



# NEW PATHWAY INCREASES EARLY PALLIATIVE CARE

FOR PEOPLE LIVING WITH ADVANCED COLORECTAL CANCER



## Don't delay Palliative Care – Real-world Cancer and Palliative Care Integration

Dr. Jessica Simon and Dr. Aynharan Sinnarajah  
on behalf of the PaCES Collaborative

[www.pacesproject.ca](http://www.pacesproject.ca)

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We would like to acknowledge and recognize the Kanien'kehá:ka as custodians of the lands and waters on which we are gathered today. This place has long served and continues as a site of meeting and exchange amongst nations and peoples.

## Presenter Disclosure

- Presenter: Dr. Jessica Simon

Relationships with financial sponsors:

- Grants/Research Support: CIHR, Health Canada, CPSA, Alberta Health and Choosing Wisely Alberta via its partners the Alberta Medical Association, Alberta Health, Alberta Health Services, and the College of Physicians and Surgeons of Alberta
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Patents: None
- Other: Division Head, Palliative Medicine, University of Calgary and Medical Lead, Palliative and End of Life Care, Alberta Health Services, Calgary Zone

## Presenter Disclosure

- Presenter: Dr. Aynharan Sinnarajah

Relationships with financial sponsors:

- Grants/Research Support: CIHR, Alberta Health, Lakeridge Health, Queen's University, Canadian Cancer Society, Health Canada, and Choosing Wisely Alberta via its partners the Alberta Medical Association, Alberta Health, Alberta Health Services, and the College of Physicians and Surgeons of Alberta
- Speakers Bureau/Honoraria: None
- Consulting Fees: None
- Patents: None
- Other: Division Head, Palliative Care, Lakeridge Health; Dr Gillian Gilchrist Research Chair in Palliative Care, Queen's University & Lakeridge Health

# The work of many...

- Philip Akude
- Patricia Biondo
- Amy Tan
- Patricia Tang
- Safiya Karim
- Janet Vandale
- Sharon Watanabe
- Mahmood Zarrabi
- Karen Leaman
- Alice Campbell
- Janet Bennett

Thank you to all the PaCES Collaborative and Cancer Care Alberta Clinicians

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# Oncology

**5** Don't delay or avoid palliative care for a patient with metastatic cancer because they are pursuing disease-directed treatment. ▼

**9** Don't deliver care (e.g., follow-up) in a high-cost setting (e.g., inpatient, cancer center) that could be delivered just as effectively in a lower-cost setting (e.g., primary care). ▼

