Early Outpatient Referral to Palliative Care Services Improves End-of-Life Care

A recent study has shown that for patients with cancer, referral to outpatient palliative care services improves the quality of their end-of-life care compared with those who were referred as inpatients (Cancer. [published online ahead of print February 22, 2014]. doi: 10.1002/cncr.28628).

Although previous studies have shown that palliative care improves end-of-life care over routine oncologic care alone, the authors of the current study note that the benefits of an initial consultation with a palliative care team on an inpatient versus outpatient basis had not been examined. In this retrospective cohort study, researchers set out to evaluate how the timing and setting of initial palliative care referral affects the quality of end-of-life care.

“Bottom line, this study highlights that patients will benefit if referred early and often to palliative care services,” says David Hui, MD, MSc, assistant professor in the department of palliative care at The University of Texas MD Anderson Cancer Center in Houston, Texas, and lead author of the current study.

Dr. Hui and his colleagues performed a secondary analysis of an earlier study that examined the pattern of palliative care at their institution. This analysis included adult patients who died of advanced cancer between September 1, 2009 and February 28, 2010, were in contact with The University of Texas MD Anderson Cancer Center within the last 3 months of their life, and had received a palliative care referral. Patients who were transferred to an outside physician, had relocated, or were lost to follow-up were excluded so as to capture the full end-of-life data.

In addition to analyzing demographic data and the timing and setting of palliative care referral, investigators documented the presence or absence of established quality-of-care indicators regarding the end of life: any emergency department (ED) visit, 2 or more ED visits, any hospital admission, more than 2 hospital admissions, more than 14 days of hospitalization, hospital death, and intensive care unit (ICU) admission or ICU death. A composite end-of-life care score was also calculated based on previous publications using 6 parameters: 2 or more ED visits, 2 or more hospital admissions, more than 14 days in the hospital, ICU admission, death in the hospital, or receipt of chemotherapy.

Results
A total of 366 patients were included in the analysis, 46% of whom received their first palliative care referral as an outpatient and 54% as an inpatient. There were no major differences noted with regard to patient characteristics across cohorts except for some differences in the type of cancer diagnosis.

This study demonstrated that early involvement of palliative care (greater than 3 months before death) was associated with significantly fewer ED visits, hospital admissions, and hospital deaths compared with a late palliative care referral (3 or fewer months before death). In addition, the composite aggressive end-of-life care score was lower in the early-referral group. This finding was also significant when a 6-month cutoff, as opposed to a 3-month cutoff, was used for the time of initial palliative care referral.

Further analysis demonstrated that outpatient referral was associated with fewer ED visits, hospital admissions, hospital deaths, and ICU admissions, as well as shorter hospital stays in the last month of life. Furthermore, the composite aggressive end-of-life care score was also lower in the outpatient referral cohort. However, the percentage of patients receiving anticancer therapy, such as chemotherapy or biologic therapy, did not differ between groups. Outpatient referral also occurred earlier than inpatient referral.

On multivariate analysis, outpatient palliative care referral remained an independent factor for improved end-of-life care and was found to be associated with significantly less...
aggressive end-of-life care; being male and having a hematologic malignancy were also associated with more aggressive end-of-life care.

Early involvement of outpatient palliative care teams also was associated with other patient benefits, such as facilitating end-of-life discussions with patients. A previous study indicated that patients had improved end-of-life care when these discussions were held earlier and as an outpatient, the authors note. The findings of the current study complement those results and point to the need to address end-of-life issues earlier in the disease process.

In the current study, outpatient palliative care teams also were shown to help in detecting and managing patients’ pain and depression, improving patients’ access to psychological services, introducing such services to patients’ homes, and helping patients avoid ED visits.

The major limitations of the study cited by Dr. Hui and his colleagues include the fact that all the patients were treated at The University of Texas MD Anderson Cancer Center and therefore the results may not be generalized to a community setting, as well as the relatively small sample size and retrospective nature of the study.

Susan Block, MD, chair of the department of psychosocial oncology and palliative care at the Dana-Farber Cancer Institute and Brigham and Women’s Hospital and codirector of the Harvard Medical School Center for Palliative Care, all in Boston, Massachusetts, believes that although the study’s findings need to be replicated in other settings and populations, the fact that the authors focused only on the local Houston population strengthens its potential to be generalized to other cancer centers.

**Breaking Barriers to Palliative Care Referrals**

The main point of the study is that patients who were referred to palliative care earlier and as outpatients had better end-of-life care compared with those referred later or as inpatients. Yet Dr. Block points out that barriers exist to palliative care referral on both the patient and provider side.

“Patients often lack understanding and information regarding palliative care and physicians may be concerned about taking away hope and be uncomfortable discussing end-of-life issues,” she says.

Dr. Hui believes the biggest barrier is that palliative care is perceived to be only for end-of-life care. “The truth is that the principles of palliative care can be applied to many patients throughout the disease trajectory to alleviate symptom distress, provide emotional support, and facilitate communication and decision-making concurrent with cancer treatments,” he says.

The availability of outpatient palliative care services is also an issue. The study authors note there are fewer outpatient palliative care resources than inpatient: only 59% of National Cancer Institute-designated cancer centers and 22% of non-National Cancer Institute cancer centers offer outpatient palliative care.

The authors are careful to state that inpatient palliative care teams are still needed and have an important function, because they have been shown to decrease patients’ symptom burden, reduce caregiver stress, and help with the transition of care. However, it is not reasonable to expect them to have a large impact on the quality of end-of-life care when they are involved for the first time very close to death.

The current study also stresses the need for increased availability, acceptance, and uptake of these palliative care services.

“The development of triggers and a systematic approach to identifying patients who would benefit from palliative care services will help address this need,” says Dr. Block.

“To increase patient referral, multiple directions need to be taken, including the devotion of more resources to palliative care programs, education of clinicians, public education, and advocacy, as well as more research to develop referral criteria,” adds Dr. Hui.

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