Poster 29: Outpatient specialty palliative care referral patterns among gynecologic cancer patients
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Topic: Quality of Life/Palliative Care

Objectives
We evaluated outpatient specialty palliative care referral patterns to assess compliance with American Society of Clinical Oncology (ASCO) guidelines.

Methods
We conducted a single institution retrospective quality improvement (QI) study. Gynecologic cancer patients with Stage III-IV or recurrent disease seen in outpatient oncology clinic from 2019 – 2022 were identified by CPT code and an institutional palliative care referral database. Demographics, referral source, and utilization metrics were collected. Outcomes included rates of outpatient specialty palliative care referral of eligible patients and referral completion and time from referral to first palliative care visit, hospice enrollment, and/or death. Descriptive statistics were performed.

Results
325 gynecologic cancer patients met ASCO criteria for outpatient specialty palliative care referral. 42% had ovarian cancer, 34% had uterine cancer, 12% had cervical cancer, and 4% had vulvar cancer. 15% had recurrent disease. 176 of 325 (54.2%) were referred to palliative care. 139 of 176 (77.8%) of referred patients saw a palliative care provider. 78% were referred by gynecologic oncology, 12% were referred by palliative care at hospital discharge, and 8% were referred by medical or radiation oncology. Median time from referral to appointment was 20 days [interquartile range (IQR) 12 – 29 days]. Reasons patients did not utilize palliative care included hospice transition (43%), lack of interest (43%), and death (5%). Median time from referral to hospice enrollment was 154 days (IQR 64 – 374 days), and median time from hospice enrollment to death was 18 days (IQR 9 – 40 days).

Conclusions
Only half of advanced or recurrent gynecologic cancer patients were referred to outpatient specialty palliative care. Most patients completed referral within thirty days. We remain limited in our ability to identify patients meeting ASCO criteria for palliative care referral from billing and electronic medical record data. Leveraging data collected during usual clinical care to find and track patients most likely to benefit from palliative care can improve delivery of comprehensive cancer care. Relevant goals for QI interventions include shifting palliative care referral earlier in the disease course and prior to need for inpatient admission.