

The logo for Cancer Care Ontario (CCO) is a blue square with rounded corners containing the letters 'CCO' in white.

CCO

Cancer Care Ontario

Early integration of palliative care
in primary care:

INTEGRATE Quality
Improvement Project

**TRILLIUM PRIMARY HEALTH
CARE RESEARCH DAY 2017**

MAY 31, 2017

Faculty/Presenter Disclosure

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Outline

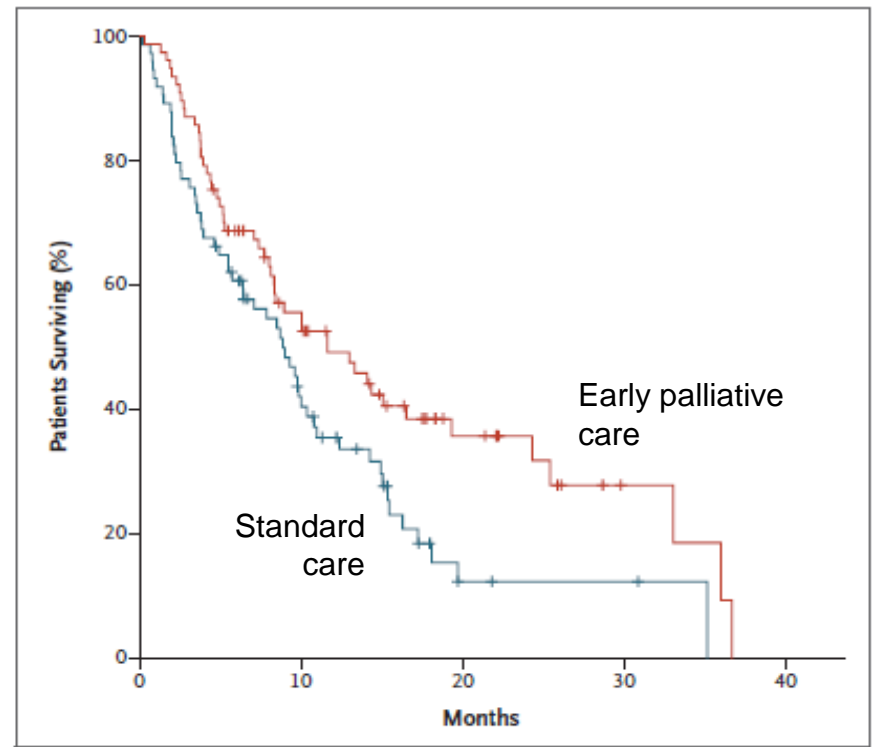
- Background
- Methods
- Results
- Discussion / Next Steps

Early Palliative Care

Introducing palliative care early in the care journey results in:

- Longer median survival
- Better quality of life
- Less depression & anxiety
- Improved symptom management
- Improved patient satisfaction with care
- Less aggressive care
- Lower cost of care

Early Palliative Care for Patients with Metastatic Non-Small Cell Lung Cancer (Temel, 2010)



Kaplan-Meier Estimates of Survival According to Study Group.

INTEGRATE Project

Goal: To identify and manage patients who would benefit from a palliative approach to care early in the illness trajectory and across healthcare settings.

