

Background

People with lower socioeconomic status may be less likely to access specialist palliative care, even when publicly funded.[1]

Objective

To explore whether self-reported income or patients' perceived financial burden influence the use of palliative care in a publicly funded healthcare system.

Methods



Prospective cohort study characterizing the experiences of people living with advanced colorectal cancer.



Participants recruited from two tertiary cancer centres in Alberta, Canada, between January 2018 and July 2020.

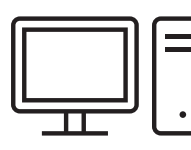


Data collection instrument:

Administered Patient Self-Administered Financial Effects questionnaire (P-SAFE).



P-SAFE captured self-reported income and perceived financial burden of out-of-pocket costs over the prior 28 days.



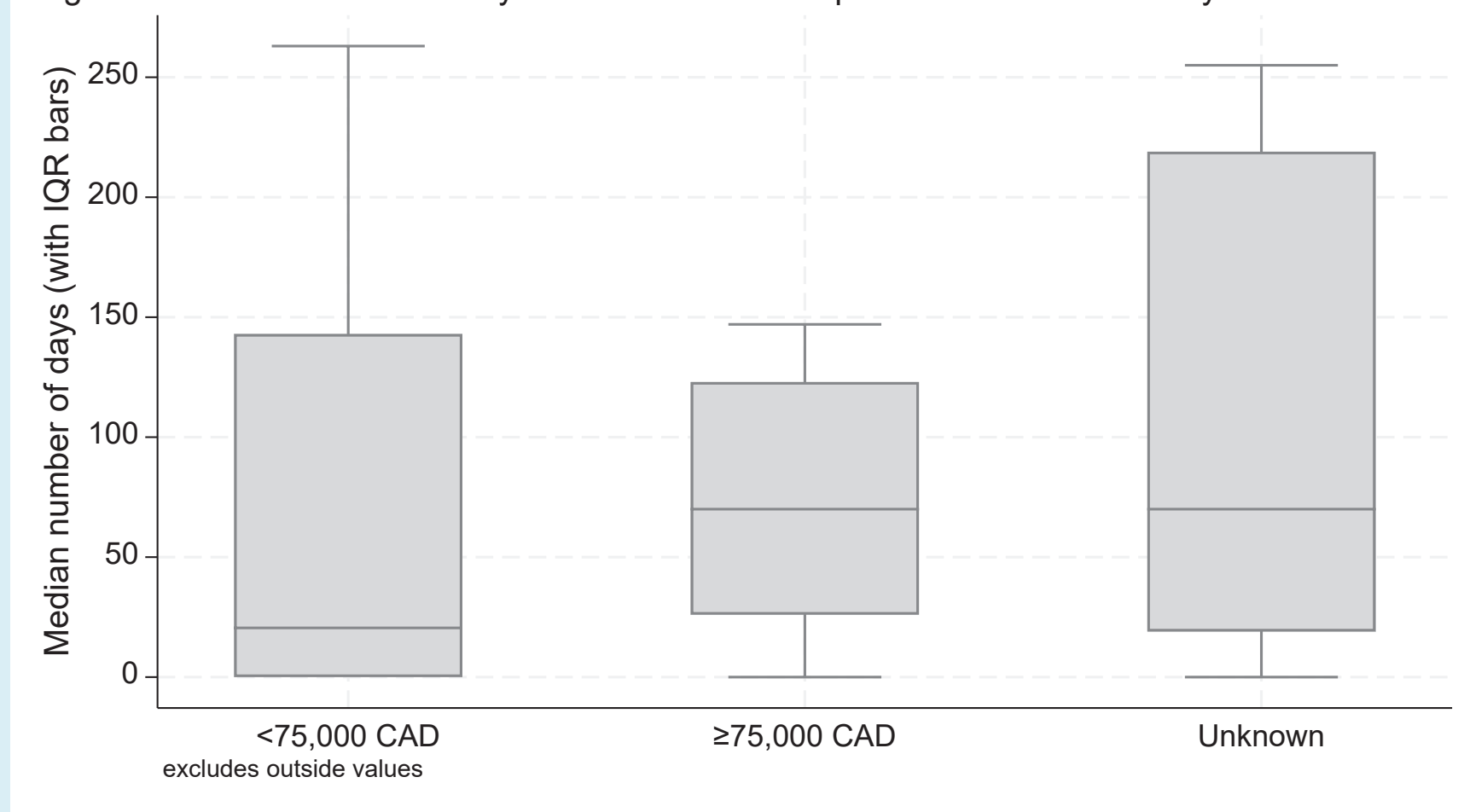
Health administrative data, regional data bases used to determine first date of contact with specialist palliative care services (palliative consult service, palliative home care, hospice care, palliative admission to inpatient unit).



The median number of days from access to specialist palliative care to death was compared between socioeconomic groups using Mann-Whitney or Kruskal-Wallis.

This cross-sectional analysis found neither income bracket nor perceived financial burden influenced the timeliness of access to palliative care for colorectal cancer patients, in a publicly funded healthcare system.

Figure 1. Median number of days from first access of palliative care to death by income bracket



Results

Table 1. Number of participants (%) that received early vs late vs no palliative care by income bracket and financial burden

Total sample (n=53)	Early Palliative Care (>90 days) N=18 (34%)	Late Palliative Care (<90 days) N=21 (40%)	No Palliative Care N=14 (26%)
Income brackets			
<20,000 – 74,999 (n=26)	N=7 (27%)	N=11 (42%)	N=8 (31%)
75,000 – >100,000 (n=19)	N=7 (37%)	N=8 (42%)	N=4 (21%)
Prefer not to answer (n=8)	N=4 (50%)	N=2 (25%)	N=2 (25%)
Financial Burden			
No financial burden (n=22)	N=8 (36%)	N=9 (41%)	N=5 (23%)
Any financial burden (n=31)	N=10 (32%)	N=12 (39%)	N=9 (29%)

- ✓ 53 decedents were included for analysis.
- ✓ Median age was 65y (IQR 59 to 72) and 64.3% were males.
- ✓ Analysis found no difference in the median number of days from palliative care access to death by income ($p=0.16$), nor by perceived financial burden ($p=0.70$):
 - 21 days with income <75,000 CAD (IQR 0 to 152.8)
 - 70 days with income $\geq 70,000$ CAD (IQR 26 to 123)

Conclusion

It is important to evaluate the equity of palliative care service delivery, including socioeconomic status and the context of the system.

Our next step is analyzing a large, population-based sample of cancer and non-cancer decedents to evaluate the equity of care.