

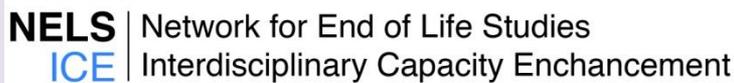
COMPREHENSIVE END OF LIFE CARE FOR PERSONS WITH CANCER: UNDERSTANDING COMORBIDITIES THROUGH LINKAGE OF CANCER, DIABETES AND CARDIOVASCULAR REGISTRIES

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North American Association of Central Cancer Registries
Ottawa, Canada



Background

- Many persons dying of cancer have *comorbidities* that affect the complexity of their needs for palliative support
- Comorbidity data is needed for comprehensive surveillance of persons at end of life



Painting by Robert Pope. Permission for use granted by Robert Pope Foundation

Nova Scotia



New palliative care strategy:

Department of Health and Wellness, 2014,

Integrated Palliative Care:

Planning for Action in Nova Scotia.

<http://novascotia.ca/dhw/palliativecare/documents/Integrated-Palliative-Care-Strategy.pdf>.

Disease Registry	Date Commenced
Cancer	1964
Diabetes	1992
Cardiovascular	1995
Renal	2010

Disease-Based Palliative Initiatives

Disease Program	Most Recent initiative
Cancer Care Nova Scotia	<i>In Progress:</i> Performance Indicator identification and feasibility testing
Diabetes Care Program of Nova Scotia	Completed study ¹
Cardiovascular Health Nova Scotia	Data reporting ²
Nova Scotia Renal Program	Stakeholder Forum ³
Chronic Obstructive Pulmonary Disease (COPD)	Home-based support for breathlessness ⁴

1. G Johnston, L Lethbridge, P Talbot, P Dunbar P, *et al* (2014) Importance of identifying persons with diabetes who could benefit from palliative care. **Canadian Journal of Diabetes.** in press
2. P Brar, G Johnston, L Lethbridge, N Gill, *et al* (Sept 2014) **Estimating need for advance care planning for persons at end of life with cardiovascular disease**, 20th International Congress on Palliative Care. Montreal
3. Nova Scotia Renal Program (May 2012) **Renal End of Life Care Stakeholder Forum.**
At:<http://www.nsrp.gov.ns.ca/sites/default/files/publications/end-of-life-care/presentations/2012-06-12%20NSRP%20EOL%20Forum%20Report%20Final.pdf>
4. R Horton, G Rucker, *et al* (2013) Implementing a Palliative Care Trial in Advanced COPD: A Feasibility Assessment (The COPD IMPACT Study). **J Palliat Med**; 16(1): 67–73

Study Purpose

Provide surveillance data for Nova Scotia (NS) on:

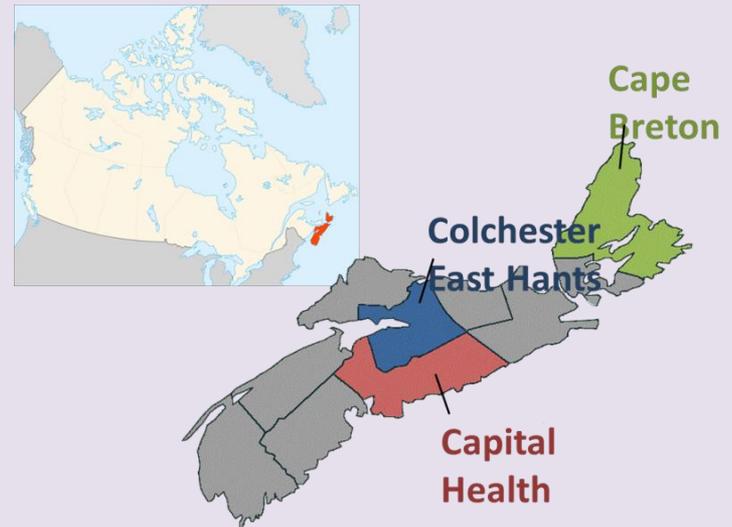
✧ Non-cancer comorbidities and

✧ Indicators of quality care for persons dying of cancer:

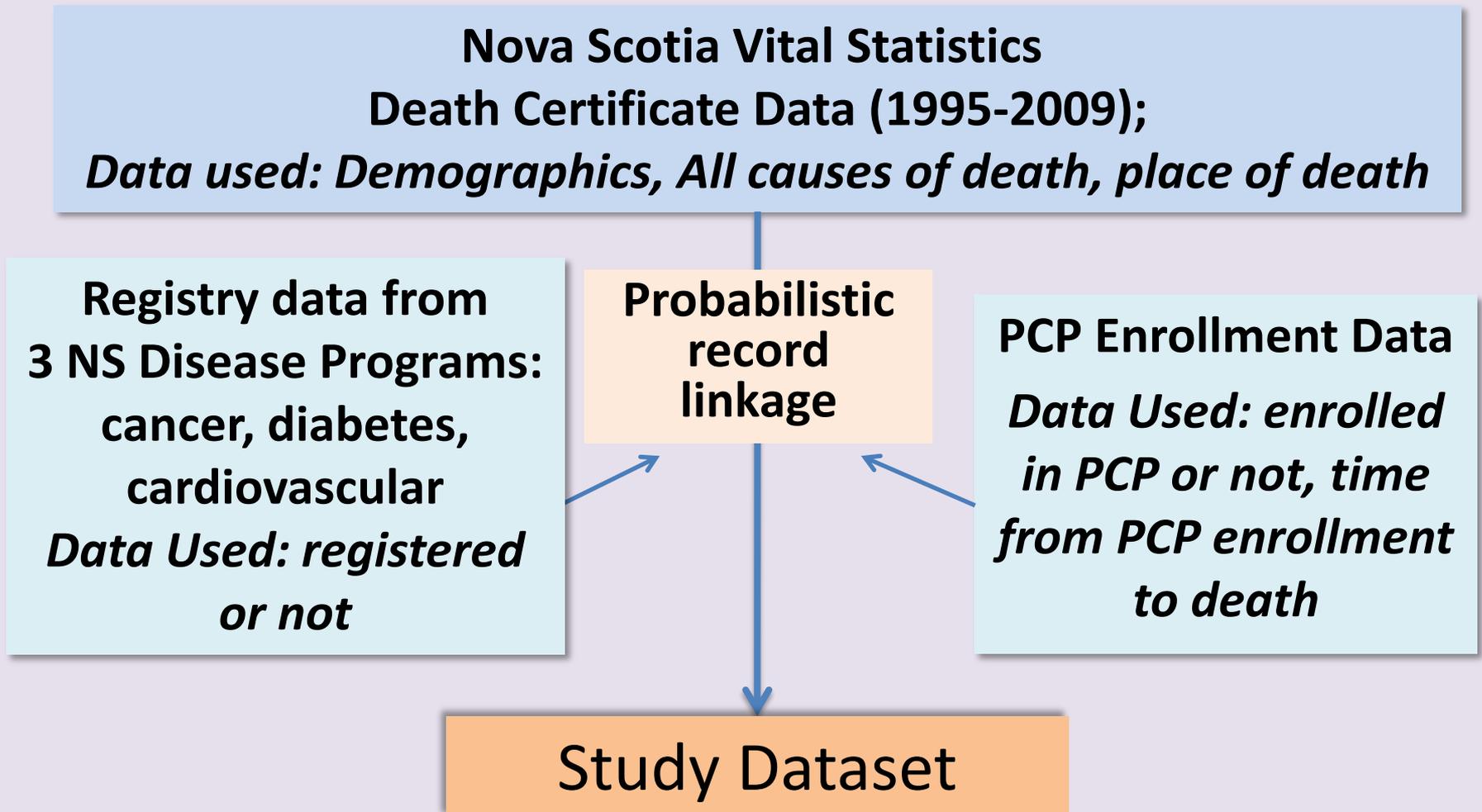
- Palliative care program (PCP) enrollment,
- Time from PCP enrollment to death, and
- Location of death

Methods

- Study population:
All NS deaths: 1995-2009,
n = 121,458
- Up to 13 causes of death
- Three Palliative Care
Programs (PCPs) cover 65% of
NS population



