

Early Inpatient Palliative Care Consults for Patients with GI Malignancies

Li Ngov, Eric Grimm, Kasey Bowden, Elizabeth Klatt, Jean Youngwerth, Harekia Brackett, Jonathan Treem, Cara Thompson, Molly Holmes, Lisa Casanova-Sidoti, Hemali Patel

Background

- The American Society of Clinical Oncology recommends early palliative care consultation for all patients with advanced cancer.
- Benefits of early palliative care involvement include better quality of life, improved symptom control, decreased caregiver distress, and less intensive care at end-of-life.
- Additionally, early hospital-based palliative care consultation has shown to have a cost-saving effect due to the provision of care that is concordant with patient goals, decreased length of stay (LOS) and 30-day readmissions, and earlier appropriate referral to hospice.

Purpose

- To create, implement, and evaluate a standardized process for inpatient palliative care consultation for patients admitted with gastrointestinal (GI) malignancies.
- This was done in collaboration with medical oncology, hospital medicine, palliative care, CARE clinic, and STEP nurses.



Methods

- For patients with stage III or IV GI malignancies and an anticipated LOS of greater than 48 hours, palliative care was consulted for patients with any of the following:
 - 2 or more admissions in the past month
 - symptom control needs
 - goals of care discussions
 - disease progression
 - high risk medication management such as high dose patient-controlled analgesia or methadone titration
 - palliative surgery being considered
- Appropriate patients were identified at multidisciplinary team rounds.
- The pilot period ran from November 9, 2020 to September 30, 2021.
- 483 patients were admitted to the oncology service line with an underlying GI malignancy.
- 25.5% of patients had a palliative care consult.

Results/Analysis

Table 1: Outcomes for patients with and without palliative care consults

	Palliative care consult (n= 123 patients, 25.4%)	No palliative care consult (n = 361 patients, 74.6%)
Length of stay	9.8 days	4.4 days
30-day readmission	n = 26 (21.1%)	n = 92 (25.5%)
30-day ED visit	n = 7 (5.7%)	n = 37 (10.2%)
Inpatient death	n = 12 (9.8%)	n = 3 (0.8%)
Discharge to hospice	n = 48 (39%)	n = 26 (7.2%)

Discussion/Conclusion

- While the standard of care for patients with advanced malignancies is concurrent oncologic and palliative care within 8 weeks of diagnosis, implementation of this remains a challenge.
- Utilizing defined criteria to prompt earlier palliative care consultation during MDT rounds resulted in more upstream consults, and decreased readmission rates and ED visits.
- This small pilot demonstrated how a basic intervention to follow national guidelines can lead to improved patient outcomes and value of care for patients with advanced GI cancer.

References

- Smith TJ, Temin S, Alesi ER, et al. American Society of Clinical Oncology provisional clinical opinion: The integration of palliative care into standard oncology care. *J Clin Oncol.* 2012;30:880–887.
- Kain DA, Eisenhauer EA. Early integration of palliative care into standard oncology care: evidence and overcoming barriers to implementation. *Curr Oncol.* 2016;23(6):374-377. doi:10.3747/co.23.3404
- May P, Garrido MM, Cassel JB, et al. Prospective Cohort Study of Hospital Palliative Care Teams for Inpatients with Advanced Cancer: Earlier Consultation Is Associated with Larger Cost-Saving Effect. *J Clin Oncol.* 2015;33(25):2745-2752. doi:10.1200/JCO.2014.60.2334
- Smith CB, Phillips T, Smith TJ. Using the New ASCO Clinical Practice Guideline for Palliative Care Concurrent with Oncology Care Using the TEAM Approach. *Am Soc Clin Oncol Educ Book.* 2017;37:714-723. doi: 10.1200/EDBK_175474. PMID: 28561696.