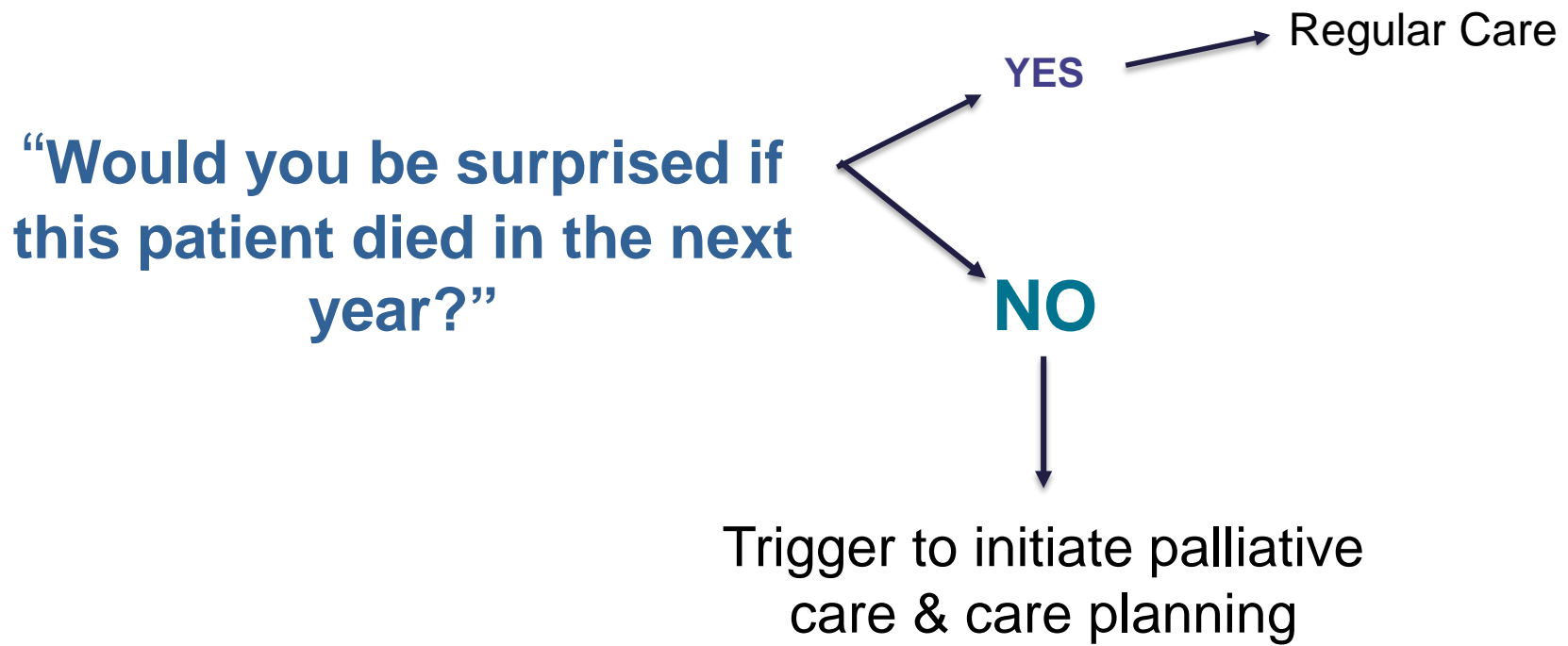
- 3 year palliative care pilot project (Jan 2014 – Jan 2017)
- Funded by CPAC and CCO
- **Ontario** and Quebec
- **Primary Care**, Oncology and First Nations/Inuit/Metis

