



Creating an Optimal  
Environment for Quality  
Healthcare for Individuals,  
Families, and Communities

# The Age-Friendly Health Systems Movement

How Focusing on Quality and Safety for Older Patients Builds Resilience

April 9, 2024



COMMUNITIES



FAMILIES



INDIVIDUALS



RESILIENT



READY



**CMS 2024**  
**Quality**  
**Conference**  
*Resilient and Ready Together*

Creating an Optimal  
Environment for Quality  
Healthcare for Individuals,  
Families, and Communities



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# AGENDA

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1. Why We Need an Age-Friendly Society and Age-Friendly Health Care for All
2. Age-Friendly Healthy Systems and the 4Ms Framework – An Overview
3. Age-Friendly Health Systems Implementation and Outcomes Examples
4. Freely Available Resources for Implementing Age-Friendly Care
5. Other Age-Friendly Clinical Programs and Resources
6. Join the Age-Friendly Health Systems Movement

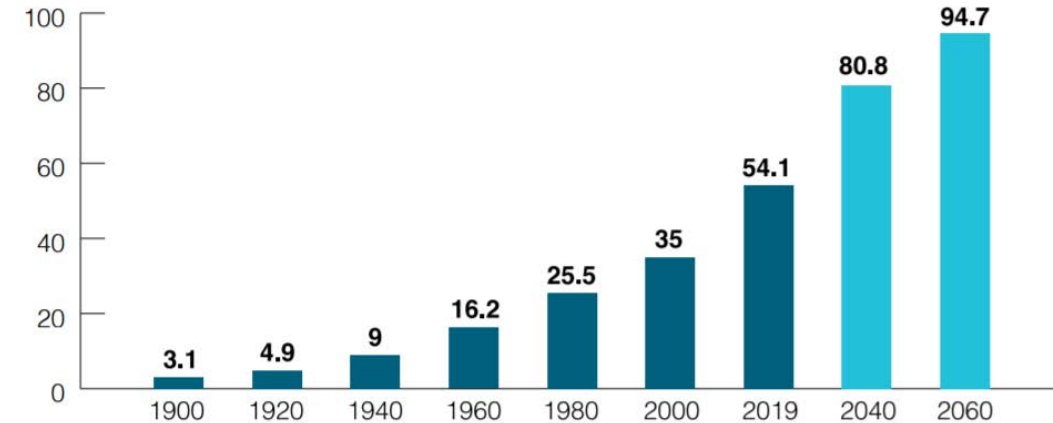
# Why We Need an Age-Friendly Society and Age-Friendly Health Care for All



# Planning for the Future: We Need Age-Friendly Health Care

- **Demography:** # of older adults rapidly growing and becoming more diverse
- **Complexity:** multiple chronic conditions, dementia, disability, social isolation, social determinants of health
- **Disproportionate Harm:** higher rates of health care-related harm, discoordination, poor preparation for disasters
- **Evidence-Based Models:** not uniformly applied, limited reach

Number of Persons Age 65 and Older, 1900 - 2060  
(numbers in millions)



Note: Increments in years are uneven. Lighter bars (2040 and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections

# Age-Friendly Healthy Systems and the 4Ms Framework – An Overview



# Age-Friendly Health Systems: Our Aim

Build a movement so **all care** with older adults is **equitable age-friendly care**:

- Guided by an essential set of evidence-based practices (4Ms)
- Causes no harms
- Is consistent with What Matters to the older adult and their family



# A Growing Number of Stakeholders



Department of Health





## Two Levels of Recognition from IHI



**3821** as of February 2024

Hospitals, practices, convenient care clinics, and nursing homes have described how they are putting the 4Ms into practices

(4Ms Description Survey)



**2061\*** as of February 2024

Hospitals, practices, convenient care clinics, and nursing homes have shared the count of older adults reached with 4Ms care for at least three months

