



Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

# Partners



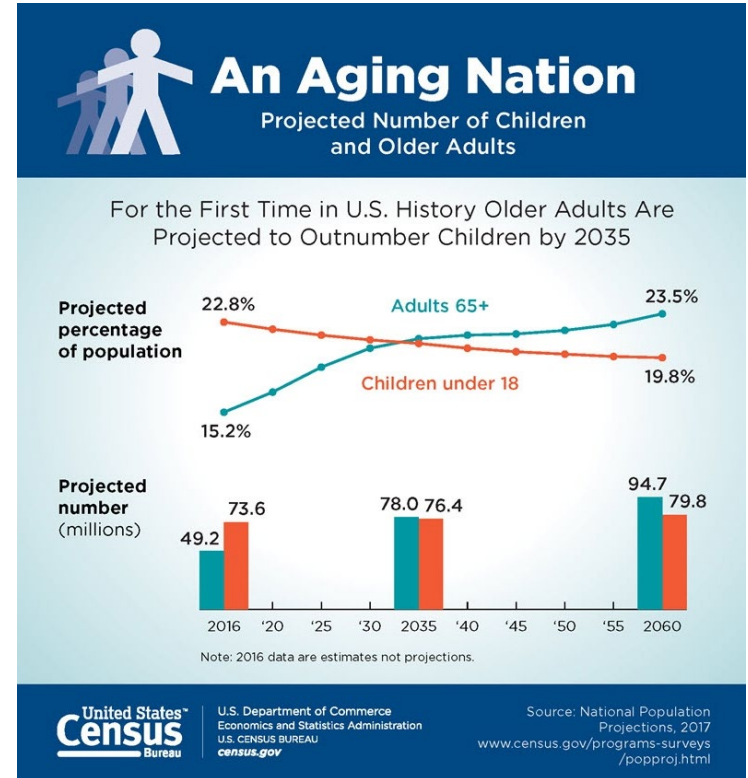
**The John A. Hartford Foundation**  
Dedicated to Improving the Care of Older Adults



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# Why Age-Friendly Health Systems?

- Demography
- Complexity
- Disproportionate harm



# What is our aim?

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA) have adopted the bold and important aim of establishing Age-Friendly Care in **20 percent of US hospitals and health systems by 2020.**

An Age-Friendly Health system is one where every older adult:

- Gets the best care possible;
- Experiences no healthcare-related harms; and
- Is satisfied with the health care they receive.

# Action Community Faculty



Mary Tinetti,  
MD



Ann Hendrich,  
PhD, RN



Kevin Biese,  
MD



Nicole Brandt,  
PharmD, MBA



Lenise Cummings-  
Vaughn, MD,  
CMD



Glyn Elwyn,  
MD



Wes Ely, MD



Donna Fick,  
PhD, RN



Terry Fulmer,  
PhD, RN



Kate Hilton,  
JD, MTS



Bruce Leff,  
MD



Joe  
McCannon



VJ Periyakoil,  
MD



Albert Siu,  
MD, MSPH

A full list of faculty bios can be found on [www.ihl.org/AgeFriendly](http://www.ihl.org/AgeFriendly)

# Age-Friendly Health Systems Advisory Group

**Ann Hendrich, PhD, RN (co-chair)**, Senior Vice President and Chief Quality/Safety and Nursing Officer, Ascension

**Mary Tinetti, MD (co-chair)**, Gladys Phillips Crofoot Professor of Medicine (Geriatrics) and Professor, Institution for Social and Policy Studies; Section Chief, Geriatrics

**Kyle Allen, DO, AGSF**, Vice President Enterprise Medical Director for CareSource

**Antonio Beltran**, Vice President, Safety Net Transformation, Trinity Health

**Don Berwick, MD, MPP**, President emeritus and senior fellow, Institute for Healthcare Improvement, former administrator of the Centers for Medicare & Medicaid Services

**Jay Bhatt, DO**, Chief Medical Officer, President and CEO, Health Research and Educational Trust and American Hospital Association

