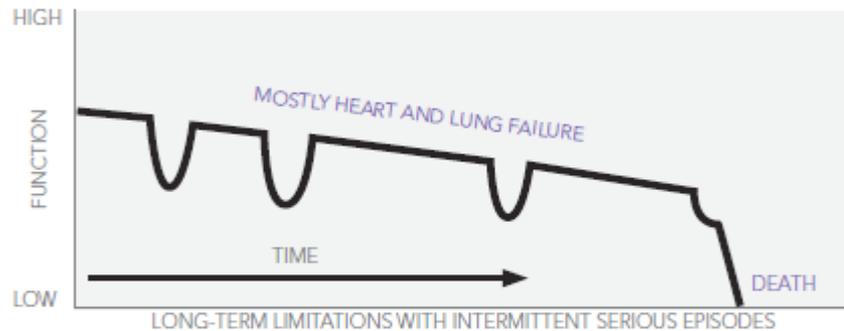
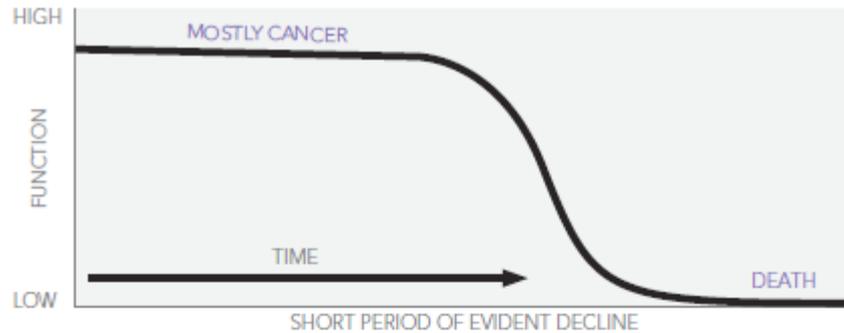
Updated projections from Statistics NZ use Base 2014 and project to 2068. Graph begins in 1979 when the first hospice was opened in New Zealand. Note the increase in deaths over age 85-94 and age 95+.

Historic Deaths, Future Projections



Note the large expected growth in deaths in the groups age 85-94 and age 95+.

Trajectories at the End of Life



- Accidents
- Cancer
- Organ failure
- Frailty and dementia

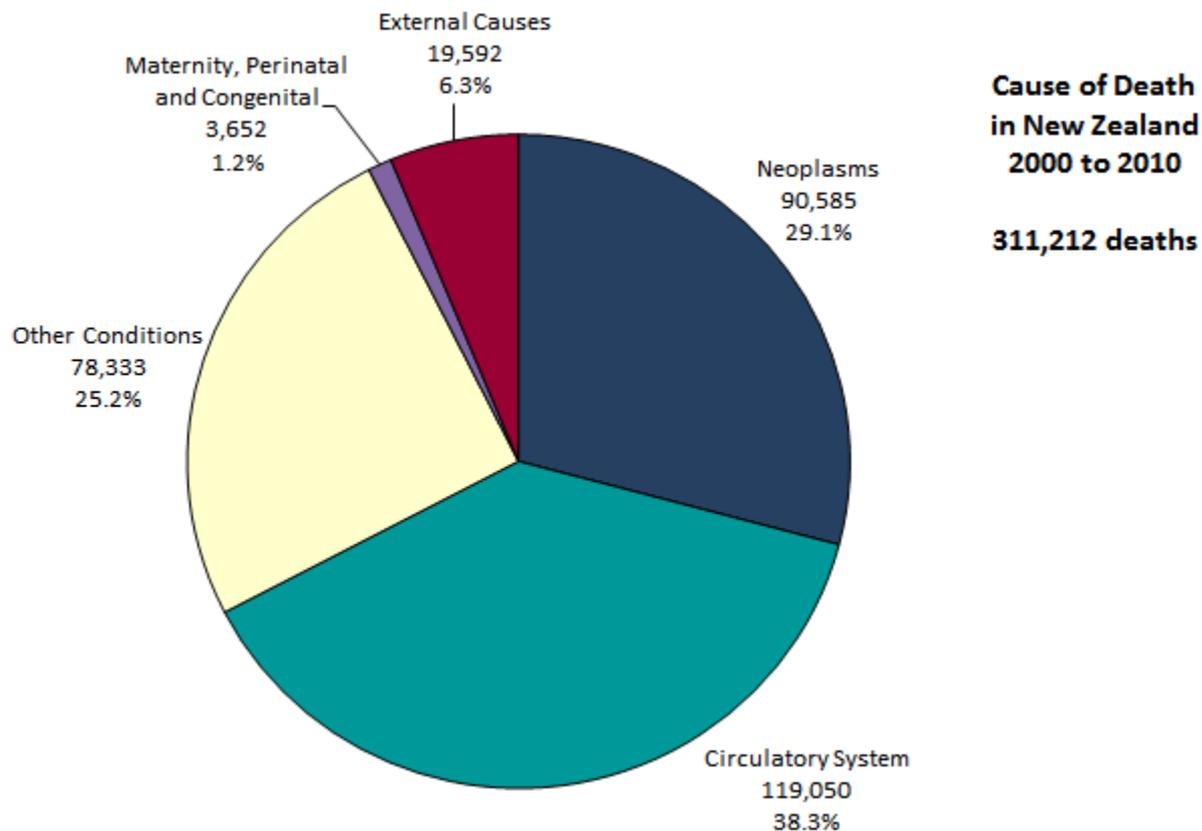
Source: Palliative Care Australia (2010). Health System Reform and Care at the End of Life: a Guidance Document. 2010. Canberra: Palliative Care Australia.

Diagram from Lynn, J., & Adamson, D. M. (2003). *Living Well at the End of Life. Adapting Health Care to Serious Chronic Illness in Old Age*. 2003. RAND Health.

