



# The New Health Foundation: transforming palliative care

►► The sun sets over Cartagena, Colombia, a country with increasing integration of healthcare and social services and rising levels of community engagement at the end of life.

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►► The New Health Foundation devotes its energies to the pursuit of the holy grail of the palliative care community: integrated palliative care. **Emilio Herrera Molina, Silvia Librada, Miguel Ángel, Tamen Jadad-Garcia, Zacarías Rodríguez** and **Alejandro R Jadad** explain the Foundation's programmes and focus on the results emerging from their first national project, in Colombia

**T**he New Health Foundation is a non-profit organisation based in Seville, Spain. Born in 2013, it seeks to transform care for people with advanced chronic conditions that require palliative care by monitoring and optimising healthcare and social services, providing support to families, mobilising community-based assets, and promoting greater awareness of the challenges and opportunities associated with palliative care and the management of complex chronic conditions.

In 2015, Emilio Herrera-Molina received the Palliative Care Policy Development Award during the closing ceremony of the 14<sup>th</sup> EAPC World Congress held in Copenhagen, Denmark. The award, which was presented by the *European Journal of Palliative Care*, recognised the

importance of the compassionate yet pragmatic model promoted by the New Health Foundation.<sup>1</sup> This article provides a detailed description of the model, emphasising the role that the Foundation is playing as a catalyst for the transformation of care at the end of life, worldwide.

## Context and background

The transformative model of the New Health Foundation relies on the following three key assumptions:

*The current costs of end-of-life care, in terms of both human suffering and financial resources, are unacceptably high*

A good death is an elusive goal for the majority of humans, as most people around the world are dying in institutions, away from their loved ones,

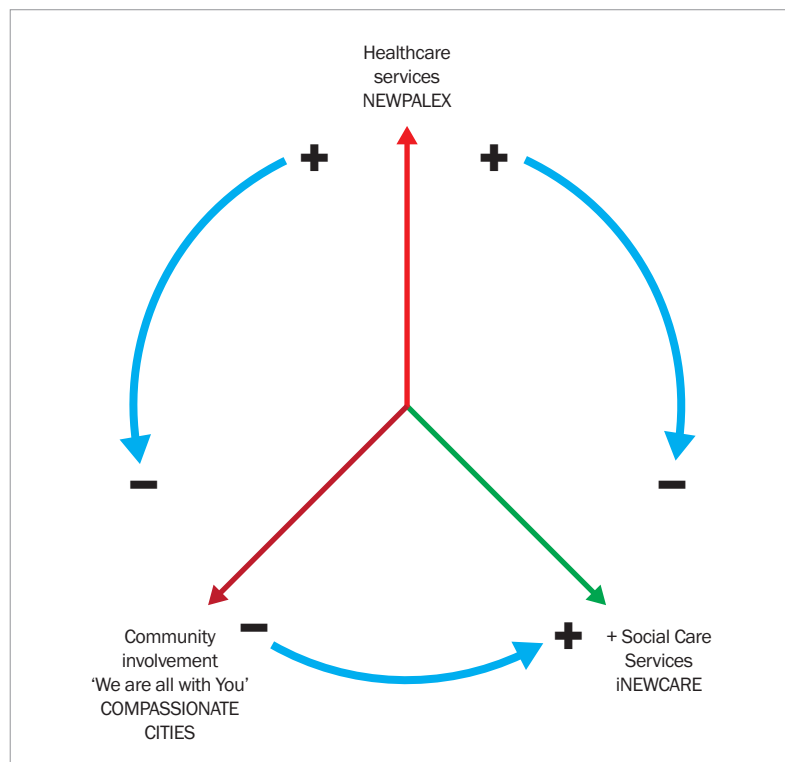
in pain, or receiving outdated and misaligned services designed primarily for curative purposes.<sup>2</sup> The inability of such traditional services to match the growing needs of a rapidly increasing number of people living with complex chronic diseases is fuelling a veritable public health crisis, which calls for a more prominent role for palliative care in all regions of the world. It is estimated, for instance, that less than 2% of those with terminal illnesses each year around the world have access to palliative care services.<sup>3</sup> Instead, most of them are likely to receive overzealous medical treatments that cause much more harm and avoidable suffering, than good, at huge financial cost.<sup>4</sup>

*It is possible, and necessary, to align the incentives of policymakers, managers, service providers and the public around end-of-life care*

The perverse incentives that plague service provision at the end of life are becoming an obvious target for intervention by those responsible for the containment of costs and the improvement of quality of life around the world.<sup>5</sup> The unsustainable financial pressure imposed by such incentives is motivating the emergence of a growing number of examples on how to promote the alignment of the interests of all stakeholders, with a simultaneous increase in the likelihood of achieving the triple-aim of palliative care: greater levels of health and well-being for all involved, elevated levels of satisfaction and improved efficiency.<sup>6,7</sup> The time has come to bring as many of these examples together as we can, to demonstrate whether they could truly meet the needs of people at the end of life.<sup>8</sup>