\*Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence

# Age-Friendly: Review of Evidence Resulted in the 4Ms Impact

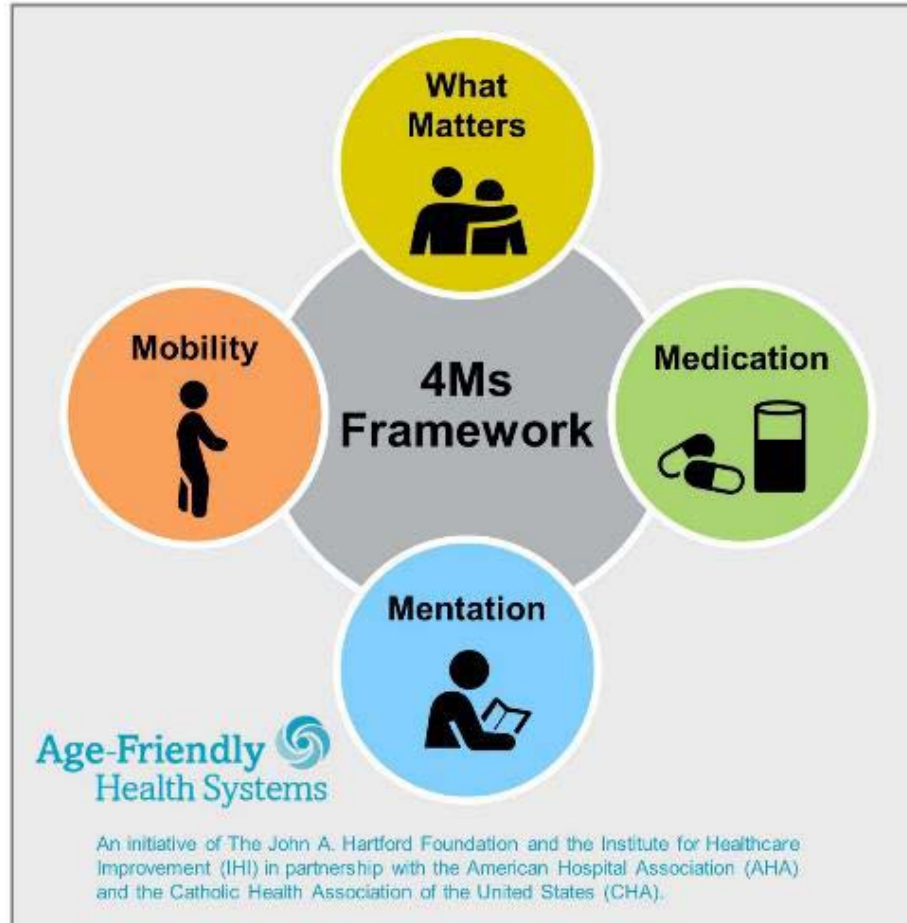
Methods: Reviewed 17 care models with level 1 or 2a evidence of impact for model features

90 care features identified in pre-work

Redundant concepts removed and 13 discrete features found by IHI team

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

# The 4Ms of Age-Friendly Care



For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](https://www.ihi.org/AgeFriendly)

## What Matters

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.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

[IHI.org/agefriendly](https://www.ihi.org/agefriendly)

## Why the 4Ms?

- Represents core health issues for older adults
- Builds on strong evidence base
- Simplifies and reduces implementation and measurement burden on systems while increasing effect
- Components are synergistic and reinforce one another



# Evidence for the 4Ms

> [J Aging Health](#). 2021 Feb 8;898264321991658. doi: 10.1177/0898264321991658.

Online ahead of print.

## Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate <sup>1</sup>, Terry Fulmer <sup>2</sup>, Leslie Pelton <sup>1</sup>, Amy Berman <sup>2</sup>, Alice Bonner <sup>1</sup>, Wendy Huang <sup>3</sup>, Jinghan Zhang <sup>3</sup>