Study Data Development



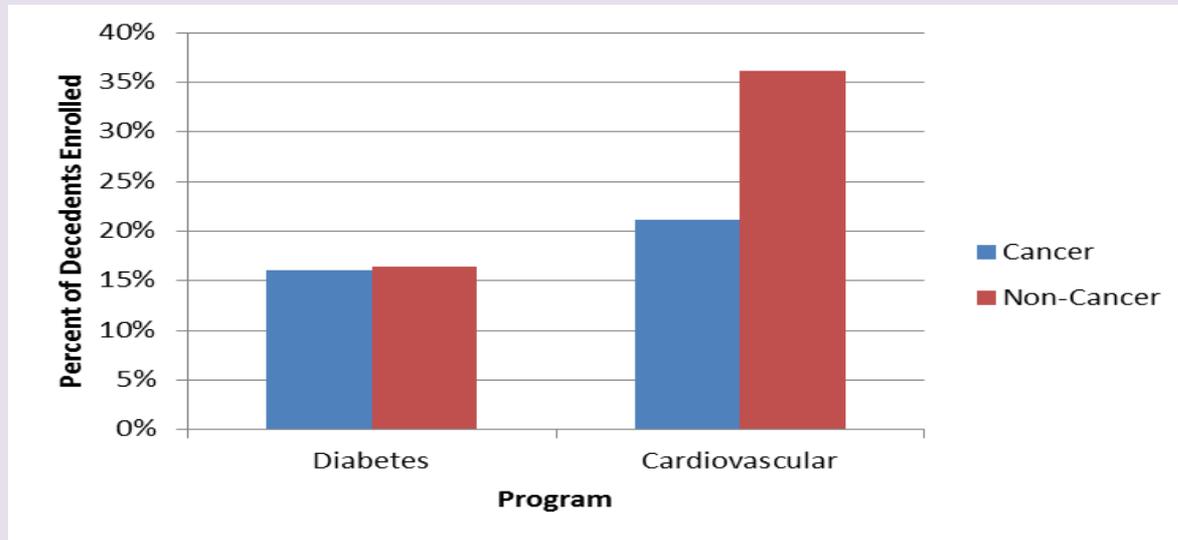
Population Characteristics

Characteristic	Cancer Decedents n=39,091
% of all deaths	32.2%
Mean age (years)	72.1
% male	53.6%
Average number of causes of death	2.5

Comorbid Causes of Death among Cancer Decedents

Some non-cancer causes of death	Percentage of persons dying of cancer who have this additional disease as a cause of their death
Cardiovascular including CHF and IHD	11.6%
COPD	7.9%
Diabetes	6.0%
Renal	4.6%
Dementia	3.4%

