

The Effect of Community-Based Specialist Palliative Care Teams on Place of Care

Hsien Seow, Gagan Dhaliwal, Konrad Fassbender, et al Journal of Palliative Medicine 2015; 18(X): in press

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Abstract

Background: Prior research on community-based specialist palliative care teams used outcome measures of place of death and/or dichotomous outcome measures of acute care use in the last two weeks of life. However, existing research seldom measured the diverse places of care used and their timing prior to death. **Objective:** The study objective was to examine the place of care in the last 30 days of life. **Methods:** In this retrospective cohort study, patients who received care from a specialist palliative care team (exposed) were matched by propensity score to patients who received usual care in the community (unexposed) in Ontario, Canada. Measured was the percentage of patients in each place of care in the last month of life as a proportion of the total cohort. **Results:** After matching, 3109 patients were identified in each group, where 79% had cancer and 77% received end-of-life home care. At 30 days compared to 7 days before death, the exposed group's proportions rose from 33% to 41% receiving home care and 14% to 15% in hospital, whereas the unexposed group's proportions rose from 28% to 32% receiving home care and 16% to 22% in hospital. Linear trend analysis (proportion over time) showed that the exposed group used significantly more home care services and fewer hospital days ($p < 0.001$) than the unexposed group. On the last day of life (place of death), the exposed group had 18% die in an inpatient hospital bed compared to 29% in usual care. **Conclusion:** Examining place of care in the last month can effectively illustrate the service use trajectory over time.

Strengths

This is the first published study to use large patient numbers available in multiple databases to examine and compare location of care in the last 30 days of life for patients receiving and not receiving palliative care team support in the community.

Weaknesses

The usual limitations of information available in databases as well as the need to consider preferred place of care is described in the report.

Relevance

The importance of considering location of care through the illness trajectory rather than simply using location of death outcomes as commonly used in previous literature will require ongoing advocacy and research.