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MCGILL INTERNATIONAL PALLIATIVE CARE CONGRESS

October 15 – 18, 2024 | Palais des Congrès de Montreal









The World's Largest Palliative Care ECHO Session | Palliative Care for Everyone and by Everyone: A Large Global Village



SLIDE 2: Conflict of Interest Declarations





- Dr. Luís Fernando Rodrigues, MD, MAHR Palliative Care: No affiliations
- Dr. Sreedevi Warrier: Employed by Pallium India, Kerala, India
- Dr. Olivia Nguyen, MD, MM, CCMF(SP), FCMF, FRCPC, Palliative Medicine: No affiliations
- Miss. Sarah Nyariki: No affiliations
- Aparna Gupta, DNP, EMBA, FACHE, CPHQ, ANP-BC: Employed by the National Hospice and Palliative Care Organization / the National Alliance for Care at Home (Feb 2022–current)
- Lesley Goodburn: Advisory committee member at the National Cancer Audit Collaborating Centre (NATCAN) + National Pancreatic Cancer Audit (NPaCA) (Jan 2024–current)
- Dr. José Pereira, MBChB, CCFP (PC), MSc, FCPC: Employed by Pallium Canada (2017–current) and received grants from CIHR (several over the years)
- Jeffrey Moat, CM: Employed by Pallium Canada
- The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.







At the conclusion of this presentation, participants will be able to:

- Describe the significance of integrating palliative care into primary care, across specialties and communities.
- Identify strategies for promoting international collaboration and raising global awareness of palliative care.
- Describe real-world case studies to understand practical applications of palliative care principles in diverse contexts.
- Reflect on commitments to advancing global palliative care and fostering worldwide collaboration.



The World's Largest Palliative Care ECHO Session

Palliative Care for Everyone and by Everyone: A Large Global Village





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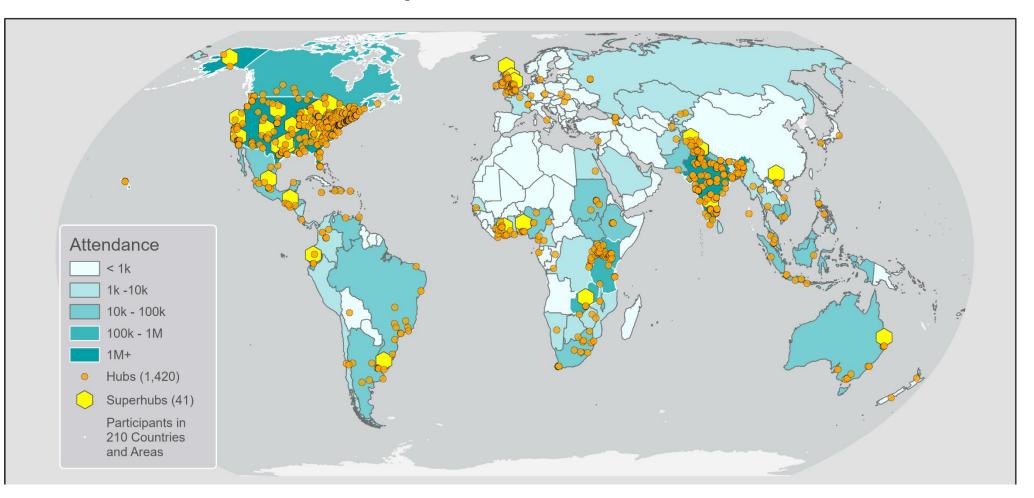
Distinguished and Regent's Professor of Medicine (Gastroenterology/Hepatology)

