Care Management by Oncology Nurses to Address Palliative Care Needs: A Pilot Trial to Assess Feasibility, Acceptability, and Perceived Effectiveness of the CONNECT Intervention (SA516-C)

Yael Schenker, MD, University of Pittsburgh, Pittsburgh, PA
Robert Arnold, MD FAAHPM, University of Pittsburgh, Pittsburgh, PA
Douglas White, MD, University of Pittsburgh, Pittsburgh, PA
Edward Chu, MD, University of Pittsburgh, Fox Chapel, PA
Margaret Rosenzweig, PhD CRNP, University of Pittsburgh, Pittsburgh, PA

Objectives

- Describe the components of an oncology nurse-led care management approach for improving provision of "primary" palliative care in oncology clinics.
- Understand data on the feasibility, acceptability, and perceived effectiveness of an oncology nurse-led care management approach for improving provision of "primary" palliative care in oncology clinics.

Original Research Background: Subspecialty palliative care is not an option for many patients with advanced cancer due to limited availability and practical barriers. There is a need to find alternative strategies to deliver palliative care in oncology clinic settings.

Research Objectives: To assess the feasibility, acceptability, and perceived effectiveness of an oncology nurse-led care management approach to improve provision of “primary” palliative care.

Methods: A single-site, single-arm trial of the CONNECT intervention, in which certified oncology nurses receive specialized training and work closely with oncologists to (a) address symptom needs, (b) engage patients and caregivers in advance care planning, (c) provide emotional support, and (d) coordinate care. Feasibility was assessed through enrollment rates, outcome assessment rates, and visit checklists to monitor protocol adherence. Patients, caregivers, and oncologists completed 3-month assessments of acceptability and perceived effectiveness.

Results: We enrolled 23 patients with advanced cancer (consent-to-approach rate 86% and enrolled-to-consent rate 77%), 19 caregivers, and five oncologists. CONNECT was implemented according to protocol for all participants. No participants withdrew after enrollment. Four patients died during the study; 3-month outcome assessments were completed with all remaining participants (83%). Patients and caregivers reported high satisfaction with CONNECT and perceived the intervention as helpful in addressing symptoms (85%), coping (91%), and planning for the future (82%). Oncologists unanimously agreed that they were comfortable working with the CONNECT nurse to manage symptoms (100%) and engage patients in advance care planning (100%) and that CONNECT improved the quality of care provided for patients with advanced cancer (100%).

Conclusions: An oncology nurse-led care management intervention is feasible, acceptable, and perceived to be effective for improving provision of primary palliative care in a community oncology clinic.

Implications for Research, Policy, or Practice: A randomized trial is warranted to assess whether CONNECT improves patient, caregiver, and healthcare utilization outcomes.