Trajectories at the End of Life

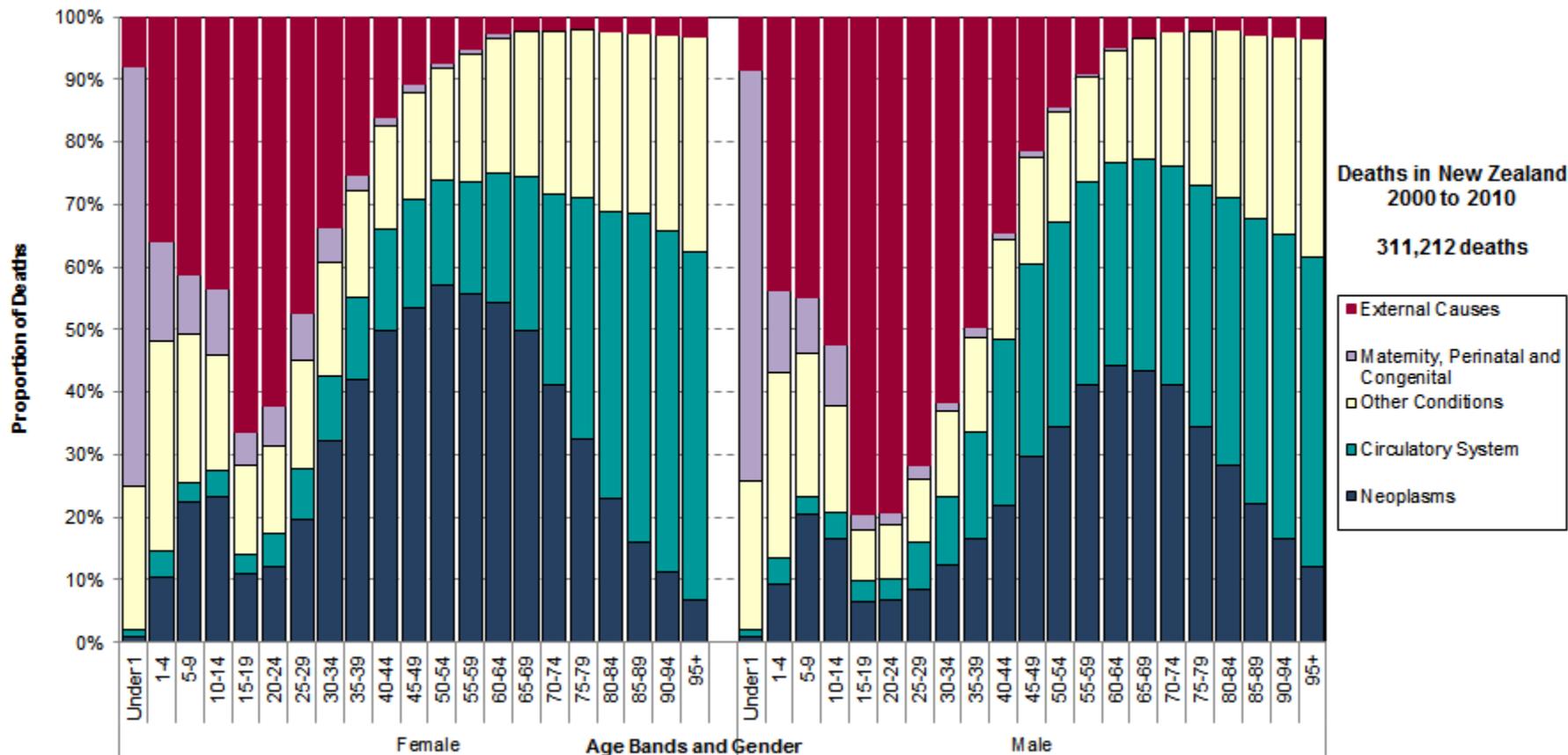
- The three characteristic trajectories are **roughly sequential** in relation to the ages afflicted
 - with cancer (trajectory 1) peaking around age 65
 - fatal chronic organ system failure (trajectory 2) about a decade later, and
 - frailty and dementia (trajectory 3) afflicting those who live past their mid-eighties.

Cause of Death 2000-2010



29.1 % of deaths are from neoplasms which includes malignant and benign neoplasms. 38.3% of deaths from circulatory system conditions.

Cause of Death 2000-2010



Women account for 49.9% of deaths from all causes.

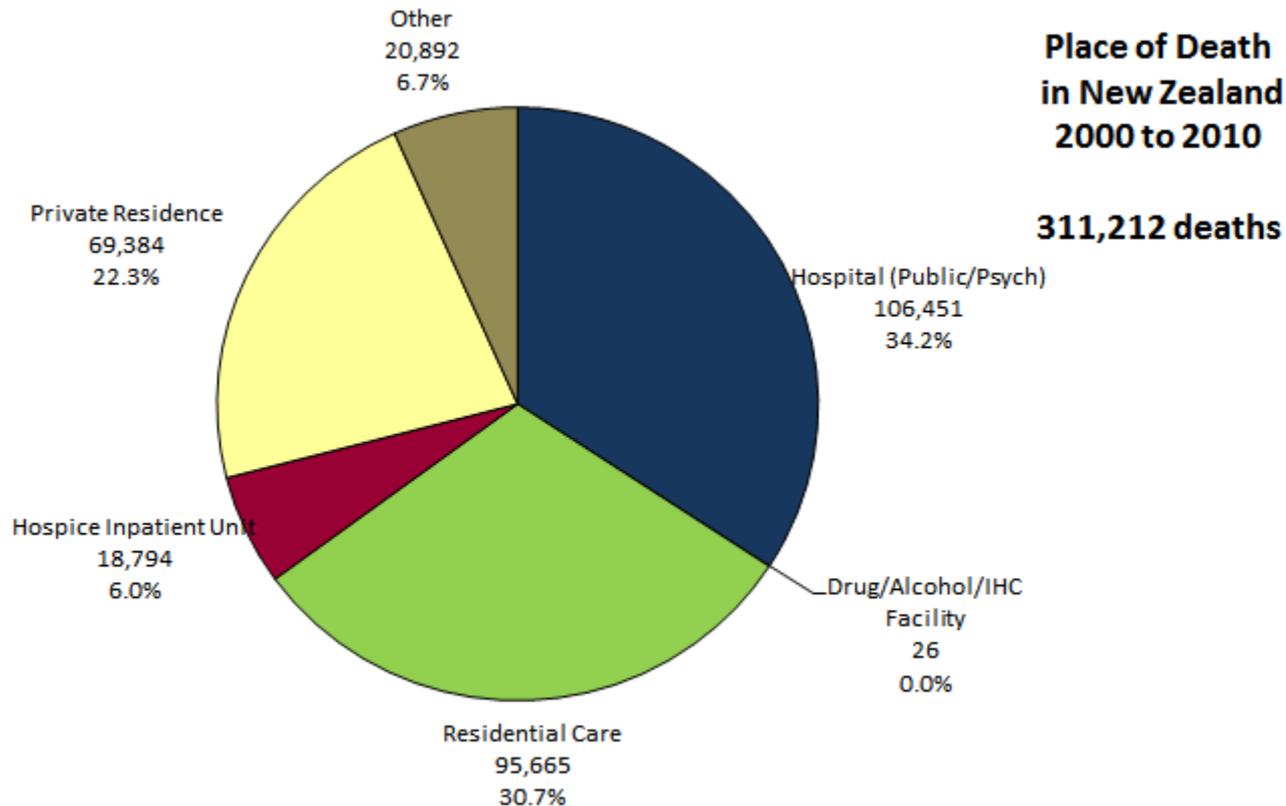
Implications of Older Deaths

- The major challenge for palliative care will be that not only will the number of deaths be increasing, but they will be increasing in older age bands.
- These deaths are likely to be occurring to people with more co-morbidities and a high prevalence of dementia.
- If current patterns of end-of-life care continue most of these deaths over age 85 will occur in residential aged care facilities after an extended period of care.

