RANKING OF PALLIATIVE CARE DEVELOPMENT IN THE EUROPEAN UNION.

PROPOSAL BY A EAPC TASK FORCE
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goal

• To make an estimated classification comparing the national development of Palliative Care in the 27 countries member of the European Union
  – It is in response to a request in November 2007 by the European Parliament that required including such a ranking in an external technical report.
SOURCES

– Data from a 2005-2006 study on the Development of Palliative Care in Europe carried out by the EAPC Task Force are used as the basis for the resource ranking.

– The data for the vitality of PC movement are provided by the Head Office and a 2008 study by Rocafort.

• These data and the methodology used to obtain them have been described in the following publications:

  • EAPC ATLAS OF PALLIATIVE CARE IN EUROPE, IAHPC-Press, Houston 2007
  • EAPC REVIEW OF PALLIATIVE CARE IN EUROPE, EAPC-PRESS, Milan, 2008
  • FACTS AND INDICATORS ON PALLIATIVE CARE DEVELOPMENT IN 52 COUNTRIES OF THE WHO EUROPEAN REGION: RESULTS OF AN EAPC TASK FORCE. Palliative Medicine 2007; 21: 463-471
METHODOLOGY FOR A GLOBAL RANKING

- PALLIATIVE CARE DEVELOPMENT is understood as the availability of palliative care resources or services and the possibility of there being new ones in the near future.
  - The existence of a “critical number of active professionals in palliative care” or “vitality of palliative care”, which can be estimated and compared among countries, could to a certain extent, predict the development of new resources in the near future.
Ranking of specific resources

- INDICATORS OF RESOURCES BY POPULATION
  1. Hospital units
  2. Support teams
  3. Home care teams
  4. Specialized beds
  5. Full time physicians

Each resource indicator is obtained by assigning points to the relative position of the country with respect to the other 27 countries (27 being the maximum, 1 the minimum). The addition of the points of the five indicators results in a ranking of specific resources.
Ranking of Vitality

INDICATORS OF THE VITALITY OF THE MOVEMENT OF PALLIATIVE CARE

1. Existence of a National Palliative Care Association
2. Existence of a Palliative Care Service Directory
3. People attending the EAPC general congresses
4. Existence of certification or specialty for palliative medicine
5. Publications of the national development of palliative care
6. Existence of palliative care teams for children

Each vitality indicator is obtained by marking it as follows: 0 (non-existing), 1 (existing), 2 (maximum development of the indicator, when possible). Thus, 10 is the maximum and 0 the minimum. The addition of the punctuation obtained by the 6 indicators results in a ranking of vitality of the movement of Palliative Care.
The country that achieves the highest position in the resource ranking is given 75 points and the others are marked in relation to this maximum. The country with the highest number of points in the vitality ranking is given 25 points and the others are marked with respect to this maximum.

This way, the degree of development of each country can be compared to the most developed country, which is the United Kingdom, and that would have a maximum development at the present of 100% (even though that figure does not mean that it can not improve its palliative care development in the future).
1. First comparative analysis of National development (in Europe)

2. Coherent with
   1. World Map (Wright and Clark, 2007)
   2. Opioid consumption indicator
   3. Statistical Analysis of the indicators with cluster methodology

3. A lot of interest after publication: Ranking is a way to show pc development interesting for of policy makers, health providers and professionals
conclusion

This emergent approach to ranking has considerable potential

Key challenges are:

1) moving to an absolute, rather than a relative system of ranking.

2) refining the quality of data used to compose the ranking: from estimations to real data
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Thank you very much