

# Palliative Care Services in Thailand Where Are We Now?



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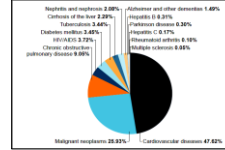
Thai Palliative Care Society

Palliative Care in Oncology, July 13-15, 2016. THAPS

# Why Concern

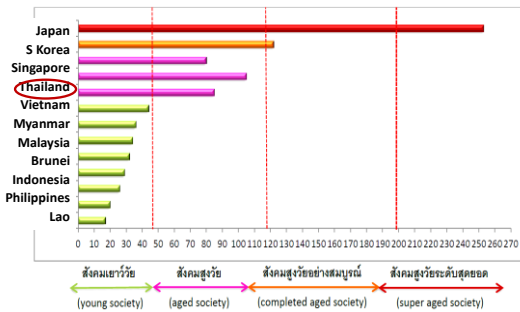


WHO Ten leading causes of death in the world, 2012.



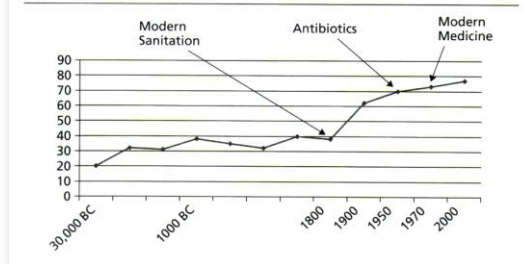
# Thailand is Aging

แผนภาพที่ 1 : ดัชนีการสูงวัยของประเทศไทยในอาเซียน ญี่ปุ่น เกาหลีใต้ และจีน พ.ศ. 2556

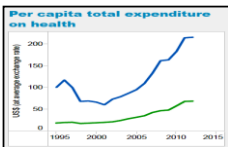


# Impact of Public Health Measures and Modern Medicine on Longevity

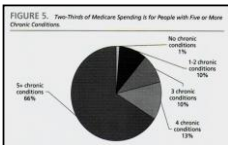
FIGURE 1. Median Life Expectancy in Years.



# Caring for Seriously Ill People is Very Costly

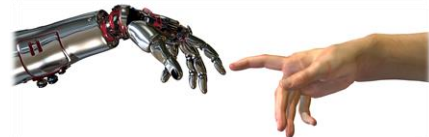


High medical technology increased total expenditure on Thai health  
 (Thailand: Health Statistical Profiles 2012)



Two-thirds of Medicare spending is for people with 5 or more chronic conditions.  
 (Anderson G. Chronic conditions: Making the case for ongoing care, 2002)

# The Invisible Death



- Death could be avoid using high medical technology
- Science could defeat death
- Death is a failure

## Fighting Death Using Modern Medicine



- **23.1%** had been intubated prior to PC consultations.
- Diagnosis of these patients:
  - Advanced cancers 56.8%
  - Terminal-stage: AIDS, Parkinson, sys sclerosis 7.4%
  - End-stage organ failure 16.0%
  - Acute conditions: Hosp-acq infections/stroke 19.8%
- 41 patients underwent WLS at home, 20 in hospital.

*Karunruk Palliative Care Center 2012 report*

## Ordinary Scenario in Large Hospitals in Thailand



- 89 year-old
- Advance dementia, bed bound
- Developed massive stroke
- On ventilator, no cognitive function

**Is this Medical Futility and Prolonged Suffering?  
What is the Solution?**

## Palliative Care Improves QoL and Increases Survival



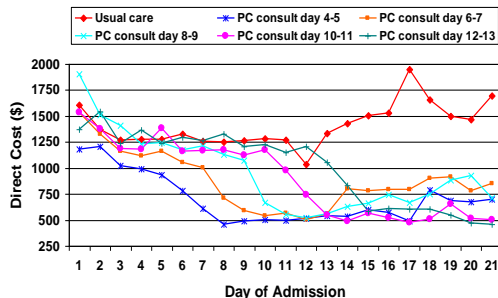
- Improved QoL 98.0 vs. 91.5 (P=0.03)
- Reduced major depression 16% vs. 38% (P=0.01)
- Reduced “aggressiveness” (less chemo at <14 d before death) 33% vs. 54% (P=0.05)
- More likely to get hospice, less likely to be hospitalized in the last month.
- Improved median survival **11.6m. vs. 8.9m.** (p<0.02)

