

Palliative care pathway for chronically ill patients



TYPE
STATUS

Fully implemented
Ongoing funding program for palliative care

LAST
UPDATE

August 2021

BULGARIA • NATIONAL
Cancer care – Palliative care

PROBLEM & OBJECTIVE

PROBLEM Allocated public resources for palliative care are scarce, which usually prevents patients from accessing this kind of care.

OBJECTIVE The oncological care activities package aims to ensure the best possible quality of life for terminally ill cancer patients.

KEY COMPONENTS / STEPS

- The palliative care pathway includes basic medical activities to relieve the patient's condition.
- Palliative care is included in the main oncological activities package.
- It is bonded with a contract with the NHIF and only centres with trained specialists can provide it.
- The pathway ensures patient rights for hospitalization for palliative care for 20 days every six months.

KEY CONTEXTUAL FACTORS

- The National Health Insurance Fund (NHIF) began reimbursing palliative care in 2003.
- The clinical pathway can be performed by medical institutions for hospital care, including hospitals for long-term treatment, multidisciplinary hospitals for active treatment with palliative care wards and comprehensive cancer.
- Hospitals without palliative care facilities may contract with hospices to perform the activities under the contract with the NHIF.
- Currently, there are 47 hospices with 1175 beds providing palliative care.
- Hospices continue to be opened, but are funded through private mechanisms.
- The provided care in the hospices is different compared to the care in the specialized oncological facilities.
- These hospices serve not only oncological patients, but also patients with other chronic diseases.

MAIN IMPACTS / ADDED VALUE

- Palliative patients are often cared for by their families, mainly for financial reasons, with a smaller subset hiring specialized caregivers, however, in the last couple of years the financial resources are slowly increasing, which may stimulate access to relevant facilities for terminally ill individuals to benefit.

LESSONS LEARNED

- Access to oncological palliative care in Bulgaria is limited, with insufficient medical institutions offering such services, and territorial distribution unequal.
- Collaboration between different healthcare providers must be strengthened.

CONTACT

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