Age-Friendly Health Systems: Improving Care for Older Adults

By Leslie Pelton

December 11, 2018

#IHIFORUM and #AgeFriendly
Nothing to Disclose

Leslie Pelton today have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.
Age-Friendly Health Systems: Improving Care for Older Adults

Mary Tinetti, MD
Ann Hendrich, PhD, RN
Terry Fulmer, PhD, RN
Kedar Mate, MD
Leslie Pelton, MPA

Age-Friendly Health Systems is 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).
Introductions

• Mary Tinetti, MD, Gladys Phillips Crofoot Professor of Medicine (Geriatrics) and Professor, Institution for Social and Policy Studies; Section Chief, Geriatrics (Co-Chair, Creating Age-Friendly Health Systems)

• Ann Hendrich, PhD, RN, Senior Vice President and Chief Quality/Safety and Nursing Officer, Ascension (Co-Chair, Creating Age-Friendly Health Systems)

• Terry Fulmer, PhD, RN, President, The John A. Hartford Foundation

• Kedar Mate, MD, Chief Innovation and Education Officer, Institute for Healthcare Improvement

• Leslie Pelton, MPA, Senior Director, Innovation, Institute for Healthcare Improvement
After this presentation you will be able to...

1. Identify a path to becoming an Age-Friendly Health System
2. Discuss the value proposition for becoming an Age-Friendly Health System
3. Explain the challenges and barriers to implementing Age-Friendly care across a system
Today’s session

<table>
<thead>
<tr>
<th>Duration</th>
<th>Theme</th>
<th>Speaker/Institution</th>
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</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Age-Friendly Health Systems &amp; the 4Ms</td>
<td>Institute for Healthcare Improvement &amp; The John A. Hartford Foundation</td>
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<tr>
<td>10 minutes</td>
<td>Evidence base</td>
<td>Mary Tinetti, MD</td>
</tr>
<tr>
<td>10 minutes</td>
<td>4Ms framework and measures</td>
<td>Institute for Healthcare Improvement</td>
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<tr>
<td>10 minutes</td>
<td>Ascension’s journey</td>
<td>Ann Hendrich, PhD, RN</td>
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<tr>
<td>20 minutes</td>
<td>Mapping your journey</td>
<td>Institute for Healthcare Improvement</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Questions and answers</td>
<td>Institute for Healthcare Improvement</td>
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Partners

The John A. Hartford Foundation

Institute for Healthcare Improvement

American Hospital Association

Catholic Health Association of the United States

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Why Age-Friendly Health Systems?

- Demography
- Complexity
- Disproportionate harm
The John A. Hartford Foundation

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

Dedicated to Improving the Care of Older Adults

Priority Areas:

- Age-Friendly Health Systems
- Family Caregiving
- Serious Illness & End of Life
The Leader in Improving Care of Older Adults

$565,000,000

amount invested in Aging and Health since 1982

• Building the field of aging experts
• Testing & replicating innovation

Photo by Julie Turkewitz
What is our aim?

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) have adopted the bold and important aim of establishing Age-Friendly Care in **20 percent of US hospitals and health systems by 2020**

An Age-Friendly Health system is one where every older adult:

- Gets the best care possible;
- Experiences no healthcare-related harms; and
- Is satisfied with the health care they receive.
The 4Ms 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 4Ms, to all older adults in your system.

<table>
<thead>
<tr>
<th>The 4Ms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Matters</td>
<td>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</td>
</tr>
<tr>
<td>Medication</td>
<td>If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care</td>
</tr>
<tr>
<td>Mentation</td>
<td>Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care</td>
</tr>
<tr>
<td>Mobility</td>
<td>Ensure that older adults move safely every day to maintain function and do What Matters</td>
</tr>
</tbody>
</table>

Deriving the Evidence-Based Interventions

• Reviewed 17 evidence-based models and programs serving older adults:
  – What population is served?
  – What outcomes were achieved?
  – What are the core features of the model?
Evidence Based

