REPORTING FORM ON SITE VISITS/MEETINGS WITH PRs

Dear CCM Secretariat. This is a result of the meeting with Maya Simonyan (HSS Coordinator), discussions with SR, review of evaluation documents and SR's reports

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Purpose of the Oversight

To find out of how the piloting of Palliative Care project in Armenia was effective in terms of reaching its targets and in what extent implementation of pilots contributed in integration of palliative care into the national health care system.

1. **Findings from the visit**

Global Fund funded this project through the Round 8 Health System Strengthening Program. The Palliative care project was implemented by the "Patients Rights Protection Center" NGO with four co-partners - National Oncology Center after A. Fanarjyan (Yerevan), Yerevan Muratsan Medical Center, Ararat Medical Center and Vanadzor number 1 hospital. The financial partner of the program is the Global Fund. The project implementation covers period starting from April 12th, 2011 until June 30th, 2014.

As the OB's meeting with PR took place in July 2014 it was possible to make reference to follow up activities after the end of the pilots as well. OB paid its attention to that period because the outcome of the project such as developed strategies, training modules, etc. had to be utilized and integrated into the overall health care system and contribute to the achievement of the overall goal of the HSS project.

In addition to the meeting with PR – MoH representative Maya Simonyan, OB developed its report based on the provided project documents such as SR's reports and meetings' minutes, Evaluation Report on Pilot Palliative Care Projects in Armenia project, and other project docs kindly provided by the PR and CCM secretariat.

OB apressuates very much cooperation and support of CCM Secretariat and PR in preparation of this report.

Project overview

The main objective of the Palliative care project was to establish model palliative care programs that could be replicated throughout the public health care system in Armenia. The project was not limited to service to HIV/AIDS and patients with Tuberculosis, in the belief that creating palliative care infrastructure would ultimately be of benefit to these patient populations.

Each pilot site had a palliative care coordinator that was responsible for management and data collection. After each month the monthly data was sent to the main implementing partner of the project "Patients Rights Protection Center" NGO where the data was analyzed.

The total number of patients reached is higher than planned initially in the project. Total number of patients received palliative care in the frame of the project since 2011 is 367.

Simultaniously within the frame of the project the following documents were developed:

- Palliative Care Needs Assessment
- Revision of Legislative Documents on Opioids prescription and distribution
- Pain Control Clinical Guideline for Palliative care
- Palliative Care National standards
- Pallaitive Care Educational Materials for nurses and doctors
- Job Description for Palliative Care Physicians and Nurses

Question A.	Taking into account that more patients were served than planned what kind of impact it had on the qiuality of the service delivery?

Answer A.

The sites have initially defined the number of patients based on performance framework- overall up to 120 patients for 4 sites for the period of 6 months. Nevertheless they were encouraged to admit as many patients as they felt they could manage with the staffing levels. Improvements in pain management were documented. In spite of the lack of access to strong oral opioids improvement in pain outcomes were documented. Methadone was prescribed due to absence of oral morphine. There were some indications that patients experienced improved quality of life outcomes.

A number of standardized measurement instruments were introduced during the pilot projects implementation so that there would be a method to measure both the level of severity of illness and symptomatology in the patient population and some of the outcomes of the palliative care services (EQ-5D scoring, EQ-VAS records, Current Pain Score, Karnofsky Performance Status Scale, Neuropatic pain scale, Hospital Anxiety and Depression Scale). Patients were also asked to rate their pain level on each visit from 0-10 with 0 being no pain and 10 being the worst imaginable pain. This measurement approach is the most common method for determining patient reported pain internationally. It is worth to mentione that observation and evaluation of the international expert showed that proper management of pain improves quality of life of patients.

Question B.	How was the case management conducted?Was the type and volume of services provided under the project enough to cover all needs of the addmitted patients?

Answer B.

According to information provided by the PR there was no initial agreement between project sites and the PR done on joint full coverage of the patients' needs. Since the pilot sites have been selected based on criteria, such as availability of medical equipment (in accordance with the Government Decree 1936-N dated 05.12.2002) and readiness to use available resources in the frame of pilot project. Under the project there was an extensive capacity building of the staff involved in providing palliative care as well as provision of certain medical supplies and methadone (during the second year of the project implementation) while the rest of the services were supposed to be provided by SRs. SRs provided services in a volume they were able to, but not fully covering palliative care

patients' needs. To some extent home visitation was discouraged by a lack of travel expense reimbursement and lack of medical supplies. Starting 2013 travel expense reimbursement and provision of medical supplies have been planned in the budget and provided to pilot sites.

Nevertheless, a large volume of services were delivered that varied in type by site including home visits, phone contacts, clinic visits, emergency calls, and hospitalization. Improvements in pain management were documented. Many of these services are new to the health care system in Armenia and open a new dimension in how the sickest patients can be managed.

