

Utilisation and Post-Admission Duration of Palliative Care Among General Practitioner—Referred Patients: A Retrospective Cohort Study

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Outlines

- ✓ **Background**
- ✓ **Methods**
- ✓ **Key Findings**
- ✓ **Implications**

Background about our program (PCOC)

1 Established in 2005

An Australian **national clinical quality registry** designed to improve palliative care outcomes **through evidence-based practice**.

2 Analyse, interpret, translate outcome data

PCOC receives data every **six months**, **produces service reports**, and **supports quality improvement across participating services**.

3 Enhance the quality and effectiveness of palliative care in Australia through evidence-based practices

Data driven **identification of research priorities**

A continuous learning system that translates routine clinical data into practical service improvement.

20+

years supporting
palliative care services

6-monthly

data submissions and
feedback reports

National

quality improvement
platform

Why focus on GP referrals?

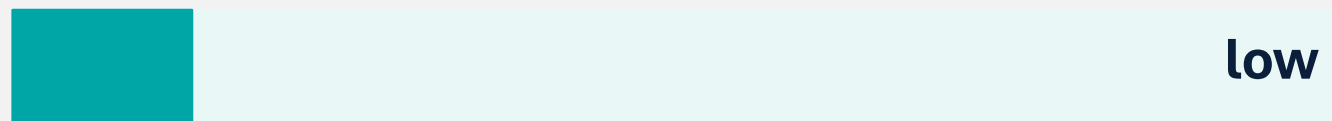
Recent PCOC referral trend review showed most referrals come from hospitals, while only a small proportion come from general practice.

Where referrals are coming from

Hospital referrals predominate (~66–72%)



GP referrals remain small (~6–7%)



The opportunity

General practitioners are often the first point of contact and are well placed to identify palliative care needs earlier.

Therefore, this study examines utilisation patterns and post-admission care duration among GP-referred patients.

Study Objectives

Objective 1

Examine palliative care utilisation patterns among GP-referred patients across Australia

Objective 2

Estimate post-admission duration of specialist care among patients who died following referral

Objective 3

Identify clinical and demographic predictors of **care setting and duration**



How the Study Was Conducted



165 Services Across Australia

- Data came from 165 palliative care services over 5 years (2019–2024)



25,124 Patients

The study included 25,124 patients who were referred by GPs



Two Main Questions

1. Where did patients receive care: in Community or inpatient?
2. How long did they stay in palliative care?



Measuring Time

- The study measured how many days patients received care from the time they started until they died



Data Analysis

- Binary logistic and quantile regression models were used to identify factors that affect care setting and duration

