

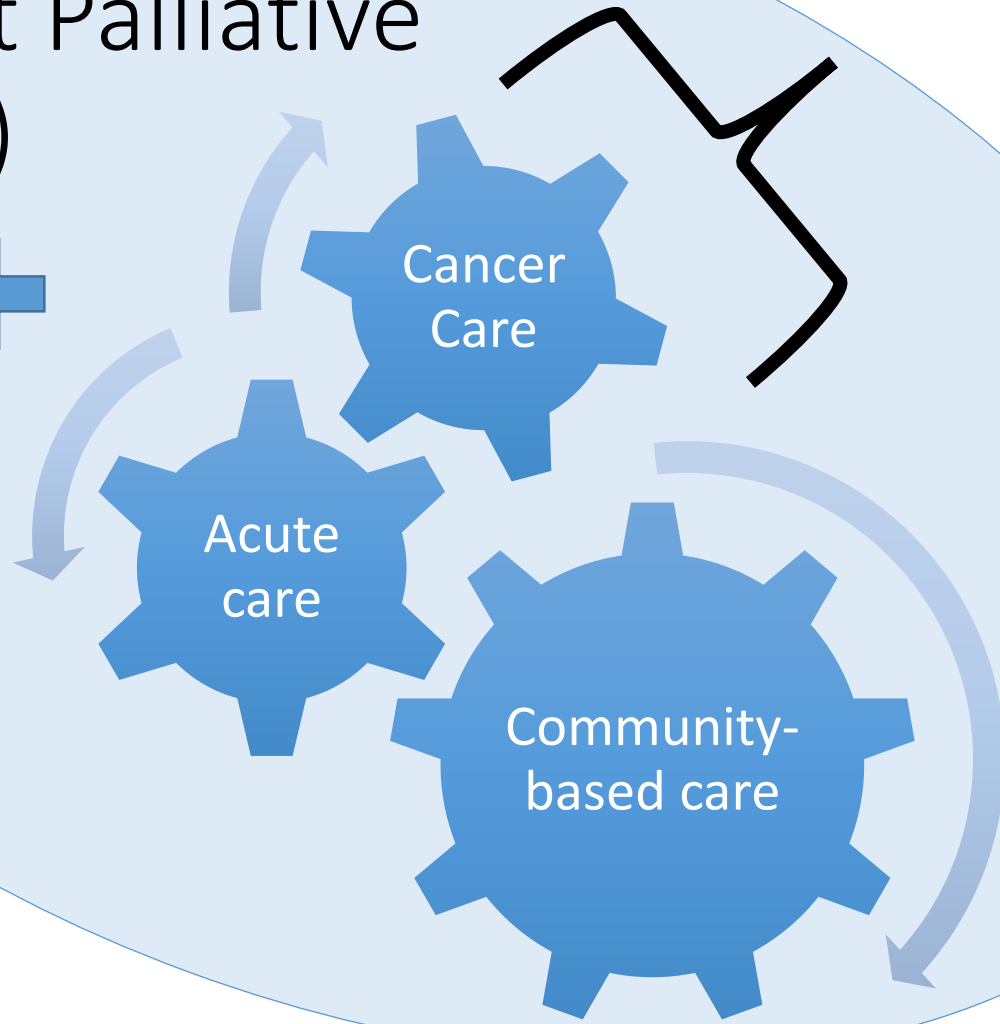
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# Impact of specialist palliative care delivered >3 months prior to death on colorectal cancer patient's risk of experiencing aggressive end-of-life care

June 13, 2019  
M. Earp

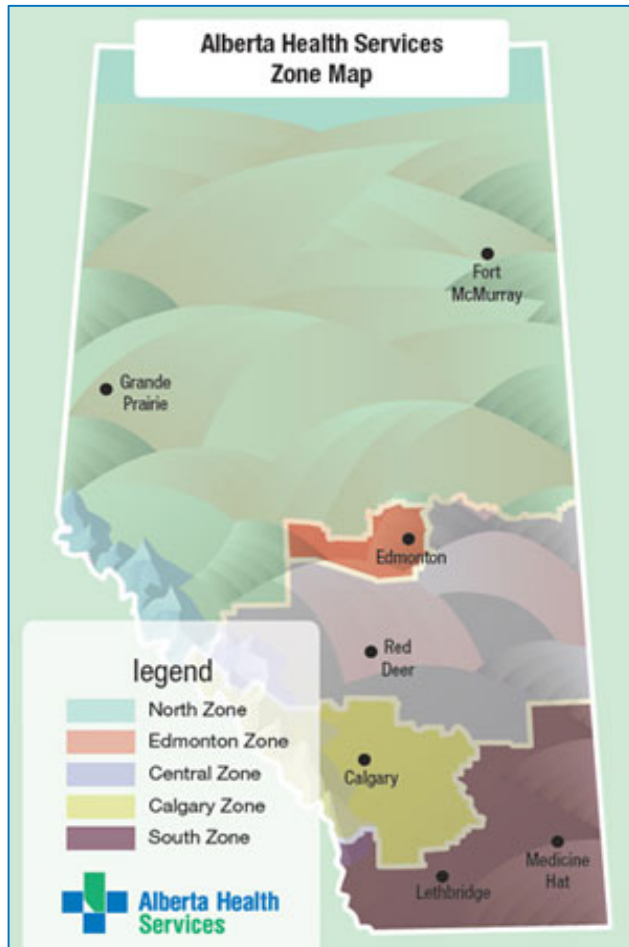
Aggressive EOL care indicators reflect acute and cancer care in the last month of life

# Specialist Palliative Care (PC)



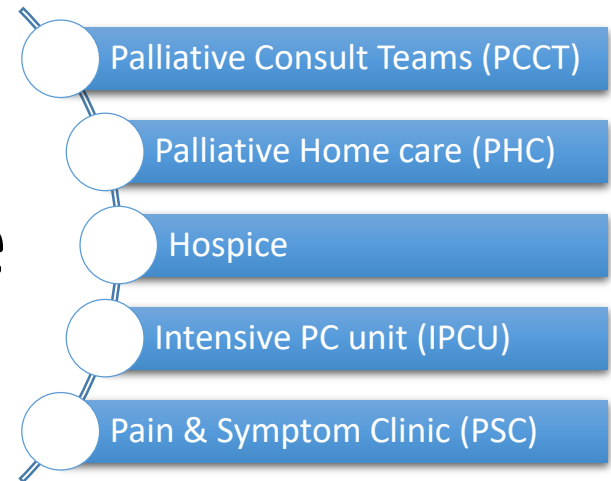
# The patient cohort: Who?