# The Problem



Integrating palliative care earlier in the process

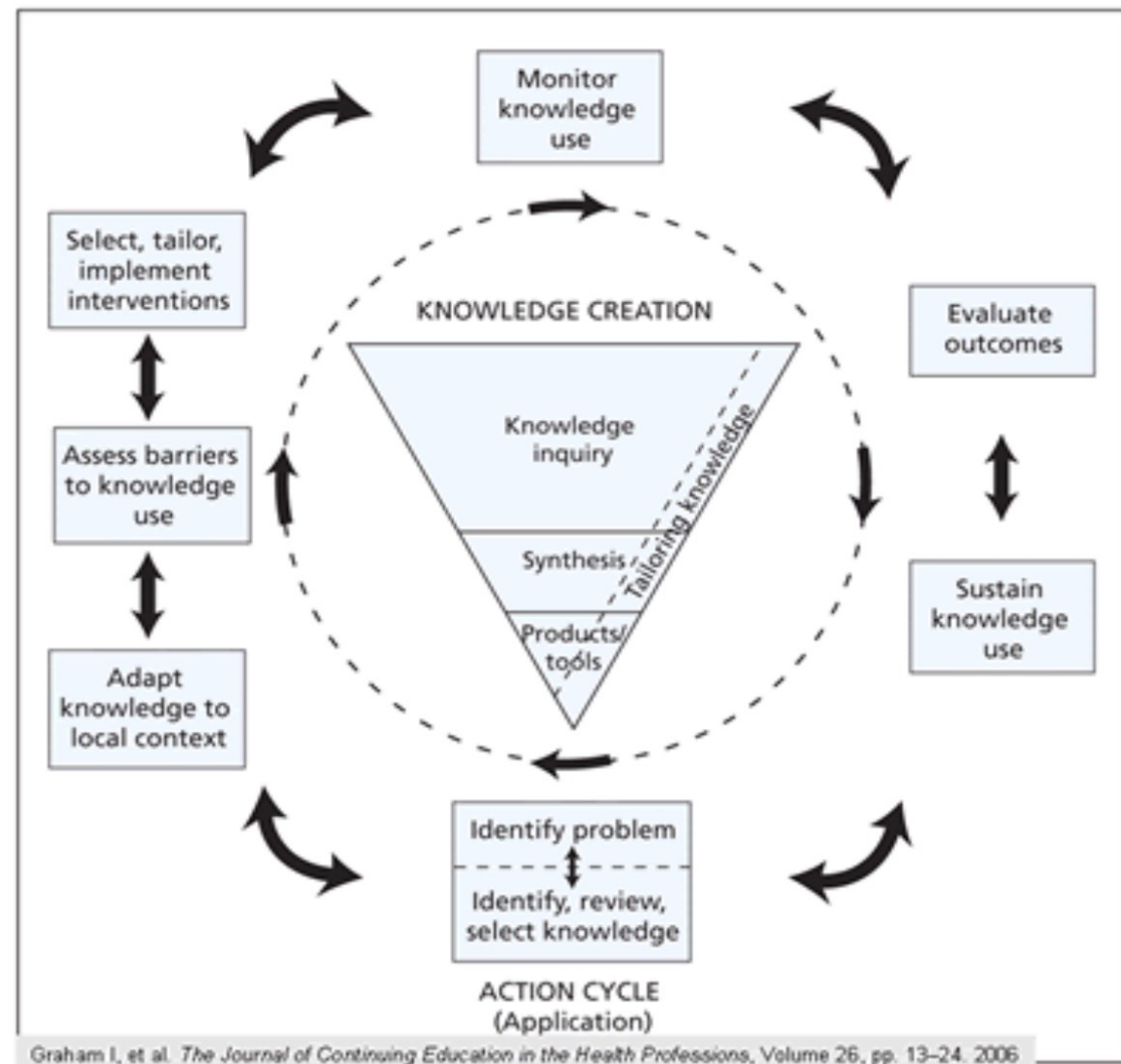


Most people living with advanced colorectal cancer only receive specialist palliative care in the **last two months of life**, despite research showing the benefit of early palliative care.

