ASSOCIATION OF COMMUNITY CANCER CENTERS

MULTIDISCIPLINARY APPROACHES TO CARING FOR GERIATRIC PATIENTS WITH CANCER

THE GERONTOLOGICAL SOCIETY OF AMERICA®

ACCC
Association of Community Cancer Centers

SIOG
INTERNATIONAL SOCIETY OF GERIATRIC ONCOLOGY

ACCC

Association of Community Cancer Centers

The leading education and advocacy organization for the multidisciplinary cancer team.

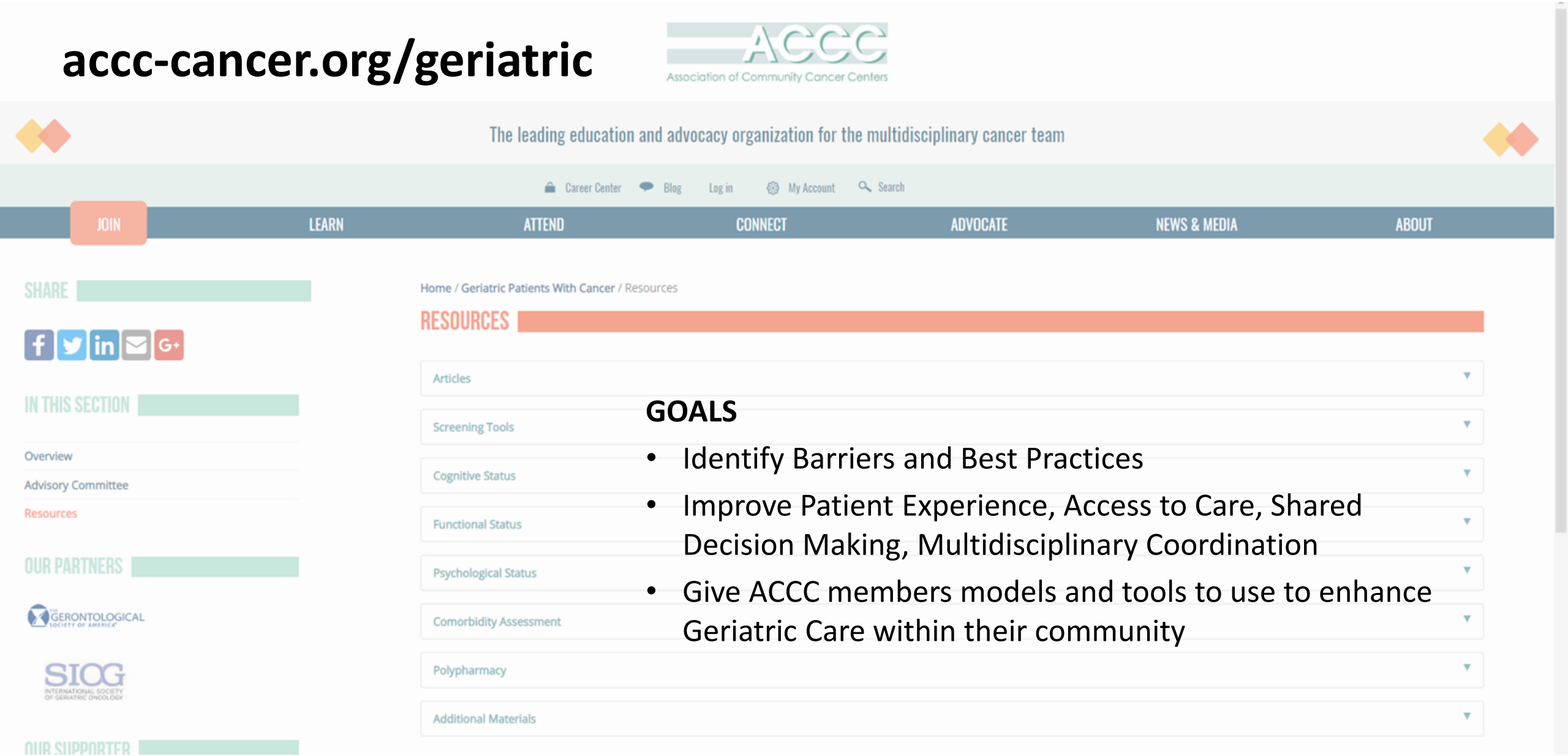
Multidisciplinary Membership

- Billers & Coders
- Financial Advocates
- Hospital President/CEO/COO/VPs
- Medical Directors
- Nurses & Nurse Practitioners
- Oncology Service Line Directors
- Program & Practice Administrators
- Pharmacists
- Medical, Radiation, & Surgical Oncologists
- Social Workers

ACCC is a powerful network of more than 25,000 multidisciplinary practitioners and 2,000 cancer programs and practices nationwide.

ACCC members work in every care delivery setting, from private practices to hospital-based cancer programs, large healthcare systems, and major academic centers.