## Albertans who died of colorectal cancer between Jan 2011- Dec 2015

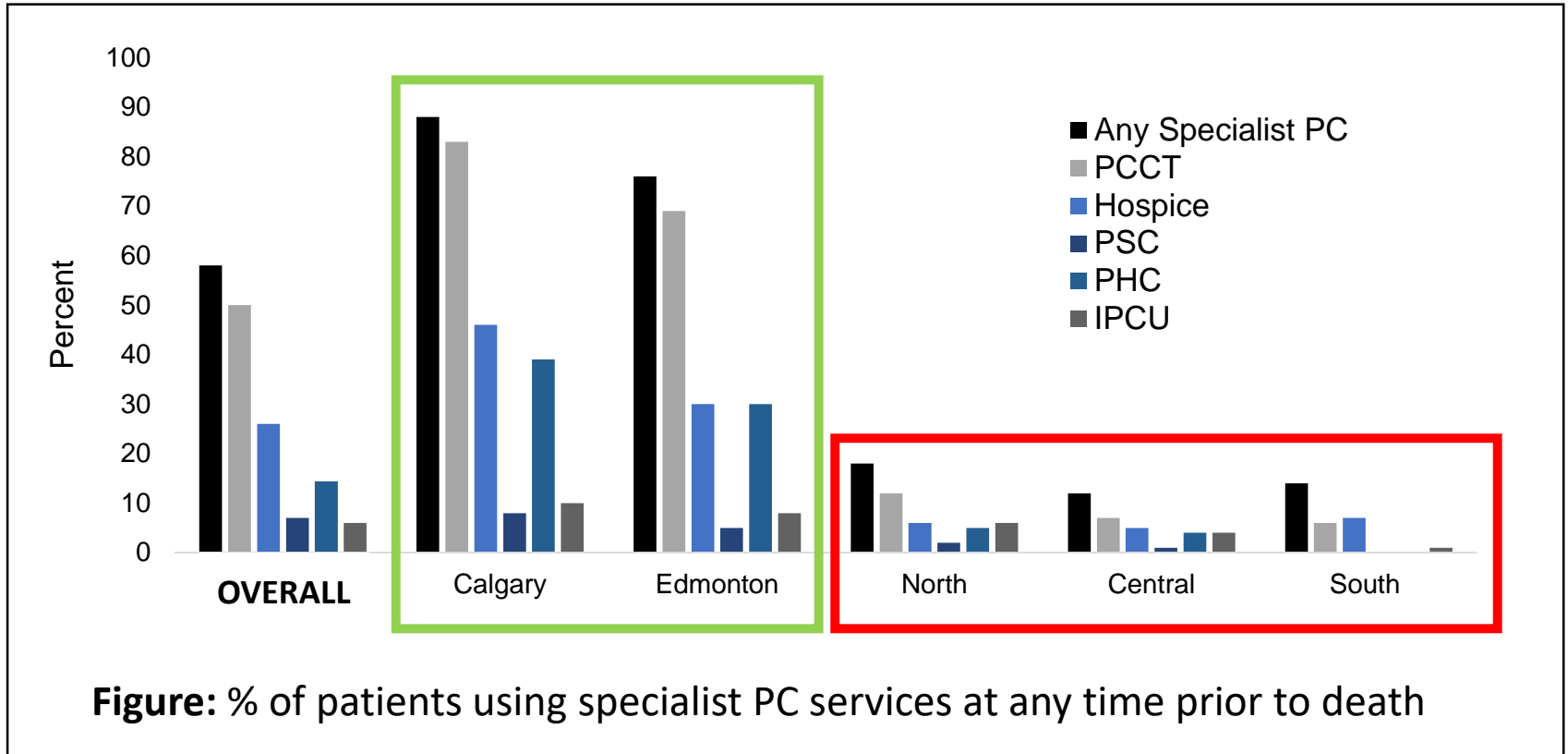


Demographic	Total N=3337 (%)
<b>Sex</b>	
Female	1464 (40)
Male	1873 (60)
<b>Year of death</b>	
2011	645 (20)
2012	692 (20)
2013	674 (20)
2014	661 (20)
2015	665 (20)
<b>Region of residence (AHS zone) at death</b>	
Edmonton	1078 (30)
Calgary	1002 (30)
South	358 (10)
Central	506 (20)
North	388 (10)
<b>Urban</b>	
Yes	1945 (60)
No	1390 (40)
<b>Age at death (years)</b>	
Median (range, years)	74 (19-104)
<b>Tumour site</b>	
Colon	2147 (60)
Rectum	897 (30)
Rectosigmoid	293 (10)
<b>Stage at diagnosis</b>	
IV	1690 (50)
III	749 (20)
I/II	492 (20)
Unknown/Missing	252 (10)
<b>Duration of cancer (any CRC)</b>	
Median (range), days	443 (0-9137)

# Specialist Palliative Care (PC)



# Patients **ever** use of specialist PC



- Most patients in Calgary (88%) and Edmonton (76%) Zone accessed PC
- Few patients in Central (12%), North (18%), South (14%) accessed PC
- Availability of PC services differ by zone

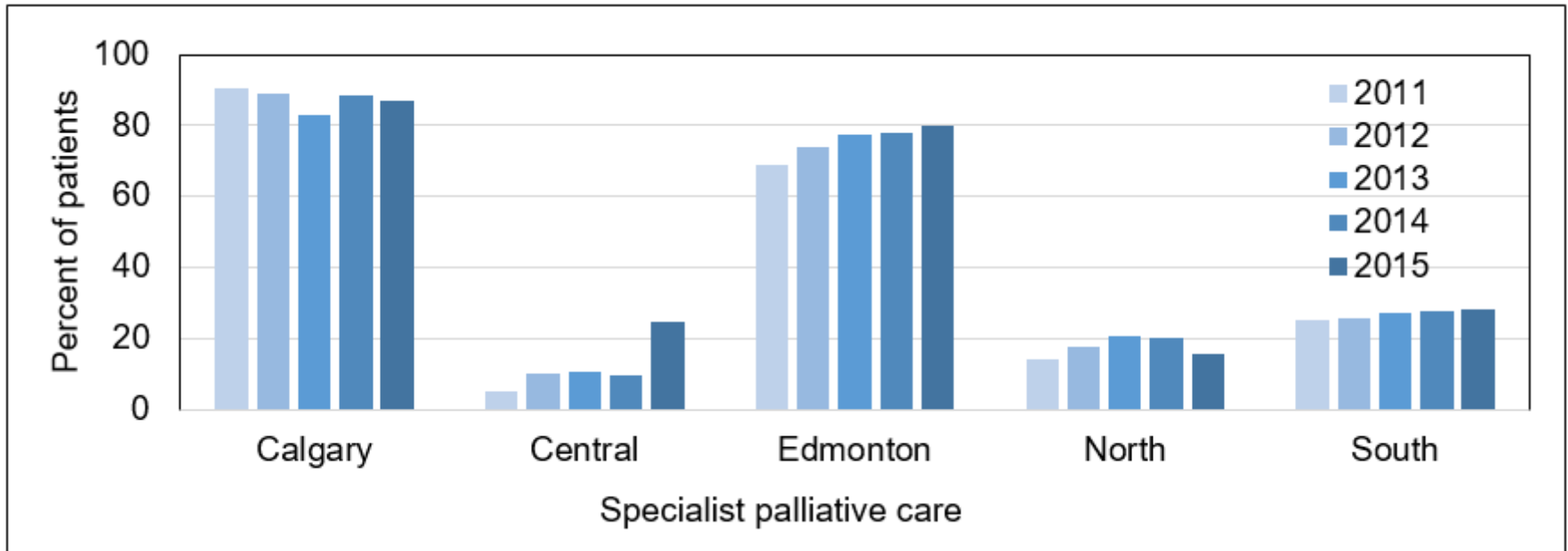
# Timing of specialist PC use

**Table:** Median duration (days) from first specialist PC access to death.

Region of residence at death (AHS Zone)	Median PC duration (days)	Range (days)
All Zones	51.0	0-3220
Calgary	56.0	0-2346
Edmonton	46.5	0-1782
North	40.5	0-1285
Central	29.5	0-1239
South	42.0	1-2155

Patients **first** use specialist palliative care **51 DAYS** before death → varies by zone

