BEYOND FRAILTY

ENSURING GERIATRIC ASSESSMENT LEADS TO INTERVENTION

Sarah H. Kagan PhD, RN, FAAN, AOCN®, APRN-BC
Joan Karnell Supportive and Palliative Care Program at the Abramson Cancer Center, Pennsylvania Hospital
and
School of Nursing
University of Pennsylvania, Philadelphia PA

Penn Nursing
University of Pennsylvania

GRATITUDE

Thank you to Elizabeth McGrath

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DISCLOSURES

I have no competing or conflicting interests to disclose

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LEARNING OBJECTIVES

At the end of this talk, you will be able to:

Describe the rationale for creating age-friendly oncology care using geriatric and gero-oncology principles and practice.

Define essential elements of geriatric assessment and intervention in relation to standards for quality age-friendly, geriatric, and gero-oncology care.

Synthesize opportunities for initial application of age-friendly approach with geriatric and gero-oncology principles and practices in their practice.

INTRODUCTION

Explaining our somewhat unusual approach today

'Gero-Oncology Practice' requires strong foundations

- Care always begins with assessment but often what comes next is unclear
- Too often comprehensive assessment of older people is presented without intervention
- CGA is really CGAI
  - That's comprehensive geriatric assessment and intervention

For this talk, let's think about the…

- How
- Why
- What

THE HOW OF THIS TALK

Sarah offers perspective, rationale, and synthesis

Bri provides clinical application and commentary

THE BIG WHY OF THIS TALK

We live in an aging and soon to be aged society

Currently, 16% of the population is over age 65

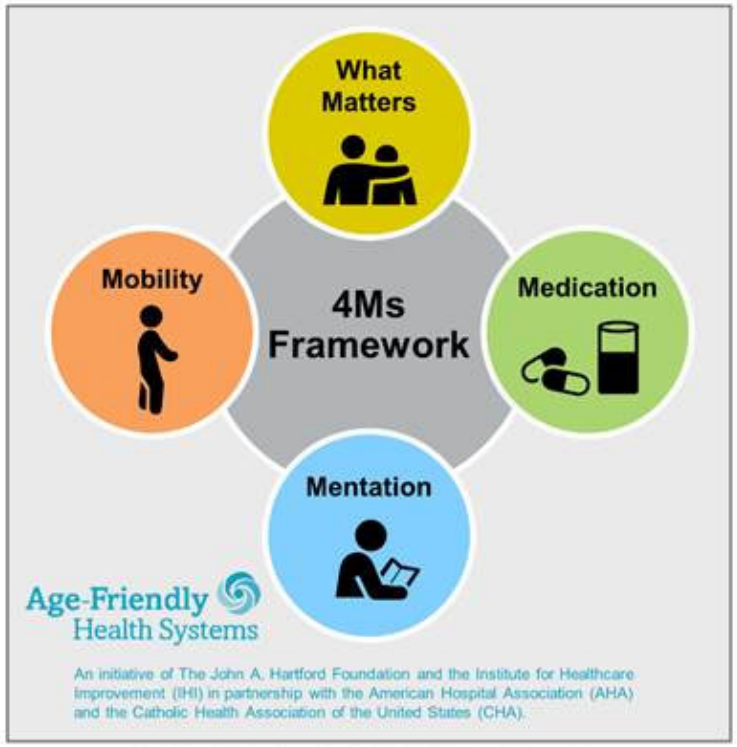
The majority of cancer diagnoses occur in older people

The majority of people surviving cancer are older

Ageism remains prevalent in cancer care

Cancer care is not age friendly

AGE-FRIENDLY HEALTH SYSTEMS



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

Age-Friendly Health Systems is a national health care quality initiative

- Partners include:
  - The John A. Hartford Foundation
  - Institute for Healthcare Improvement
  - American Hospital Association
  - Catholic Health Association of the United States

Aims to disseminate 4Ms Framework to 20% of US hospitals and clinics by 2020

WHAT IS AGE-FRIENDLY EXACTLY?