- Will challenge existing models of care.
- Will challenge the way end of life care is funded.

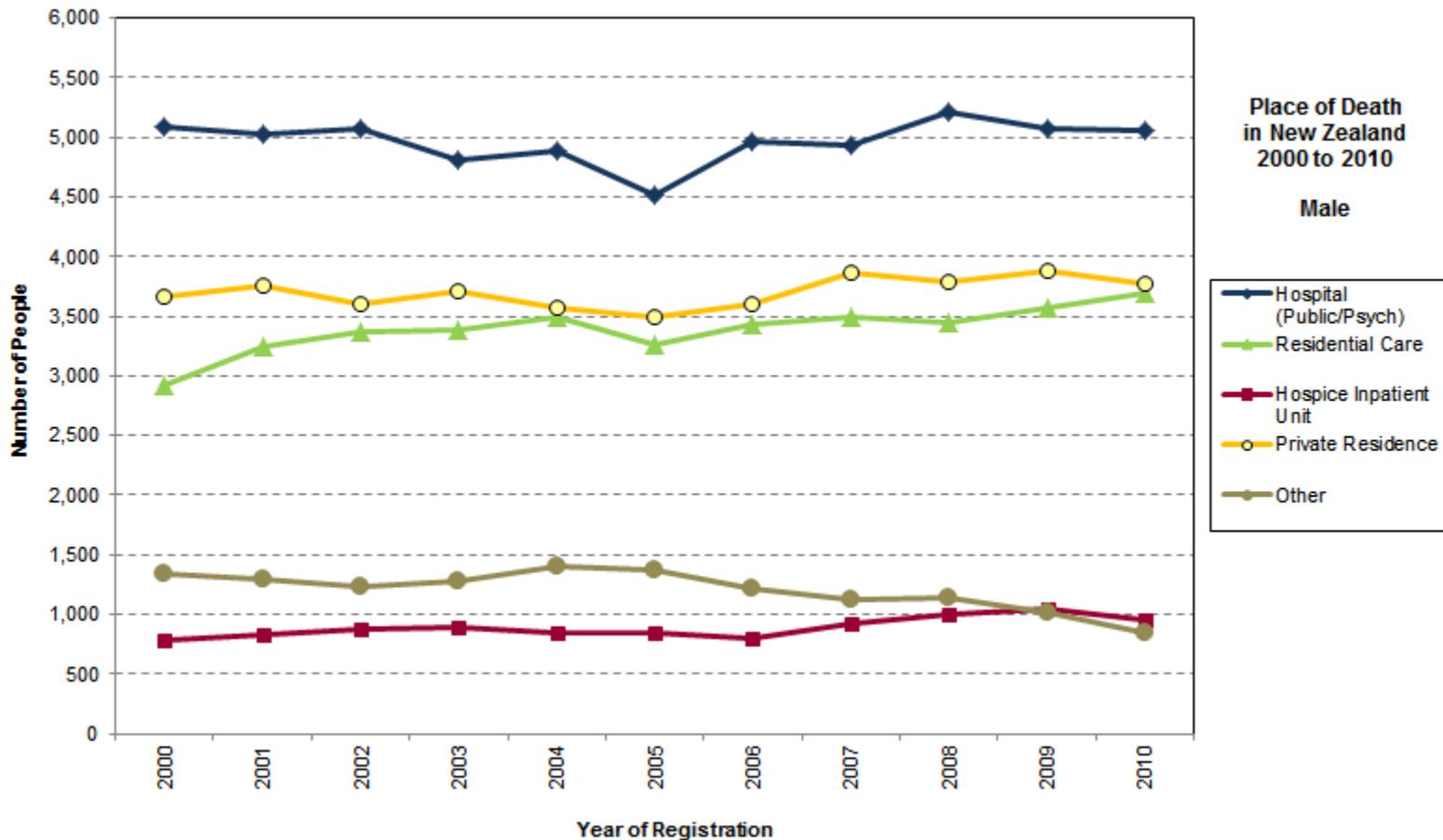
Place of Death

Place of Death 2000-2010



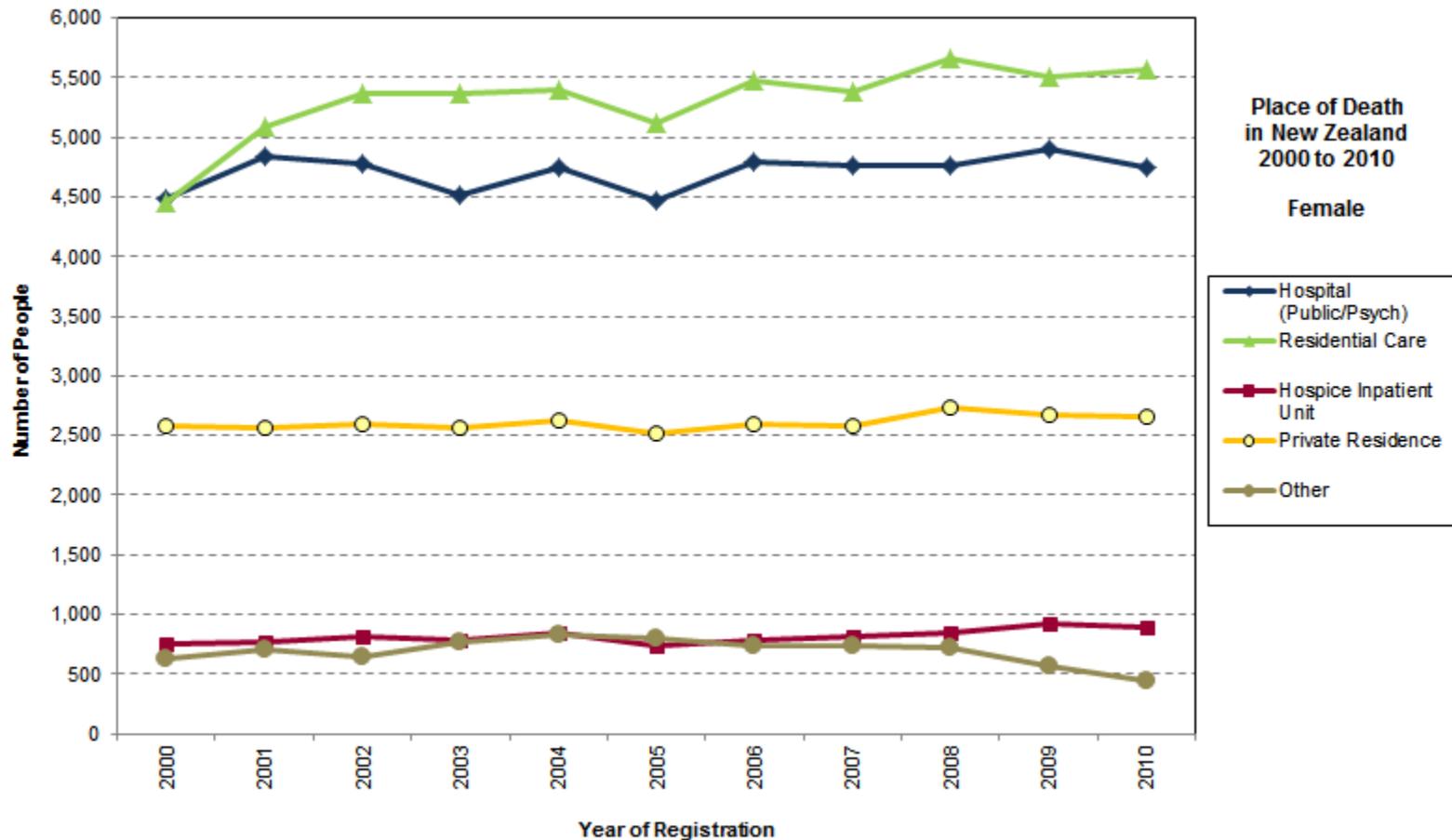
34.2% in hospital, 30.7% in residential care and 22.3% in private residence. Note that this