Director of Project ECHO

Department of Medicine, University of New Mexico Health Sciences Center

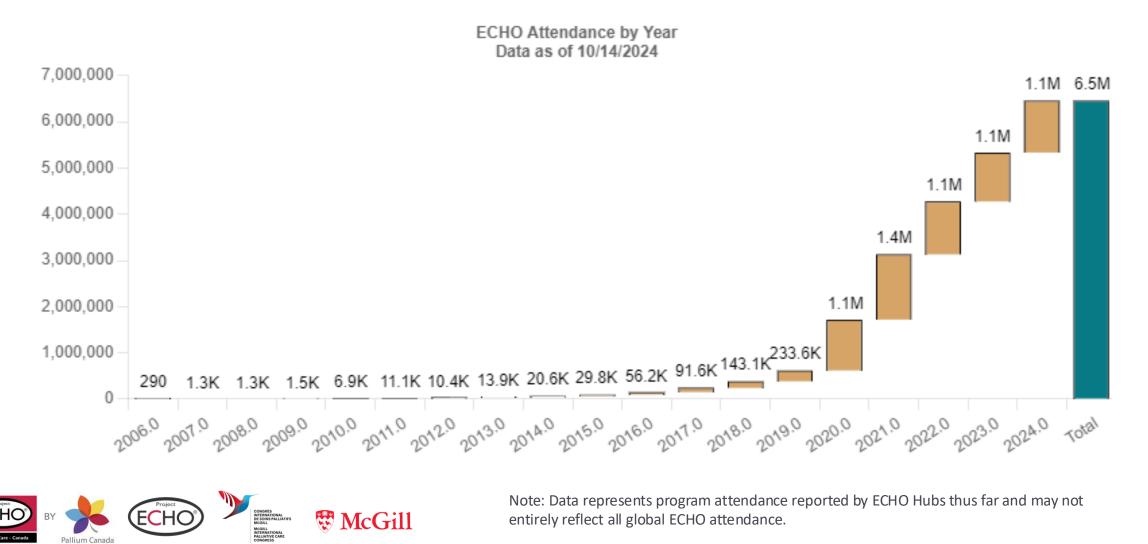


Global Hubs & Superhubs



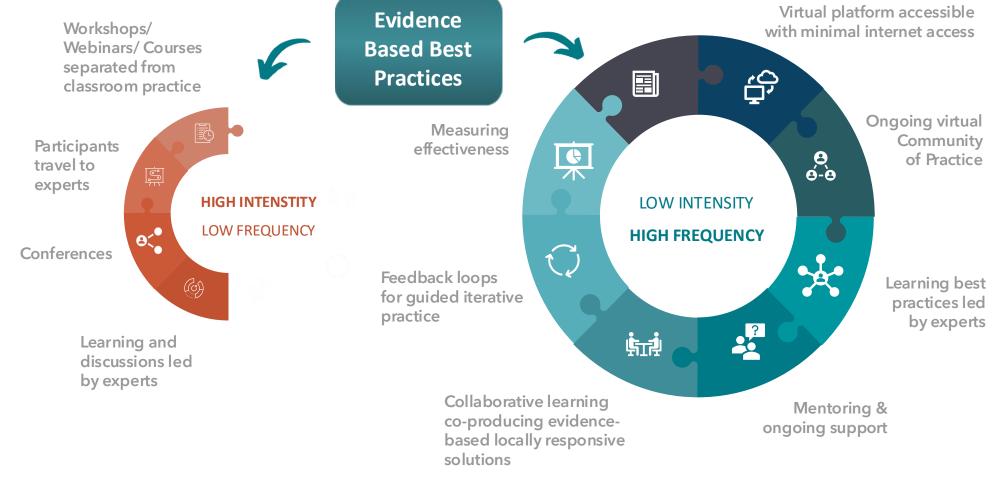


Major Growth In Demand Since COVID 19: Cumulative Attendance Across ECHO Network



8

Project ECHO Turns Traditional Training on its Head





Palliative Care ECHOs Around the World

495 PALLIATIVE CARE ECHO PROGRAMS 120 PALLIATIVE CARE ECHO HUBS 20 COUNTRIES





Across the Continuum of Care









Tobacco cessation HPV vaccination Hepatitis B vaccination Sun safety & skin cancer prevention Community cancer intervention & prevention Dermatology Breast cancer Cervical & colorectal cancer Oral & lung cancer Pathology best practices Training peer and community health

Pain & toxicity management

Cancer care navigation Precision medicine & cancer genomics Clinical trial enrollment



Coping Health promotion Follow-up of cancer survivors

Caregivers

Transition from patient to survivor





advocates

Cancer ECHOs Around the World





Partner With Us

You can:

- Get involved with an existing ECHO program.
- Start your own ECHO program.
- Explore ECHO resources and trainings.

