



A Teaching Affiliate
of Harvard Medical School

The Intersection of Geriatric Oncology and Mental Health

Ryan Nipp, MD MPH



MASSACHUSETTS
GENERAL HOSPITAL

CANCER CENTER



CANCER
OUTCOMES
RESEARCH

Conflict of Interest Disclosure



- I have no actual or potential conflicts to disclose.

- Cancer disproportionately impacts older adults
- Older adults with cancer often present a unique set of challenges for the clinicians caring for them
- Geriatric assessment can help address the distinct geriatric care needs of older adults with cancer
- Older adults with cancer may benefit from novel care models focused on their unique geriatric needs

- Cancer disproportionately impacts older adults
- Older adults with cancer often present a unique set of challenges for the clinicians caring for them
- Geriatric assessment can help address the distinct geriatric care needs of older adults with cancer
- Older adults with cancer may benefit from novel care models focused on their unique geriatric needs



Mrs KP

77 yo F

Pancreas

AdenoCa

Found mets

in liver

during

surgery

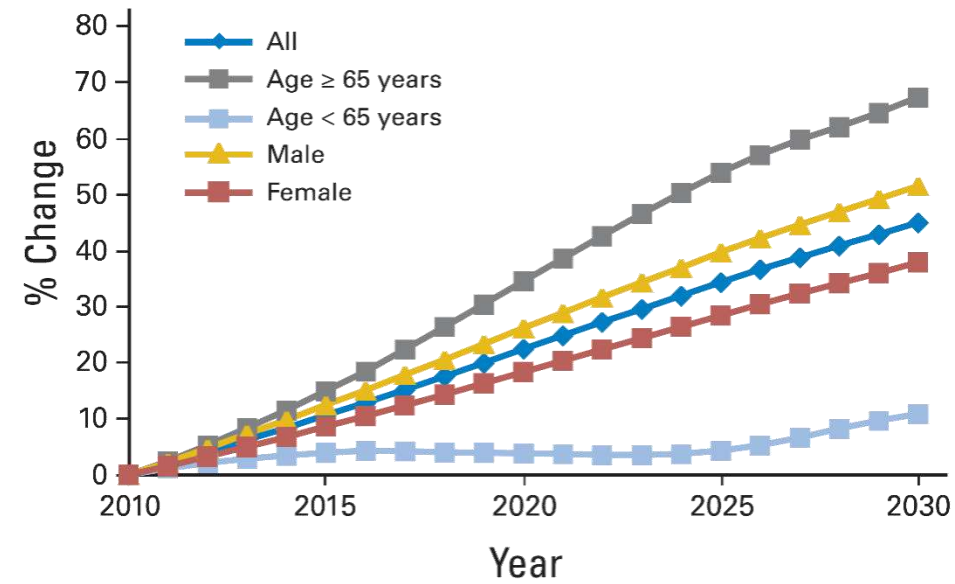
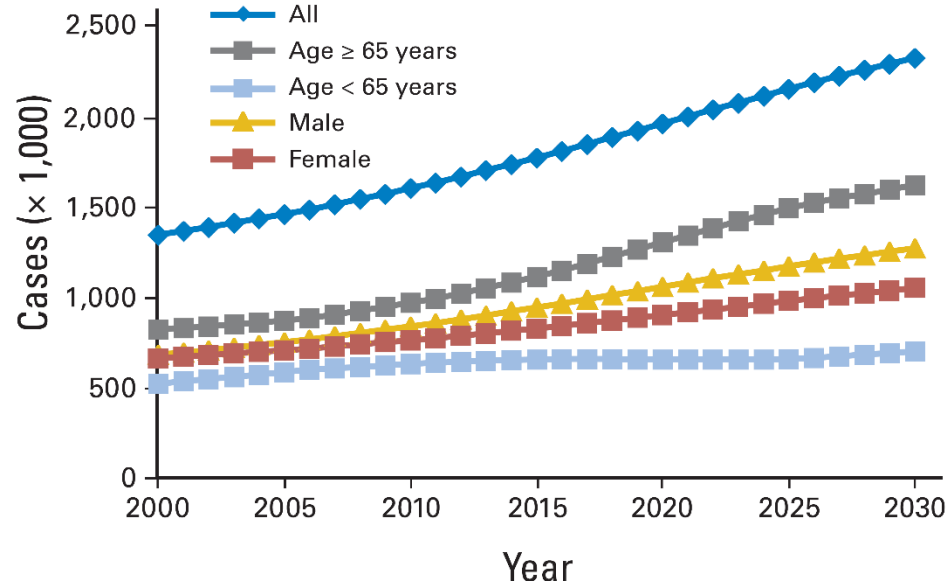
Cancer disproportionately impacts older adults