accc-cancer.org/geriatric

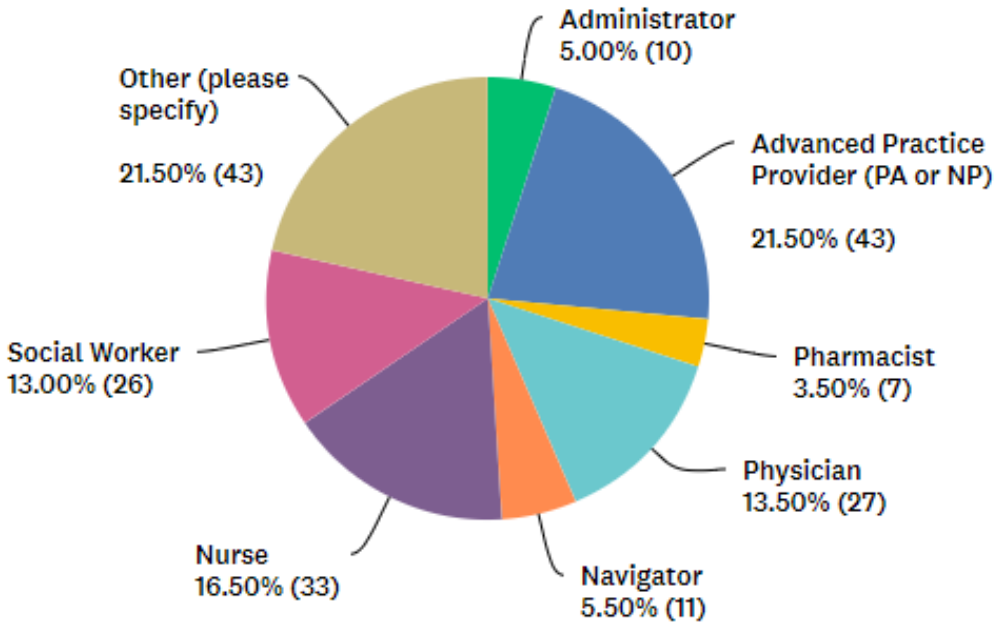


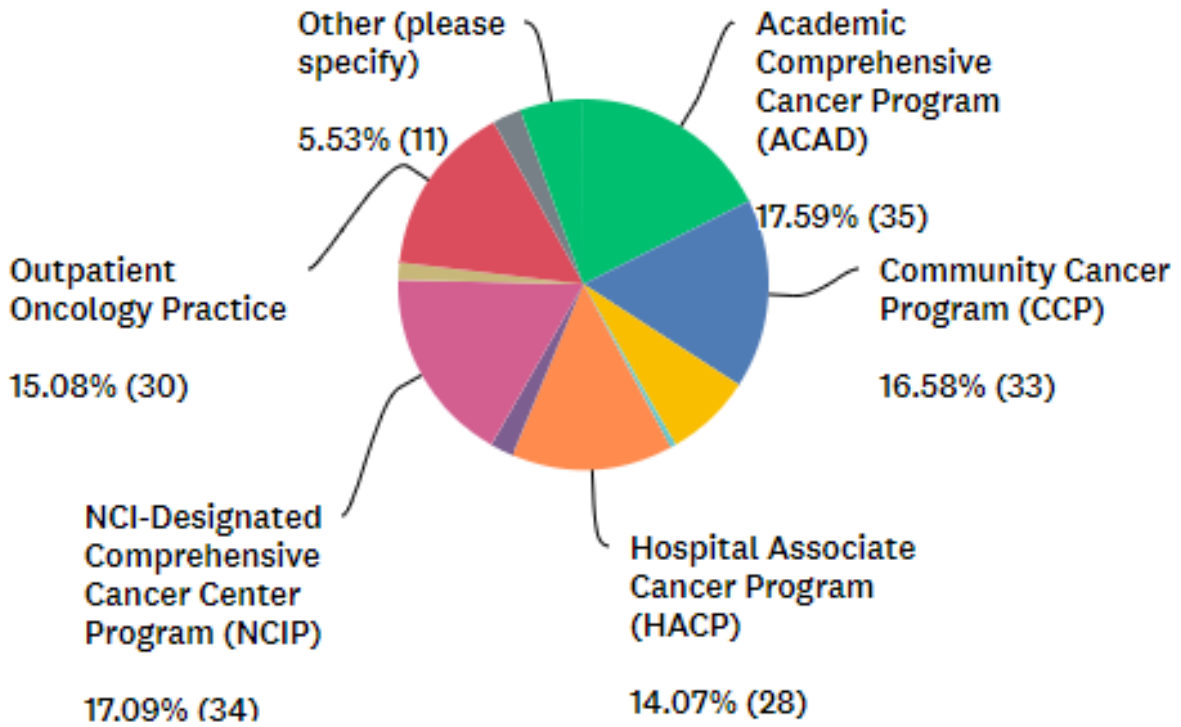
GOALS

- Identify Barriers and Best Practices
- Improve Patient Experience, Access to Care, Shared Decision Making, Multidisciplinary Coordination
- Give ACCC members models and tools to use to enhance Geriatric Care within their community

