



# Characterizing Oncologist Involvement in an Oncology Nurse-Led Primary Palliative Care Intervention

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## BACKGROUND

- Guidelines recommend palliative care for all patients with advanced cancer.
- Patients' access to these services are restricted by limited numbers and geographic distribution of specialty palliative care providers.
- Primary palliative care (PPC), provided by the oncology team as opposed to a palliative care specialist, may help to increase access.
- Mixed success of previous trials necessitates closer analysis to identify key components of these approaches and opportunities for improvement.

## OBJECTIVE

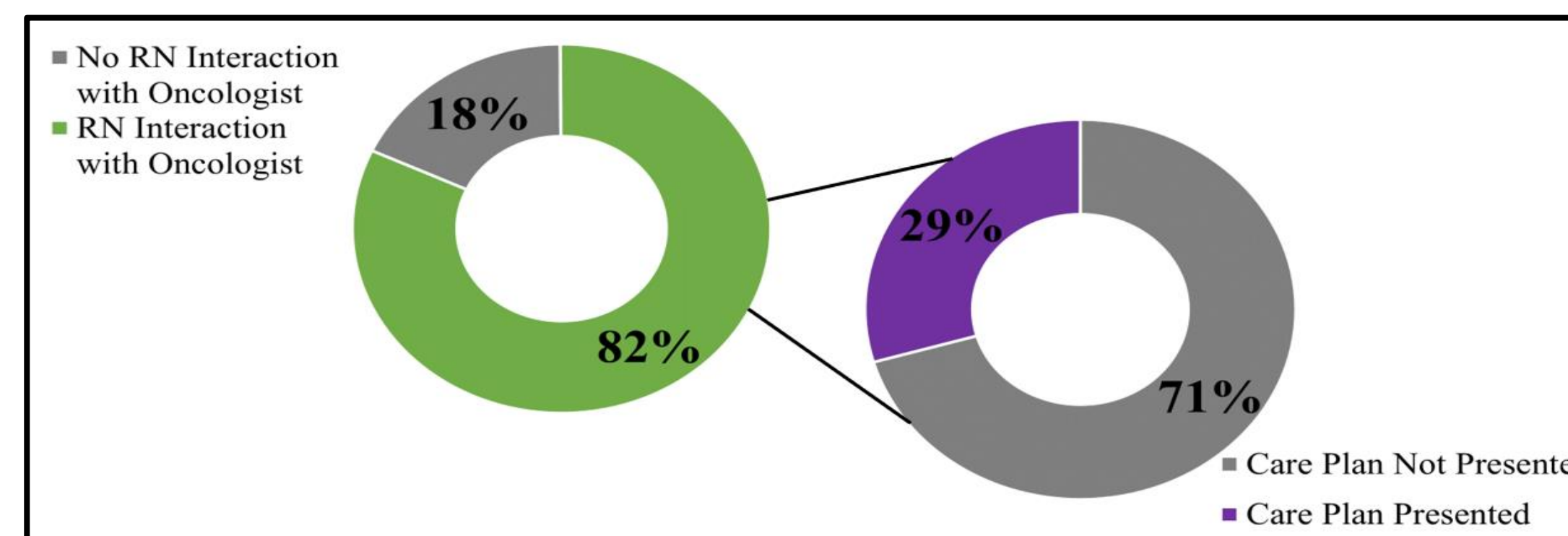
For patients with advanced cancer who were part of an oncology nurse-led, PPC intervention trial, we sought to:

- (1) Characterize the frequency and content of the nurse-oncologist communication, and
- (2) Characterize oncologists' receptiveness and action taken as a result of plans presented by the oncology nurses.