Methods

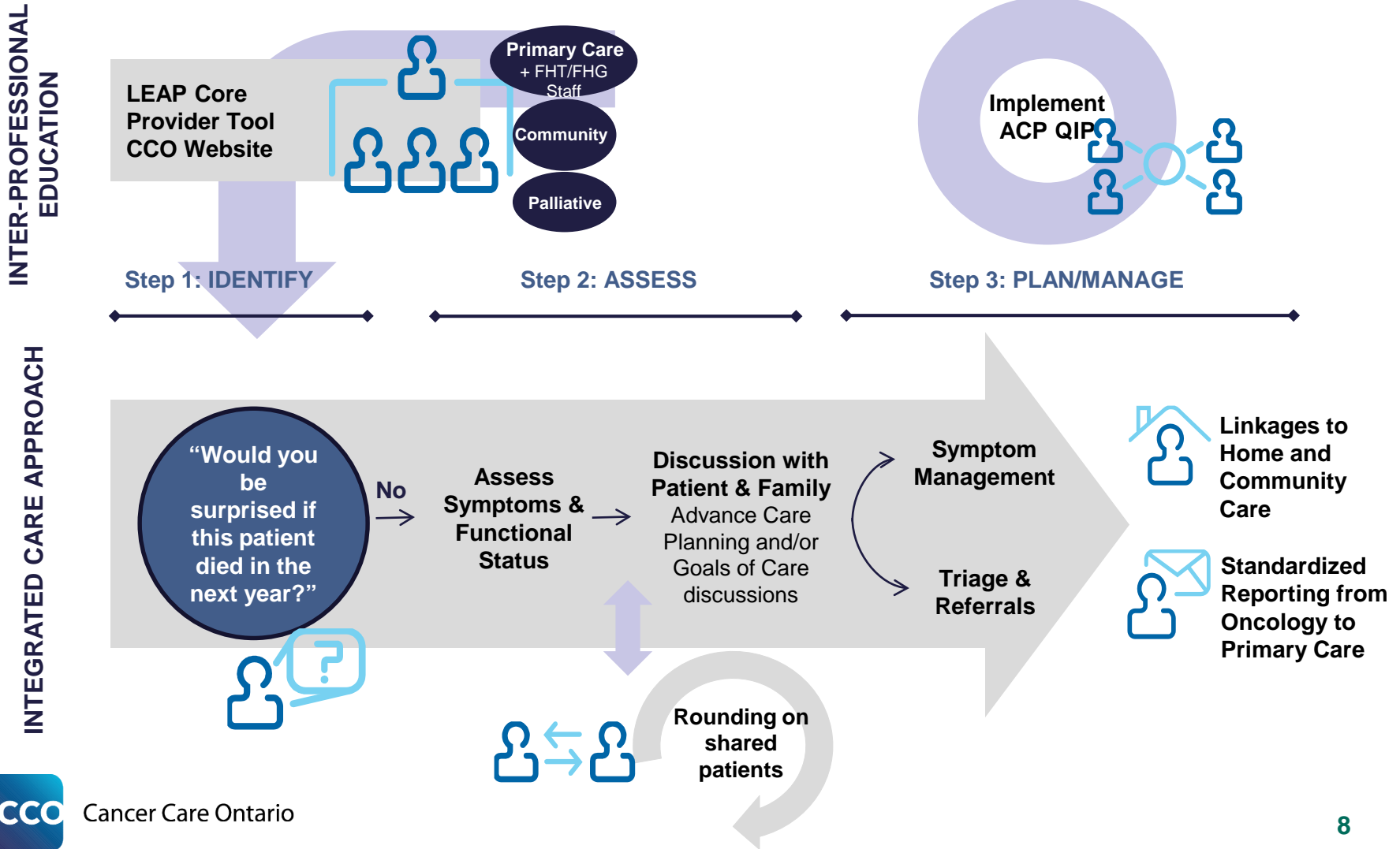


INTEGRATE Project – Target Population

- Identified Patients: ‘NO’ response to “**Surprise Question**”
 - UK Gold Standards Framework to enhance palliative care delivery at the primary care level



Primary Care Model / Interventions



Participating Regions – Primary Care Practices

- 3 participating LHINs in Ontario; 4 primary care practices (4 cancer centres)
- Included physicians, allied health care workers ,CCAC, community partners

Region	Primary Care Practice
Toronto Central North	Sunnybrook Academic Family Health Team
Toronto Central South	Forest Hill Family Health Group
North Simcoe Muskoka	Barrie and Community Family Health Team
Champlain	Petawawa Centennial Family Health Team