Question C.	What was the staffing of palliative care sites? Was the volume and quality of capacity building interventions correspoding to the project needs? If there a room for improvement?

Answer C.

Each site was to a have physician, nursing and psychosocial staffing. Staff at each site was selected and attended several training programs to learn basic palliative care including a week long ELNEC (end of life nursing education consortium) course and a week long EPEC-O (end of life physician education course – oncology version). In addition the key staff were sent to a palliative care training center in Romania for 3 weeks of both classroom and bedside teaching. Additional training was conducted at several points throughout the first year of operation.

However, in the evaluation report it was mention that there is still a lack of psychosocial staffing for the pilot sites. Each site needs a social worker or psychologist to be available to provide more services focused on the patients needs, particularly those with anxiety or depression.

It is worth to mention that one of the planned activities related to staff capacity building in the HSS proposal "Revision of Palliative care training programs" was successfully implemented. Training programs were developed and delivered in accordance with inernational ELNEC and EPECO training modeules for nurses and oncologists and the developed, yet not approved by the governement National management standards on quality palliative care. The new revised training package was presented to MoH for further consideration and inclusion into the state curricula for training of the medical personnel.

Question D.	What was the outcome of the project in terms of sustainability?

Answer D.

Piloting of palliative care project in the frames of the HSS project introduced how the palliative care could be integrated into the Armenian Healthcare System. A number of previous efforts to establish palliative care in Armenia were undertaken outside the government run healthcare system that had not been successful. Four pilot sites were established with funding from Global Fund under the Round 8 health systems strengthening program. The sites were chosen by the Ministry of Health of the Republic of Armenia to represent both geographic and operational diversity.

Taking into account that the number of patients served was higher than planned shows that there is an obvious need of such health service in Armenia. The general view of the cost impact of palliative

care indicates that home-based palliative care is more cost effective than inpatient care. Palliative care adds value to health care costs by shortening hospital length of stays and preventing unnecessary readmission.

Some reorganizing of the health care system resource utilization is needed to ensure that palliative care is given more priority to help advance health care reform and utilization. Lack of access to oral opioids continues to be a significant limiting factor to control pain and other symptoms particularly at the end-of-life. Inability and reluctance to prescribe these opioids continues to be an issue. Sustainability of pilots is an issue, since the funding has not been included into the state budget for 2015.

As OB was informed by that during the project the revision of available health services provided to terminally ill patients as well as supporting legislation and financing mechanisms for integration of palliative care into national health system was done and the full revised package with recommendations was submitted to MoH. However, on the time of preparation of the OB report according to MoH GF PCT the proposed strategies were not integrated into the national ones.

2. **What, if anything, surprised you positevily about this grant?**

   N/A

3. **What concerns, if any, do you have about this grant?**

- Ensure that all four sites continue to have access to oral opioids, initially at least oral methadone but oral morphine when it is made available. Pain management protocol and standards have been developed and need urgent approval.
- Pain outcomes for those patients utilizing methadone for pain relief were superior to currently available medications. Strong oral opioids, particularly immediate and slow release morphine needs to be registered for use in Armenia.
- Allow all physicians working in palliative care programs to have prescription privileges to prescribe opioids and to make treatment recommendations to polyclinics.
- Remove the restriction allowing opioid prescriptions for cancer patients only. As noted in the pilot a significant percentage of the non-cancer patients cared for had moderate to severe pain.
- Sustainability of pilots is an issue, since the funding is not included into the state budget.
- Taking into account that there is lack of specialists in the field there is a need in continuous medical development programs on pain management for medical personnel working in the field.
- There is lack of pediatric palliative care; therefore it is needed to have a Needs assessment, development of pilot project, project implementation and assessment for nationwide implementation.

4. **Conclusions**

The piloting of palliative care project in the frames of HSS grant was succesfull and very important for further development of proper health care strategies in Armenia. Through the pilots new

effective approaches in addresing palliative care at national level were developed and tested. The most valuable that as a result of the pilots improvements in pain management and in quality of life of terminally ill patients were registered. There are still some concerens related to use/access, registration, and prescription of opioids that should be resolved, sustainability of the sites as well as to integration of developed palliative care policies into the national health care system. However, taking into account the project accomplishments and overachieved targets related to building capaity in the filed, piloting of palliative care services to ensure access to palliative care pilots and quality services the OB can state that the palliative care component of HSS project was successfully completed.

5. Reccomendations to the ACCM

Based on the abovementioned, OB recommends ACCM to request MoH to inform on the current status of integration of palliative care into the national health care system and on further steps to be taken for succesfull accomplishment of this process as one of the main issue contributing to improvement of health care system in Armenia in general and to achieving the HSS project goal in particular.