

Creating Age-Friendly Care

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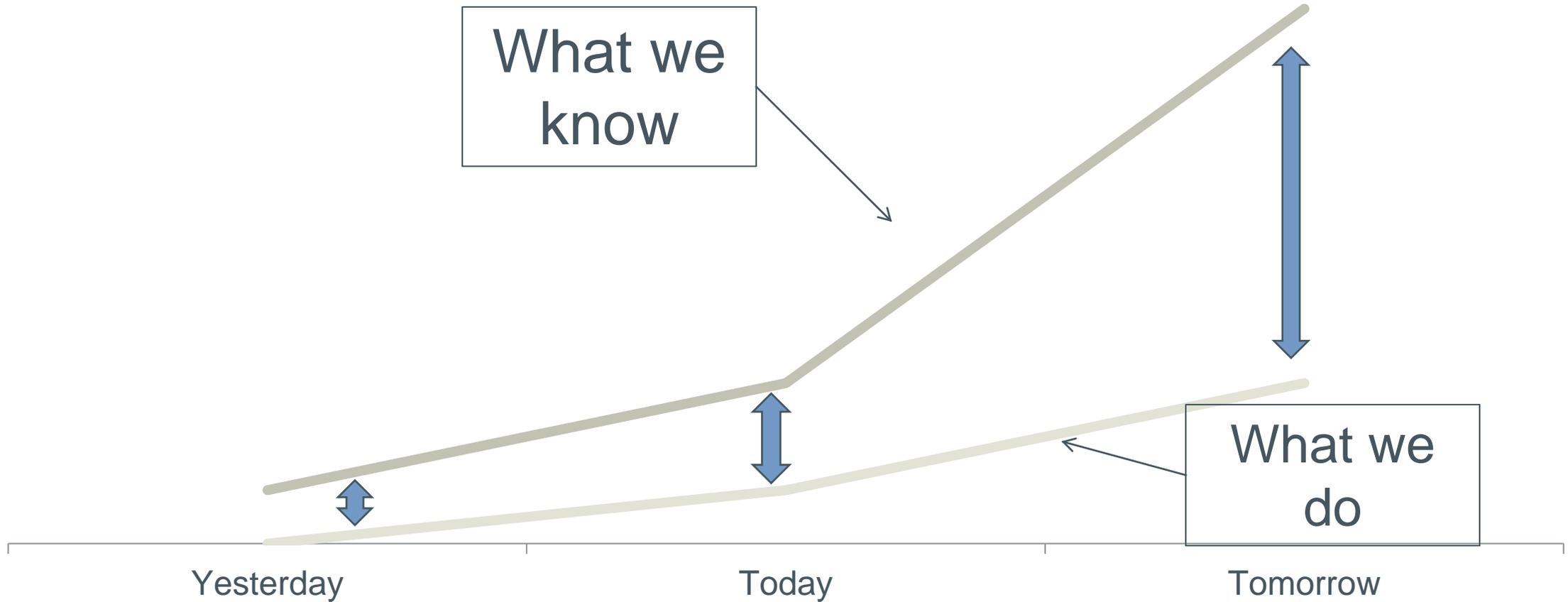
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Scope of the Problem

- The population of older adults (65+) is quickly increasing around the world.
- Older adults often have complex medical and social issues, do not reliably receive necessary and evidence-based care, and are needlessly harmed across health care settings.
- There are numerous effective, evidence-based models for geriatric care, but most reach only a portion of older adults who could benefit from them.



The Know-Do Gap



What is Our Aim?

Age-Friendly Health Systems

The John A. Hartford Foundation and IHI 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.



Where Did We Start?

- Reviewed 17 evidence-based models and programs serving older adults:
 - What population is served?
 - What outcomes were achieved?
 - What are the core features of the model?