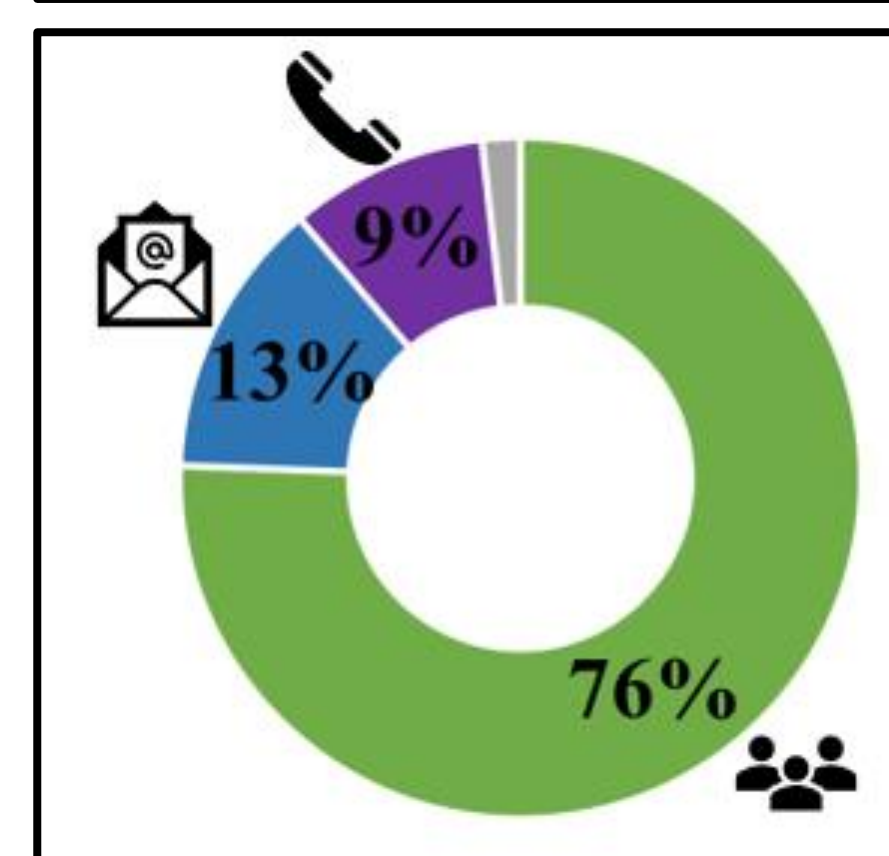
## METHODS

Secondary analysis of a cluster-randomized controlled trial of a PPC intervention led by existing oncology nurses at 17 community oncology clinics in Western PA from 2016-2020 (NIH Grant: R01CA197103).

- Patients:** Adults  $\geq 21$  yrs with metastatic solid tumors for whom their oncologist would not be surprised if the patient died within the next year.
- Intervention:** Up to 3 monthly visits, before or after regularly scheduled oncology appointments, during which the oncology nurse addressed patients' palliative care needs. Afterwards, nurses would update the oncologist and elicit input on patient care plans.
- Data Collection:** Checklist completed by nurses after each study visit.
- Analysis:** First, we used data from closed-ended questions to describe attributes of the nurse-oncologist communication. Second, we categorized open-ended descriptions of the care plan and oncologist receptiveness.