Number of Cases per Year

Percent Change by Year

A

B



Cancer disproportionately impacts older adults

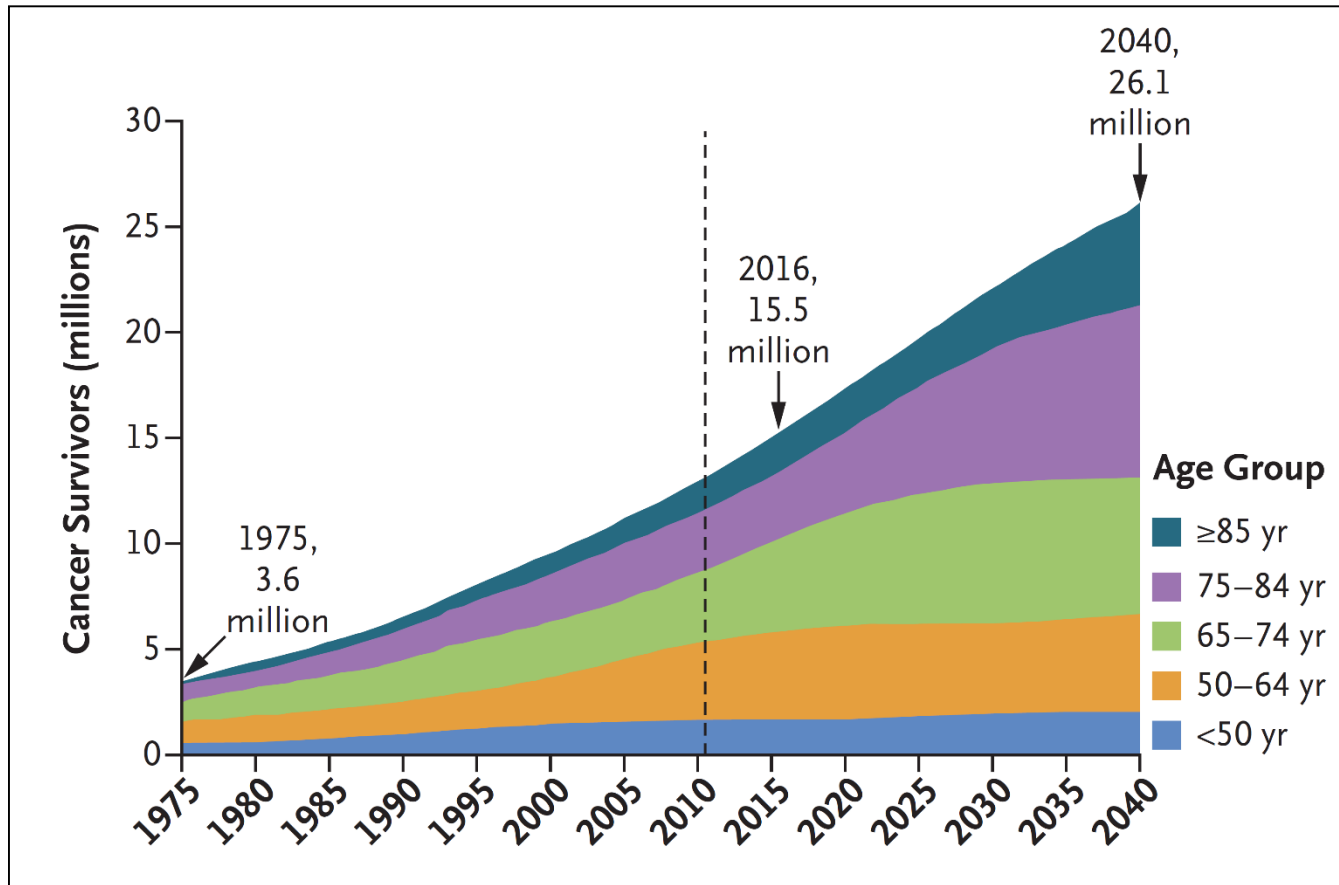


Figure 1. Changing Demographic Characteristics of Cancer Survivors in the United States.



Mrs KP

77 yo F

Pancreas

AdenoCa

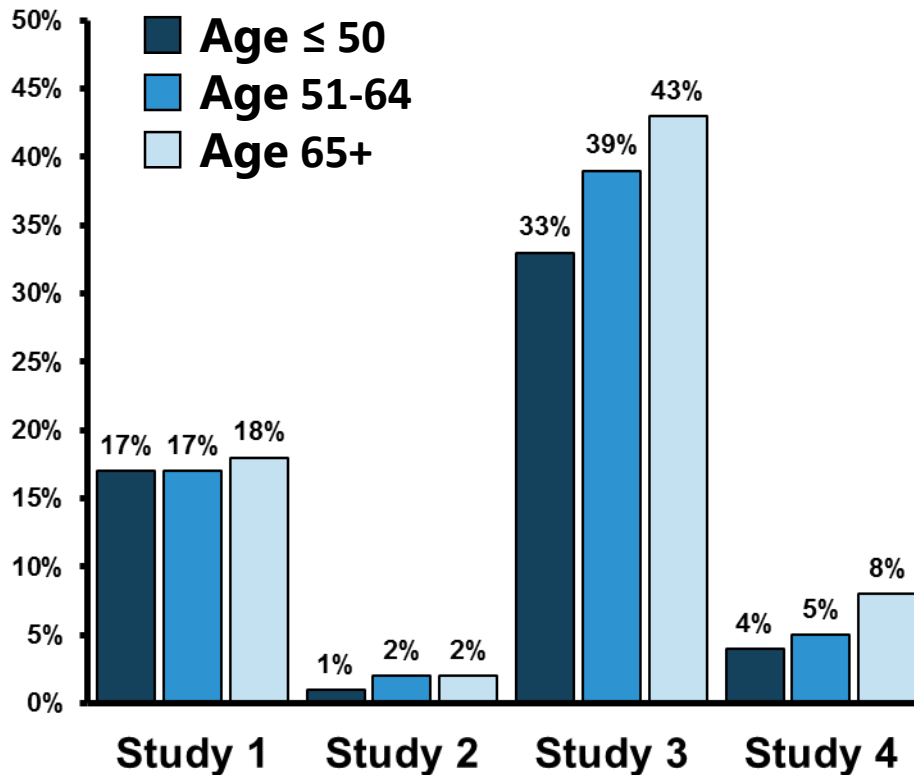
**Questions soon
arise regarding
mental health
and cognitive
function**