July – August 2016

90 discrete core features identified by model experts in pre-work

Redundant/similar concepts removed and **13 core features** synthesized by IHI team

Expert Meeting led to the selection of the “vital few”: **the 4Ms**



The Four M's

- **What Matters:** Knowing and acting on each patient's specific health goals and care preferences
- **Medication:** Optimizing medication use to reduce harm and burden, focused on medications affecting mobility, mentation, and what matters
- **Mentation:** Identifying and managing depression, dementia and delirium across care settings
- **Mobility:** Maintaining mobility and function and preventing complications of immobility



Evidence Base

- **What Matters:**

- Asking what matters and developing an integrated systems to address it **lowers inpatient utilization (54% dec), ICU stays (80% dec)**, while increasing hospice use (47.2%) and pt satisfaction (AHRQ 2013)

- **Medications:**

- 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)

- **Mentation:**

- Depression in ambulatory care **doubles cost of care** across the board (Unutzer 2009)
- **16:1 ROI on delirium detection and treatment programs** (Rubin 2013)

- **Mobility:**

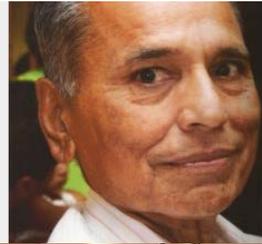
- Older adults who sustain a serious fall-related injury required an additional \$13,316 in hospital operating cost and had an increased LOS of 6.3 days compared to controls (Wong 2011)
- **30+% reduction in direct, indirect, and total hospital costs** among patients who receive care to improve mobility (Klein 2015)

