Increasing Palliative Care Referral Follow-Through in Patients with Breast and Gynecologic Cancers

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Introduction

- Palliative care (PC) has been shown to increase cancer patient quality of life and reduce symptom burden, especially when implemented during the early stages of the disease (Chen et al., 2022). Although an estimated 58.6 million people worldwide could benefit from palliative care, only 14% of these individuals receive it (World Health Organization, 2020).
- One of the primary reasons that patients with cancer do not receive palliative care is a lack of knowledge about the specialty. Over one third of cancer survivors believe that palliative care is the same as hospice (National Cancer Institute, 2022).
- Misconceptions about palliative care can impact a patient's desire to follow up with a referral and cause undue fear going into the appointment (Bandieri et al., 2023). Studies support the use of a brief educational intervention to improve public perception of palliative care and increase engagement with the specialty (Li et al., 2021).
- *Initial question*: Does the provision of audio/visual palliative care educational material to oncology patients improve patient knowledge and perception about these services?

Literature Synthesis

- **Keywords:** palliative education, palliative care, knowledge, understanding, perception, cancer, oncology
- **Databases:** PubMed, CINAHL Complete, Cochrane Library
- **Synthesis summary**
  - Articles included systematic review (1), RTCs (6), and quasi-experimental studies (2)
  - Palliative Care Knowledge Scale (PaCKS) used to measure PC knowledge
  - Written, video, online, and face-to-face PC education were all shown to cause a statistically significant increase in knowledge and perception of PC
  - Educational materials designed for specific groups
  - Limited number of studies with oncology-specific patient population

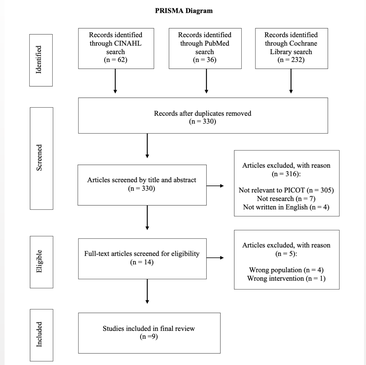

Figure 1 PRISMA Diagram

- **Project recommendation**
  - All educational methods are equally beneficial, so selection should be based on site-specific factors and preferences
  - Written education selected for project based on stakeholder feedback

Final PICOT

In patients with breast and gynecological cancers, can a brief palliative care (PC) educational handout given at time of referral increase PC appointment scheduling follow-through?

Methods

- **Purpose:** increase palliative care/supportive medicine referral follow-through in patients with breast and gynecologic cancers by implementing a virtual educational intervention at the time of referral
- **Design:** pre/post quality improvement project
- **Setting:** outpatient comprehensive cancer center
- **Participants:** 4 medical oncologists and 4 advanced practice providers in the breast and gynecologic oncology clinics
- **Intervention:**
  - Informational sheet from the National Cancer Institute about PC added to a patient's chart at time of referral
- **Outcomes:**
  - Number of referrals made by participants compared to number of appointments scheduled, converted to a percentage to represent appointment follow-through
  - Weekly QuestionPro surveys sent to participants during intervention period assessing frequency of intervention utilization and barriers to implementation (discontinued after week 3 due to low response rates)
  - Feedback QuestionPro survey at end of intervention period with questions regarding provider and patient perception of the project and sustainability of the intervention
- **Data collection:** EMR capture, QuestionPro surveys
- **Data analysis:** descriptive analysis, thematic analysis

Figure 2 Interventional Material

Results

Referral and Appointment Data

Pre-intervention: 69% referral follow-through
Post-intervention: 35% referral follow-through

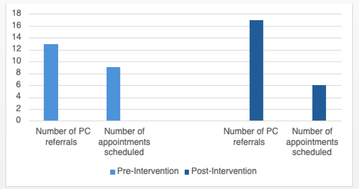

Figure 3 Referral and Appointment Data

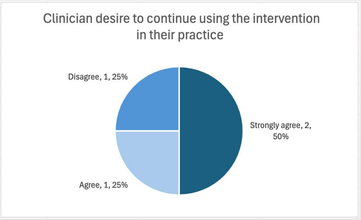

Figure 4 Clinician Desire to Continue Intervention Use

Intervention Utilization and Sustainability

Of the 8 participants, 4 completed the feedback survey of which 50% said they did not refer a patient during the intervention period and 50% said they used the intervention less than 25% of the time

Results (Cont.)

Clinician Feedback

"Feeling the crushing burden of not enough time to see patients, document the encounter, listen to patient concerns and adequately address them, coordinate with care team members. Just forgot."

"It in theory should be so easy but I find a lot of palliative care referrals were placed outside of the clinic visit during this time period."

Figure 5 Barriers to Implementation

"I have seen multiple times that patients are interested in seeing supportive medicine when I bring it up in clinic but then don't get scheduled for several weeks or a month or two. By the time the clinic appointment rolls around they don't remember what it's for."

"Our supportive medicine clinic is so booked right now that I am worried that this has impacted the project. When patients are told they can't be seen in clinic for 2 or 3 months they may give up on scheduling an appointment."

Figure 6 Identified Challenges

Conclusion

- Referral and appointment data (Fig. 3) reflects a trend in time rather than intervention outcomes as the intervention had a low utilization rate.
- Even though there was a desire to use the intervention (Fig. 4), participants encountered barriers to implementation such as limited time in appointments and heavy workloads (Fig. 5).
- It may be beneficial to offer patient education at multiple timepoints and by multiple disciplines (MD, RN, MA) to ensure patients are educated even when clinics face time constraints.
- The PC clinic experienced significant increases in patient volume during the intervention period, which impacted the ability of new referrals to be seen in a timely manner (Fig. 6). This was confirmed by the scheduling team to be a deterrent for patients who were recently referred.
- The project suggests a possible provider-patient gap within the PC clinic. More information should be gathered to demonstrate to leadership the need for further staffing.

References

https://docs.google.com/document/d/1T0iGstcTc7omHf5ujAezNvn9L_UOR5f6VwY2HYZ9kss/edit?usp=drivesdk

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