Broad term that reframes care for older people

Borrowed from WHO age-friendly communities initiative

Emerged as a national health services initiative in 2017

- See the website at:
  - http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

IHI leads multi-stakeholder collective

Modifies the 5M's of modern geriatric medicine

Creates 4M's model and disseminates institutional directive

Offers limited specific clinical guidance

AGEISM IN CANCER CARE

Ageism is discrimination based on perceptions of age

Ageism is both positive and negative, implicit and explicit

Ageism affect health, especially when internalized

Ageism intersects with racism and sexism

Ageism also intersects with healthism and ableism

Check out the WHO Attitudes Quiz to jump start your thinking

- https://www.who.int/ageing/features/attitudes-quiz/en/

COMPARE AGE-FRIENDLY WITH COMMON TERMS

Geriatric Oncology

Medical model for specialist care

Disease focused approach

Multi-disciplinary team

May connect with palliative care

Gero Oncology

Person and family focused

Holistic and comprehensive

Interdisciplinary approach

Balances problems

Uses strengths and advantages

REINTERPRETING AGE-FRIENDLY FOR CANCER CARE

Use 4M's to drive clinical care improvement

Attach clinical screening tools to each M

Reflect model of geriatric assessment

Ensure consistent follow up care

Avoid limitations of geriatric oncology trends

- Disease focused model
- Subspecialist delivery

See Tinetti, Fried, and Boyd's argument

- Designing Health Care for the Most Common Chronic Condition—Multimorbidity
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4083627/#targetText=Designing%20Health%20Care%20for%20the%20Most%20Common%20Chronic%20Condition%E2%80%94Multimorbidity&targetText=The%20most%20common%20chronic%20condition,in%20only%2017%25%20of%20cases.

SO LET'S GET TO THE WHAT OF THIS TALK

Gain some perspective by thinking historically

- Think about what you know of the evolution of cancer care for older people

Reflect on the value of age-friendly 4M's

- A starting point, not a comprehensive set of clinical standards

Make good use the 5th M of modern geriatric medicine

- Elevate age-friendly from health services to health care

MULTICOMPLEXITY + FRAILTY = OPPORTUNITY

Complexity, frailty, & supportive needs are not exclusive to age

Rethink chronological age cutoffs

Value age-friendly as inclusive of all ages

Frailty is often prematurely expressed

Connect multicomplexity and frailty to ground gero-oncology

All people treated for cancer benefit from age-friendly

AGE-FRIENDLY CANCER CARE

Begin age-friendly cancer care with 4M's as key opportunities

Consider each M and identify relevant

- Standards
- Indicators
- Metrics

Create process maps to ensure intervention and evaluation

Consider developing quality business case to drive adoption

MORE OF THE WHAT OF THIS TALK

Embrace multi-complexity as a cornerstone of your practice

Go beyond multi-morbidity in your approach and action

Lose the language of co-morbidity in speaking about the person

EVEN MORE OF THE WHAT OF THIS TALK

Realize life becomes more complex and more interesting as we age

Recognize complexity challenges us all, at times warranting support

Remember multicomplexity is not exclusive to later life

Avoid preconceptions and be sensitive to frailty in younger people

Evidence suggests cancer treatment elicits premature frailty expression

PUTTING AGE FRIENDLY INTO YOUR PRACTICE

Aligning each M with relevant assessments as a starting point

Drawing parallels between 4M's and CGAI

Building CGAI into daily oncology practice

Acknowledging CGAI as standard for geriatric oncology

BEGIN AGE-FRIENDLY WITH PATIENT ENGAGEMENT

Realize age-friendly and gero-oncology are person focused

Engage all patients across the life span to achieve quality care

Begin with What Matters, each encounter, every person

Screen everyone using an accepted frailty screen

Screening in as frail allows for comprehensive assessment

Many frailty screens are available for clinical use

FOUR M'S OF AGE-FRIENDLY CANCER CARE

Age-friendly is GERO not GERI

- Holistic as opposed to disease centric approach

Anchor entire process with What Matters

- Everyone asks in each encounter

Program for success with overarching plan

- Universal screening
- Focal assessment
- Targeted referrals
- Consistent evaluation

Continuing relationships rely on holding What Matters as central to care

FRAILTY SCREENING WITH fTRST

Item	Score	
	Yes	No
1. Presence of cognitive impairment (disorientation, diagnosis of dementia, or delirium)	2	0
2. Lives alone or no caregiver available, willing, or able	1	0
3. Difficulty with walking or transfers or fall(s) in the past 6 months	1	0
4. Hospitalized in the last 3 months	1	0
5. Polypharmacy: ≥ 5 medications	1	0

AGE-FRIENDLY CANCER CARE: WHAT MATTERS

Assessment domains include

- Goals of care conversations
- Personal wishes and dreams
- Health and general literacy
- Communication preferences

Key referrals include

- Nurse
- Social worker
- Chaplain
- Palliative care team

ASKING WHAT MATTERS

What matters is complex and shifts as life evolves

Make a cultural commitment to reap the benefits in your practice

Everyone must feel included and free to ask What Matters?

