

Exploring Palliative Care Services in Primary Care Practices; A Comparison of Ontario & Quebec



Tara Walton, MPH
Specialist, Palliative Care, CCO
CAHSPR, May 28th 2015





Outline

- Context
- Methods
- Results
- Conclusions

Cancer Care Ontario (CCO)

An Ontario government agency that drives quality and continuous improvement for cancer, chronic kidney disease and access to care for key health services

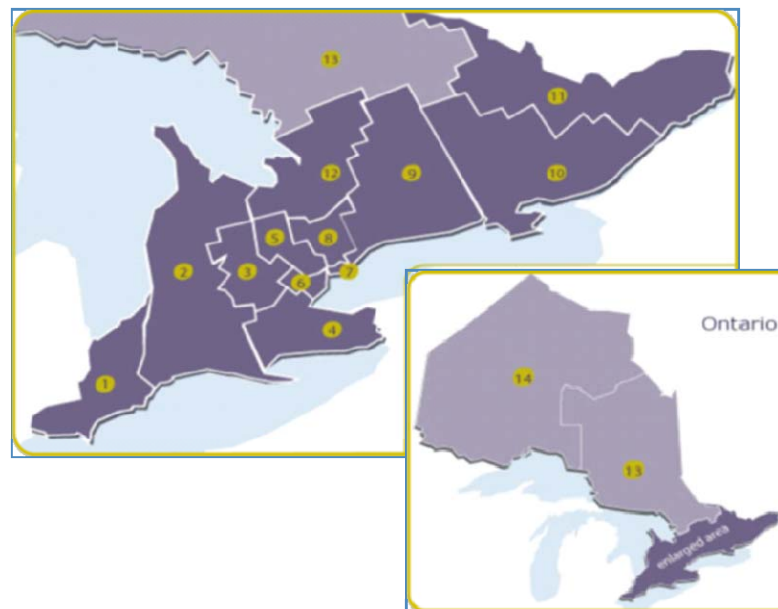
Ontario

Population:

13.5 million people

Distributed cancer system:

14 Regional Cancer Programs and one central cancer agency: CCO



The Imperative



The Integrate Project*

GOAL: Enable identification and management of patients to benefit from a palliative care approach early and across settings

1

Adapt and Implement
Provider Education

Adapt, implement & evaluate education for primary level providers in **Ontario and Quebec**

Engage **First Nations, Inuit & Metis** to identify opportunities & barriers, & to develop, adapt, & implement education for primary level providers

2

Implement
Integrated Care Models

Implement & evaluate an integrated approach that combines early identification & linkages to community supports in **primary care settings**

Implement & evaluate an integrated approach that combines early identification & linkages to community supports in **cancer centre settings**

* 3 Year Project, Funded by the Canadian Partnership Against Cancer

Acknowledgements: Integrate Project Team

- Bruno Gagnon, Centre de Recherche du CHU de Québec
- Nicolas Couet, Laval University
- José Pereira, Bruyère Continuing Care
- Sara Urowitz, Cancer Care Ontario
- Sandy Buchman, Cancer Care Ontario
- Marnie MacKinnon, Cancer Care Ontario
- Integrated Care Team, Cancer Care Ontario



Objectives

1

To explore the extent to which primary care practices in Ontario/Quebec are providing palliative & end of life care in the community

2

To explore the facilitators and barriers to providing palliative care and end of life care