Email us:

ECHOReplication@salud.unm.edu





Panel discussion

Moderated by Jeffrey B. Moat, CM



Lesley Goodburn

Representing the United Kingdom



Seth died 33 days after a pancreatic cancer diagnosis

- Play
- Film
- Educational resource
- Letters
- Digital stories, audio and written
- Education
- Creativity





What's needed

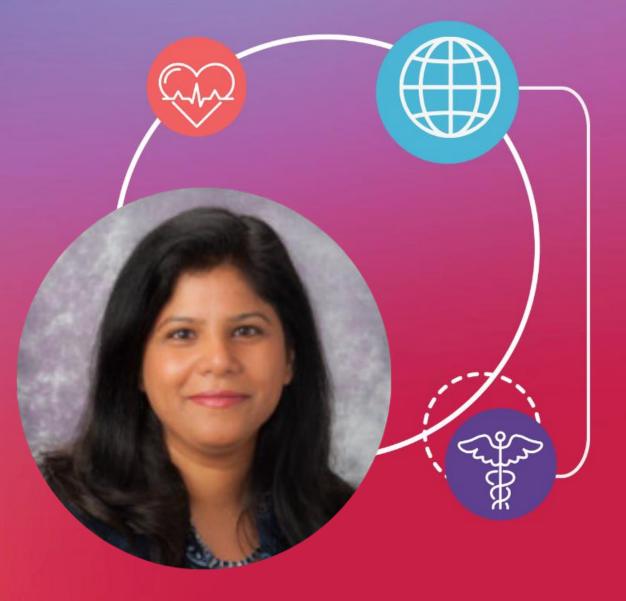
- Compassion
- Listening with big ears
- Responding to needs and wishes
- Don't make assumptions
- Shared decision making
- Honesty
- Kindness
- People live until they die







Representing the United States of America



NHPCO Project ECHO Model - Where Innovation Meets Quality

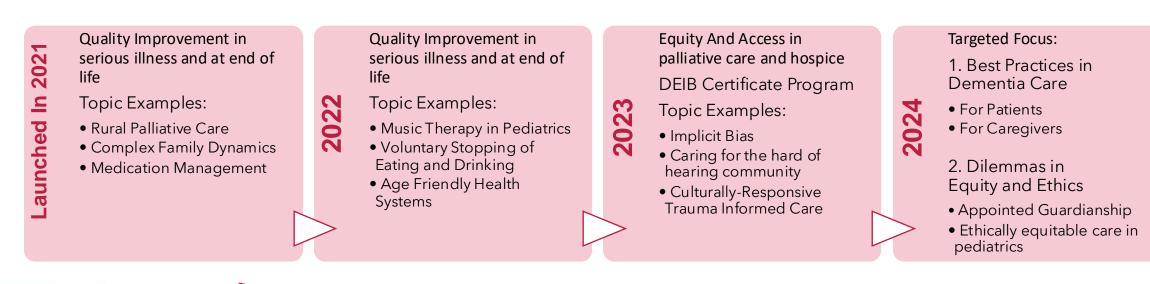
Who We Are

The National Alliance for Care At Home (previously National Hospice and Palliative Care Organization NHPCO and National Association for Home Care and Hospice NAHC).