Affiliations + expand

PMID: 33555233 DOI: 10.1177/0898264321991658

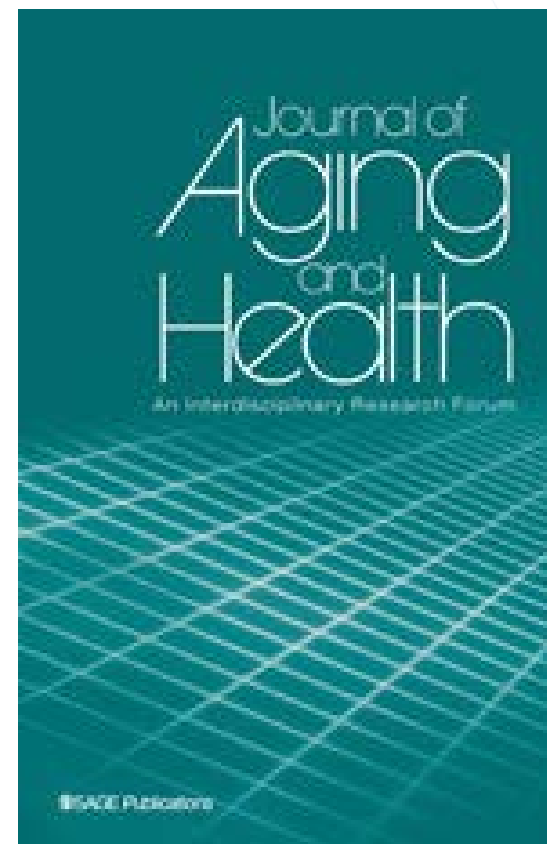
Free article

### Abstract

**Objectives:** An expert panel reviewed and summarized the literature related to the evidence for the 4Ms—what matters, medication, mentation, and mobility—in supporting care for older adults. **Methods:** In 2017, geriatric experts and health system executives collaborated with the Institute for Healthcare Improvement (IHI) to develop the 4Ms framework. Through a strategic search of the IHI database and recent literature, evidence was compiled in support of the framework's positive clinical outcomes.

**Results:** Asking what matters from the outset of care planning improved both psychological and physiological health statuses. Using screening protocols such as the Beers' criteria inhibited overprescribing. Mentation strategies aided in prevention and treatment. Fall risk and physical function assessment with early goals and safe environments allowed for safe mobility. **Discussion:** Through a framework that reduces cognitive load of providers and improves the reliability of evidence-based care for older adults, all clinicians and healthcare workers can engage in age-friendly care.

**Keywords:** goal-directed care; quality; safety.



# Age-Friendly Health System Measures: Stratified by Age and Race and Ethnicity

## Access to Care:

- Count of older adults who receive care (*numerator*)
- Count of 65+ population in capture region (*denominator*)

## Access to 4Ms in the Health System:

- Count of older adults whose care includes the 4Ms (*numerator*)
- Count of older adults who receive care (*denominator*)

## Process Measures:

### What Matters:

- ACP documentation (NQF 326)
- What Matters documentation

### Medication:

- Presence of any of 7 high-risk medications

### Mentation: Screened & documented for

- Depression
- Dementia
- Delirium (hospital only)

### Mobility: Screened for mobility

## Outcome Measures:

30-day readmissions

HCAHPS/CG-CAHPS

Length of stay

ED utilization

Delirium

# Movement is Focused on Health Equity



IMPROVING PATIENT CARE

## Ensuring Equitable Age-Friendly Care

Christina Southey and Luisana Henriquez Garcia

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

## Incorporating Health Equity Into An Initiative To Transform Care For Older Adults

[Faith Mitchell](#)

JANUARY 14, 2021

10.1377/forefront.20210107.955292



## Health Equity in an Age-Friendly Health System: Identifying Potential Care Gaps [Get access >](#)

[Emily Morgan, MD](#) ✉, [Bryanna De Lima, MPH](#), [Anna Pleet, BS](#), [Elizabeth Eckstrom, MD, MPH](#)

Read: [Ensuring Equitable Age-Friendly Care; Incorporating Health Equity Into An Initiative to Transform Care for Older Adults; Health Equity in an Age-Friendly Health System: Identifying Potential Care Gaps](#)

# Policy, Payment, Accreditation, and EHRs to Support Health Systems

## Payment, Regulatory and Measurement:

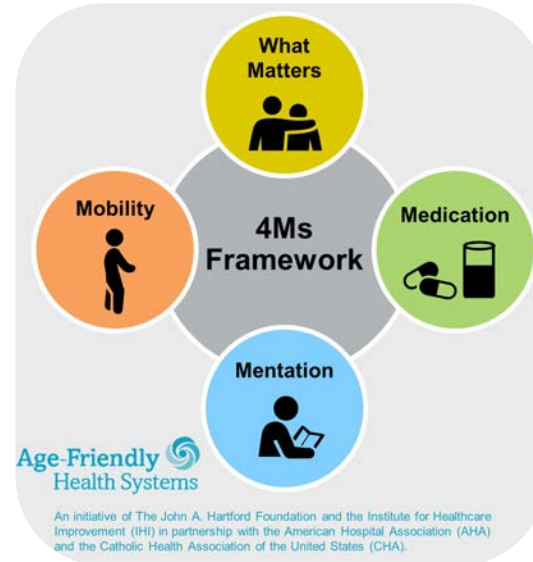
- CMS Inpatient Quality Reporting Measures under consideration
- Assessing ways to engage Medicare Advantage plans

