

EHMA 2024

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End-of-life care for cancer patients: views and perceptions of community and hospital-based professionals

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Overview

End-of-life care for cancer patients: views and perceptions of community and hospital-based professionals

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Tracks: *Management, operations and practice*

Topics: *Healthcare access, delivery and outcomes*

Context: End of Life care and key challenges

- End-of-Life care (EOLC): last stage palliative care (PC) and curative care provided to patients and families in the last 12 months of life [1].
- Prognostic inaccuracy, and difficulty in recognizing treatment futility and in implementing a course of care hinder the quality of EOLC [2,3].
- The need of EOLC is increasing worldwide, with a forecast of nearly 10 million of people in need by 2050 in OECD countries [1] (Figure 1).

In Italy, the average rate of dying cancer patients assisted by the PC network at home/hospice was of 28% in 2021, only improved by three points since 2017 [4]. In the country, regional variability and limited hospital-community integration affect EOLC delivery [5].

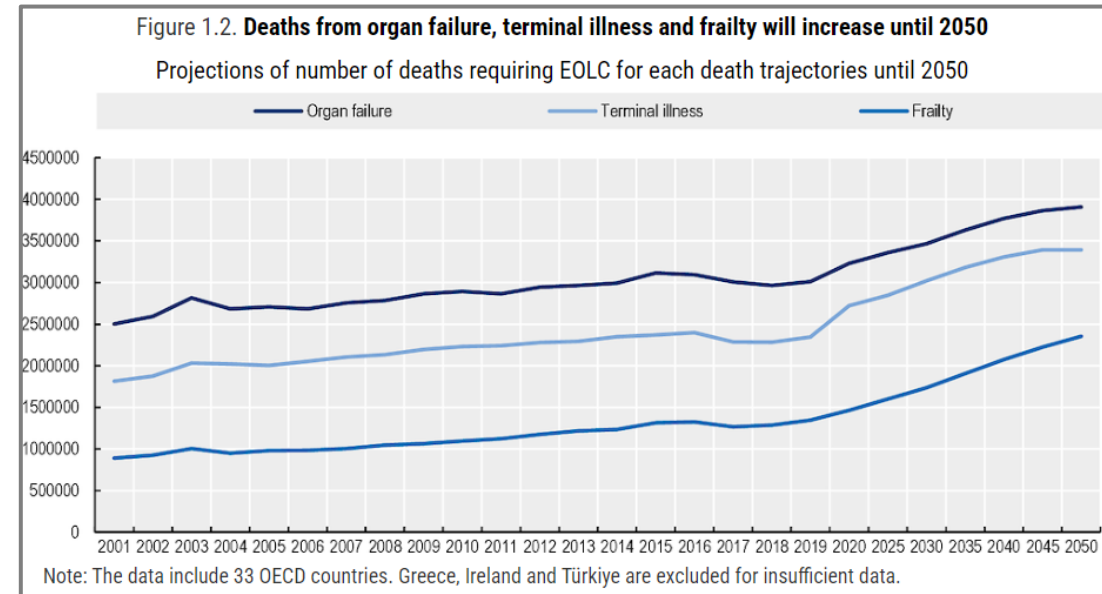


Fig. 1. Deaths from organ failure, terminal illness and frailty will increase until 2050. Source: OECD, 2023 [1]

Ref. [1]. OECD Time for Better Care at the End of Life. 2023. DOI: <https://doi.org/10.1787/722b927a-en>. [2] Parikh, R.B., et al. Trajectories of mortality risk among patients with cancer and associated end-of life utilization. npj Digital Medicine, 2021. 4, 104 DOI: <https://doi.org/10.1038/s41746-021-00477-6>. [3] Travis, S.S., et al. Obstacles to palliation and end-of-life care in a long-term care facility. The gerontologist, 2002. 42, 342-349 DOI: <https://doi.org/10.1093/geront/42.3.342>. [4] Sistema di Valutazione delle Performance. [cited 2024 February]; Available from: <https://performance.santannapisa.it/pes/start/start.php> [5] Ministero della Salute, D.g.d.p.s.U., Monitoraggio dei LEA attraverso il Nuovo Sistema di Garanzia, DM 12 marzo 2019. 2023.