What We Do

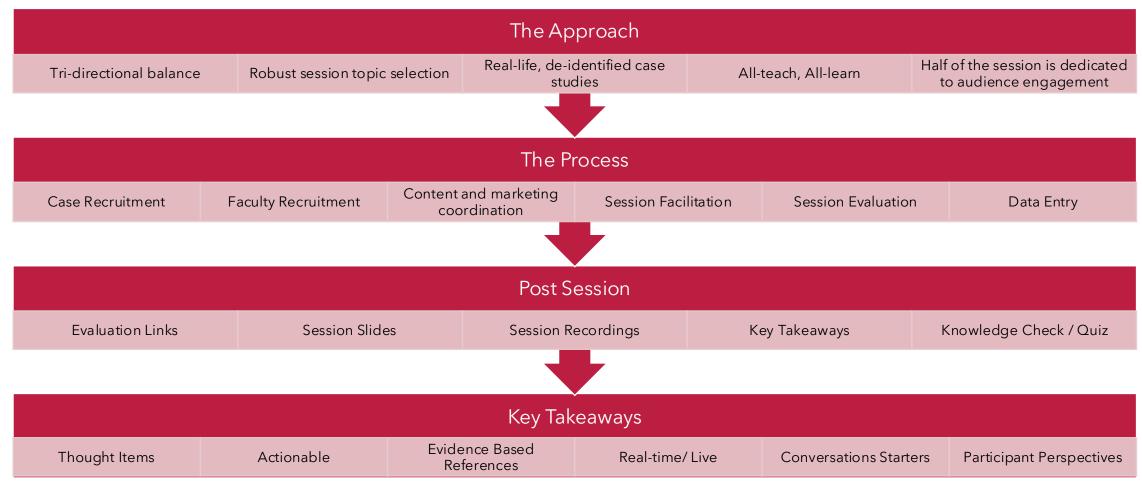
The leading authority in transforming care in the home in the United States. We are an inclusive thought leader, advocate, educator, and convener and the unifying voice for those providing and receiving healthcare through all stages of life.

NHPCO Project ECHO Model



McGill

Systems based design and the model





Improving Quality Program Review and Evaluation

Jan 2021 – Dec 2022

- Average no of States per session 38 ٠
- International Participants 12 ٠

Jan – May 2023

- Average no of States per session 30.4 ٠
- International Participants India, Mexico and ٠ Canada



About

Outcomes



Case study presentations, key takeaways, and **Community Health** actionable thought starters

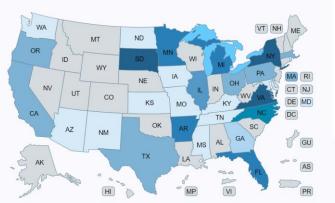
> Inclusive topics addressing various aspects of diversity in healthcare Recognizing that the depth of diversity expands across many dimensions of our identity, topics will focus on cultural competence for various populations.

2 sessions every month covering 24 topics Sessions will include a core group of participants, the NHPCO ECHO Hub, and DEI Faculty. Sessions will be held on the <u>first and third</u>. Thursdays of each month at 3pm EST.

NHPCO DEI certificate Attendance of at least 70% of all sessions and engagement in some required activities culminates into a NHPCO DEL (hospice and palliative care) Certificate Program

I Project ECHO web

The Project ECHO Participation Map reflects the scope and reach of all Project ECHO participants through the United States. Hover over a state to view number of attendees in the Summer 2024 Project ECHO - Ethical Dilemmas Across Health Equity miniseries.



The Project ECHO Participation Map reflects the scope and reach of all Project ECHO participants through the United States. Hover over a state to view number of attendees in the Spring 2024 Project ECHO – Best Practices in Dementia Care miniseries.



International Participant: Greece

The Project ECHO Participation Map reflects the scope and reach of all Project ECHO participants through the United States. Click on a state to learn the organizations of ECHO participants, faculty, and those who have completed 2023 DEI Certificate for the 2023 Equity Where It Matters Series.



Attendees represented (2021, 2022)

United Kingdom	Haiti	
Canada	Shri Lanka	
Egypt	Afghanistan	
India	Australia	
Bangladesh	Netherlands	
Uganda	Iran	





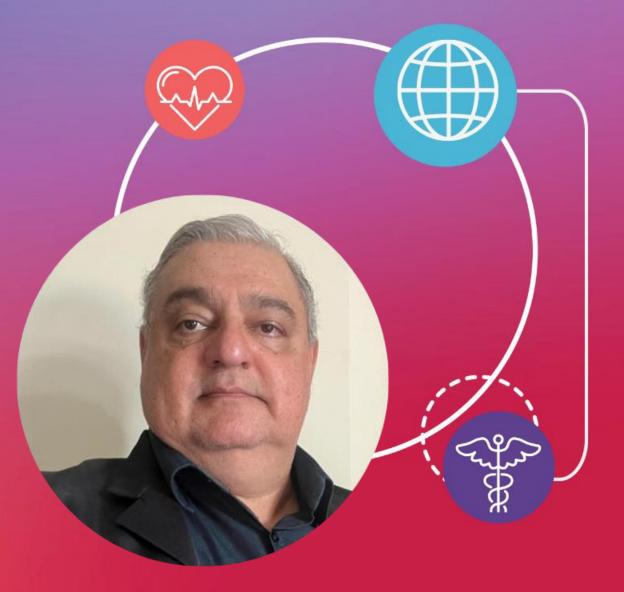
• Focus : Equity and Specialty 2023+ care Defined Cohort Mini-Series