Chronic Disease Registry Enrollment

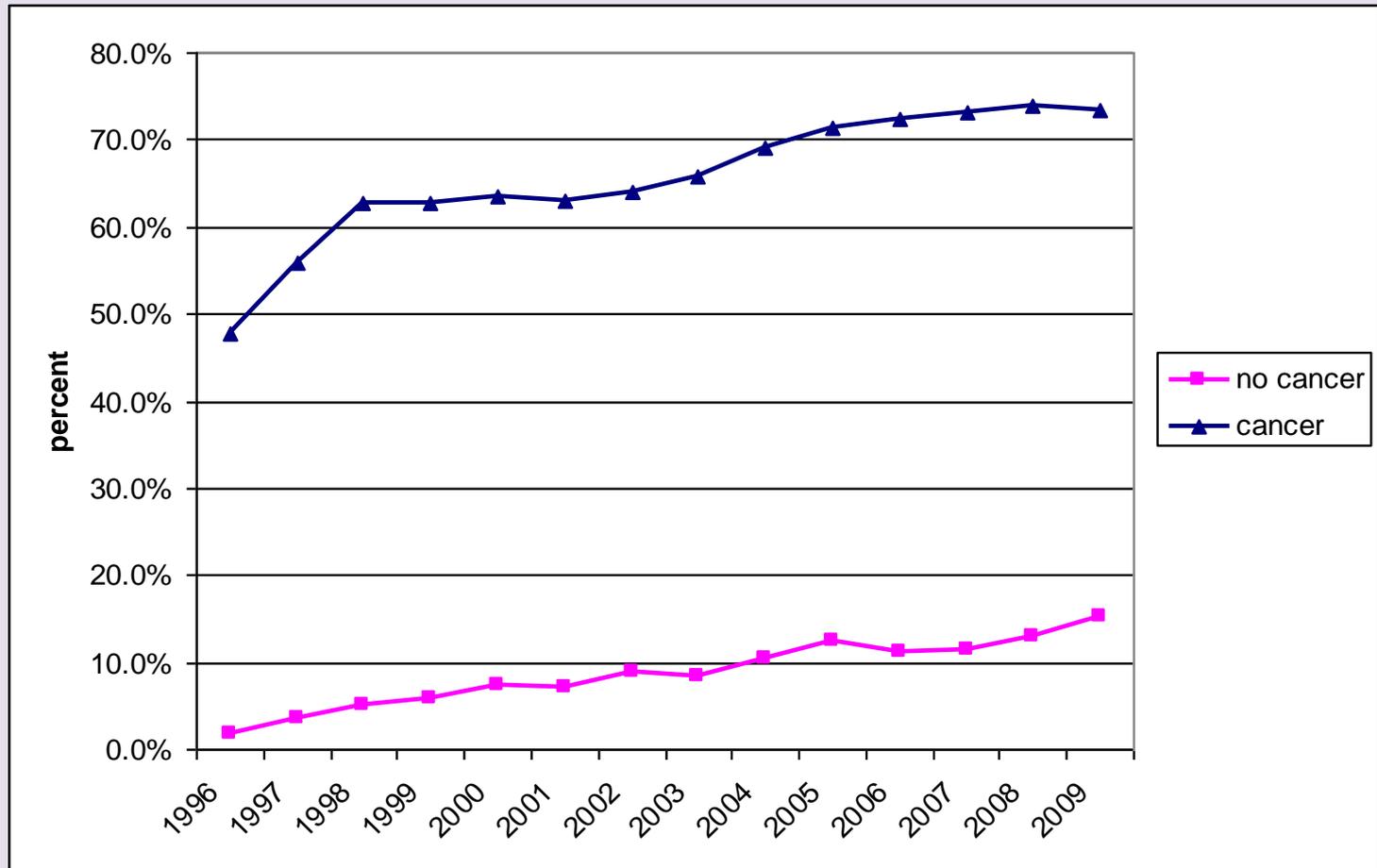


- Disease programs set clinical care guidelines for their diseases.
- Thus, they can advise on effective palliative care for persons dying of cancer with non-cancer co-morbidities