*There are ecosystems with stakeholders, at all levels, who share a strong interest in modifying the factors that are hindering the provision of optimal care at the end of life*

One of the rallying cries of the end-of-life care community involves the concept of 'integrated palliative care', which could be summarised as: the right care, at the right time, in the right place, by the right person.<sup>9</sup> This elusive and badly needed form of person-centred care seems to be materialising in different regions of the world, with interesting examples emerging primarily in Europe.<sup>10,11</sup> The scope of the integration of palliative care in these examples, however, remains mostly clinical, with little or no involvement of social services or the community at large. The New Health Foundation aims at making this more comprehensive level of



**Figure 1.** The New Health Foundation Model for Person-centred Integrated Palliative Care

integration feasible, viable, scalable and sustainable throughout the world by providing a method to the existing healthcare systems.

### The ingredients

To achieve the full integration of healthcare and social services, and the necessary community engagement, the New Health Foundation offers three inter-related programmes<sup>1</sup> designed to promote maximum levels of synergy and system-wide mobilisation through bottom-up and top-down interventions that are, simultaneously, structured and systematic, and flexible enough to adapt to the inevitable changing circumstances that are typical of disruptive innovative efforts (see Figure 1).

#### **NEWPALEX®**

This programme is intended to optimise the consolidation of palliative care teams in integrated networks using a novel certification methodology, applicable to both large territories and small organisations, and at all levels: from national policy-making bodies, through funding agencies and front-line providers of services, to patients, their loved ones and the public. The programme has three modules, focused on infrastructure, processes and services to patients and families. The modules, which operate in tandem, include a set of standards, a process with steps to meet them, and a monitoring system and certification model. When applied to a given national or regional context, these modules enable incentive alignment and synergy between funders and service

providers, with concomitant reduction in costs and improvements in levels of satisfaction and quality of life among patients and their loved ones. This programme has become a prime example of how value-based models could be brought to the real world and spearheads the transformation of healthcare services at the end of life.

### **WE ARE ALL WITH YOU**

In Spanish, this programme is known as Todos Contigo. It includes a series of activities designed to increase the public's involvement in caring for those who have reached the end of their lives, and their loved ones, within their own cities or communities through collective learning and supportive networks. The programme includes a professional position for a member of the network as a Community Promoter. This role entails weaving the social web and the creation of the ideal environment for those who face end-of-life situations by skilfully aligning social and healthcare services while strengthening the support systems provided by family, friends and neighbours. This programme has created new opportunities to bring the notion of compassionate communities and cities to life, while opening new avenues for public engagement to promote quality improvement at reduced cost.

### **iNEWCARE**

This programme yields a holistic perspective of every step that is required to implement a high-quality integrated care model for any organisation, centred on individuals who are highly dependent or with advanced chronic conditions. It provides tools and monitoring processes for redesigning service delivery, refining professional profiles, streamlining system structures and processes, designing and acquiring information and communication tools, fundraising, establishing the priorities with which services should be provided and influencing regulatory frameworks.

Each programme complements and strengthens the others, producing a virtuous cycle that builds in momentum with every individual gain.

NEWPALEX<sup>®</sup>, usually the spearhead, provides the creation of palliative care programmes that provide resources and services that facilitate convergence between the community and the healthcare sector through the standards required for certification.

### **Tangible wins: the Colombian experience**

In 2015, the New Health Foundation's model for integrated palliative care was introduced in Colombia, South America, with support from the International Association for Hospice and Palliative Care (IAHPC).

This initiative has been guided by five key objectives that inspire the creation of a new nationwide model of integrated palliative care:

- the formulation of a national strategy for palliative care increasing the prevalence of the models previously outlined
- restructuring incentive models (pay-for-value rather than fee-for-service)
  - the creation of integrated care networks of palliative care
  - increased palliative care training and education amongst non-specialists
  - spreading public awareness and engagement in the cities where clinical and social services are provided.

Together, these objectives seek to generate integrated palliative care programmes capable of enhancing patient, family and professional satisfaction, while reducing healthcare costs by 10–20%.

An integrated model for a National Palliative Care Programme has been developed in collaboration with the National Cancer Institute (Instituto Nacional de Cancerología). With the 'High-Cost Account' (Cuenta de Alto Costo in Spanish: the public organisation in charge of developing programmes for quality improvement in Colombia), there is an agreement to implement a national common strategy in palliative

care to pilot a payment system with incentives strong enough to motivate the emergence of a coalition of all healthcare insurers in the country.

An analysis of data from eight large Colombian healthcare insurance companies serving more than 15 million people was conducted to explore the opportunity costs associated with excluding a palliative care programme. By studying resource utilisation during the last year of life among more than 25,000 people who died, it was estimated that more than 60% would have been eligible to receive palliative care. Of these, 53% died of causes other than cancer, including chronic obstructive pulmonary disease, HIV, diabetes, multiple organ failure and neurodegenerative illnesses.