*NEJM 2010;363:733-42.*

## Cost Effectiveness Study

**What is the Effectiveness of Palliative Care for Reducing Health Care Costs?**

## 8-Hospital Study in USA. Costs/day for patients who died palliative care vs. matched usual care patients



*Morrison et al. Arch Internal Med. 2008. 168 (16).*

 **Journal of Palliative Care & Medicine** Srinawan, et al., J Palliat Care Med 2016; 6:1  
http://dx.doi.org/10.4172/2165-7386.1000243

A Retrospective, Single Center, Observational Study, Comparing the Direct Cost of End-of-Life Care Patients with Advanced Cancer Care: Palliative Care versus Usual Care

Srinawan W<sup>1</sup>, Paiboonkij S<sup>1</sup>, Gomutubats P<sup>1</sup>, Kongkum K<sup>1</sup> and Kosuwon W<sup>1</sup>  
<sup>1</sup>Karunsk Palliative Care Unit, Faculty of Medicine, Khon Kaen University, Thailand

- HCC with PC undergone ET intubation less often (P=0.025) and less likely to be admitted to ICU (P=0.001)
- Lung CA most unlikely to be intubated (P=0.001)
- Adjusted net saving for the care of palliative patients was 16,669 baht/person (P=0.035) compared to usual care patients

*J Palliat Care Med 2016;6:1.*



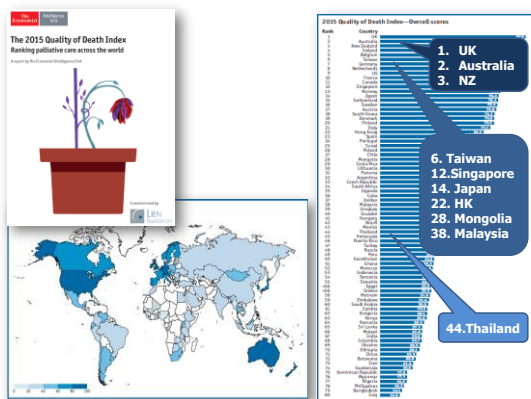
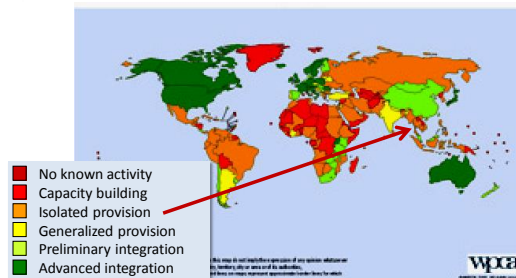
## What is the Current Situation of PC in Thailand?

## The house hold survey on access to care and health expenditure of Thai decedents 2005-2006

- Number of death 387,970
- More than half were age **> 60 years**
- Cause of death - **51.4% from NCD**
- Place of death - **½ at home**
- Health expenditure in the last year of life 10,646 – 231,167 Bahts
- 29.2 % severely affected from **health care cost in the last year of life**

*Akaleephan C, IHPP*

## MAPPING LEVELS OF PALLIATIVE CARE DEVELOPMENT: A GLOBAL UPDATE 2011



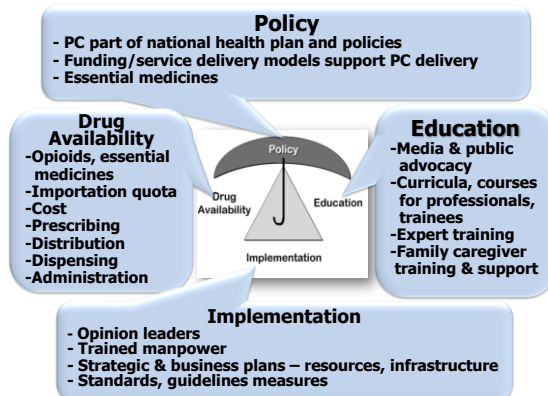
## Situations of Palliative Care in Thailand

- Rapid progression in health technology
- PC is not included in most med curriculums
- Health personnel have no PC skills
- No training center, only few oversea-training palliative specialists in Thailand
- Poor access of pain medications in the community
- PC services has not been specifically funded in the health security system
- PC has not been recognized

## Our Obstacles

### Lack of:

- Needs assessment: Number of palliative patients to help with strategic planning
- Research on cost-effectiveness service systems
- Explicit supports: Man power, medical instrument, budget
- Strong cooperation between organizations
- Awareness among physicians\*\*
- Public awareness\*\*



Stjernsward. J Pain Symptom Manag, 2007.