Take a look at these links:

- World What Matters to You Day (https://wmty.world)
- National Healthcare Decision Day (https://www.nhdd.org)

WHAT MATTERS QUESTIONS FOR ALL OF US

What matters to you today/this encounter?

What are your goals for your healthcare?

Have you discussed these goals with your family or healthcare team?

What gets in the way of you reaching your goals?

Does your health or mobility limit your ability to accomplish your desired activities?

What do you enjoy most in life?

What gets in the way of doing the things that bring you joy and fulfillment?

What else is important to you that you want us to know?

AGE-FRIENDLY CANCER CARE: MOBILITY

Assessment domains include

- Ambulation and gross motor function
- Fatigue and exercise tolerance
- Specific falls risk evaluations
- Home and neighborhood mobility

Key referrals include

- PT
- OT
- SLP
- Nutrition

Goals encompass prehabilitation and rehabilitation

MOBILITY

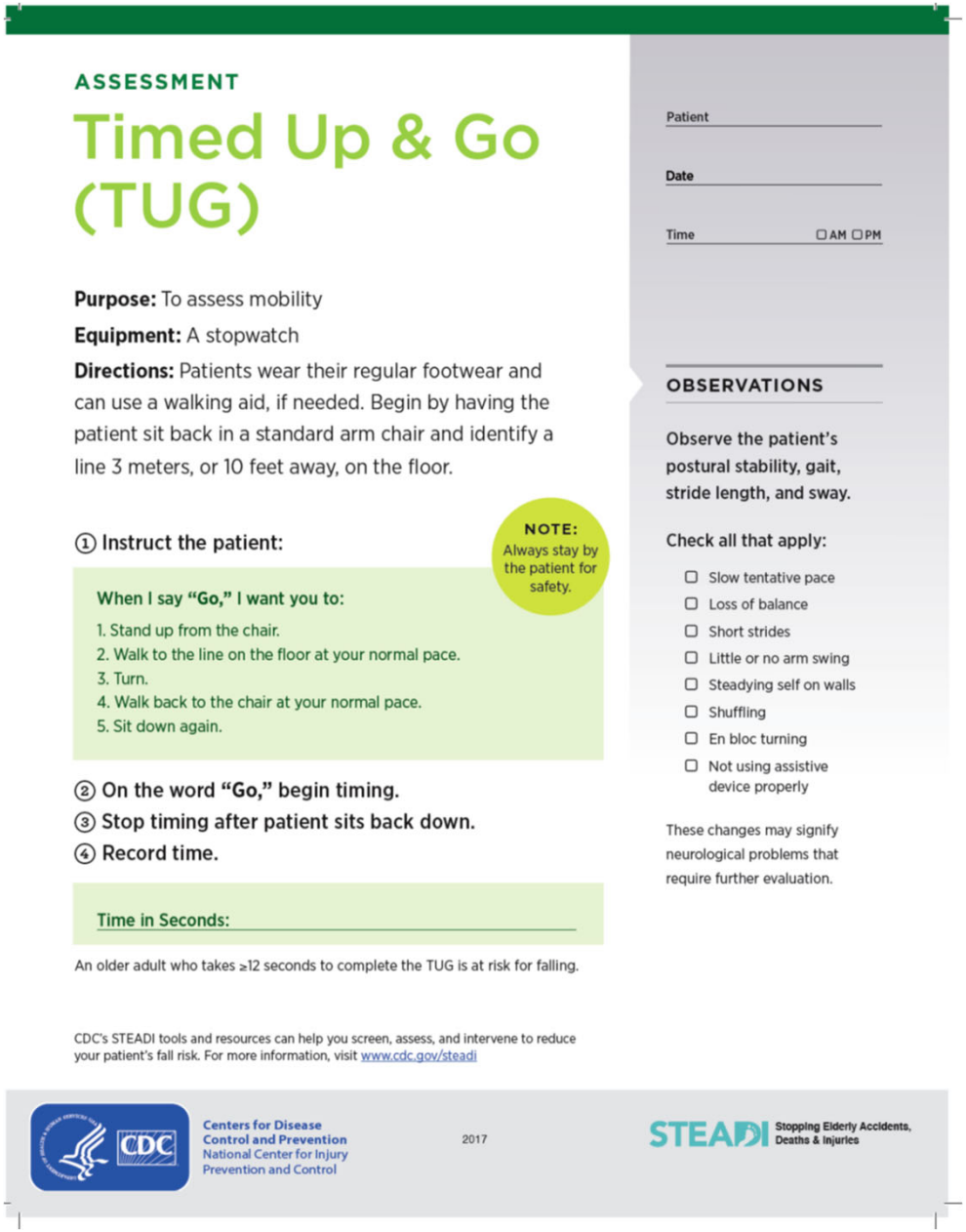
Consider TUG or Timed Walk

- Print TUG guideline here
  - https://www.cdc.gov/steadi/pdf/TUG_Test-print.pdf

Rethink TUG for inpatients

Collaborate with PT on 6-Clicks

- See PTJ paper from Jette et al
  - https://www.ncbi.nlm.nih.gov/pubmed/24764073



ASSESSMENT

Timed Up & Go (TUG)

Patient

Date

Time ☐ AM ☐ PM

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