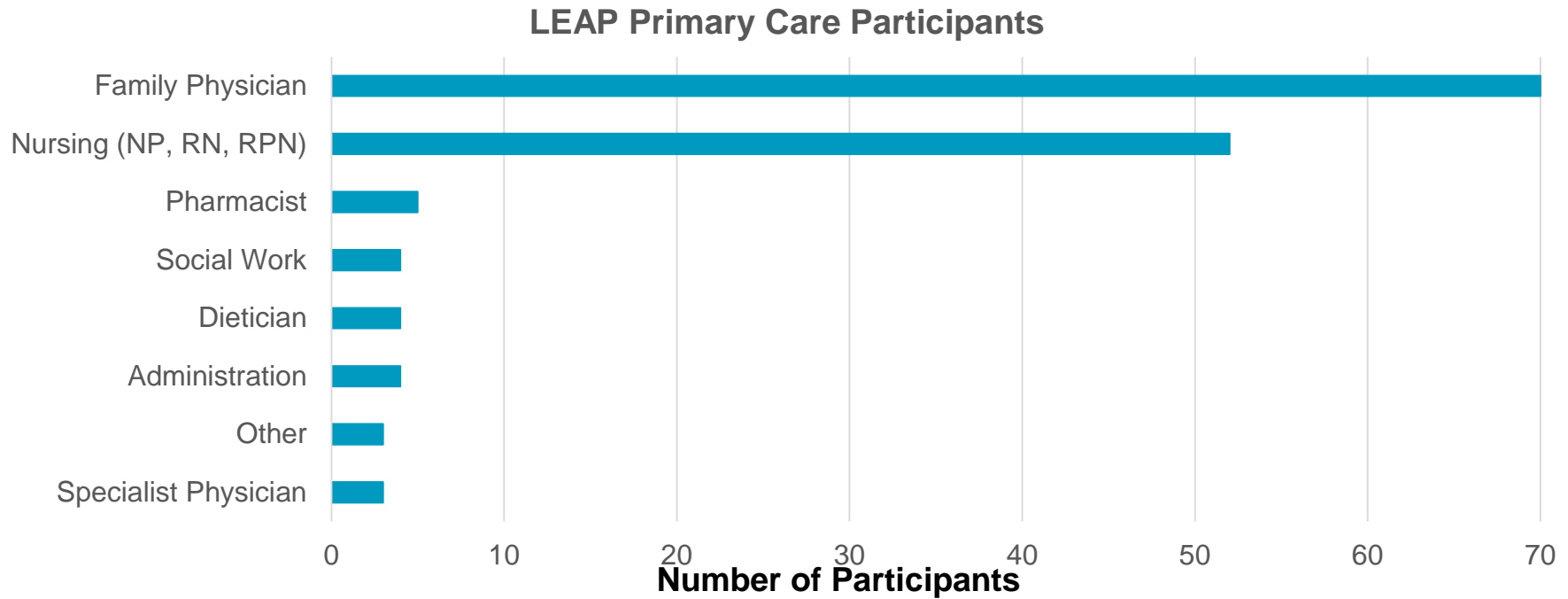
Evaluation: INTEGRATE Data collection

- Provider survey implemented at three points in time
- Semi-structured interviews with care providers and clinical leads
- Patients and caregivers perspectives were assessed through individual interviews and the CaregiverVOICE
- Sustainability was assessed using the NHS Sustainability Model and Diagnostic Tool
- Patient level data collection and submission
- Data linkages to administrative databases to assess impact and system utilization

Results



LEAP Education (N= 145)