**Alice Bonner, PhD, RN**, Secretary, Executive Office of Elder Affairs, Commonwealth of Massachusetts

**Peg Bradke, RN, MA**, Vice President, Post-Acute Care, UnityPoint Health - St. Luke's Hospital

**Nicole Brandt, PharmD, MBA**, Professor, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy; Executive Director, Peter Lamy Center on Drug Therapy and Aging

**Jim Conway, MS**, Adjunct Lecturer, Harvard School of Public Health, Senior Consultant, Safe and Reliable Healthcare

**Donna Fick, PhD, RN**, Louise Ross Eberly Professor of Nursing and Professor of Medicine and Director of Center of Geriatric Nursing Excellence, Pennsylvania State University; Editor, Journal of Gerontological Nursing

**Terry Fulmer, PhD, RN**, President, John A Hartford Foundation

**Kate Goodrich, MD**, Center for Clinical Standards and Quality, Director and CMS Chief Medical Officer

**Ann Hwang, MD**, Director of the Center for Consumer Engagement in Health Innovation, Community Catalyst

**Maulik Joshi, DrPH**, Executive Vice President of Integrated Care Delivery and Chief Operating Officer, Anne Arundel Health System

**Doug Koekkoek, MD**, Chief Executive, Providence Medical Group

**Lucian Leape, MD**, Adjunct Professor of Health Policy, HSPH, retired

**Marty (Martha) Leape**, Former Director of the Office of Career Services, Harvard College

**Bruce Leff, MD**, Professor, Johns Hopkins Medicine, Director, The Center for Transformative Geriatric Research

**Becky Margiotta**, CEO and President, The Billions Institute, LLC

**VJ Periyakoil, MD**, Director, Palliative Care Education and Training, Stanford University School of Medicine, VA Palo Alto Health Care System, Division of Primary Care and Population Health

**Eric Rackow, MD**, President, Humana At Home; President Emeritus, NYU Hospital Center; Professor of Medicine, NYU School of Medicine

**Nirav Shah, MD, MPH**, Adjunct Professor at the School of Medicine, Stanford University

**Albert Siu, MD**, Professor and System Chair, Geriatrics and Palliative Medicine, Population Health Science and Policy, General Internal Medicine

**Steve Stein, MD**, Chief Medical Officer, Trinity Health Continuing Care Group

**Julie Trocchio, MSN**, Senior Director, Community Benefit and Continuing Care, Catholic Health Association of the United States

# Pioneer Health Systems



# The 4Ms Framework

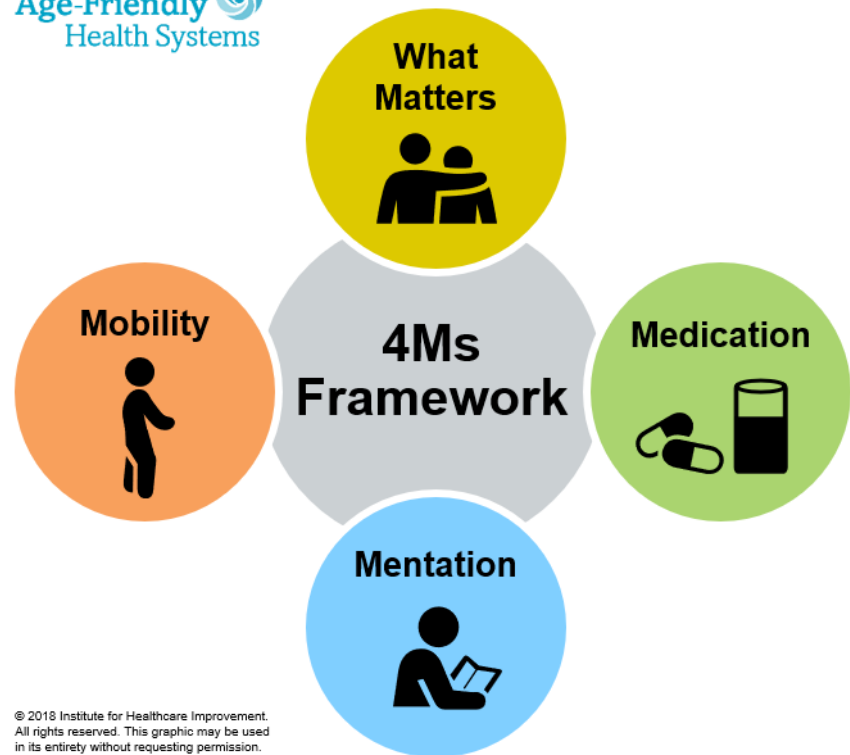
*Age-Friendly care is the reliable implementation of a set of evidence-based geriatric best practice interventions across four core elements, known as the 4Ms, to all older adults in your system.*

