

Early Integration of Palliative Care Amongst Newly Diagnosed Solid Tumor Oncology Patients

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BACKGROUND

As people are living longer and longer due to advances in medical care, the general population is aging, and older people are diagnosed with cancer more often. With an aging population, the likelihood of patients having comorbid conditions is rising rapidly. These complex patients present unique challenges which can create a balancing act for their primary oncologists to manage. Complex patients are causing an increase in the demand on their primary oncologists and require a significant amount of time to adequately examine, care, counsel, and treat their patients. Offering Palliative Care (PC) as a layer in addition to usual care offers great benefit to both the patient and the primary oncologist.



OVERVIEW

PC is a unique specialty that is well positioned to work alongside usual care to improve patient's satisfaction, caregiver burden, quality of life (QOL), reducing healthcare costs, and more. As of 2017, over 90% of hospitals had access to PC, yet there is still under 50% utilization of their services (Hanson et al., 2017) Utilizing PC as a layer of care meant to prevent adverse symptoms or the worsening of symptoms seems like an obvious benefit, but in common practice it is not the standard. Regular appointments with a consistent provider helps both the patient and caregiver to establish rapport. When rapport is built over time patients are able to more freely express their concerns, questions, and hesitations. For these reasons, along with the scientific evidence help to prove that integrating PC early in a patient's cancer journey can help them to address issues that are the most meaningful to them.

GOALS INCLUDE:

- Destigmatizing the term "Palliative Care" to help increase the usage and meet the needs of many Oncology patients.
- Clarifying the most reputable and current literature that measures the effect of variables when early Palliative Care is utilized.
- Ensuring patients are well educated on the proven benefits of PC use and offer them an appointment if they so desire.



METHODS

All articles were retrieved from CINAHL plus FULL Text from 2009 to current. Boolean phrases and combinations of MeSH terms used consisted of "palliative care" and "cancer"; "palliative care" and "acute care nurse practitioner"; "palliative care" and "quality of life"; "palliative care" and "oncology"; "palliative care" and "nursing care." The Cochrane Database of Systematic Reviews was also searched using MeSH terms: "early palliative care" and "cancer." Research studies included were not limited to a geographical area. Cancers that are from a solid tumor origin were used; hematological cancers were excluded given their vastly different disease trajectory.

The intervention proposed consists of an automatic referral system to ensure all new diagnosis solid tumor oncology patients are able to be screened (via tablet) and set up with a PC provider within 30 days of their first medical oncology visit.

Upon their first visit to medical oncology all of these patients would receive a tablet after check in to utilize during their wait time in the waiting room.

The tablet would be set up to first show the patient a few slides educating the patient on the topic of PC; including how PC is used for symptom improvement and is not dedicated to patient's with incurable disease. Next it would ensure the patient understood that utilizing PC has shown benefit when evaluating the variables of:

- Quality of Life** (Bakitas et al., 2009)
- Mood** (Temel et al., 2016)
- Patient Reported Outcomes** (Smith et al., 2010)

Lastly, the tablet would survey the patient on what issues are most meaningful to them and inquire if they would like to opt for a PC appointment that could be linked to their medical oncology appt to minimize visits to the medical center.



RESULTS

- Increase use of Palliative Care
- Increase in quality of life and mood for the patients (Bakitas et al. 2009)
- Increase patient reported outcomes including satisfaction of care (Smith et al., 2012)
- Possible increase length of survival (Temel et al., 2010)
- Increase appropriate hospice referrals and decrease intensive care use services when futile

Figure 2: World Health Organization Graphic



More info at: https://www.who.int/health-topics/cancer#tab=tab_1



CONCLUSION

Offering patients PC as an added layer of care in addition to medical oncology has many proven benefits and has the potential to improve lives at an especially difficult time for a patient. Of note, there has not been any research done on potential harm.



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