

Age-Friendly Health Systems: What We Can Do Together Now

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The John A. Hartford Foundation



The
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Foundation

Presentation developed in collaboration with Dr. Terry Fulmer, President, The John A. Hartford Foundation, a private philanthropy based in New York City, established by family owners of the A&P grocery chain in 1929.

johnahartford.org





AGENDA

Today's Topics

- Overview of the 4Ms Framework
- Examples from Implementers
- Moving Forward Nursing Home Quality Coalition
- Revisiting the Teaching Nursing Home

Learning Objectives

After the presentation, learners will be able to:

- Describe two ways that Age-Friendly Health Systems improve selected health outcomes in older adults
- Explain how Age-Friendly Health Systems implementation may improve workflow for nursing home teams
- Discuss at least one way in which Age-Friendly Health Systems and Age-Friendly Communities can integrate and align initiative goals and outcomes



So, what will it take for **YOU** to be the leader and champion for Age-Friendly Health Systems in your nursing home and community?



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 older adults and their care partners



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

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

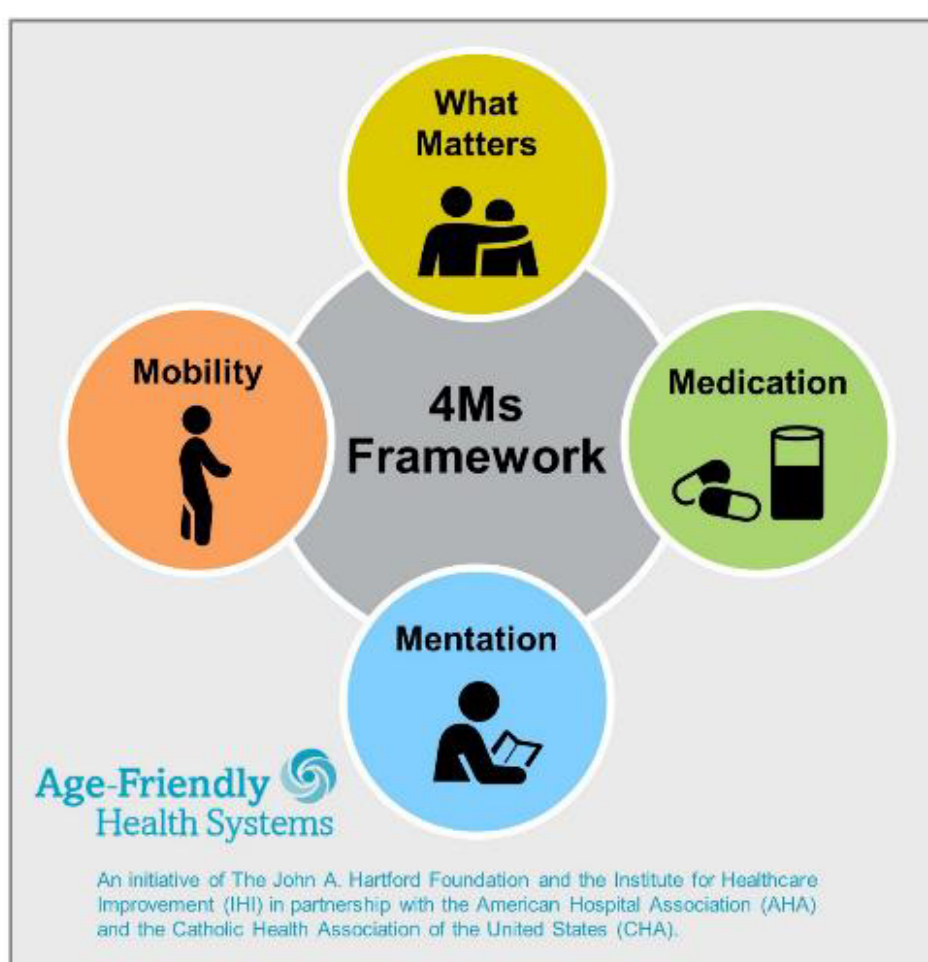
Today: More than 300 published articles evaluating aspects of the 4Ms Framework

Visit: www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/In-the-News.aspx



The 4Ms of Age-Friendly Care

[IHI.org/agefriendly](https://www.ihl.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.