# The SMART Goal

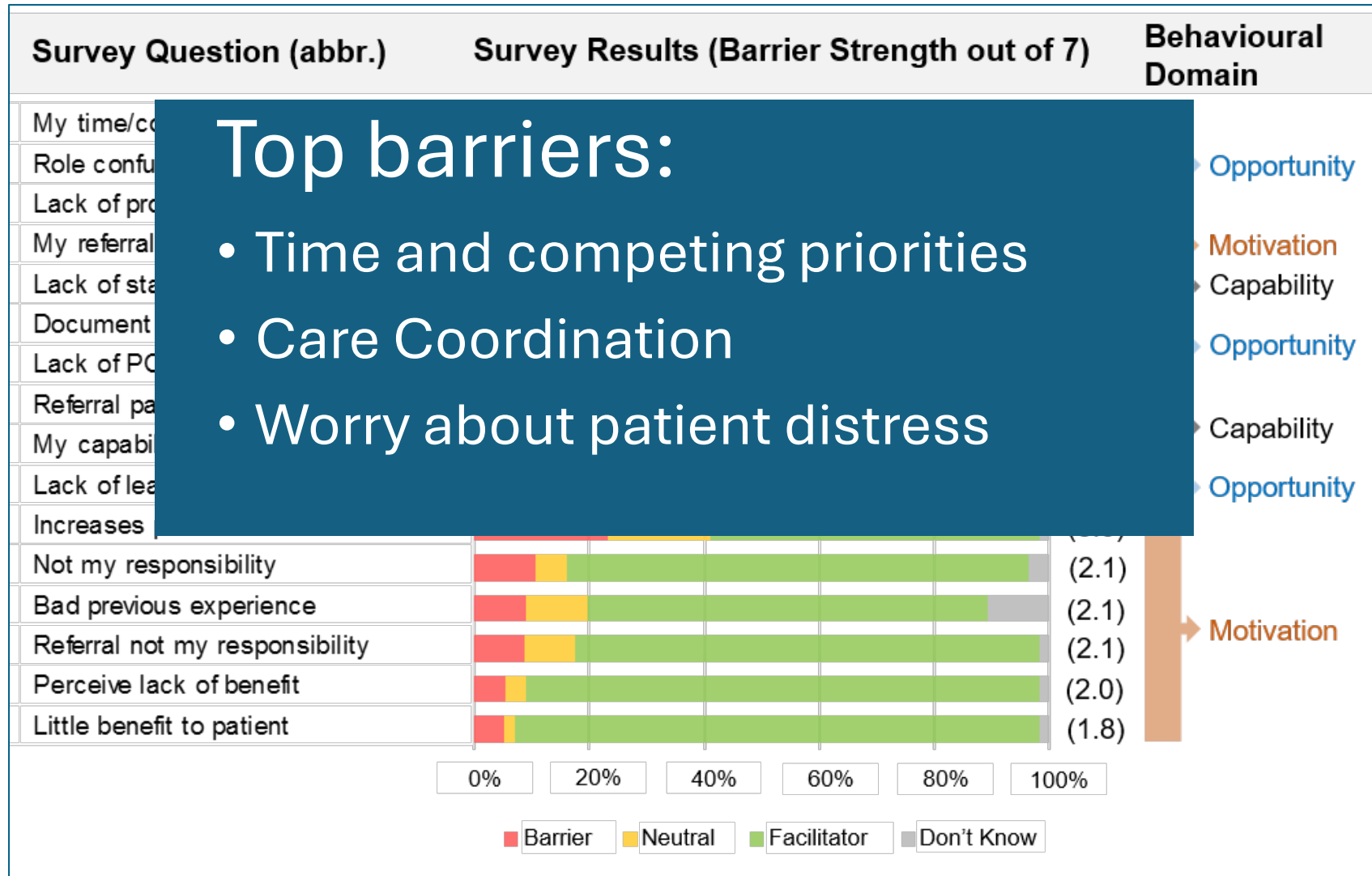
Increase by 20% the proportion of patients with metastatic colorectal cancer who receive early specialist palliative care services (defined as >90 days before death), over 2 years (2019-2020).

# What did we do? Multi-component intervention



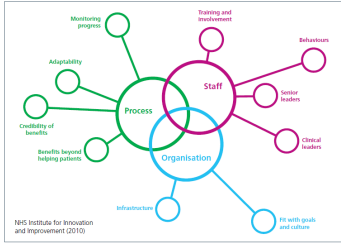
Graham I, et al. *The Journal of Continuing Education in the Health Professions*, Volume 26, pp. 13-24. 2006

# Oncology Providers' Challenges



# HIERARCHY OF EFFECTIVENESS

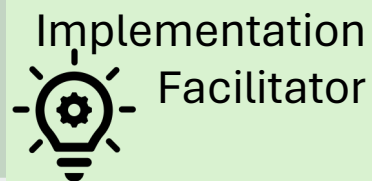
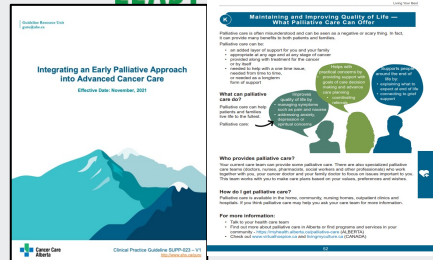
NHS Sustainability Score  
35.3 in 2018



