# Integrating Age-Friendly Care into the Oncology Continuum

Authors: Bianca Alvarez<sup>1</sup>, Elana Plotkin<sup>1</sup>, Leigh Boehmer<sup>1</sup>, Kristine Swartz<sup>2</sup>, Samuel F. Sestito<sup>3</sup>, Ginah Nightingale<sup>2</sup> <sup>1</sup>Association of Community Cancer Centers, Rockville, MD; <sup>2</sup>Thomas Jefferson University, Philadelphia, PA; <sup>3</sup>Vanderbilt University Medical Center, Nashville, TN



#### **BACKGROUND**

The number of older adults diagnosed with cancer is steadily rising, and measures for equitable, highquality care in oncology are relatively undefined. The Association of Community Cancer Centers (ACCC), in collaboration with the Institute for Healthcare Improvement (IHI), led the first oncologyfocused cohort guided by the 4Ms Framework for Age-Friendly Health Systems.

## **METHODS**

Representatives from 22 cancer programs across the US formed the Oncology Action Community to collaborate on implementing a framework that provides optimal care for the older adult population. This was done through:

- 1. A six-part didactic webinar series led by subject matter experts in geriatric oncology to apply the 4Ms model: What Matters, Mobility, Mentation, and Medication.
- 2. An evaluation of the cancer program's alignment with current standards using the ACCC Geriatric Gap Assessment tool and IHI's 4Ms Care Description.
- Peer-to-peer coaching calls with faculty and participants to help implement the framework.

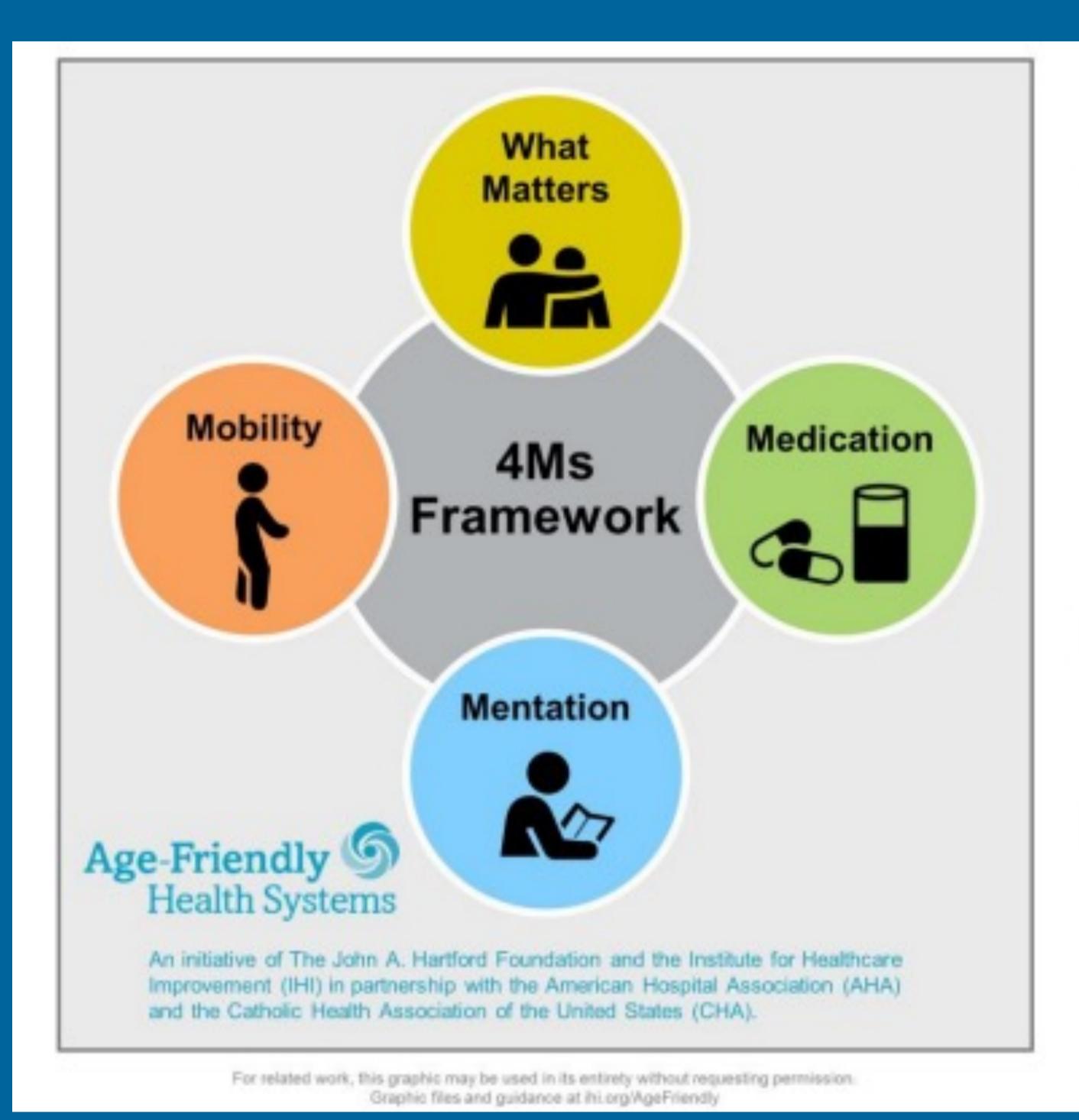
### **ACKNOWLEDGMENT**

ACCC would like to thank the Institute for Healthcare Improvement (IHI) for their support and contributions to this important program.



This program is made possible by support from The John A. Hartford Foundation.

The first oncology-focused, Age-Friendly Health Systems action community helped 22 cancer programs implement the 4Ms framework to organize care and focus on the older adult's wellness and strengths rather than solely on disease.



## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

# Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

#### **RESULTS**

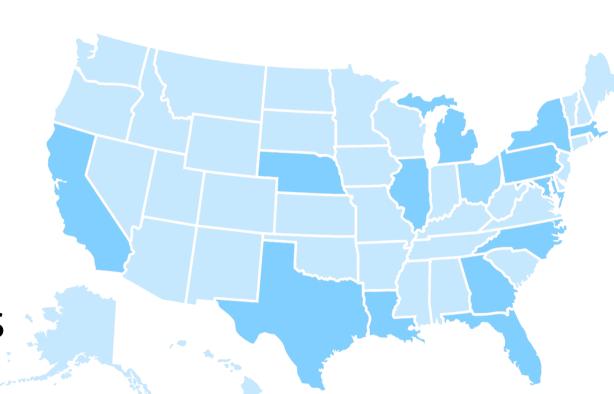
Who was part of the First Oncology Action Community?

# 22 cancer programs enrolled





ooo 30 lead participants & 47 additional stakeholders



Represents 14 states

# What levels of recognition were achieved?

6 sites have achieved Level 1: Age-Friendly Health System Participant

6 additional sites have achieved Level 2: Age-Friendly Health System – Committed to Care Excellence

## What were the key learnings?

- 90% of participants from the multidisciplinary cancer team found medication the most challenging "M" to implement.
- Periodic site check-in's from ACCC kept participants on track to complete the Cares Description provided by IHI to receive Age-Friendly recognition at their health system.
- Pre-call preparation for participants increased engagement and breadth of topics discussed.



The ACCC Age-Friendly Health Systems: Oncology Action Community program page can be accessed through the QR code.

#### **AUTHOR CONTACT INFORMATION**

Bianca Alvarez, MPH Association of Community Cancer Centers, balvarez@accc-cancer.org



**GSA 2023** 

**Building Bridges** > Catalyzing Research > Empowering All Ages