## Education:

- IHI Open School Course
- Geriatric Workforce Enhancement Program (HRSA) focus on the 4Ms

## Certification and Accreditation:

- New certification for home health from [CHAP](#) - summer 2023
- [NCQA](#) to develop AFHS measure sets for health plans and health systems
- The Joint Commissions in conversations about the 4Ms



## EHRs:

- Epic: Integrating 4Ms into foundational product and Community Library

## Alignment with Evidence-Based Initiatives:

- Streamlined adoption and recognition with Geri-ED, Geriatric Surgery Verification Programs and NICHE [HELP underway]

## Demand from Older Adults and Family Caregivers:

- Partnering with Rush Caring for Caregivers
- [Partnership with WebMD](#)



# Age-Friendly Health Systems Implementation and Outcomes Examples



# Why Asking “What Matters” Matters

“After the patient was asked What Matters most to you, we were able to reference those things and the rest of the session was so much more meaningful to the patient. The patient seemed appreciative and relieved that his care was personalized to him.”

- Thayer County Health Services

“Asking about What Matters truly makes the patient feel seen, heard, known and sets the stage for a relationship of mutual trust and respect.”

-Dana-Farber Cancer Institute- Program for Older Adults with Breast Cancer Breast Oncology Program Susan F. Smith Center for Women's Cancers



## Cedars-Sinai Medical Center

- In the first year of a program for older adult inpatients with fractures:
- **11 percent reduction in length of stay**
- 41 percent reduction in time of surgery for geriatric inpatients
- \$300,000 direct cost-savings
- Projected \$1 million savings as the program expands to serve 300 patients/year



In Los Angeles, CA. [Read the Issue Brief from the American Hospital Association.](#)

# Providence Health

- Provider champions were trained in 12 primary care clinics. For patients 65+ at the clinics:
- **2-7% decrease in hospitalizations**
- 2x as likely to be screened for fall risk and cognitive impairment
- 4x more likely to receive fall-risk interventions

In Oregon. [Read the Issue Brief from the American Hospital Association.](#)

“These have been my best weeks since I left chief resident year. I’m more connected to my colleagues, more confident in my patient care, more hopeful about the future of medicine.”

–Trained provider champion

# Value and Quality: St. James Parish Hospital

- Using limited resources as a critical access hospital:
- 62% decrease in readmissions January to September 2020 during the COVID-19 pandemic
- **\$93,000 cost savings**
- Falls with injury continue to decrease

Use your own data to evaluate the business case for becoming an Age-Friendly Health System.



In Litcher, Louisiana. [Read the case study from the American Hospital Association.](#)

# Nursing Home: The Good Samaritan Society- Quiburi Mission

- Records what matters to residents on paper, kept in a binder in the CNA work area for easy reference
- Screens quarterly for dementia and depression
- Offers physical therapy, an exercise class, and facilitated walks to the dining room
- **Reduced rate of antipsychotics medications from 20.4 to 4.7%**

In Benson, Arizona. [Read the case study.](#)

“Thank you so much for caring enough to ask questions.”

– Family member of a new resident

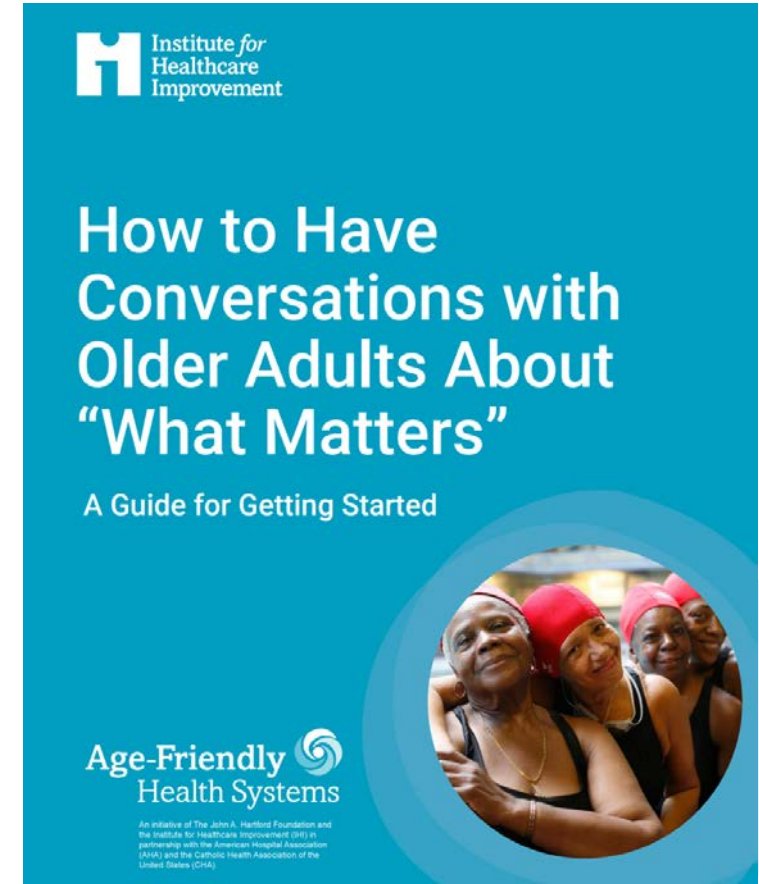
# Freely Available Resources for Implementing Age-Friendly Care



# How to Have Conversations... about What Matters

- A short guide for anyone who cares for older adults, in any setting, to help jumpstart conversations about What Matters.
- This is “current care planning,” rather than “advance care planning”

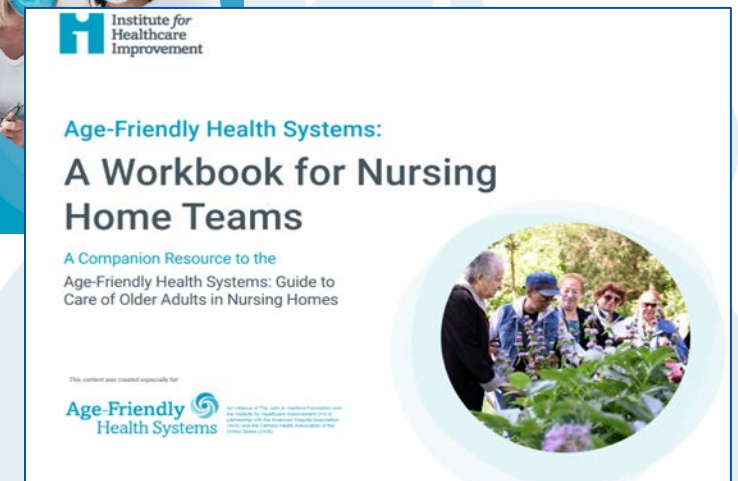
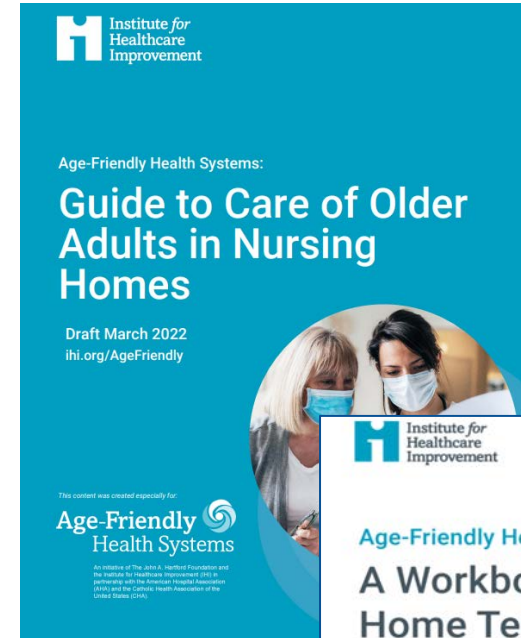
[Link to resources page](#)