## Policy

- Slow progress of national PC strategic plan
- PC is not totally reimbursed
- There is PC unit in most hospitals, but not function well due to lack of knowledge and support
- No PC in national service plan (\*\* will be in the near future)
- PC must be an explicit indicator in hospital accreditation

## Opioid Availability

**Palliative Care and Essential Drug Availability: Thailand National Survey 2012**

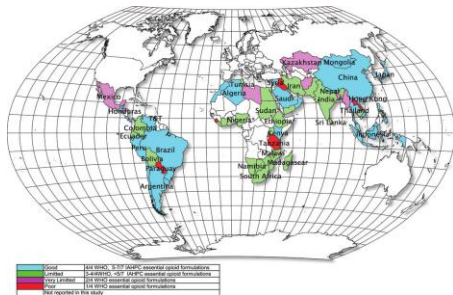
Bojanasak Thonghamcharoen, MD, Dip Thai Board of Family Medicine, Grad Cert in Health (Palliative Care); Tomrak Phunggrasert, MD, Dip Thai Board of Therapeutic Radiology, Dip in Health (Palliative Care); and Naruol Atmakul<sup>1</sup> BS, Nursing

Drug list	PH	CH	GH	RH	CC	MH	OH	Total
Codeine	10	84	24	13	7	11	4	153
	90.9%	24.6%	55.8%	76.5%	100%	100%	50%	35.2%
Tramadol	12	387	48	17	7	11	10	492
	100%	98.7%	100%	100%	100%	100%	100%	99.0%
Methodone (immediate release)	6	56	13	11	1	7	2	76
	54.5%	10.7%	30.2%	64.7%	14.3%	63.6%	22.2%	17.5%
Immediate-release oral morphine	9	85	14	13	7	10	5	143
	81.8%	24.7%	31.1%	76.5%	100%	90.9%	55.6%	32.2%
Controlled-release oral morphine	8	149	35	16	7	10	6	230
	72.7%	42.5%	75.6%	94.1%	100%	90.9%	66.7%	51.0%
Injectable morphine	11	361	47	17	7	11	10	404
	100%	96%	100%	100%	100%	100%	100%	96.9%
Injectable fentanyl	8	102	40	15	5	9	8	187
	72.7%	29.8%	87%	88.2%	71.4%	81.8%	88.9%	42.3%
Transdermal fentanyl	7	15	11	14	7	9	6	69
	63.7%	4.4%	25.6%	82.4%	70%	81.8%	66.7%	15.8%

CC, cancer center; CH, community hospital; GH, general hospital; MH, medical school hospital; OH, other hospital; PH, private hospital.

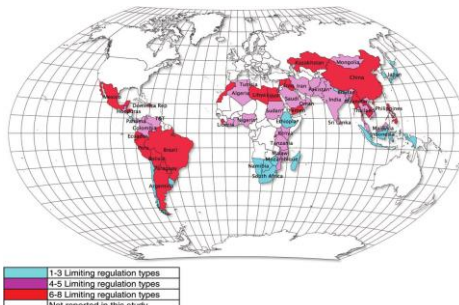
JOURNAL OF PALLIATIVE MEDICINE  
Volume 16, Number 5, 2013

## Formulary Availability of the Seven Essential Opioid Formulations of IAHP



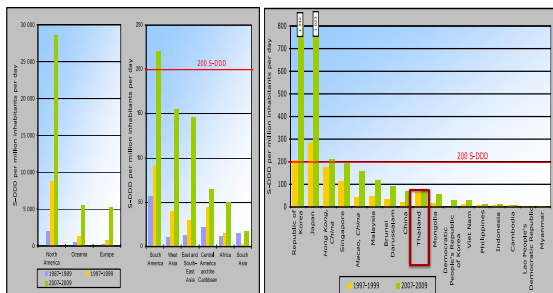
Cleary J. Ann Oncology 2013;24(supp1):xi60-4.

## Number of Regulatory Barriers



Cleary J. Ann Oncology 2013;24(supp1):xi60-4.