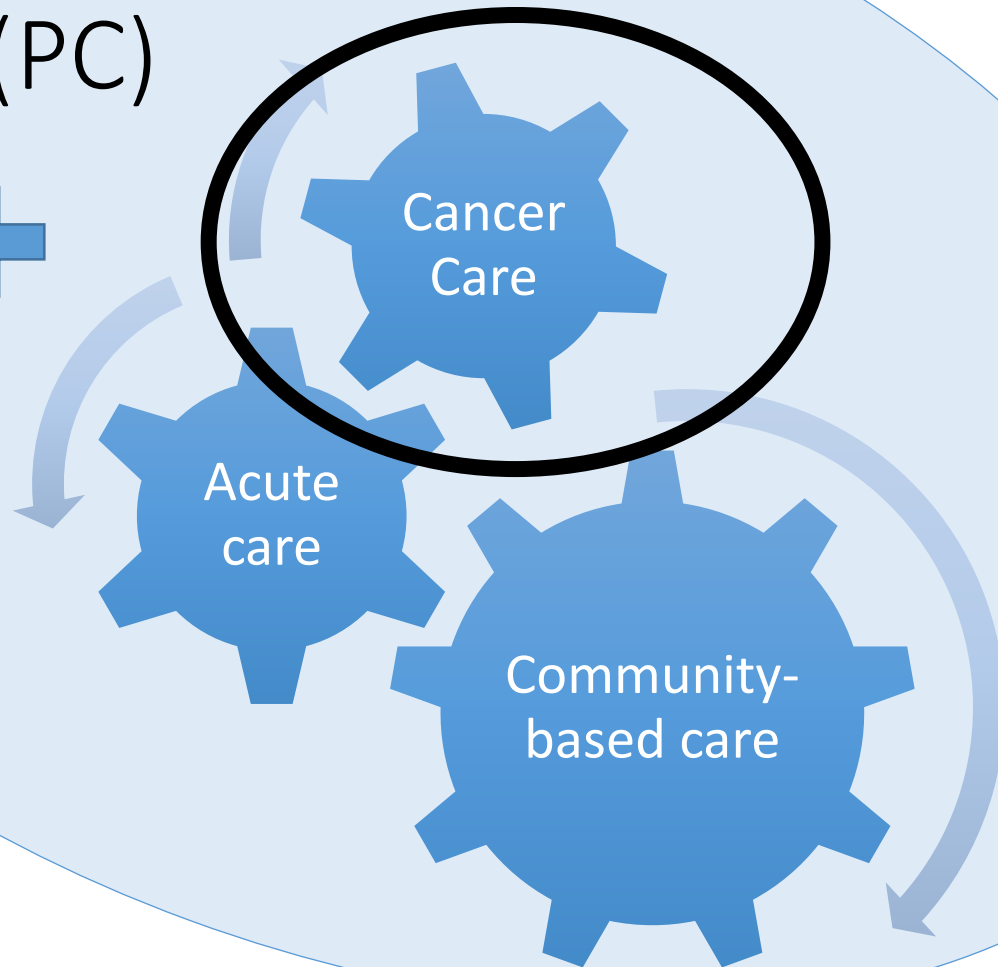
# Trends over time: any specialist PC



**Figure:** The percent of patients who received specialist PC services, by AHS Zone and year.

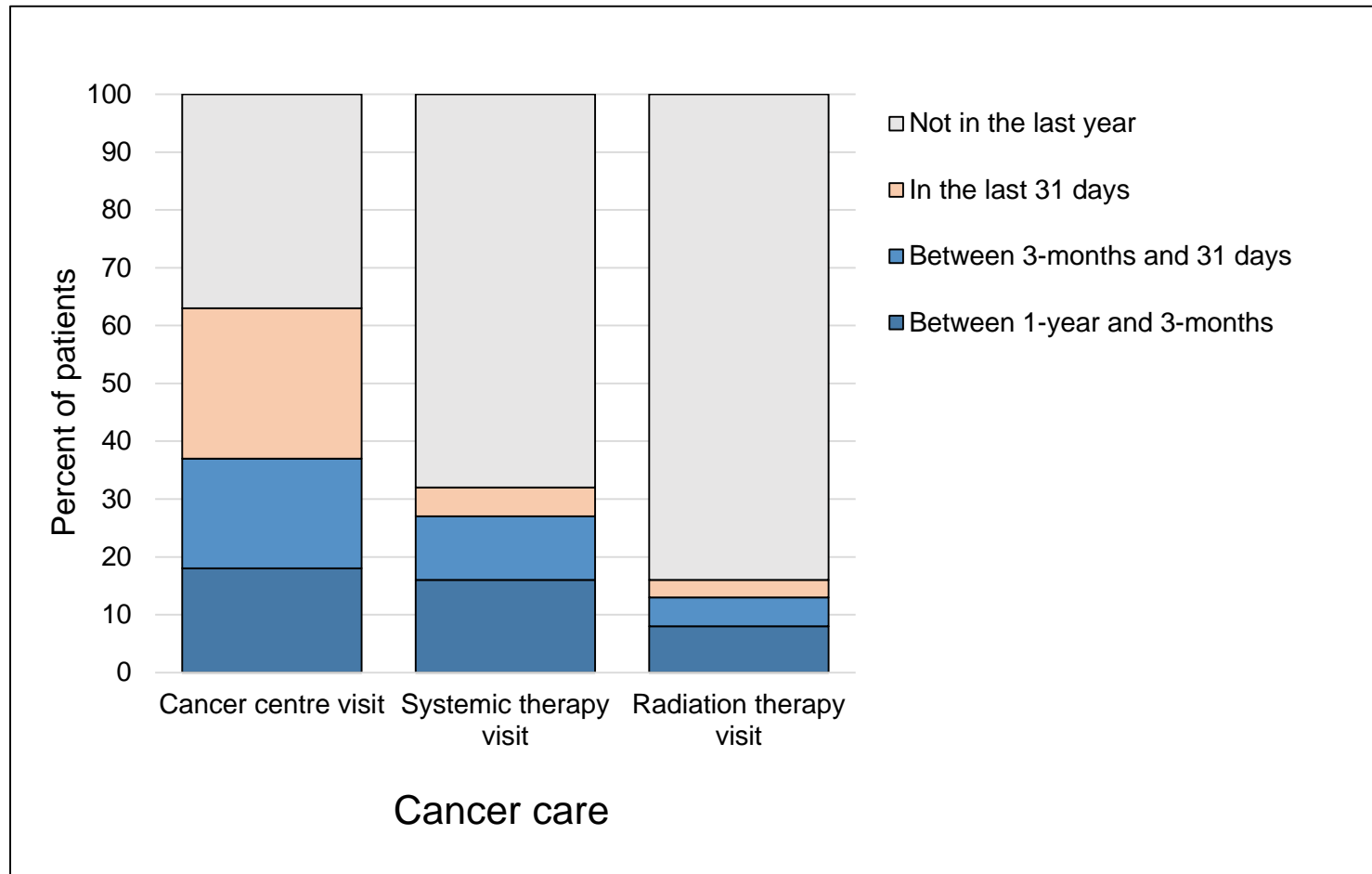
- Calgary Zone – appears stable %, with normal variation
- EZ appears to be increasing (70->80%)
- SZ appears to be increasing (22%->28%)
- Central and North Zone, not clear