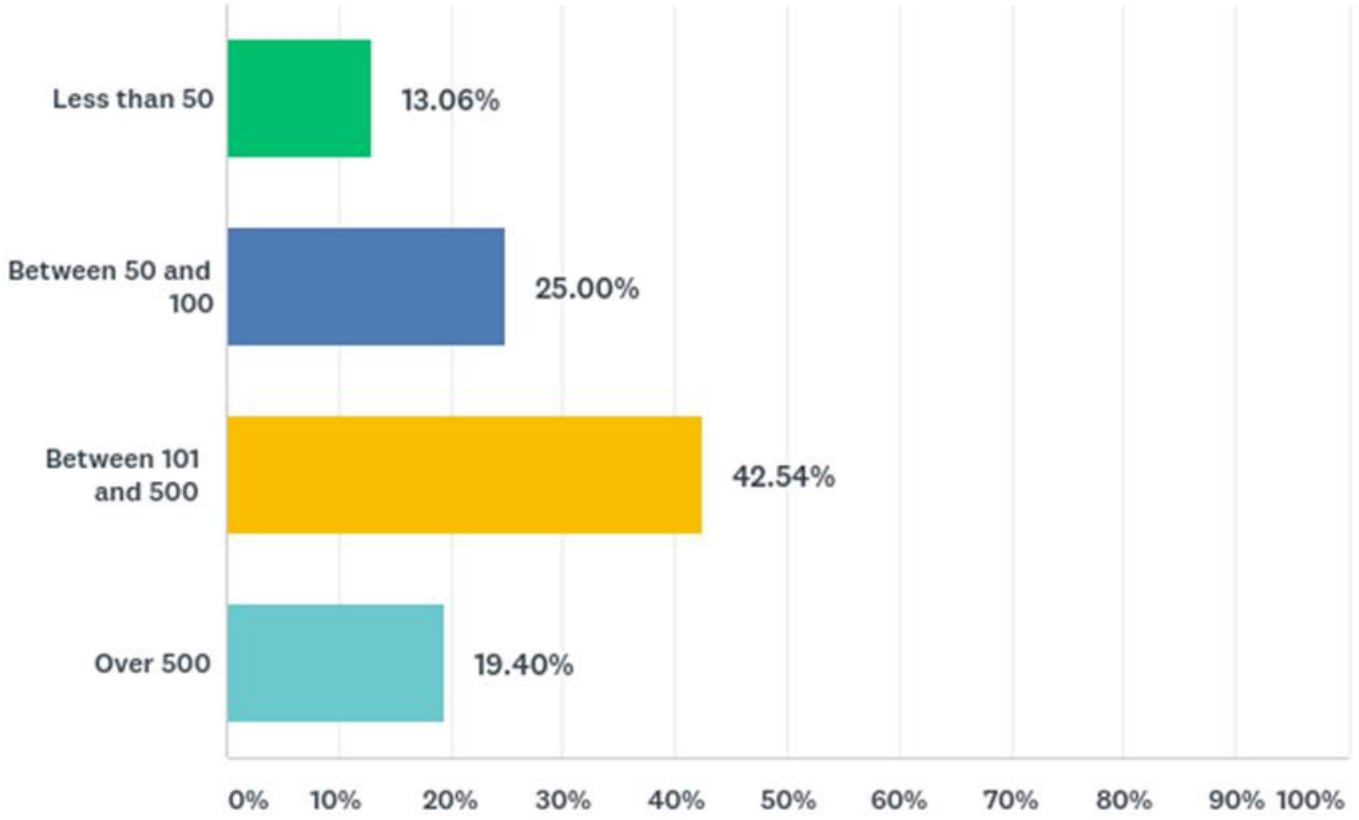
Survey Highlights

- 332 responses

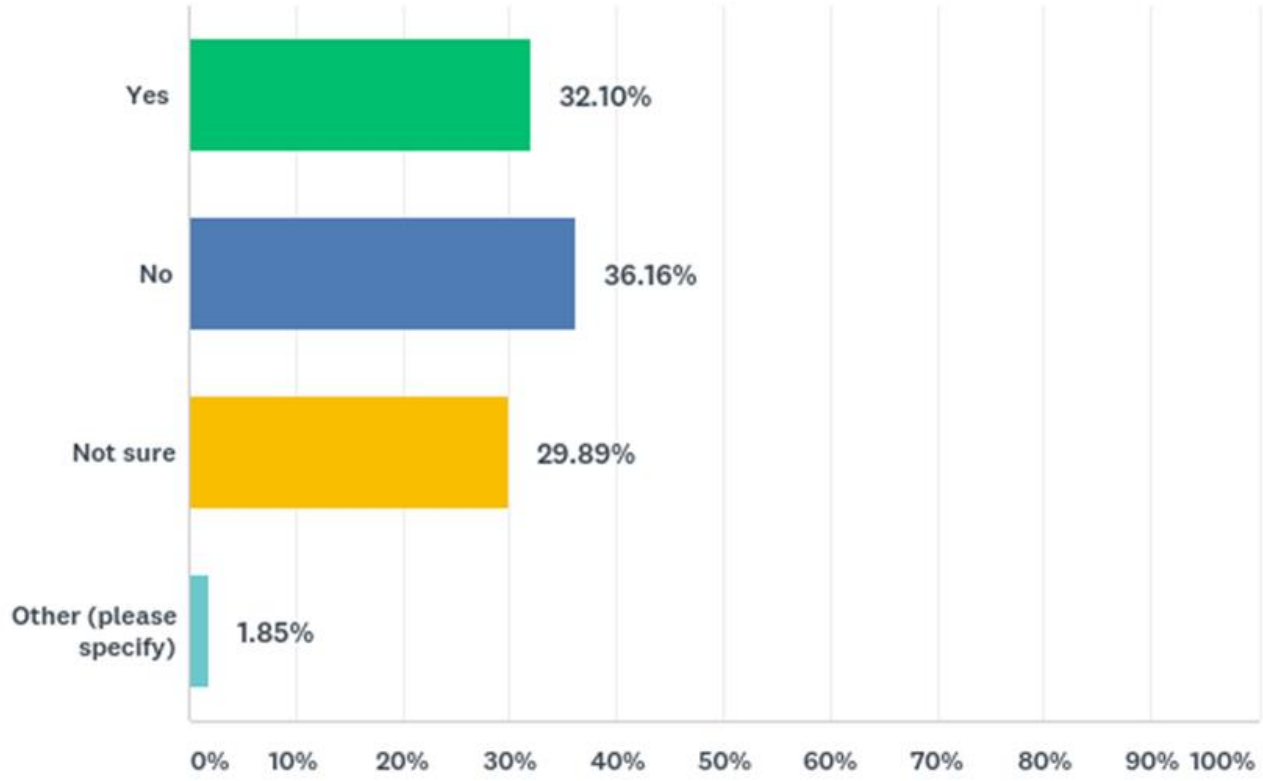




Q7 Please estimate the average number of older adults (age 65 and older) seen at your cancer clinic or program each month.



Q9 Have any oncology providers or other clinical staff received a board certification in gerontology/geriatrics or taken specialty training/have expertise in gerontology/geriatrics (may include research interests)?



32%

Geriatric Assessment & Evaluating Older Adults

- **95% *strongly agree or agree*** that their older adult patients would **benefit** from **a comprehensive geriatric assessment (CGA**) in addition to the oncology assessment, prior to starting treatment. [Q12, n= 255]

- **Yet only 17% routinely conduct a CGA** [Q15, n=253]

