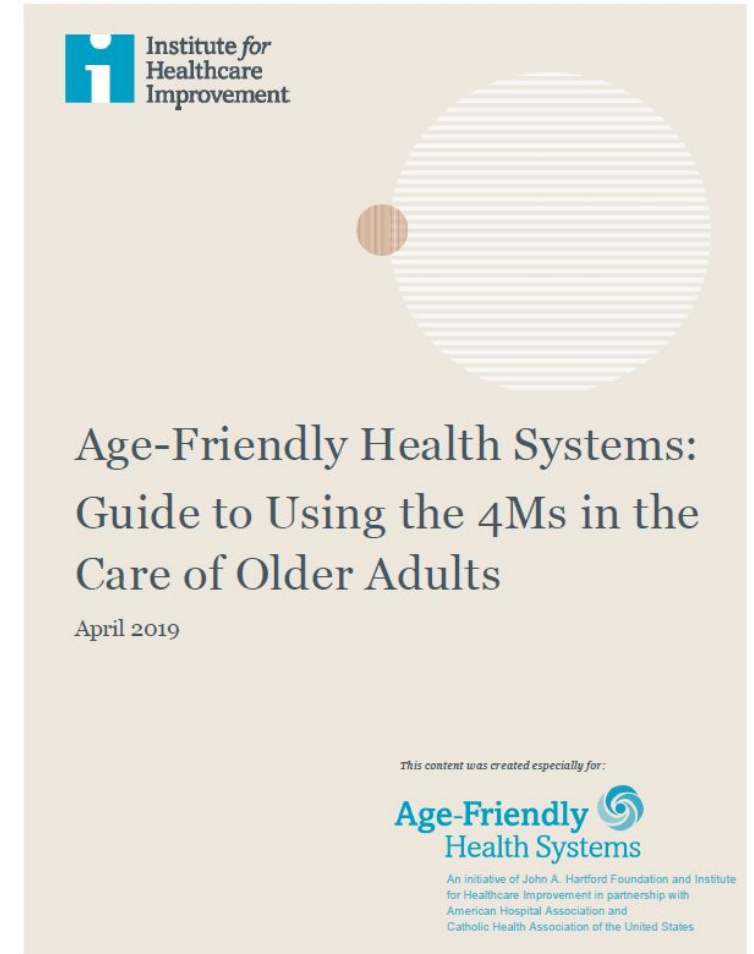# Age-Friendly Health Systems

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Why Now?

- **Demography:** The number of adults over the age of 65 years is projected to double over the next 25 years.

- **Complexity:** Approximately 80 percent of older adults have at least one chronic condition, and 77 percent have at least two.

- **Disproportionate Harm:** Older adults have higher rates of health care utilization as compared to other age groups and experience higher rates of health-care-related harm, delay, and discoordination.

Age-Friendly Health System

An Age-Friendly Health System is one in which every older adult's care

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

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), set a bold vision to build a social movement so that all care with older adults is age-friendly care.

