

## The PaCES Study: A Controlled Before and After Trial of a Cancer Clinic-Based Intervention to Increase Early Specialist Palliative Care Referrals

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### **The Problem**

Integrating palliative care earlier in the process



Most people living with advanced colorectal cancer only receive specialist palliative care in the last two months of life.

#### **METHODS**



Intervention start date: Jan 1, 2019 <u>Intervention</u>: Apr 1, 2019 – Dec 31, 2020

**Intervention group:** Calgary Control group: Edmonton

#### **Decedents:**

- At least 1 Medical Oncology visit in last year of life
- 1<sup>st</sup> Medical Oncology visit > 120 days before death



#### **Primary Outcome:**

- Early Palliative Care (>= 90 days before death) Fidelity Measures:
- Shared Care Letter Use
- Referrals to Early Palliative Care Nurse Specialist

#### **3 Intervention Components**



Referred to community-based Clinical Nurse Specialist if they failed, or could not receive, first-line chemotherapy, or had high symptom burden (Edmonton Symptom Assessment System score >=7)



'Shared Care' templated letters sent by medical oncologists to family physicians along with patient letter



Weekly cueing reminders to Oncologists

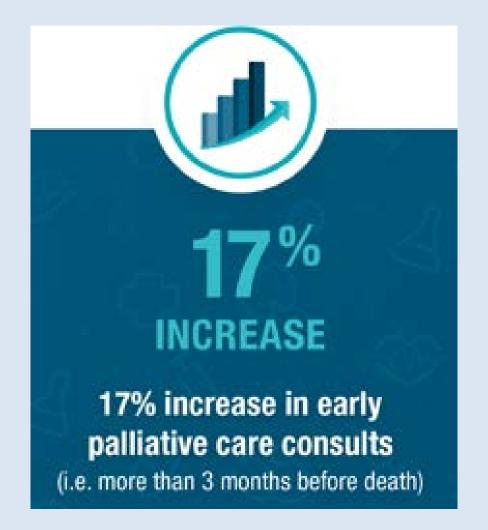


#### **NEW PATHWAY INCREASES EARLY PALLIATIVE CARE**

FOR PEOPLE LIVING WITH ADVANCED COLORECTAL CANCER



# Oncologist-Facing Intervention with Facilitated Implementation increased Earlier Specialist Palliative Care Use





69 DAYS

69 days of earlier palliative care



**UPTAKE** 

30% uptake of shared care letter



**EXTRA DAYS** 

People stayed 2 extra days at home in the last 3 months

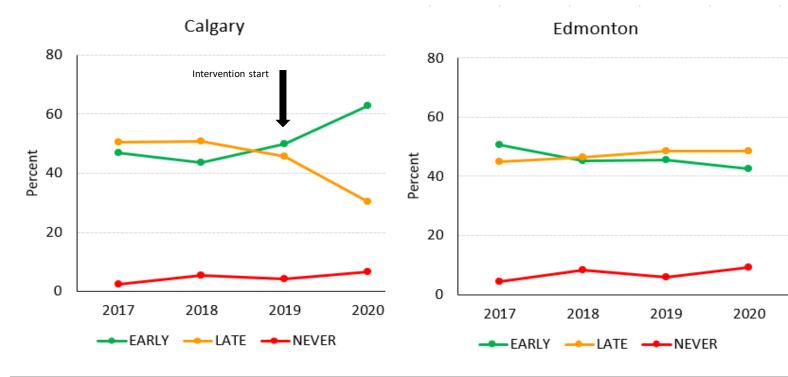


LESS

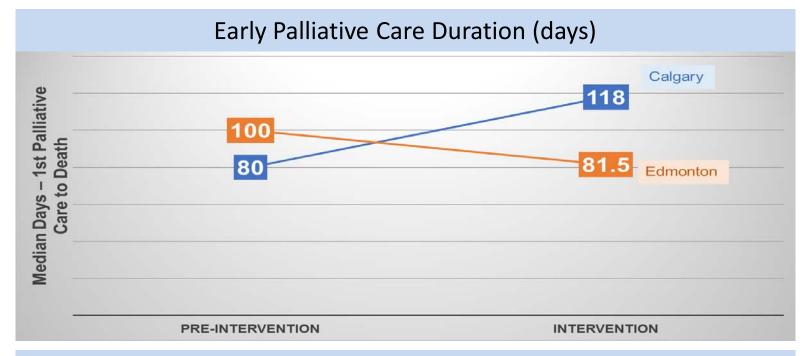
Cost the system \$4,467 less per patient as a result

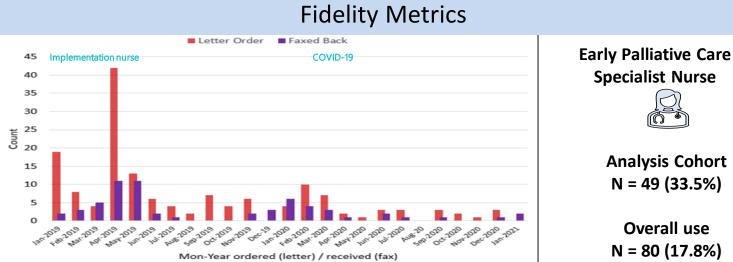
#### **RESULTS**

#### Early Palliative Care (%)



Time Period	Intervention zone (Calgary)		Comparator zone (Edmonton)			
	Pre-intervention (Apr '17 – Dec '18)	Intervention (Apr '19 – Dec '20)	Pre-intervention (Apr '17 – Dec '18)	Intervention (Apr '19 – Dec '20	Difference in difference estimator (95% CI)	р
Total number of deaths	188	209	153	145		
Referral to specialist PC >90 days before death (proportion, n)ª	44.7% (84)	57.4% (120)	47.7% (73)	44.1% (64)	17.0% (2.0%- 32.0%)	0.027





**Specialist Nurse Analysis Cohort** 

N = 49 (33.5%)Overall use

**IMPACT** 

The process is now adopted as standard of care using existing program resources in colorectal cancer care in Calgary. Opportunities are being explored to spread.