SYSTEM-BASED

PERSON-BASED

Low Leverage  
LEAST EFFECTIVE



Medium Leverage  
MODERATELY EFFECTIVE



High Leverage  
MOST EFFECTIVE

**Forcing functions and constraints**  
(e.g., removal of a product from use)

**Automation or computerization**  
(e.g., automated patient-specific dispensing)



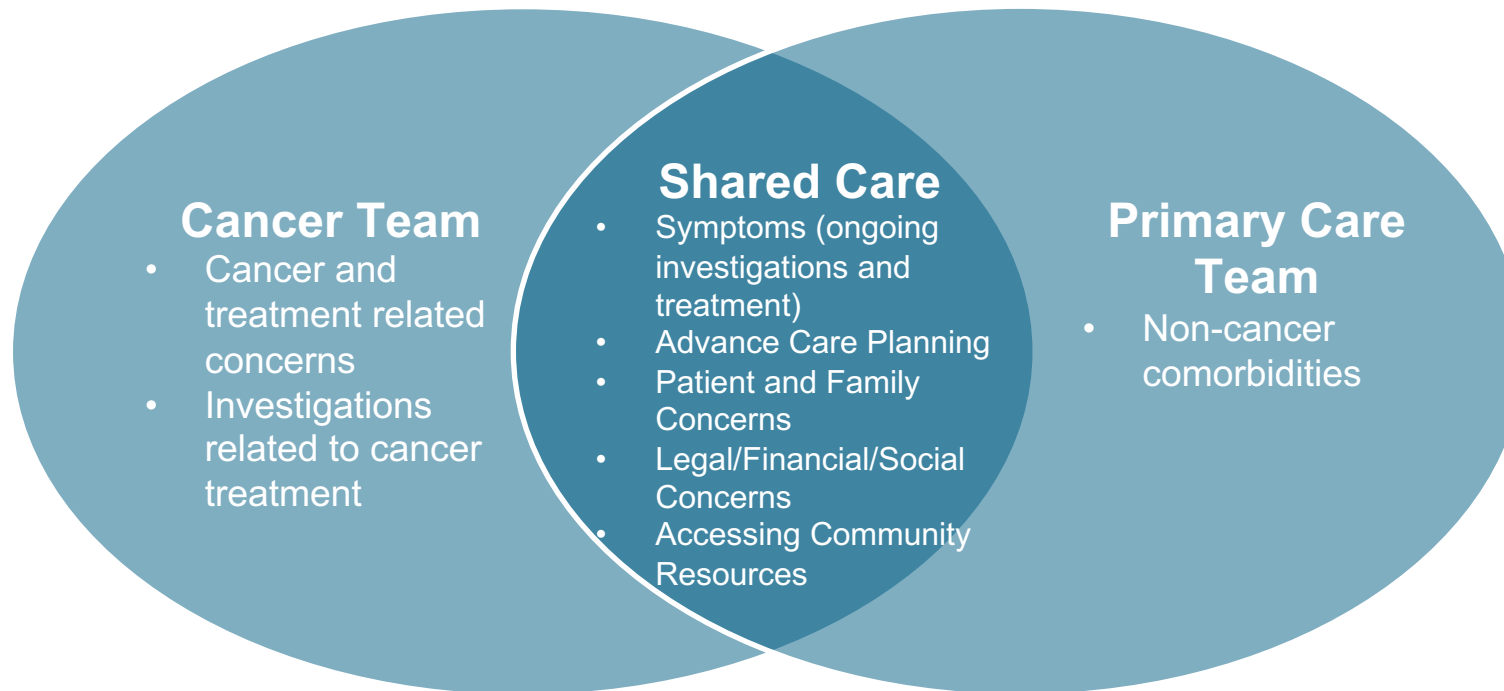
ISMP Canada (2013)

# Nurse specialist supported early palliative care



# Shared Care Letters – For Care Coordination

- Sent at diagnosis of advanced cancer/beginning of palliative intent therapy.
- Patient handout explains shared care and palliative care
- Asks Family Physician to collaborate and share in the palliative approach to care.