The 4Ms	Description
<b>What <u>M</u>atters</b>	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life care, and across settings of care
<b><u>M</u>edications</b>	If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care
<b><u>M</u>entation</b>	Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care
<b><u>M</u>obility</b>	Ensure that older adults move safely every day to maintain function and do What Matters



# Why the 4Ms?

- Provides a feasible framework for implementation and measurement
- Addresses older adults' core health issues
- Builds on a strong evidence base
- Synergistic relationships with opportunity to simplify and reduce burden on care team



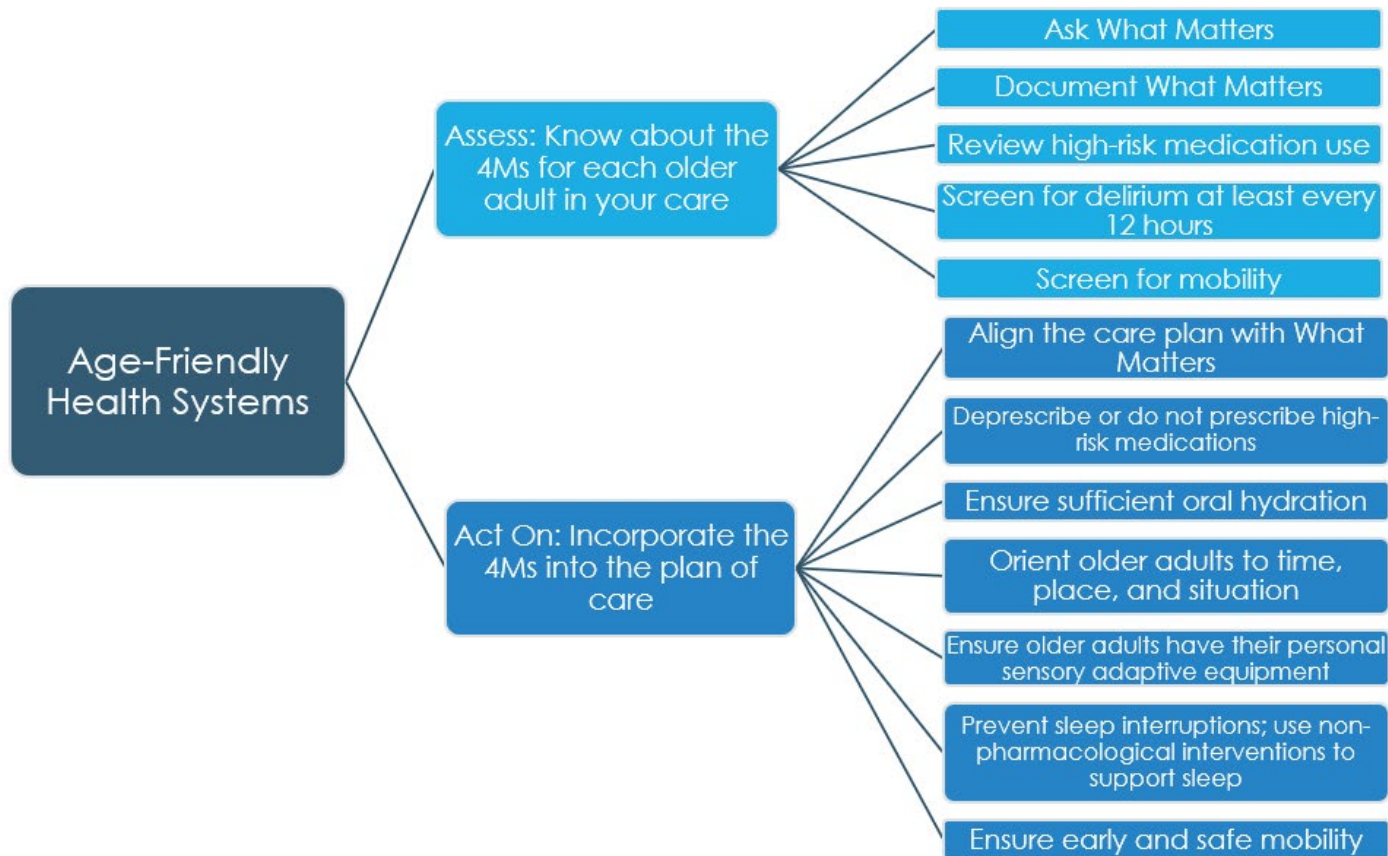
# Evidence-Based

- What Matters:
  - Older adults vary in their health goals & care preferences
  - Asking & addressing what matters lowers inpatient utilization (54%) while increasing patient satisfaction (AHRQ, 2013)
- Medications:
  - Multiple medications increases adverse events & burden
  - Older adults receive many medications that are potentially harmful & of little benefit
  - Older adults suffering an adverse drug event have higher rates of morbidity, hospital admission and costs (Field, 2005)
  - 1500 hospitals in HEN 2.0 reduced 15,611 adverse drug events saving \$78m across 34 states (HRET, 2017)