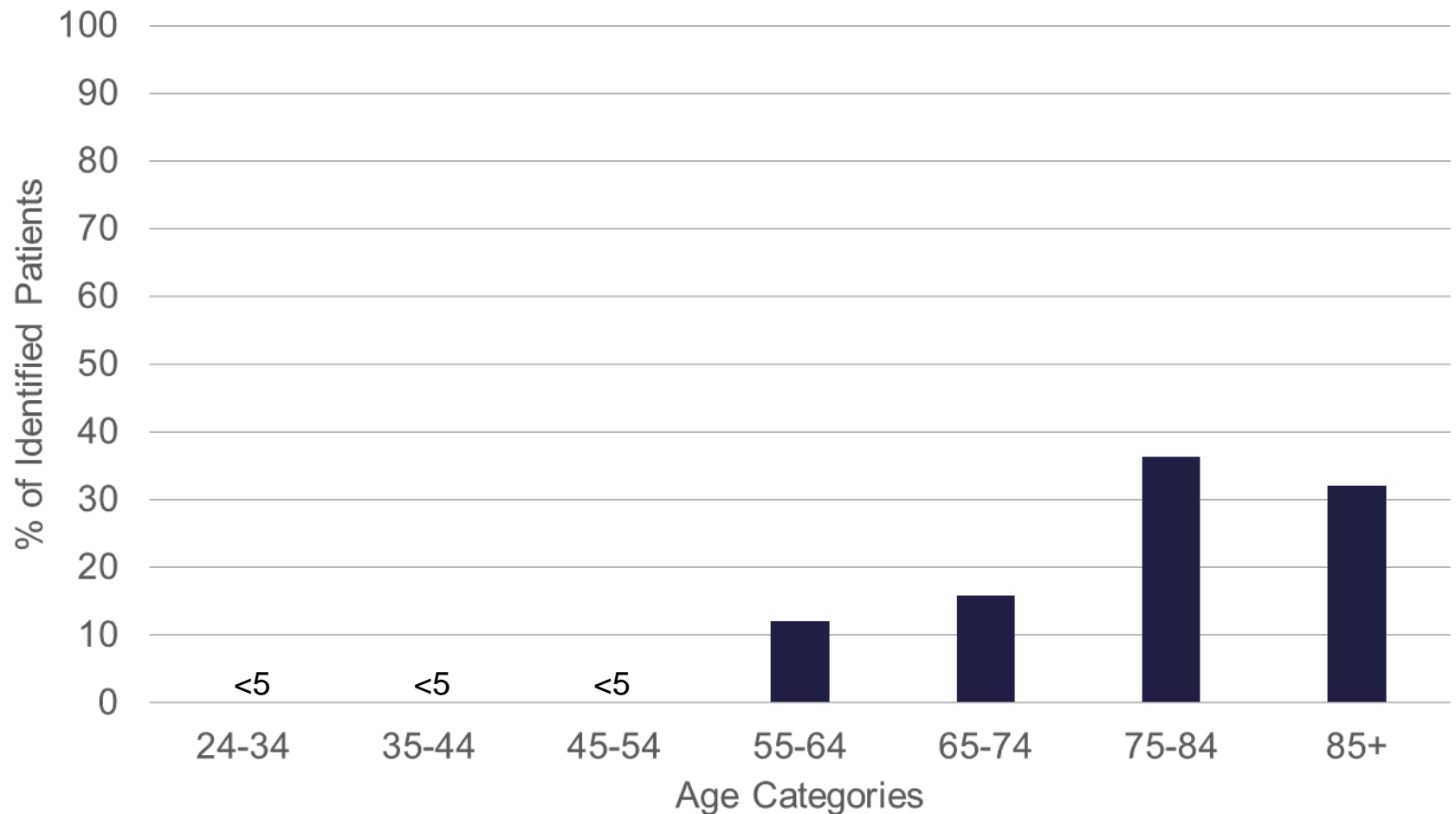
- LEAP provider survey pre and post education show **significant changes in knowledge**
- Providers felt that course was **relevant to practice (91%)**; **met learning needs(90%)**; was a **productive team-building exercise (94%)**

Patients Identified with the Surprise Question (Nov 2014- Aug 2016) (N=294)