# Specialist Palliative Care (PC)



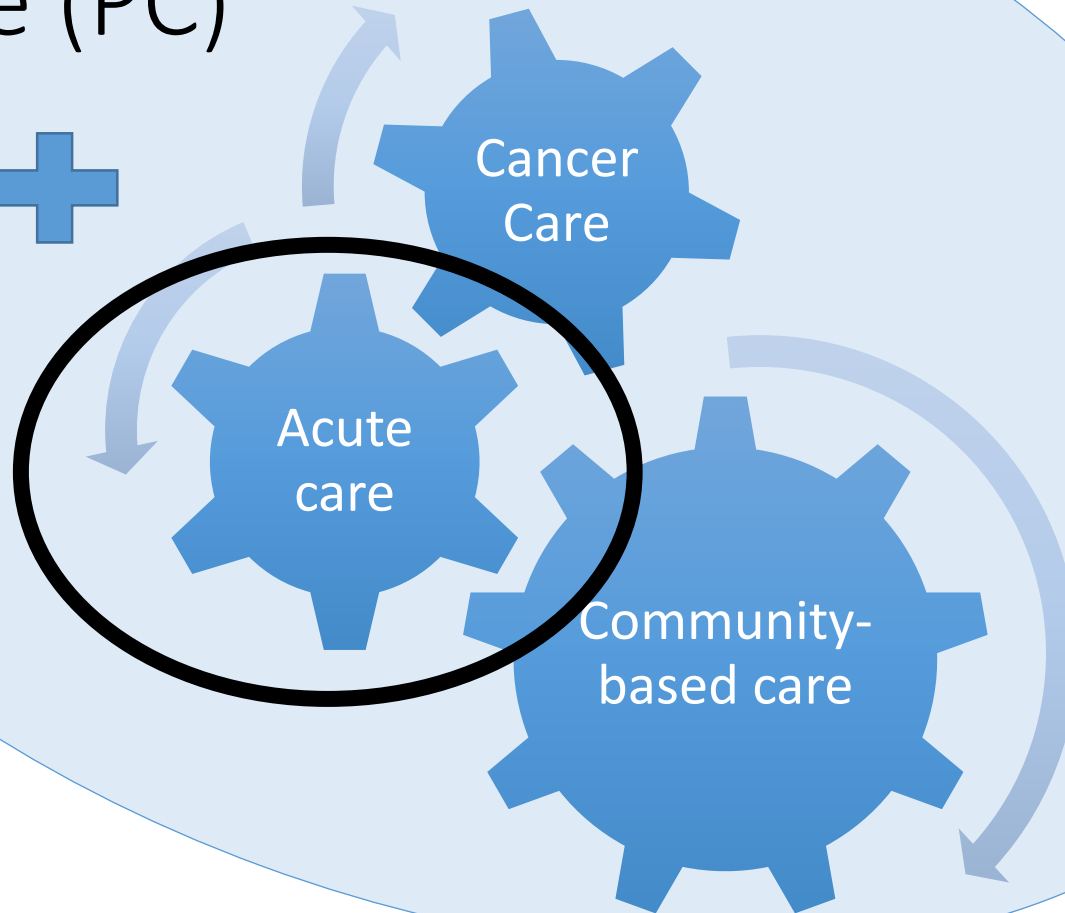


# Snapshot of cancer care use

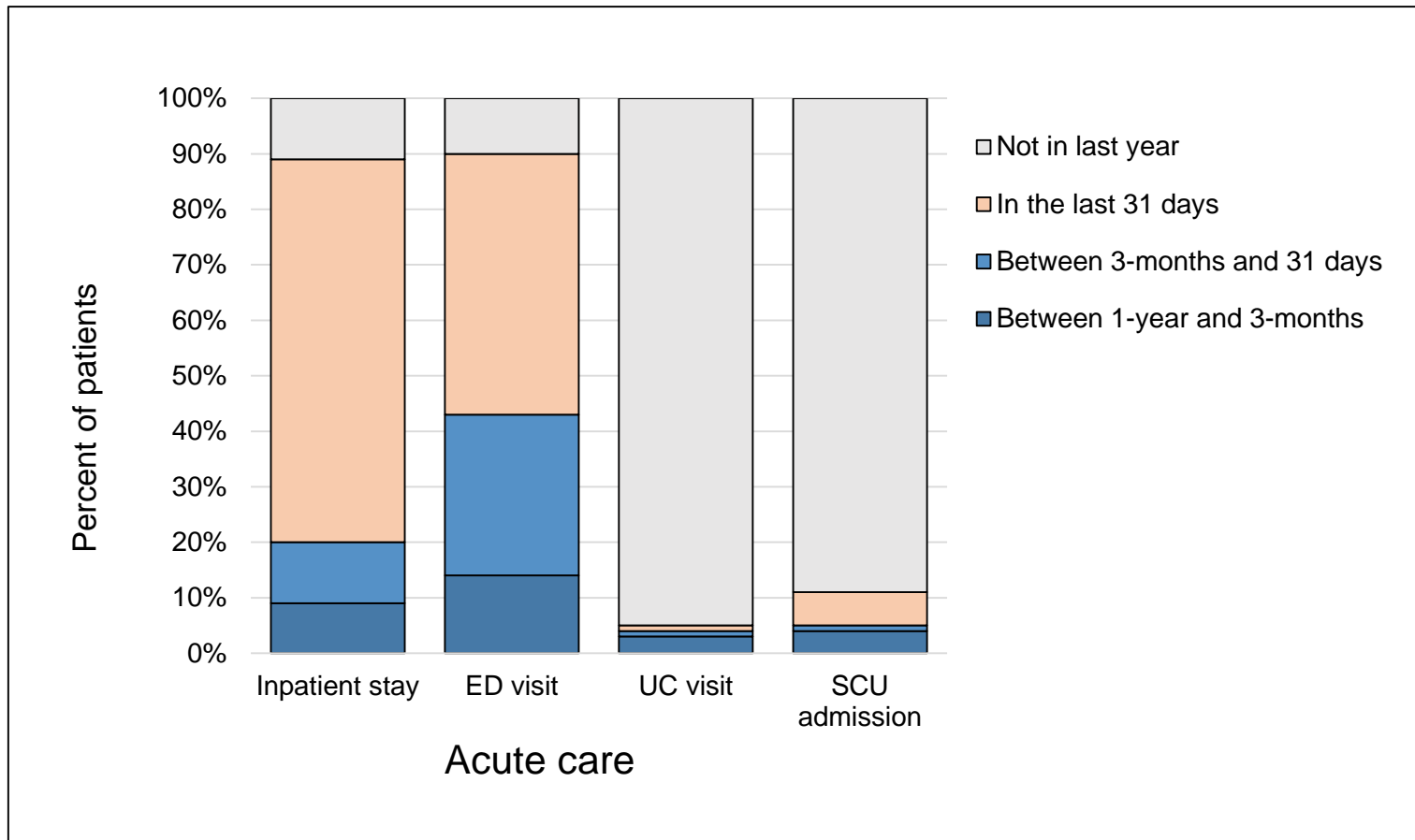


Relatively few patients had a systemic or radiation therapy in the last 31 days of life