- References at end of slides

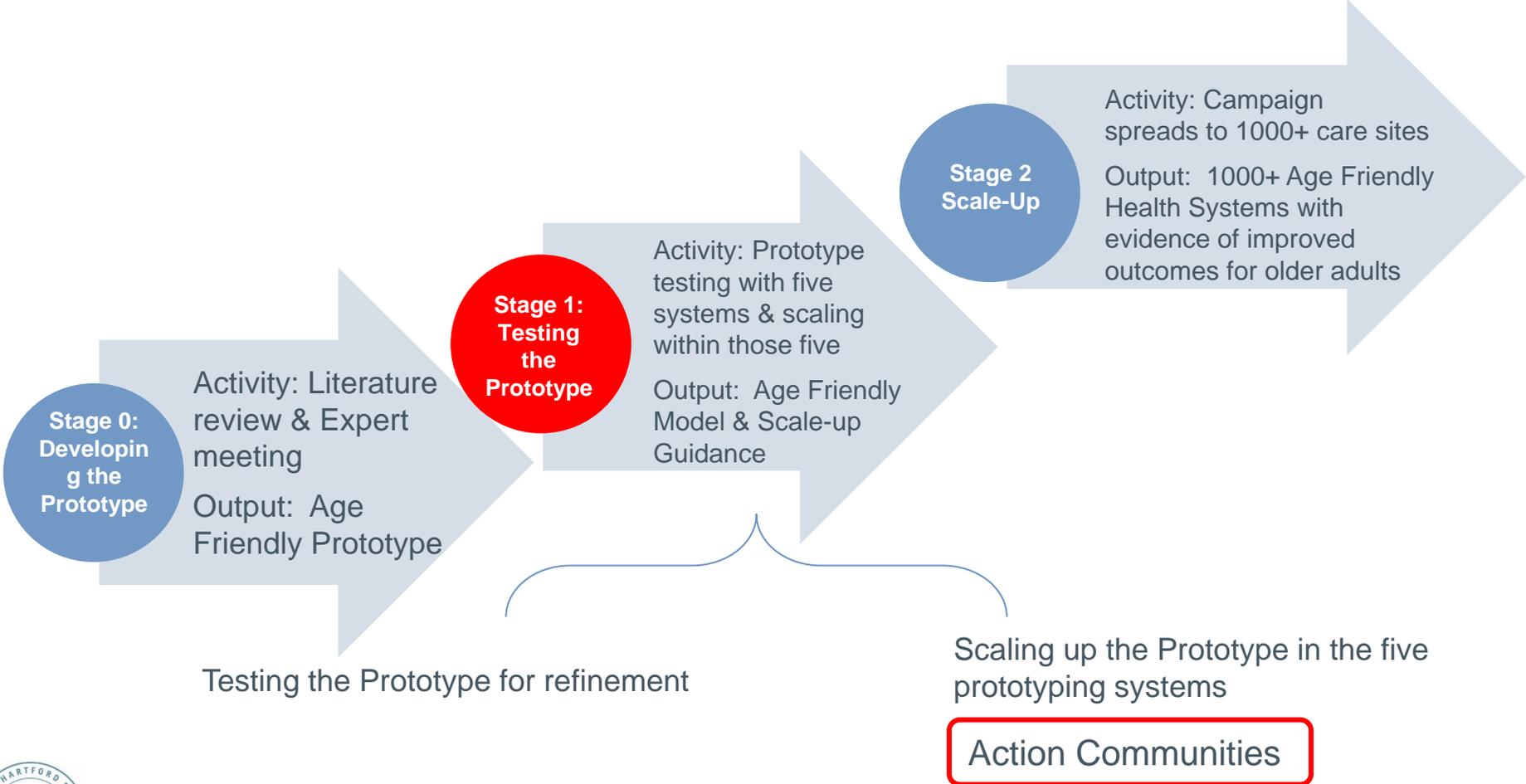




The John A. Hartford Foundation



Design to Achieve National Scale



Pilot Testing (April 2017 – February 2018)

- Tested the 4Ms in 26 pilot sites across the 5 systems
- Learning system:
 - Coaching around improvement science and testing with all 26 sites
 - 4 workshops (April, June, October 2017, Feb 2018)
 - Monthly all team calls
 - Quarterly Advisory Group calls
- Refined the content theory into a “change package” & how-to guide
- Developed a common measurement frame and tested with pilot sites
- Led dissemination efforts to raise awareness about the AFHS
- Unexpected & wonderful!
 - Multiple systems eager to join!
 - Developed a quarterly call series for “Friends of Age-Friendly”
 - Engaged Catholic Health Association of the United State alongside American Hospital Association



February, 2018: Age-Friendly Health System prototype informed by testing

Age-Friendly Health Systems	
What Matters: Know and act on each older adult's specific health outcome goals and care preferences across settings	Know the health outcome goals and care preferences of older adults for current and future care, including but not limited to end of life
	Align all care and decisions with the older adult's specific health outcome goals and care preferences
Medications: If medications are necessary, use Age-Friendly medications that do not interfere with What Matters, Mentation, or Mobility	Engage the older adult and the health care team in determining whether medications are impacting the older adult's Mobility, Mentation, and/or What Matters; if so, create a shared responsibility to de-prescribe or adjust the dosage
	Make medication decisions in partnership with the older adult, family, and health care team, and identify options that support What Matters, Mentation, and Mobility
Mentation: Identify and manage depression, dementia, and delirium across care settings	Know if an older adult has dementia and/or delirium
	Manage the factors that contribute to delirium
	Treat and manage dementia by understanding the underlying needs of older adults with dementia to keep them safe
	Know if an older adult is depressed, and treat and manage depression
Mobility: Ensure that older adults at home and in every setting of care move safely every day in order to maintain function and do what matters	Create an environment and culture that enables, supports, and encourages mobility
	Identify and treat underlying contributors to immobility and fall injuries