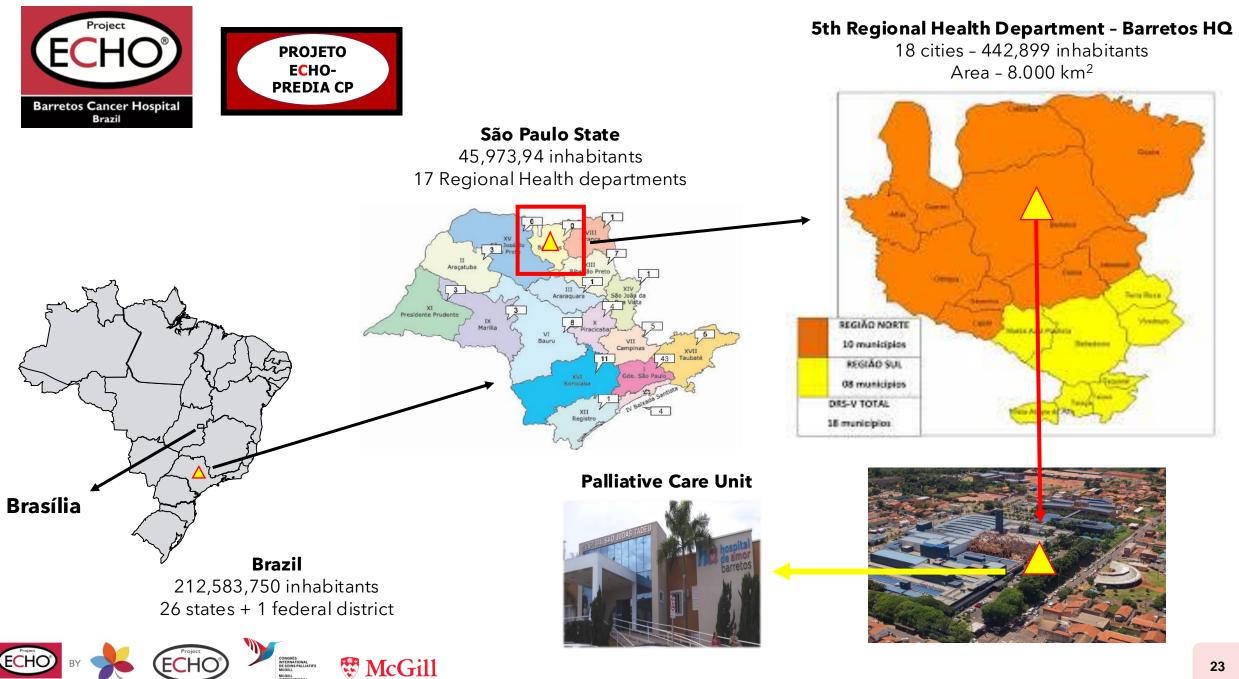


Luís Fernando Rodrigues

MD, MAHR Palliative Care

Representing Brazil





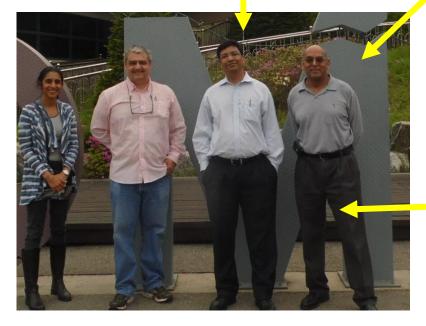
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How do we work in Barretos?

