Study Design:
Evaluate the effectiveness and feasibility of an integrated community-based palliative care program (CBPCP) called CAREPOINT, by measuring the effects on patient’s symptom burden; impact on individual’s perceived care quality; advance care planning (ACP) engagement, and the effects on hospital and emergency department utilization.

Outcomes:
Symptom burden significantly reduced
• pain (4.23 ± 3.02 to 3.00 ± 2.17), \( p = 0.000 \)
• anxiety (3.87 ± 2.94 to 2.89 ± 2.43), \( p = 0.000 \)
• SOB (3.31±3.25 to 2.71 ± 2.37), \( p = 0.000 \)
Overall perceived care quality improved
• \( t(39) = -7.976, p < 0.05 \)
All-cause hospitalization rate
• reduced by 25%, \( p = 0.001 \)
All-cause emergency department visit rate
• reduced by 100%, \( p = 0.000 \)
ACP
• 96.2% of participants fully engaged in the process of ACP by post-intervention

Conclusion:
This study showed CAREPOINT as effective and feasible in improving patients’ care needs.
Given the significant symptom burden, poor perceived care quality, poor self-care ability, and complex care needs more studies are needed to test the long-term effects and sustainability of CBPCPs for vulnerable populations that continuously challenge the current care system with unmet care needs.