



The Problem

Integrating palliative care earlier in the process



Most people living with advanced colorectal cancer only receive specialist palliative care in the **last two months of life**, despite research showing the benefit of early palliative care.



We implemented an early palliative care pathway for people living with advanced colorectal cancer, that included:



A **"Shared Care Letter"** between oncologists and family physicians, and patient handout



A **palliative care nurse specialist** to see patients early, and help clinicians use the new pathway

What Did We Find?

The duration of palliative care involvement went up to a median of **240 days before death** for those who got both the Shared Care Letter and the Palliative Nurse Specialist, compared to **86 days** for those who got neither, in Calgary. Comparing those who died in **Calgary** (intervention site) with those who died in **Edmonton** (control site) in a before-after comparison:



17%
INCREASE

17% increase in early palliative care consults (i.e. more than 3 months before death)



69
DAYS

69 days of earlier palliative care



30%
UPTAKE

30% uptake of shared care letter



2

EXTRA DAYS

People stayed 2 extra days at home in the last 3 months



\$4,492*
LESS

Cost the system \$4,492* less per patient as a result

* adjusted to 2021 Canadian dollars



How Are We Doing?

"She [palliative care nurse] just really wants to see how I'm doing and make sure that I'm right on track with what they're offering me, and it's been working out really really well....We're given time, we're given space, and we can ask questions. I've stumbled into a team with really good folks."

- PATIENT

"For myself and my wife, the sooner we understood what was happening and what services were available, it gave us a peace of mind and it didn't diminish the hope for best quality of life and what's ahead. It did give us a chance to be a bit more prepared in our minds of what to expect and to know there's services out there."

- FAMILY MEMBER

"It [shared care letter] makes it nice and clear what the expectations are in general terms. It's nice and simple, it's easy to follow, it's pretty clear who's doing what."

- FAMILY DOCTOR

"And I really loved the program, to be frank. I really did. I thought it was a way to capture – to complete patient care. And it's not all on one person."

- ONCOLOGY NURSE

"I think it was a very clear pathway with very clear steps for the physicians...triggering or cueing was really important for me because I think there are so many other things that we're thinking about in clinic."

- ONCOLOGIST