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Principles of High Impact Age-Friendly Health Systems

15th Annual UMaine Clinical Geriatrics Colloquium

October 27, 2020

Terry Fulmer, PhD, RN, FAAN

President

The John A. Hartford Foundation



The John A. Hartford Foundation

A private philanthropy based in New York, established by family owners of the A&P grocery chain in 1929

- \$625,000,000 in Aging & Health grants authorized since 1982
- Building the field of aging experts; Testing and replicating innovation

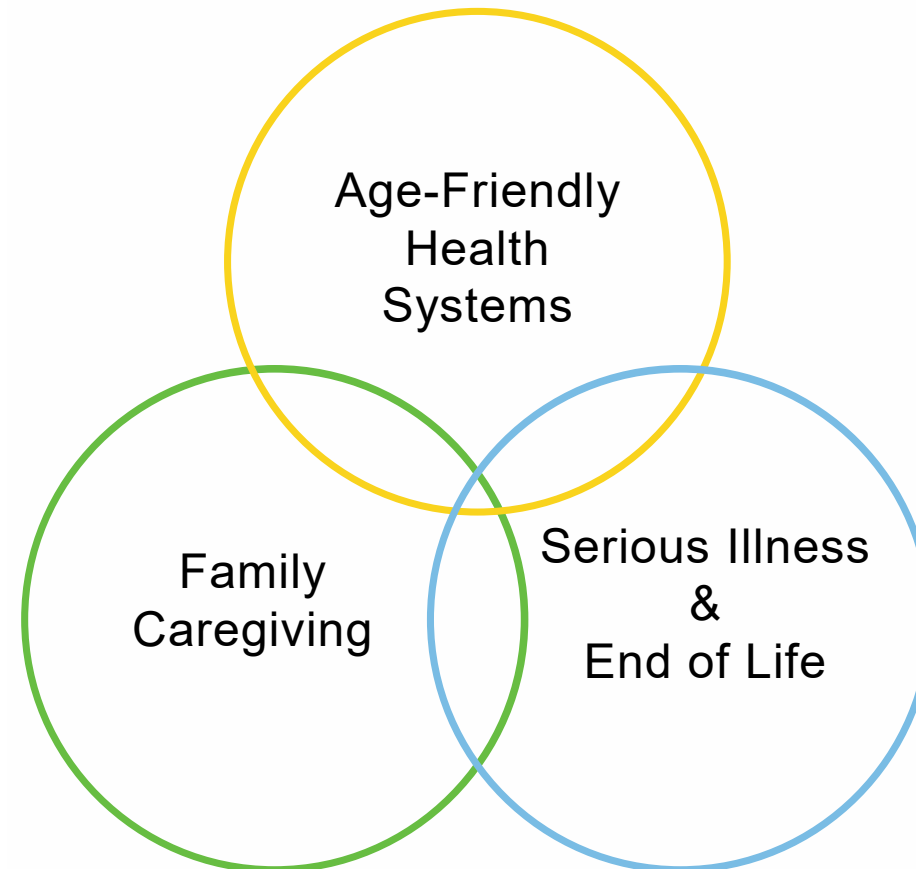




Mission & Priorities

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

PRIORITY AREAS





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Age-Friendly Health Systems

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
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Age-Friendly 
Health Systems

www.ihf.org/AgeFriendly



A Growing Number of Partners



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Department of Health



advocacy | action | answers on aging





Why We Need Age-Friendly Care

- Demography
- Complexity
- Disproportionate harm
- *The growing number of older adults in our health systems requires a different approach to care.*





Age-Friendly Health Systems

Our aim: Build a **social movement** so *all care with older adults is age-friendly care*:

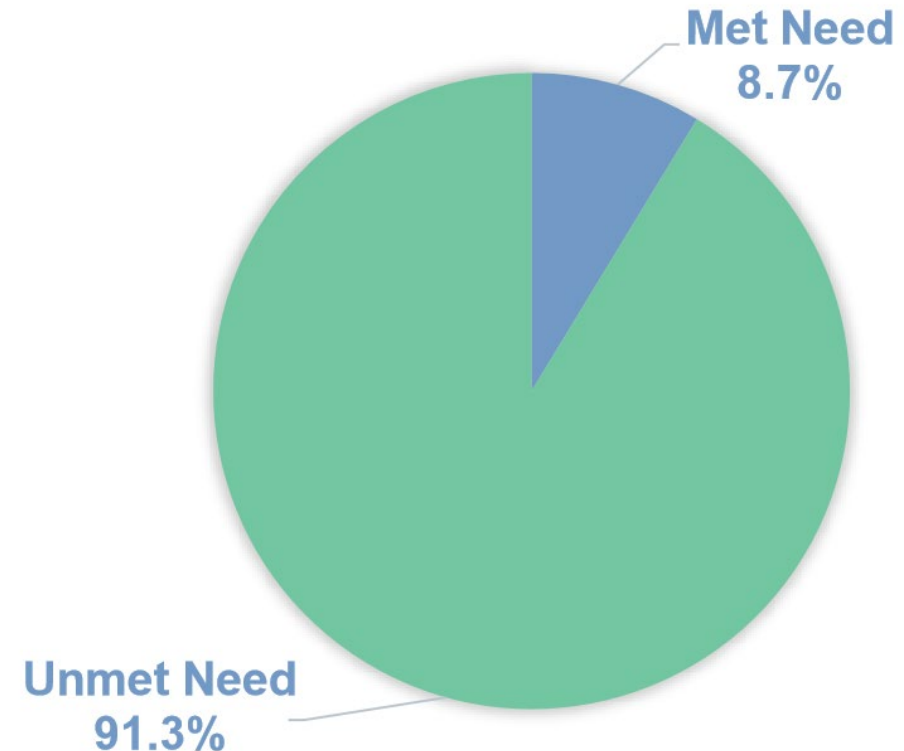
- Guided by an essential set of evidence-based practices (**4Ms**)
- Causes no harms
- Is consistent with What Matters to the older adult and their family





We Have a Know-Do Gap

- We have many evidence-based geriatrics models of care
- Yet, most reach only a portion of those who could benefit



IHI analysis of model beneficiaries 2016

Selection of the Vital Few Elements of Age-Friendly Care



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90 discrete core features identified by model experts in pre-work

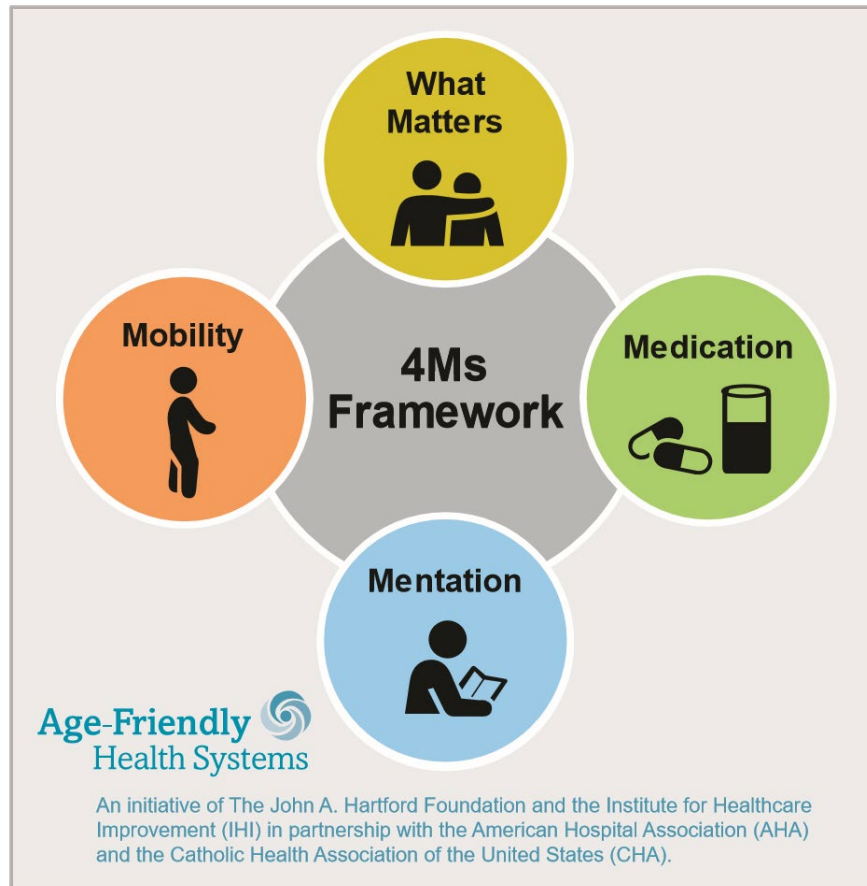
Redundant/similar concepts removed and **13 core features** synthesized by IHI team