seriously undercounts hospice involvement as only hospice inpatient unit available as a place of death.

Place of Death 2000-2010 Male



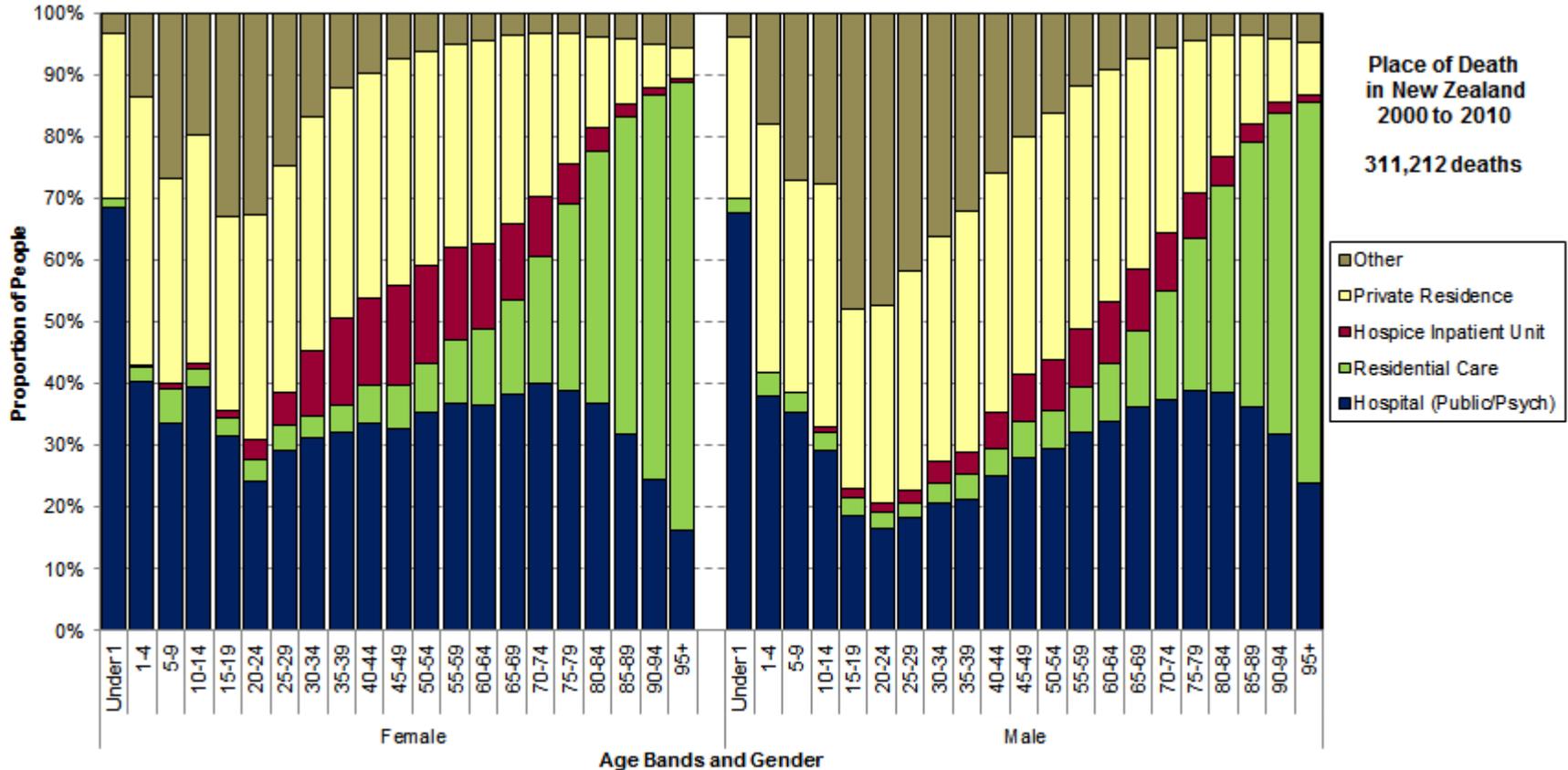
Hospital and private residence are most common places for male deaths. Deaths in residential care have increased over the period.

