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Role of the geriatrician, primary care practitioner, nurses, and collaboration with oncologists during cancer treatment delivery for older adults: A narrative review of the literature☆,☆☆

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ABSTRACT

Cancer is a disease that mostly affects older adults. With the aging of the population there will be a considerable increase in the number of older adults with cancer. Optimal care of the older adult with cancer requires the involvement of many types of health care providers, including oncologists, nurses, primary care practitioners, and geriatricians. In this narrative review, the literature for evidence relating to the roles of and collaboration between geriatricians, primary care practitioners, nurses, and the oncology team during cancer treatment delivery to older adults was examined. Relevant abstracts were reviewed by all team members. The full texts were reviewed to identify common themes related to roles and collaboration. The results showed that primary care practitioners felt underutilized and that the communication and collaboration between oncologists and primary care practitioners is challenging due to lack of clarity about roles and lack of timely communication/sharing of all relevant information. Furthermore, some of oncology staff, but not all, saw a need for greater collaboration between oncologists and geriatricians. The lack of availability of geriatricians limited the collaboration. Geriatric oncology nurses perceived themselves as having an important role in geriatric assessment and management, but there was no data on their collaboration with these medical specialists. There is a clear need for improvement of collaboration to improve patient outcomes. In conclusion, further research is needed to examine the impact of geriatric oncology team collaboration on the quality of cancer care, in particular, the role of nurses in supporting quality of care during treatment.

1. Introduction

The world population is aging. In their International Population Report entitled, "An Aging World" [1], the US Census Bureau reported that in 2013 8.5% of the world population was aged 65 years and older and this is expected to increase to 16.7% in 2050. Cancer is a disease that mostly affects older adults and, with the aging of the world population, the number of older adults diagnosed with cancer will increase significantly [2]. It is expected that the world cancer incidence will increase by 70% in the next two decades [3]. In 2012, there were 14.1 million new cancer diagnoses across the world [4]. According to the American Cancer Society Global Cancer statistics report, in high income countries 58% of all newly diagnosed cancer cases are aged 65 years of age and older, compared to 40% for developing countries. Thus, it is important to have an adequately trained workforce to care for the older patient with cancer. However, recent surveys from several high-income countries show educational deficits in the training of future oncology health professionals with regard to geriatrics and geriatric oncology. The majority of trainees reported a lack of geriatric oncology content in their curriculum and low confidence to manage the care for older adults [5–10]. It is likely that most of the current healthcare professional workforce also has completed their training with little pre- or post-licensure education on geriatric oncology [2].

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In 2013, the Institute of Medicine published the report "Delivering high quality cancer care: charting a new course for a system in crisis". In this report, the authors recommended that, in order to improve the quality of cancer care, it is important to have an adequately trained, staffed, and coordinated workforce. The authors suggested that the delivery of high quality care to older adults with cancer should include an interprofessional team approach that addresses the needs of the older adult along with coordinated care with the non-cancer care team [11]. Tremblay et al. [12] conducted a concept analysis of an integrated oncogeriatric approach in 2012. They recommended that the oncogeriatric approach be multidisciplinary, but provided little actual evidence to support multidisciplinary collaboration in this context. As the field of geriatric oncology is undergoing rapid expansion [2,13], we conducted a narrative review of the literature with the aim of examining the role of and collaboration between oncologists, geriatricians, primary care practitioners, and geriatric oncology nurses during cancer treatment delivery for older adults with cancer.

The review questions were:

1. How do these medical specialists and nurses view their role (current and potential) in the care of older adults with cancer?
2. How do the different health care providers and older adults view the current collaboration of these medical specialists and nurses in the care of older adults and how can future collaboration be improved?
3. What is the evidence supporting the impact of multidisciplinary collaborations on the quality of care/cancer-related outcomes of older adults?

2. Methods

A narrative review [14,15] of the recent literature was conducted to provide an overview of the current status of collaboration and to identify areas where the collaboration could be improved, as well as gaps within the evidence.