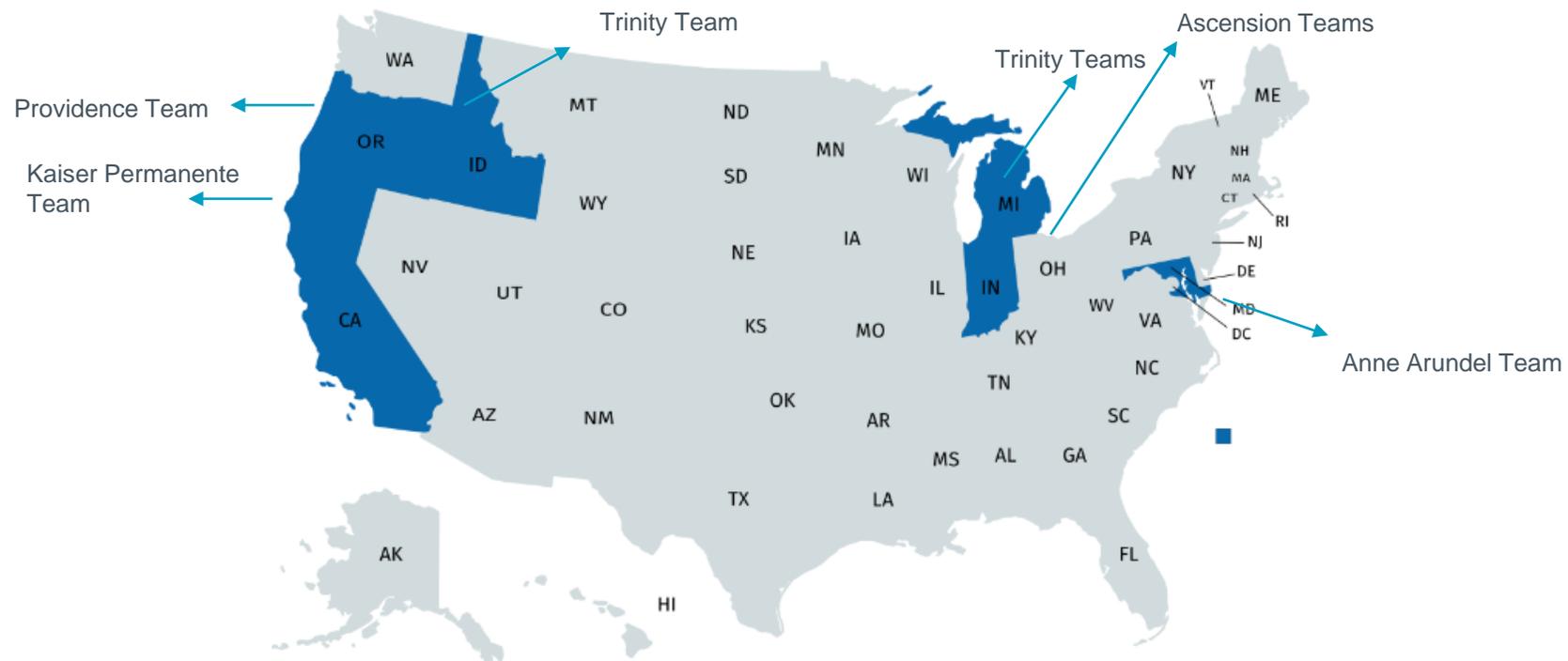
Guides for spread in health systems

- Age-Friendly How-to-Guide for the 4Ms
- Age-Friendly Measurement Guide
- Leaders Guide to Age-Friendly Health Systems
- Age-Friendly Business Case
- Age-Friendly Business Case by Health System



Expected Achievements: Number of older adults Reached with 4Ms in 2018 Through Scale-Up

- **51,053** older adults
 - Total number of older adults the health system teams have pledged to reach with age-friendly care by **May 2018**
- **126,993** older adults
 - Total number of older adults the health system teams have pledged to reach with age-friendly care by **December 2018**
- Sites of care: Hospital, Primary Care, SNF, Clinics, Home Health, Hospice, Assisted Living



Changes to become Age-Friendly *system-wide*

Support front-line teams to adopt 4Ms of Age-Friendly Health system

Board and C-suite commitment to AFHS

- Routine board agenda item
- Executive compensation incentive
- Letter of commitment

Integration into strategic plan & executive dashboard measures

- Appears in 2019 strategic plan
- Resourcing plan for AFHS
- Primary pt outcome & system quality measures stratified by age

Evidence-based clinical changes (4Ms) integrated into front-line clinical practice

- Develop awareness & skills in 4Ms
- EHR integration of 4Ms
- Workflow integration of 4Ms
- Job role integration of 4Ms
- Major care pathways include 4Ms

Patient, family & caregiver participation in governance and relevant committees

- Older adult representation in Board committee
- Older adult, family, caregiver engagement in practices committees & clinical governance

Formal partnership with community organizations

- Clear service navigation partners identified by system
- Preferred partnerships with social service providers for older adults



“On-ramps” for your hospitals and practices

- 7-month Action Community starting in September
- Focused on two care settings



Hospital-based
Care



Ambulatory/
Primary Care

September 2018 – March 2019



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.



