



# Affordable non-hospital cover for quality end of life care

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PCA President**

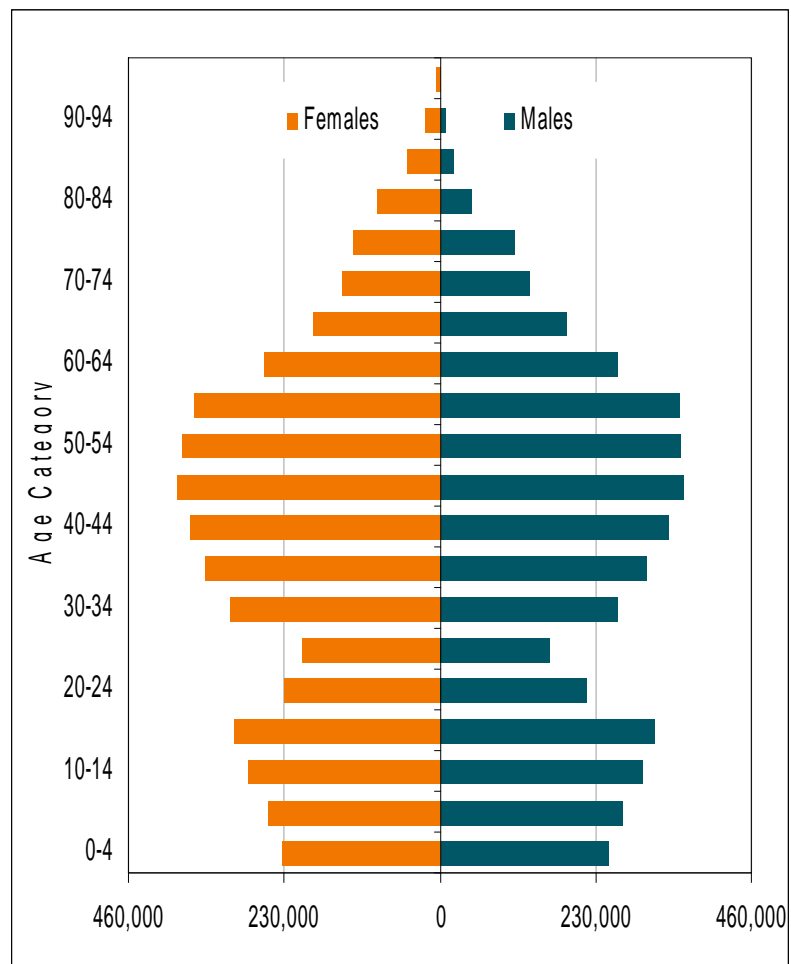
**Private Health Insurance round table forum  
29 February 2008**

# DYING IN AUSTRALIA



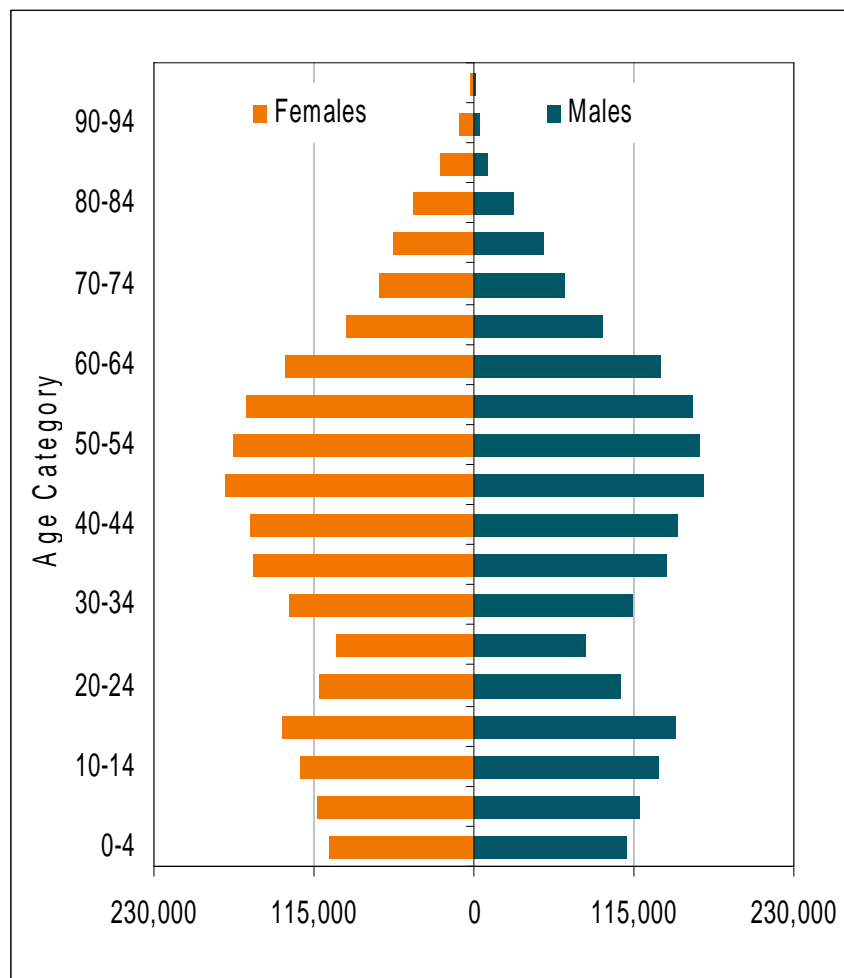
# Hospital cover and Death by comparisons