- Cancer disproportionately impacts older adults
- Older adults with cancer often present a unique set of challenges for the clinicians caring for them
- Geriatric assessment can help address the distinct geriatric care needs of older adults with cancer
- Older adults with cancer may benefit from novel care models focused on their unique geriatric needs

Older adults with cancer often present a unique set of challenges for the clinicians caring for them

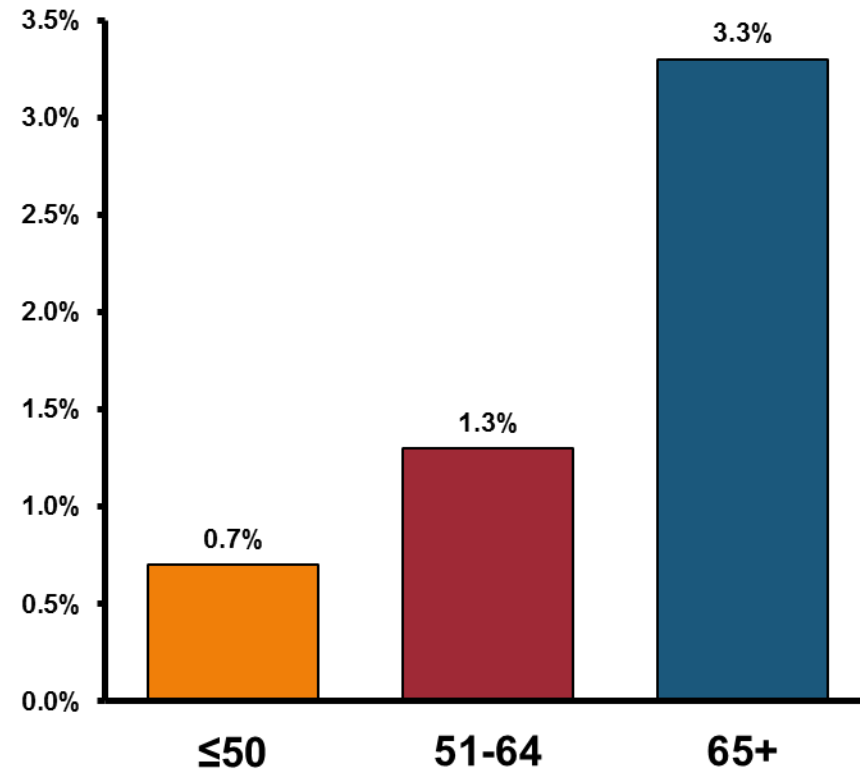
6,000+ patients with node-positive breast cancer from several trials from 1985-1999

Increased Toxicity by Age



Grade 4 Toxicities by Study and Age

Treatment-Related Death by Age



Treatment-Related Death by Age

Unique Challenges in Geriatric Oncology

- Physical Function
- Comorbidity
- Cognition
- Polypharmacy
- Symptom Burden
- Nutrition
- Social Support