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



Age-Friendly Health Systems – the 4Ms

Age-Friendly Health Systems

The 4Ms: What Matters, Medication, Mentation, Mobility

Assess

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

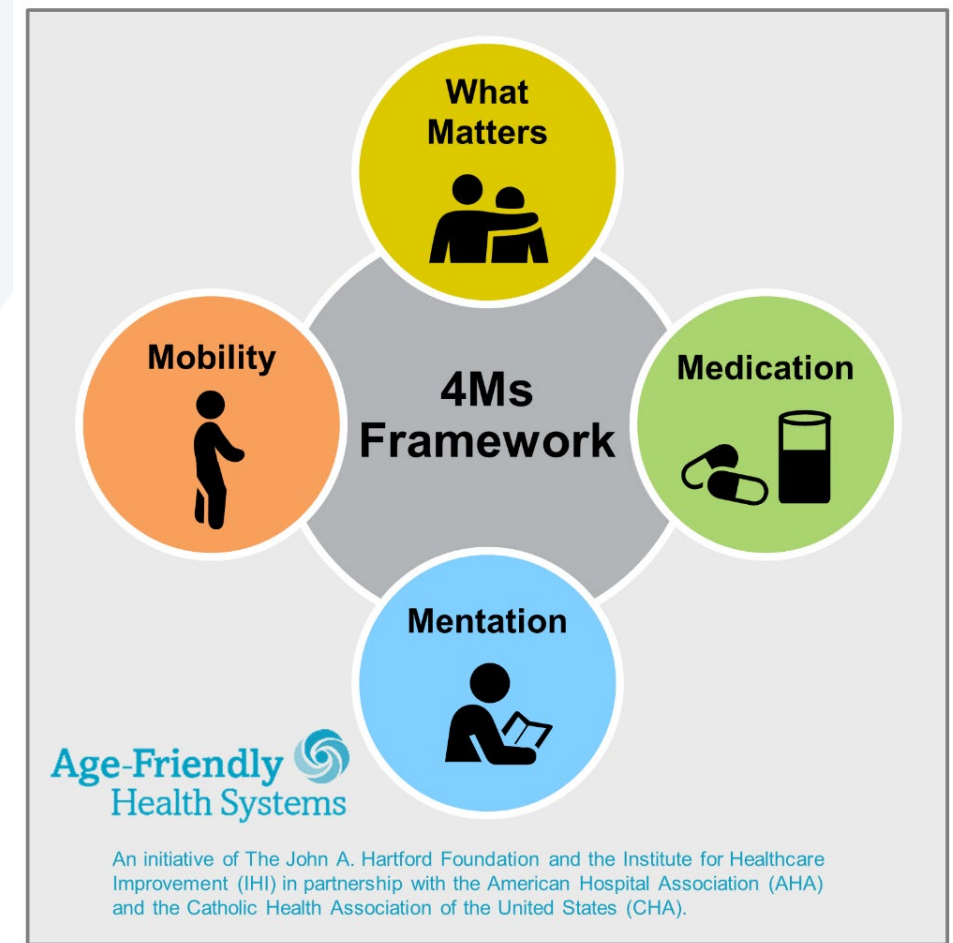
Act On

Incorporate the 4Ms into the plan of care



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



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Graphic files and guidance at ihi.org/AgeFriendly