Context: Tuscany, a region in the center of Italy

- The healthcare system of the Tuscany region (Figure 2) is almost exclusively public, with three Local-Health-Authorities (LHAs): the North-West LHA, the Center LHA and the South-East LHA. Each LHA geographic area is served also by a Teaching Hospital (TH).
- The regional PC network comprises home PC units, hospices, hospitals, nursing homes, and residences for disabled patients. 17 LHA PC Functional-Units (FUs) assist advanced/EOL patients at home, hospice, and hospital (Figure 3).



Fig. 2. Italy and regions. Tuscany region

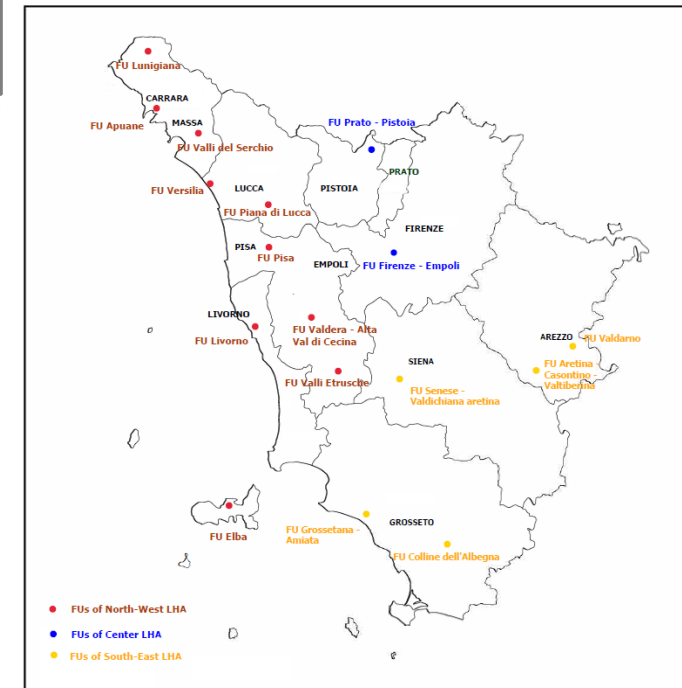


Fig. 3. Distribution of FUs in Tuscany region

In Tuscany region, 40% of cancer patients at EOL are cared by the PC network [4]. The unwarranted variation in EOLC is large in the region (e.g. place of care and place of death) [6].

Ref. [4] Sistema di Valutazione delle Performance. Available from: <https://performance.santannapisa.it/pec/start/start.php>

[6] Ferrè, F., Vinci, B. and Murante, A .M. Performance of care for end-of-life cancer patients in Tuscany: The interplay between place of care, aggressive treatments, opioids, and place of death. A retrospective cohort study. The International Journal of Health Planning and Management 2019, 34, 1251-1264. DOI:

Aim of the research and methods

Objective: to describe the state-of-art of EOLC organization and management for adult cancer patients in Tuscany, professional and patient/caregiver needs, from professionals' perspectives.

Methods: a multidisciplinary team of researchers developed two online surveys (*) tailored to Directors of FUs at community level and Directors of hospital-based medical-oncology units.

Survey themes:

- (1) Medical management;
- (2) Continuity of care and transition;
- (3) Patient and family factors;
- (4) Expertise and training;
- (5) Concerns and challenges to EOLC delivery.

The questionnaire tailored to FU Directors was delivered from February 2023 to March 2023. The survey targeting hospital-unit Directors was launched in June 2023 and closed in October 2023.

Data from completed surveys were analyzed at regional and LHA level.

(*) A parallel investigation implemented the surveys with focus on Heart Failure (HF) patients (Quattrone et al, 2024).