Mrs KP

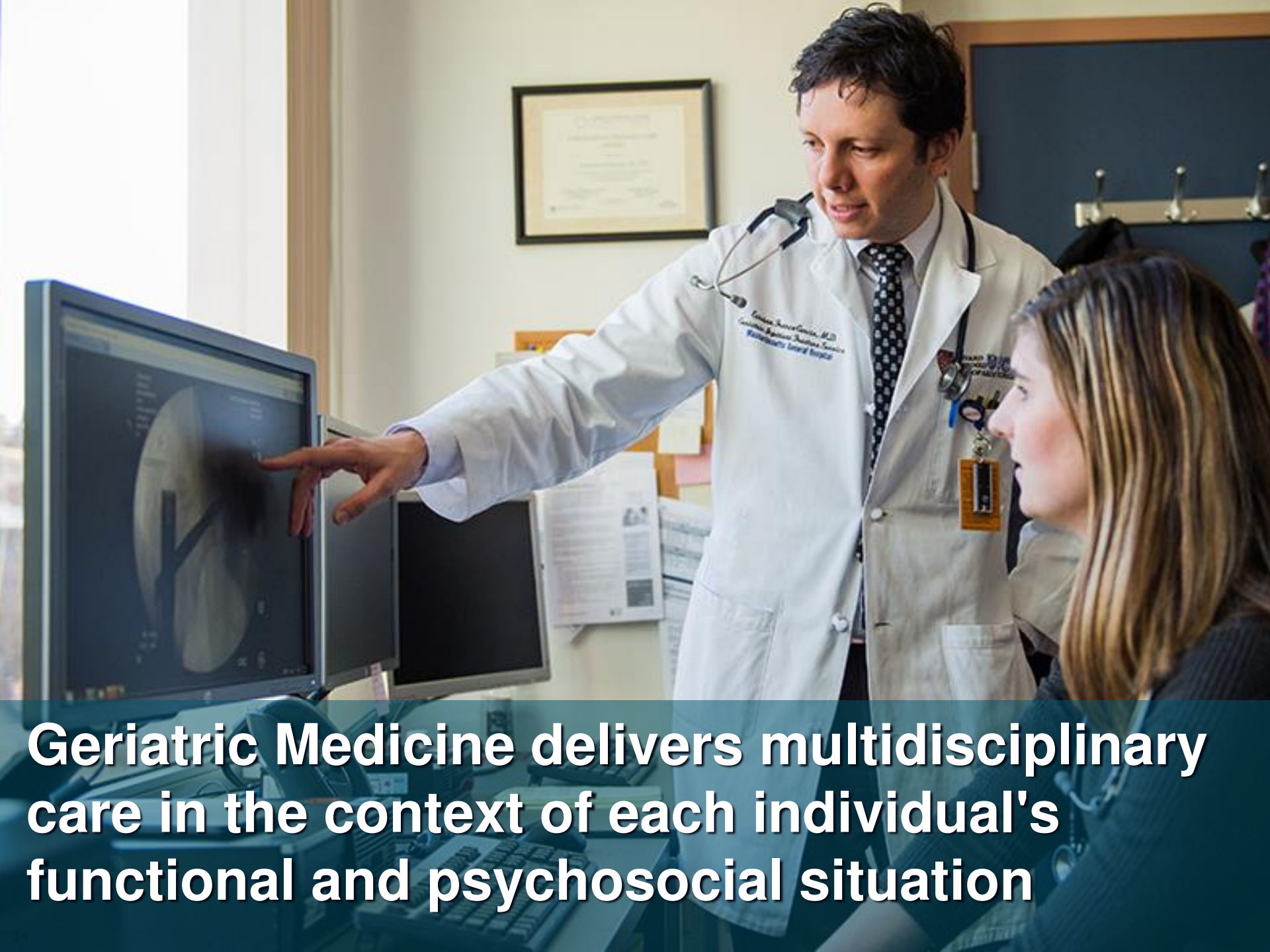
77 yo F

Pancreas

AdenoCa

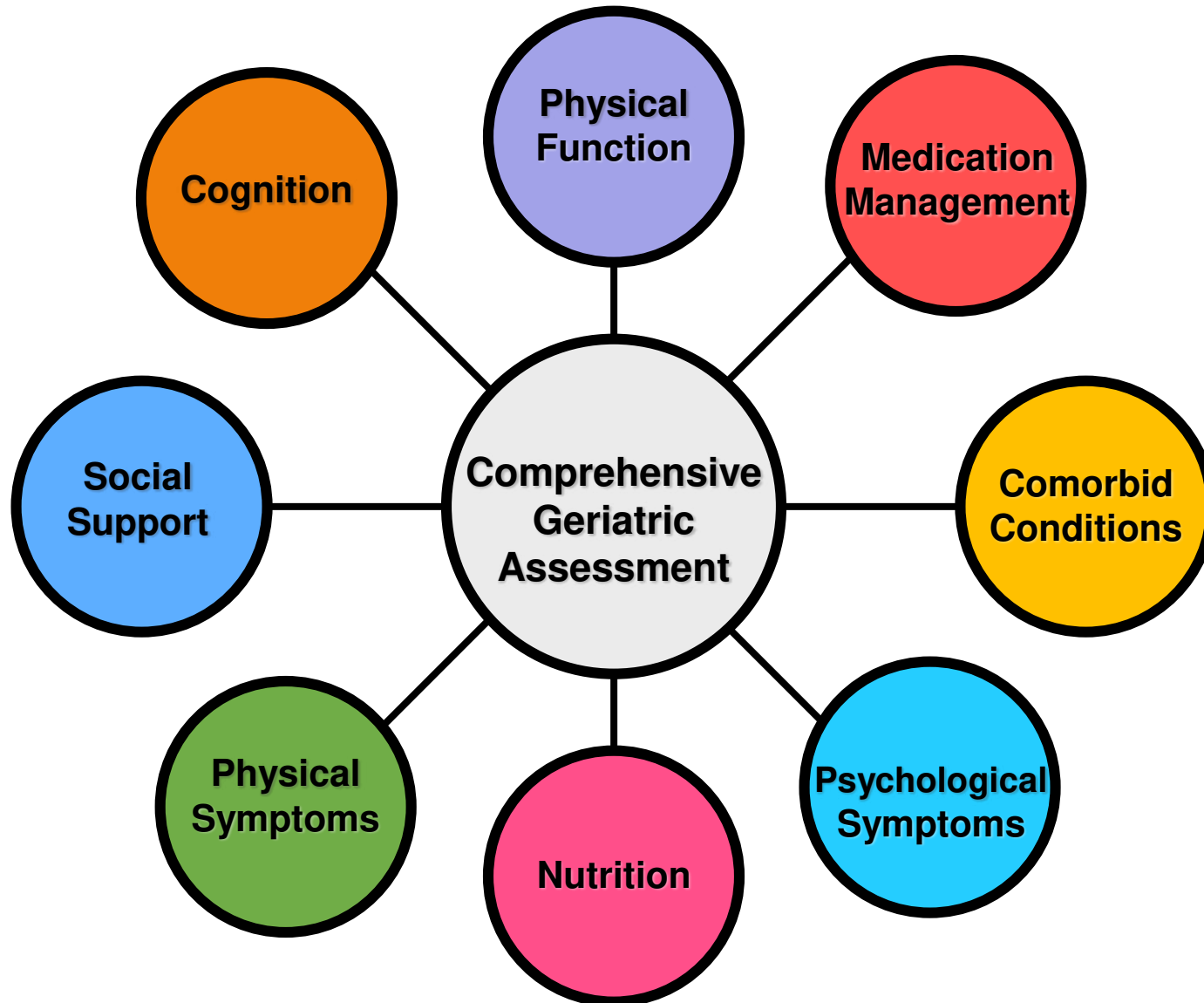
**How would
we address all
of these issues?**

