



Palliative Care
Australia
Matters of life and death

The new End of Life Pathway - what can we expect?

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This presentation

- What is the End-of-Life Pathway?
- What is good about the Pathway?
- What challenges are likely?
- What can providers do?

Key features of the End-of-Life Pathway

- \$25,000 over 12-16 weeks for in-home aged care services
- Budget is instead of rather than in addition to a S@H package
- Additional \$5,570/quarter compared to a Level 8 package (\$348-464/week)
- Funds are for more aged care, not clinical palliative care
- Dr or NP must certify that users have less than 3 months to live and have an AKPS score of 40 or below
- One-off entitlement

EOL pathway is a welcome new investment

Most important feature: It will push very sick people to the **top of the queue**

Other benefits:

- ✓ It will raise awareness that dying at home is a genuine and realistic choice
- ✓ It will encourage more older people to discuss their end of life wishes
- ✓ It will actually save money by reducing avoidable hospitalisations
- ✓ Over time, providers will become more confident delivering care with a palliative approach
- ✓ It will force health and aged care services to work together better

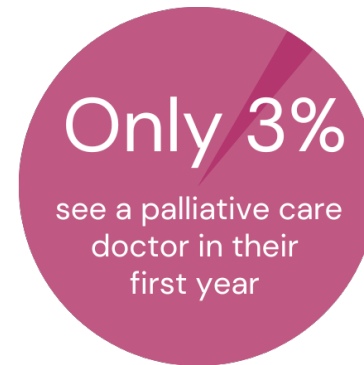
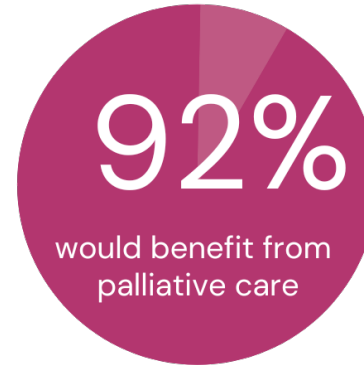
**But will the EOL Pathway
support a palliative approach?**



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We need to avoid a repeat of AN-ACC Class 1

- Large gap between need and funding classification
- Caused by criteria based on life expectancy, not need for palliative care
- More suited to cancer diagnoses, less suited to dementia and frailty
- Aged Care Inspector-General is also concerned about prognosis-based eligibility



What happens if someone lives too long?

- They will revert to the S@H package they have been assessed for
- PCA believes this is unnecessary and will impede continuity of care
- These people will be sicker than when they joined the Pathway
- We need an exemptions process to allow DHDA to approve an extension of timeframe

Features of EoL pathway as announced	What a truly palliative approach would look like instead
Very restrictive entry criteria	Would be based on need, not prognosis
Likely to exclude those with an uncertain prognosis – eg dementia, neurological conditions	Would include those with uncertain prognoses
Package is limited to 16 weeks maximum One-time only access	Would guarantee continuity of care in case people who “live too long” or whose health improves
Likely to be undersubscribed	Uptake would reflect community need

There are other likely challenges with the EOL Pathway

Access challenges

- Will access to the Pathway be rapid enough?
- Pathway is unlikely to be suitable for people living alone

Cross-system challenges

- EOL Pathway recipients may be in and out of hospital
- Specialist palliative care is often rationed
- Only some GPs see delivering palliative care as a core responsibility

What challenges are providers likely to face with the EOL pathway?

- Home care workforce currently has limited capability in palliative care
- Adopting a palliative approach requires a deliberate change in service culture
- Considerations about risk **must be secondary** to the client's stated preferences in their advance care plan
- Providers will have to decide the right approach to **new consumer financial co-contributions**
 - Would you bill a dying person? Or their grieving spouse?

What can providers do to get ready for the EOL pathway?

- Understand expectations regarding a palliative approach in aged care
- Understand the different roles of palliative care servicers vs aged care providers
- Understand the requirements of Aged Care Quality Standard 5.7, Palliative and End of Life Care and guidance materials:

“The older person’s needs, goals and preferences for palliative care are recognised and addressed and their dignity is preserved. Their pain and symptoms are actively managed with access to specialist palliative care when required and their family and carers are informed and supported, including during the last days of life.”

- Access well-established government-funded training initiatives.

Where can providers get help?

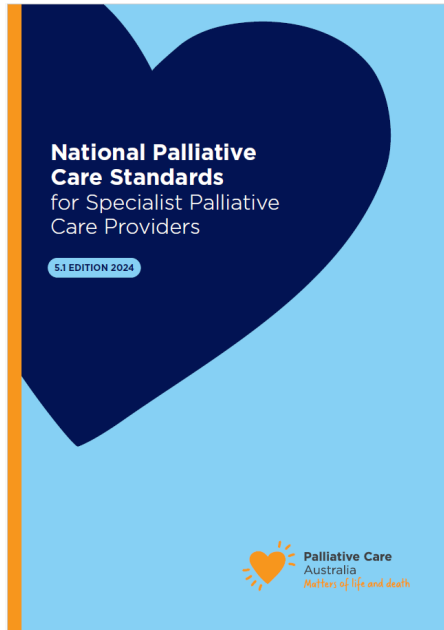


National Palliative Care Standards

Two sets of standards developed in consultation with the sector and managed by PCA:

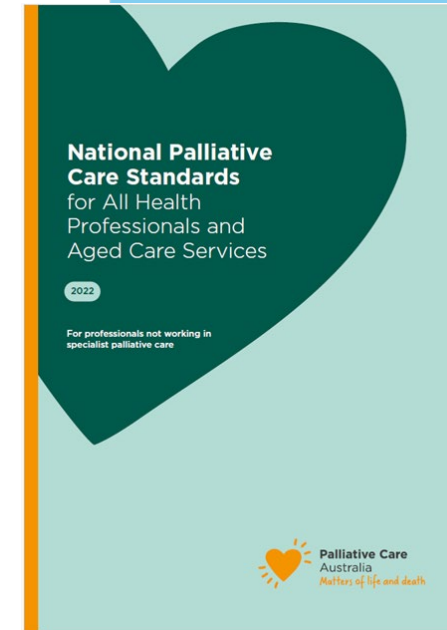
For Specialist Palliative Care Providers

5.1 Edition (2024)



For All Health Professionals and

Aged Care Services (2022)



Key takeaways

- The EOL pathway will help more Australians continue to live at home as long as possible in their final weeks
- Pathway is likely to be undersubscribed
 - Access should be based on need, not prognosis
 - 16-week limit is another key sticking point
- For providers, adopting a palliative approach is mandatory – but help is available!

See Palliative Care Australia's new Position Paper on the End-of-Life Pathway

palliativecare.org.au

Thank you



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