Geriatric oncology:

Preparing nurse practitioners to care for older patients with cancer

Change AGEnts Initiative

The John A. Hartford Foundation's Change AGEnts Initiative was a three-year effort dedicated to improving the health of older Americans, their families, and their communities through practice change. The initiative harnessed the collective strengths, resources, and expertise of the foundation's interprofessional community of scholars, clinicians, and health system leaders. The Change AGEnts Initiative was managed by The Gerontological Society of America.

The 34 projects funded through the Action Awards grants program showcased the improvements that interprofessional teams can bring to light by implementing evidence-based programs into targeted care settings in local environments.

These one-year grants for up to $10,000 were available to interprofessional teams led by Change AGEnts for the purpose of achieving meaningful change to practice or policy that will improve the health and wellbeing of older adults and/or their families.

If you are a frail older person living in New York, a hospital stay at a large oncology center involving treatment for cancer can be emotionally and physically jolting. When you return for a postdischarge clinic visit, the last thing you might expect to see is the same person who saw you on the unit, greeting you with a smile.

Thanks to the geriatric oncology curriculum that Armin Shahrokni, MD, MPH, and Sinceré McMillan, RN, MS, ANP-BC, are developing under a Hartford Change AGEnts Action Awards grant, that is exactly what is happening at Memorial Sloan Kettering Cancer Center (MSKCC). With a goal of increasing the number of advanced practice nurses educated in geriatric oncology, the MSKCC program offers a semester-long, 100-hour intensive introduction for nurse practitioner students to the special needs and challenges of older adults with cancer in both inpatient and ambulatory settings.

"Our students have encountered patients with Dr. Shahrokni or one of our other attending physicians in the hospital," McMillan said. "When a student later sees one of those patients in the clinic, the patient feels at ease by the continuity of care." Making these human connections—and having nurse practitioners in training begin to appreciate all the postdischarge situations people face following a major hospitalization—has been an important element in the geriatric oncology curriculum in its first 16 months of operation.

Administered by The Gerontological Society of America, the Hartford Change AGEnts Initiative accelerated sustained practice change to improve the health of older Americans, their families, and communities. The initiative harnessed the collective strengths, resources, and expertise of the John A. Hartford Foundation's interprofessional community of scholars, clinicians, and health system leaders so they could learn from and support one another while they adopted, evaluated, and sustained changes in practice and service

delivery. The Change AGEnts Action Awards grants program was designed to support Change AGEnts in implementing promising ideas in practice change.

The situation

As health care and society face an aging population in the United States and globally, the number of older patients with cancers is increasing, Shahrokni said. “When someone who is older is diagnosed with cancer, it’s very difficult and complex to take care of that patient,” he added. “They are often frail and weaker than younger patients. Chemotherapy or surgery is reduced in intensity or avoided, and they need more attention and care.”

To manage such patients, a 360-degree perspective is needed. “We evaluate patients’ functional status, social support, social activity, cognitive status and whether they are depressed, distressed, or are taking too much medication. It is also important to determine how many comorbid conditions they have,” Shahrokni said.

A variety of approaches have been tried in the past to accomplish this goal. “Trying to get oncologists to also be geriatricians and primary care providers didn’t work because they are too busy seeing 25 or 30 patients,” Shahrokni said. “Others tried to teach geriatricians about oncology, but we have only a few thousand geriatricians in this country. Yet we cannot ignore the needs of the older patient with cancer who also has Alzheimer’s disease, lung disease, pneumonia, or cardiac disease.”

The field of geriatric oncology emerged about 15 to 20 years ago to meet such needs. It has now evolved into something much more comprehensive, Shahrokni added, especially in the last 5 years.

The solution

In setting up the geriatric curriculum, Shahrokni and McMillan decided to focus on nurse practitioners because of their broad scope of practice and level of independence—they can diagnose, prescribe, and treat patients, Shahrokni noted.

The educational model for the curriculum came from the oral health nursing program at New York University: Watch–Attend–Read–Perform. The students watch webinars and geriatric-related online educational programs, and they attend grand rounds, age 65-plus team meetings, and age 65-plus complex case rounds. They read articles from peer-reviewed journals in geriatrics and oncology. The students then apply what they have learned by performing physical assessments in both inpatient and outpatient settings, and they develop comprehensive, patient-centered care plans.

“In developing the curriculum, we sat down with a group of nurse practitioner students and asked them what they thought was missing from their clinical rotations,” McMillan said. “That’s how the program got its strength. We then continued to add and build on the needs they identified. The result is a very good training module. We’ve had a lot of really great feedback and enthusiasm surrounding it.”

During the program’s 100 clinical hours, the nurse practitioners encounter a wide variety of patients and types of cancer. But the program is not built around making sure students see

someone with a certain type of cancer. “It’s more about having a broad view of older oncology patients regardless of what type of cancer they have or what type of treatment they are receiving,” Shahrokni said. “In the outpatient setting, 70% of the patients we see are for preoperative clearance, before they undergo cancer surgery. Another 20% are referred from oncologists while they were getting chemotherapy or other treatments because of cognitive impairment or falls, pain, lack of social support, or any of the other common types of problems older patients have. We see those patients and address those issues. About 10% of our patients are those we see long term.”

How the grant improved outcomes

The Change AGEnts Action Awards grant provided the seed money to jump-start development of the program and begin to shape its structure into a prototype that can be replicated by and disseminated to others in geriatric oncology. Future goals are to develop a website or online modules based on the curriculum.

In many ways, the money provided by the grant was not nearly as important as the doors opened simply by being a Change AGEnt. “There’s a tremendous amount of resources available to us through this program,” McMillan said, “including being able to speak at GSA, having support of all of the staff, and knowing that there’s a whole team supporting our project. Having the Change AGEnt Award enabled us to meet others who are thought leaders in geriatrics across the country. Access to that kind of networking ability has been phenomenal for the duration of this grant year.”

Phenomenal, too, are the smiles the MSKCC advanced practice nurses and geriatric oncology faculty see when their patients have appointments in the clinic. “The students aren’t just there doing hours,” McMillan said. “They’re making a difference.”