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

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).
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 Cummins-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.ihi.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 if 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

Anne Arundel Medical Center
ASCENSION
KAISER PERMANENTE®
Providence St. Joseph Health
Trinity Health
Age-Friendly 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.

<table>
<thead>
<tr>
<th>The 4Ms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Matters</td>
<td>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</td>
</tr>
<tr>
<td>Medication</td>
<td>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</td>
</tr>
<tr>
<td>Mentation</td>
<td>Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care</td>
</tr>
<tr>
<td>Mobility</td>
<td>Ensure that older adults move safely every day to maintain function and do What Matters</td>
</tr>
</tbody>
</table>
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

Age-Friendly Health Systems

Assess: Know about the 4Ms for each older adult in your care

- Ask What Matters
- Document What Matters
- Review high-risk medication use
- Screen for delirium at least every 12 hours
- Screen for mobility
- Align the care plan with What Matters
- Deprescribe or do not prescribe high-risk medications
- Ensure sufficient oral hydration
- Orient older adults to time, place, and situation
- Ensure older adults have their personal sensory adaptive equipment
- Prevent sleep interruptions; use non-pharmacological interventions to support sleep
- Ensure early and safe mobility

Act On: Incorporate the 4Ms into the plan of care
4Ms Framework: Ambulatory

Assess: Know about the 4Ms for each older adult in your care

- Ask What Matters
- Document What Matters
- Review high-risk medication use
- Screen for dementia
- Screen for depression
- Screen for mobility

Align the care plan with What Matters

- Deprescribe or do not prescribe high-risk medications
- Consider further evaluation and manage manifestations of dementia, or refer
- Identify and manage factors contributing to depression
- Ensure safe mobility

Act On: Incorporate the 4Ms into the plan of care

Age-Friendly Health Systems
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, antipsychotics)
- 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

- 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

7 Month Action Community
Age-Friendly Health Systems Action Community

- 1st 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.ihi.org/AgeFriendly](http://www.ihi.org/AgeFriendly) to access resources, including the 4Ms Framework Change Package, or email [AFHS@ihi.org](mailto:AFHS@ihi.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.ihi.org/AgeFriendly](http://www.ihi.org/AgeFriendly).