



URGENT PALLIATIVE CARE IN ONCOLOGY: ASSESSING THE EFFICACY OF A CLINIC INITIATIVE - A PILOT STUDY

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Background

- Oncology patients often experience a significant symptom burden that impacts their quality of life.
- Patients with **acute, uncontrolled symptoms** or those requiring **urgent goals-of-care discussions** can experience delays in obtaining palliative care, resulting in emergency department visits, hospitalizations, and utilize significant resources.
- Despite robust evidence supporting early palliative care integration, a **substantial number of patients lack access to this service in acute situations. This study seeks to address this gap.**

Methods

- October 2023: **Supportive Medicine Acute Care Clinic (SMACC)**
- Initial inclusion criteria: lung or gastrointestinal cancer diagnosis (identified by a 2017 study as benefiting from early palliative care); criteria expanded on a rolling basis to include all solid tumor patients
- Data collection: referring team, primary diagnosis and *cancer stage*, symptom treatment, ability to complete a necessary study and/or treatment, avoided ED/ETC* visits, goals of care discussions, completion of advanced care documents, and *performance status*.

* Emergency Department/Evaluation & Treatment Center

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Figure 1: Reason for Referral

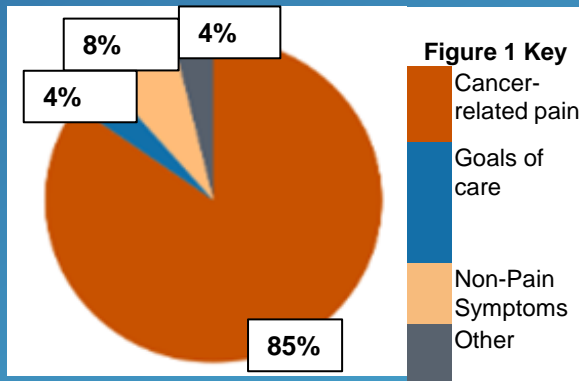


Figure 1 Key

- Cancer-related pain
- Goals of care
- Non-Pain Symptoms
- Other

Figure 2: Primary Outcomes

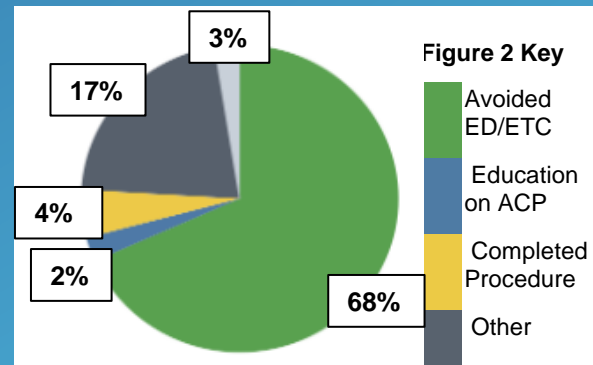


Figure 2 Key

- Avoided ED/ETC
- Education on ACP
- Completed Procedure
- Other

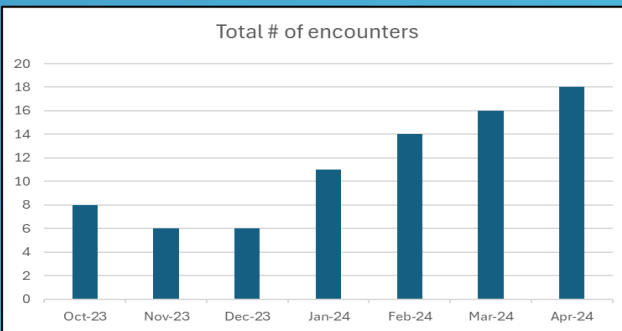
ETC

Patient assessment

SMACC

- Acute respiratory distress
- Gurney required
- Imaging or labs needed
- Signs of cord compression
- Fever
- No bowel movement for ≥ 5 days + vomiting

- Treatment-related side effects
- High MEDD, or intolerable side effects of opiates
- High risk for readmission with history of ED/ETC visit within 30 days
- Urgent GOC* discussions needed to avoid hospitalization
- *Goals of care



Results

- 10/3/23 - 4/25/24, N= 79 (70 patients total, 9 repeat visits)
- Most common malignancy: 22 - **gastrointestinal**, 25 - lung. The majority were **stage IV**
- The majority had a **Palliative Performance Score of 60%**, identified as female, were Caucasian, had good English language fluency, were married, did not have ACP documents on file, were known to our service (57%). Most visits were in-person
- Most common referral reason: **uncontrolled cancer related pain (84.8%)**
- Primary Outcome: **68% avoided ED/ETC**

Conclusions

- Patients with a cancer diagnosis benefit from early palliative care
- Urgent palliative clinics help reduce ED visits, improve symptom burden, aid with continuity of care, and overall improve quality of life.**
- We have noted subjective improvement in rapport between supportive medicine and oncology providers.

In the future...

- Collect patient/caregiver satisfaction scores**
- Clinic expansion
- Continue to increase rapport between supportive medicine and solid oncology/hematology providers

References

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