
ACHIEVING A HIGH-QUALITY CANCER CARE DELIVERY SYSTEM FOR OLDER ADULTS: INNOVATIVE MODELS OF CARE

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OBJECTIVES: *To examine innovative models and other research-based interventions that hold potential to assure high-quality care for the growing older adult population living with cancer as one of multiple chronic conditions. Evidence from these care delivery approaches provides a roadmap for the development of future care models.*

DATA SOURCES: *Published peer-reviewed literature, policy analyses, and web-based resources.*

CONCLUSION: *Available evidence suggests the need for models that engage patients and their family caregivers, focus on patient's functional capacities, emphasize palliative care, and maximize the contributions of all team members.*

IMPLICATIONS FOR NURSING PRACTICE: *Nurses are uniquely positioned to lead or play a major role in the evolution and implementation of care models targeting older adults with cancer, but must increase their knowledge and skills related to both oncology and geriatrics to maximize their contributions.*

KEY WORDS: *cancer, model, aging, chronic illness, evidence-based, nurse-led.*

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The publication of the Institute of Medicine Report, “Delivering High-Quality Cancer Care: Charting a New Course for A System in Crisis,”¹ stimulated dialogue and debate among policy-makers and key stakeholders about the need for system redesign to provide care for a growing older, diverse cancer population. Models that can provide high-quality care for older adults living with cancer and multiple chronic conditions need to be developed, implemented and sustained.

The growth of an older, diverse cancer population in the United States (US) can be traced to the National Cancer Act of 1971 that strengthened the mission of the National Cancer Institute to carry out a national initiative against cancer.² These efforts led to a remarkable increase in the 5-year cancer survival rate resulting from improved early detection and novel cancer treatments. The 5-year cancer survival rate increased from 49% in 1975–1977 to 68% in 2004–2010.³ Accordingly, the number of people living with a cancer diagnosis is projected to grow from the current 14.5 million persons to nearly 19 million by 2024.⁴

Among the people living longer with cancer, profound demographic shifts are contributing to an increasingly elderly and diverse cancer population. The number of adults ages 65 and older is projected to nearly double from the current 48 million to 85 million by 2050.⁵ Currently 53% of new cancer cases and 69% of cancer deaths occurring among those ages 65 and over, and the number of new cancer cases in older adults is expected to increase by 67% between 2010 and 2030.⁶ The Hispanic and Asian populations are projected to nearly double by 2050. Some minority populations are experiencing a disproportionate rate of growth in the incidence of cancer, resulting in an expected 99% increase in cancer incidence among all minorities between 2010 and 2030.⁶

This older, diverse cancer population will face several challenges, including paying an increasing share of the cost of their cancer care. With the growth in health care spending, the Centers for Medicare and Medicaid Services forecast that health care will grow to nearly one fifth of the US total budget by 2020.⁷ The cost of cancer care is projected to rise from \$125 billion in 2010 to \$158 billion in 2020.⁸ As observed in recent years, rising costs are likely to be accompanied by higher deductibles and copays.⁷ These escalating deductibles and copays may pose barriers to access for cancer care. Even if the percentage of costs

borne by patients did not change, the overall rise in costs will increase the total dollars that patients must spend for care. Some newer cancer drugs can cost \$10,000 to \$30,000 per month.⁹ For older adults, these expensive treatments typically occur when personal income is declining.¹⁰

In the general Medicare population, 73% of individuals have two or more chronic conditions that require extensive and expensive health care services, including hospitalizations.¹¹ The average per capita health care spending increases with each additional chronic condition.¹¹ Similar to the general Medicare population, older adults with cancer have multiple chronic conditions.¹² This creates a challenge because research has demonstrated that older adults with cancer have a greater number of chronic conditions and use more health resources than their counterparts without cancer.¹³ As the 5-year relative survival rate continues to increase, evidence also suggests that more cancer survivors with multiple chronic conditions will live longer.¹² The unique needs of a population with multiple complex conditions are often complicated by other health and social risks.

To identify existing models or research-based interventions that hold potential to deliver high-quality care to an older cancer population, peer-reviewed publications, policy analyses, and web-based resources were reviewed. While not a systematic review, findings are illustrative of the opportunities to redesign care to meet the changing needs of patients with cancer. Evidence from care delivery approaches examined during this review can provide a roadmap for the development of future care models. Specifically, the cross-cutting themes that emerged suggest ways to effectively address the needs of this patient population: engaging patients and family caregivers, emphasizing patients’ functional capacities, integrating palliative care, and maximizing the contributions of all team members, with particular attention to the central role of nurses in developing, implementing, and sustaining care models based on these principles. In the section below, the rationale for inclusion of each of these themes is provided with examples of strategies that highlight the critical role of nurses.

PATIENT AND FAMILY CAREGIVER ENGAGEMENT

Patient engagement is now recognized as a key driver to effective care management.¹⁴

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