Geriatric Assessment & Evaluating Older Adults

- **74%** of respondents *either* **don't use screening tools or plan to incorporate them** in their programs in the near future. [Q13, n= 243]

- Respondents will conduct **additional targeted assessments** with older adult patients when patients [Q16, n=207]:
  - Present with signs of depression or cognitive impairment (20%)
  - Have significant/multiple comorbidities (16%)
  - Advanced, high risk and metastatic patients (8%)

Top 3 Barriers to Conducting CGA

- Time constraints (60%)
- Limited familiarity with available validated geriatric screening/assessment tools (49%)
- Limited personnel (46%)

Provider-Patient Communication about Treatment Goals, Options & Decision-Making

- **Less than 10%** of respondents **utilize patient decision-making aids or tools** [Q31, n=205].
- When **efficacy and safety** of a treatment are **similar**, respondents cited these **top 3 factors** for **influencing mode of treatment administration** [Q33, n=195]:
  - Patient preference (81%)
  - Patient medication management ability and adherence (77%)
  - Availability of caregiver support (77%)

Clinical Trials

- The **majority (62%)** of respondents **are *not* aware of efforts** in place or planned at their cancer program **to increase clinical trial participation among older adults** [Q34, n=206].

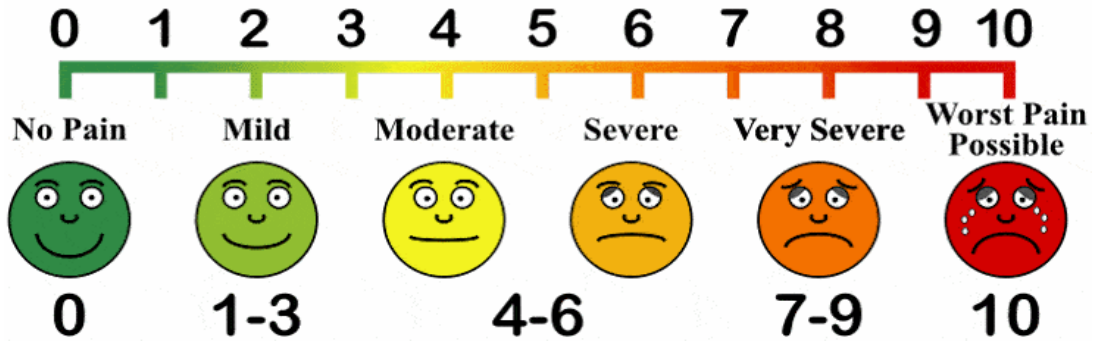
- **45% of respondents** say they do look at **the *age range* of trial participants** when **reviewing clinical literature** or the PI. [Q35, n= 203]
    - **75%** of physicians