NOTE: Always stay by the patient for safety.

① **Instruct the patient:**

When I say "Go," I want you to:

1. Stand up from the chair.
2. Walk to the line on the floor at your normal pace.
3. Turn.
4. Walk back to the chair at your normal pace.
5. Sit down again.

② **On the word "Go," begin timing.**

③ **Stop timing after patient sits back down.**

④ **Record time.**

Time in Seconds: _____

An older adult who takes ≥12 seconds to complete the TUG is at risk for falling.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

OBSERVATIONS

Observe the patient's postural stability, gait, stride length, and sway.

Check all that apply:

- ☐ Slow tentative pace
- ☐ Loss of balance
- ☐ Short strides
- ☐ Little or no arm swing
- ☐ Steadying self on walls
- ☐ Shuffling
- ☐ En bloc turning
- ☐ Not using assistive device properly

These changes may signify neurological problems that require further evaluation.

CDC Centers for Disease Control and Prevention National Center for Injury Prevention and Control

2017

STEADI Stopping Elderly Accidents, Deaths & Injuries

AGE-FRIENDLY CANCER CARE: MENTATION

Assessment domains include

- Depression screening
- Dementia screening
- Hearing impairment screening

Key referrals include:

- OT
- SLP
- Neurology
- Geriatric medicine & nursing
- Social work
- Audiology
- Palliative care