Goals

- Better health outcomes for this population
- Reduced waste associated with low-quality, unwanted, or unneeded services
- Increased utilization of cost-effective services for older adults
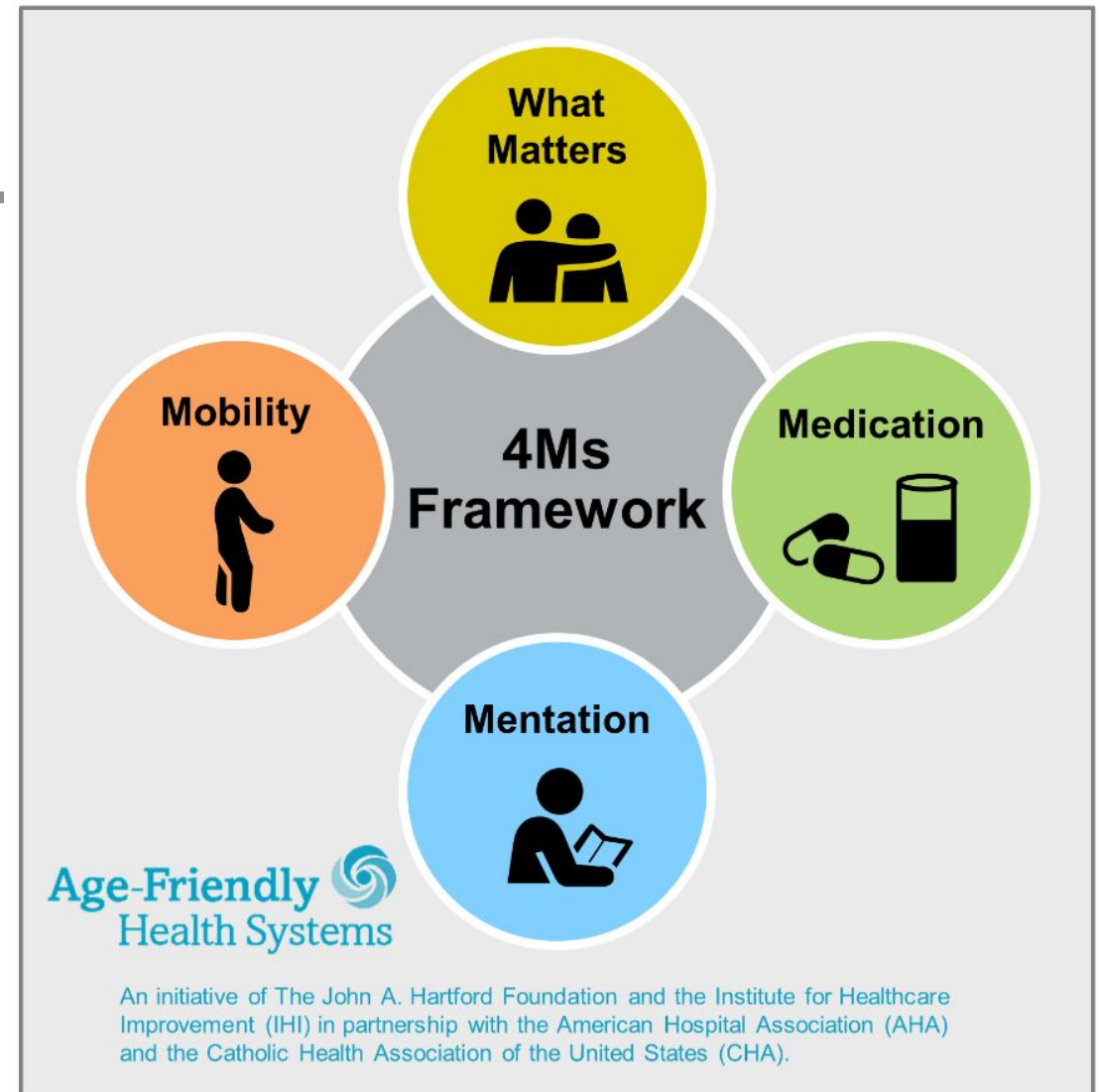- Patients do not experience harm from the healthcare system

- The 4Ms are relevant regardless of an older adult's individual disease(s)

- Apply regardless of the number of functional problems an older adult may have, or that person's cultural, ethnic, or religious background

The 4M Framework

- Builds on very strong *Triple Aim* evidence
- Simplifies & reduces implementation and measurement burden while increasing effect
- Components are synergistic and reinforce one another
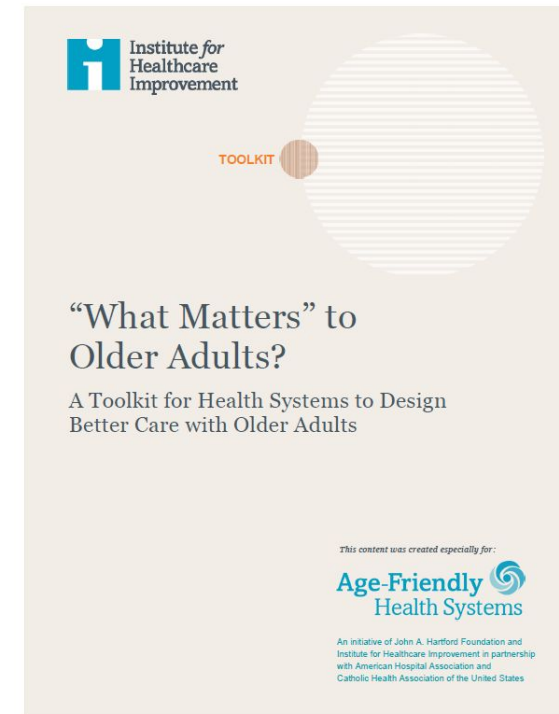- Has an impact on key quality and safety outcomes

Fulmer T, Mate KS, Berman A. The Age-Friendly Health System imperative. J Am Geriatr Soc. 2018 Jan;66(1):22-24. doi: 10.1111/jgs.15076.

What matters

- **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, and across settings of care

- "What matters to you?" in addition to asking "What is the matter?"

- Goal is to increase awareness of critical issues in their patients' lives that could customize plans of care.

Institute for Healthcare Improvement

TOOLKIT

"What Matters" to Older Adults?

A Toolkit for Health Systems to Design Better Care with Older Adults

This content was created especially for:

Age-Friendly Health Systems

An initiative of John A. Hartford Foundation and Institute for Healthcare Improvement in partnership with American Hospital Association and Catholic Health Association of the United States

Care Touchpoints When "What Matters" Conversations Might Occur

Regular and Annual Wellness Visits

- A longer annual wellness visit can be conducive to an initial "What Matters" conversation. Regular wellness visits are also an excellent opportunity to continue "What Matters" conversations over time.

New Diagnosis or Change in Health Status

- Schedule an initial "What Matters" conversation one week after the older adult has received a new diagnosis or change in health status, and use this information when planning a course of care.

Life-Stage Change

- Initiate a "What Matters" conversation during a primary care appointment with an older adult who has just entered retirement or enrolled in Medicare. Review "What Matters" information at each visit following the life-stage change for any updates on the older adult's care.

Chronic Disease Management

- Discuss "What Matters" during primary care visits, revisiting past conversations and discussing any changes or updates to the older adult's goals and preferences.

Inpatient Visits (hospital, nursing home, skilled nursing facility)

- Ask older adults what is important to them at every hospitalization and document any new information.

Guiding Questions: Understanding Life Context and Priorities

- What is important to you today?

- What brings you joy? What makes you happy? What makes life worth living?

- What do you worry about?

- What are some goals you hope to achieve in the next six months or before your next birthday?

- What would make tomorrow a really great day for you?

- What else would you like us to know about you?

- How do you learn best? For example, listening to someone, reading materials, watching a video.

Guiding Questions: Anchoring Treatment in Goals and Preferences

- What is the one thing about your health care you most want to focus on so that you can do [fill in desired activity] more often or more easily?

- What are your most important goals now and as you think about the future with your health?

- What concerns you most when you think about your health and health care in the future?

- What are your fears or concerns for your family?

- What are your most important goals if your health situation worsens?

- What things about your health care do you think aren't helping you and you find too bothersome or difficult?

- Is there anyone who should be part of this conversation with us?

Mobility

Older adults can quickly become frail and bedbound - not because of a primary illness, but because they're not moving.

Ensure that each older adult moves safely every day to maintain function and do What Matters

Mobility

- Benefits include:
  - Helping maintain the ability to live independent and reducing the risk of falling and fracturing bones;
  - Helping to maintain healthy muscles, bones and joints and also
  - Helping to control joint swelling and pain associated with arthritis
  - Reduced opportunity for pressure ulcers and DVT

- May be the least expensive intervention to improve health and health care

Risk Factors for Falls

- Demographic
  - White and Asian ethnicity
  - Homebound
  - Living alone
  - Female
- Genetics
  - Parental history of fractures
- Historical
  - Previous falls
  - Risky behaviors (e.g. amount of alcohol ingested, medications etc.)