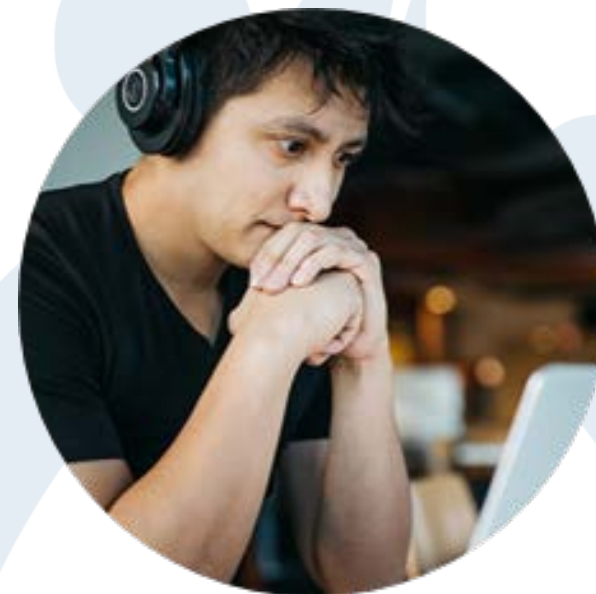
# Age-Friendly Health Systems: Guide to Care of Older Adults in Nursing Homes & Workbook

- Provides recommendations for implementing series of actions system-wide (throughout the nursing home or campus)
- Includes practical recommendations to:
  - build the will for change
  - communicate about the 4Ms to all residents, care partners, and staff
  - engage the entire community in promoting age-friendly care



# Providing Age-Friendly Care to Older Adults: Open School Course

- The Open School course is completely free
- PFC 203 available through IHI's main page under "New Education Platform." For details, please refer to our user guide
- The course outlines:
  - Age-friendly care
  - 4Ms Age-Friendly Health Systems Framework
  - Assessment of and action on the 4Ms
  - Learners from 45 countries have taken the course



# Resources: Case Studies

Found at [IHI.org/agefriendly](https://www.ihl.org/agefriendly) and [AHA.org/agefriendly](https://www.aha.org/agefriendly)

**Members in ACTION**

**BUILDING AN AGE-FRIENDLY HEALTH SYSTEM AND COMMUNITY ALIGNED WITH STRATEGIC PRIORITIES**

MEMBERS IN ACTION CASE STUDY | Rush University Medical Center | Chicago, Illinois

## Overview

Since its launch in 2017, the Rush Center for Excellence in Aging (CEA) has pursued its mission to improve the health and well-being of older adults, families and communities, aligning with the Rush University System for Health's (RUSH) strategic priorities. RUSH's mission is to improve the health of individuals and diverse communities through the integration of outstanding patient care, education, research and community partnerships.

After learning about the Age-Friendly Health Systems initiative, the CEA completed the Institute for Healthcare Improvement's (IHI) self-assessment tool to find current programs and practices involving the 4Ms across the health system. The Age-Friendly Health Systems initiative is an evidence-based approach that focuses on the 4Ms framework — what matters, medications, mentation and mobility. Although the CEA discovered pockets of excellence and identified health care teams addressing some or all of the 4Ms, none were applied consistently or broadly. There were large opportunities to improve and scale up these practices, aligning with ongoing health system priorities for quality improvement and cost savings.

Recognizing the synergy of the Age-Friendly Health Systems initiative with RUSH's strategic plans and the

- RUSH provides services to the Chicagoland area and is composed of:**
- Rush University Medical Center (RUMC)
  - Rush Oak Park Hospital
  - Rush Copley Medical Center
  - Numerous outpatient facilities

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Page 1 | www.aha.org



priorities of begin imple lives of olde in the proces

## Approach

Shortly after participated Action Com through Ma RUSH to be the second valuable ski

RUSH staff ways:

**What matt** patients "w documente each patient

## Mentation.

- Deliriu partne

Age-Frien Health

## Age-Friendly Health Systems | Case Study Stanford Health Care



## Background

Stanford Health Care in California encompasses the new Stanford Hospital, outpatient clinics in Redwood City and Palo Alto, the Stanford South Bay Cancer Center, and primary care offices throughout the Bay Area, as well as virtual services.

