



Outcomes in Kaiser Permanente Colorado Head/Neck Cancer Patients Receiving Chemo-Radiation and Palliative Care

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Statement of the Problem

- In January 2017, Kaiser instituted a protocol offering early, integrated palliative care to all patients with head and neck cancer starting chemo-radiation therapy at a single clinic site.
- The outcomes of this protocol when compared to Kaiser Permanente patients with similar diagnoses/treatment who received standard care had not been evaluated.

Literature Review

- Head and neck cancer patients have airway management issues, speech/communication problems, dysphagia, disfigurement, and xerostomia.
- Existing literature includes reviews of early palliative care in advanced cancer and psychosocial intervention in head and neck cancer patients but has been inconclusive.^{1,2}

Objectives

Program evaluation project objectives:

- Determine if patients on the protocol have better outcomes than those receiving standard care.
- Determine possible financial impact (cost savings).
- Determine if the protocol should be expanded and standardized.

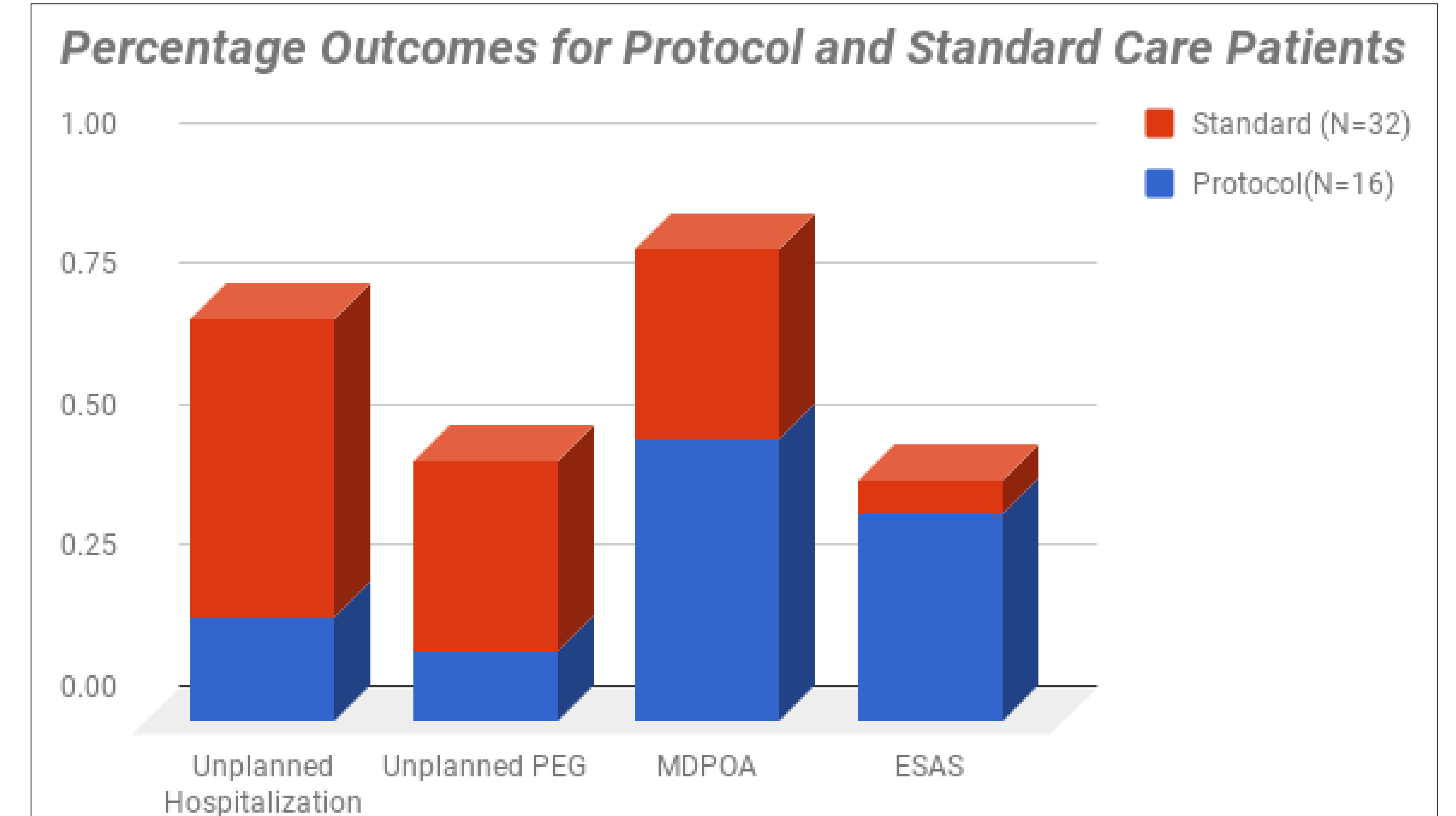


Methods

- Patients receiving protocol care (N=16, Jan 2017-May 2018) were compared to those with similar diagnoses/treatment receiving standard care (N=32; Feb 2015-June 2017) at an outpatient Kaiser clinic.
- **Evaluation:**
 - Unplanned hospitalizations related to disease
 - Unplanned Percutaneous Endoscopic Gastrostomy (PEG) tube placement
 - Medical Decision Power of Attorney (MDPOA)/Advance Directive (AD)
 - Completion of Edmonton Symptom Assessment Scale (ESAS).
- **Data Collection and Analysis:**
 - EHR data extraction
 - Excel and Google spreadsheets
 - Descriptive and inferential statistics
 - Chi square analysis

Results

- Protocol patients had significantly fewer unplanned hospitalizations compared to standard care patients (18.8% vs 53.1%, p=.022). Absolute Risk Reduction (ARR) 34.3%, Relative Risk Reduction (RRR) 64.6%, Number Needed to Treat (NNT) = 3 to prevent one hospitalization.
- Protocol patients had higher percentages of MDPOA completion (50% vs 34%, p=.296), higher percentages of ESAS completion (37.5% vs 6.25%, p=.006) and lower percentages of unplanned PEG tube insertions (12.5% vs 34%, p=.107)



Acknowledgement & References

Mentor: Maurice Scott, MD

References:

1. Haun MW, Estel S et al Early palliative care for adults with advanced cancer. Cochrane Database of Systematic Reviews 2017, Issue 6
2. Semple C, Parahoo K et al Psychosocial interventions for patients with head and neck cancer. Cochrane Database of Systematic Reviews 2013, Issue 7

Conclusions/Implications

- Regular palliative care for head and neck cancer patients can decrease the rate of unplanned hospitalizations.
- There was a trend toward lower unplanned PEG tube insertions.
- Palliative care should be offered to all head and neck cancer patients.

Limitations

- Small sample in one HMO setting
- Quality of life measures were not recorded consistently and could not be assessed.