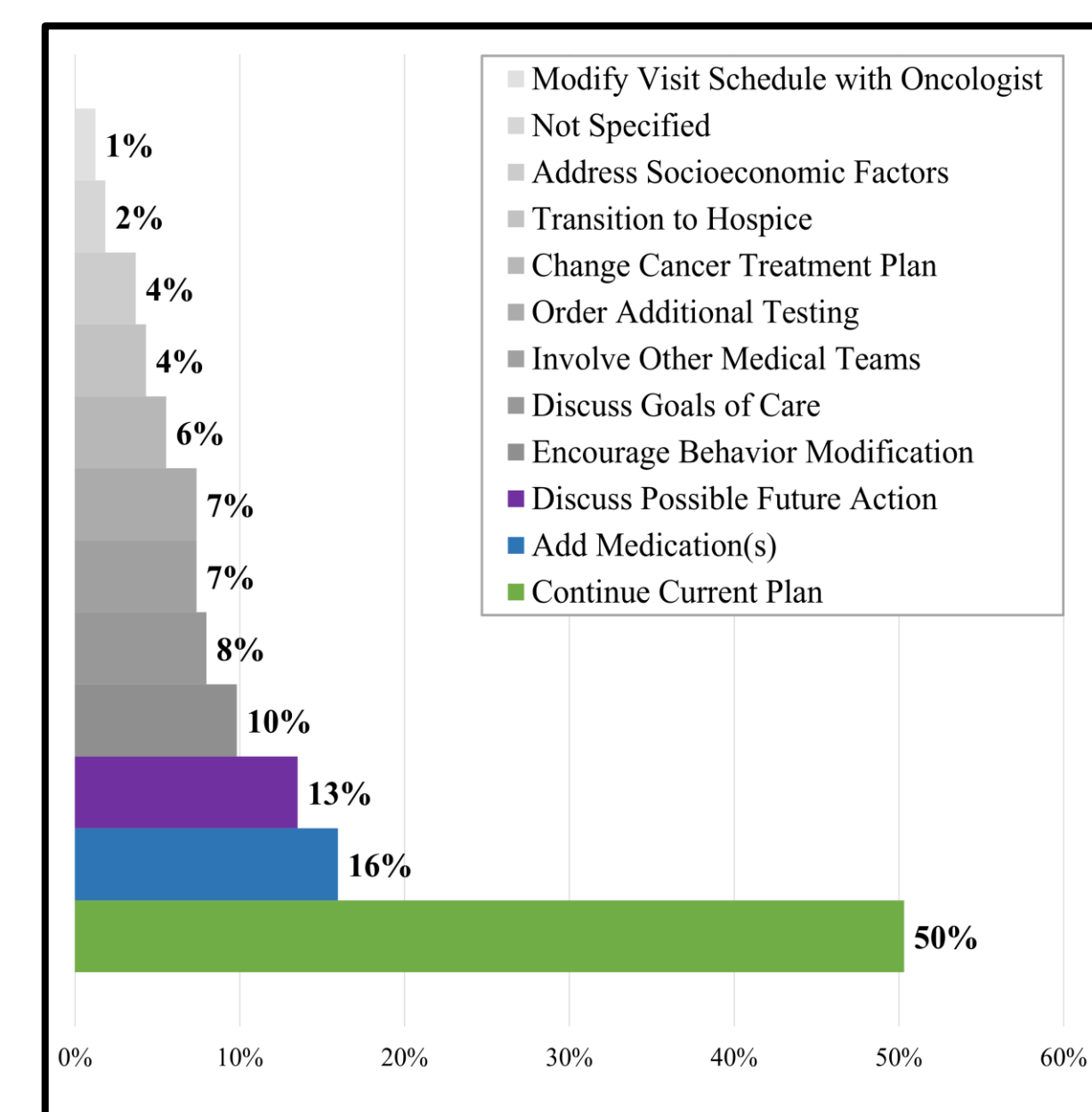
**Figure 1:** On the left, oncologist involvement in N=674 PPC visits. On the right, whether a care plan was presented to the oncologist by the nurse during the N=553 instances an oncologist was involved with the intervention.



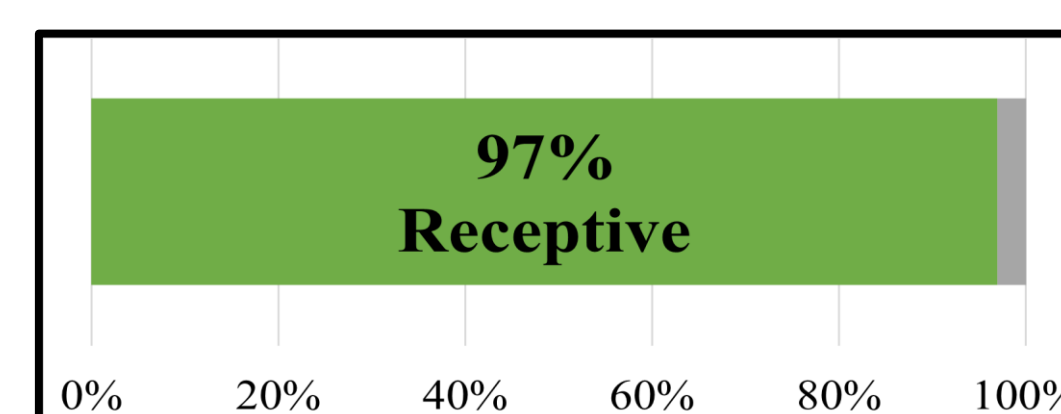
**Figure 2:** Method of communication between nurse and oncologist during N=553 interactions – in-person, email, telephone, or not reported.

*“Wants to discuss future planning, unsure how far to go with treatment”*

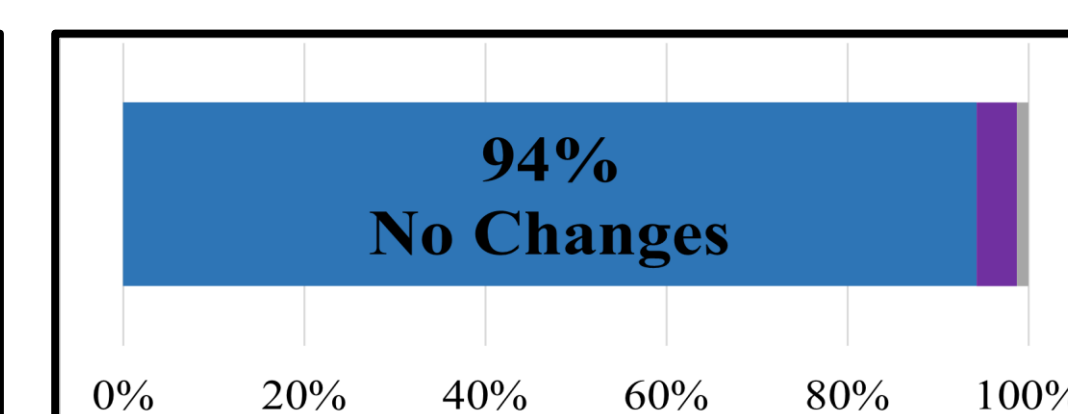
Example of care plan description categorized as “Goals of Care”



**Figure 3:** Content of care plans discussed with oncologists at N=163 PPC visits.



**Figure 4:** Whether oncologist was receptive to the care plan when presented, N=163.



**Figure 5:** Whether oncologist made changes to the care plan when they were receptive, N=158.

## RESULTS

- Nurses updated oncologists after 553 of 674 (82%) of PPC visits – Figure 1.
- Nurses communicated with the oncologist in-person (418 of 553 visits; 76%), by email (73 of 553 visits; 13%), and via telephone (52 of 553 visits; 9%) – Figure 2 – for an average of 8.3min.
- A care plan was discussed in 163 of 553 (29%) oncologist updates– Figure 1.
- Care plans content was most commonly classified as continuing the current plan (82 of 163 plans; 50%), adding medication (26 of 163 plans; 16%), and discussion of possible future action to be taken (22 of 163 plans; 13%) – Figure 3.
- The oncologist was often receptive to the care plan (158 of 163 visits; 97%) - Figure 4 - and did not recommend changes (149 of 158 visits; 94%) – Figure 5.

## CONCLUSION

- Oncologists were infrequently involved with the oncology nurse-led PPC intervention.
- When involved, oncologists were receptive and made minimal changes to the care plans.
- More collaboration between oncology nurses and oncologists may be required to increase efficacy of primary palliative care interventions.