Implementing an individualized care plans for high risk oncology patients—a team based model to increase hospice utilization

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Background: In an era of increasing complexity of disease and vast therapeutic options, some oncology patients (pts) continue aggressive treatment even within days of death. Previous studies report 30-66% pts do not receive hospice or palliative services in the last month of life and many are enrolled in hospice < 3 days before death, limiting potential benefits from such services. It has been shown that pts enrolled in hospice have increased survival time, with reduction in hospital utilization, such as in-patient admissions and aggressive end of life care; these benefits increase the longer pts are enrolled in hospice. We hypothesize that early identification of high risk pts by a multidisciplinary group and formulation of a care plan will prompt early discussion for hospice eligibility, increase earlier referrals to hospice, and therefore increase number of days spent in hospice.

Methods: An Interdisciplinary Care Team (ICT) was created with palliative medicine and oncology physicians, nurses, and social workers. Twice monthly, pts with high utilization over a 60-day period were identified. Care plans (CP) were created using a team based approach with parallel input from primary outpatient team. CP was communicated back to the outpatient team.

Results: A total of 112 pts were discussed over 24 months; 39 pts died with a solid tumor malignancy and this was our study cohort. 85% pts (33/39) were referred to or had a hospice discussion and 82% pts (27/33) enrolled. 62% pts (17/27) entered hospice within 60 days of ICT meeting and CP. Of the 12 pts who died without hospice, 6 pts declined and 6 died acutely. Of the 27 pts that entered hospice 78% (21/27) were enrolled > 3 days and 22 % (6/27) < 3 days. Average number days in hospice was 19.7 (median 11) for all who entered hospice. In the subgroup that were enrolled for > 3 days, average number days was 25 (median 21).

Conclusions: Early identification of high-utilizing cancer pts along with review by ICT may correlate with early recognition of hospice eligibility, enrollment, and therefore greater number of days spent in hospice. This allows patients and family members to experience the full benefit of hospice-directed care. Further interventions should be explored in optimizing transitions of care.