FAQ

- What is the benefit?
 - At the end of 7 months, your organization will have implemented key changes of an Age-Friendly Health System and have generated initial evidence of benefit to the older adults you serve
 - You'll also be a national leader—part of the first public cohort of organizations on their way to becoming Age-Friendly
- What is the cost
 - There is no financial commitment to participate
 - Staff time will need to be allocated for participation in program activities

Your questions

How to join the Action Community?

Send your name and
your health system name to:
AFHS@IHI.ORG



Macroenvironmental changes to motivate Age-Friendly Health System spread

Create an enabling environment for health systems to pursue Age-Friendly Health system

Regulation, measurement and new standards-based review

Information technology integration support AFHS practices

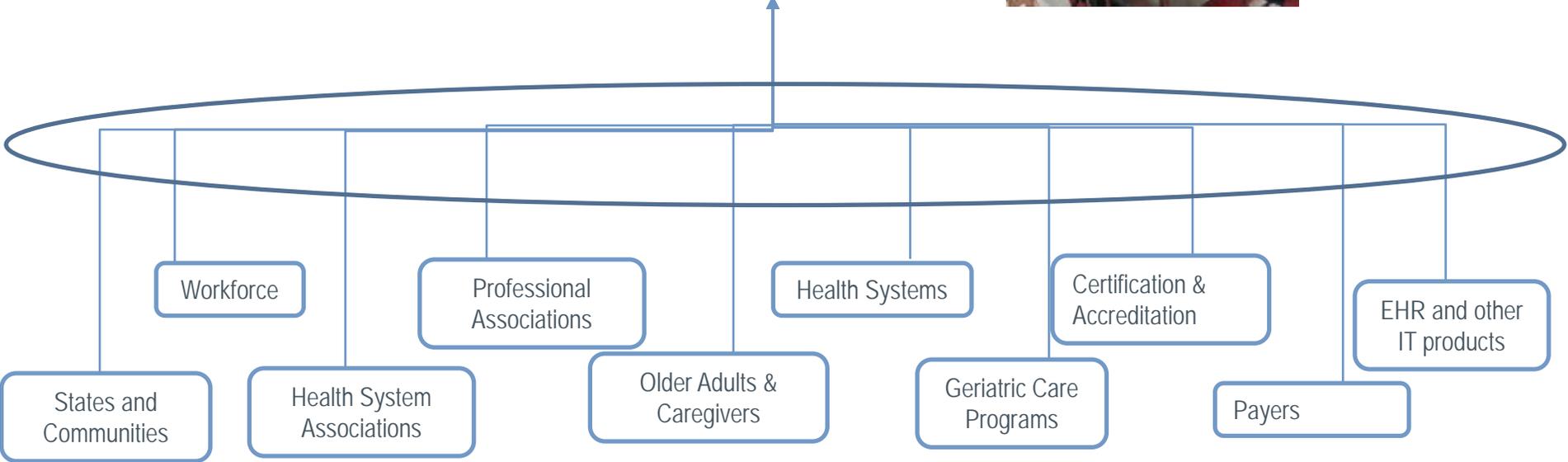
Policy-enabled payment drives business case for AFHS

Patients & consumers actively demand their system become an AFHS

Educational & facilitation services available to help enable health systems to become AFHS



20% of hospitals and health systems are Age-Friendly



IHI, with The John A. Hartford Foundation, as convener of stakeholders, designer of campaign, organizer of stakeholders

