Implementing Guideline-Concordant Early Palliative Care in the United States

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BACKGROUND

- University of Rochester Cancer Center National Cancer Institute Community Oncology Research Program Research Base
- Cluster randomized clinical trial
- Hybrid type III effectiveness-implementation design
- Virtual learning collaborative vs. Technical assistance
- Early palliative care intervention **ENABLE** (Educate, Nurture, Advise, Before Life Ends):

Palliative Care Assessment (in-person) → Telehealth Nurse Coaching Sessions *Patients: 6 wks / Caregivers: 3 wks* → Monthly follow-up

CHALLENGE

Site and patient enrollment behind target

AIM & METHODS

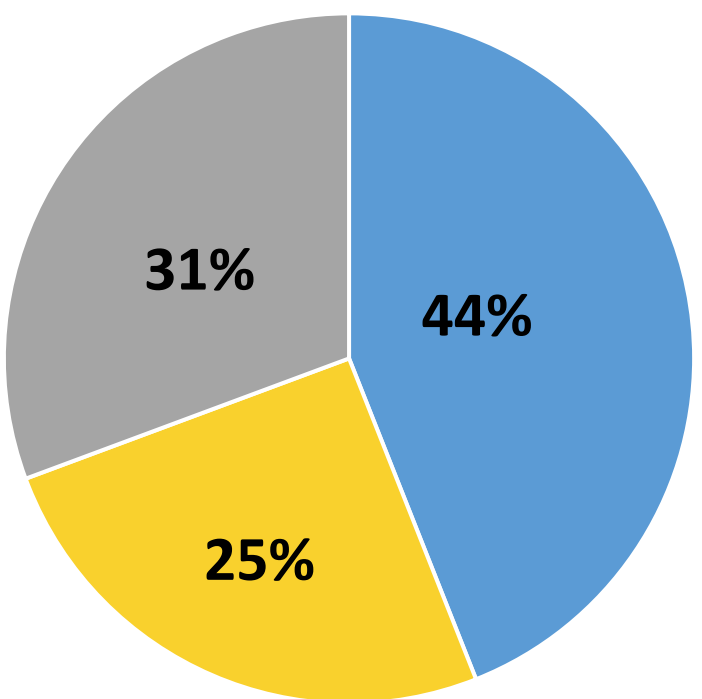To identify site and participant enrollment challenges from cohort 1 data using
(1) descriptive data and
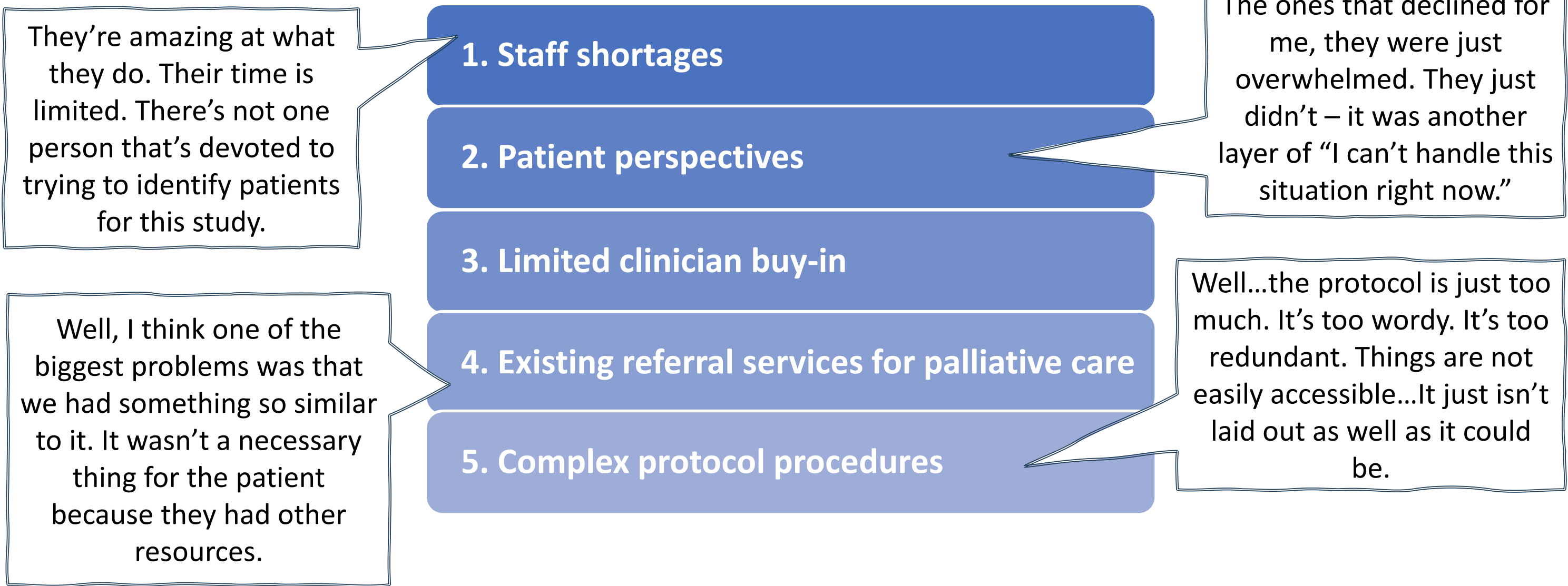(2) semi-structured interviews

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RESULTS

Cohort 1 had 75 participants from 9 clusters

- Oncology Physicians
- Research Coordinators
- Nurse Coaches

44% / 25% / 31%

- 67% female
- 71% White
  28% Asian
  1% American Indian or Alaskan Native
  1% Native Hawaiian

Palliative Care Services at Site (n=9)	n	%
Routinely provide early palliative care	*0*	*0%*
Inpatient palliative care consultation service	6	66.7%
Home-based palliative care program (as part of hospice agency)	5	55.6%
Outpatient clinic	4	44.4%
Inpatient palliative care unit	3	33.3%
Telemedicine program	3	33.3%
Clinic practice (stand alone, co-located, embedded)	3	33.3%
Inpatient hospice beds per contract with hospice agency	2	22.2%
No current palliative care services	2	22.2%
Other	6	66.7%

KEY CHALLENGES FACED BY SITES

1. Staff shortages
2. Patient perspectives
3. Limited clinician buy-in
4. Existing referral services for palliative care
5. Complex protocol procedures

They're amazing at what they do. Their time is limited. There's not one person that's devoted to trying to identify patients for this study.

The ones that declined for me, they were just overwhelmed. They just didn't – it was another layer of "I can't handle this situation right now."

Well, I think one of the biggest problems was that we had something so similar to it. It wasn't a necessary thing for the patient because they had other resources.

Well…the protocol is just too much. It's too wordy. It's too redundant. Things are not easily accessible…It just isn't laid out as well as it could be.

CONCLUSIONS

- **Clinicians and Staff Challenges**: Staff shortages, patient perspectives, limited buy-in, existing services, and complex protocol procedures
- **Cancer Care Delivery Research Challenge:** Changing clinical practice through the mechanism of research infrastructure.
- **Results guided protocol revisions**

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URCC NCORP Research Base   UAB