Principles of High Impact Age-Friendly Health Systems

15th Annual UMaine Clinical Geriatrics Colloquium

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President

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

- Age-Friendly Health Systems
- Family Caregiving
- Serious Illness & End of Life
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
United States

Age-Friendly Health Systems

www.ihi.org/AgeFriendly
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
Selection of the Vital Few Elements of Age-Friendly Care

- 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

**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)
The 4Ms Framework – Measures

**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
Age-Friendly Care in Retail Pharmacy Clinics

- 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

Building 4Ms into EPIC EHR
Age-Friendly Care in Retail Pharmacy Clinics

Building out consumer materials
Age-Friendly Care – Helping Consumers Understand the 4Ms

- NBC Universal/Telemundo video segment

For consumer information, visit:
- johnahartford.org/agefriendly
- WebMD.com/agefriendly
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

- 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
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…*


Asking and Acting on What Matters During COVID-19

Watch Here

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, Patti and Jay Baker National Palliative Care Center
Professor, Department of Geriatrics and Palliative Medicine
Catherine Gansman Professor of Medical Ethics, Icahn School of Medicine at Mount Sinai
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
COVID-19 and Older Adults – Nursing Homes
COVID-19 and Older Adults – Nursing Homes

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

Biggest issues:
• Staffing
• Infection prevention control
• PPE
• Staff safety
• Social isolation
COVID-19 and Older Adults – Nursing Homes & JAHF Actions

• **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
The Need for an Age-Friendly Ecosystem

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

Visit www.ihi.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
The John A. Hartford Foundation

Thank you!
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