Care Transitions & Interdisciplinary Communication

- **44%** of respondents' cancer programs have a **formal process for transitioning** patients to post-treatment and survivorship care [Q39, n=206].
- **End-of-life planning** is most often addressed through the **patient completion of advance directives**. To address end of life planning these approaches were **most cited** [Q41,n=203] :
  - We have patients complete advance life directives (61%).
  - We routinely discuss end of life planning with advanced cancer patients (52%)
  - We discuss end-of-life planning when the patient has exhausted all treatment options (48%)

Care Transitions & Interdisciplinary Communication

- Respondents cited these **challenges to palliative care referral** [Q40, n = 202]:
  - Patients don't understand the benefits of palliative care and/or think it's the same as hospice care (68%)
  - Palliative care is thought of late in the treatment experience (55%)
  - Physicians don't understand the benefits of palliative care. (40%)
  - There are not enough palliative care trained-staff. (32%)



Techniques for Evaluating Older Adults

Respondents rely primarily on clinician-dependent mechanisms for assessing older patients for geriatric related health concerns

Evaluation Category	Top 3 Cited Techniques & Tools
Fitness for treatment	1. **ECOG/Karnofsky performance status (76%)** 2. Evaluation of ADLs (48%) 3. Review notes in medical record (36%)
Cognitive status	1. **Asking simple questions to assess orientation** (54%) 2. Mini-mental status exam (36%) 3. Don't formally evaluate cognition with older patients (27%)
Psychological status/Depression screening	1. **NCCN distress thermometer** (55%) 2. The patient interview (36%) 3. Ask the patient directly if depressed (34%)
Comorbidities	1. **History and physical exam by oncologist** (68%) 2. Check EMR for comorbidities (55%) 3. PCP notes (51%)
Toxicity risk for proposed chemotherapy	1. **CARG toxicity calculator** (36%) 2. CRASH (23%)

Techniques for Evaluating Older Adults

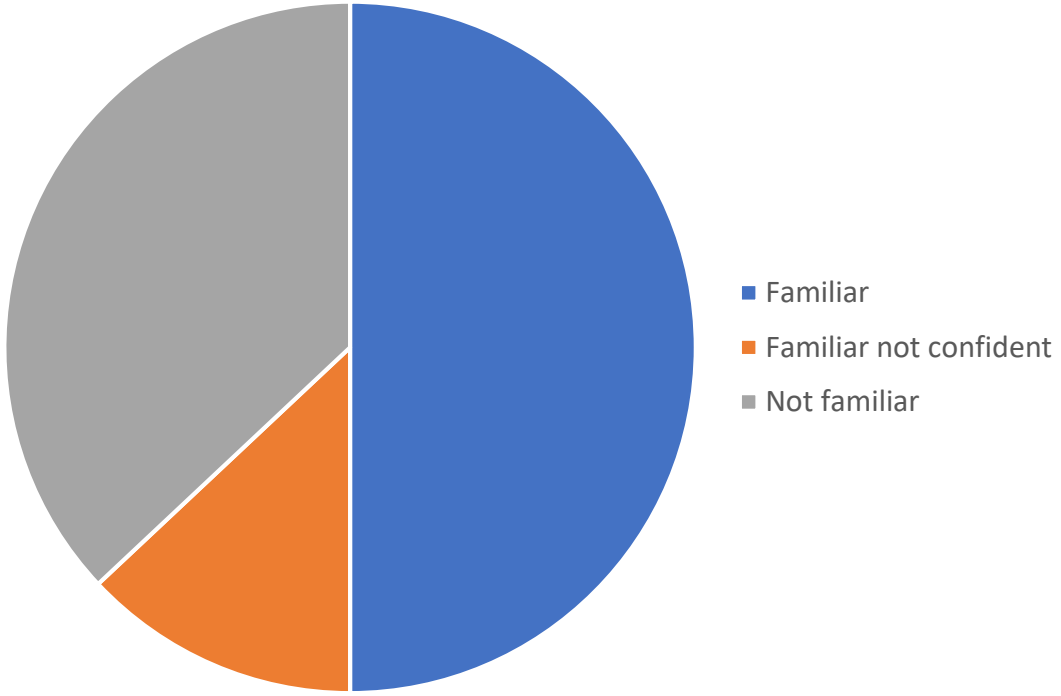
- **Prior to starting treatment**, respondents **most cited evaluating these 5 factors** in their older adult patients [Q25, n=208]:
  - Risk of falls (74%)
  - Evaluation of support system/caregivers (73.6%)
  - Transportation barriers (73.1%)
  - Polypharmacy/medication assessment (70.1%)
  - Financial toxicity (65%)
- A minority of respondents have **health information technology (HIT**) that supports **screening patients for high risk medications** [Q27, n=211]:
  - 36% of respondents indicated have access to HIT to identify **medication/disease contraindications**
  - 26% of respondents indicated have access to HIT to identify **medication adverse events**
  - 20% of respondents indicated have access to HIT to identify **treatment risks that outweigh benefits**