Study participants characteristics

79.3

Mean Age

50.8%

Male Patients

63.7%

Australian Born

92.2%

Community Care

58.3%

Cancer Diagnoses

43.5%

Functional Status AKPS ≤ 40

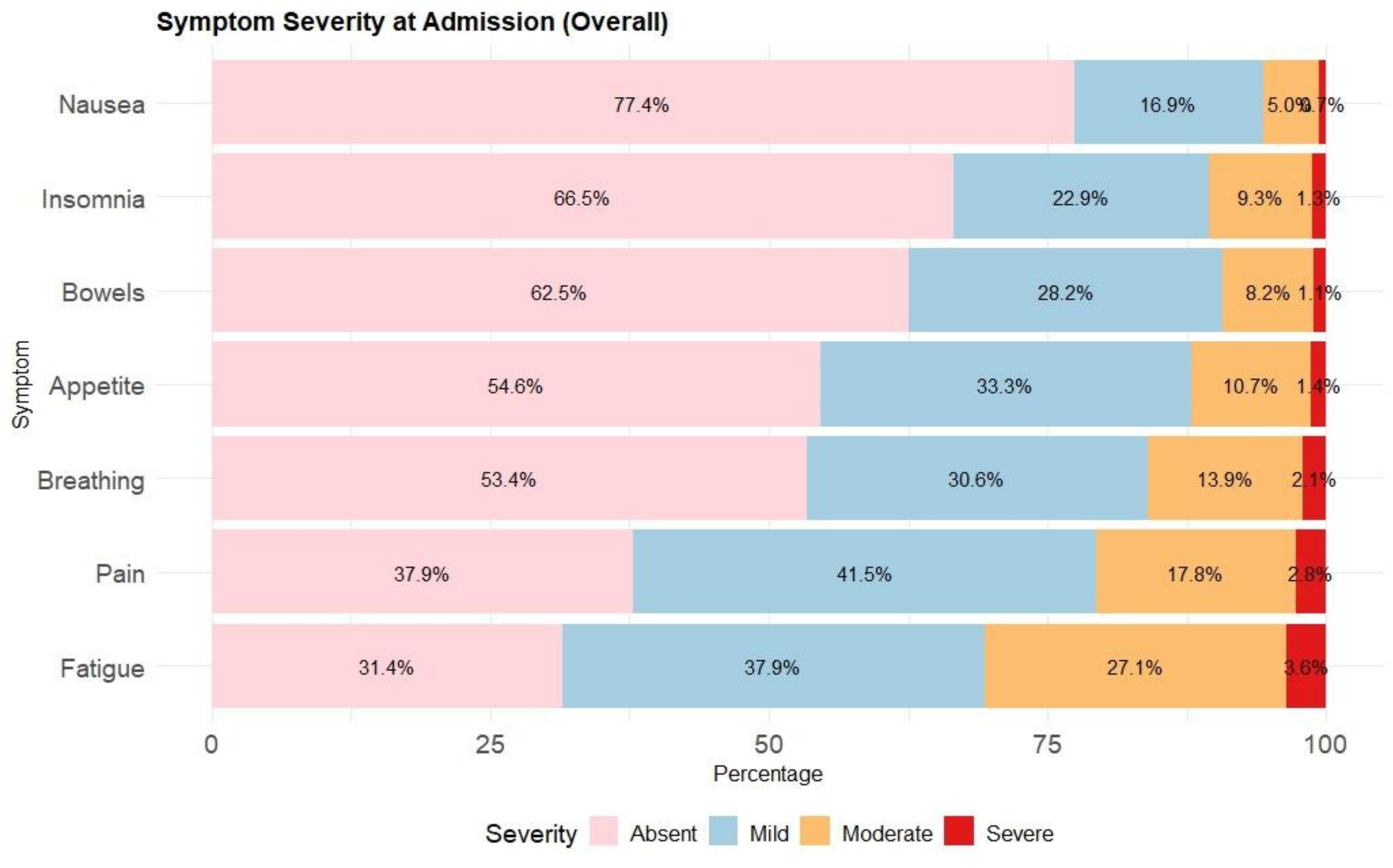
90.5%

Preferred Language: English

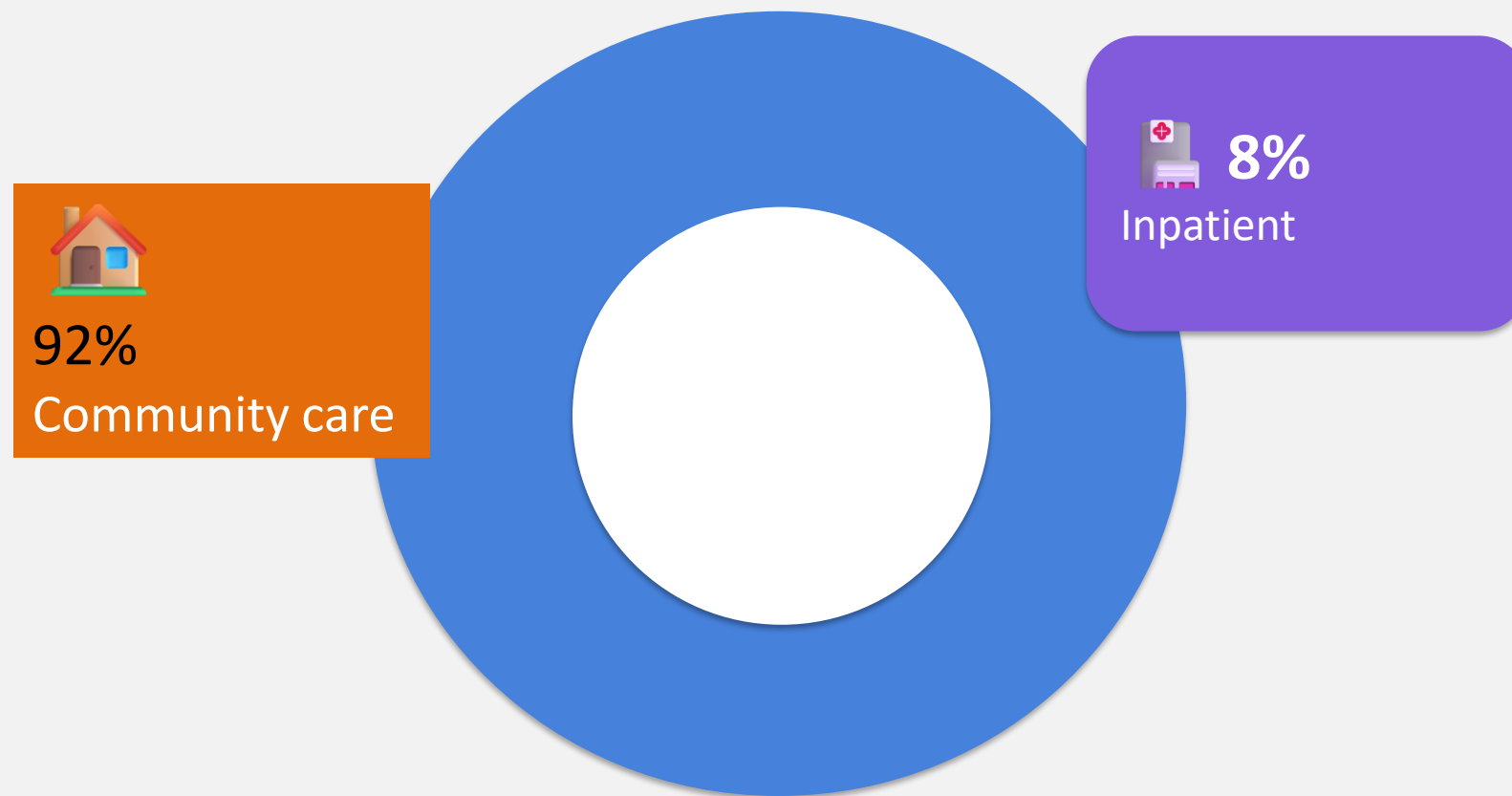
Common symptoms at Initial assessment

At the start of care, patients reported:

- 69% fatigue,
- 62% pain,
- 47% difficulty breathing, and
- 45% appetite loss.



Care Setting Distribution and Key Drivers



Referral patterns

Most referrals were to community PC with very few direct admissions to **inpatient PC**.

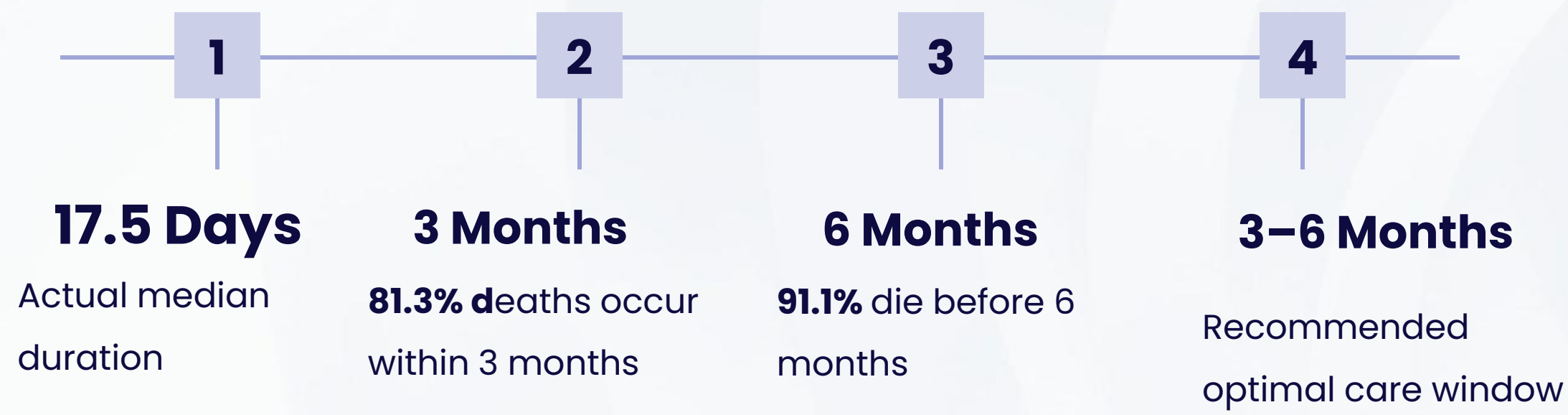
Higher inpatient likelihood

Cancer, breathlessness, and nausea increased inpatient admission.

More likely community-based

Older age and better functional status increased community admission.

Duration of care: When Do Deaths Occur?



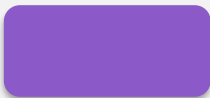
What Drives Shorter Palliative Care Duration?

▼ AKPS <40 was the strongest predictor of shorter care duration.

▼ AKPS <40  -29.9 days

 Inpatient setting  -9.4 days

 Breathing difficulty  -3.2 days

 Pain distress  -2.6 days

Key Recommendations

Recognize Symptoms Early

Consider referral for patients with uncontrolled symptoms and rapid functional decline.

Support GPs

Strengthen identification of palliative care needs and timely referrals.

Improve Non-Cancer Referral Pathways

Reduce delays in access to specialist care.

Strengthen Collaboration

Enhance communication between primary care and palliative care services.

Thank You

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Original Study

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