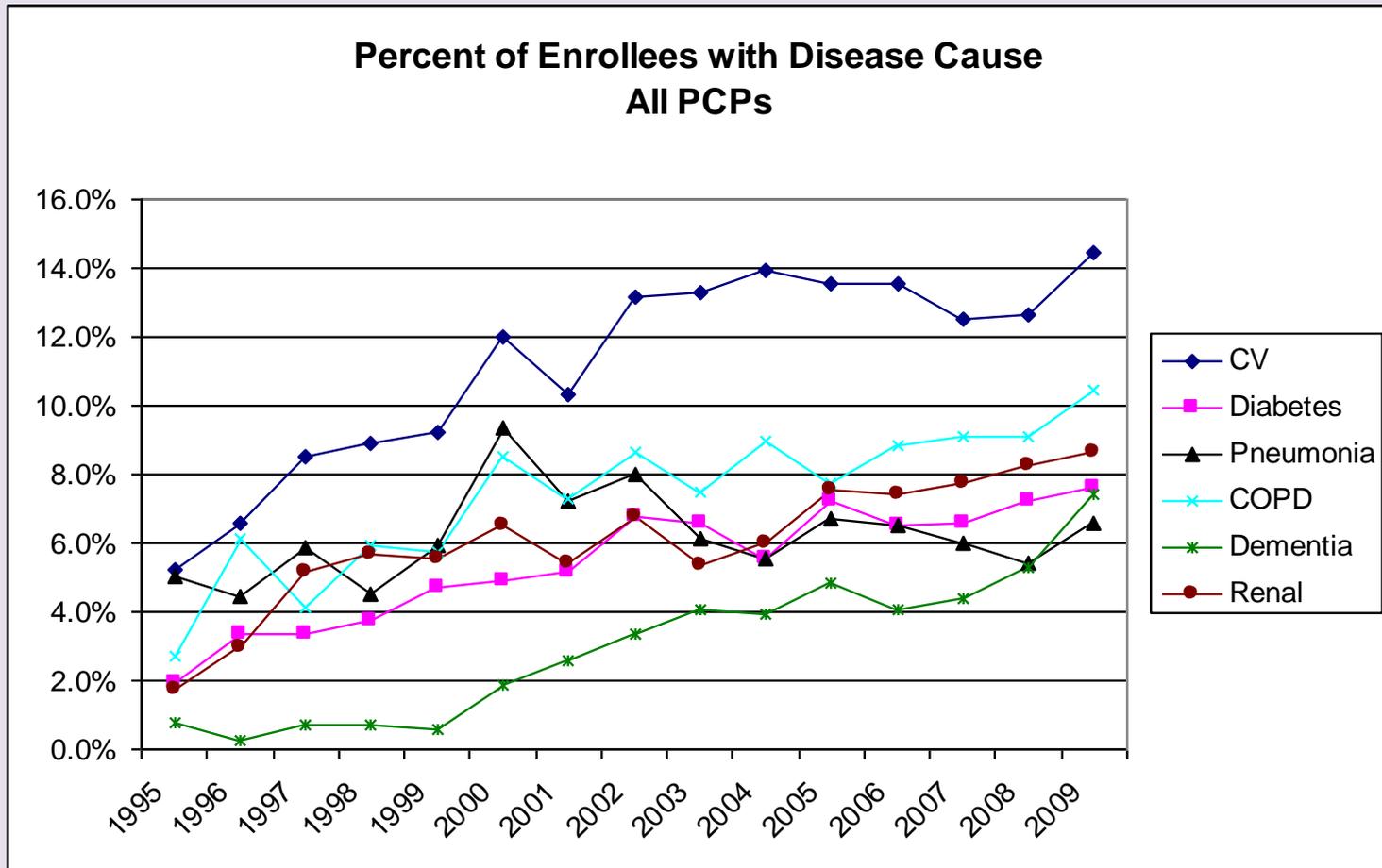
Palliative Care Program Enrollment

Palliative Care Program Enrollment	Cancer Decedents
% yes	66.7
Among yes, % enrolled within two weeks of death	22.9

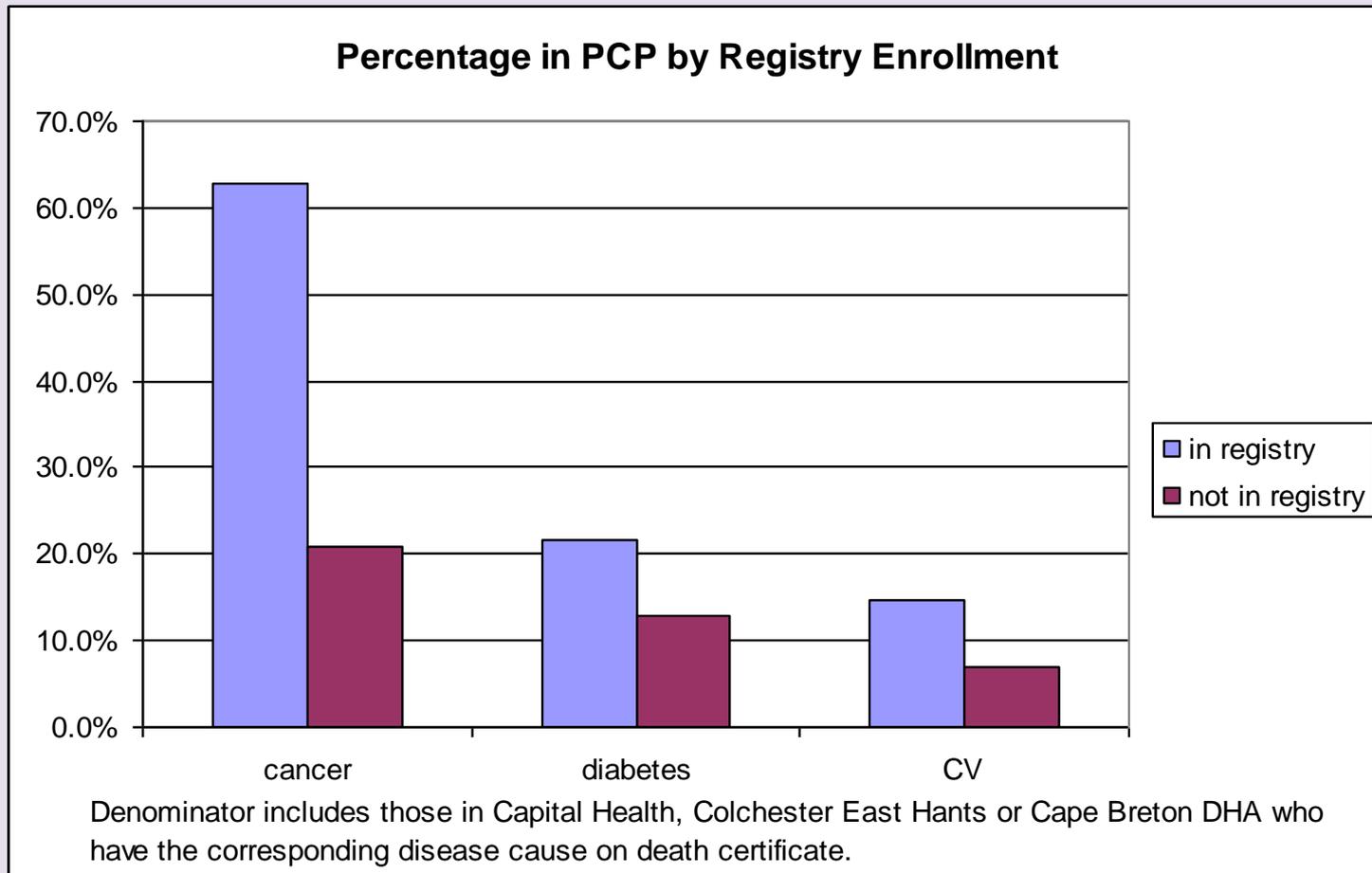
PCP enrollment over time for cancer and non-cancer decedents