- Cancer disproportionately impacts older adults
- Older adults with cancer often present a unique set of challenges for the clinicians caring for them
- Geriatric assessment can help address the distinct geriatric care needs of older adults with cancer
- Older adults with cancer may benefit from novel care models focused on their unique geriatric needs

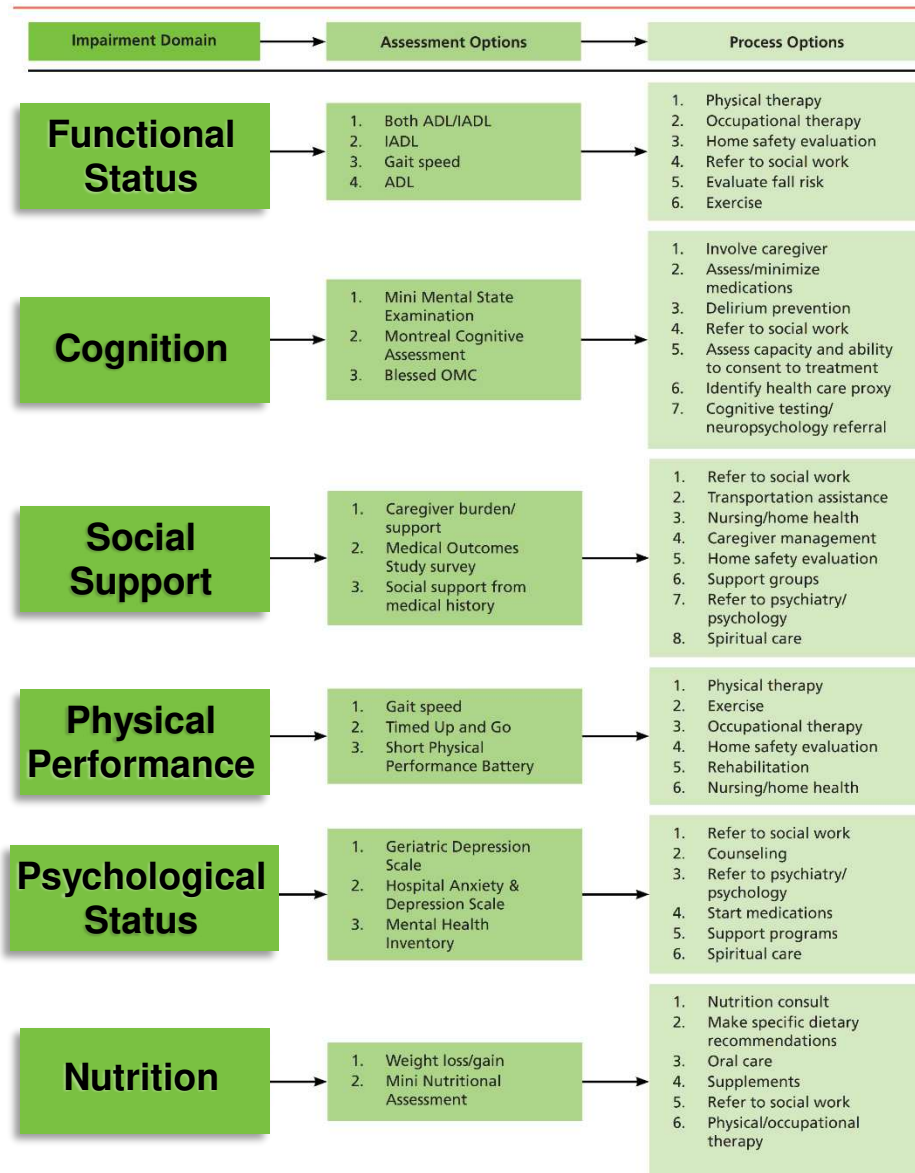


Geriatric Medicine delivers multidisciplinary care in the context of each individual's functional and psychosocial situation