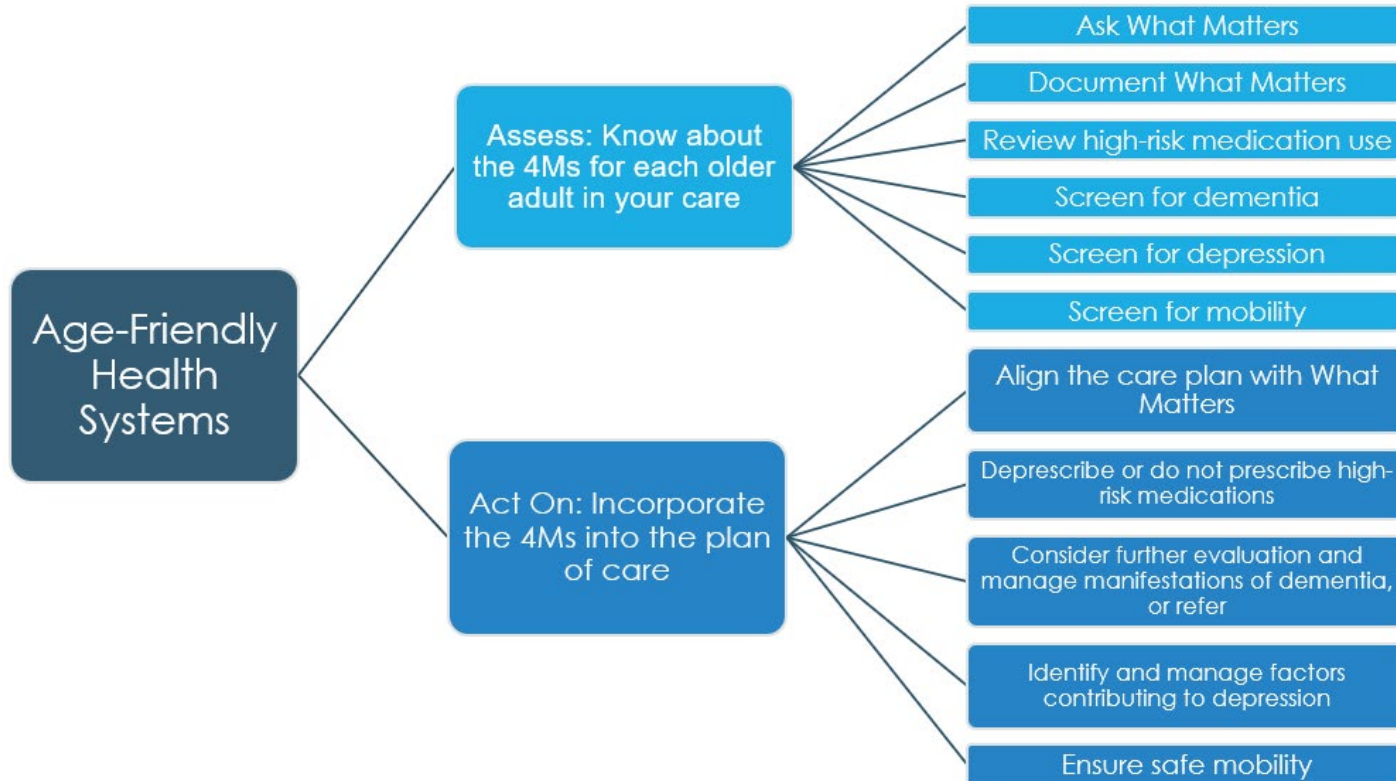
# Evidence-Based

- Mentation:
  - Dementia, delirium, and depression often unrecognized & untreated; associated with increased morbidity, mortality, and costs
  - Delirium preventable (Inouye)
  - Depression in ambulatory care doubles cost of care (Unützer et. al, 2009)
  - 16:1 ROI on delirium detection and treatment programs (Reuben et. al, 2013)
- Mobility:
  - Cost-effective interventions for mobility & fall prevention
  - Older adults with a serious fall-related injury required an additional \$13,316 in hospital costs and had an increased LOS of 6.3 days compared to controls (Wong et. al, 2011)
  - 30+% reduction in hospital costs among patients who receive care to improve mobility (Klein, Mulkey, Bena, & Albert, 2015)

# 4Ms Framework: Hospital



# 4Ms Framework: Ambulatory



# Measures (stratified by age where applicable)

## Outcome:

- 30-day readmissions, stratified by race/ethnicity
- Emergency department visits (rates for systems, primary care; volumes for hospitals, EDs)
- Delirium (hospital)
- CAHPS
- Goal-concordant care/older adults experience (by collaborATE survey)
- Health care workforce: Joy-in-work
  - Staff turnover (excluding pediatrics, nursery, and obstetrics/gynecology)

## Process:

- What Matters:
  - ACP documentation (NQF 326)
  - What Matters documented in patient record
- Medications:
  - Presence of any high-risk medications (7 categories: benzodiazepines, opioids, anticholinergics, muscle relaxants, TCAs, anti-psychotics)
- Mentation: Screened for
  - Dementia
  - Depression
  - Delirium (hospital only)
- Mobility: Screened for mobility

# Action Community = Way for Health Systems to Test 4Ms + Measure Impact + Share Learning

7 Month Action Community



Participate in 90 minute interactive webinars

- Monthly content calls focused on 4Ms
- Opportunity to share progress with other teams by brief case study



Test Age-Friendly interventions

- Test implementing specific changes in your practice



Submit data on a standard set of Age-Friendly measures (brief)

- Submit a data dashboard on a standard set of process and outcome measures



Option to join two drop-in coaching sessions

- Join other teams for measurement and testing support.