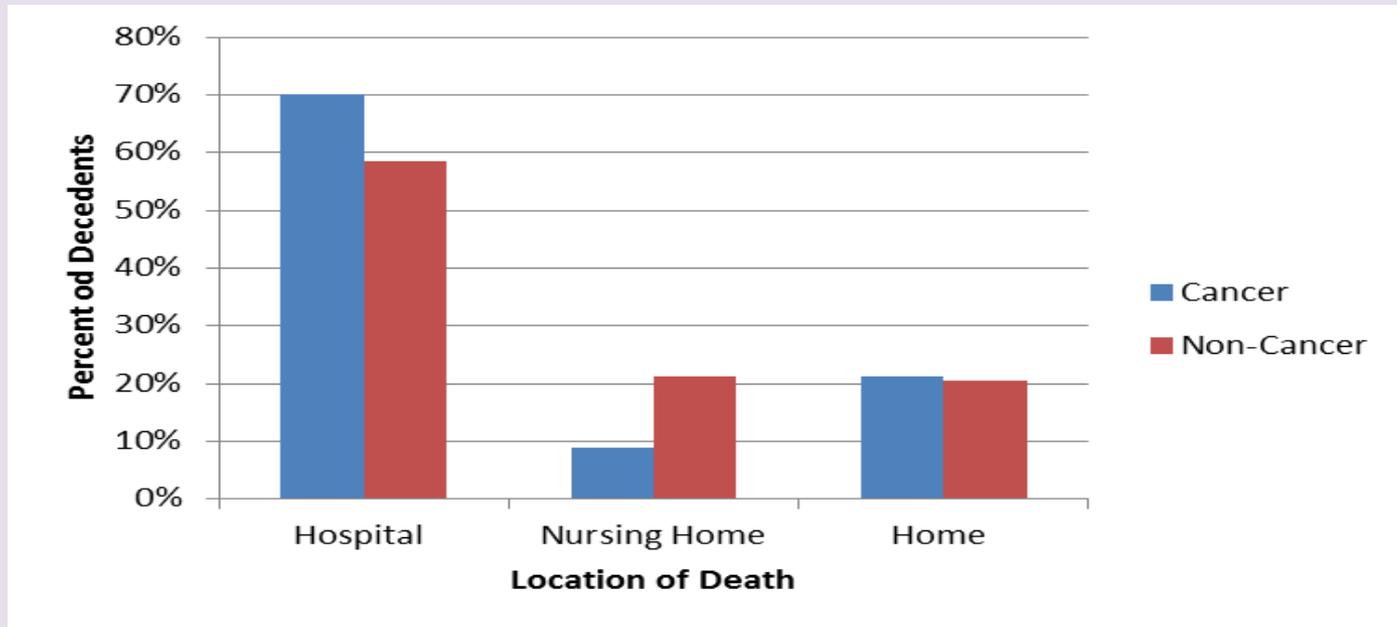
Change over time in palliative care program enrollment among non-cancer decedents



PCP enrollment was higher for persons in all disease registries



Location of Death, 1995-2009



- 70% of persons at end of life wish to die at home, if palliative support is adequate*
- However, in NS, 70% of the cancer decedents died in hospital

*NELS News (2011) Issue 5.

http://www.dal.ca/content/dam/dalhousie/pdf/sites/nels/NELSnews_05.pdf

Conclusions

- To provide comprehensive care for persons dying of cancer, **comorbidity data is needed**
- Linking data from multiple disease registries demonstrates the value of disease programs working together to improve palliative support
- **Effective community-based palliative support requires collaboration across all chronic disease programs, and with palliative care programs and primary care**

Questions?