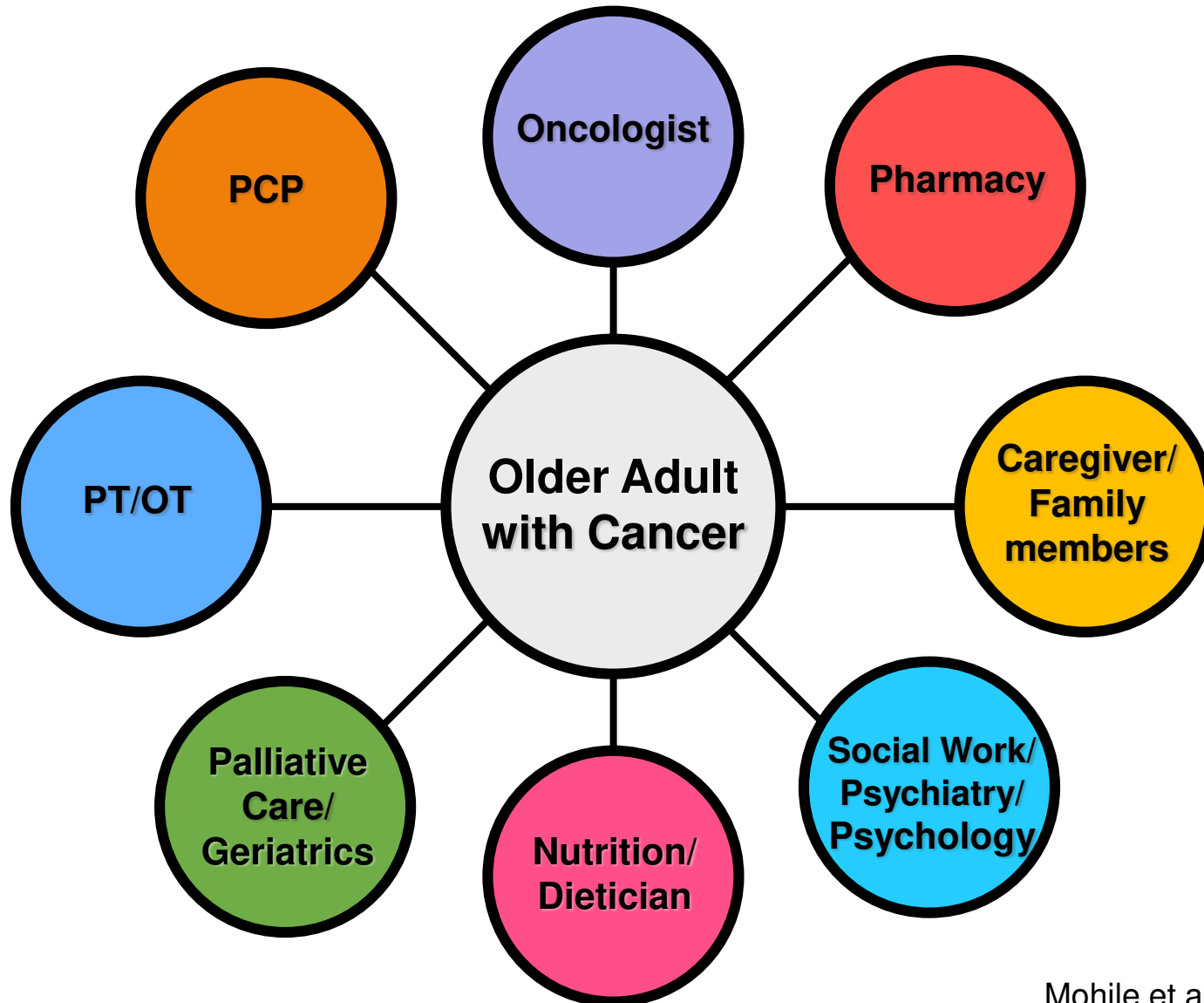
Comprehensive Geriatric Assessment



Comprehensive Geriatric Assessment in Oncology



Potential Members of the Care Team



Outline

- Cancer disproportionately impacts older adults
- Older adults with cancer often present a unique set of challenges for the clinicians caring for them
- Geriatric assessment can help address the distinct geriatric care needs of older adults with cancer
- Older adults with cancer may benefit from novel care models focused on their unique geriatric needs



Mrs KP

77 yo F

Pancreas

AdenoCa

- **Metastatic disease**
- **Cognitive impairment**
- **Geriatric conditions?**
- **Mental health needs?**
- **Unexpected pandemic?**



A Teaching Affiliate
of Harvard Medical School

Thank you

Ryan Nipp, MD MPH



MASSACHUSETTS
GENERAL HOSPITAL

CANCER CENTER



CANCER
OUTCOMES
RESEARCH



CANCER
OUTCOMES
RESEARCH



Memorial Sloan Kettering
Cancer Center™



Engaging Older Adults with Mental Illness and Cancer and their Caregivers

Identifying Barriers & Finding Solutions

Kelly Trevino, PhD

Assistant Attending Psychologist

Psycho-oncology in Aging and Cancer Laboratory (PAC MSK)

Department of Psychiatry and Behavioral Sciences

Memorial Sloan Kettering Cancer Center



Financial Relationships

No relevant financial relationship(s) exist



The Problem



Cognitive
Behavioral
Therapy

Problem-
Solving
Therapy

Motivational
Interviewing

Acceptance
and
Commitment
Therapy



Cancer
Care

Mental
Health
Services

Caregiver
Support
Resources

Housing
Resources



Learning More about The Problem



Consensus Conference Workshop

Cornell Institute for Translational Research in Aging
Research-Practice Consensus Workshop Model

<http://citra-rpcw.human.cornell.edu/>

Pillemer, 2006



Memorial Sloan Kettering
Cancer Center.

Panel of Stakeholders



Barbara Andersen, PhD
Professor of Psychology
Ohio State University



Christian Nelson, PhD
Chief, Psychiatry Service
Memorial Sloan Kettering Cancer Center



Beverly Canin
Patient Advocate
NYS Health Research Science Board
Cancer and Aging Research Group



Lisa Furst, LMSW, MPH
Director of Public Education
Geriatric Mental Health Alliance of NY



Lorraine Griggs
Cancer Caregiver
Stakeholders for Care in Oncology and
Research for the Elderly



Nayana Kamath, MD
Medical Oncologist
Strong Memorial Hospital

Activities

- Convene larger stakeholder group
- Convene a roundtable
- Data analysis
 - Qualitative
 - Quantitative



What Did We Learn?

What Can You Learn?