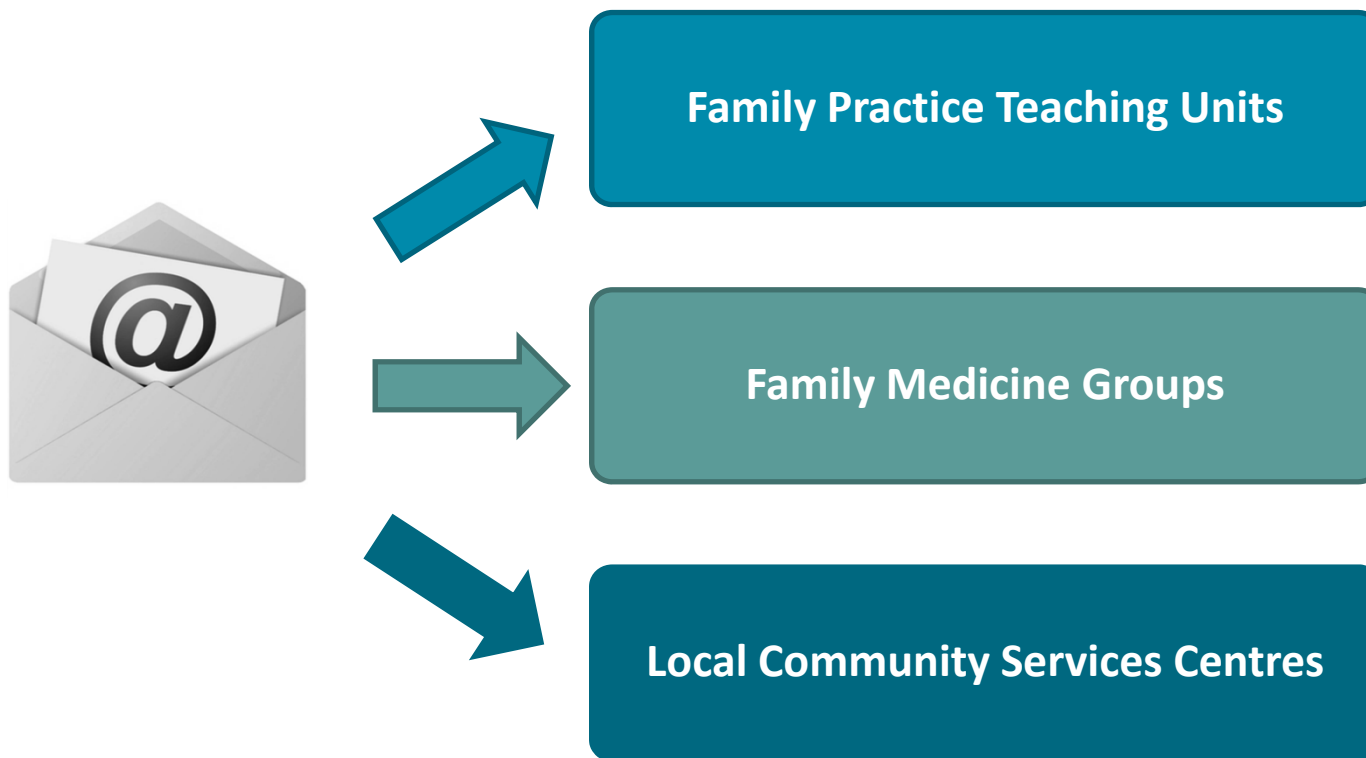
Ontario Methodology



*To find out more about Patient Enrollment Models in Ontario:

http://www.healthforceontario.ca/en/Home/Physicians/Training_%7C_Practising_Outside_Ontario/Physician_Roles/Family_Practice_Models