In October 2016, Stanford Health Care joined Age-Friendly Health Systems, an initiative of the Institute for Healthcare Improvement (IHI) and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Health Association of the United States. Becoming an Age-Friendly Health System means providing evidence-based care to older adults that reliably implements the "4Ms": What Matters, Medication, Mentation, and Mobility (see Figure 1).

The Stanford Health Care Inpatient Geriatric Medicine team has long been devoted to providing the best possible care to hospitalized older adults. They recognized that becoming an Age-Friendly Health System created an opportunity to improve reliable use of evidence-based care in their high-risk inpatient population. In addition, they realized that the innovations they piloted, if successful, could then be spread across the whole system.

For the Stanford Health Care team, being part of the national Age-Friendly Health Systems movement enabled them to:

- Access a community of experts in process improvement and other health system teams that were implementing the 4Ms to improve age-friendly care;
- Design and measure key processes based on the 4Ms framework; and
- Build internal support from key stakeholders and resource allocation from hospital teams of various disciplines.

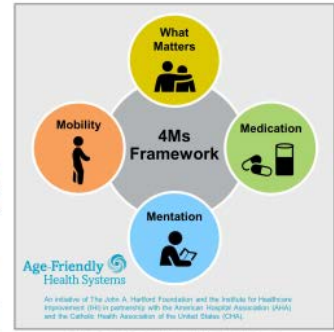


Figure 1. 4Ms Framework of an Age-Friendly Health System

## Approach

Leaders selected the geriatric trauma service as the pilot site because older adults on the service tend to have high resource needs, are likely to suffer from frailty, and many have already experienced a fall. For all of these reasons, the cost of caring for the population is relatively high. As a result, this patient population seemed to offer a potentially high payoff for increasing reliable practice of the 4Ms. "It was sort of a natural synergy with our work," said Dr. Ankur Bharjia. "We were working with a high-risk geriatric trauma population already, and it seemed like a natural partnership to improve the care in this population even more through the age-friendly work."

The team started by setting a measurable and time-bound goal. To improve the consistent delivery of the "4Ms care bundle" from 60 percent to 80 percent in the geriatric trauma population from November 2018 to November 2019.



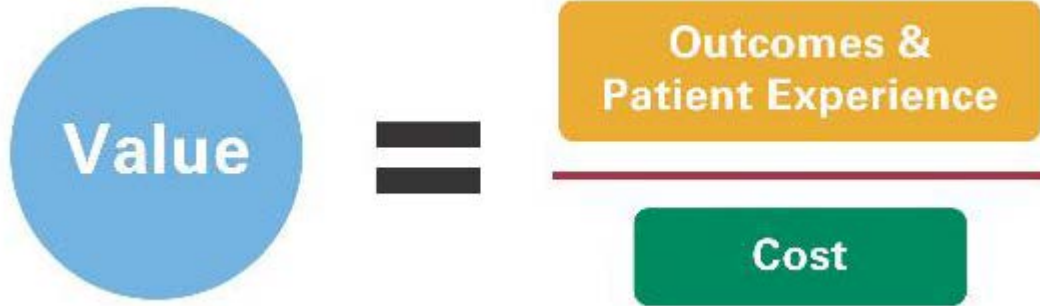
Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).



- Geriatrics Workforce Enhancement Program – primary care and nursing homes
- Birmingham, AL VA Health System
- Kent Hospital - Rhode Island
- MaineHealth - Maine Medical Center
- Rush University Medical Center - Chicago
- Stanford Health Care - California
- University of Alabama Hospital – Alabama
- and many more....



# The Value of Age-Friendly Health Systems



- Business Case for Becoming an Age-Friendly Health System
- Inpatient ROI Calculator
- Outpatient ROI Calculator
- Issue Brief: Creating Value with Age-Friendly Health Systems