McGill

- 1. Establish syllabus (around 25 main themes)
- 2. Create a schedule
- 3. Invite Health Secretaries
- 4. Open time for registration
- 5. Start a cycle
- 6. Sessions every 15 days
- 7. We are now on third cycle each cycle lasts on average 18 months
- 8. Certification ceremony (very simple no glamour)







Results from our first experience (2017-18)

Deaths of patients being attended by

	2017 (n, %)	2018 (n, %)	%	p value
Referrals to the HBPCT	132	115	-12.9%	Not tested
Overall deaths at home or hometown (ODHHT)	40	35	-12.5%	Not tested
ODHHT - untrained city teams	29 (72.5)	22 (62.8)	-24.1%	p=0,013
ODHHTT - trained city teams	11 (27.5)	13 (37.1)	+18.2%	p=0,013



Training in Sept. 2019



Cohort 2020 - 2022



Dr. Olivia Nguyen MD, MM, CCMF(SP), FCMF, FRCPC, Palliative Medicine

Representing Canada (Quebec)





SQMDSP

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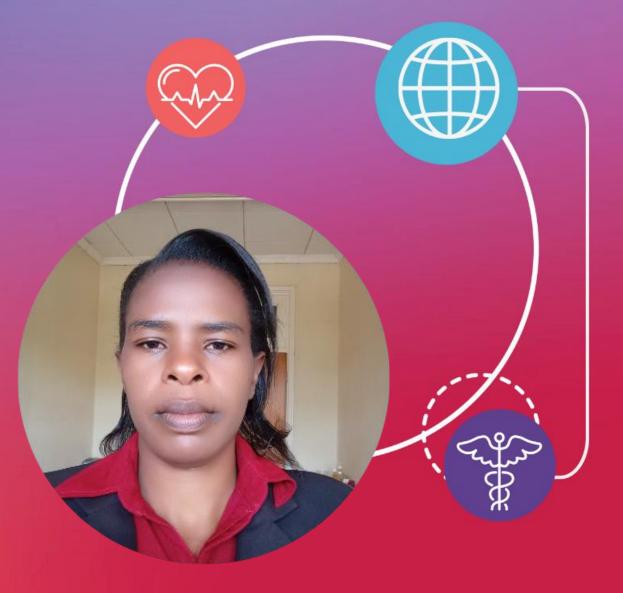
Société







Representing Kenya



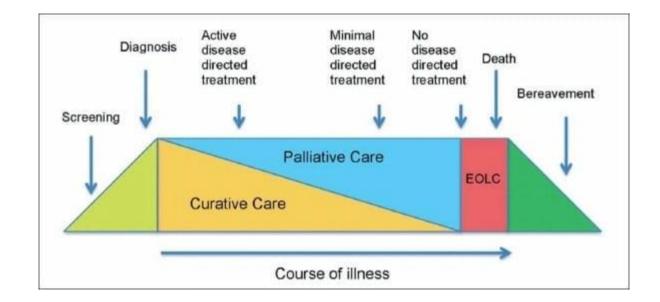
Create awareness

- Community awareness Need and importance of palliative care.
 Educate individuals, families and communities on palliative care.
- Clarify myths, misunderstandings, and misconceptions.
- Empower CHPs.
- Effective referral and linkage.
- Capacity-building of palliative care staff.
- All levels of health care (community referral sites).



Incorporation in Care Continuum

- Multidisciplinary approach in care.
- Self-initiative, commitment and passion.
- Best palliative care practices across disciplines.



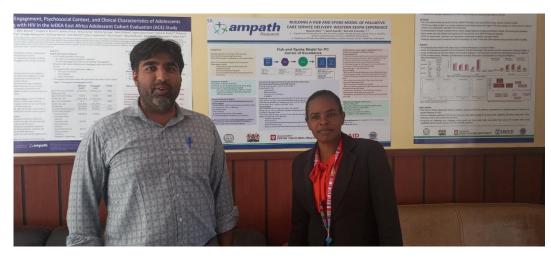


Sustainability

- Continuing education and learning experiences (Palliative Care ECHO Project).
- Post-training evaluations improved knowledge, skills, professional isolation and confidence in various categories (CHPS, health care providers, and caregivers).
- Patient follow-up systems telehospice/telecommunication, home visits, etc.
- Supportive healthcare systems.
- Community, facility and country and global ownership programs.