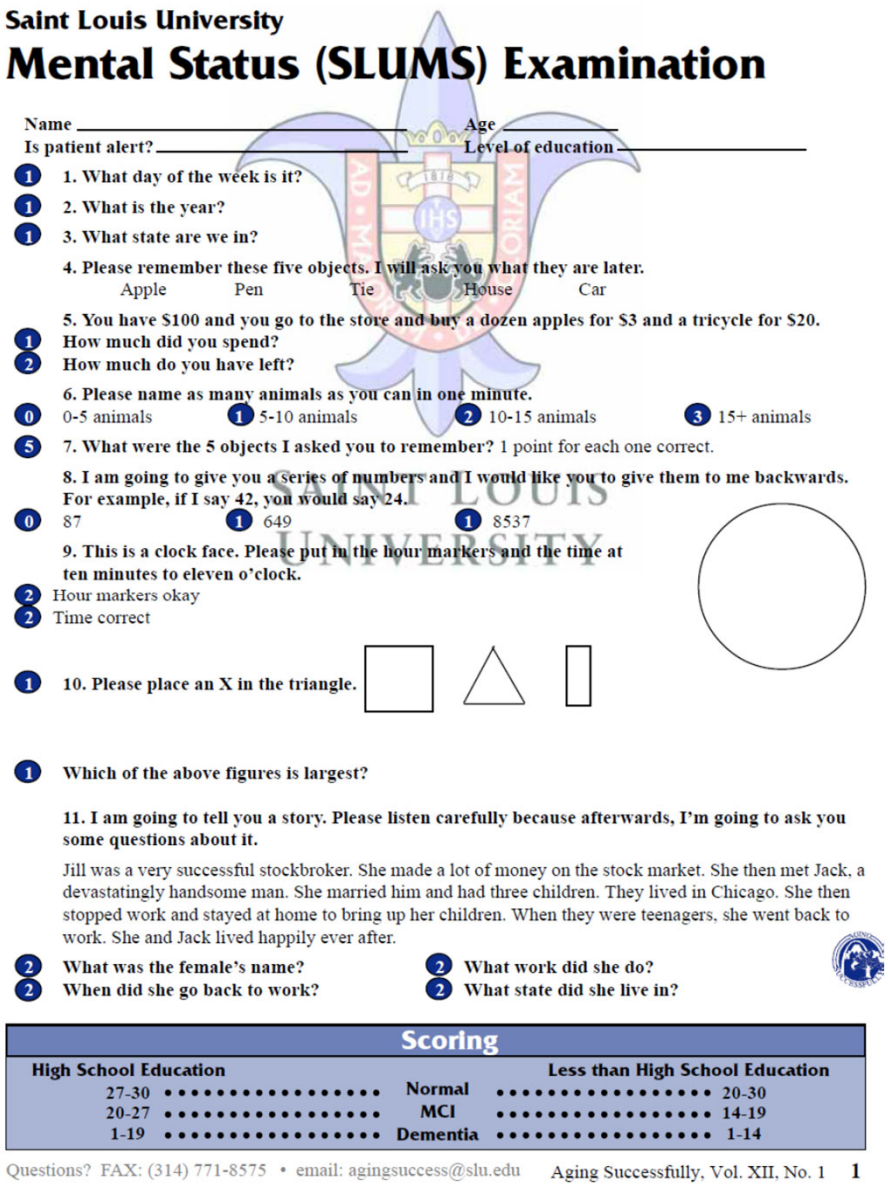
MENTATION

Effective screening tools

- MOCA
  - Requires training and fee
- SLUMS
  - Free to use
  - Easily completed
  - Quickly scored

Questionable or outdated tools

- Folstein MMSE
- MiniCog



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Mental Status (SLUMS) Examination

Name _____ Age _____

Is patient alert? _____ Level of education _____

(1) 1. What day of the week is it?

(1) 2. What is the year?

(1) 3. What state are we in?

4. Please remember these five objects. I will ask you what they are later.
Apple Pen Tie House Car

5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
(1) How much did you spend?
(2) How much do you have left?

6. Please name as many animals as you can in one minute.
(0) 0-5 animals (1) 5-10 animals (2) 10-15 animals (3) 15+ animals

(5) 7. What were the 5 objects I asked you to remember? 1 point for each one correct.

8. I am going to give you a series of numbers and I would like you to give them to me backwards. For example, if I say 42, you would say 24.
(0) 87 (1) 649 (1) 8537

9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
(2) Hour markers okay
(2) Time correct

(1) 10. Please place an X in the triangle.

(1) Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

(2) What was the female's name? (2) What work did she do?
(2) When did she go back to work? (2) What state did she live in?

Scoring

High School Education		Less than High School Education
27-30	Normal	20-30
20-27	MCI	14-19
1-19	Dementia	1-14

Questions? FAX: (314) 771-8575 • email: agingsuccess@slu.edu Aging Successfully, Vol. XII, No. 1 1

AGE-FRIENDLY CANCER CARE: MEDICATION

Assessment domains include

- Evaluation of medication lists
- Reconciliation to identify polypharmacy and PIM's
- Follow up deprescribing for PIM's

Key referrals include

- Pharmacy
- Geriatric medicine & nursing
- Social work

MEDICATION

Medication reconciliation is inadequate for age-friendly aims

Beers List is important but challenging to apply in practice

Polypharmacy is rampant

Deprescribing is key to effective care for older people

Try using STOPP/START criteria to advance medication practice

STOPP

- **Screening Tool of Older People's potentially inappropriate Prescriptions**

START

- **Screening Tool to Alert doctors to Right Treatments**

See https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339726/

CLINICAL PEARLS

Use a holistic GERO perspective for age-friendly cancer care

Employ standards, indicators, metrics, and processes systematically

Leverage multi-complexity to avoid seeing only problems

Know ageism in cancer care is often implicit and pervasive

CLINICAL PEARLS

Uncover ageism and deploy age-friendly substitution

Strive for quality in age-friendly cancer care with the 4M's

Always ask What Matters? of everyone, even colleagues

Use tools to assess all of the 4M's after screening positive for frailty

QUESTIONS?

Comments
Challenges
Specifics
Directions

THANK YOU!

skagan@nursing.upenn.edu