### Average Consumption of Opioid Analgesics



INCB 2010. Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes

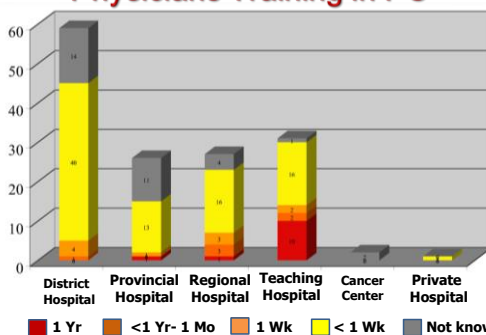
### Situations of Opioid Availability in Thailand – Procurement & Distribution

- All hospitals could purchase opioids from the Thai FDA
- Each hospital has opioid quota according to their size and service provided
- Limited form, strong opioids available in Thailand are: morphine, fentanyl, methadone, oxycodone
- Limited formulation available in most district hospitals
- Small district hospitals do not have enough opioid stock

### Situations of Opioid Availability in Thailand - Prescription

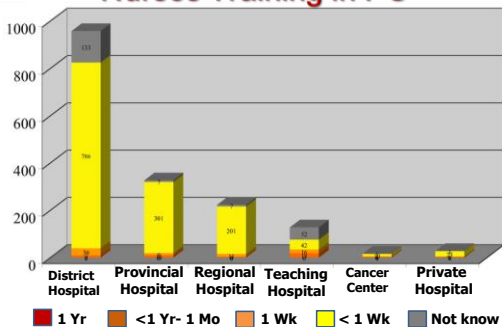
- All MD. could prescribe opioids, but they lack the skill in chronic pain management
- Amount of prescription is limited in some hospitals (Majority 7-14 days)
- Morphine injection is not allowed to be used at home in most hospitals
- Myths among professional
- Awareness of the public

### PC National Survey Physicians Training in PC



Phungrassamee T, 2012

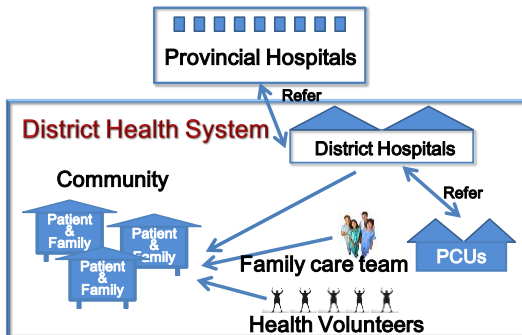
### PC National Survey Nurses Training in PC



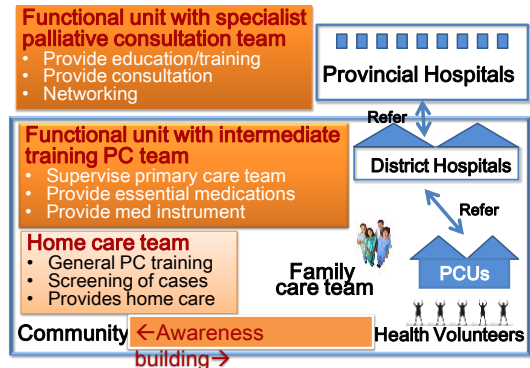
Phungrassamee T, 2012

### What is the Suitable PC Model For Thailand?

## Health Care Service Model in Thailand



## PC Service Model in Thailand



## Rapid Progression of Palliative Care in Thailand

### Important Milestones

- National Strategic Plan for Palliative Care has been implemented since 2014
- National Health Security Office provides e-claim for opioids and oxygen
- Health policy of the MPH → Every provincial hospital has a full time nurse (training in PC) coordinates hospital PC Unit by Dec 2014 and in 300 district hospitals by September 2015
- PC will soon be one component in national service plan

### Future of PC for Thailand

- Service system:
  - PC specialists in hospitals
  - Community PC services (PC integrated into district health system)
  - Hospice and home care center in metropolitan area?
- PC should be fully funded
- Human development – rapid mid-career training
- Medical & nursing curriculum revision; postgrad training
- Building strong PC network
- Opioid accessibility
- Generate public awareness, promotion of ACP and AD
- Explicit PC QI in hospital accreditation