Dr. José Pereira

MBChB, CCFP(PC), MSc, PhD

Representing España (Spain)



Palliative Care in España (Spain)

Summary and highlights

- Leadership and innovation in several areas of palliative care over the years.
- Palliative care in Spain has been gaining recognition and support over the last two decades.
- Made big strides in integrating palliative care into healthcare systems over the last three decades, with many regions developing specialized services.
- Centres of excellence across the country.
- Vibrant scholarship
- However, access and availability can vary significantly across the different autonomous communities and regions.

McGill

- □ SECPAL: a vibrant national palliative care association
- Catalonia World Health Organization Demonstration Project (early 1990s)
- Canary Islands palliative care integration (1980s and 1990's)
- Extremadura community: integration across system (1990's)
- □ CUDECA Foundation and Hospice
- New Health Foundation
- Atlantes Program, Institute of Culture and Society, University of Navarra: a WHO Collaborating Centre for the Global Monitoring of Palliative Care Development
- Pediatric Palliative care in Madrid (Hospital Nino Jesus) and new Children's Palliative Care Hospital
- □ Efforts across country to integrate in UG and PG curricula of medicine and nursing
- □ Masters degrees in Palliative Care
- Pallium Pilot Project in Spain (Dignia Foundation and University of Navarra, in collaboration with Pallium Canada)



A. Catalonia World Health Organization Demonstration Project

In 1989, the Health Department of Catalonia (Spain) and the Cancer Unit at the WHO (Geneva) designed and planned a demonstration project for implementation of palliative care resources and services, based on the WHO Public Health Model.

The project's aims were to:

1) implement palliative care services throughout Catalonia (cancer/non cancer) and 2) serve as a model for other countries/governments

The objectives of the Catalonia WHO Demonstration Project (WHO DP) were to achieve:

- public coverage for cancer and non-cancer patients,
- easy access to palliative care by every person who need it,
- equity in access across the region,

Pallium Canada

• high quality palliative care that is effective and efficient.





mejoramos la calidad de vida de las personas



El Hospital Niño Jesús obtiene la primera certificación de excelencia en Cuidados Paliativos Pediátricos en España







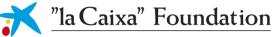


FUNDACIÓN AMANCIO ORTEGA

Proyectos en curso

Centro de atención integral de cuidados paliativos pediátricos





Social programmes

Comprehensive care for people with advanced diseases









Emerging themes: Spain and Internationally

A public health approach to palliative care

The need to build primary- and generalistlevel palliative care

Integration of palliative care in the curricula of the health care professions



Primary care, family medicine, oncology, internal medicine, cardiology, pulmonology, neurology, geriatrics, nephrology, pediatrics, surgery, emergency intensive care, etc.

Community 一合合留 🖬 🏢 👖 - Specialist palliative care Healthcare professionals with advanced training and experience in palliative care

> Primary palliative care Generalist-level palliative care The "Palliative Care

Approach"

Healthcare professionals and care providers with core palliative care competencies ACROSS SETTINGS ACROSS DISEASE GROUPS



