

Implementing an Age-Friendly Model Into Oncology Care: A Quality Improvement Initiative

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Background and Clinical Significance

“According to the US Census Bureau, the US population, aged 65+ years is expected to nearly double over the next 30 years, from 43.1 million in 2012 to an estimated 83.7 million in 2050”¹. Age-Friendly Care is an initiative of The John A. Hartford Foundation and The Institute for Healthcare Improvement, in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA) designed to incorporate health equity into care for older adults¹ and focuses on integrating assessment and addressment of the 4Ms into care of the older adult (age 65+). These assessments should occur at least annually, and upon significant change in condition. We consider a new diagnosis of cancer a significant change in condition. AdventHealth Hendersonville as a whole began integration of Age-Friendly Care in 2019. In 2023, the ACCC Geriatric Oncology Gap Assessment² demonstrated significant room for improvement in the application of geriatric best practices, with a cumulative score of 57 out of a potential 157 points for our cancer care program. Implementing Age-Friendly Care became our programmatic goal for 2024.

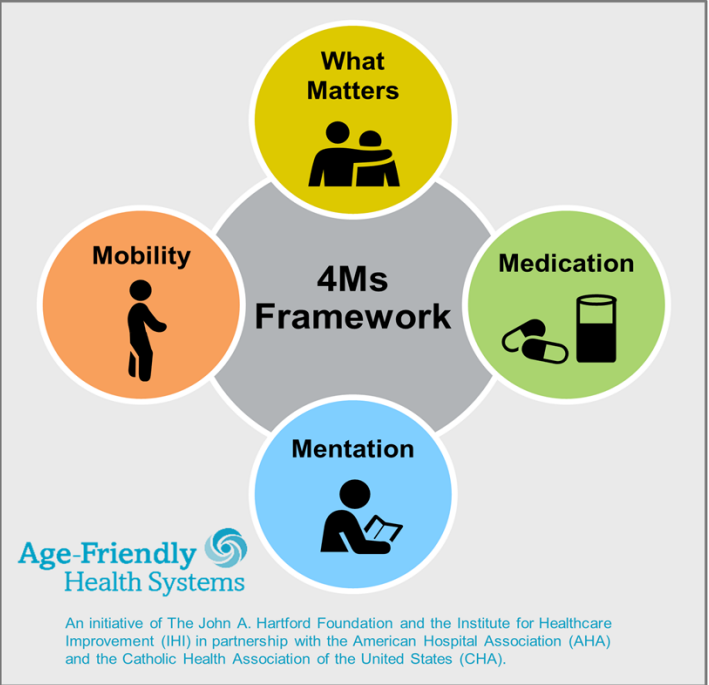
Disclosure

I have no relevant disclosures.



Objective(s)

1. Explain the core components of Age-Friendly Care, discussing the 4Ms framework
2. Describe the rationale for integrating Age-Friendly Care into oncology settings
3. Highlight successes and barriers experienced by our institution during implementation



Discussion

“Aging is a risk factor for adult cancers, and emerging evidence suggests that cancers and some cancer treatments might accelerate aging”³
As aging itself is a risk for cancer, our population is older, and aging comes with its own issues – such as increased sensitivity to certain medications, mobility and mentation issues, which can go unnoticed by oncology clinicians as we focus on the cancer care.

The 4Ms

What Matters? – asking the older adult “What matters most to you?” and aligning their care plan accordingly
Medication – assessing the older adult’s medication list for high-risk meds. Discussing high-risk nature of these medications, deprescribing, recommending the patient to discuss with the ordering provider, or using alternatives as able
Mobility – assessing the older adult for potential fall risks using a screening tool and working to improve strength and mobility prior to falls happening (STEADI tool, PT referral)
Mentation – assessing the older adult, using screening tools, for cognitive impairment (AD8 screener/SW referral) and depression (PHQ2/9/SW referral), and acting on those results as needed

Results / Conclusion

We began this process by completing and submitting a worksheet to IHI outlining our plans for assessing and addressing the 4Ms. These processes were implemented in November 2024. 20 charts per month are audited (5 per clinic) to assess for adherence. As of July 2025 the 4Ms have been assessed in a mean of 35% of eligible patients, with resulting needs addressed in a mean on 74.8% of those patients.
Successes:
• Smartphrase implementation in the EHR for ease of documentation
• Creation of a paper screening tool that patients can answer while waiting, rooming staff then can enter answers in EHR
Barriers:
• Staff buy-in/changes in workflow
• Follow up on higher scores for mobility and mentation screeners
Our experience highlights the feasibility and value of Age-Friendly Care in oncology, while underscoring the need for workflow adaptation and team-based follow up strategies.
Next steps
• Workflow refinement
• Ongoing reinforcement
• Staff education and engagement opportunities
We hope to improve health equity for our older adults and improve their cancer-care experience simultaneously.

References

1. Institute for Healthcare Improvement. (n.d.). Age-friendly health systems: Overview. <https://www.ihi.org/partner/initiatives/age-friendly-health-systems>
2. <https://www.accc-cancer.org/home/learn/comprehensive-cancer-care-services/geriatric/older-adults-with-cancer/assess-your-program>
3. National Cancer Institute. (n.d.) Aging and cancer. <https://cancercontrol.cancer.gov/brp/bbpb/aging-and-cancer>