Expert Meeting – Selection of the “vital few” the **4Ms**

The 4Ms Framework



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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

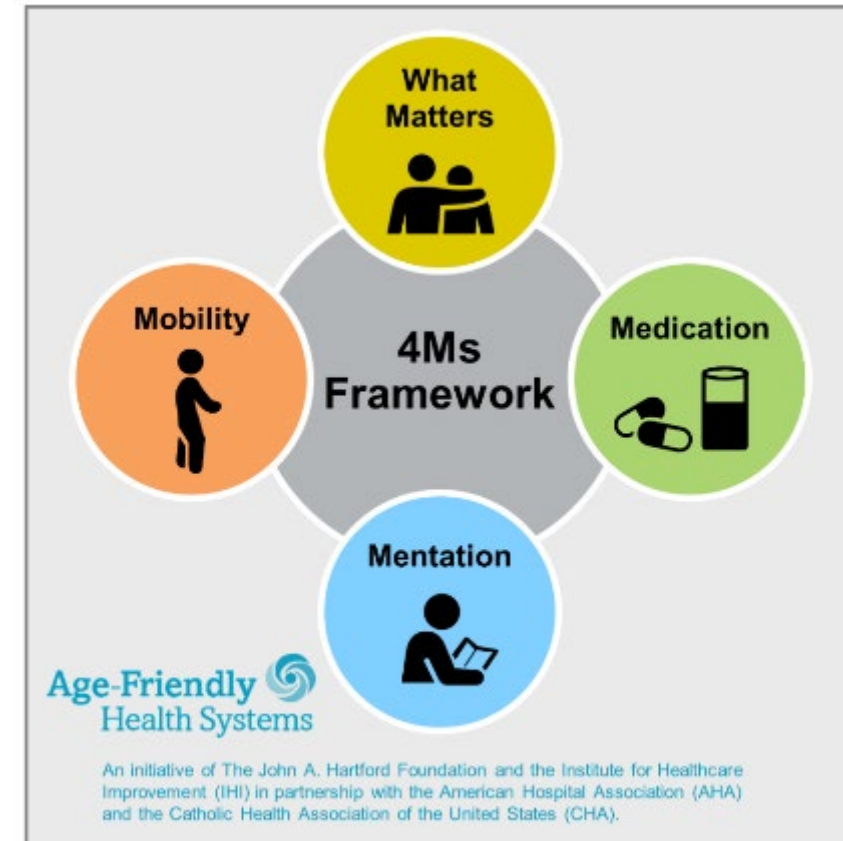
Ensure that older adults move safely every day in order to maintain function and do What Matters.