Place of Death 2000-2010 Female



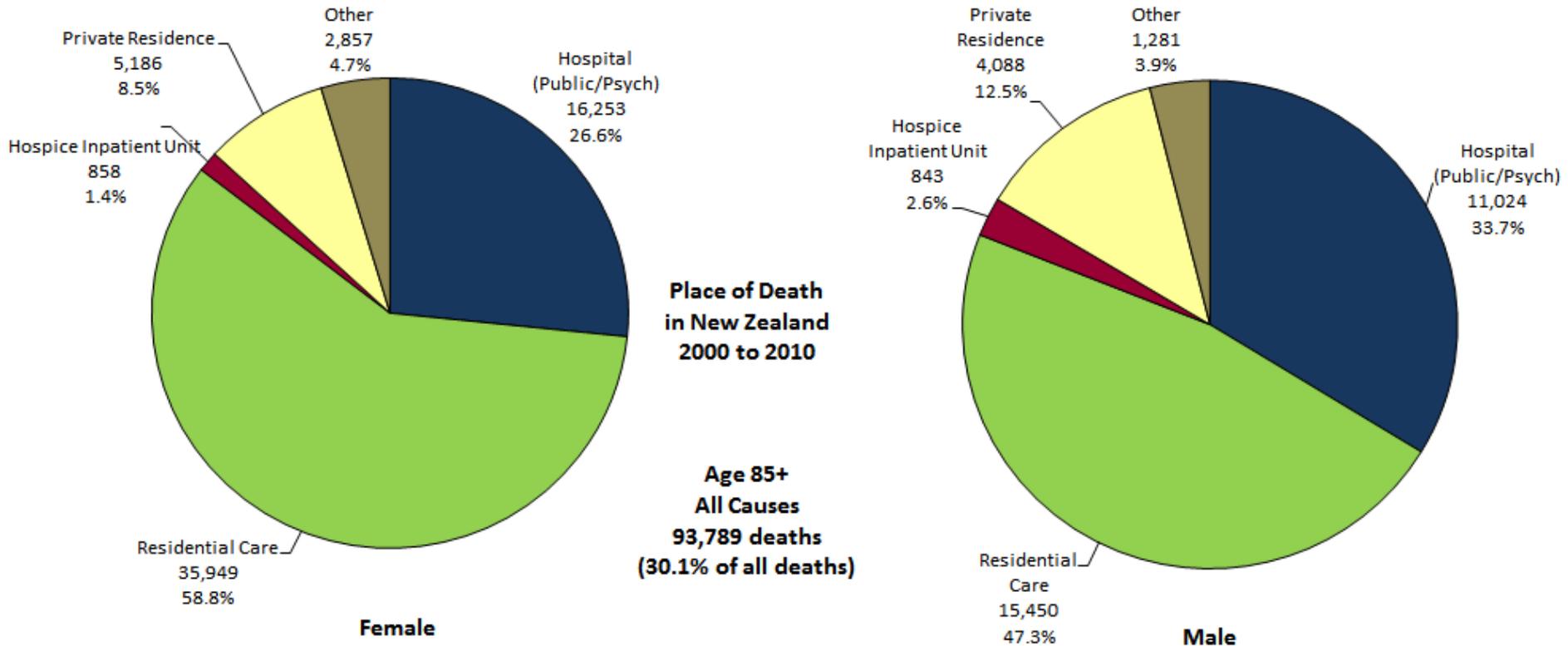
Residential care is most common place for female deaths, with private residence much smaller than residential care or hospital.

Place of Death 2000-2010



Note expanding funnel shape for residential care with age. Greater proportion of deaths of elderly women are in residential care, compared to elderly men.

Place of Death 2000-2010 Age 85+



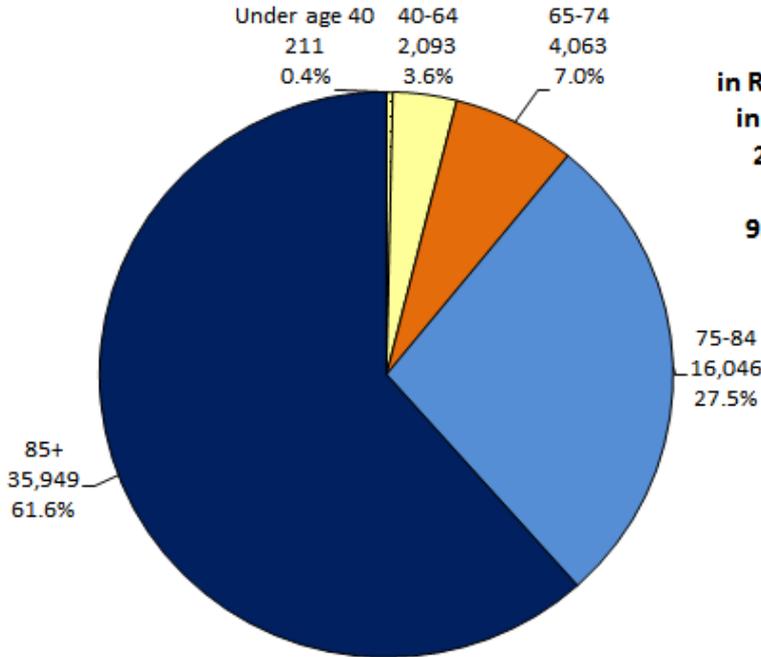
30.1% of deaths occur at age 85 and over and residential care is the predominant place of death: 58.8% of women and 47.3% of men aged 85+. Some deaths in public hospital likely to be after transfer from residential care.