Hospital Cover by Age (PHIAC 2007)



# Hospital cover and Death by comparisons

Chronic Disease Management program by age (PHIAC 2007)

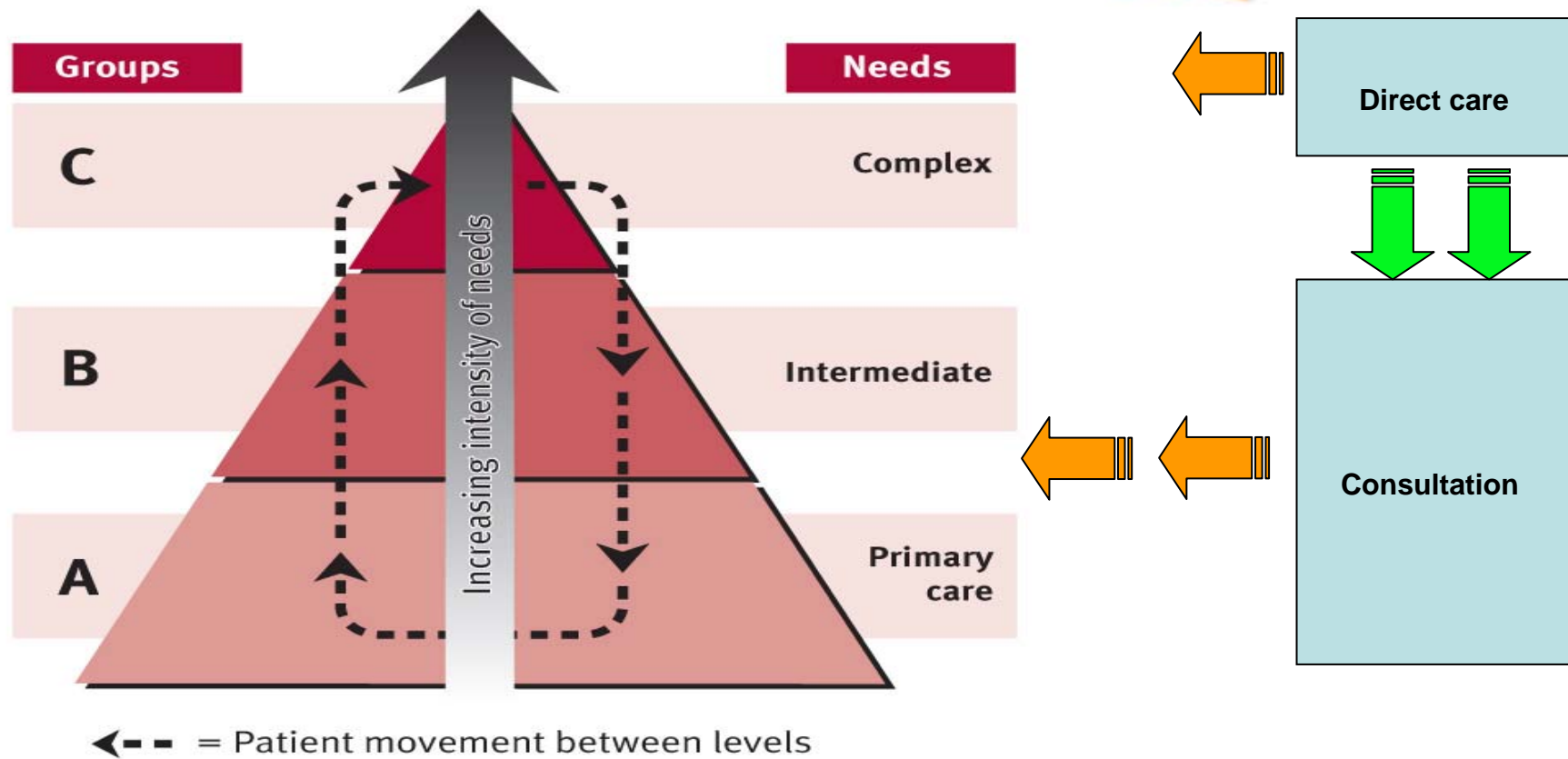


# PALLIATIVE CARE SERVICE PROVISION MODELS



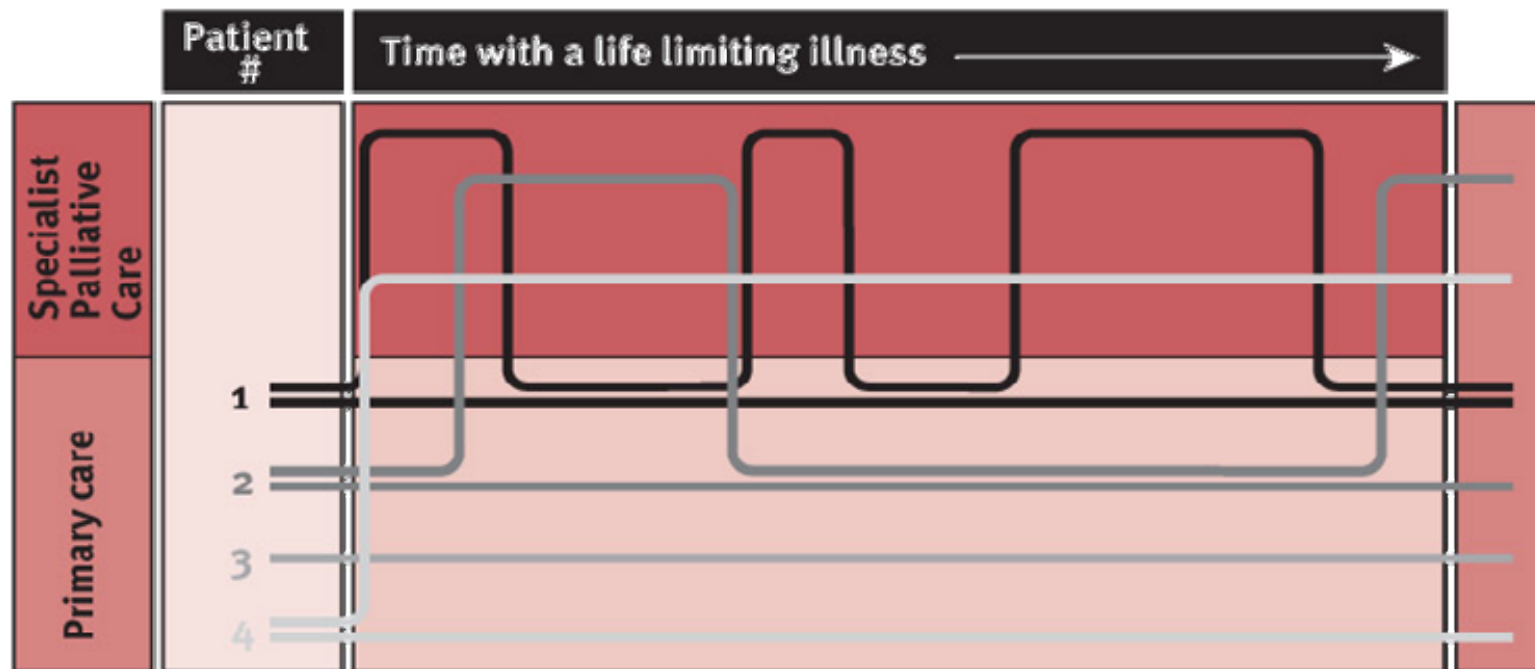
## CARE SUPPLY

# NEEDS BASED CARE



Conceptual model of level of need within the population of patients with a life limiting illness.

# END OF LIFE JOURNEYS



Episode of care scenarios to meet palliative care needs.

**PRIVATE HEALTH  
INSURANCE  
&  
PALLIATIVE CARE  
TODAY**



# TODAY

- Private hospitals have yet to fully develop services that match needs
- Inadequate cover of suite of palliative care services
  - Bereavement care
  - Home based care
  - Equipment to enable home based care
  - Nutritional support
  - Pastoral care
  - Allied health – social work, OT, Physiotherapy, Dieticians
  - Complementary therapies

**PRIVATE HEALTH INSURANCE**

**&**

**PALLIATIVE CARE**

**TOMORROW**



# TOMORROW

- **Service continuity**– service level agreements with providers in place to respond in a timely, seamless manner
- **Right skills at right time** to match needs through multi-disciplinary, team-based care (right cost base)
- **Right care location** to match needs
- **Advance Care planning** – anticipating needs, communication, coordinating and documenting (investing to save)
- **Informational support** – consumer involvement in choices

**PRIVATE HEALTH  
INSURANCE  
&  
PALLIATIVE CARE  
OPPORTUNITIES**



# OPPORTUNITIES

- Removing the barriers to well integrated home based care as an alternative to **avoidable hospital based care**
- Considering how Private Health Insurance policies might be instrumental in the implementation of **advance care planning** in Australia
- Considering how Private Health Insurance policies might be instrumental in the promoting adherence to **quality standards** for care at the end of life
- Considering how Private Health Insurance might foster and promote the **information and health promotion agenda**