



KEY MESSAGES

Pilot implementation of I-CoPE: An innovative model to support patients with glioma and their carers across key care transitions

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Policy context

MEETING THE SUPPORTIVE & PALLIATIVE CARE NEEDS OF AUSTRALIANS

The care of people with progressive, chronic and eventually fatal illness represents a substantial challenge to Australian health systems and resources. They have significantly needs for support and ultimately for palliative care, and have been demonstrated to have improved quality of life, improved quality of dying and less use of aggressive therapies at the end of life when receiving such supports. Currently there is substantial variation in the provision of supportive and palliative care, despite the proven benefits of these forms of care for people with advanced illness.

Progressive, eventually fatal illnesses have a series of points signaling clinical change throughout their course. The provision of routine care responses according to these points, which are built into clinical guidelines, has the potential to ensure standardized, equitable access to care, and the maintenance of health care standards across a population. An approach to disease management which models the delivery of aspects of care upon particular points being reached in the course of the illness, or its trajectory, ensures that care does not vary with individual doctors or health providers.

Key messages

- > An approach of building palliative care engagement at particular designated points in the illness course represents a means of enhancing patient and family caregiver support, improving end of life care and reducing health care costs for all Australians with progressive, eventually fatal illness.
- > The positive preliminary results of this pilot implementation of the I-CoPE model into a tertiary Australian neuro-oncology service - both in terms of feasibility and acceptability of the I-CoPE model, and short-term efficacy with improved patient and carer reported outcomes - show promise for further testing via a randomised controlled trial and the potential for broader dissemination.
- > We attribute the preliminary success of this study on the underlying principle of a model based upon predefined transitions in the disease trajectory. Such an approach has application for other eventually fatal illnesses, whereby the timely introduction of supports according to points reached on a disease trajectory result in positive patient and carer outcomes.

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