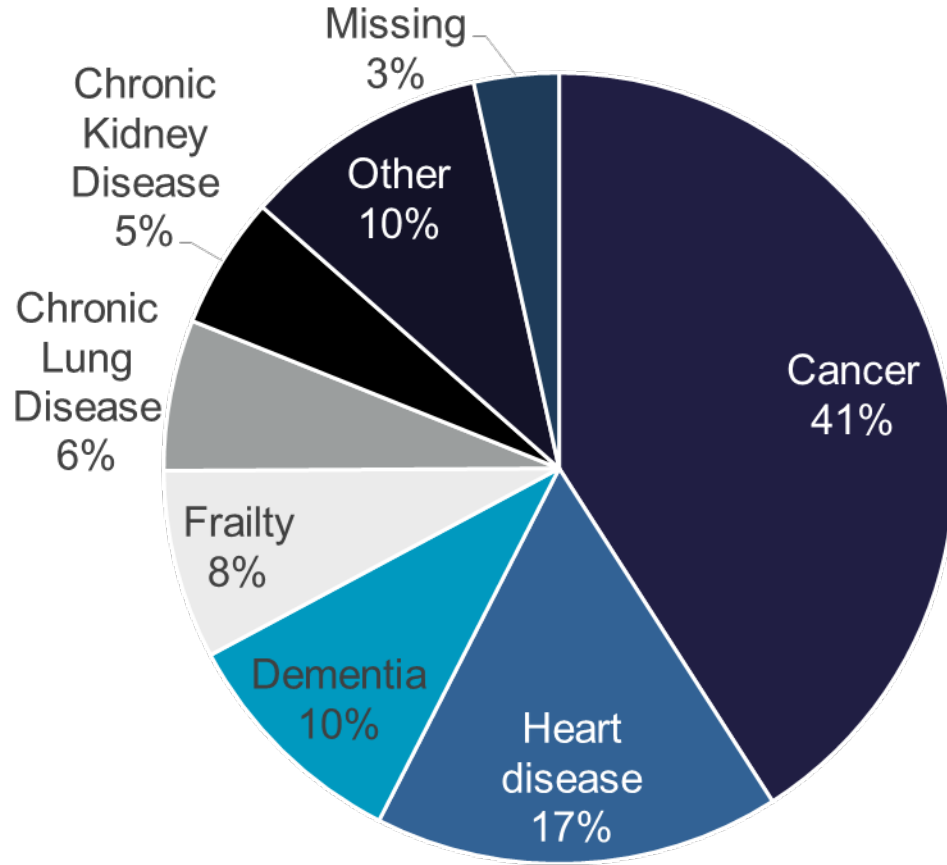
Primary Care Team	Start Date	# of Dr's	Practice Size	# of Patients ID (% of practice Target – 1%)	# of Reported Patient Deaths (%)
Sunnybrook Academic Family Health Team	April 2015	10	9,603	55 (0.5%)	25 (45%)
Forest Hill Family Health Group	May 2015	3	4,666	9 (0.2%)	6 (67%)
Barrie and Community Family Health Team	June 2015	15	24,553	134 (0.5%)	47 (35%)
Petawawa Centennial Family Health Team	Nov. 2014	8	6,293	96 (1.5%)	24 (25%)

Age Distribution of Patients Identified with the Surprise Question (N=294)

Median=81, Min=24, Max=102



Primary Disease Site of Patients Identified with the Surprise Question (N=294)



65% of identified patients had 3 or more comorbid conditions

Advanced Care Planning Discussions

- The majority of the patients identified had Advance Care Planning discussions initiated (between 50-90%)
- Mean time to discussion varied between 13-39 days

Linkage to Home Care Database

Referrals, assessments and services that occurred after identified by Surprise Question (SQ) n=294:

- > 65% received some type of service or assessment from CCAC
- 2/3 had a palliative care referral post identification
- Majority ($\geq 87\%$) palliative care referrals done within 7 days
- Majority of non palliative CCAC referrals also occurred within 7 days (range 56%-95%)
- CCAC Assessment to Service Occurred with 7 Days
 - $\geq 86\%$ for palliative
 - $\geq 67\%$ for non palliative

