



Rural Palliative Care Program

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Rural Palliative Care Program

- In September 2000, the Commonwealth released (as part of its National Palliative Care Strategy under the Australian Health Care Agreements) a National Framework for Palliative Care service development.



Rural Palliative Care Program

- The Department of Health and Ageing (DoHA) has engaged the Australian Divisions of General Practice Ltd (ADGP) to manage the Rural Palliative Care (RPC) Program.
- ADGP has sourced consultancy from the Murrumbidgee Division of General Practice (MDGP).



Rural Palliative Care Program

- The Program is designed to significantly improve access to quality, coordinated palliative care for people living in rural and remote communities.



Funding process

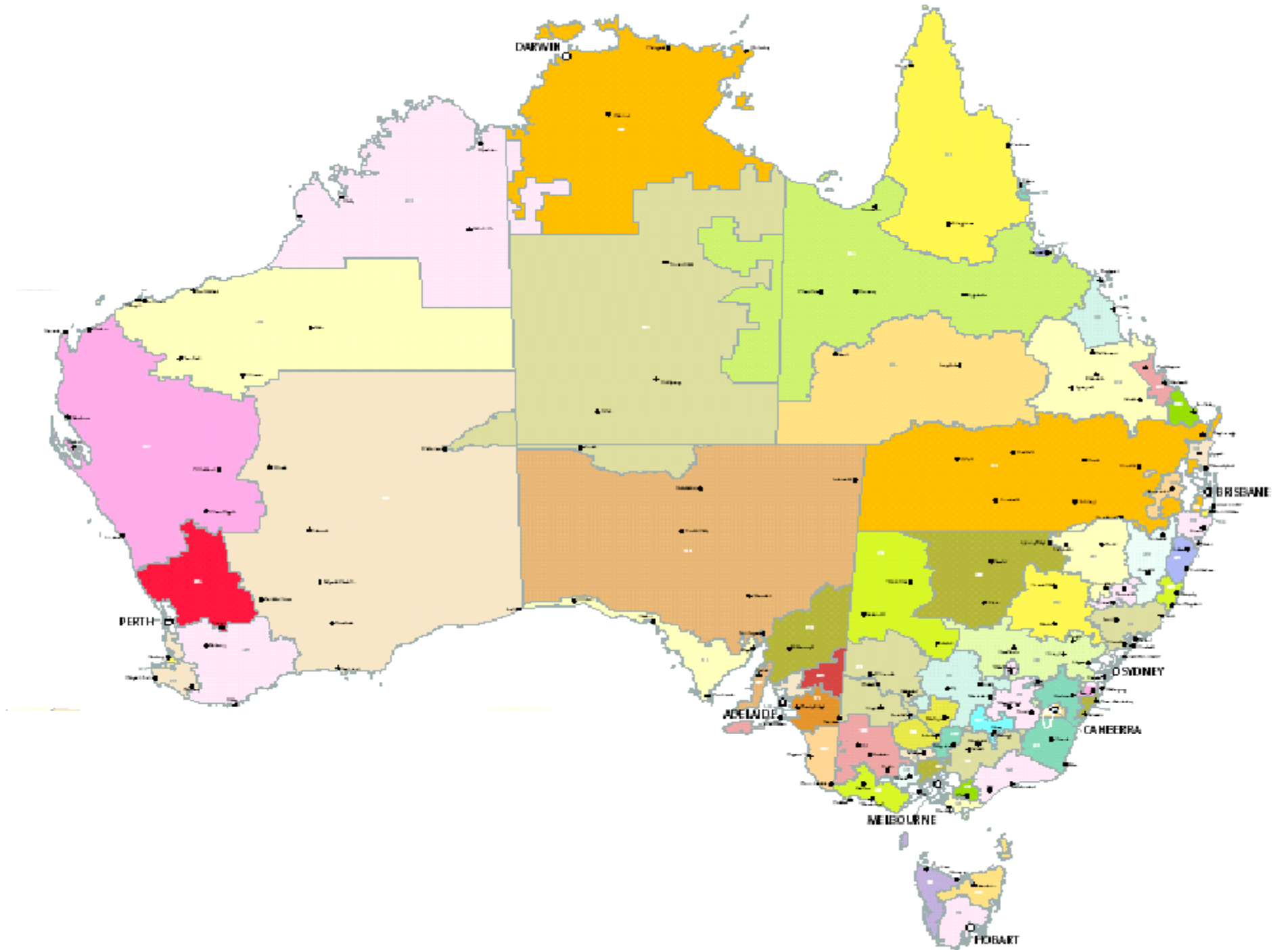
- RPC has been managed in two separate phases
 1. Expression of interest
 2. Full submission
- ADGP/ MDGP has managed all the processes required to provide recommendations to the Department



Funding process

- 47% of eligible Divisions applied for funding
- Short listed to eleven sites
- Eight sites successful in funding
- Funding starting 2003/2004
- Aprox \$500 000 per project
- Sites all varied





Evaluation

- External evaluators have been sourced to evaluate at project and program level
- Centre for Health Service Development, University of Wollongong



Model design

- The Griffith Area palliative care service model was used as a baseline
- The original concepts have been broadened to ensure local appropriateness



Core elements

- Governance and management
- Direct care delivery
- Management and use of patient information
- Professional participation



Governance and management

- Governance – clinical, Scientific and Organisational
- Existing funding and payment arrangements, including Enhanced Primary Care Items
- Agency partnerships and collaboration
- Role delineation and networking



Direct care delivery

- Common referral criteria
- Shared service protocols
- Access line
- Patient held medical record/ information
- Multidisciplinary care planning



Professional participation and development

- Multidisciplinary participation
- Medical
- Nursing
- Pastoral
- Volunteer
- Professional education for all of the above



Management and use of patient information

- Shared clinical information system
- PaICIS database
- Medical director
- Appropriate linkage between data
- Making the information work for clinicians and patients



Closing comments

- The program can have huge impact at many levels
- Projects can deliver appropriate local service
- Whilst maintaining the local flavour projects are also part of the program
- We can all add to the knowledge base





Thank you