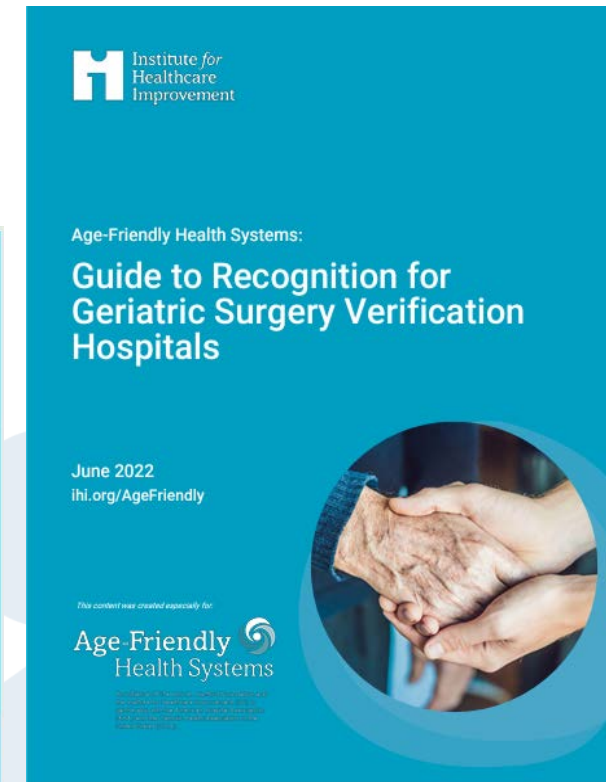
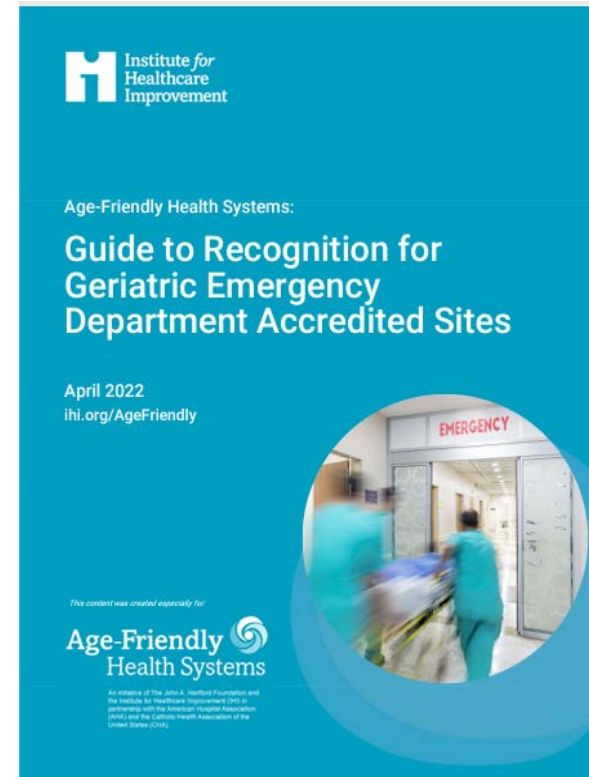


# Other Age-Friendly Clinical Programs and Resources



# Age-Friendly Health Systems: Guides for Geriatric ED and Surgery Sites

- Guide to Recognition for **Geriatric Emergency Department Accredited Sites**
- Guide to Recognition for **Geriatric Surgery Verification Hospitals**
- Both present initiative overviews, illustrates overlap between them, and provides guidance on implementation



# Age-Friendly for People Living with Dementia and to Help you with What Matters

- **Alzheimer's and Dementia Care Program** – nurse practitioner led comprehensive model started at UCLA, EDC helping to spread to systems
- **Patient Priorities Care** – use implementation toolkit to help coach older adults and health care providers on asking and acting on What Matters





# Join the Age-Friendly Health Systems Movement





# On-Ramps to Join the Movement

- **Action Communities** for teams to learn and practice the 4Ms
  - with the support of expert faculty and a community of peers.
  - facilitated by IHI, AHA, and other movement partners
- **DIY Pathway** for teams to learn and test the 4Ms
  - on their own using Age-Friendly Health Systems resources



[Join the Age-Friendly Health Systems movement](#)

# Join Us in the Age-Friendly Health Systems Movement

Visit [IHI.org/AgeFriendly](https://www.ihi.org/AgeFriendly) or [AHA.org/AgeFriendly](https://www.aha.org/AgeFriendly)

- Join an Action Community – IHI still accepting teams right now!
- Access resources noted here and more
- Sign up for [Friends of Age-Friendly](#) quarterly update calls
- Visit [johnhartford.org](https://www.johnhartford.org) for information on all other programs

Thank you!

Questions?