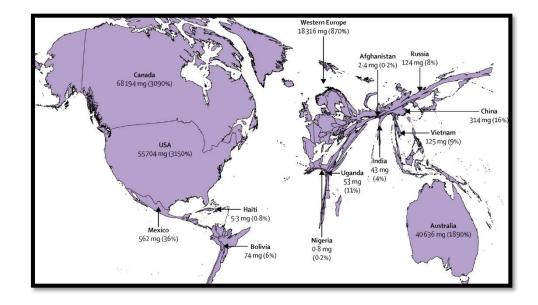
Dr. Sreedevi Warrier

Representing India

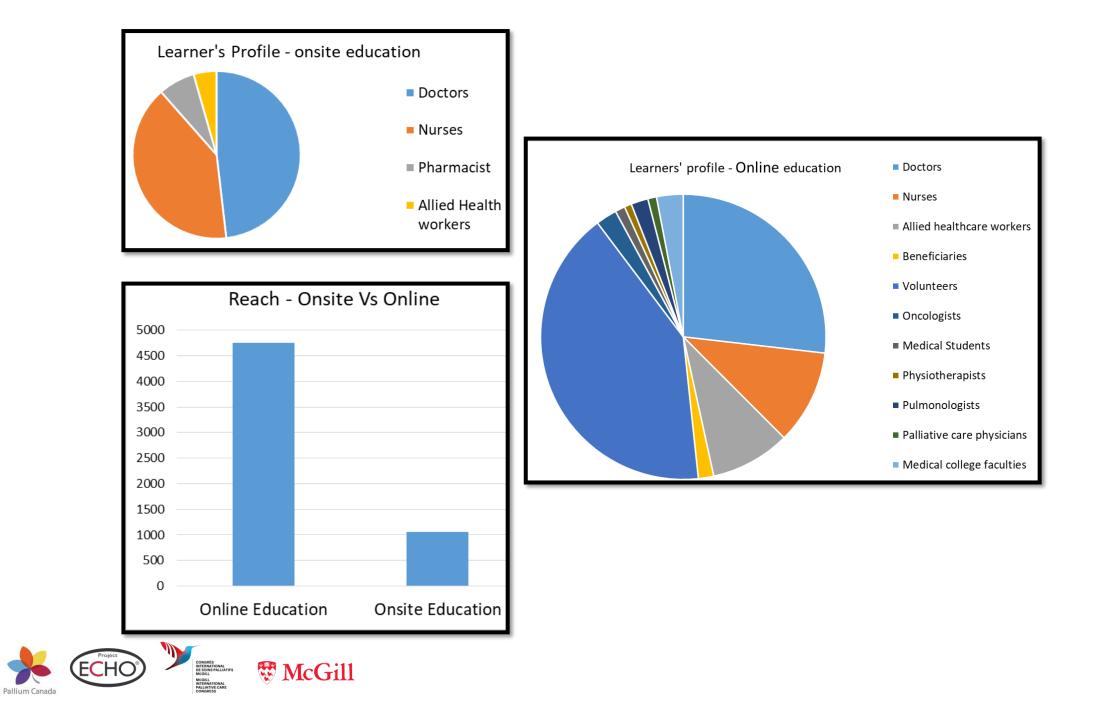


India

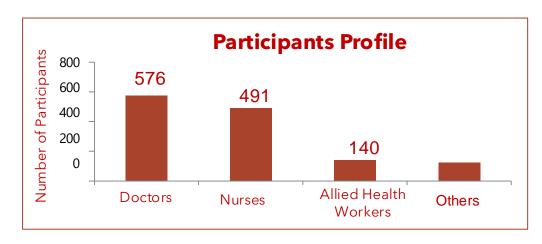


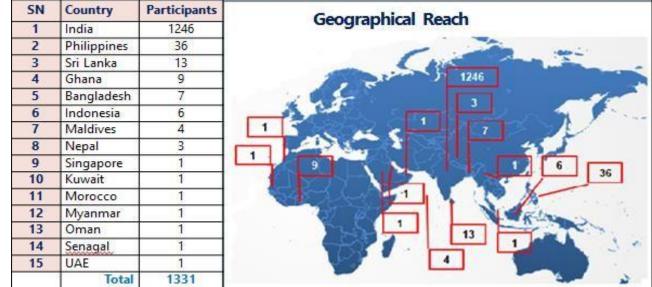






PalliCovid ECHO







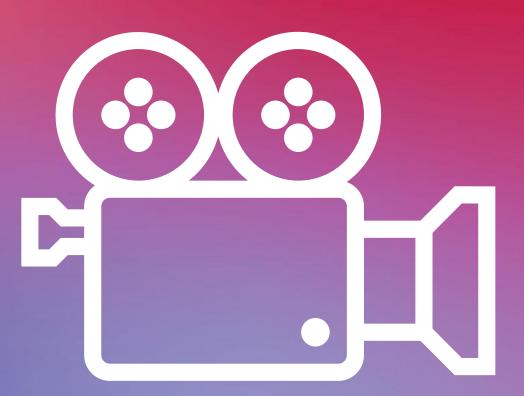




Thank you



What does palliative care mean to you?



WORLD'S LARGEST PALLIATIVE CARE ECHO SESSION







Stay connected with the Palliative Care ECHO Project!







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