Provider Survey: Education and Confidence

Sample size and response rate

Baseline
n=71 (55%)



Post-Implementation
n=45 (34%)

- **67%** of providers believe they had sufficient [training](#) to provide palliative care, up from **20%** at baseline
- Increased provider [confidence](#) to discuss palliative care needs and services:
 - *Progressive non-curative illness* 29% → **62%**
 - *Advanced care planning* 27% → **63%**
 - *Options for care settings* 29% → **53%**
 - *Knowledge of support services available* 17% → **36%**



Provider Survey: Changes in practice and use of tools

Provider awareness and use of key palliative care tools has increased significantly

Survey Item	Survey	
	Baseline	Post
Awareness and Use of Surprise Question	54%	91%
Use of Advance Care Planning	21%	64%
Use of Palliative Performance Scale	44%	67%
CCO PSO & Palliative Care Pathway	3%	16%

Primary care providers' increasingly:

- Use CCO Symptom Management Guides (37% → **56%**)
- Use ESAS (28% → **62%**)
- Provide home visits for palliative care (48% → **71%**)
- Link patients to community palliative care services (59 % → **84%**)

Provider Survey: Barriers to Palliative Care Delivery

- Providers perceived **fewer barriers** to palliative care delivery
 - **Time** is still a challenge providers face

Data Element	Survey	
	Baseline	Post
Time	82%	76%
Lack of comfort initiating ACP conversations	59%	33%
Lack of knowledge, training, or skills to provide palliative care	85%	49%

Provider Evaluation: Interview Takeaway Messages

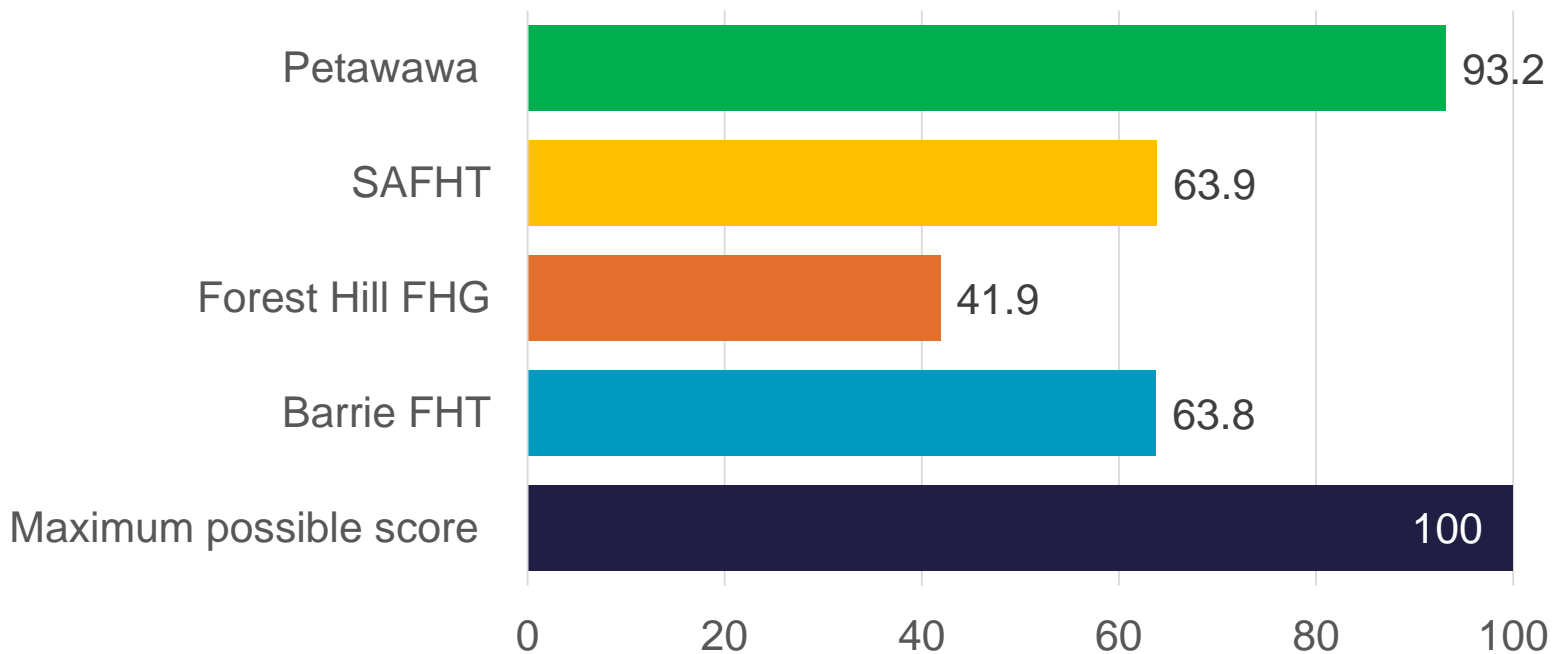
- LEAP helped develop a **common language and approach** for clinical collaboration
- **Significant positive change** in provider comfort and confidence in delivering palliative care
- **Model was most successful** when embedded into existing clinical work flows; partnerships pre-existed and senior managers were accountable
- Achieving **provider buy-in** and confidence
- Determining **patient readiness**, both clinically and emotionally
- Still room to **improve communication and coordination** between providers/sites, clarify roles and responsibilities