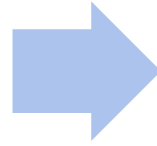
Topics to consider

- Intervention characteristics
- Characteristics of individuals
- Inner setting
- Outer setting
- Implementation process



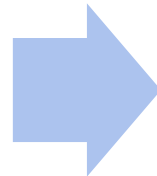
Intervention Characteristics

Barriers



Strategies

Patient/Caregiver stigma toward mental health services



Normalization of distress
Strengths-based approach

Not specific to older adults



Recognition/discussion of
“double whammy” of
cancer and aging

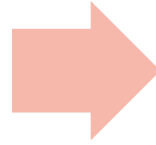
??



??

Characteristics of Individuals

Barriers



Strategies

Exhausted caregivers



Separate caregiver
treatment

Low provider self-efficacy
to treat older adults



Training includes basic
information on older
adults

??



??

Inner Setting

Barriers

Location of mental health
and oncology services

Poor communication
between oncology and
mental health teams

??



Strategies

Telephone/video delivery
Co-location of services

Structured strategy for
communication between
teams

??

Outer Setting

Barriers



Strategies

Hospitals siloed from
community organizations



Build partnerships

Telephone services not
reimbursed



Lobby policymakers

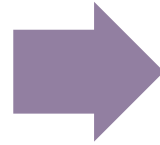
??



??

Implementation Process

Barriers



Strategies

Lack of a plan for implementation



A priori detailed plan

Key stakeholders not engaged



Include internal and external stakeholders across roles/levels

??



??

Take Home Messages

- Take time to understand the problem
- Include all relevant stakeholders
- Use a framework to guide your thinking
- Start with “low hanging fruit”
- Revise – Restart - Keep going



Cancer
Care

Mental
Health
Services

Caregiver
Support
Resources

Housing
Resources



Cancer
Care

Mental
Health
Services

Caregiver
Support
Resources

Housing
Resources



Acknowledgements

Mentors/Collaborators

- Holly Prigerson, PhD
- Mark Lachs, MD
- Chris Nelson, PhD
- Cary Reid, MD
- Peter Martin, MD
- Jo Anne Sirey, PhD
- Karl Pillemer, PhD
- Beverly Canin
- Lorraine Griggs

Study staff

- Chrystal Marte
- Caraline Demirjian
- Charlotte Healy
- James Lassen
- Tandeka Black
- Devon Batiz

Study interventionists

- Amy Stern, LCSW
- Robin Hershkowitz, LCSW

Funding

- National Institute on Aging (K23 AG048632, Trevino)
- American Federation for Aging Research (K23 AG048632, Beeson Scholars/Hartford Change AGENTS Action Fund, Trevino)
- National Center for Advancing Translational Sciences (UL1 TR000457-06)
- National Cancer Institute Mentored Training for Dissemination and Implementation Research in Cancer Program grant (R25 CA171994, Brownson)



Thank You

PsyAgingCA@mskcc.org
@PacMsk

trevinok@mskcc.org
@KTrevino30



EMHOT (ELDER MENTAL HEALTH OUTREACH TEAM) WITHIN AN AGING SERVICE ACCESS POINT, ETHOS

APRIL 17, 2020

PREPARED BY:

CLARIBETTE DEL ROSARIO

COUNSELING AND SUPPORT SERVICES DIRECTOR AT ETHOS

WHAT IS AN ASAP?

AGING SERVICES ACCESS POINTS

1. [BayPath Elder Services*](#)
2. [Elder Services of Berkshire County*](#)
3. [Boston Senior Home Care](#)
4. [Bristol Elder Services*](#)
5. [Elder Services of Cape Cod and the Islands*](#)
6. [Central Boston Elder Services](#)
7. [Coastline Elderly Services*](#)
8. [Ethos](#)
9. [Greater Lynn Senior Services*](#)
10. [Greater Springfield Senior Services*](#)
11. [Highland Valley Elder Services*](#)
12. [HESSCO*](#)
13. [LifePath](#)
14. [Elder Services of the Merrimack Valley*](#)
15. [Minuteman Senior Services*](#)
16. [Montachusett Home Care*](#)
17. [Mystic Valley Elder Services](#)
18. [North Shore Elder Services*](#)
19. [Old Colony Elder Services](#)
20. [SeniorCare*](#)
21. [Somerville Cambridge Elder Services*](#)
22. [South Shore Elder Services*](#)
23. [Springwell*](#)
24. [Tri-Valley](#)
25. [Western Mass ElderCare*](#)
26. [Elder Services of Worcester Area](#)

***Also a AAA**

AREA AGENCIES ON AGING

1. [Billerica Council on Aging](#)
2. [Age Strong Commission](#)
3. [Cape Organization for Rights of the Disabled \(CORD\)](#)
4. [Central Massachusetts Agency on Aging](#)
5. [Franklin County Home Care Corporation](#)
6. [Old Colony Planning Council Area Agency on Aging](#)

WHAT SERVICES ARE OFFERED?