Physicians n=38

- **90%** of physician respondents **believe** in the **benefits of CGA, 30% routinely conduct a CGA**
- Approximately **50% indicated they don't use screening tools in their programs to identify patients for CGA**.
- **30%** indicated they use ***other tools*** or screeners for specific health concerns e.g. depression
- Of the respondents who indicated **using screening tools listed**
  - 10% indicated they were always comfortable with the results
  - 24% almost always comfortable with the results
  - 14% sometimes comfortable with the results.

Physicians

- **63%** of physicians are **familiar with the Shared Decision-Making Model, 50%** indicate they are **confident** in using the model [Q29, n=28]



Physicians

- Physicians indicated they **evaluate patients pre-treatment** for most often for [Q25, n=28]:
  - Polypharmacy/medication assessment (89%)
  - Patients' medication management skills (71%)
  - Risk of falls (71%)
  - Evaluation of support system/caregivers (68%)
  - Transportation barriers (68%)
  - Treatment adherence barriers (64%)

Examples of Effective Practices in the Care of Older Adults with Cancer

Practices & Processes

- Nurse managed care coordination with off site care
- Advance practitioner run chemotherapy preparation visits with screening tools
- Neuropsychologist and outpatient palliative care team/programs
- Dedicated geriatric oncology clinic/evaluation center
- Part time/on call supportive care staff (social work, nutrition, palliative etc.)
- Survivorship care plans and programs (with nurse navigator)
- SDM integrated into chemo consent

HCP Training & Patient Education

- In-services, seminars, conferences
- Geriatric Oncology led CME programs for interdisciplinary staff
- Lecture series/Grand Rounds presentations
- Video and online learning & training courses
- Geriatric Communication Skills training
- Annual competency testing
- Monthly multidisciplinary geriatric case conferences
- Patient chemotherapy teaching sessions
- Patient oral chemo compliance program with follow-up

Other

- Validated Screening/Assessment Tools:
  - PHQ2,7,9 (depression severity measures)
  - FACT-G (QOL questionnaire),
  - Mini-nutritional assessment
  - St. Louis Univ Mental Status assessment tool for geriatric pop (SLUMS)
- Memberships: NICHE (Nurses Improving Care for Healthcare System Elders)

Q44, n = 70; Open ended question - Please provide examples of effective practices and processes, trainings, resources and tools your cancer program has implemented or offered, that you believe improve the treatment and experience of geriatric oncology patients.

Takeaways

- Geriatric expertise and resources are scarce
- Although validated tools for geriatric assessment in oncology care exist, they are not yet routinely utilized by providers
- Physicians may drive care, but it is essential for the multidisciplinary team to be engaged and knowledgeable
- No consensus on definition or metrics for quality & value

Questions?

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