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Those who would have been eligible to receive palliative care consumed 79% of the total costs generated by all of those who died, with an average cost per patient of US\$14,089. This is 2.4 times greater than the average cost for those who would have not been eligible for palliative care (US\$5,817).

Data from the insurance company that first received NEWPALEX® certification suggest that, within one year of implementing the programme, it is possible to achieve more than 30% and 40% reduction in average costs in the final trimester and month of life, respectively. Almost half of the savings were associated with hospital care, including over 50% reduction in admissions and a 30% drop in surgical interventions during the last month of life, with improvement in quality of life for patients and healthcare professional satisfaction. If mirrored by other members of the programme, for the first time ever, it would be possible to show how the alignment of the priorities and incentives of a national network of payers and providers could yield a substantive reduction of all tertiary level high-cost procedures during the last months of life.

To boost efforts to integrate clinical and social services, numerous awareness and training efforts have yielded a volunteer network to provide care and companionship to people at the end of their lives. More than 50 entities in the largest cities – Bogota, Medellin, Fusagasugá and Cali – including schools, universities, businesses, NGOs, religious groups, among others, have worked to bring the Todos Contigo project to everyday life. Together they are inspiring *A Compassionate Country, Colombia*

*Contigo*, a manifesto that sets the vision for a network of compassionate cities in this nation, guided by the Declaration of Medellin. This achievement is viewed as an additional boost to the sustainability of the integrated national palliative care model that is emerging as an example for the world to consider.

## Conclusion

Integrated palliative care is starting to experience the long-awaited shifts from the theoretical to the practical realm, and from the local to the global arena. The New Health Foundation brings additional elements to accelerate a third shift: the transition from a predominantly vertical clinical approach to one that brings together clinical and social services and the community to ensure that there are enough resources to enable everyone, anywhere in the world, to experience a good death ■

## References

1. Anonymous. EJPC Palliative Care Policy Development Award: an interview with the 2015 winner, Emilio Herrera. *European Journal of Palliative Care* 2015; **22**: 169–71.
2. Hughes-Hallett T, Murray SA, Cleary J et al. *Dying Healed: Transforming End-of-life Care Through Innovation*. Quater: World Innovation Summit for Health, 2013.
3. De Lima L, Pastrana T. Opportunities for palliative care in public health. *Annu Rev Public Health* 2016; **37**: 357–74.
4. Murray SA. How can palliative care deal with overzealous treatment? *Advances in Palliative Medicine* 2009; **8**: 89–94.
5. Groeneveld EI, Cassel JB, Bausewein C et al. Funding models in palliative care: Lessons from international experience. *Palliat Med* 2017; **31**: 296–305.
6. May P, Morrison RS, Murtagh FE. Current state of the economics of palliative and end-of-life care: A clinical view. *Palliat Med* 2017; **31**: 293–95.
7. McCaffrey N, Cassel JB, Coast J. An economic view on the current state of the economics of palliative and end-of-life care. *Palliat Med* 2017; **31**: 291–92.
8. Harris I, Murray SA. Can palliative care reduce futile treatment? A systematic review. *BMJ Support Palliat Care* 2013; **3**: 389–98.
9. Chasen M, Dosani N. Are patients receiving the right care in the right place at the right time? *Curr Oncol* 2015; **22**: 315–16.
10. Hasselaar J, Payne S (eds). *Integrated Palliative Care*. Nijmegen, the Netherlands: Radboud University Medical Center, 2016.
11. Siouta N, Van Beek K, van der Eerden ME et al. Integrated palliative care in Europe: a qualitative systematic literature review of empirically-tested models in cancer and chronic disease. *BMC Palliat Care* 2016; **15**: 56.

## Key points

- ▶▶ The New Health Foundation has created a model designed to promote full integration of healthcare and social services and community engagement through three interrelated programmes known as NEWPALEX®, WE ARE ALL WITH YOU and INEW CARE.
- ▶▶ NEWPALEX® involves a novel certification methodology, which is applicable to both large territories and small organisations, and at all levels: from national policy-making bodies through funding agencies and front-line providers of services, to patients, their loved ones and members of the public.
- ▶▶ WE ARE ALL WITH YOU includes activities that increase the public's involvement in caring for those who have reached the end of their lives, and their loved ones, within their own cities or communities through collective learning and supportive networks.
- ▶▶ INEW CARE provides tools and monitoring processes for redesigning service delivery, refining professional profiles, streamlining system structures and processes, designing and acquiring information and communication tools, fundraising, establishing the priorities with which services should be provided and influencing regulatory frameworks.
- ▶▶ Implementation of the model in Colombia, South America, suggests that it is possible to achieve the triple aim of effectiveness in relieving suffering, increased satisfaction among patients, caregivers and professionals, and greater efficiency reflected in substantive reduction of hospital-based procedures during the last months of life.