Deaths in Residential Care

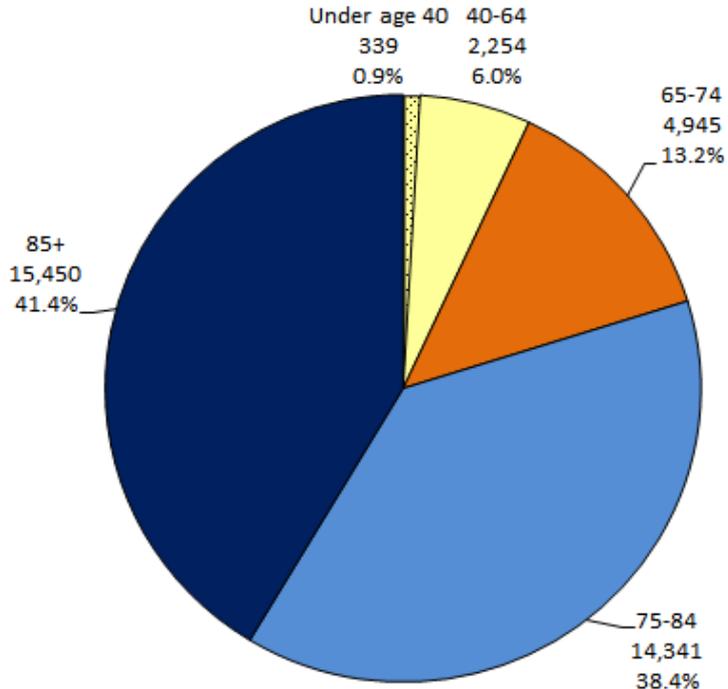
Deaths in Residential Care 2000-2010

Deaths in Residential Care in New Zealand 2000 to 2010

95,691 deaths



Female

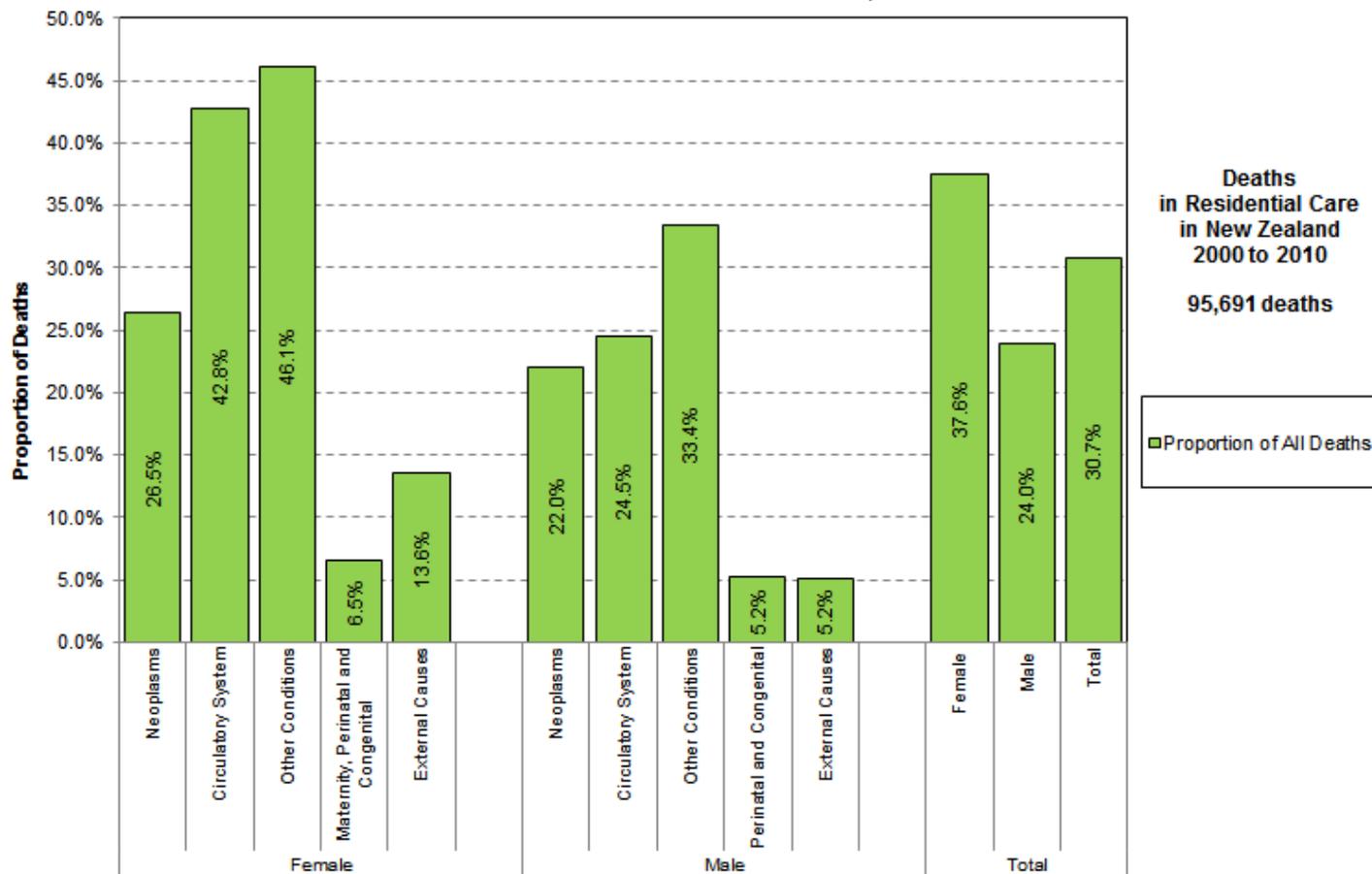


Male

In residential care, 85.5% of all deaths are for those age 75+, with 53.7% of deaths being age 85 and over. Women die at older ages, with 89.1% of deaths of women in residential care being age 75+ and 61.6% age 85+.