# Specialist Palliative Care (PC)

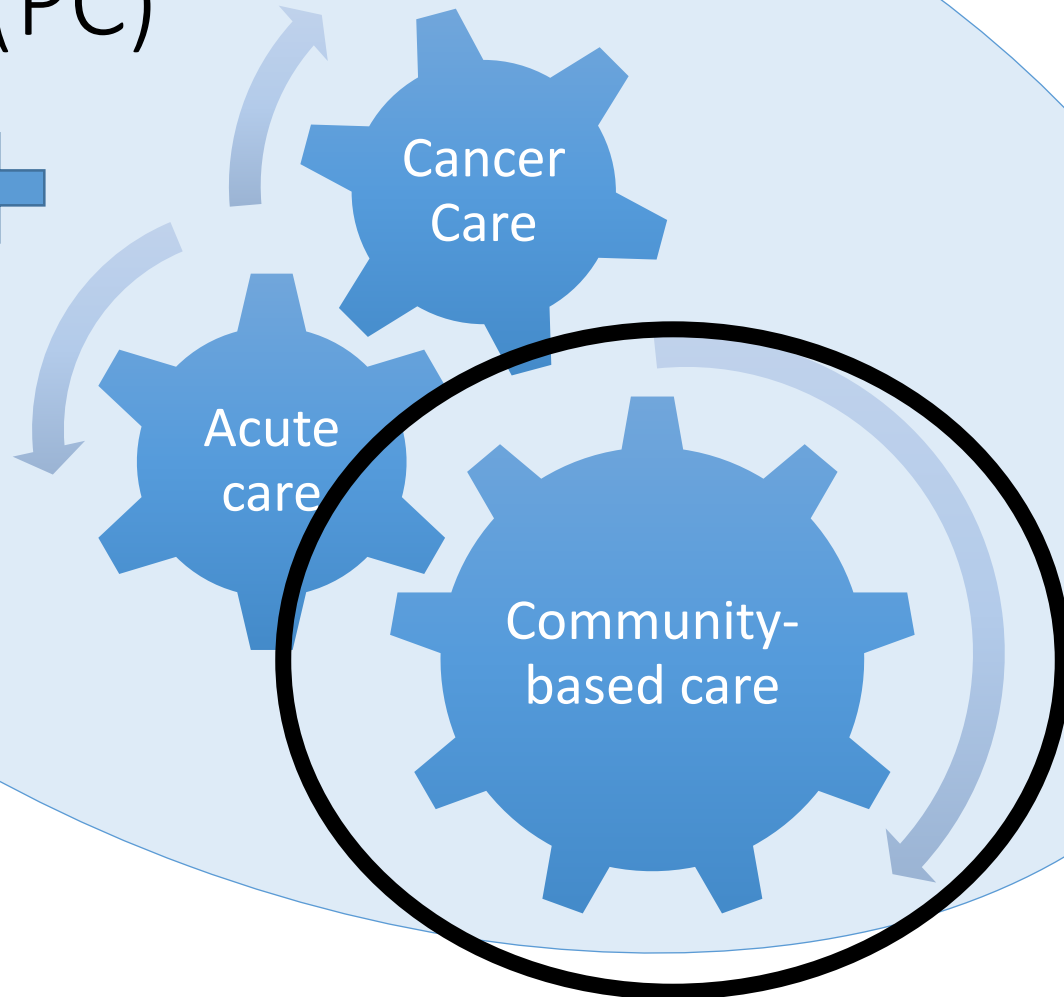


# Snapshot of acute care use

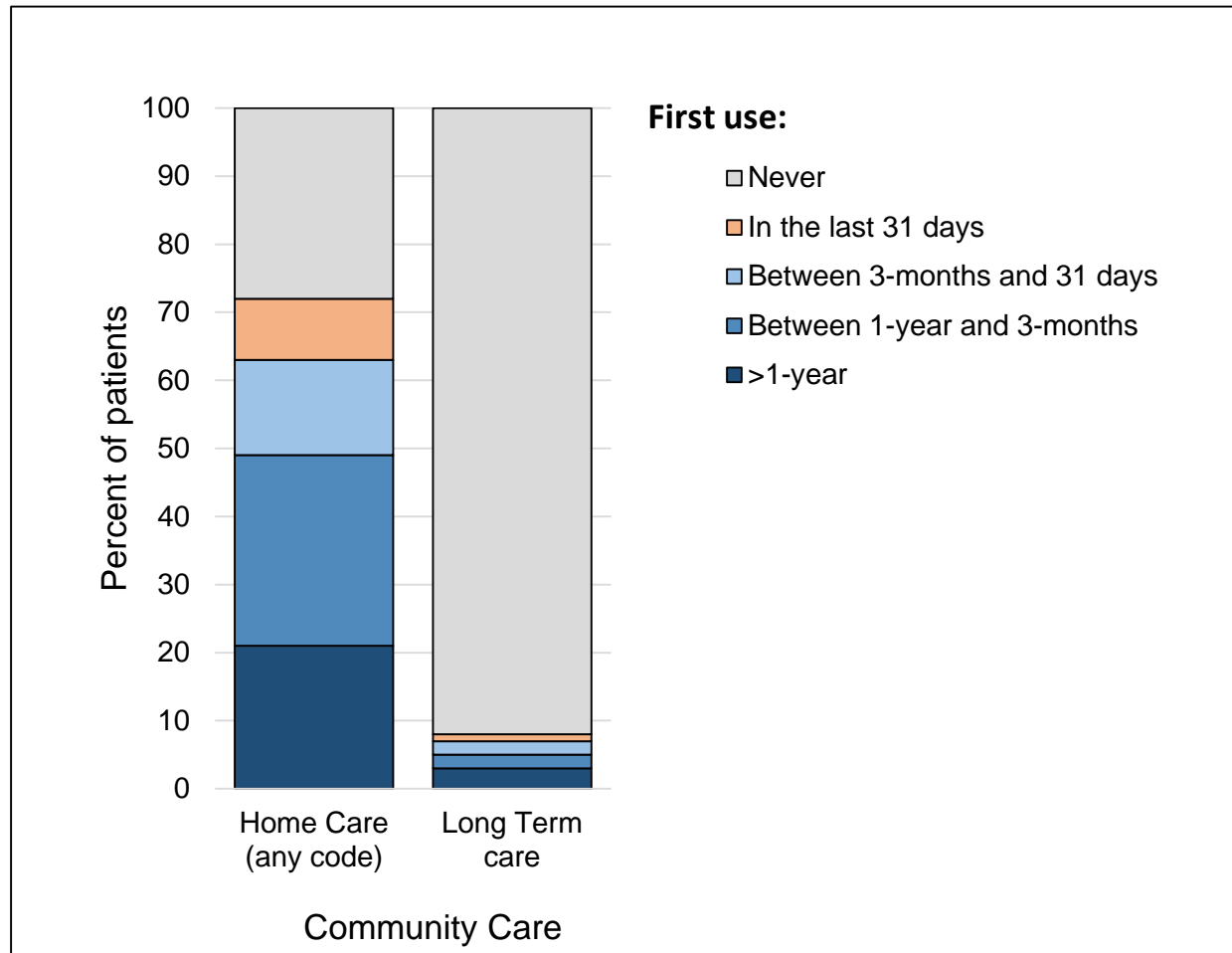


- 50% of patient admitted to the ED in the last 31 days of life
- 70% of patients had an inpatient stay in the last 31 days of life

