

Integrating the ENABLE Early Palliative Care Approach in Community Cancer Centers: Results of an Implementation Trial (TH321A)



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Objectives

- Describe the use of ENABLE (Educate, Nurture, Advise, Before Life Ends) model of early, concurrent oncology palliative care.
- Describe the findings of an early palliative care (EPC) implementation of ENABLE for individuals with newly diagnosed metastatic cancer in rural-serving community cancer centers.

Background. Despite national guidelines recommending early palliative care (EPC) for individuals newly-diagnosed with metastatic cancer, it is rarely available in rural community cancer centers serving underserved populations.

Purpose. We conducted the first implementation trial of EPC in rural cancer centers using the evidence-based ENABLE (Educate, Nurture, Advise, Before Life Ends) model of early, concurrent oncology palliative care.

Methods. Mixed methods case study of a 4-year American Cancer Society-funded 4-site, implementation trial using a virtual learning collaborative in AL and SC. Guided by the RE-AIM (Reach Effectiveness Adoption Implementation Maintenance) framework, we gathered qualitative and quantitative data via monthly reports and yearly in-person site visits using: 1) a RE-AIM Self-Assessment Tool

completed by site staff to measure objectives; 2) EPC General Organizational Index (GOI) to measure capacity for EPC services and implementation progress; and 3) field notes from site interviews and final reports.

Results. Baseline patients (n=62) characteristics included: mean age of 58, 70% female, 17% Black or minority, 57% some college, 49% rural dwelling, and 57% non-gynecologic cancer. Sites enrolled at least 58% of the patients they planned to enroll (range: 58%–100%; average: 84%), of which 60% received at least two-thirds of ENABLE content. Reasons for not completing all six sessions included death, unrecorded contacts, or lost to follow up. Longitudinal GOI scores indicated a trend of improved capacity for EPC services at 3 of 4 sites.

Conclusions. A 4-site implementation trial found that community cancer centers were able to successfully implement a nurse-led model of early concurrent palliative care facilitated by a virtual learning collaborative that successfully served minorities and rural-dwellers affected by cancer.

Implications for Research, Policy, or Practice. Trial feasibility findings will be used to further enhance implementation (early referral, personnel development) strategies in a comparative effectiveness trial in a national cohort of community cancer practices.

Factors Associated with Community Residence at the End of Life: A Population-Based Study (TH321B)



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Objectives

- State the prevalence of decedents by residential setting (community, community with supportive services, and nursing home) at the end of life in a national sample of Medicare beneficiaries.
- Compare the clinical characteristics of decedents across residential setting (community, community with supportive services, and nursing home) at the end of life.
- Explain how socioeconomic factors of decedents are associated with end of life residential setting (community, community with supportive services, and nursing home).

Original Research Background. Residence in the community in the last phase of life has increased substantially in the last two decades and encompasses a range of different types of residential care environments.