Utilization of Early Integrated Palliative Medicine Among Patients with Metastatic Solid Tumor Cancers: Findings from a Safety Net Medical Center Treating a Majority African American Population.

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Background: Early interdisciplinary Palliative Medicine (PM) involvement is known to provide significant benefits when added to usual oncology care, however a study by Ferrari et al looking at oncologic patients between 2001 to 2016 found that only36% of patients with cancers with a very poor prognosis received Palliative Medicine services. In 2016 ASCO provided a practice guideline recommending specialty PM services to begin within 8 weeks of diagnosis. Our study aimed to assess the integration of the above recommendation in a newly built academic, safety net hospital serving as a regional tertiary healthcare facility with a newly built PM service that included a free-standing outpatient clinic.

Methods: This is a retrospective cohort study of all patients on the tumor registry with de novo stage IV cancer diagnosed in a four-year period from 2018 to 2021. Patient data was collected from the electronic medical record (EMR) and included demographics, health history, PM utilization, and advance care planning documentation. Logistic regression was used to analyze key predictors of PM utilization and advance care planning.

Results: The majority of patients (N = 510) were African American (race: Black [56.5%], White [35.7%], all other racial groups [7.8%]; mean age = 59.8 [range from 18 or over 90]; sex: 60.6% male). Diagnoses included gastrointestinal (38.2%), thoracic (27.8%), genitourinary (26.3%), and other (7.7%) cancers. Out of the group, 60.5% of the patients received PM services and 55% of those had a visit within the ASCO recommendations of 8 weeks. A surprising 32.7% of those referred to PM had a first visit within the first 2 weeks via an urgent referral system, most often for symptom management. About 40.0% of initial visits were outpatient rather than inpatient and there were no racial or other demographic differences in the setting of the first visit. Patients receiving cancer care in more recent years ($P < .001$), who were younger ($P = .025$), and with non-genitourinary cancers ($P = .005$) were more likely to receive PM services. Also, patients who received PM were more likely to have a medical power of attorney ($P < .001$) and living will ($P < .001$) documented in the EMR.

Conclusions: This study demonstrates that in centers with a robust PM team including an outpatient clinic, patients with advanced cancer are receiving early Palliative Medicine evaluation in accordance with the 2016 ASCO guidelines. In contrast to a previous study by Johnson et al our study shows that African Americans were also equally referred and established with PM services. Our study is limited by the presence of a free-standing PM clinic rather than embedding into a cancer center which may assist with even earlier integration.