Source: Analysis of Ministry of Health MORT data 2000 to 2010

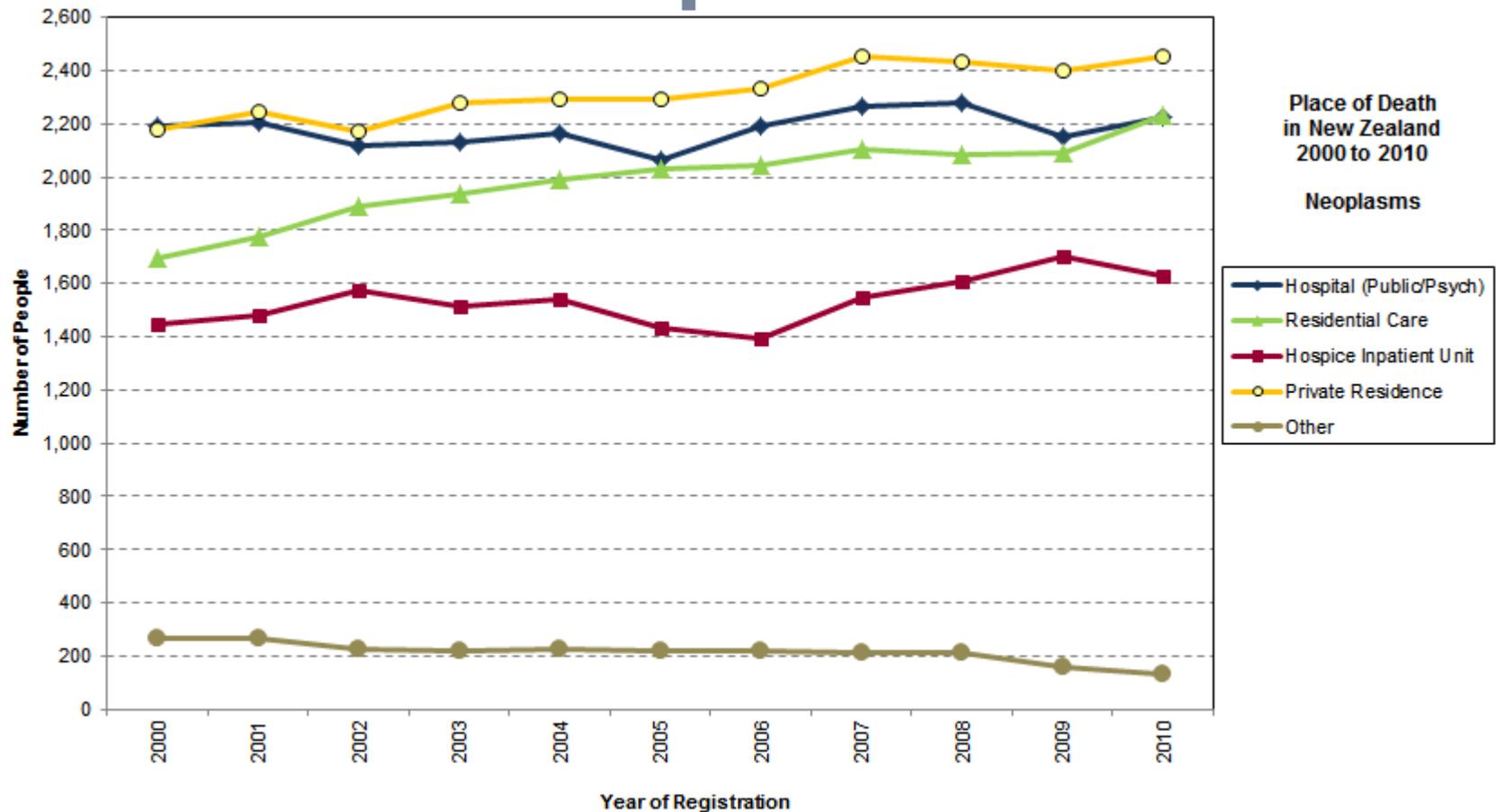
Proportion of All Deaths that Occur in Residential Care, 2000-2010



30.7% of all deaths occur in residential care.

For women, 42.8% of all circulatory system deaths and 46.1% of all deaths from other conditions occur in residential care.

Place of Death 2000-2010 Neoplasms



Marked increase in residential care as the place of death for those with neoplasms – by 2010 equivalent to deaths in hospital.

Proportion of All Deaths that Occur in Residential Care, 2000-2010

- **30% of all deaths in New Zealand**
- **35%** of all deaths from prostate cancer
- **39%** of all deaths from benign neoplasms

- **58%** of all deaths from heart failure
- **49%** of all deaths from cerebrovascular diseases
- **64%** of all deaths from stroke (not specified as haemorrhage or infarction)

- **77%** of all deaths from mental and behavioural causes
- **62%** of all deaths from nervous system causes
- **80%** of all deaths from Alzheimer's disease

**The research has resulted
in much greater recognition
of residential aged care
as an important setting for
palliative care.**

Hospice NZ and Aged Residential Care

New ways of working together



Impact of Research

- Research work at the Palliative Care Council was critical. It focussed attention on improving palliative care outcomes for **all the population.**
- **Critically, it focussed attention on aged residential care.**
- Increased funding for palliative care through hospices.
- Refresh of the Health of Older People strategy by the Ministry of Health in late 2015 expected to include palliative care in aged residential care.

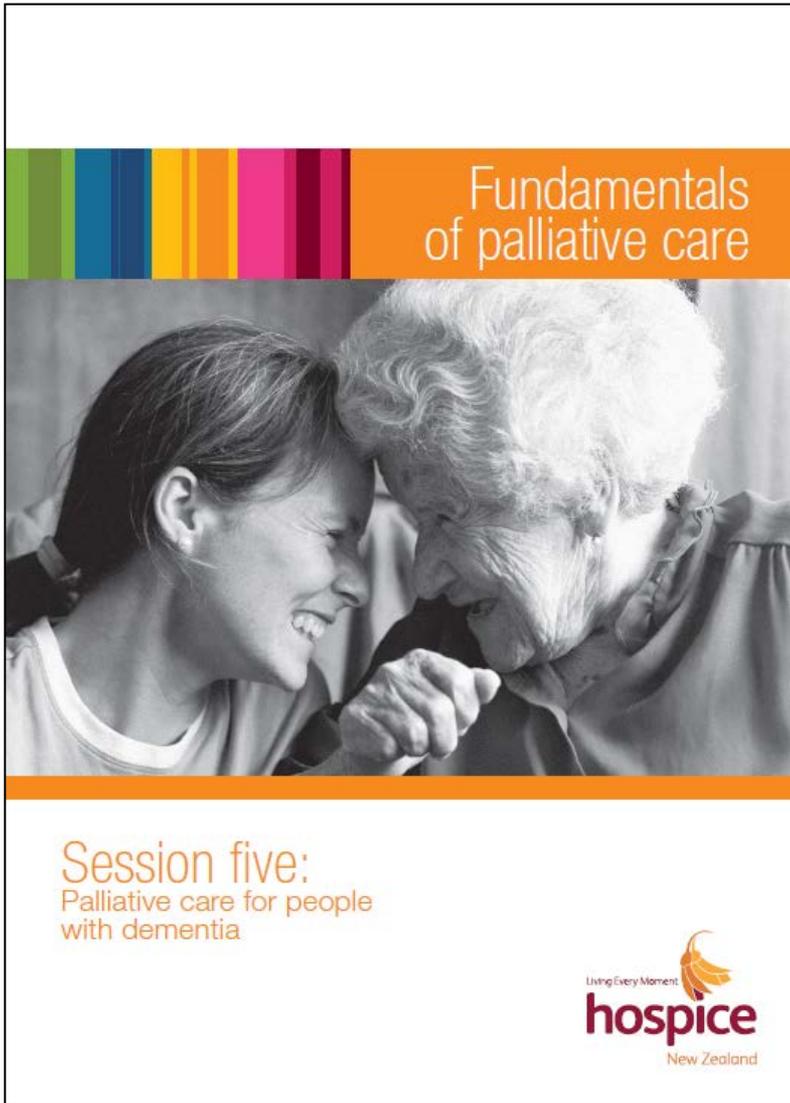


Impact of Research on Hospices

- **Hospice NZ Purpose:** To lead hospice movement to ensure that every New Zealander has access to quality palliative care.
- **Vision:** Everyone with a life limiting condition and their whānau have access to the best possible care.
- Increased Hospice NZ board focus on aged residential care. New board member with gerontology and ARC focus.
- Recognition by individual hospices of the need to better support local ARC facilities by providing palliative care education and embedding core principles of palliative care.
- Regional initiatives to include ARC in planning and support by specialist palliative care teams.



Fundamentals of Palliative Care



- Produced initially as training programme for staff in aged residential care
- Nine packages
- First published October 2011
- In 2014 hospices delivered over 8,180 sessions of the packages.
- Generic version begun 2014



New Funding for Palliative care in ARC

- The Minister of Health announced new funding of \$3 million in 2015/16 and \$7 million a year thereafter
 - Allocated to regional funders (District Health Boards) to support the development of innovative approaches to service provision by hospices.
 - Hospices get funding but the value must be shared with patients and families in ARC and primary care
 - Hospice NZ working with Ministry of Health to develop a new way of working with ARC.



New Role for Hospice NZ

- The Minister of Health has agreed that some funding would be allocated for Hospice NZ to:
 - Collaborate with the wider palliative care sector to identify the priorities for new services that would best improve the quality of community palliative care.
 - Support the development of regional and local service development proposals to plan the delivery of the new services and innovations identified as priorities.



National Support and Oversight by Hospice NZ

- Provide epidemiological and demographic data to support the development of proposals.
- Analytical support and project management, including the development of a service development proposal template .
- Project administration and support including development and management of contracts under the proposals.
- Managing and running regional workshops and a national workshop.

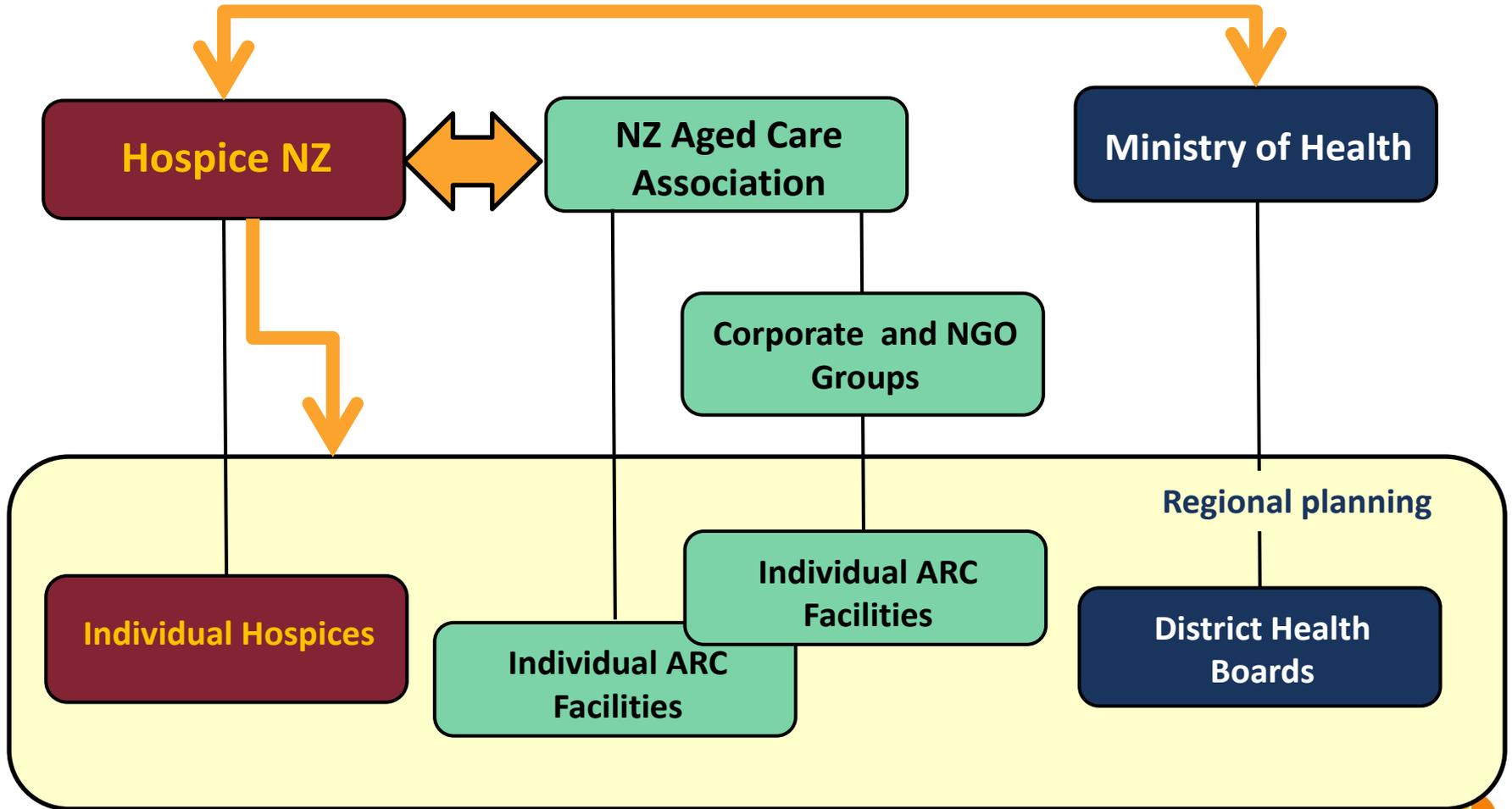


Evaluation Plan

- Each hospice and their DHB will evaluate their own service development initiatives - methodology to be included in the proposal.
- Hospice NZ will provide national evaluation:
 - Complete a national review of the service development process
 - National consolidation of local evaluation and analysis and identify whether the new services have added value.



New Partnerships





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