

# Analysis of Age-Friendly Cancer Care Readiness

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**OBJECTIVES:** Cancer care attuned to meeting the needs of older adults is imperative to ensure that they receive appropriate levels of treatment in accordance with their goals of care. Achieving age-friendly systems and geriatric-competent workforces require rethinking current models of cancer care delivery. This article reports on a descriptive study on the readiness of U.S. cancer programs to provide age-friendly cancer care.

**SAMPLE & SETTING:** A survey was sent to 567 ambulatory oncology leaders in the United States. Of the 81 respondents, 61 answered all questions.

**METHODS & VARIABLES:** The authors developed and administered an online survey assessing cancer programs' age-friendly cancer care practices and readiness. Survey questions were based on the elements of the 4Ms framework. Results were analyzed using frequencies and percentages for categorically measured survey items and measures of central tendency for continuously scaled survey items.

**RESULTS:** 67% of respondents reported that their program could deliver age-friendly cancer care within five years. Respondents less frequently indicated that they employed specific 4Ms elements: medications (41%), mobility (32%), mentation (14%), and what matters (11%).

**IMPLICATIONS FOR NURSING:** The results of this study suggest gaps in readiness to implement age-friendly cancer care. Recommendations to improve readiness include increasing awareness, expanding workforce preparation, and improving cancer program leadership engagement.

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**KEYWORDS** older adult patients with cancer; age-friendly cancer care; ageism; 4M framework  
**ONF, 48(3), 333-340.**  
**DOI** 10.1188/21.ONF.333-340

The National Cancer Institute estimates that there will be 26.1 million cancer survivors in the United States by 2040, with the majority of survivors being aged 60 years or older (Shapiro, 2018). Cancer survivorship in older adults creates unique challenges, including management of multimorbidity and long-term effects of treatment, transitions in care settings that may include long-term care facilities, and ensuring older adults are fully included in shared decision-making (Guerard et al., 2016; Mohile et al., 2016). Patients risk being over- or undertreated when their providers exclude assessments of frailty or only focus on patients' chronologic age (Lawler et al., 2014). Care directly attuned to the needs of older adults with cancer is a critical need within cancer healthcare systems to ensure that older adults receive appropriate levels of treatment in accordance with their goals of care.

The World Health Organization (WHO, 2004) defines active and healthy aging as "the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age" (p. iv). Age-friendly health care is defined as a continuum of care that anticipates needs and engages older adults and their families in healthcare planning. Age-friendly cancer care can be defined as a person-centered approach to cancer care that focuses on quality and safety, engaging the older adult in goal-concordant care. Age-friendly cancer care focuses on the patient's goals and values, improved outcomes, lower costs of care, and improved quality of care (American Hospital Association [AHA], 2018; Kagan, 2015). This model appreciates that older adults are sometimes invisible in society—even in their own healthcare decisions—and strives to ensure that the entire healthcare system adequately focuses on their needs (Lawler et al., 2014; Williams-Robert et al., 2018; Yao et al., 2018).

The John A. Hartford Foundation partnered with the Institute for Healthcare Improvement (IHI) to create the Age-Friendly Health Systems initiative,