Re: Advanced Cancer Shared Care

Dear Dr. \_\_\_\_\_,

Your patient [Aria: Insert name] is in treatment at our Cancer Centre for an advanced, incurable, colorectal cancer. This requires a **collaborative effort and a palliative approach to care**. We will work closely with you to coordinate care, improve quality of life and symptom management. We appreciate your ongoing management of non-cancer related problems, while the Cancer Centre will focus on issues related to cancer and its treatment. This document outlines **relevant information for you as their primary care provider related to:**

- o Potential signs and symptoms of cancer related emergencies
- o Other palliative s
- o Contact informati

Please refer to the latest consulta prognosis is noted or you have fu imaging, and lab work are availab information, please contact the m

**COLLABORATIVE CARE**

We have asked the patient to m relationship is important for emoti issues. Studies suggest that activ connections within the community and issues including medications optimize shared care, please cor

Care
Chemotherapy and chemothera
Organizing investigations relat
Symptoms (i.e. pain, anxiety, de
constipation, psychosocial)
Advance Care Planning
Patient and Family concerns
Legal/financial concerns (e.g. PD
Accessing community resources
Non-cancer comorbidities

Please note patients with pre-exis

- **Diabetes** may require ch concurrent antiemetic me
- **Anti-hypertensives** may

It is advised to avoid becoming pr contraception should be used for pill would give the best protection

**MONITORING FOR COMPLICA**

Chemotherapy side effects will ha

- **Fever** (temperature over threatening febrile neutro

[ARIA: DATE]

**Shared Care Information Exchange**

We are sharing the care of this advanced colorectal cancer patient. To foster collaborative care, we would like to provide you the opportunity to ask any questions and individualize this patient's care plan.

Please confirm your clinic is this patient's current medical home:

Yes  No (if No, no further comments are required)

Please confirm you are managing **non-cancer** related concerns and medication refills:

Comments: \_\_\_\_\_  
\_\_\_\_\_

Do you have alternate clinic contact information the medical oncologist should use to contact you?

**Family Doctor Letter And Fax Back**

Do you feel comfortable in participating in the palliative approach to care for this patient?

Approach to Care	Yes	No	Comments
<b>Symptom Management:</b> (E.g. opioids if required)			
<b>Psychosocial:</b> (E.g. family distress)- are SW access and other supports available?			
<b>Advance Care Planning:</b> do you have a Goals of Care Form (Green Sleeve) on file? (please fax copy if so)			

Non urgent questions you would like answered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fax this cover letter back to: 403-283-1651.**

For non-urgent messages please contact the medical oncologist via the contact information in the attached letter.

**Shared Care for Advanced Cancer**

To help you live well with advanced cancer, we would like to offer information and support for you and your family members. This can be a challenging time, and as your health care team, we are here for you. We encourage "shared care" that combines support from your oncology doctor (cancer team) and your family doctor (community team) to help you live your best. Together, we can get you the support you need.

 **Who is sharing my care?**


**Patient handout**

Your family doctor and your oncology team will share your care with you. **We ask that you make an appointment with your family doctor within the next month, even if you feel well.** It is important to plan and put supports in place. Please take this letter with you. If needed, your family doctor can ask your oncologist (cancer doctor) for more information. Your family doctor will also receive updates from the Cancer Centre.

It is really important to have a family doctor. If you do not have one, here is how to find a list of doctors accepting patients in your area:

- Call Health Link Alberta (811)
- Visit <https://www.ahs.ca> and search for "find a doctor". This website will give you choices to help you find the family doctor who is right for you. If you need help navigating the site, have a friend or family member help you.

If you have a new doctor, be sure to tell them about your cancer diagnosis and treatment. Your new doctor can request access to your treatment summary and other records. If you cannot find a family doctor, please discuss this with your oncology team.

 **What is "advanced cancer"?**

When cancer is advanced, we focus on helping you live as well and as long as possible. Different doctors may use different words to describe when a cancer is advanced. Depending on your condition, you may hear words such as secondary, metastatic, progressive, incurable, non-curative or end-stage. When cancer is not likely to be cured, we will continue to give you medical care that will help you to live with hope and support your goals.