- 1. Information and referral**
- 2. Care Coordination**
- 3. Homemaker services**
4. Supportive day care
5. Adult day health
- 6. Supportive home care aide**
- 7. Laundry service**
8. Personal emergency response system
9. Adaptive housing/equipment
10. Companion services
11. Medication dispensing system
- 12. Personal care**
13. Dementia day care
- 14. Home health services**
- 15. Home delivered meals**
16. Emergency shelter
17. Transportation
- 18. Grocery shopping/delivery**
- 19. Chore services**
20. Vision rehabilitation
21. Respite care
22. Alzheimer's / dementia coaching
23. Behavioral health counseling
24. Nutritional assessment
25. Home based wandering response systems
- 26. Home delivery of pre-packaged medication**
27. Transitional assistance
28. Translation/interpreting service
- 29. Money management**
- 30. Options counseling**
31. Family caregiver support program
32. Medicare Counseling (SHINE)
33. Long-Term Care Ombudsman
34. Volunteer Services
35. Healthy Aging Programs

With some exceptions, most ASAPS offer the same services.



ETHOS IS THE HOME CARE AGENCY FOR SOUTHWEST BOSTON.

- Serves 2,000+ low & middle-income seniors.
- State funded; state contracted.
- Service packages range from \$300 (Home Care) to \$2000 per month (Choices).
- High caseloads: 100 cases/ case manager.
- Intermittent wait lists.



ETHOS PROGRAMS



HOME CARE



SENIOR CARE OPTIONS



NUTRITION



MONEY MANAGEMENT



OPTIONS COUNSELING



PCA



VOLUNTEER SERVICES



HEALTH & WELLNESS



MEDICARE COUNSELING



EMHOT is a program whose intervention is tailored to older adults 60 and over living in the city of Boston dealing with underlying mental health needs that impact their ability to maintain autonomy and some degree of independence in the community.

HOW TO MAKE A REFERRAL

FOR RESIDENTS OF SOUTHWEST BOSTON

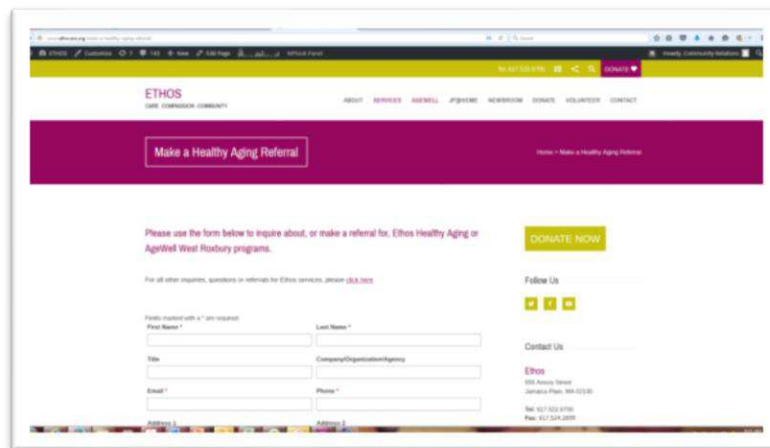
1. Call Boston ElderINFO - 617-292-6211
2. Call 1-800-AGE-INFO
3. Online: www.ethocare.org/contact-ethos

FOR BOSTON RESIDENTS

1. Call Boston ElderINFO - 617-292-6211
2. Call 1-800-AGE-INFO

FOR RESIDENTS WITHIN MASSACHUSETTS

1. Call 1-800-AGE-INFO
2. CALL MassOptions - 1-844-422-6277



Specially trained information workers will guide you through the process and determine what services you are eligible for.

Here are the challenges

- **Housing is a major area of stress as at least 10% of our clients have been homeless, at risk of eviction, or very inappropriately housed.**
- **Being on the phone with other referral agents takes a longer time**
- **Contact with clients take hours: Roughly 10 – 20% are experiencing anxiety due to new medical diagnosis. And, approximately 15% are dealing with grief – death of a spouse or partner or child.**
- **Engagement challenges: delusional thinking, paranoia, depression, anxiety, and trauma histories.**
- **Ability to assess client is not as accurate as it would be face-to-face**
- **Program relies on clinical interns to complement the work. One intern completed their work April 8th. The two others will finish in June.**

Future Planning:

- Close to half of the current clients are people of color.
- Most likely see EMHOT serve 50% people of color in the coming year.
- We need to increase our capacity to serve non-English speaking elders. At least half of Boston residents have a first language that is not English.
- Training for trauma response – complicated family dynamics in the coming year as a result of the recession that will follow COVID – 19
- Need to deal with unresolved grief due to COVID – 19
- Be prepared to make face-to-face contact with client if providers begin to limit outreach to assess the most vulnerable clients

Questions? THANK YOU!

ETHOS

555 Amory Street
Jamaica Plain, MA 02130
T: 617.522.6700
F: 617.524.2899
www.ethocare.org

VAL FRIAS

Chief Executive Officer
T: 617.477.6634
vfrias@ethocare.org

MARGERY GANN

Chief Operating Officer
T: 617.477.6641
mgann@ethocare.org

CLARIBETTE DEL ROSARIO

Counseling and Support Services Director
T: 617.477.6623
cdelrosario@ethocare.org

BOSTON ELDER INFO

89 South Street
Boston, MA 02111
T: 617.292.6211
www.elderinfo.org

ELDERLY COMMISSION (CITY OF BOSTON)

1 City Hall Square
Boston, MA 02201
T: 617.635.4366
www.boston.gov/departments/elderly-commission

EXECUTIVE OFFICE OF ELDER AFFAIRS

One Ashburton Place, 5th floor
Boston, MA 02108
T: (617) 727-7750
Connect to Local Agency T: 800.243.4636
Elder Abuse Hotline T: 800.922.2275\
www.mass.gov/orgs/executive-office-of-elder-affairs