# Specialist Palliative Care (PC)

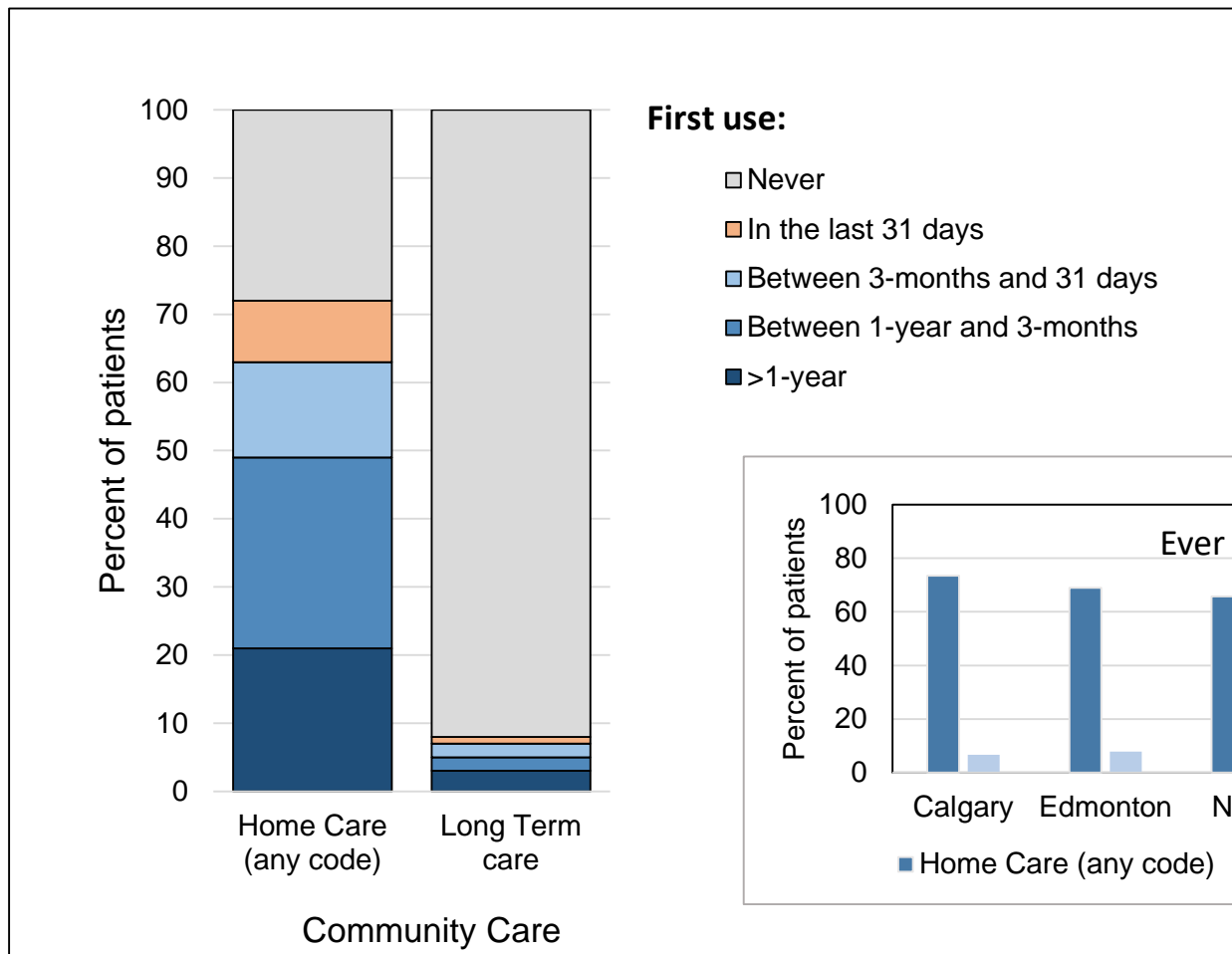


# Snapshot of community-based care

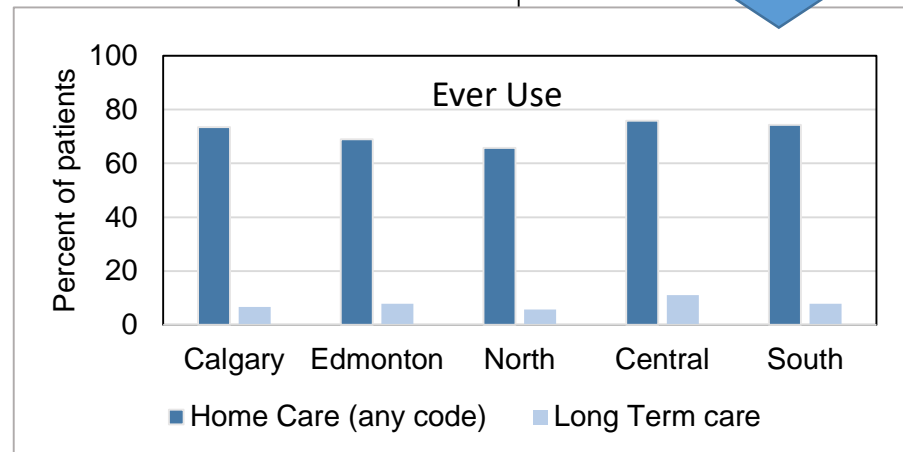


~ 50% of patients access home care > 3 months before death

# Snapshot of community-based care



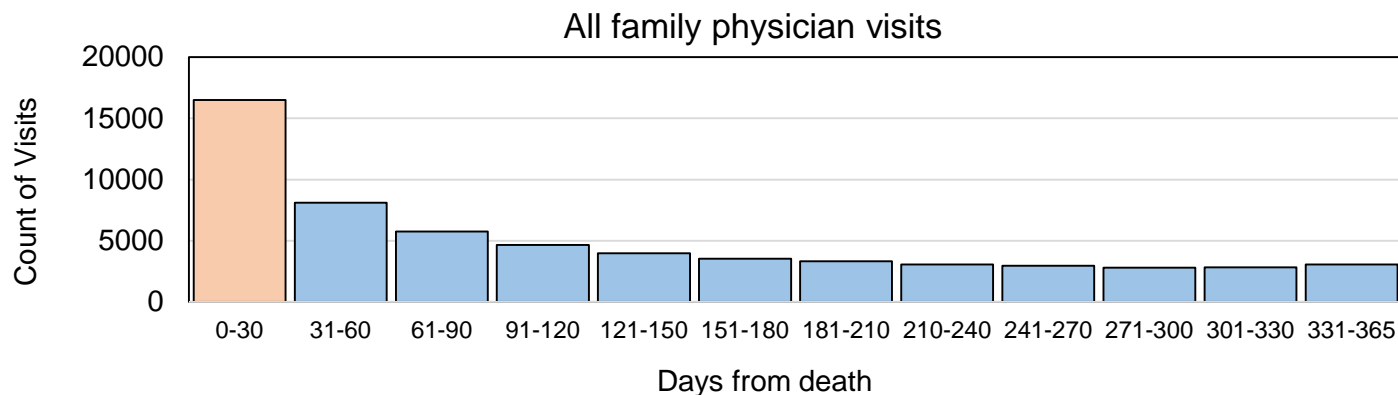
Unlike PHC, rates of access to home care are quite consistent across AHS Zone



# Snapshot of community-based care: *Family physician visits*

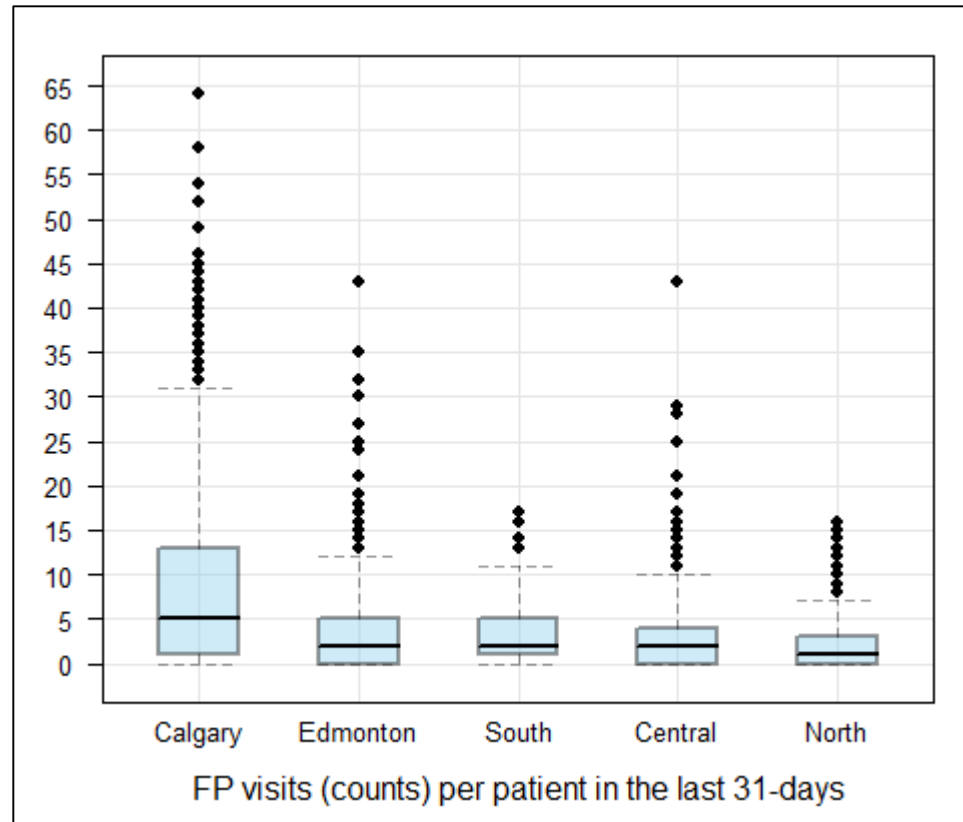
Family Physician (FP) visit*	Last 31-days	Last 3-months	Last 1-year
N (%) patients having <b>any</b> FP visit	2424 ( <b>73%</b> )	3007 ( <b>90%</b> )	3248 ( <b>97%</b> )
Median (range) FP visit	4 (1-64)	6 (1-159)	13 (1-320)
Average (s.d.) FP visits	6.8 (8.1)	10 (13)	18.6 (20.3)