**Who will help me manage my symptoms?**

Your Oncologist	Your Family Doctor
<b>Both teams can help manage symptoms from your cancer or treatment, (such as pain, stress, constipation, or sleep problems). Make sure to ask how you can best manage each issue you have.</b>	
<b>Manages your cancer treatment plan and cancer-related concerns.</b>	<b>Manages non-cancer related concerns. For example:</b> <ul style="list-style-type: none"> <li>• refills of your medications not related to cancer treatment</li> </ul>

# What Did We Find?

The duration of palliative care involvement went up to a median of **240 days before death** for those who got both the Shared Care Letter and the Palliative Nurse Specialist, compared to **86 days** for those who got neither, in Calgary. Comparing those who died in **Calgary** (*intervention site*) with those who died in **Edmonton** (*control site*) in a before-after comparison:



**17%**  
INCREASE

17% increase in early palliative care consults  
(i.e. more than 3 months before death)



**69**  
DAYS

69 days of earlier palliative care



**30%**  
UPTAKE

30% uptake of shared care letter



**2**  
EXTRA DAYS

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



**\$4,492\***  
LESS

Cost the system \$4,492\* less per patient as a result

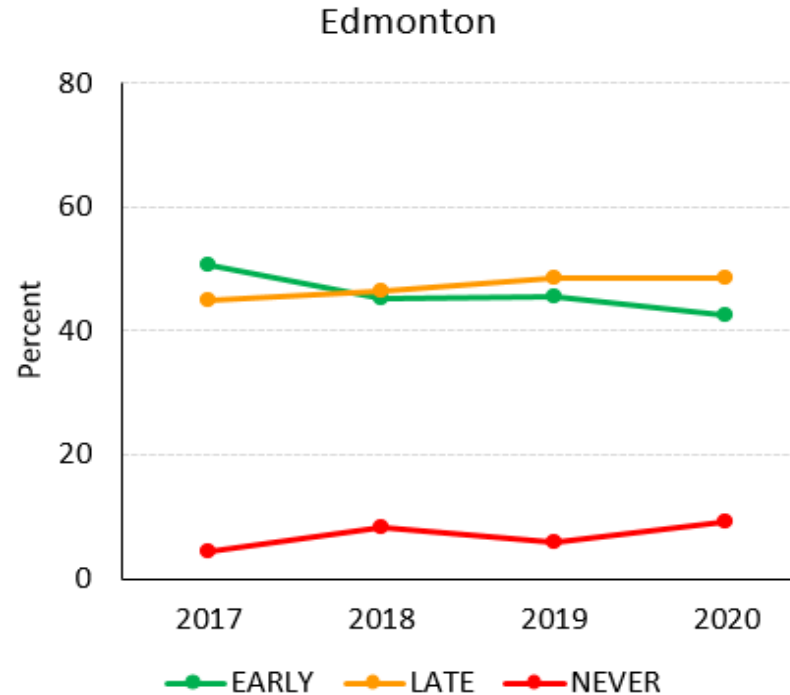
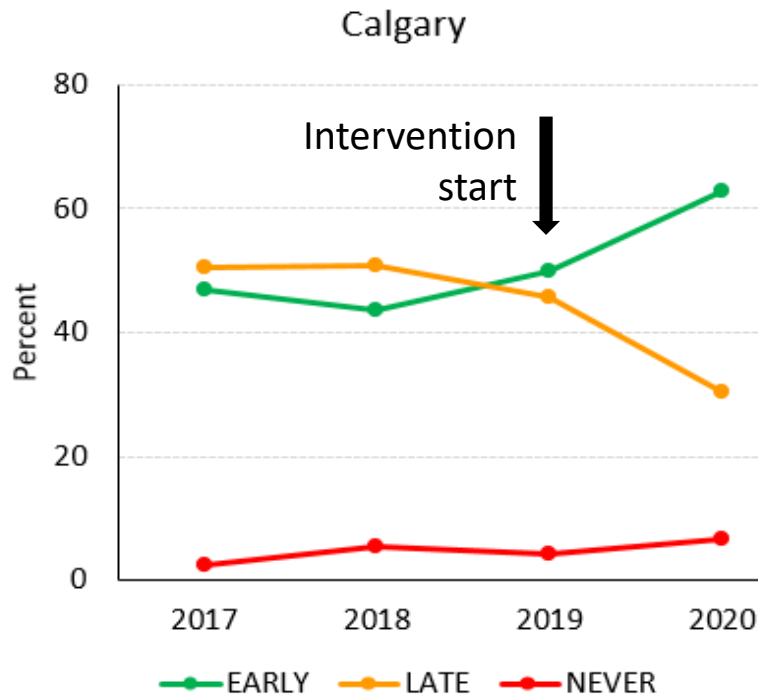


