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Multicenter implementation of geriatric assessment in Belgian patients with cancer: A survey on treating physicians' general experiences and expectations

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ABSTRACT

Objectives: The aim of this study is to identify treating physicians' general experiences and expectations regarding geriatric assessment (GA) in older patients with cancer.
Materials and Methods: A survey was carried out in 9 Belgian hospitals, which participated in a national GA implementation project focusing on older patients with cancer. A newly developed questionnaire was completed by their treating physicians. Data collection comprised of reviewing hospital data, general respondent data, and treating physicians' general experiences and expectations regarding GA. Descriptive statistics were calculated.
Results: Eighty-two physicians from 9 hospitals participated. The GA team composition can vary substantially, with a nurse as core member. Ideally, all older patients with cancer in whom a treatment decision is necessary, should benefit from the GA. Nearly all GA domains are reported as very important. Availability of GA results can be improved. Treating physicians want geriatricians to coordinate geriatric recommendations related to the

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identified GA problems, and expect from trained healthcare workers (THCWs) to collect GA data, to report GA results, and to follow-up the implementation of geriatric recommendations.
Conclusion: This study identifies relevant information for improving the implementation of GA in older patients with cancer in Belgium and reveals priorities for a THCW from the treating physician's point of view. To increase the effectiveness of GA, further efforts are needed to improve the implementation of geriatric recommendations.

1. Introduction

Patients aged 65 or older have a significantly higher risk for cancer incidence and cancer mortality.[1,2] Since the number of older patients with cancer will be increasing over time due to the aging of the world's population, clinicians observed and documented important treatment and outcome variations within this patient group (e.g. choice of therapy, treatment complications, evolution of functionality and quality of life, (overall) survival, etc.).[2–6] This can be related to important heterogeneity of the older population and lack of appropriate care standards caused by insufficient accrual of older persons in clinical trials. As a consequence, published data report on non-evidence based adjustments of treatment guidelines and increased likelihood of under-treatment with a possible negative effect on survival.[6–8]

Implementation of the CGA (comprehensive geriatric assessment), which has been shown beneficial for several outcomes in acute geriatric care wards,[9,10] is considered to be the most appropriate way to adapt to the multiple needs and restrictions of older patients.[11] This method comprises four consecutive steps: (i) identifying patients who can benefit from a CGA; (ii) assessing these patients; (iii) developing recommendations for geriatric interventions based on the detected problems by the CGA; and (iv) implementing these recommendations. But since its implementation in oncology has mainly focused on screening and assessment, the term 'GA' (geriatric assessment) is preferred above CGA for this approach in older patients with cancer.[11] GA is "a multidimensional, interdisciplinary patient evaluation that leads to the identification of the general health status including medical, functional, cognitive, social, nutritional and psychological parameters".[12]

A nationwide Belgian pilot project (2009–2011) for uniform, multicenter implementation of GA in older patients with cancer was supported by the Cancer Plan (2008), in which improving geriatric oncology care was one of the 30 aims. The uniform implemented GA comprised detecting eligible patients, applying a screening tool (e.g. G8[13,14]), and conducting a full GA if necessary. Participating hospitals were responsible for tailoring this GA into daily practice. As a consequence, in each hospital, one (or several) medical or paramedical graduate(s) was appointed to coordinate the performance of a GA. The generic term for such a person is further called a 'trained healthcare worker' (THCW). In the three-year period 3517 patients were included in this study. The first publication revealed that geriatric screening and assessment in older patients with cancer have a significant impact on the detection of unknown geriatric problems, leading to geriatric interventions[15] and adapted treatment.[16] During this initiative the need for surveying treating physicians' opinions concerning GA emerged. Therefore, we decided to conduct a survey at the end of the implementation period. The aim of this study was to identify treating physicians' general experiences and expectations regarding GA in older patients with cancer.

2. Materials and Methods

2.1. Study Design

A cross-sectional survey design was used. Data were collected in the months of June, July, and August 2012.

2.2. Participants

The survey was carried out in nine Belgian hospitals, including six academic and three non-academic institutions, spread all over the country's regions. All these hospitals participated in a multicenter GA implementation study,[15] that initially included only 6 tumor types (1967 patients) and later all kinds of tumors (1550 patients). In every participating hospital a principal investigator was appointed to contact all treating physicians of older patients with cancer (age ≥70 years old), whether they were inpatients or ambulatory treated.

2.3. Questionnaire

A questionnaire from a previous Belgian geriatric care survey[17] was used to develop a new one, comprising two parts and appropriate for the current context. Face and content validity was assessed by all principal investigators.

The first part included general information about the hospital (e.g. region; character (i.e. academic or non-academic); number of beds and geriatric beds; number of geriatricians, medical oncologists, hematologists, radiotherapists, other oncological specialists; amount of admissions, admissions of patients aged 70 or older in the hospital and on geriatric and non-geriatric wards, newly detected cancer cases per year, newly detected cancer cases per year in patients aged 70 or older; and number of multidisciplinary oncological consults (MOCs)).

The second part included 25 questions in 6 main categories. The first category of questions ($n = 4$) comprised general respondent data (i.e. age, sex, medical specialism and years of working experience). The second category included 2 questions about the trained healthcare workers (THCWs) (1 question about the THCW's professional background; 1 question about detection of eligible patients). The third category comprised 2 questions about the GA population (1 question about the current amount of evaluated patients; 1 question about which patient group(s) should benefit from GA). The fourth category of