Taming the Elephant, with 4M’s

Creating Age-Friendly Primary Care

Shirley Frederick MD FAAFP

October 27, 2020
HealthyME
Geriatric Workforce Enhancement Program

HRSA funded Federal grant

In collaboration with UNE/Univ of Maine
Primary care Partner
Creating Age Friendly Health care and communities
One Primary Care plan to become Age-Friendly
SMHC Sanford, Family Medicine and Internal Medicine
Dr. Shirley Frederick, Dr. Anna Scopellito-Olsen
THE 4M’s 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 4 M’s to all the older adults in your system

• WHAT MATTERS: know and align care with the older adult’s specific health care goals and preferences including but not limited to end of life care

• MEDICATIONS: If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility or Mentation

• MENTATION: Prevent, Identify, treat and manage dementia, depression and delirium across settings of healthy care

• MOBILITY: Ensure that the older adults move safely every day to maintain their function and do what matters
Benefits for AFHS in Primary Care

• Improved patients outcomes
• Increased financial return from AWV
• Improved quality scores when 4M’s embedded in AWV
• What matters conversations often:
  • Helps avoid unnecessary treatments
  • Triggers Advanced Care Planning conversations
  • Improves patient experience and provider/patient relationship
• Benefits of preventative screening
6 Age-Friendly steps

• 1. Understand your starting point
• 2. Describe care consistent with the 4 M’s
• 3. Design or adapt your work flow
• 4. Provide Care that Integrates the 4 M’s
• 5. Study your performance
• 6. Improve and Sustain
Design and Create the 4 M work flow

• Utilize the Annual Wellness Visit (the elephant)
• Work with Medical Assistants and front staff to make flow efficient
• Develop Educational tools- pamphlets and bulletin board
• Identify available Resources – IHI, GWEP workshops
  • Community resources: SMAA, Alzheimer’s association, REACH program, VNS, midlevels in office, elder law etc.
  • Referral base: inbedded LCSW, neurology, geriatrics etc,
• Documentation plan
We Care About our Older Adults
KNOW YOUR 4Ms!

AT YOUR MEDICAL OR WELLNESS VISITS, WE'LL BE CHECKING YOUR 4Ms:
- What Matters most to you: planning the care you want for your future
- Your Mobility: balance and walking
- Your Mind and memory
- Your Medicines

The 4Ms is a national program to help older adults:
- Stay as well as possible
- Help choose the care they prefer

We are part of a network of medical practices across the country working to be age-friendly. A federal grant helps support this work to take great care of YOU.

Southern Maine Health Care
MaineHealth
What Matters Most

1. Educating and supporting End of life Goals
   Living Will Documents

2. Asking What Matters Most to you?
MEDICATIONS

• Every visit do Medication Reconciliation
• Identify high risk medications (HRM) using BEERS criteria, taking into account patient age, quality of life, risk benefit and WMM
• If able - wean or stop high risk medication, safer alternative
• Once per year (chronic) and per incidence (for acute) document why medication choice is appropriate and for given patient in EMR (when HRM used)
• Educate patients/families on risks of taking high risk medication and document in EMR
MEDICATIONS

NARCOTICS

• Identify Patients Over age 50 who are on chronic narcotics
• Screen those patients with a high risk screening tool (ORT)
• Provide Education on risk of narcotic use and document that conversation in the chart
• Provide information on Naltrexone option for all chronic narcotic users.
MENTATION

DEPRESSION

- Once per year screen for depression
- If positive provide support, education and medication or referral if indicated
- Make Tele health options available during pandemic

DEMENTIA

- Once per year screen for Dementia (AWV) using Mini-Cog assessment tool
- If positive provide education and referral options for further evaluation including MoCA testing if indicated
- Evaluate for Caregiver stress and provide options for education, support and referral
Dementia Pilot

• Develop a reproducible, reliable Dementia screening program to diagnose dementia early Goal: to avoid family and health care crisis and relieve caregiver burden

2017: 552 patients screened with Mini-Cog

Data:

  23% screen positive
  57% had not noticed any problems with their memory
  60% of those that then received MoCA testing had abnormal scores

Year 2 – reproduced same results

*SMHC Dementia Pilot unpublished data
MOBILITY

• Once per year screen for fall risk
• If positive do further testing – Timed up and Go
• Provide Patient Education to those that screen positive
• Have available referral options for this at risk group
Pitfalls and Pearls

Alignment with Quality measures and Patient outcomes
We are already doing a lot of this work
We already have many of the tools and resources
Generating excitement was easy
Patients love it and it makes our work fun!
Develop a great team – find your champions
Encourage Creativity – ACP Forum
Growing the Circle

• Keep things Simple
• Documentation – EMR challenges
• Data Collection, expect the unexpected in 2020
• COVID derailment and temporary uncoupling of measures
• Provider Buy-In
  Multiple referral options and resources
  Completed package
Being Recognized as an Age-Friendly Health System
THANK YOU

Shirley Frederick  MD FAAFP

safrederick@smhc.org