Creating Age-Friendly Care

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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

Yesterday

Today

Tomorrow

What we know

What we do
What is Our Aim?

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?
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
Design to Achieve National Scale

**Stage 0: Developing the Prototype**
- Activity: Literature review & Expert meeting
- Output: Age Friendly Prototype

**Stage 1: Testing the Prototype**
- Activity: Prototype testing with five systems & scaling within those five
- Output: Age Friendly Model & Scale-up Guidance

**Stage 2: Scale-Up**
- Activity: Campaign spreads to 1000+ care sites
- Output: 1000+ Age Friendly Health Systems with evidence of improved outcomes for older adults

Testing the Prototype for refinement

Scaling up the Prototype in the five prototyping systems

Action Communities
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

<table>
<thead>
<tr>
<th>Age-Friendly Health Systems</th>
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<tbody>
<tr>
<td><strong>What Matters:</strong> Know and act on each older adult’s specific health outcome goals and care preferences across settings</td>
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<tr>
<td><strong>Medications:</strong> If medications are necessary, use Age-Friendly medications that do not interfere with What Matters, Mentation, or Mobility</td>
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<tr>
<td><strong>Mentation:</strong> Identify and manage depression, dementia, and delirium across care settings</td>
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<tr>
<td><strong>Mobility:</strong> 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</td>
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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
- Integration into strategic plan & executive dashboard measures
- Evidence-based clinical changes (4Ms) integrated into front-line clinical practice
- Patient, family & caregiver participation in governance and relevant committees
- Formal partnership with community organizations

- Routine board agenda item
- Executive compensation incentive
- Letter of commitment
- Appears in 2019 strategic plan
- Resourcing plan for AFHS
- Primary pt outcome & system quality measures stratified by age
- Develop awareness & skills in 4Ms
- EHR integration of 4Ms
- Workflow integration of 4Ms
- Job role integration of 4Ms
- Major care pathways include 4Ms
- Older adult representation in Board committee
- Older adult, family, caregiver engagement in practices committees & clinical governance
- 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.

Leadership Track to Support Scale-Up
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

- 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

Create an enabling environment for health systems to pursue Age-Friendly Health system
IHI, with The John A. Hartford Foundation, as convener of stakeholders, designer of campaign, organizer of stakeholders

20% of hospitals and health systems are Age-Friendly