\* Can include PC specialists who are FP trained.



Visits double in the last month,  
compare for 2<sup>nd</sup> last month

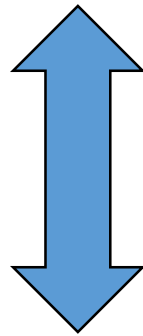
# Family physician visits: *Zone*



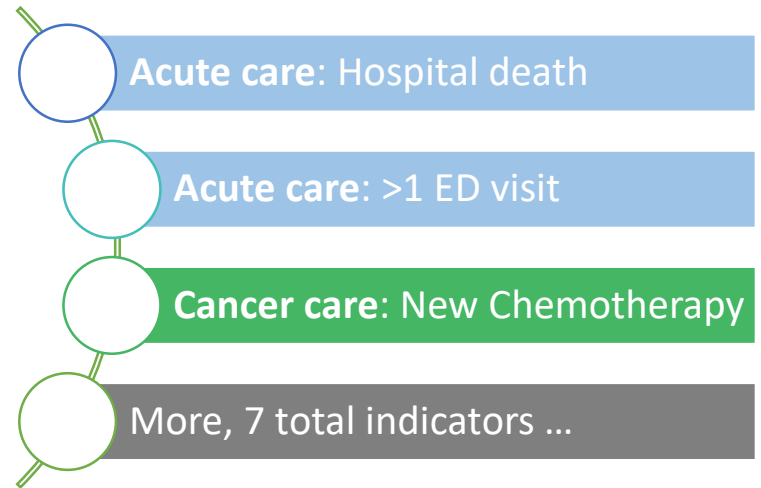
**Figure:** Boxplots of FP visits per patient in the last 31-days of life, stratified by AHS Zone.



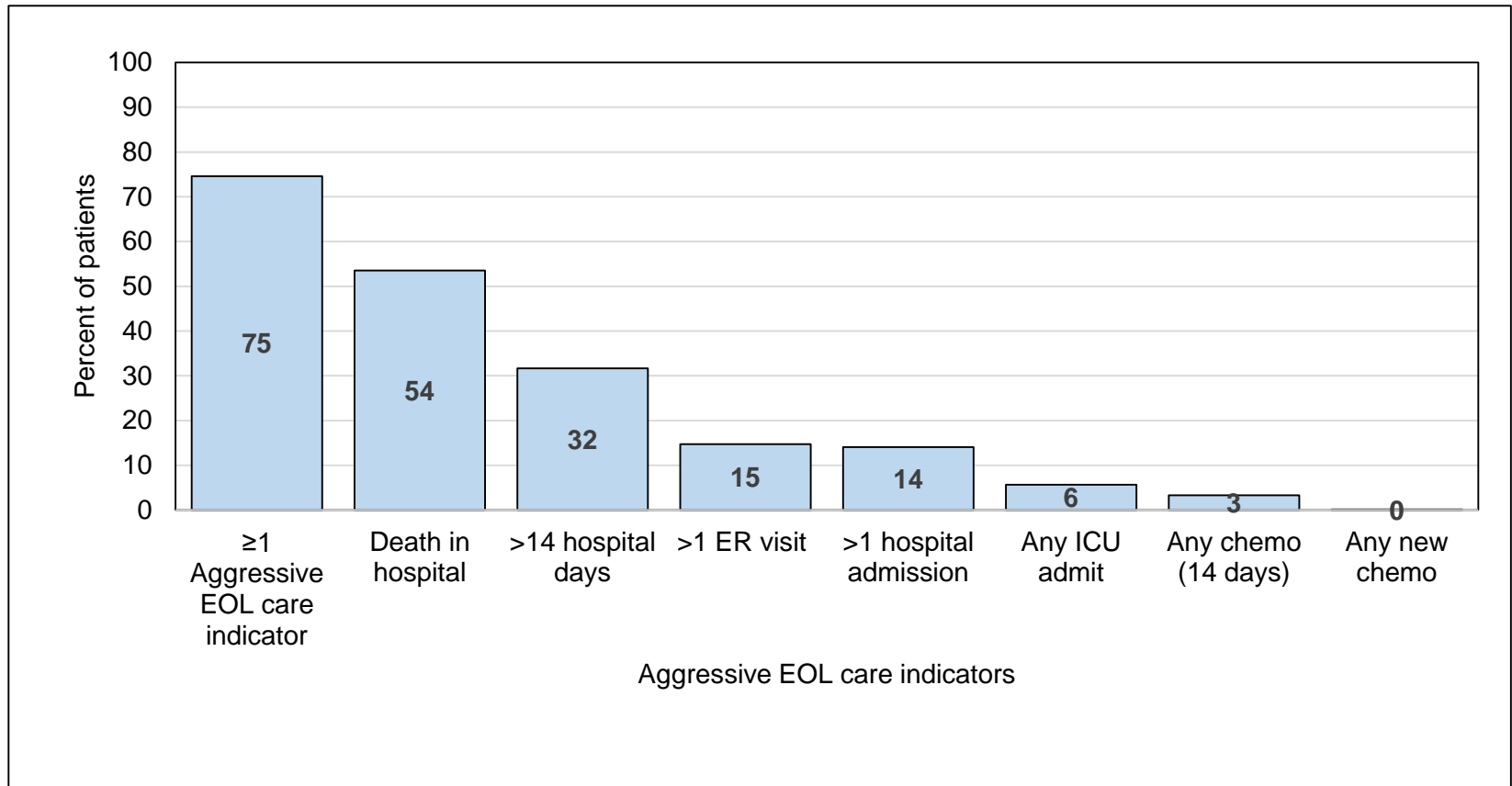
**Aggressive EOL care**  
(in last 30 days)