Age and Illness Related Factors

- Age over 75
- Acute chronic illness
- Medications (especially 4 or more)
- Cognitive impairment
- Reduced vision
- Foot problems
- Age-related neurological changes
- Decreased hearing
- Corticosteroid use (risk is 2x greater for females, 2.6 X for males)

Mentation

- The process of thinking, Mental activity

- Goal: Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care

Medication

- The most common intervention in health care
- 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
- Optimize medications
  - Include patients/families in developing treatment plan: What Matters
  - Avoid medications that have been identified as contributing to adverse events
  - Reduce polypharmacy to the "*essential few*"
  - *Deprescribe* medications*
  - Ensure that all providers of care have information about the medications a patient is taking

Aim

Primary Drivers

Secondary Drivers

Medication Optimization for Primary Care AIM (How much by when)

Patient Partnership

- Patient Experience of What Matters!
- Proactive Engagement: Patient is part of Care Team
- Access to and Cost of Medication
- Co design for Adherence

Care Team

- Optimize the Care Team
- Team Communication Strategies
- Clinical Decision Support
- Develop Partnership beyond Primary Care Team

Medication Therapy Management Process

- Medication Review and Assessment
- Synchronize Medications
- Ongoing Monitoring

Learning System and Environment (Cultural Context)

- Culture of Psychological Safety and Transparency
- Quality Improvement Structure an Process
- Education and Training Structure and Process
- Develop reliable processes and measures

Pfizer/IHI Medication Optimization LAN 2019

4Ms Framework: Not a Program, But a Shift in Care

- The 4Ms Framework is not a program, but a shift in how we provide care to older adults.

- The 4Ms are implemented together (i.e., all 4Ms as a set of evidence-based elements of high-quality care for older adults).

- Your system probably practices at least a few of the 4Ms in some places, at some times. Engage existing champions for each of the 4Ms. Build on what you already do and spread it across your system.

- The 4Ms are practiced reliably (i.e., for all older adults, in all settings and across settings, in every interaction).

The 4Ms Are Practiced as a Set	The 4Ms in an Age-Friendly Health System Hospital
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 delirium across settings of care **Mobility** Ensure that each older adult moves safely every day to maintain function and do What Matters	• Ask the older adult What Matters most, document it, and share What Matters across the care team • Align the care plan with What Matters most • Review for high-risk medication use and document it • Deprescribe or avoid high-risk medications, and document and communicate changes • Screen for delirium at least every 12 hours and document results • Ensure sufficient oral hydration • Orient to time, place, and situation • Ensure older adults have their personal adaptive equipment • Support non-pharmacological sleep • Screen for mobility limitations and document the results • Ensure early, frequent, and safe mobility

The 4Ms Are Practiced as a Set	The 4Ms in an Age-Friendly Health System Practice
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 delirium across settings of care **Mobility** Ensure that each older adult moves safely every day to maintain function and do What Matters	• Ask the older adult What Matters most, document it, and share What Matters across the care team • Align the care plan with What Matters most • Review for high-risk medication use and document it • Deprescribe or avoid high-risk medications, and document and communicate changes • Screen for dementia/cognitive impairment and document the results • Screen for depression and document the results • Consider further evaluation and manage manifestations of dementia, educate older adults and caregivers, and/or refer out • Identify and manage factors contributing to depression and/or refer out • Screen for mobility limitations and document the results • Ensure early, frequent, and safe mobility

Putting the 4Ms into Practice

- Understand Your Current State
- Describe Care Consistent with the 4Ms
- Describe or Adapt Your Workflow – Incorporate into existing workflow
- Provide Care
- Study Your Performance
- Improve and Sustain Care

For more Information Visit

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx