Early integration of palliative care in Ontario:
INTEGRATE Quality Improvement Project

CAHSPR CONFERENCE
MAY 10, 2016
Outline

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  - Palliative Care Model
- Results
- Discussion
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Background
Background: Early Palliative Care

Benefits of early palliative care

- 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.

Current international work on enhancing palliative care delivery at the primary level: UK’s Gold Standards Framework’s “**Surprise Question**”:

“Would you be surprised if this patient were to die in the next 6-12 months?”

- **YES**
  - Trigger to initiate palliative care & care planning
  - Regular Care

- **NO**
INTEGRATE Project

Aim is 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 CCO and CPAC

• 4 participating regions in Ontario (4 cancer centres (CCs) and 4 primary care (PC) practices).

• Model development within working groups of primary care and cancer clinicians, allied health practitioners, administrators and patients across Ontario
GOAL: Enable identification and management of patients to benefit from a palliative care approach early and across settings

1. Adapt and Implement Provider Palliative Care Education

   Engage, adapt, implement and evaluate palliative care education for primary level providers: Primary Care, Oncology, Community

2. Implement Integrated Palliative Care Models

   Implement and evaluate early identification campaign and linkages to community resources in Cancer Centre & Primary Care settings
Methods
## Participating Regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Cancer (Disease Site)</th>
<th>Primary Care Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto Central North</td>
<td>Odette Cancer Centre (CNS)</td>
<td>Sunnybrook Academic Family Health Team</td>
</tr>
<tr>
<td>Toronto Central South</td>
<td>Princess Margaret Hospital Cancer Centre (CNS)</td>
<td>Forest Hill Family Health Group</td>
</tr>
<tr>
<td>North Simcoe Muskoka</td>
<td>South Muskoka Regional Cancer Centre (Gastrointestinal, Lung)</td>
<td>Barrie and Community Family Health Team</td>
</tr>
<tr>
<td>Champlain</td>
<td>The Ottawa Hospital Cancer Centre (Lung, Head &amp; Neck)</td>
<td>Petawawa Centennial Family Health Team</td>
</tr>
</tbody>
</table>
Would you be surprised if this patient died in the next year?

Assess Symptoms & Functional Status → Discussion with Patient & Family Goals of Care/Advance Care Planning

Symptom Management → Triage & Referrals

Interprofessional Team Discussions

Linkages to Home and Community Care
Primary Care Communication Report

Step 1: IDENTIFY
Step 2: ASSESS
Step 3: PLAN/MANAGE
Cancer Centre Inter-Professional Education

- Pallium Canada’s one day LEAP oncology: primary level interdisciplinary palliative care education

- Provider Tool & CCO Website: introduces the concept of identifying patients that could benefit from an earlier approach to palliative care with the ‘Surprise Question’
Identification with the ‘Surprise Question’ in multiple settings:

- **Diagnostic Assessment Program (DAP):**
  - Single point of access, concentrating and coordinating diagnostic processes

- **Multidisciplinary Case Conferences (MCC):**
  - Forum for oncologists, nurses, mental health professionals etc. to review individual cancer cases and determine treatment plans

- **Clinics**
Answer of ‘NO’ to the surprise question, an integrated approach to palliative care is initiated:

- Symptom & functional status assessment
- Advance Care Planning & Goals of Care discussions initiated with patients and families
Plan/Manage phase:
- Active symptom management
- Triage patients into palliative care & refer to community support

Interprofessional Team Discussions:
- Multidisciplinary team rounding on INTEGRATE patients (in person & telephone)
- CCAC coordinator assigned to each region to support implementation, patient navigation and to participate in patient rounding
Cancer Centre Communication & Sharing

Step 3: PLAN/MANAGE

Symptom Management

Triage & Referrals

Linkages to Home and Community Care

Primary Care Communication Report

Reporting to Primary Care → **Primary Care Report**
- Documenting substitute decision maker
- Reporting action items for PC
- Summarizing recent assessments (extent of disease, estimated survival, ACP/GoC, PPS, symptoms)
- Sharing future treatment plan
- Summarizing any referrals that have been made

• Ongoing referrals to home and community care as needed
• Standardized reporting from cancer centres to primary care
Integrated Models: Cancer Centre

"Would you be surprised if this patient died in the next year?"

Step 1: IDENTIFY

Step 2: ASSESS

Step 3: PLAN/MANAGE

LEAP Oncology Provider Tool
CCO Website

Symptom Management
Triage & Referrals

Linkages to
Home and Community Care
Primary Care
Communication Report

Interprofessional Team Discussions

Oncology nurse
CCAC coordinator
Palliative clinic nurse

Oncology
Community
Palliative

Assess Symptoms & Functional Status
Discussion with Patient & Family Goals of Care/Advance Care Planning

DAP
MCC
Clinic

INTEGRATED CARE APPROACH

INTEGRATED CARE APPROACH

Step 1: IDENTIFY

Step 2: ASSESS

Step 3: PLAN/MANAGE

INTEGRATED PROFESSIONAL EDUCATION

LEAP Oncology Provider Tool
CCO Website
• Pallium Canada’s two day LEAP Core: primary level interdisciplinary palliative care education (FHT & FHG staff)

• Identification with the ‘Surprise Question’ occurs at each PC practice by physicians & nurses
Similar process to Cancer Centre model:

- Initiation of integrated approach to palliative care
- Linkages & referrals to home and community care
- Dedicated CCAC nurse assigned to each practice
Evaluation: INTEGRATE Data collection

• All participating sites responsible for collection data on all patients identified with the surprise question

• Data submission occurs quarterly

• 2 additional data submissions remain for duration of project

• Current results reflect preliminary look at volumes of patients identified across regions (November 2014 – December 2015)

• Data linkages to administrative databases (OHIP, NACRS, ALR, HCD) will be completed following completion of project to assess impact of Quality Improvement
Evaluation: Provider Assessment Survey

- Providers that attended LEAP sessions from participating sites asked to complete survey at two points during the project: baseline & mid-implementation.

- Over time, intent is to measure change in participants’ current practice, comfort & attitudes towards palliative care, and barriers and opportunities in the provision of palliative care.

- One final assessment remains, following completion of the project (late 2016) to measure changes in responses over the duration of the project.
Results
Results: LEAP Participants (N= 299)

**LEAP Oncology Participants**
- Nursing (NP, RN, RPN)
- Oncologist
- Social Work
- Other
- Other Physicians
- Physiotherapists/OT
- Administration
- Surgeons
- Pharmacist
- Chaplain
- Palliative Care Physician

**LEAP Primary Care Participants**
- Family Physician
- Nursing (NP, RN, RPN)
- Pharmacist
- Social Work
- Dietician
- Administration
- Other
- Specialist Physician
Results: Provider Assessment Survey

Provider’s confidence in addressing the following palliative care topics

**Oncology**
- Advance care planning
- Discussing different care settings options
- Answering questions about the dying process

**Primary Care**
- Advance care planning
- Discussing different care settings options
- Answering questions about the dying process

Response Rates:
- **Oncology** Baseline: 60%; Mid-implementation: 49%
- **Primary Care** Baseline: 55%; Mid-implementation: 26%
## Cancer Centre Data: Patients Identified with the Surprise Question (N=453)