Two Levels of IHI Age-Friendly Health Systems Recognition



3033

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

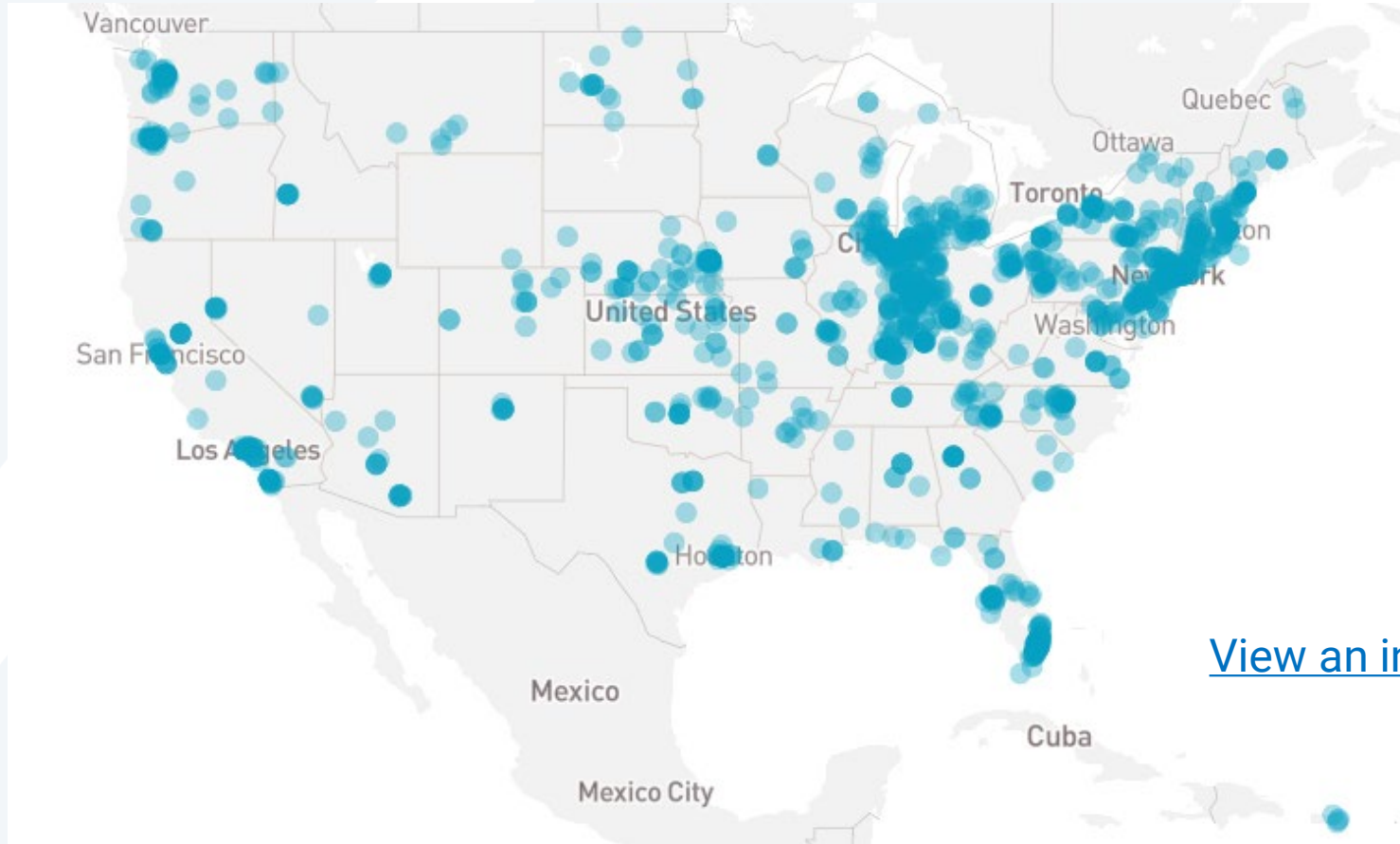


938*

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*

Interactive Map of Recognized Age-Friendly Health Systems



**450+ nursing homes
have joined the Age-
Friendly Health
Systems
movement!!**

[View an interactive map of recognized Age-Friendly Health Systems sites](#)

Global Reach of Age-Friendly Health Systems

Countries with recognized participants:

- Australia
- Ireland
- Lebanon
- Portugal
- Saudi Arabia
- South Korea
- United Arab Emirates
- Unites States



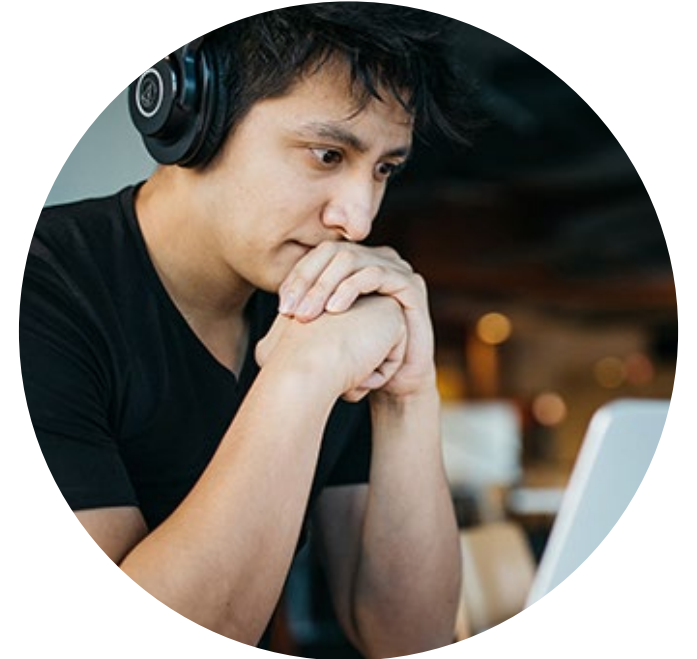
Providing Age-Friendly Care to Older Adults Open School Course

The IHI Open School course is completely **free**. It is available [here](#) (PFC 203) and 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.



A Growing Number of Stakeholders



American Hospital Association®

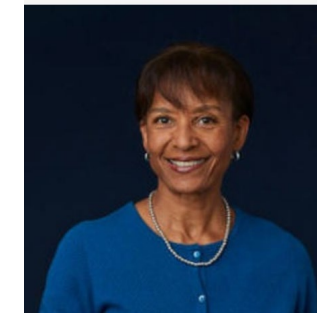


Department of Health



Scientific Publications are Important!

- **Equity Task Force** formed in 2020, began with measures and data collection
- Age-Friendly Health Systems participants **record racial/ethnic breakdown** of populations
- **Linking collection of racial/ethnic data to quality measures**, e.g., 30-day readmissions, length of stay, ED utilization, older adult experience
- **Analyzing outcomes** stratified by race/ethnicity
- **Taking actions** to address disparate outcomes



By Faith Mitchell, PhD,
AFHS co-chair, Urban
Institute Fellow

www.healthaffairs.org/doi/10.1377/ha.uthor20130227.744848/full

Age-Friendly Care – Helping Consumers Understand the 4Ms - NBC



NBC Universal/Telemundo video segment at: johnhartford.org/agefriendly

See WebMD.com/agefriendly for additional consumer info

Age-Friendly Health System Measures

All Measures to be Stratified by Age, Race and Ethnicity ([click here for measures guide](#))

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
 - What Matters documentation
- Medications:
 - Presence of any of 7 high-risk medications
- Mentation: Screened & documented for
 - Depression
 - Dementia
 - Delirium
- Mobility: Screened for mobility

Outcome Measures:

- 30-day readmissions
- HCAHPS/CG-CAHPS, NH-CAHPS
- Length of stay
- ED utilization
- Delirium



Impact of Age-Friendly Care

CVS Health

Integrated AFHS and the 4Ms into older adult visits across their **1,100+ Minute Clinic** locations nationwide (scale and spread)

Baystate Health

40% increase in meaningful changes to treatment plans
due to asking ***“What Matters to you”***



My Dad – always happiest when he was on the water in a boat, fishing!



Case Study: Examples of Interventions



Organizational Background (Now Luminis Health)

- Accountable Care Organization serving >1 million people in MD & DC
- Age-Friendly care across multiple settings

4Ms Focused Interventions

What Matters	Medication	Mentation	Mobility
<ul style="list-style-type: none"> ▪ flow sheet in EHR ▪ whiteboards, visible displays of older adults' values ▪ 4MS wellness visits(reimbursed by Medicare) 	<ul style="list-style-type: none"> ▪ EHR incorporates updated Beers Criteria ▪ auto-generates a CP2 score for higher med assessment needs ▪ more general awareness and consideration before prescribing 	<ul style="list-style-type: none"> ▪ Brief Confusion Assessment Method (bCAM) delirium screening Qs into EHR ▪ group/diversion activities ▪ facilitate hydration with easier-to-use water cups ▪ ceased 4AM vitals check to aid sleeping ▪ ACercize, animal therapy 	<ul style="list-style-type: none"> ▪ mobility/quality tech ensures older adults move every day ▪ ACercize ▪ removing bedpans to encourage getting out of bed ▪ adapted falls committee into safe mobility committee that gives mobility scorecards ▪ mobility contest with prizes



Jobs with Anne Arundel Medical Center

Outcomes of Age-Friendly Interventions

- *Reduced 30-day all-cause readmission rates in 3 months*
 - By 7.8% for 65-84 year olds and 22% for 85+ year olds
- *Increased mobility*
 - By 16.7% for 65-84 year olds, 25.5% for 85+ year olds

Lessons Learned


- Starting with What Matters informs other Ms (a theme)
- Older adults are socially as well as clinically complex
 - No intervention is 'one size fits all'
- Engage IT analysis at the start, utilizing community and external resources
 - Appropriate data collection key to measuring impact
- Positive trends and progress motivate others

New: Nursing Home Guide and Workbook: Examples of Interventions

Age-Friendly Health Systems:

Guide to Care of Older Adults in Nursing Homes

Draft March 2022
ihi.org/AgeFriendly



This content was created especially for:

Age-Friendly Health Systems

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).



DRAFT March 2022

Age-Friendly Health Systems: A Workbook for Nursing Home Teams

A Companion Resource to the
Age-Friendly Health Systems: Guide to
Care of Older Adults in Nursing Homes

This content was created especially for:



Guide to Using the 4Ms: Nursing Homes

Assess: Know about the 4Ms for each older adult in your care	Act On: Incorporate the 4Ms into the plan of care
Ask What Matters	Align the care plan with What Matters
Document What Matters	Deprescribe or do not prescribe high-risk medications
Review high-risk medication use	Ensure sufficient oral hydration
Screen for cognitive challenges	Consider further evaluation and manage manifestations of dementia, or refer
Screen for depression	Identify and manage factors contributing to depression
Screen for delirium at regular intervals	Orient older adults to time, place, and situation if appropriate
Screen for mobility	Ensure older adults have their personal adaptive equipment
	Prevent sleep interruptions; use non-pharmacological interventions to support sleep
	Ensure early, frequent, and safe mobility

New: How to Have Conversations... about What Matters

What's Inside:

- Three steps you can start using this week to build trust (current care planning not just advance care planning)
- Suggested phrases to help you begin What Matters conversations, e.g.,: ***“In today’s visit, I want to be sure we cover what is most important to you.”***
- Sample questions, e.g.,: ***“Is anything getting in the way of doing the activities that you would like to do?”***

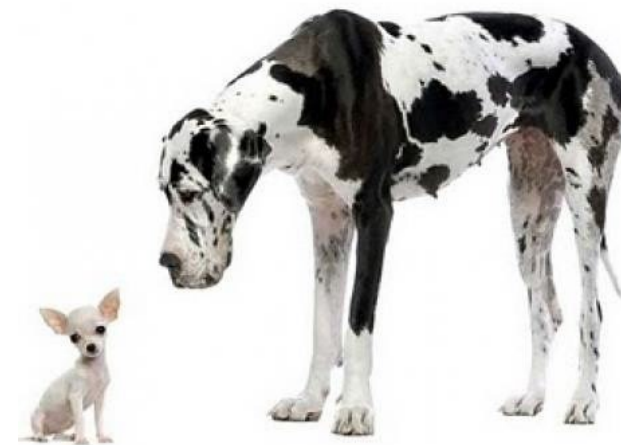


So how do we scale up Quality Improvement in Nursing Homes?



Start SMALL

- Find volunteers
- Start with one older adult; one event; one nurse; try it ONCE!
- Test small, test often
 - Daily review (huddles)
 - Weekly plan
 - 90-day goals
- Faster testing ➡ faster learning
- Increase scale of tests as process redesign matures
- Find and become a mentor



Moving Forward

**MOVING
FORWARD**
NURSING HOME QUALITY COALITION



Alice Bonner, Chair
Isaac Longobardi, Associate Director

Taking Action Now!

What is the Moving Forward Coalition?

- The Coalition is a group of individuals and organizations that have come together to drive specific, actionable improvements in nursing home quality, while building a sustainable network to continue this vital work.
- In the first two years, we will develop, test, and promote action plans to improve nursing home residents' quality of life.
- We are funded by The John A. Hartford Foundation.



Coalition Vision and Mission

Our Vision is that every nursing home will be a community in which lives are nurtured, residents are empowered, and people want to work.

Our Mission is that we will make vital changes in policy and practice through the power of bringing diverse voices together now.

Moving Forward Coalition website:
<https://movingforwardcoalition.org/>



Revisiting the Teaching Nursing Home

- This initiative is implementing a contemporary version of the Teaching Nursing Home model in 3 regions of Pennsylvania to show how enhanced partnerships between academic nursing schools and nursing homes can improve quality and cost outcomes.
- The project draws upon the Age-Friendly Health Systems initiative while integrating lessons learned and partnerships created through the COVID-19 pandemic and original Teaching Nursing Home model implementation from 1980s.
- Work is supported and led by the Jewish Healthcare Foundation (JHF).
- Intervention Components include co-design around Age-Friendly Health Systems, Just-in-Time Learning, Advanced Practice Nurse Consultation, and Leadership Development.
- **Learn more at: <https://www.johnhartford.org/grants-strategy/revisiting-the-teaching-nursing-home>**



Connect with Other Parts of the Age-Friendly Ecosystem

- **Age-Friendly Public Health Systems** – Trust for America’s Health is helping state, local health departments better address healthy aging: afphs.org
- **Aging & Disability Institute of USAging** – supporting AAAs and CBOs in partnering with health system:s aginganddisabilitybusinessinstitute.org
- **Dementia Friendly America:** dfamerica.org



So, what will it take for YOU to be the leader and champion for Age-Friendly Health Systems in your nursing home and community?





Just Start...

Join Us in the Age-Friendly Health Systems Movement

Visit ihi.org/AgeFriendly or aha.org/AgeFriendly:

- Join an **Action Community**
- Access resources including the **Guides to Using the 4Ms** and the **Business Case for Becoming an Age-Friendly Health System**
- Sign up for **Friends of Age-Friendly** quarterly update calls



Key Take-Aways from Today

- ✓ Age-Friendly Health Systems (AFHS) and communities provide a framework for quality improvement, with people of all ages and across settings
- ✓ Interprofessional teams (including patients or residents, family members or care partners, and others) are essential to AFHS implementation – and to preventing adverse events, especially during care transitions
- ✓ Those teams need champions – they need leaders





Age-Friendly care is what each one of us
deserves

Thank you!

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