



The Association of Continuity of Care and Palliative Care Utilization in Cancer Patients near the End of Life: A Nationwide Cohort Study

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Background

- Quality of care and quality of life for cancer patients at the end of life (EOL) remains a major challenge for healthcare systems.
- The use of palliative care has been shown to be beneficial in reducing overly aggressive medical intervention in the terminally ill. Although past studies have explored the impact of continuity of care (COC) on providing quality EOL care, the relationship between COC and palliative care utilization still need to be examined.

Aims of study



- To investigate the trend of hospice utilization from 2014 to 2020.
- To investigate the association of the COC and the palliative care utilization in cancer patients at EOL

Methods

- A retrospective cohort study was performed using data from National Health Insurance Research Database (NHIRD), the Taiwan Cancer Registry Database, and the National Death Registry Dataset.
- Adults patients with advanced stage at diagnosis (stage III and IV) from 2014 to 2020 and died at least one year after diagnosis were enrolled (98,875).
- Using Cochran-Armitage trend test polynomial trends, logistic regression and inverse probability of treatment weighting (IPTW) were applied.

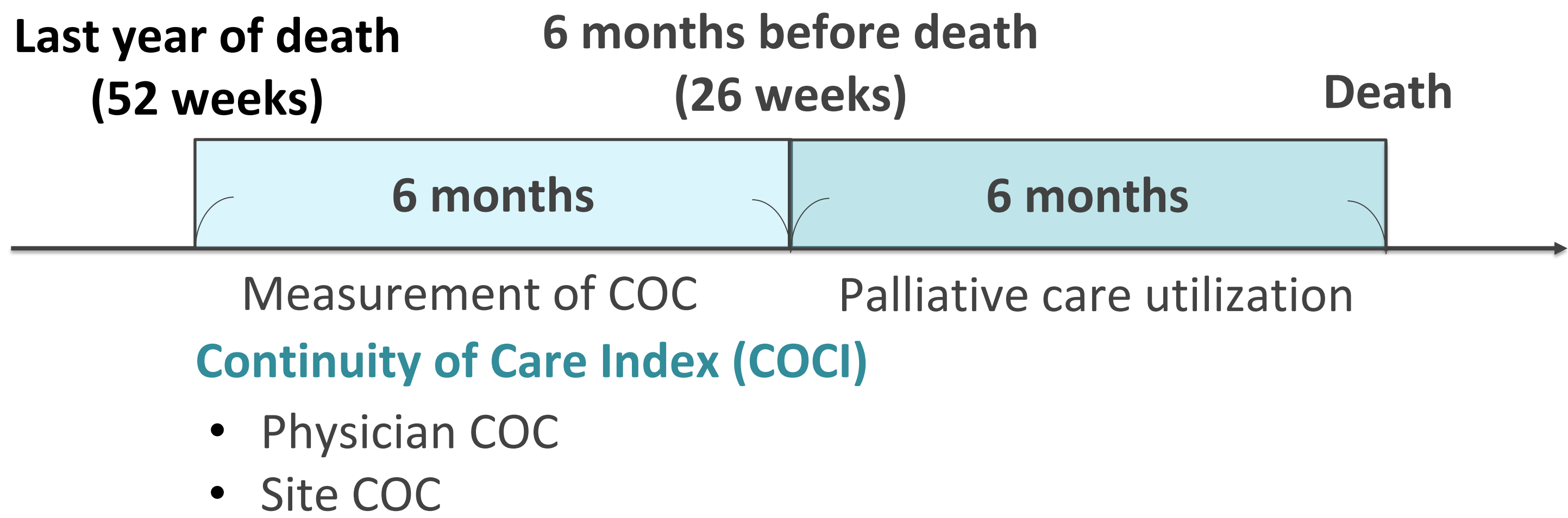


Figure 1 The definition of COC and palliative care utilization

Results

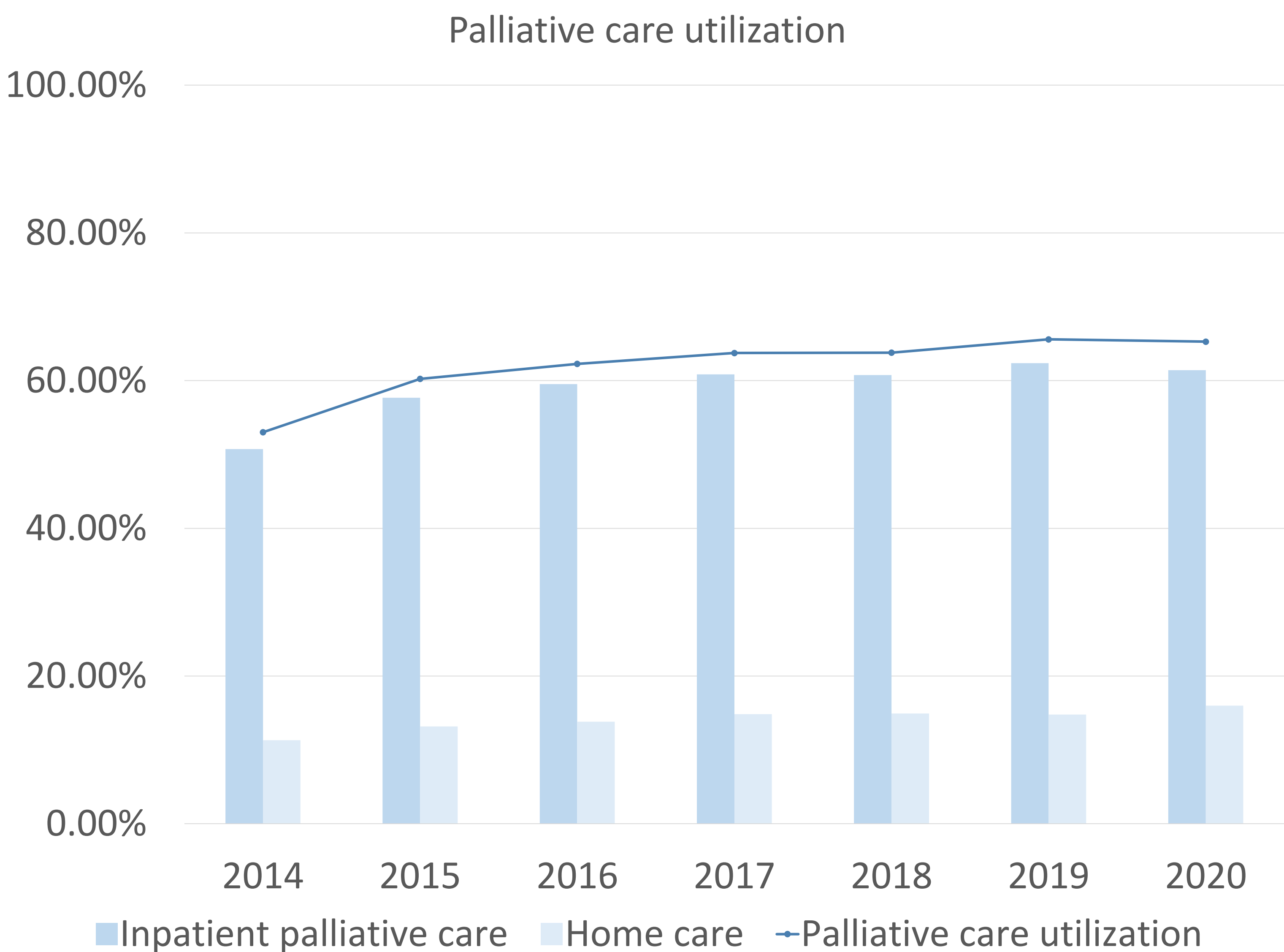


Figure 2 The trends of palliative care utilization

Results

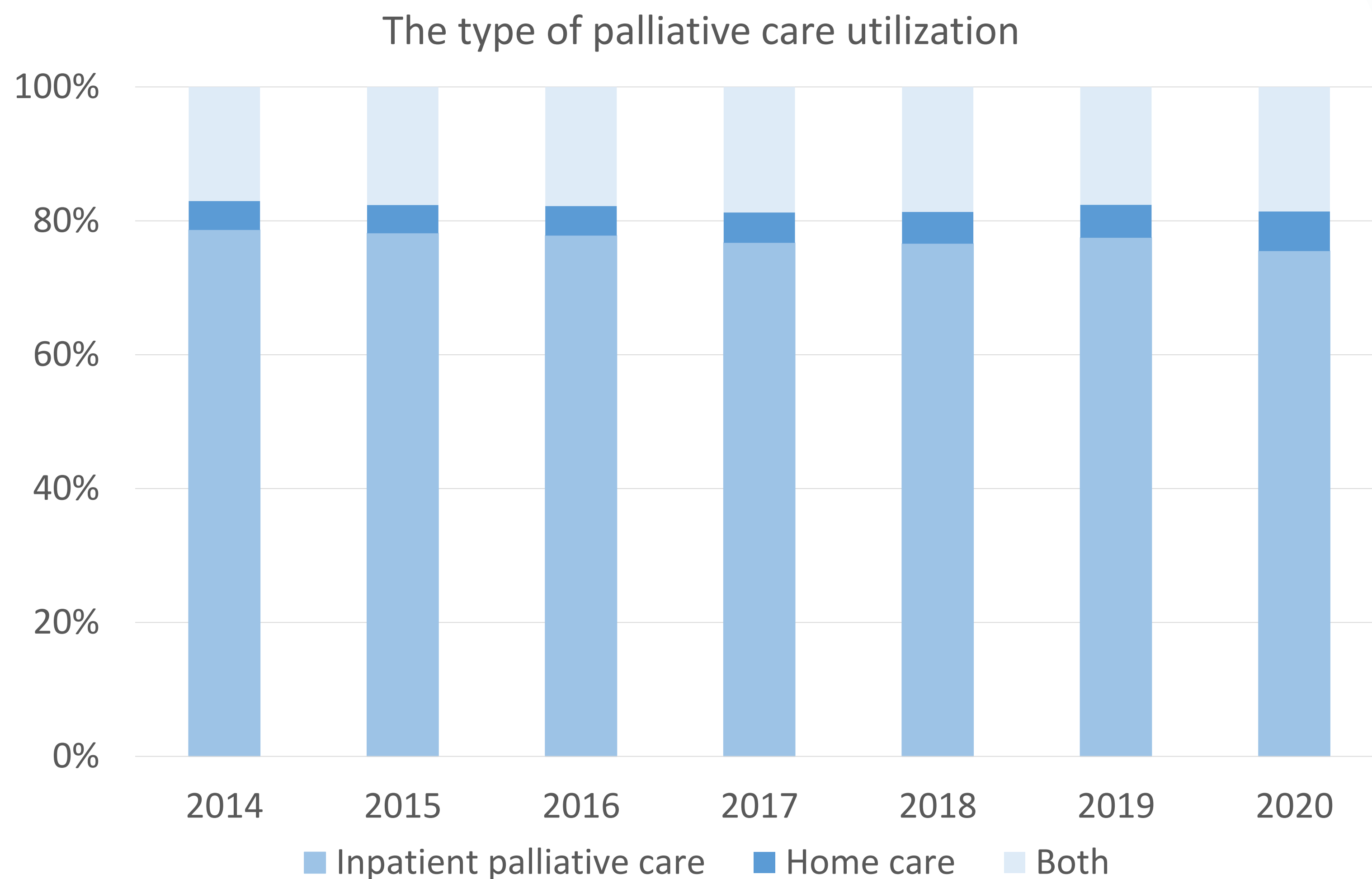


Figure 3 The trends of the type of palliative care utilization from 2014 to 2020 in only using palliative care patients

Table1 The relationship between **physician COC** and the palliative care utilization

	Palliative care utilization (ref: non-palliative care)		
	Unweighted OR (95%CI)	Weighted OR (95%CI)	Weighted aOR (95%CI)
Physician COC			
Low	-	-	-
High	1.14 (1.11-1.17) ***	1.16 (1.12-1.20) ***	1.13 (1.11-1.15) ***

*p<0.05; **p<0.01; ***p<0.0001

Adjusted for year of death, age of death, gender, marital status, low-income households, interval between diagnosis and death, comorbidities, cancer type, stage of cancer, metastasis status, level of hospital

Table2 The relationship between **site COC** and the palliative care utilization

	Palliative care utilization (ref: non-palliative care)		
	Unweighted OR (95%CI)	Weighted OR (95%CI)	Weighted aOR (95%CI)
Site COC			
Low	-	-	-
High	1.29 (1.26-1.32) ***	1.29 (1.24-1.33) ***	1.11 (1.07-1.15)***

*p<0.05; **p<0.01; ***p<0.0001

Adjusted for year of death, age of death, gender, marital status, low-income households, interval between diagnosis and death, comorbidities, cancer type, stage of cancer, metastasis status, level of hospital

Conclusion

- Our study shows an association between increasing COC and palliative care utilization at the EOL. The findings of this study emphasize that enhancing COC is crucial to provide high-quality EOL care for advanced cancer patients.
- The results highlight the importance of COC in the initial use of palliative care for advanced cancer patients.

Reference

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