Comprehensive literature searches of MEDLINE and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) were designed and conducted by an academic research services librarian (APA). Literature from the last five years (January 1, 2012 to August 30, 2017) was included in this review as the previous evidence had been summarized in the review by Tremblay et al. [12] in 2012. The search strategies were translated using each database platform's command language, controlled vocabulary, and appropriate search fields. Medical Subject Heading (MeSH) terms, Cumulative Index to Nursing and Allied Health Literature (CINAHL) headings, and text words were used to search the concepts of oncology, health and allied health personnel, and older adult patients. Specific search terms included: aged, elderly, geriatrics, doctor, physician, allied health personnel, nurses, family doctor and physician assistants. Articles were eligible for inclusion if they were published in English, described the current or desired collaboration between oncologists (surgical, radiation, and medical), oncology nurses and geriatricians, or primary care practitioners, or nurses working in geriatric oncology settings. Eligible articles included were those describing original research (quantitative, qualitative or mixed methods studies), reviews or theoretical frameworks. Articles describing the role and collaboration of cancer site nurse navigators, since they are not dedicated geriatric oncology nurses, their role and approach may be slightly different and, therefore, were not included in our primary review. For the full search strategies, see Appendix A.

The search of both Medline and CINAHL resulted in 1563 potential abstracts that were all reviewed by one reviewer (MP). The one reviewer included all potentially relevant abstracts in one document that was sent to all team members. All team members reviewed all potentially interesting abstracts and selected which papers the full text should be reviewed. One reviewer (MP) subsequently retrieved all the full texts papers and evaluated the full texts for relevance. The relevant papers were included in the narrative summary that was organized by the research questions. The team members discussed the studies and narrative summary for each research question.

The primary care practitioner (PCP) is also known as family physician or general practitioner; in this review we have used the term PCP throughout.

3. Results

Seven papers focused on the collaboration between PCPs and oncologists [16–22], and eight papers examined the relationship between oncologists and geriatricians and/or the role of the geriatrician during cancer treatments [23–30]. There were ten descriptive/theoretical papers describing the role of Registered Nurses (RNs)/Advanced Practice Nurses (APNs)/Nurse Practitioners (NPs) in the geriatric oncology context [28,30–38] and four papers describing the relationship between geriatric oncology nurses and other health professional team members [27,28,31,33]. Six papers addressed the perspectives of older adults with cancer on the involvement of their PCP during cancer treatment [17,39–43]. See Table 1 for exemplar quotes regarding collaboration from different health care providers involved in the treatment of older adults with cancer.

Research question 1: How do these medical specialists and nurses view their role (current and potential) in the care of older adults?

Primary care physicians (PCPs) often feel underutilized during active cancer treatment despite their often longstanding relationship with the patient [19–22]. PCPs feel they can provide valuable input during treatment of their older adult patients with cancer, as they can provide insight and support on frailty, cognitive impairment, home environment, loss of decision making capacity and advance directives [19,20]. However, Mitchell et al. [21] reported that not all PCPs wanted an enhanced role in caring for patients with cancer, but they did want improved communication with oncologists as well as clarification of each professional's role. These concepts are further supported by a systematic review and mixed-methods meta-synthesis of 35 studies conducted by Dossett et al. [18] that explored the PCP-oncologist relationship throughout the cancer continuum. They reported the following themes relevant to our review: 1) PCP belief they can play an important role in cancer care; 2) PCPs are willing to play a role in cancer care; 3) PCPs uncertainty about their knowledge of cancer care. In the same systematic review, some oncologists reported endorsement of the specialist-based care model (i.e., the oncologist takes over the primary care for the patient).

There were seven papers written which described the development of geriatric services for older adults with cancer [23–28,35]. These authors felt that the role of the geriatrician includes conducting geriatric assessments and developing management plans with all geriatric issues identified. Additionally, several of these studies reported on the number of geriatric issues identified or classification of patients into fit, frail, or vulnerable based on the geriatric assessment findings followed by interventions that were undertaken by the interprofessional team to address the identified issues [25,26].

Reports from French, American, and Australian nurses including RNs/APNs and NPs highlighted their perceived role as being instrumental in facilitating a complete geriatric assessment (CGA); enabling coordinated, patient-centered care; symptom and side-effect management; and ensuring implementation of the care plan in collaboration with geriatricians and oncologists [31–35,37]. Shahrokni et al. [28] described the role of the geriatric NP and oncologist in the care for older adults with cancer at Memorial Sloan Kettering Cancer Center. He described four types of interventions conducted by the geriatric NP during treatment including: patient education, prevention, supportive care, and geriatric assessments.

Research question 2: How do the different health care providers and older adults view the current collaboration of these medical specialists and RNs/APNs/NPs in the care of older adults and how can the future collaboration be improved?

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