Quebec Methodology

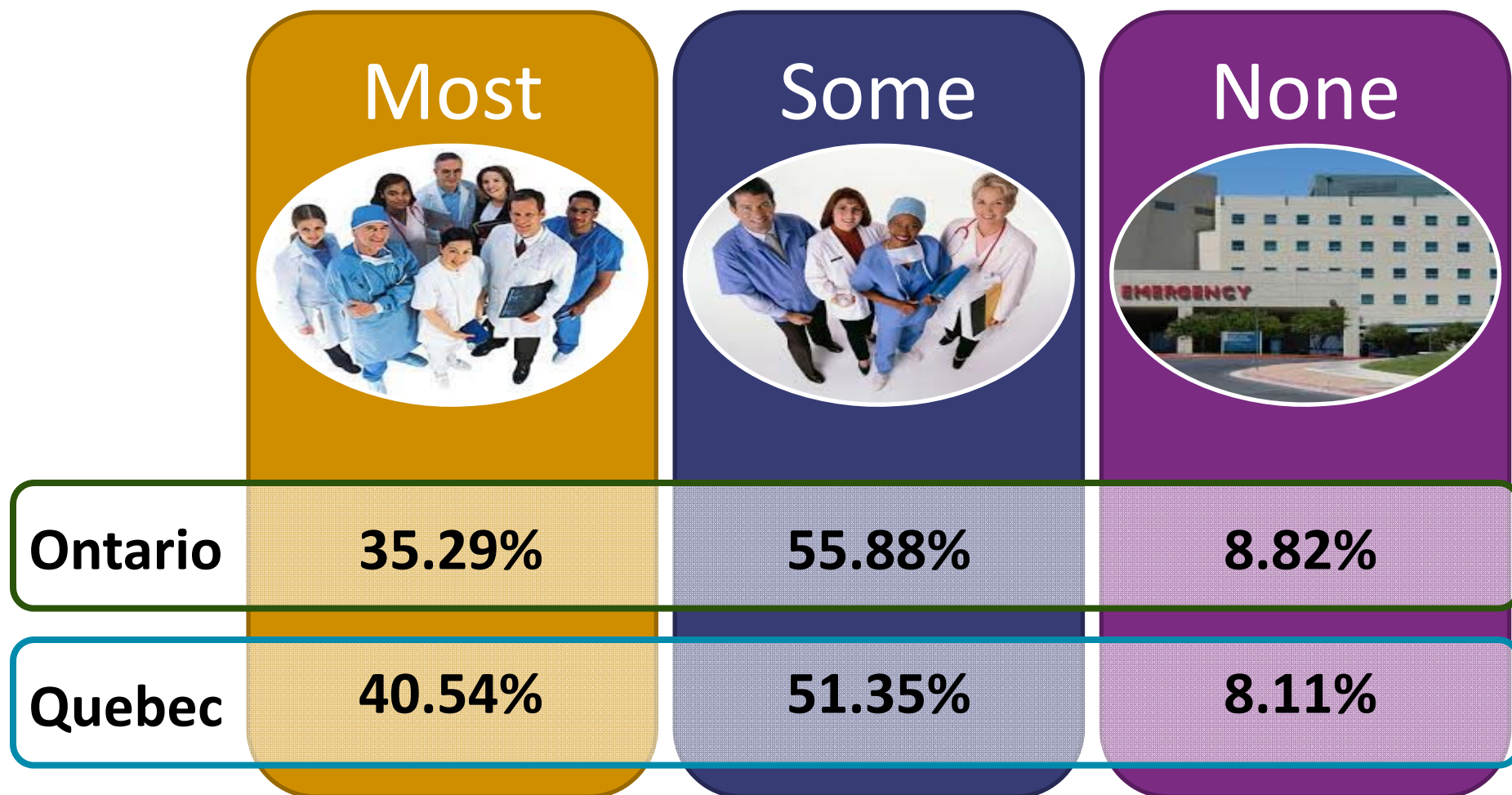


Summary Stats

	Type of Practice	Total # of practices	# Completed Surveys
ONTARIO	Family Health Team	185	54
	Community Health Centre	108	23
	Nurse Practitioner Led Clinic	25	20
	Aboriginal Health Access Centre	10	5
Total completed surveys:			102*
QUEBEC	CLSC centre locaux service communautaire (Local Community Health Service Center)	50	13
	GMF groupe de médecine familiale (Family Medicine Group)	55	15
	UMF Unité de médecine familiale (Family Medicine Unit)	12	11
Total completed surveys:			39*

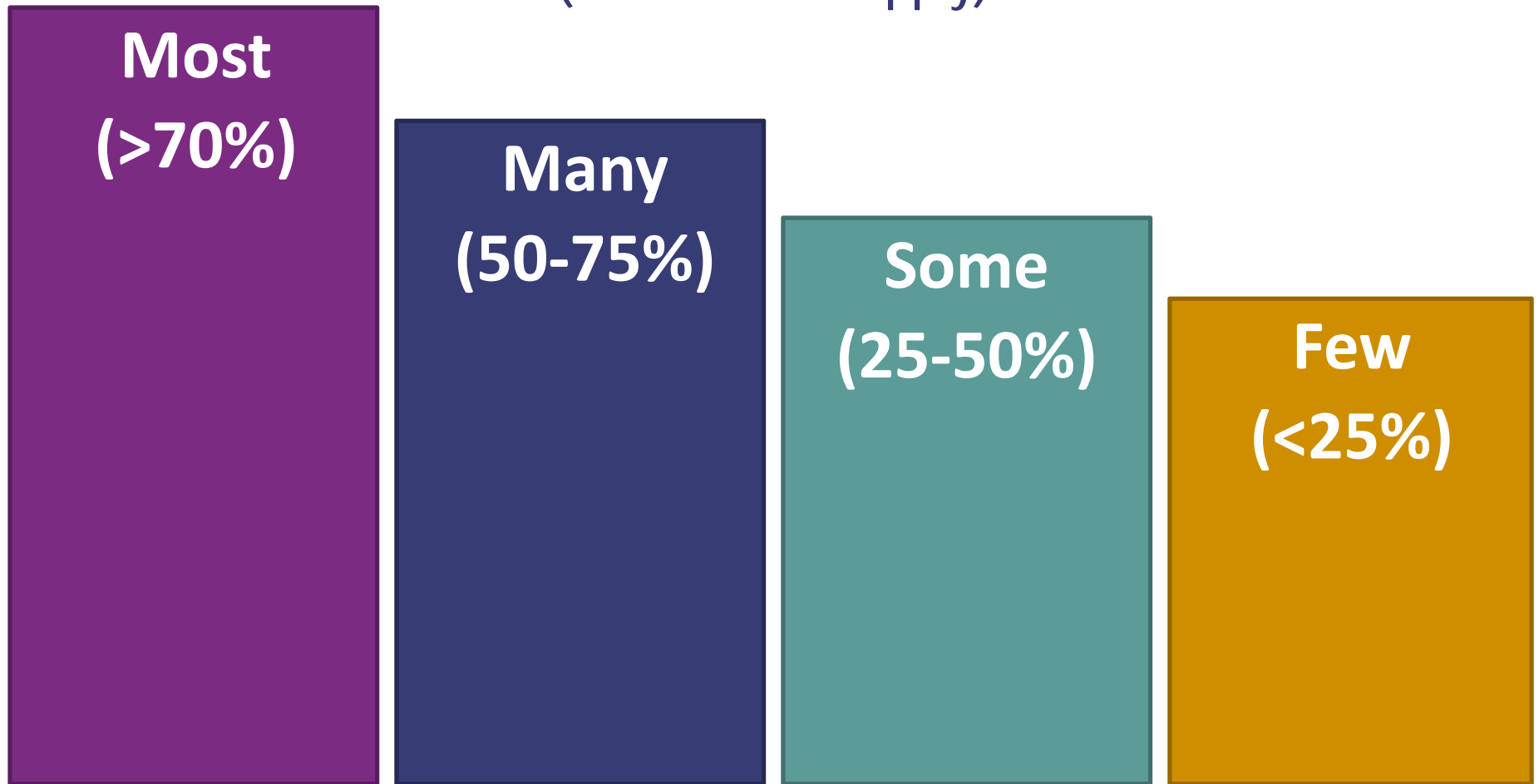
* Counts do not reflect partially completed surveys

“Does your primary care group provide palliative care?”



“Which of the following does your primary care group provide for patients with palliative care needs?”

(select all that apply)



“Which of the following does your primary care group provide for patients with palliative care needs?”

Most (>70%)

ON & QC

- Care for ambulatory patients with progressive illness
- Home visits to provide end of life care
- Advance Care Planning
- Linkage to community palliative services

“Which of the following does your primary care group provide for patients with palliative care needs?”

Many (50-70%)

- Care coverage outside office hours

ON

- Grief & bereavement support
- Social work
- Dietician support

QC

- Care in Residential Hospices
- Care in Long Term Care Facilities
- Care for adolescent & young adults

“Which of the following does your primary care group provide for patients with palliative care needs?”

Some (25-50%)

- Telephone Health Advisory Services

ON

- Care in Long Term Care Facilities
- Care in nursing homes
- Care for adolescent & young adults
- Psych. support

QC

- Care in Palliative Care Units
- Social work
- Dietician Support
- Grief & Bereavement Support

“Which of the following does your primary care group provide for patients with palliative care needs?”

Few (>25%)

- Group Counselling

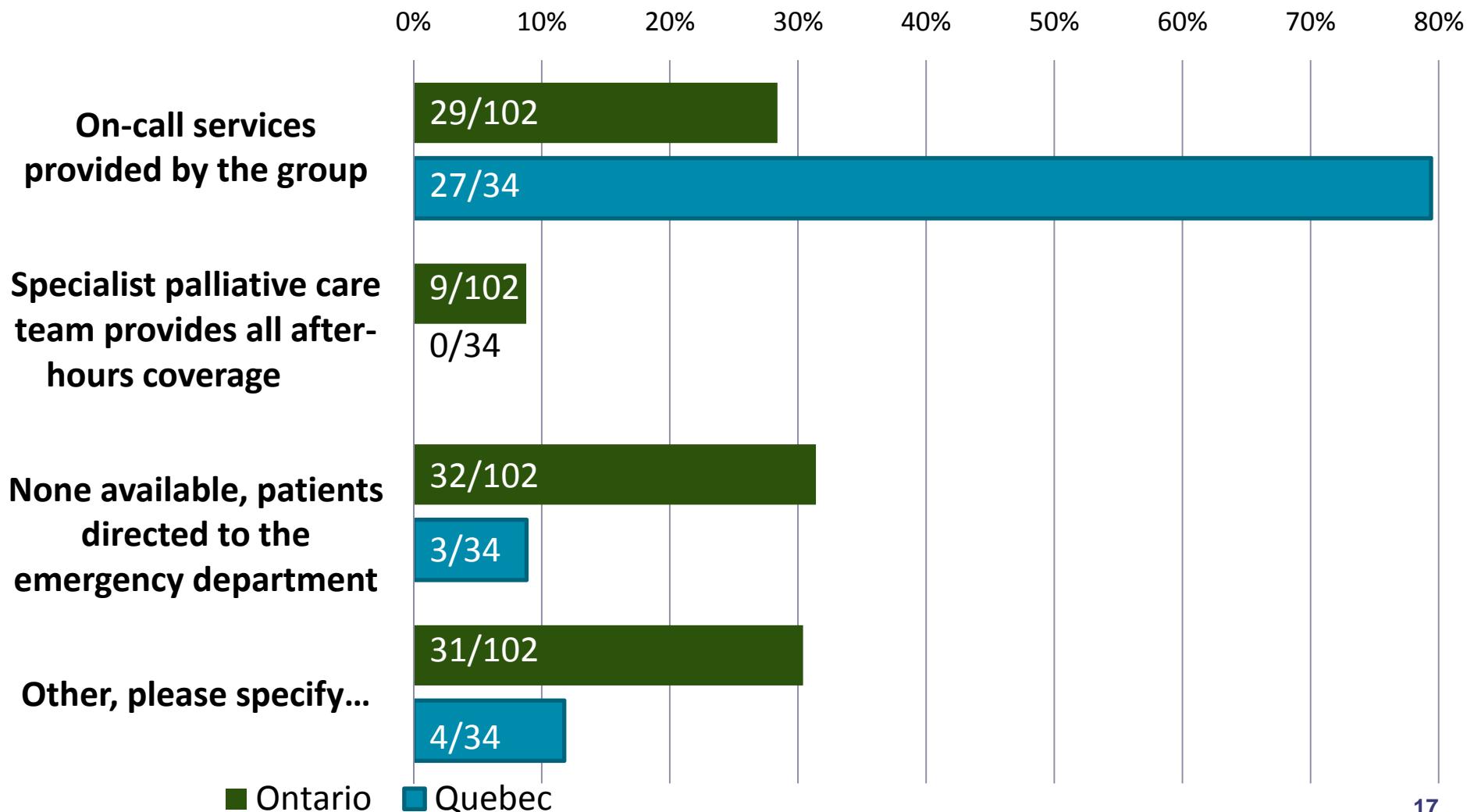
ON

- Care in residential hospices
- Care in Palliative Care Units

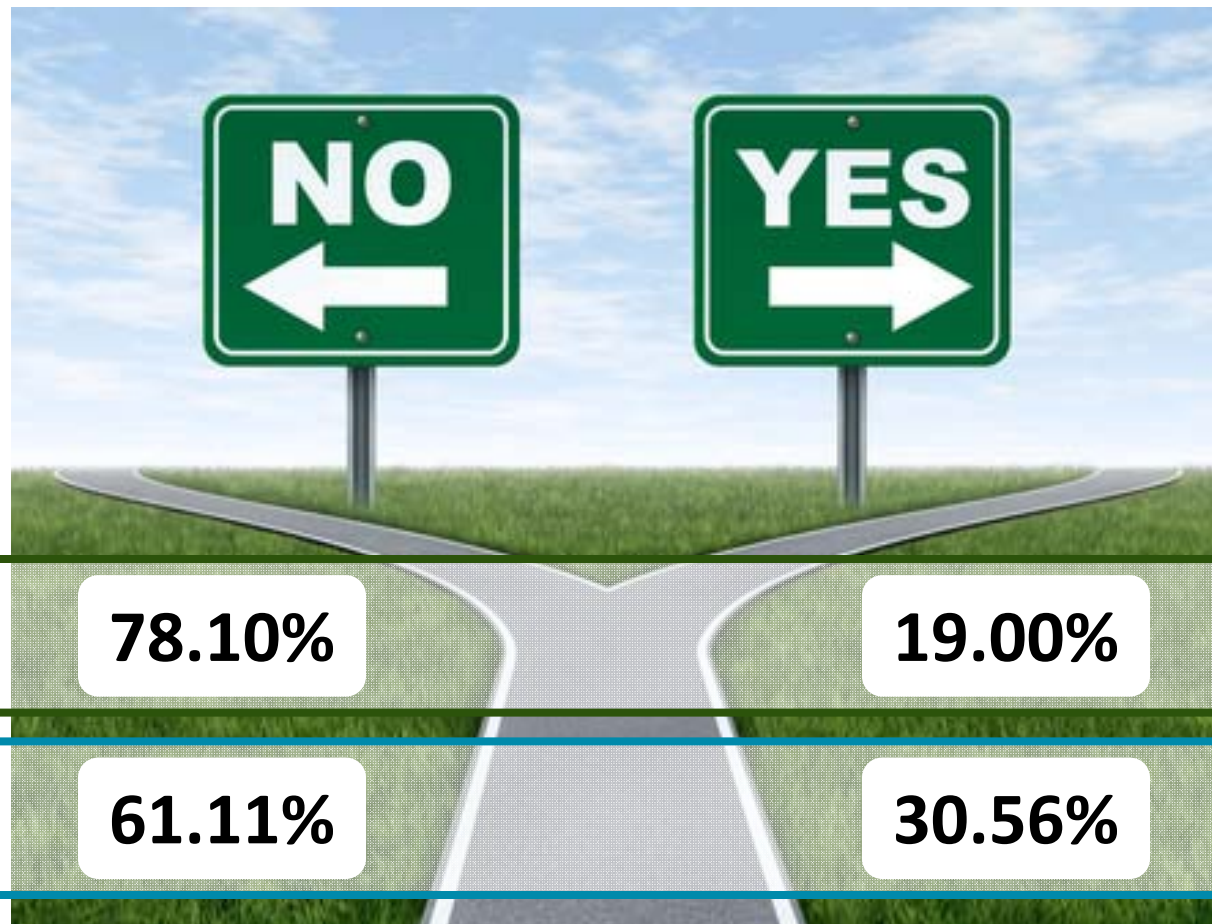
QC

- Psychological Support

“How does the primary care group provide after-hours coverage for patients requiring palliative care?”

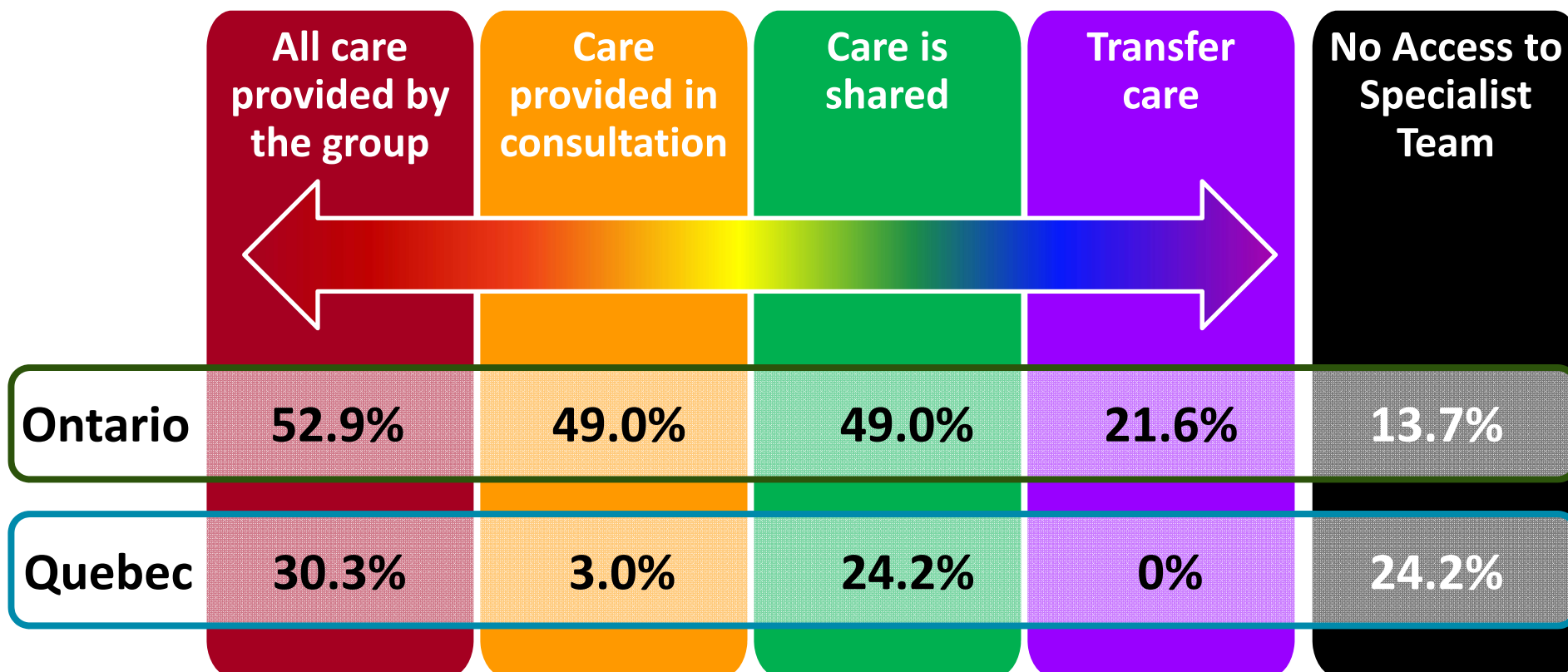


“Does your primary care group maintain a registry of patients who require palliative care?”

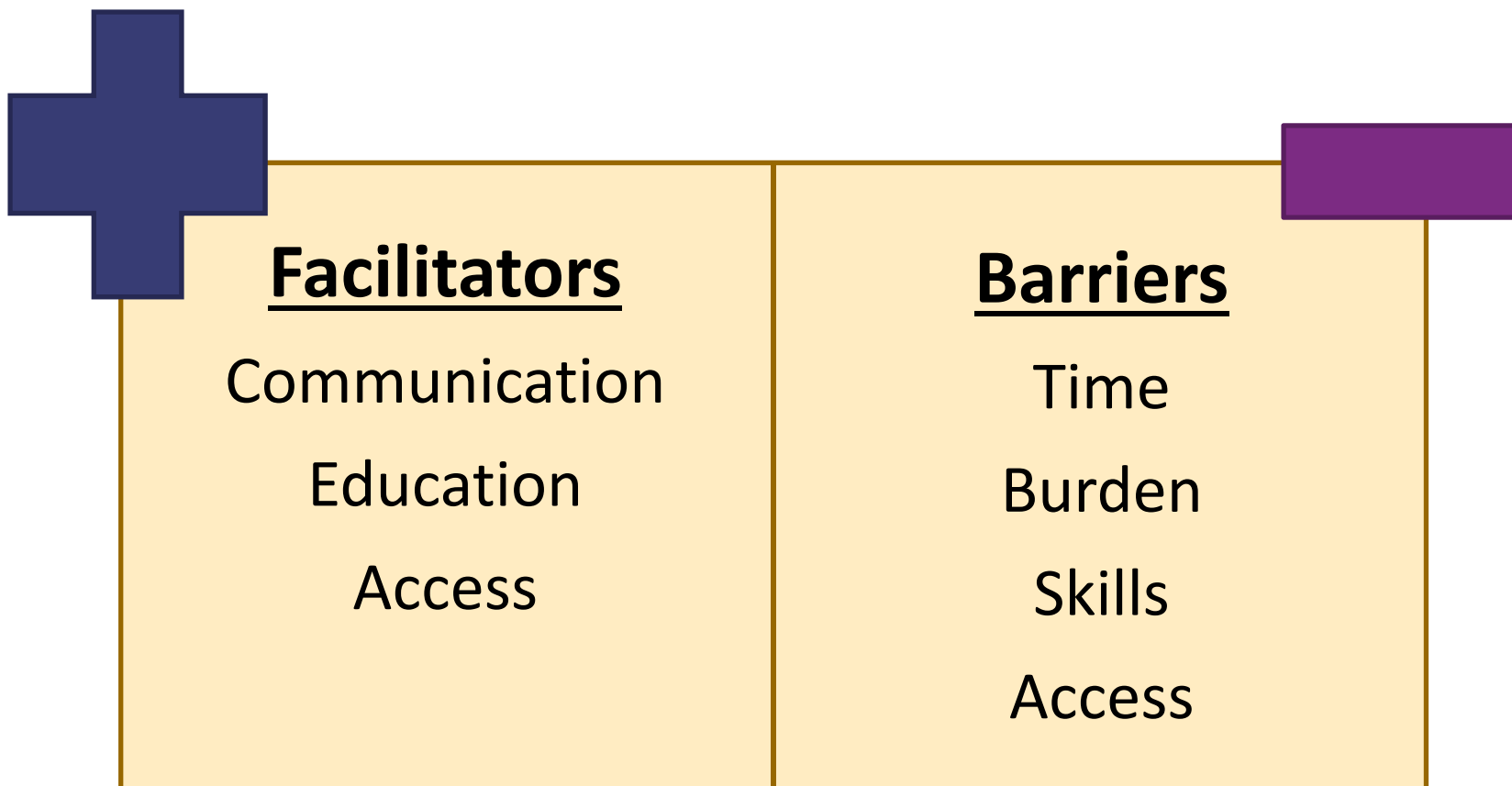


“How does your primary care group care for patients who would benefit from a palliative approach?”

(Select all that apply)



Facilitators & Barriers to Providing Palliative Care



Conclusions

Palliative Care is being offered to some extent by primary care groups
(home visits, ACP, linkage to community services)

There is little to no take over care by specialists

Facilitators: Access to education, communication across settings

Barriers: Time, burden, skills, and lack of access

ONTARIO:

FHTs offer access to
interprofessional support

Limited access to after-hours care

Access to specialist palliative care
teams

QUEBEC:

Primary care available across care
settings

Availability of on-call services

Limited access to Palliative Care
Teams

Key Takeaway Messages



- ✓ A multipronged approach is essential for building capacity in primary level Palliative Care
- ✓ A national Palliative Care policy with a primary care focus is needed to ensure access to high-quality care in the community





Appendix

“Are the following factors facilitators to your group providing palliative care?” (Ontario)

	Disagree	Neutral	Agree	Total Responses
Interprofessional communication within care team	9.09%	10.1%	80.81%	99
Sharing of information from the hospital	10.10%	15.2%	74.75%	99
Sharing information between the group & cancer center	12.12%	13.1%	74.75%	99
Access to specialist palliative care consultation services	10.00%	18.0%	72.00%	100
Palliative care educational materials and resources	11.46%	18.8%	69.79%	96
Access to a nursing agency that specializes in providing home palliative care	15.31%	15.3%	69.39%	98
Access to hospice for end of life care	17.71%	13.5%	68.75%	96
Basic training/education in palliative care for staff in the primary care group	14.29%	17.3%	68.37%	98
Clinician champion (i.e. one or a few clinicians who are strong supporters of palliative care related initiatives & activities among the clinic team/group practice)	16.33%	19.4%	64.29%	98
Access to acute palliative care unit	26.32%	15.8%	57.89%	95
Access to specialist palliative care physicians/NPs that take over care	23.47%	21.4%	55.10%	98
Quality improvement plans to enable palliative care activities	21.88%	29.2%	48.96%	96

“Are the following factors facilitators to your group providing palliative care?” (QUEBEC)

	Disagree	Neutral	Agree	Total Responses
Basic training/education in palliative care for staff in the primary care group (b)	12%	9%	79%	34
Access to specialist palliative care consultation services (g)	6%	18%	76%	34
Palliative care educational materials and resources (c)	6%	18%	76%	34
Quality improvement plans to enable palliative care activities (l)	6%	18%	76%	34
Sharing of information from the hospital (e)	12%	12%	76%	34
Access to hospice for end of life care (j)	12%	12%	76%	34
Clinician champion (i.e. one or a few clinicians who are strong supporters of palliative care related initiatives & activities among the clinic team/group practice) (a)	15%	9%	76%	34
Access to a nursing agency that specializes in providing home palliative care (f)	9%	18%	74%	34
Access to acute palliative care unit (i)	9%	18%	74%	34
Access to a pivot nurse (k)	3%	26%	71%	34
Interprofessional communication within care team (d)	9%	21%	71%	34
Access to specialist palliative care physicians/NPs that take over care (h)	21%	18%	62%	34

“Are the following factors barriers to your group providing palliative care?” (ONTARIO)

	Disagree	Neutral	Agree	Total Responses
The need to provide care/services outside regular office hours	14.6%	8.7%	76.7%	103
Time needed to provide palliative care	16.4%	10.6%	73.1%	104
Lack of palliative care specific knowledge or skills	21.2%	27.9%	51.0%	104
Need to provide home care	28.0%	20.0%	52.0%	100
Burden of providing home care	23.2%	25.3%	51.52%	99
Rapid access to home care nurses	30.7%	21.8%	47.5%	101
Lack of access to acute palliative care unit beds to admit patients with complex needs who are not necessarily at the end of life but need palliation	28.0%	25.0%	47.0%	100
Lack of access to residential hospices to admit patients for end of life care	33.7%	19.8%	46.5%	101
Insufficient compensation for providing palliative care	41.6%	21.8%	36.6%	101
Patient information not shared from the hospital	39.2%	25.5%	35.3%	102
Patient information not shared from the cancer center	38.0%	27.0%	35.0%	100
Nursing agency nurses insufficiently trained in palliative care	42.0%	29.0%	29.0%	100
Lack of access to specialist palliative care physician/NP services	45.5%	26.3%	28.3%	99
Absence of interprofessional communication within care team	47.0%	29.0%	24.0%	100

“Are the following factors barriers to your group providing palliative care?” (QUEBEC)

	Disagree	Neutral	Agree	Total Responses
Lack of access to acute palliative care unit beds to admit patients with complex needs who are not necessarily at the end of life but need palliation (e.g. symptom control) (k)	6%	3%	91%	33
Nursing agency nurses insufficiently trained in palliative care (g*)	15%	9%	76%	34
Time needed to provide palliative care (b)	18%	15%	68%	34
The need to provide care/services outside regular office hours (c)	21%	12%	68%	34
Lack of palliative care specific knowledge or skills (d)	21%	12%	68%	34
Need to provide home care (m)	18%	17%	65%	34
Lack of access to residential hospices to admit patients for end of life care (j)	21%	15%	65%	34
Burden of providing home care (n)	21%	18%	62%	34
Patient information not shared from the hospital (f)	26%	15%	59%	34
Lack of access to specialist palliative care physician/NP services (h)	29%	15%	56%	34
Insufficient compensation for providing palliative care (a)	15%	32%	53%	34
Rapid access to home care nurses (l)	35%	15%	50%	34
Absence of interprofessional communication within care team (e)	26%	26%	47%	34
Lack of access to a pivot nurse (i)	32%	29%	38%	34

“Are there any other barriers to your group providing palliative care?”

(open text, other responses)

- 27.5 % indicated there were other barriers, including:

