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Project: *Automatic palliative care referrals: acceptability and uptake by patients with advanced lung cancer*



Background

Palliative care (PC) is an added layer of support provided concurrently with cancer care and serves to sustain quality of life. Patients with advanced cancer suffer high symptom burden including pain, fatigue, and emotional distress. Early PC has been shown to improve patient quality of life, caregiver outcomes, health system sustainability, and even increase survival. Despite this, access to supportive and PC services is not always timely, and Canadians have consistently reported dissatisfaction with the emotional

and psychosocial supports received during their cancer treatment. Prior work through the Palliative Care Early and Systematic (PaCES) research program identified several challenges oncologists face in referring their patients to PC and implemented a pathway for early PC integration with cancer care. Due to the existing barriers to early PC and advanced lung cancer, there is a need for the development, implementation, and evaluation of an automated early PC phone referral intervention operating independent of oncologists.

Aims: Building on previous PaCES findings, our research aims to: (1) engage patients, families, and providers as partners in our research to evaluate an automated early PC phone consultation intervention, (2) identify the impacts of partner engagement in our research, and (3) improve both patient/family health and provider outcomes through timely access to early supportive and PC services for patients newly diagnosed with advanced lung cancer, their families, and informal caregivers.

Methods: Patient-oriented, qualitative action research underpinnings will guide the application of a multi-stage sequential mixed methods design to achieve these aims by: (1) employing a systematic review to synthesize impacts of engaging cancer patients as partners in PC research; (2) co-designing, with 5 patient partners, the operational processes and communication pieces for automated early PC consultations for patients newly diagnosed with advanced lung cancer; (3) evaluating the acceptability and uptake of early PC consultations for patients with advanced (stage IV) lung cancer through 15 qualitative interviews; and (4) evaluating the impacts of having engaged our patients as partners in our research using the Patient and Public Engagement Evaluation Tool (PPEET). Analyses are dependent on their respective project phase. We will conduct a meta-synthesis of our systematic review findings, thematic analysis of the qualitative interview data and the open-ended components of the PPEET using NVivo 12 software and obtain descriptive statistics for the quantitative components of the PPEET.

Significance: Early PC can help in preparing for and preventing stress placed on our health care system. By verifying the acceptability and uptake of the automated early PC phone referral/consultation with newly diagnosed advanced lung cancer patients, this may overcome clinician-dependent variation in consultation referrals, enhance efficiency, improve the PC referral/consultation process, prioritize advanced lung cancer patients', families', and caregivers' identified needs, and enable them to receive timely PC consultations and services. Additionally, our findings will inform the PaCES program, and develop a potential pathway to support the priorities and wellbeing of advanced lung cancer patients, families, and healthcare teams throughout various cancer stages and feasible engagement as partners in PC research.