Palliative Care in Canada and the United States

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Presentation Overview

Health Systems:
  Canada
  United States

Palliative Care:
  Case Study
  Orlando
  Edmonton

Conclusions
Medicare: age 65+ & eligibility criteria
Medicaid: coverage for select groups
Health Insurance: mix of public and private, many issues
Estimated 50 million individuals in the US do not have insurance (15%)

*Cost of health care is the highest in the world but health care outcomes are not better than other, similar nations*

(IOM, 2015; Schoen et al., 2013)
Universal health care
Publicly Funded
Provincially administered (13 plans)
Covers “medically necessary” services
Private Health Insurance: supplements Universal health care benefits
Estimated 200,000 - 500,000 individuals in Canada do not have health care coverage (1.4%)

(Government of Canada, 2016; Health for all, 2018)
Commonalities: US & Canada

- Aging baby boom generation
- Common demographics and disease characteristics > 65 year old
- Culturally diverse populations
- Cancer-related deaths:
  - 30% Canada
  - ~ 25% US

(Ho et al., 2011; IOM 2015)
Case Study: Bill Smith

- Social:
  - Age 68
  - Married, three children, live in different cities
  - Spouse: unstable diabetic

- Diagnosis:
  - Metastatic colorectal cancer
  - Progression on treatment
  - Poor performance status
  - Palliative approach to care

PALLIATIVE CARE: ORLANDO, USA & EDMONTON, CANADA
Palliative Care: Orlando & Edmonton

Care Options:
• Outpatient palliative care
• Home hospice
• Hospice with nursing home/assisted living facility
• Inpatient hospice care
• Hospital care

Hospice criteria: terminal illness, prognosis <6 months
Palliative Care: Orlando & Edmonton

Team based care:
- Physician
- Nurse
- Social worker
- Psychologist
- Spiritual counselor
- Pharmacist

Palliative care available for chronic diseases, not confined to cancer.
Options for Bill:

- **Remain at home:**
  - Outpatient palliative care
  - Home hospice care
  - Medication & equipment provided
  - Multidisciplinary care

- **Last days:**
  - 24-hour nursing care
Options for Bill:

- Respite care:
  - Short term admission to support patient/family
- Unable to stay home:
  - Nursing home/assisted living with concurrent hospice care
  - Hospice admission
  - Hospital admission for uncontrollable symptoms
Medicare/Medicaid coverage:
• Medical/nursing
• Prescription drugs for symptom control
• Hospice aide and homemaker
• Multidisciplinary services
• Short-term inpatient care for symptom management or respite (Conditions apply)
• Other Medicare-covered services related to symptom management recommended by hospice team

*Have to be covered under Medicare Part A type of plan*
Palliative Care: Canada
Edmonton, Alberta

Alberta Health Care:
• Medical/nursing
• Prescription drugs for symptom control
• Hospice aide and homemaker
• Multidisciplinary services
• Short-term inpatient care for symptom management or respite
• Symptom management services recommended by family doctor, palliative care consultant or oncologist
Key Differences

Orlando (US):

• Care coordinated by hospice team
• Family physician (FP) role unclear
• FP not reimbursed for conversations on advance care planning
• Medicare available to age 65+ or those receiving special disability benefits
• Uninsured - Problems of access and affordability
• Hospice is a business:
  • Reliance on grants and philanthropy for sustainability
  • Multiple agencies with variable standards

(Palliative Care Ad Hoc Committee, 2016)
Key Differences

Edmonton (Canada):

• Care coordinated by family physician (FP) and home care nurse

• FP extra reimbursement for palliative care office or home visit

• Special Palliative Blue Cross Insurance coverage for medications

• Specialist palliative team (MD & RN) 24/7 availability for phone, home or hospice consult

• Tertiary unit for management of acute symptoms

• Hospices are publicly funded and regulated
OTHER ISSUES: PHYSICIAN ASSISTED SUICIDE

United States:
Not covered under Federal Law
Not allowed in Florida

Canada:
Covered under Federal Law
Allowed in Alberta
Specially trained physicians
United States:
No coverage

Canada:
Covered under Federal Law
Allowed in Alberta

Government covers six months of earnings for family members providing palliative care

OTHER ISSUES: COMPASSIONATE CARE
EMPLOYMENT BENEFITS
Conclusions

Bill can receive potentially similar services in both countries.

Challenges with insurance coverage and co-payments in the US
Variable standards of hospice care in the US
Physician assisted suicide only available in some states
Compassionate care employment benefits in Canada

Your thoughts?
References


References