Patient/Caregiver Experience Evaluation (N=19)

- **Positive experiences of care** (relationships with providers and service accessibility)
 - Providers **initiated ACP** discussion and did so **at the right time**
 - **Providers supported caregivers** in preparing for the death of their loved ones and they felt involved in decision-making about the care to the extent they wanted
- **Different levels of patient 'readiness'** to have the ACP and GoC conversations
 - **Difficulty pinpointing the palliative aspects of care;** more focused on cancer care experience as a whole and on completion of daily tasks
 - **Confusion regarding different providers,** their roles and who to contact when

INTEGRATE Sustainability (N=4)

NHS sustainability model used to assess likelihood of sustainability and drive recommendations



- ❑ Score 0-35 raises a red flag for sustainability
- ❑ Score 35-55 suggests to look for ways to improve sustainability
- ❑ Score above 55 suggests that QI initiative can be sustained

Sustainability & spread action plans

- Site sustainability & spread action plans developed and submitted to CCO

Sites committed to:

- Asking the Surprise Question to identify patients
- Increasing the number of ACP and GoC discussions
- Referring patients early to community-based services

Sites identified opportunities to:

- Promote use of the Surprise Question to other groups
- Endorse ongoing staff education formal and/or informal e.g. coaching/mentoring, workshops, role playing, LEAP education, etc.

Discussion



Discussion

- Project had positive impact on provider confidence and commitment to address end-of-life and palliative issues
- Strong potential for the long-term sustainability and spread
 - Most successfully implemented in settings with infrastructure and administrative leadership in place e.g. FHT
 - Model leveraged to strengthen relationship with regional CCACs and palliative teams
- Need to improve communication and clarification of provider roles

Next Steps

- Promote project findings and embed learnings into practice
- Look for opportunities to expand project to additional regions/sites
- Work with ICES to conduct a value assessment and review resource impact of the INTEGRATE intervention (cost and use) as well as compare clinical outcomes with a matched control group

Acknowledgements

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CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

Regional Partners:



Barrie and Community
Family Health Team

Sunnybrook Academic
Family Health Team



CCAC CASC North Simcoe Muskoka CCAC
Community Care Access Centre Centre d'accès aux soins communautaires Toronto Central CCAC Champlain CCAC

CCO Programs:

Ontario Palliative Care Network, Primary and Community Care Program, Aboriginal Cancer Control Unit, Integrated Care



Cancer Care Ontario

Thank you!

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