Results (1/4)

- All FUs' Directors (n=14), and 96% of hospital-units' Directors (n=25) replied to the surveys.
- Hospital-units offer several PC services to adult cancer patients, such as outpatient visits (86%) and multi-professional counseling by a medical-nursing team at home (64%) or within acute hospitalization (61%). Early-PC is offered simultaneously with curative care (96%).
- Survival and need for PC are predicted by means of clinical assessment (75%) and less frequently with standardized scales at hospital-units, with variability among the LHAs.
- In 86% of hospital-units, EOLC is delivered by a multidisciplinary team. Team members: PC specialists (96%), oncologists/hematologists (96%), psychologists (75%). There is variability in engaging other professionals, like nurses (50%) and geriatricians (8%) (Figure 4).

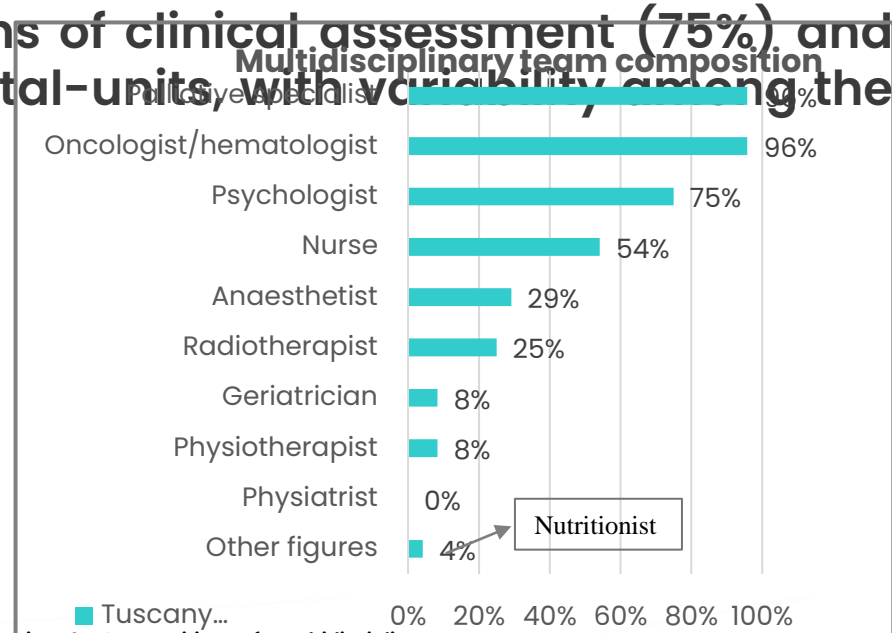


Fig. 4. Composition of multidisciplinary teams

Results (2/4)

- Transition pathways from hospital to hospices are present in 87% of FUs.
- When patients are assisted by the PC network, from home and nursing homes the pathways to hospice are established in most cases, while they are available in 50% of FUs from residences for disabled patients.
- When patients are not assisted by the network, pathways from home (47%), nursing homes (40%) and residences for disabled patients (27%) are less frequently available (Figure 5).
- Pathways to co-manage the patients transferred to hospice with oncology hospital-units are available at 60% of FUs, with variability among LHAs.