\*adjusted to 2021 Canadian dollars

**PaCES**

PALLIATIVE CARE EARLY AND SYSTEMATIC

# What did we find? Earlier Palliative Care Achieved



**17% Difference**

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

# Additive impact of components

<b>Intervention zone (Calgary): Implementation Period (April 2019 to December 2020)</b>	<b>Count</b>	<b>Referral to SPC &gt;90 days before death, yes, %</b>	<b>Days from SPC referral to death, median (IQR)</b>
All decedents in this group	209	57	130 (53-248)
<b>Full Intervention</b>			
<b>CNS, yes; Shared Care Letter, yes</b>	28	100	240 (160.5-359)
<b>Partial Intervention</b>			
<b>CNS, yes; Shared Care Letter, no</b>	21	76	197 (96-251)
<b>CNS, no; Shared Care Letter, yes</b>	43	53	101.5 (52.5-257)
<b>No Intervention</b>			
<b>CNS, no; Shared Care Letter, no</b>	117	45	86 (40.5-203.5)



# Positive experiences

“She [palliative care nurse] just really wants to see how I’m doing and make sure that I’m right on track with what they’re offering me, and it’s been working out really really well...We’re given time, we’re given space, and we can ask questions. I’ve stumbled into a team with really good folks.”

- PATIENT

“For myself and my wife, the sooner we understood what was happening and what services were available, it gave us a peace of mind and it didn’t diminish the hope for best quality of life and what’s ahead. It did give us a chance to be a bit more prepared in our minds of what to expect and to know there’s services out there.”

- FAMILY MEMBER

“It [shared care letter] makes it nice and clear what the expectations are in general terms. It’s nice and simple, it’s easy to follow, it’s pretty clear who’s doing what.”

- FAMILY DOCTOR

“And I really loved the program, to be frank. I really did. I thought it was a way to capture – to complete patient care. And it’s not all on one person.”

- ONCOLOGY NURSE

“I think it was a very clear pathway with very clear steps for the physicians...triggering or cueing was really important for me because I think there are so many other things that we’re thinking about in clinic.”

- ONCOLOGIST

# Tested spread of shared care letters

Successfully implemented in Central Alberta in 2022

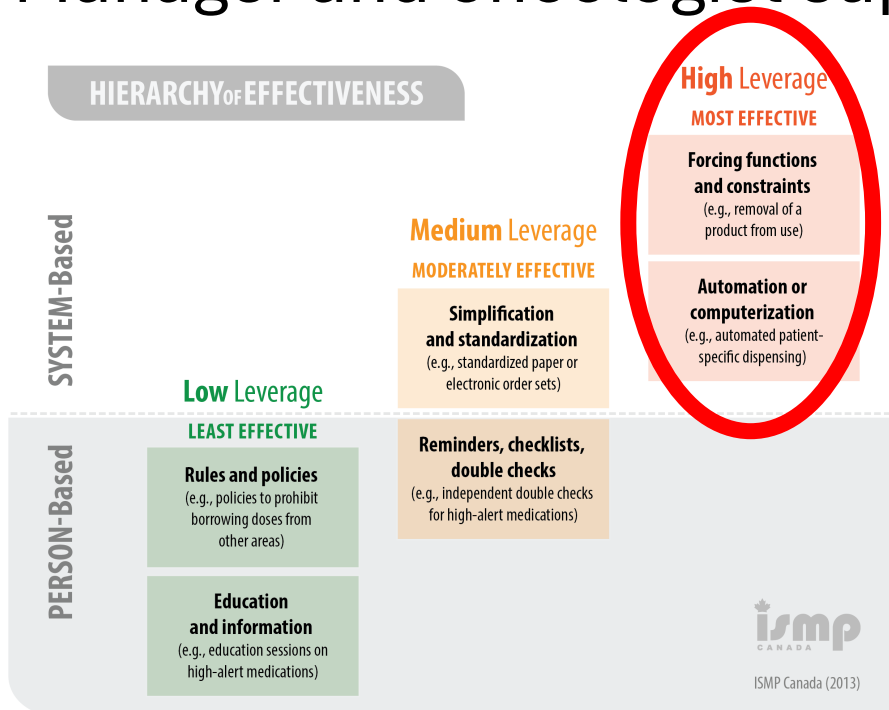


Key factors:  
Nurse Champion  
Cueing  
Leadership support

Could not be started in Edmonton because of competing priorities

# Lessons Learned

- Cueing
- Dedicated palliative nurse
- Manager and oncologist support



Designing effective recommendations. Toronto (ON): Institute for Safe Medication Practices Canada. Ontario Critical Incident Learning. 2013[cited 2023 Sept 8];4:1-2. Available from: [https://www.ismp-canada.org/download/ocil/ISMPCONCIL2013-4\\_EffectiveRecommendations.pdf](https://www.ismp-canada.org/download/ocil/ISMPCONCIL2013-4_EffectiveRecommendations.pdf)

# Sustainability

**CANCER CARE ALBERTA**  
**PALLIATIVE CARE 5 YEAR STRATEGY**



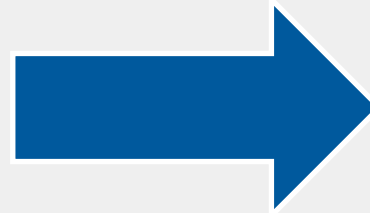
## Our Vision

Every patient with advanced cancer receiving care in Cancer Care Alberta will experience an early palliative approach to their care, and timely access to specialty palliative care when needed

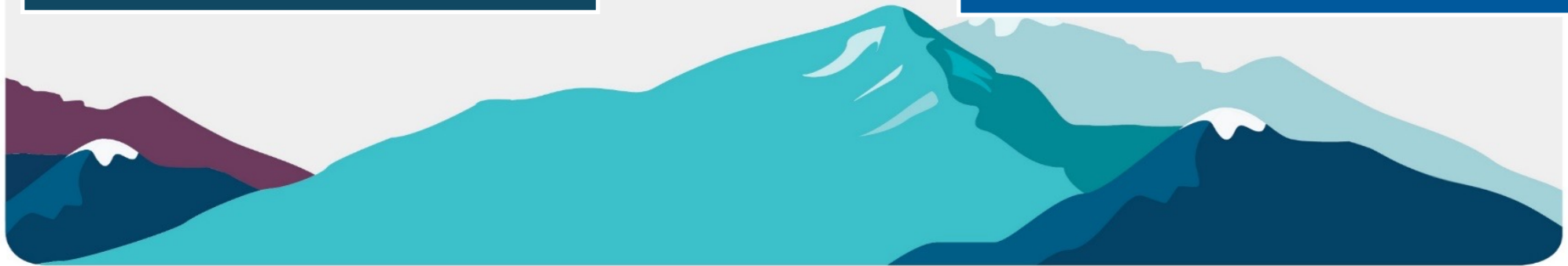


# SHIFTING CULTURE AND PRACTICE

From starting  
palliative care  
when there is no  
more disease  
therapy



To using palliative  
care as an added  
layer of support  
concurrently disease  
therapy



**Quadruple Aim**  
OF HEALTHCARE!



Increases Health  
Of Population



Improves Patient  
Experience



Costs  
Less



Improves Provider  
Experience