### Feb - Dec 2015

<table>
<thead>
<tr>
<th>Cancer Centre</th>
<th>Disease Site</th>
<th>Start Date</th>
<th>Total number of cases reviewed at MCC, DAP or clinic</th>
<th># of Patients Identified to Date (%)</th>
<th># of Patient Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunnybrook Health Sciences Centre (SHSC)</td>
<td>CNS*</td>
<td>Feb 2015</td>
<td>MCC: 69</td>
<td>69 (100%)</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Clinic: 8</td>
<td>8 (100%)</td>
<td>0</td>
</tr>
<tr>
<td>Princess Margaret Hospital (PMH)</td>
<td>CNS</td>
<td>Mar 2015</td>
<td>MCC: 37</td>
<td>37 (100%)</td>
<td>&lt;5</td>
</tr>
<tr>
<td>Royal Victoria Regional Health Centre (RVH)</td>
<td>Lung</td>
<td>Feb 2015</td>
<td>MCC: 176</td>
<td>42 (24%)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>GI</td>
<td></td>
<td>MCC: 298</td>
<td>39 (13%)</td>
<td>10</td>
</tr>
<tr>
<td>The Ottawa Hospital (TOH)</td>
<td>Lung</td>
<td>June 2015</td>
<td>DAP: 990</td>
<td>241 (24%)</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>H&amp;N</td>
<td>Sept 2015</td>
<td>Clinic: 52</td>
<td>17 (33%)</td>
<td>&lt;5</td>
</tr>
</tbody>
</table>

*Surprise Question only asked for patients with Glioblastoma

This is an interim evaluation summary, and may not reflect data in the final evaluation report.
• 60% (n=274) of patients had their Primary Care Report transmitted from oncology

• Mean time to transmission = 16 days

In a feedback survey to Sunnybrook 89% of primary care physicians receiving the report indicated “that it will be helpful in the management of their patient.”
# Primary Care Data: Patients Identified with the Surprise Question (N=166)

**Nov - Dec 2015**

<table>
<thead>
<tr>
<th>Primary Care Team</th>
<th>Start Date</th>
<th># of Participating Physicians</th>
<th>Total # Patients for participating physicians</th>
<th># of Patients Identified to Date (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunnybrook Academic Family Health Team</td>
<td>April 2015</td>
<td>8</td>
<td>6,315</td>
<td>20 (0.32%)</td>
</tr>
<tr>
<td>Forest Hill Family Health Group</td>
<td>May 2015</td>
<td>3</td>
<td>4,666</td>
<td>9 (0.19%)</td>
</tr>
<tr>
<td>Barrie and Community Family Health Team</td>
<td>June 2015</td>
<td>14</td>
<td>24,553</td>
<td>59 (0.24%)</td>
</tr>
<tr>
<td>Petawawa Centennial Family Health Team</td>
<td>Nov. 2014</td>
<td>8</td>
<td>7,670</td>
<td>78 (1.01%)</td>
</tr>
</tbody>
</table>

This is an interim evaluation summary, and may not reflect data in the final evaluation report.
Primary Care Data: Primary Disease Site of Patients Identified with the Surprise Question (N=166)

63% of patients had > 3 comorbid conditions

- Cancer: 43%
- Heart disease: 17%
- Frailty: 7%
- Dementia: 10%
- Chronic Lung Disease: 7%
- Other: 5%

* Other: Liver disease, Motor Neuron Disease, Parkinson’s, ALS, Diabetes, Stroke

This is an interim evaluation summary, and may not reflect data in the final evaluation report.
Age Distribution for Patients Identified with the Surprise Question (N=619)

This is an interim evaluation summary, and may not reflect data in the final evaluation report.
Discussion
Discussion

- LEAP education sessions well attended by multidisciplinary groups
- Improvements were seen in providers' comfort in providing palliative care, as well as awareness of palliative care tools.
- The ‘Surprise Question’ has been successfully introduced across cancer and primary care settings
  - Providers find asking the surprise question straightforward, intuitive and appropriately informs the need to initiate ACP/Goals of Care discussions.
- Integrated models:
  - Most successfully implemented in settings where infrastructure and administrative leadership was in place (MCC, DAP, FHT)
  - Leveraged to strengthen relationship with regional CCACs and palliative teams.
Next Steps

• Project completion: January 2017
• Administrative data linkages
• Post-implementation provider survey assessment
• Synthesis of final findings
Acknowledgements

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Thank you!

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