**Specialist Palliative Care**  
(PC)

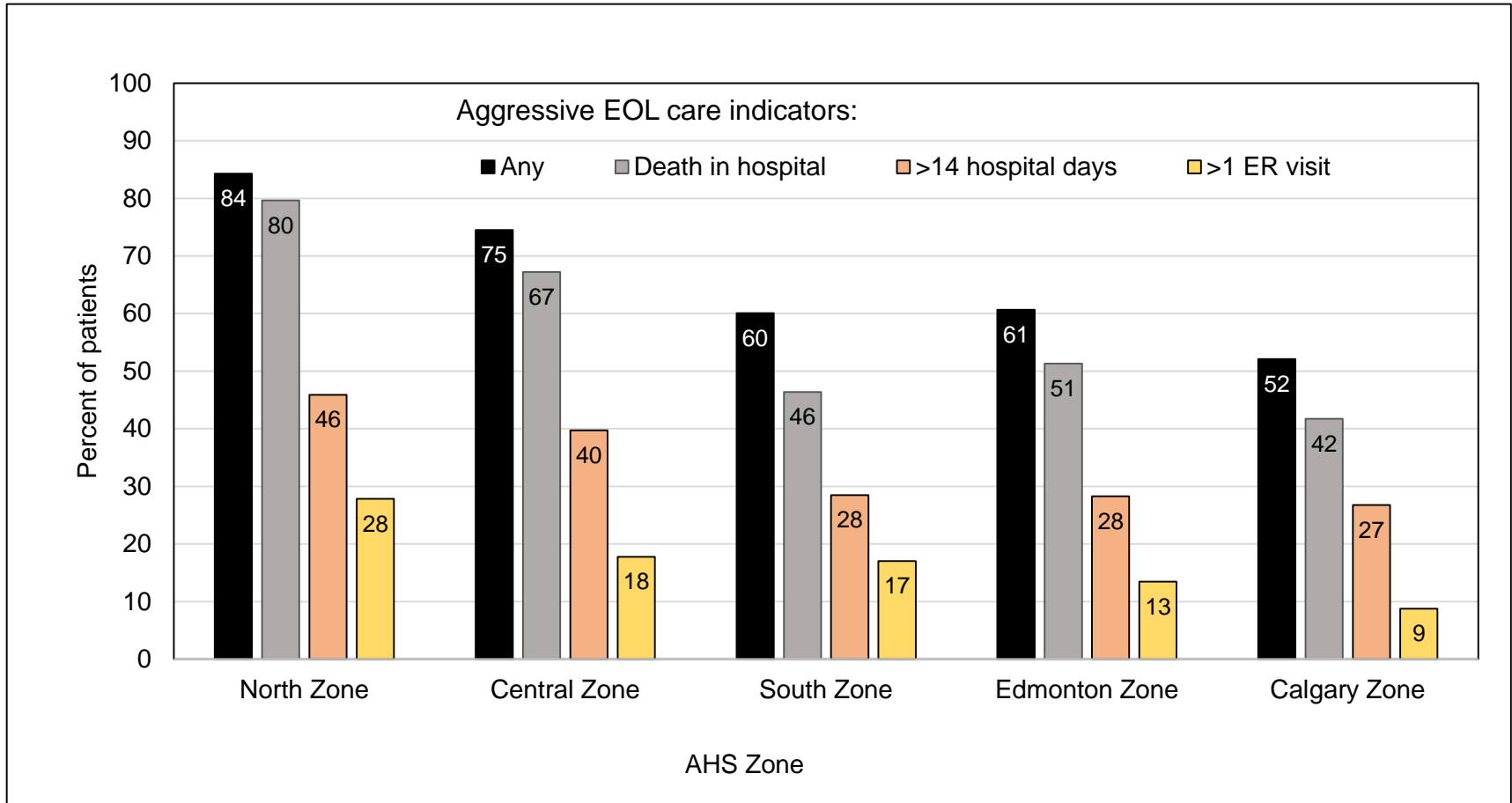


# Aggressive EOL care



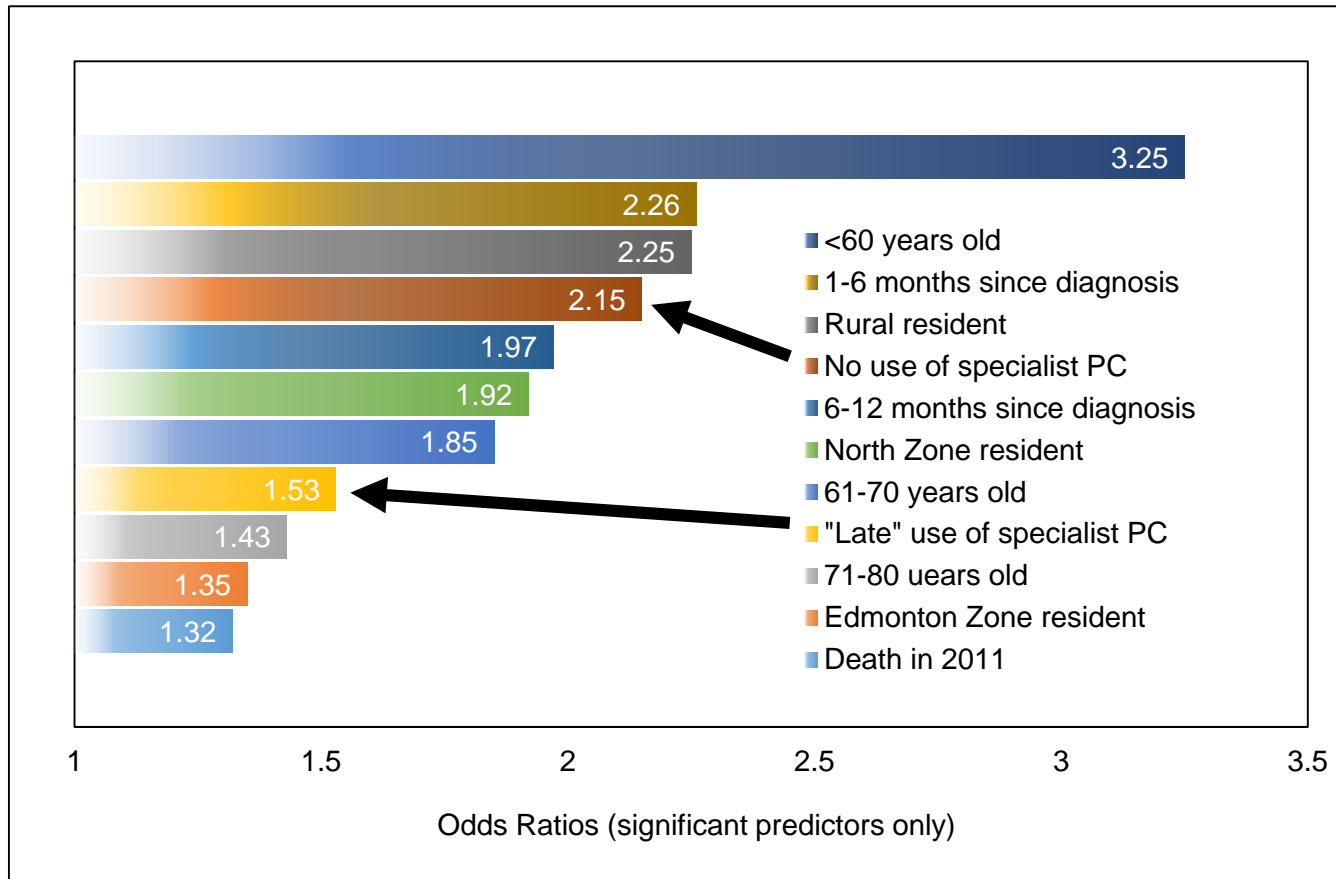
**Figure:** Bar chart showing the percentage of patients who experienced aggressive EOL care, aggregated, and by specific indicators.

# Aggressive EOL care



**Figure:** Bar chart showing the percentage of patients who experienced aggressive EOL care.

# Impact of specialist PC timing on aggressive EOL care



- Patients who **did not** receive PC were **2.2 times** more likely to experience aggressive EOL care.
- Patients who **first** received PC <3months before death were **1.5 times** more likely to experience aggressive EOL care.

## Questions for Discussion:

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1. How do these results align with what you thought was going on? In your Zones?
2. Are there any specific questions you are hoping to be answered with this data? Any Zone specific questions?
3. What gaps jump out for you?