

MaineHealth

Taming the Elephant, with 4M's

Creating Age-Friendly Primary Care

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HealthyME

Geriatric Workforce Enhancement Program

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In collaboration with UNE/Univ of Maine

Primary care Partner

Creating Age Friendly Health care and communities

HealthyME

- Primary Care Partner



One Primary Care plan to become Age-Friendly

SMHC Sanford, Family Medicine and Internal Medicine

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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 AWW
- Improved quality scores when 4M's embedded in AWW
- 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**.



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what Matters

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



MaineHealth

THANK YOU

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