Impact on Health Systems Outcomes of Transition away from Integrated Medical Oncology and Palliative Care Model for Solid Tumor Inpatient Service

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Background

- Multiple studies have demonstrated early palliative care (PC) improves outcomes for patients with advanced cancer.[1-4]
- Despite this, most patients are unable to receive early PC.[5]
- One barrier is limited availability of PC trained providers.[6-8]
- Our inpatient solid tumor service reported improved outcomes after a transition to an integrated medical oncology and PC partnership
- In 2023, the service transitioned from an integrated medical oncology and PC to an integrated medical oncology and hospitalist model
- We assessed changes in outcomes with the transition of palliative care to an as-needed inpatient consultation model

Methods

- Retrospective pre- and post-intervention cohort study at Duke University Hospital
- Pre- and post-intervention cohorts defined as January 1, 2023 – September 30, 2023 and January 1, 2024 – September 30, 2024 with the transition occurring October 1, 2023.
- We extracted patient data including intensive care unit transfer rate, discharge disposition, code status, inpatient palliative care consultation, and 30-day return to ED and readmission rates
- Descriptive statistics including z-tests and odds ratios were used to describe and compare cohorts

Results

	Pre-Intervention	Post-Intervention
Admitted Patients	860	881

Table 1. Total Number of Admitted Patients. Similar total patient volumes were observed between the pre-intervention and post-intervention periods

	% IP PC Consult
Jan 2023	1%
Feb 2023	4%
Mar 2023	7%
Apr 2023	2%
May 2023	2%
Jun 2023	2%
Jul 2023	1%
Aug 2023	3%
Sep 2023	1%
Jan 2024	28%
Feb 2024	15%
Mar 2024	15%
Apr 2024	19%
May 202	12%
Jun 2024	20%
Jul 2024	15%
Aug 2024	11%
Sep 2024	18%

Table 2. Rates of Inpatient Palliative Care Consultation by Month. Absolute rates of palliative care consultation by month in the pre- and post-intervention cohorts.

Results

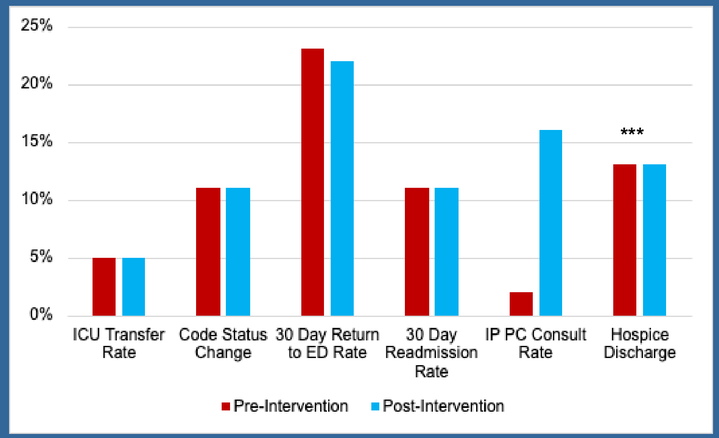

Figure 1. Relative Rates of Patient Outcomes. Rates of ICU transfer, code status change while admitted to the hospital, 30-day rate of return to the ED or readmission after hospital discharge, rate of inpatient palliative care consultation, and rates of discharge to hospice were collected through the pre- and post-intervention period. No statistically significant differences were observed between time periods except for the rate of inpatient palliative care consultation (IP PC). Odds ratio, 7.87; (95% CI, 4.93-12.57; p<0.0001)

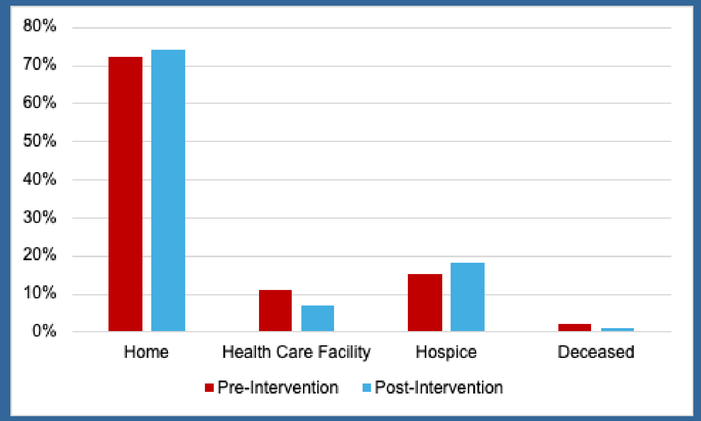

Figure 2. Relative Rates of Discharge Dispositions. Discharge dispositions were noted between pre- and post-intervention cohorts. No statistically significant differences were observed between cohorts.

Conclusions

- Transition from a fully integrated PC plus medical oncology inpatient care model to a hospitalist plus medical oncology model did not impact multiple clinical outcome metrics.
- Rates of inpatient PC consultation increased as expected.
- These results support the targeted utilization of PC resources through consultation for an inpatient medical oncology population.
- The prior co-rounding model changed culture and the oncology-PC relationship leading to durable change

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