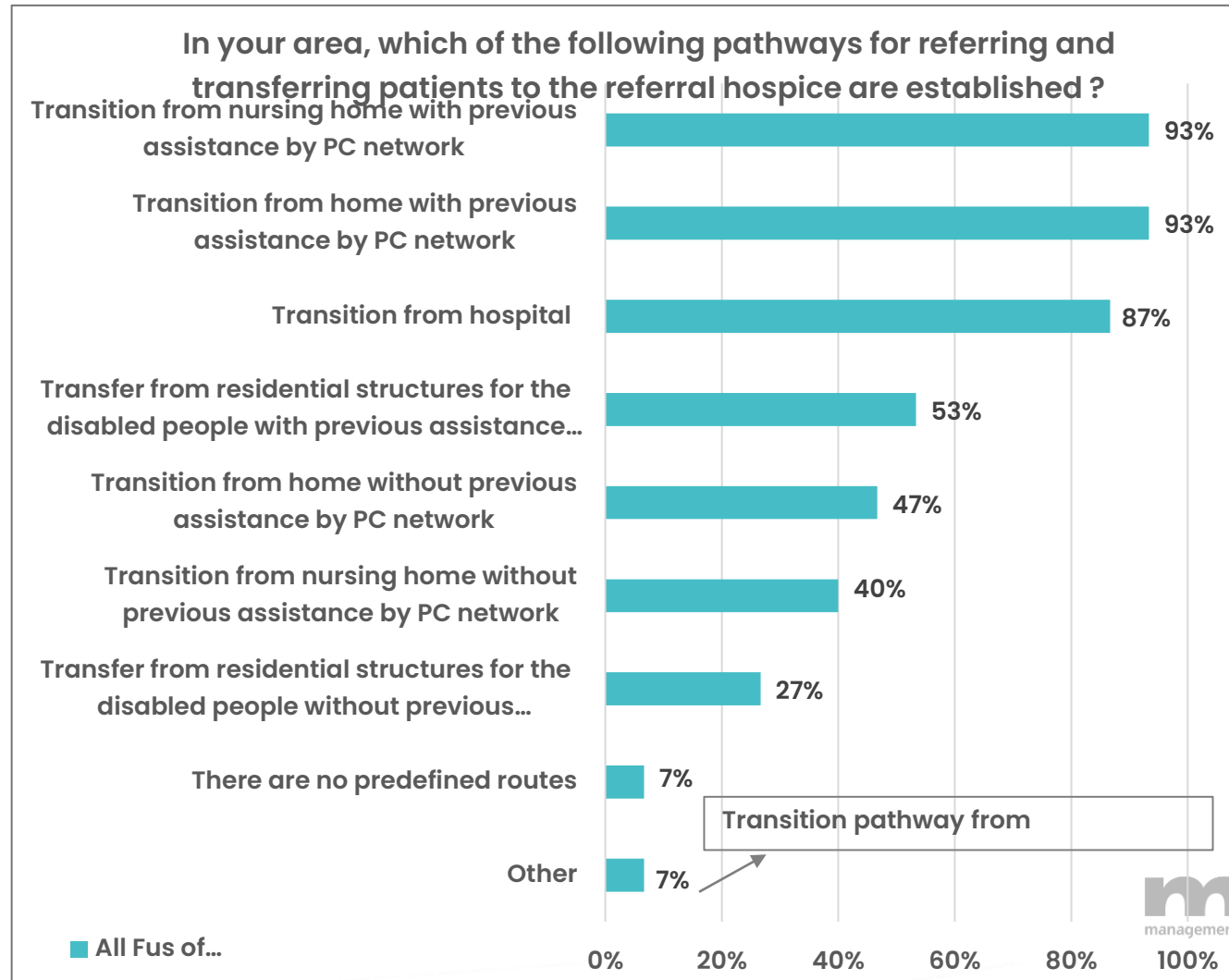


Fig. 5. Transition pathways

Results (3/4)

Hospital and community-based professionals show similar perceptions on EOLC, but with some exceptions: FU Directors do believe communication on PC to the public and early discussions on EOLC with caregivers should be enhanced, while hospital-unit Directors are less sensitive to these issues (Table 1):

Issues	FU Directors	Hospital-unit Directors
Specific <u>training of hospital personnel</u> should be improved.	87%	82%
<u>Developing shared pathways</u> between organisations (and professionals) is needed to enhance EOLC for cancer patients.	82%	80%
Currently, patient information exchange is mainly based on contact between professionals. <u>Implementing digital information systems</u> can support the development of EOLC for cancer patients.	80%	61%
Specific <u>training of community professionals</u> should be improved.	73%	68%
<u>Communication on PC</u> to the public should be enhanced.	87%	39%
<u>Early discussions on EOLC</u> with caregivers should be enhanced	73%	57%

Tab 1. Perceptions of FU Directors and hospital-unit Directors on EOLC provision to cancer patients

Results (4/4)

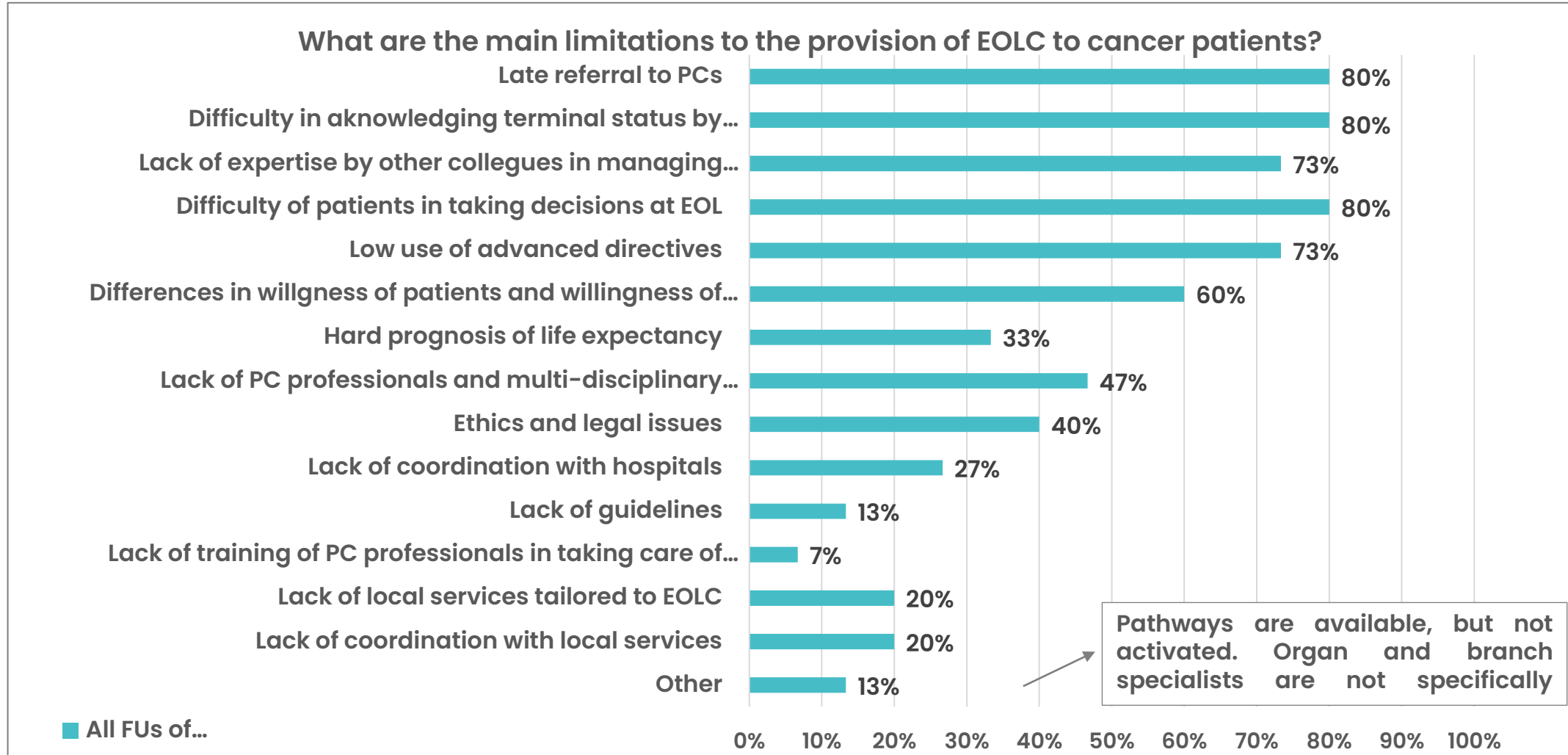


Fig. 6 Flows to EOLC

Discussion

Highlights on results:

- many dedicated services are available for cancer patients
- EOLC delivery presents variability among and within LHAs (professionals involved, pathways, procedures, tools)
- transition pathways are heterogeneous among organizations
- multi-professional care often is not supported by information sharing systems
- late referral to PC is perceived among the main challenges of EOLC
- specific training for hospital/community personnel should be enhanced





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Thank you

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