## THAPS's Role in Promoting Better Health Through Palliative Care

สมาคมบริบาลผู้ป่วยระยะท้าย  
Thai Palliative Care Society



ก่อตั้ง ธันวาคม 2555





971 participants, from 31 countries  
513 from Thailand



จัดอบรม "PC in Elderly" โดย  
จัดร่วมกับสมาคมพฤฒาวิทยา  
และเวชศาสตร์ผู้สูงอายุไทย  
สถาบันเวชศาสตร์สมเด็จพระ  
พระสังฆราชญาณสังวร  
วิทยากร Asso Prof Nathan  
Goldstein จาก USA  
วัตถุประสงค์เพื่อสร้างความ  
ตระหนักและพัฒนางานความรู้  
เรื่อง PC และ advance care  
plan ในผู้สูงอายุ  
มีผู้ลงทะเบียน 350 คน

การประชุมวิชาการ  
"Palliative Care in Elderly"  
วันที่ 15-16 มค. 2558  
โรงแรมนารายณ์ กทม.

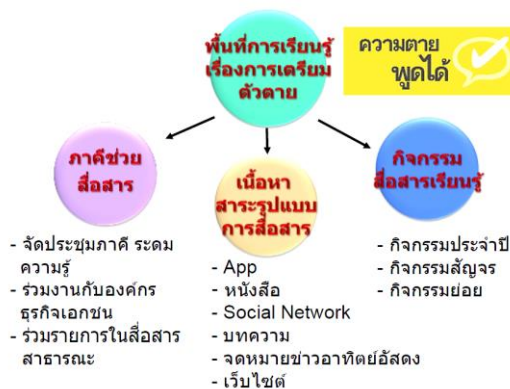
THAPS  
THAI PALLIATIVE CARE SOCIETY

### ชุดโครงการ การสร้างเสริมสุขภาพ ในช่วงท้ายของชีวิต



### Health Promotion in Palliative Care Project

1. Public awareness
2. Knowledge sharing
3. Palliative service system models in NE Thailand
4. PC education in medical schools
5. Establish 4 regional training centers, provide national-wide training for:
  - Doctors
  - Nurses
  - Pharmacists, social workers
  - Volunteers and care givers





# PAL2KNOW

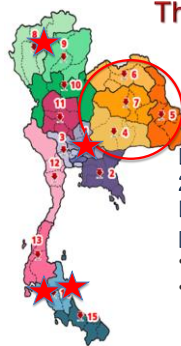
โดยศาสตราจารย์สุภะระงกรณ์ โทณณกุลอนันต์ศิริบรรณรักษ์ สมัชชาคุณวุฒิ ๕๕๕



ควา้ใจเกิดสิ่งมีชีวิต  
 ดินแดนออนไลน์  
 ดั่งสังขารรู้



## Palliative Care Network in the Northeast of Thailand (2016)



**Objective:** Building strong network to provide continuity of care at home in whole NE region

**Pilot project in Service Area 7 in 2015 then extended to the whole Northeast region (including 4 provinces in other part of Thailand)**

- 25 provincial hospitals
- 300 district hospitals

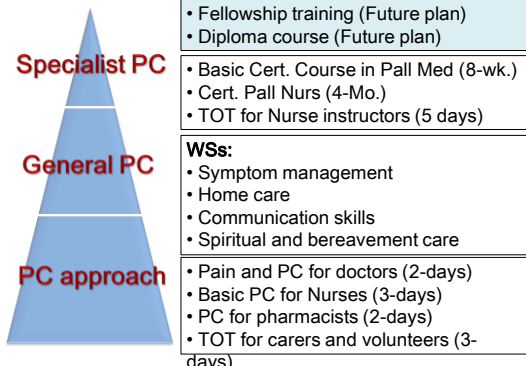


## Impacts of Educational Programs and Networking

- The Northeast region now has at least 17 PC units, which could act as clinical training sites for PC district nurses.
- 80% of district hospitals have at least 1 nurse training in intermediate-PC course (4-weeks)
- Many district hospitals have extended the network to their primary care units, generating a wide strong network that could provide PC for the patients at their homes.
- The network is strong that dying at home for the northeast people is manageable with good symptom control and home care provision.
- This successful model could be used for replicating a wide network in other regions of Thailand.



## THAPS Education Programs



## Opioid Availability Project



Pilot project in Health Service Area 7

4 provincial hospitals  
67 District hospitals



## Strategy

- Essential opioids make available in all hospitals
- Develop GL on drug selection, procurement, distribution, prescription
- Training health professional
- Empowerment of all PC units in the area
- Building a network of community pharmacists
- Registration and referral system for opioid prescription facilitates through PC units

