Impact of Rapidly Developed Goals of Care Program on Referrals to Outpatient Supportive Care in a Tertiary Cancer Center During the COVID-19 Pandemic.

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Introduction

- In late 2019, a novel virus, SARS-CoV-2, was discovered in China, spreading rapidly worldwide and causing severe morbidity and even death in a subset of susceptible patients, such as cancer patients who are especially vulnerable with a high risk of requiring ICU, mechanical ventilation, and death.
- Our group became increasingly aware that the SARS-CoV-2 virus would significantly impact the care provided in our Supportive Care Center (SCC).
- In anticipation of a sharp rise in demand for intensive care related to COVID-19 infections, the hospital leadership in March 2020 implemented a multi-prong approach to increase the frequency of goals of care (GOC) discussions to maximize concordant goal care, optimize ICU and hospital bed utilization, and minimize intensive care interventions at the end-of-life.
- We recently reported significant improvement in patient outcomes following the implementation of an institution-wide goals-of-care program (GOCP) during the Covid-19 pandemic.

Methods

Study design
- Retrospective review of 200 randomly selected SCC consult visits from June-November 2019 (before GOCP) and June-November 2020 (after GOCP).
- We hypothesized that increase in GOC discussions may increase timely palliative care referral.
- We assessed the change in timing of palliative care referral before and after implementation of GOCP.

Inclusion criteria
- Age 18 or greater.
- Patients seen as an initial consult in the SCC from June-November 2019 (before GOCP) and June-November 2020 (after GOCP).

Data Collection
- Baseline Demographics
- Edmonton Symptom Assessment System (ESAS) symptoms.
- Time from hospital registration to SCC visit until death/last follow-up.
- Presence of advance care planning (ACP) note.

Statistical Analysis
- Descriptive statistics for baseline characteristics.
- Difference between pre-covid and post-GOCP samples using Chi-Squared test, Fisher’s exact test.
- Kaplan-Meier curves were used to evaluate overall survival (OS).

Results

Figure 1. Kaplan-Meier Survival Estimates Among Supportive Care Center Consult Visits Before (2019) and After (2020) Goals of Care Program

Table 2. ESAS Total and Subscale Scores During SCC Consultation Before (2019) and After (2020) GOCP

Table 3. Overall Survival Estimates Among SCC Consult Visits Before (2019) and After (2020) GOCP

Conclusions

- Our findings highlight the timely palliative care model in which many patients with advanced cancer were seen well over a year before death.
- The lack of difference before and after GOCP intervention may be related to a ceiling effect.

References

1. Reddy, A. et al., Rapid Transition to Virtual Care during the COVID-19 Epidemic: Experience of a Supportive Care Clinic at a Tertiary Cancer Center, J Palliat Med, 2021
2. Delargy, K. et al., Use of Palliative Care Services in a Tertiary Cancer Center Oncology, 2016
3. Hui, D. et al., Examination of referral criteria for outpatient palliative care among patients with advanced cancer: Support Care Cancer, 2020