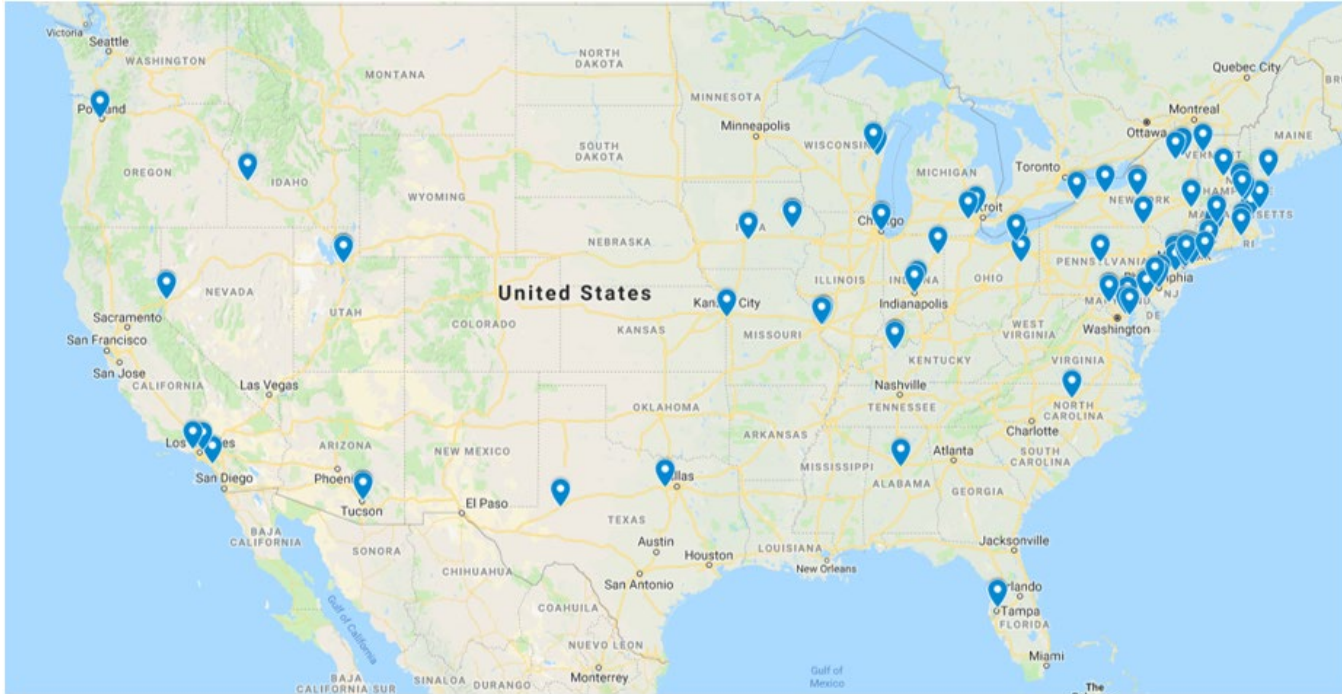
# Age-Friendly Health Systems Action Community

- 1<sup>st</sup> Action Community started Fall 2018
  - 70 Systems, 124 Sites
- Testing the 4Ms Framework in hospital and ambulatory settings
- Measuring impact of 4Ms Framework with process and outcome level measures
- Accelerating adoption of the 4Ms through shared learning





# Testing the 4Ms Framework across the United States



# Join Us in the Movement

- Visit [www.ihf.org/AgeFriendly](http://www.ihf.org/AgeFriendly) to access resources, including the 4Ms Framework Change Package, or email [AFHS@ihf.org](mailto:AFHS@ihf.org) to learn how to join the movement
- Learn the 4Ms Framework and ideas for trying the 4Ms in a series of five calls – [Becoming an Age-Friendly Health System Expedition – February and March 2019](#)
- Participate in an upcoming **Age-Friendly Health Systems Action Community** for support implementing the 4Ms Framework in your health system, and share progress and results with a growing Age-Friendly Health System community
  - Next Action Community launches in April 2019 – for more information visit [www.ihf.org/AgeFriendly](http://www.ihf.org/AgeFriendly)