The 4Ms Framework

- Issues that matter to older adults
- Builds on strong evidence
- Reduces implementation and measurement burden
 - while increasing effect
- Synergistic and reinforcing elements
- Impact on key quality and safety outcomes (CMS)



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Graphic files and guidance at ihi.org/AgeFriendly

The 4Ms Framework – Measures



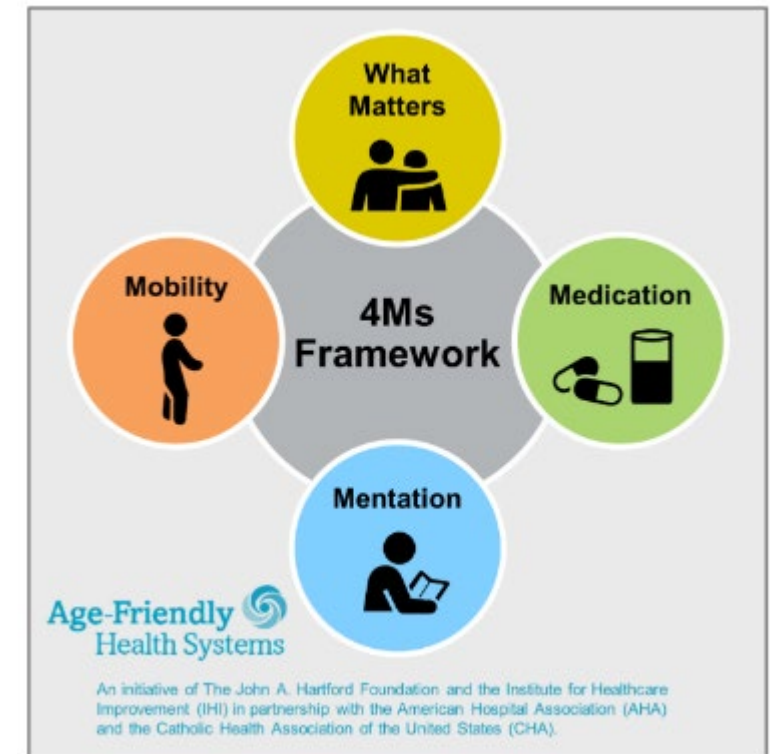
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Outcome:

- 30-day readmissions
- Emergency department visit rate
- H/CG – CAHPS
- Length of stay
- Delirium incidence rate
- Segmentation by race/ethnicity
- Goal-concordant care (by collaboRATE survey)

Process:

- What Matters:
 - ACP documentation (NQF 326)
 - What Matters documentation
- Medications:
 - Presence of any of 7 high-risk medications
- Mentation: Screened & documented for
 - Depression
 - Dementia
 - Delirium (hospital only)
- Mobility: Screened for mobility



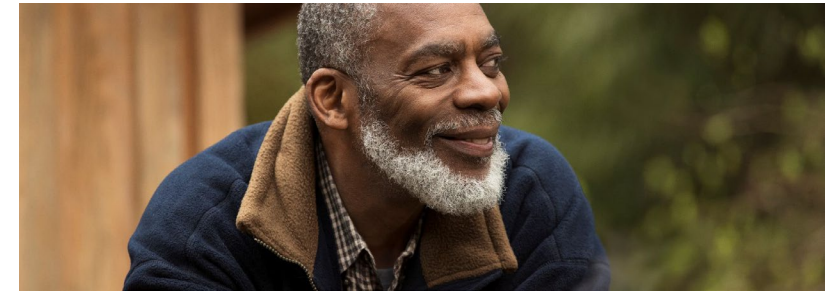
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Age-Friendly Care in Retail Pharmacy Clinics



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- Partnered with CVS Health MinuteClinic and Case Western Reserve Frances Payne Bolton School of Nursing
- Embedding Age-Friendly 4Ms Care in all 1,100 MinuteClinics
- Training and education for NPs
- Building 4Ms into EPIC EHR



Age-Friendly Care in Retail Pharmacy Clinics



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Building 4Ms
into EPIC EHR

4M Age-Friendly Evaluation

4Ms

What Matters	Mobility	Medications
Mentation	Unable to assess any of the 4Ms	

What Matters

What is important to patient in general?

Family togetherness	Social activities/inclusiveness	Health	Independence
Patient declined to discuss	Other		

Plan of care consistent with what matters to patient?

Mobility

Did you assess the patients Mobility?

Is the patient:

Non-independently ambulatory	Independently ambulatory	Other
------------------------------	--------------------------	-------

Degree of assistance

Cane	Walker	Wheelchair
------	--------	------------

Please provide information on the ability and time using this equipment if applicable

Uses 100 % of time, effectively

Actions taken related to mobility:

Mobility specific physical exam done	Assistive device recommended	Referral to PCP
Encouraged to have a daily mobility goal	Education Based on Results	Explained Risk to Patient



Age-Friendly Care in Retail Pharmacy Clinics



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Building out consumer materials



Brochure (inside)

The 4Ms for healthy aging

What matters?
It's important for you to share your concerns, goals, wishes, needs and experiences with all of your health care providers.
This builds trust and open communication. And it will help your providers match your treatment with what matters to you.

Mobility
Staying active helps you maintain your health and independence.
Make sure you're able to move safely by:
• Letting your provider know if your balance is changing.
• Wearing safe shoes.
• Reducing clutter and installing grab bars (if helpful) at home.
• Using assistive devices as prescribed.
If you fall, contact 911 or other emergency services if needed. Let your provider know, too.
My daily mobility plan is:

Medication
Staying on top of what you take is important to your wellbeing.
• Keep a list of all your medications with you. Make sure to bring it to your next appointment with your primary care provider.
• Know what medications you're taking, why you're taking them, and how and when to take them.
• Organize your medications so you remember to take them as prescribed. A pill box can help.

Mood and memory
You may notice changes in your moods and memory as you age.
Activities that may be good for your mood and memory include:
• Spending time with others.
• Trying new activities, like volunteering.
Be sure to share things like this with your provider:
• No longer enjoying activities you used to enjoy.
• More difficulty doing things that used to be easier.
• Changes in appetite or sleep.
Recommendations to share with my primary care provider:

Back of cover Inside center panel Inside right panel

Age-Friendly Care – Helping Consumers Understand the 4Ms



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- NBC Universal/Telemundo video segment

For consumer information, visit:

- johnahartford.org/agefriendly
- WebMD.com/agefriendly



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A Growing Movement!



- As of August 2020, 804 hospitals, practices, retail pharmacy clinics and long-term care communities in all 50 states have received recognition.



Age-Friendly Recognition

- Level 1 – Teams have successfully developed plans to implement the 4Ms

Level 2 – Teams have three months of verified data to demonstrate early impact of using the 4Ms



The Value of Age-Friendly Health Systems



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





Results of Age-Friendly Care

- Baystate Health:
40% increase in meaningful changes to treatment plans due to asking “what matters to you”
- Stanford Health Care:
Started Geriatric Trauma Service leading to **reduced delirium incidence by 29%**,
mortality reduced by 48%
- Anne Arundel Medical Center:
Compared to prior year, **4Ms implementation led to 10.2 years less time older adults were in facility** due to decreased readmissions, LOS, and ED time
- CVS Health:
Integrated AFHS and the 4Ms into older adult visits across their **1,100 Minute Clinic** locations nationwide





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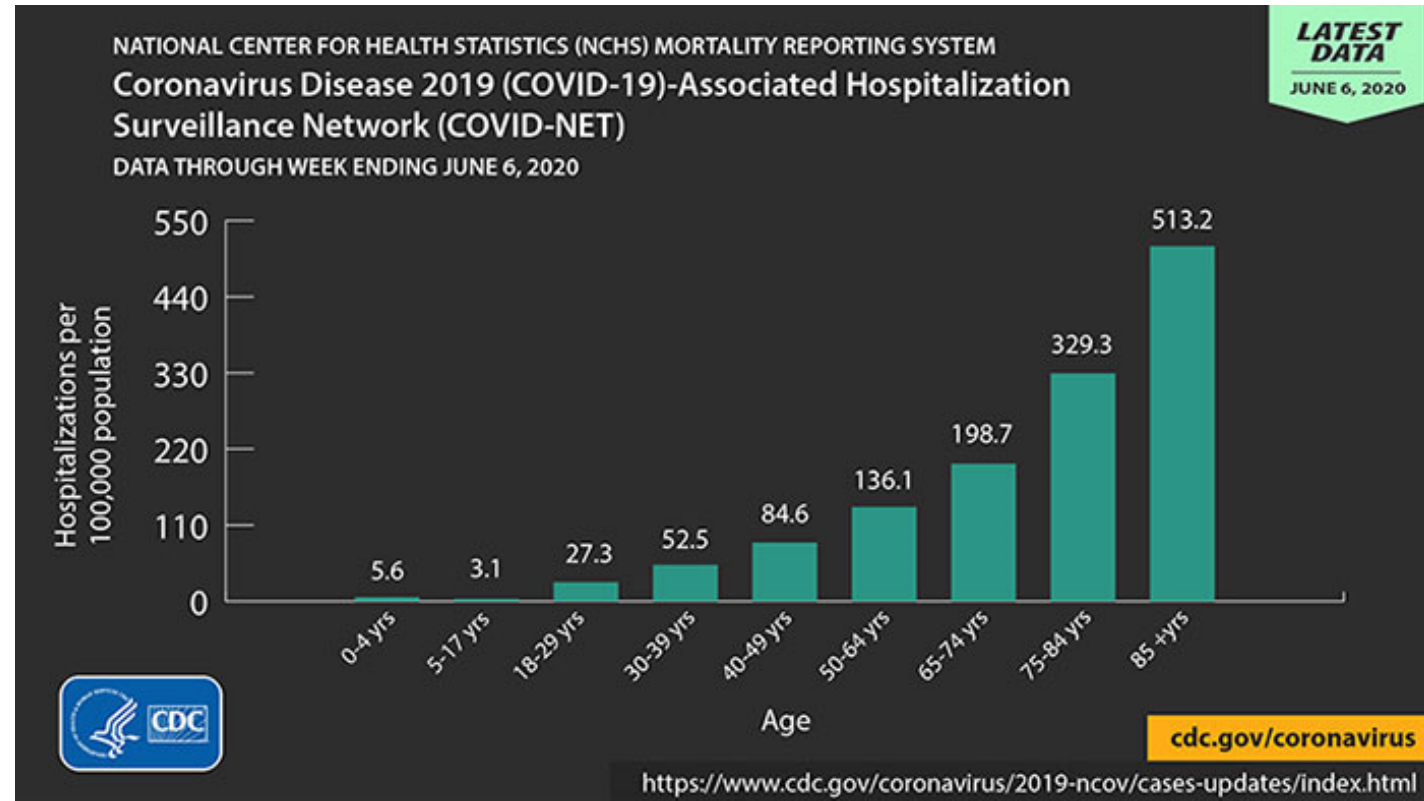
The Pandemic





COVID-19 and Older Adults

- Risk of serious illness, hospitalization and death from COVID-19 increases with age
- Nursing homes have accounted for nearly 50% of all COVID-19 deaths
- COVID-19 has disproportionality affected Black and Brown people – both older adults and health system workers





Example: 4Ms in an Age-Friendly Telemedicine Visit During COVID-19

What Matters

I am calling to check in with you. We know that this can be a stressful time with the Coronavirus limiting our abilities to go out and even just interact with others...How are you doing?... what matters most to you at this time?

Medication

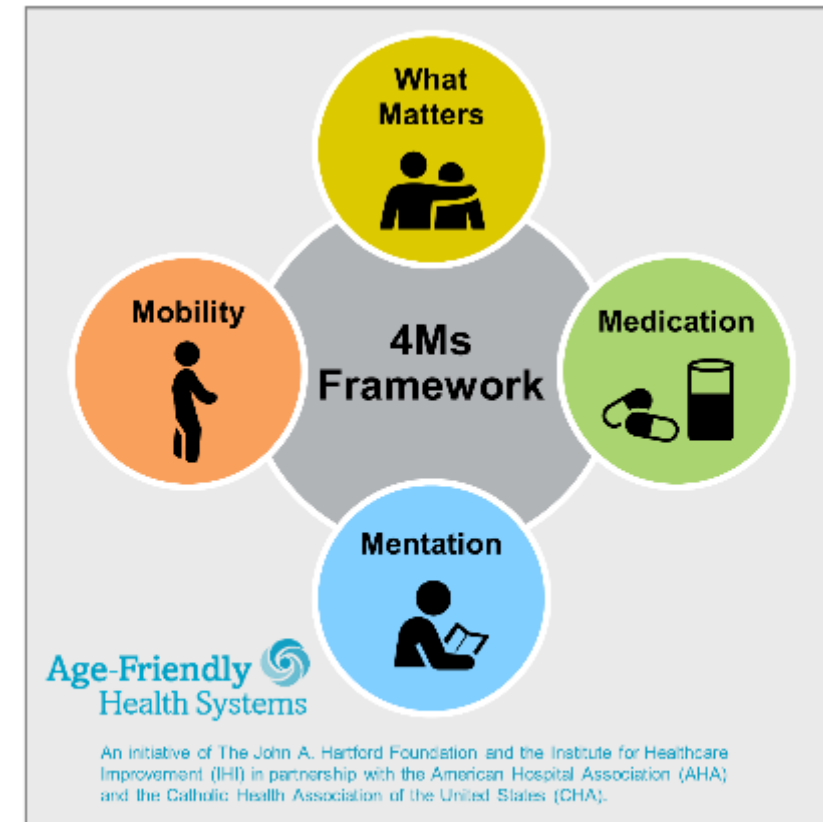
Let's do a review of your current medications...I will have you pick up each pill bottle...

Mentation

This can certainly be a stressful time and sometimes under stress we have difficulties with our memory, especially short-term memory...

Mobility

How you are getting around the home? If you are able, I want you to stand up and sit down in the chair, without using your arms to help push you up, five times in a row...



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Asking and Acting on What Matters During COVID-19



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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 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).

ndee - Zoom × COVID-19 Resources: Care of × 4Ms: Asking and Acting on Wh × +

https://www.youtube.com/watch?v=4e2zHb7KOSs&feature=youtu.be

YouTube Search

4Ms: Asking and Acting on What Matters during COVID-19

Discussion about how to ask and act on *What Matters* during COVID-19 with older adults and caregivers

Diane E. Meier, MD, FACP, FAAHPM
Director, Center to Advance Palliative Care
Co-director, Patty and Jay Baker National Palliative Care Center
Professor, Department of Geriatrics and Palliative Medicine
Catherine Gaisman Professor of Medical Ethics, Icahn School of Medicine at Mount Sinai

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Watch Here





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AFHS Training Sessions Focus on Evidence-base

- PPE best practices
- Infection control practices
- COVID-19 testing
- Clinical management of asymptomatic and mild cases
- Minimizing the spread of COVID-19
- Managing social isolation





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COVID-19 and Older Adults – Nursing Homes



COVID-19 and Older Adults – Nursing Homes



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Less than 0.5% of the total U.S. population (~1.5 million people) live in nursing homes

Yet, as of August 2020, in nursing homes:

- 402,000+ cases (8% of total cases)
- 68,000+ deaths among residents and staff (41% of total deaths)
- Median COVID-19-related case fatality rate is 16%



COVID-19 and Older Adults – Nursing Homes



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Biggest issues:

- Staffing
- Infection prevention control
- PPE
- Staff safety
- Social isolation



COVID-19 and Older Adults – Nursing Homes & JAHF Actions



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- **Urgently:** funding the National Nursing Home Huddles led by IHI as a part of our Age-Friendly Health Systems mandate
 - Evolved into *Nursing Home ECHO: COVID-19 Action Network Conversation Series* funded by AHRQ
- **Emergently:** funding the National Academies of Sciences, Engineering and Medicine to launch a study on nursing home safety and quality post COVID-19
- **Emergently:** funding to Frameworks Institute to examine how to reframe the nursing home narrative

COVID-19 Rapid Response
Network for Nursing Homes

IHI initiative supported by The John A. Hartford Foundation
in partnership with Age-Friendly Health Systems



The Need for an Age-Friendly Ecosystem



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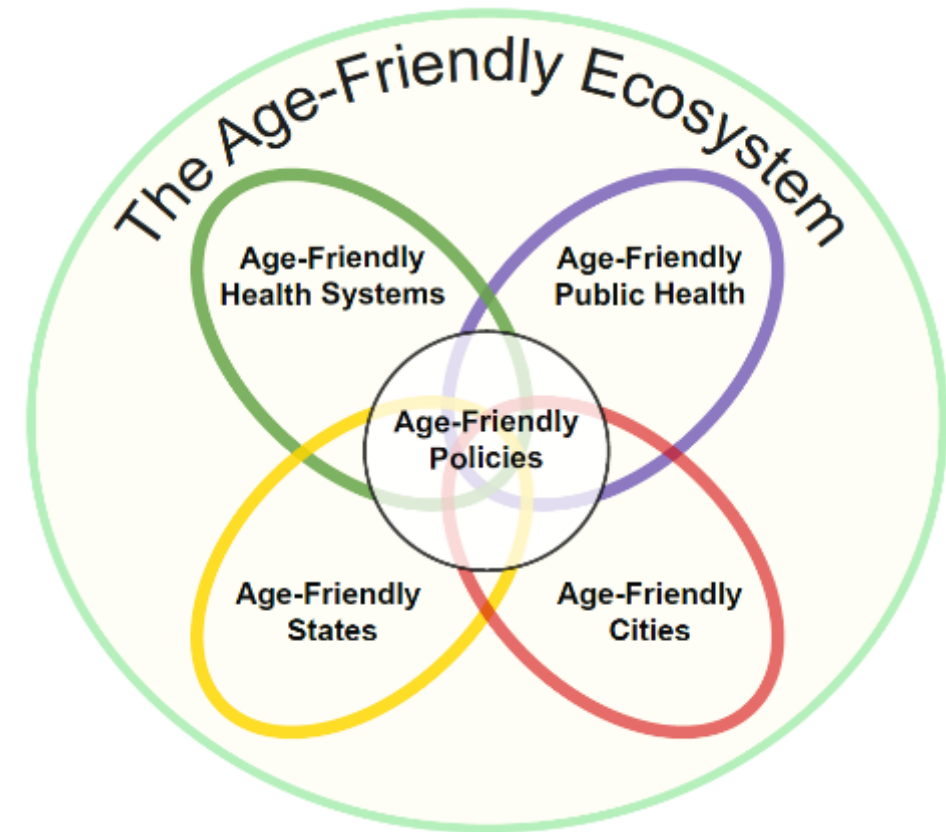
2007: WHO releases a guide on “Global age-friendly cities”

2012: AARP establishes Network of Age-Friendly States & Communities as U.S. WHO affiliate

2017: JAHF and the Institute for Healthcare Improvement, with American Hospital Association & Catholic Health Association introduce concept of Age-Friendly Health Systems

2018: JAHF and Trust for America’s Health launch Age-Friendly Public Health Systems

....because cities and communities cannot be age-friendly without age-friendly care and health/public health systems



Fulmer, et al. Moving Toward a Global Age-Friendly Ecosystem, *Journal of the American Geriatrics Society*, July 2020



Join Us in the Age-Friendly Health Systems Movement



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Visit www.ihf.org/AgeFriendly to:

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





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Thank you!

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