Referral and access barriers to a multidisciplinary outpatient palliative care service

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Session outline

- Early palliative care in the outpatient setting
- Yarra Ranges Health Outpatient Palliative Care Service
- Review the literature that describes referral and access barriers to specialist palliative care services
- Discuss strategies adopted to overcome these barriers
What is palliative care?

Palliative care is both a *philosophy of care* and an organised, highly structured system for delivering care which expands traditional disease-model medical treatments.

The goals of palliative care are to prevent and relieve suffering, enhance quality of life for patients and caregivers, help with decision making and provide opportunities for personal growth.

Palliative care is appropriate for all patients with a life threatening illness and their caregivers, *regardless of the stage of the disease* or the need for other therapies.

National Consensus Project (n.d.)
Palliative care

Traditional model of palliative care

World Health Organization (1990)
Palliative care

Integrated model of palliative care

World Health Organization (1990)
Outpatient palliative care

- “Outpatient palliative care clinics should be actively promoted for the provision of *early palliative care interventions*” (Porta-Sales et al., 2005, p. 152)

- “Outpatient clinics are a new frontier for palliative care” (Meier & Beresford, 2008, p. 823)

- Outpatient palliative care clinics can improve the continuity of care across services (Meier & Beresford, 2008)
Yarra Ranges Health
Yarra Ranges Health
Outpatient Palliative Care Service

- A member of Eastern Health
- Service commenced in November 2008
- Important early palliative care intervention
- Medical, nursing and allied health assessment and supportive care
- **Team**—palliative care physician, clinical nurse consultant, occupational therapist, social worker and music therapist
- Primarily clinic based services
Challenges

- Initial low referral rate

- Significant level of discomfort among potential referrers in being the first service to introduce *palliative care* with patients and families

- Patients perception that palliative care means imminent death
Referral and access barriers to specialist palliative care services

The evidence.....
Issues accessing specialist palliative care

- Systematic review of 40 international studies

- Problems include:
  - postcode lottery
  - lack of understanding about whom to refer and when
  - resistance to “share” patients
  - reluctance by many patients/families to be referred for palliative care
  - perception that palliative care is only for cancer patients
  - missed opportunities – residential care, cultural backgrounds

Ahmed et al. (2004)
Physician related barriers

- Oncologists are more likely to refer to hospice than cardiologists or respiratory physicians (Bradley et al., 2000)

- GPs are more reluctant than hospital physicians to define patients as needing palliative care (Farquhar, Grande, Todd & Barclay, 2002)

- Barriers:
  - knowledge gaps (Bradley et al., 2000)
  - attitude towards hospice care (Bradley et al., 2002)
  - difficulty accepting death (Friedman, Haywood & Shields, 2002)
  - curative v palliative, either/or option (Friedman et al., 2002)
Nurse related issues

- Survey of 199 critical care nurses (Kirchhoff & Beckstrand, 2000)
- Barriers to the provision of palliative care services:
  - poor understanding of prognosis
  - family anger and disagreements about treatment
  - poor communication between doctors and nurses about prognosis and care
- Doctors and nurses disagree markedly on the palliative care needs of patients (Gott, Ahmedzai & Wood, 2001)
Barriers

- Survey of hospice staff, bereaved caregivers and referring physicians
- Primary barriers to early access into hospice care:
  - limited knowledge of the specialist skills associated with hospice care
  - perception of “giving up” on the patient
  - reluctance to discuss or acknowledge end of life

Johnson & Slaninka (1999)
Non-malignant diseases

- In a survey of 78 consulting physicians, 95% expressed concerns about referring patients to specialist palliative care services.

- Expressed concerns were:
  - patient perception
  - limited disease specific expertise in the palliative care team
  - difficulty prognosticating when disease was end-stage & risk of misdiagnosis
  - risk of being de-skilled
  - patients feeling abandoned

Dharmasena & Forbes (2001)
## In summary

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Recommendations

As suggested by the literature to facilitate palliative care referrals
Recommendations

- Educate health care professionals on how to introduce palliative care to consumers
- Educate consumers in order to increase awareness and address misconceptions
- Develop stronger professional relationships and improve communication
- Promote shared care and responsibility
- Promote early palliative care referrals

Ahmed et al. (2004)
Addressing the barriers

- “Introducing palliative care or using the *P-word* for the first time”
- An interactive workshop
  - Targeted at non-palliative care health professionals
  - Enable clinicians to have the skills, confidence and knowledge to introduce palliative care
  - Education, discussion and role play
Outcome

- Feedback has been positive
- Improved skills and confidence
- Too early to determine if referral rates have increased
References