• What Matters:
  – Older adults vary in their health goals & care preferences
  – Asking & addressing what matters lowers inpatient utilization (54%) while increasing pt satisfaction (AHRQ 2013)

• Medications:
  – Multiple medications increases adverse events & burden
  – Older adults receive many medications that are potentially harmful & of little benefit
  – Older adults suffering an adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
  – 1500 hospitals in HEN 2.0 reduced 15,611 adverse drug events saving $78m across 34 states (HRET 2017)
Evidence Based

• Mentation:
  – Dementia, delirium, and depression often unrecognized & untreated; associated with increased morbidity, mortality, and costs
  – Delirium preventable (Inouye)
  – Depression in ambulatory care doubles cost of care
  – 16:1 ROI on delirium detection and treatment programs

• Mobility:
  – Cost-effective interventions for mobility & fall prevention
  – Older adults with a serious fall-related injury required an additional $13,316 in hospital costs and had an increased LOS of 6.3 days compared to controls
  – 30+% reduction in hospital costs among patients who receive care to improve mobility
Reciprocal/Synergistic Relationships Among 4Ms

- Provides feasible framework for implementation and measurement
- Addresses older adults’ core health issues
- Builds on strong evidence base
- Synergistic relationships \(\rightarrow\) simplify and reduce burden on care team while increasing effect
4Ms Framework: Hospital

**Assess:** Know about the 4Ms for each older adult in your care

- Ask What Matters
- Document What Matters
- Review high-risk medication use
- Screen for delirium at least every 12 hours
- Screen for mobility

**Act On:** Incorporate the 4Ms into the plan of care

- Align the care plan with What Matters
- Deprescribe or do not prescribe high-risk medications
- Ensure sufficient oral hydration
- Orient older adults to time, place, and situation
- Ensure older adults have their personal sensory adaptive equipment
- Prevent sleep interruptions; use non-pharmacological interventions to support sleep
- Ensure early and safe mobility

Age-Friendly Health Systems
Assess: Know about the 4Ms for each older adult in your care

<table>
<thead>
<tr>
<th>Key Changes</th>
<th>Getting Started</th>
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<tr>
<td><strong>Ask the older adult</strong></td>
<td><strong>What Matters</strong></td>
</tr>
<tr>
<td>If you do not have existing questions to start this conversation, try the following, and adapt as needed</td>
<td></td>
</tr>
<tr>
<td>- “What do you most want to focus on while you are in the hospital/emergency department_____ (fill in health problem) so that you can do_____ (fill in desired activity) more often or more easily?”*</td>
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</tr>
<tr>
<td>- For older adults with advanced or serious illness consider, “What are your most important goals if your health situation worsens?”***</td>
<td></td>
</tr>
<tr>
<td><strong>Document What Matters</strong></td>
<td>Documentation can be on paper, on a whiteboard, or in the electronic health record where it is accessible to the whole care team across settings</td>
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<tr>
<td><strong>Review high-risk medication use</strong></td>
<td>Specifically, look for:</td>
</tr>
<tr>
<td>- Benzodiazepines</td>
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<td>- Opioids</td>
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<td>- All prescription and over-the-counter sedatives and sleep medications</td>
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<tr>
<td>- Muscle relaxants</td>
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<td>- Tricyclic antidepressants</td>
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<td><strong>Screen for delirium at least every 12 hours</strong></td>
<td>If you do not have an existing tool, try using the 2-Item Ultra-Brief (UB-2) Delirium Screen***</td>
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<tr>
<td><strong>Screen for mobility</strong></td>
<td>If you do not have an existing tool, try using the Timed Up &amp; Go (TUG)</td>
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### Act on: Incorporate the 4Ms into the plan of care

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<td>Align the care plan with What Matters</td>
<td>Capture What Matters and the health care agent/proxy in the goal-oriented plan of care and align the care plan with the older adult’s goals and preferences* (i.e., What Matters)</td>
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| Do not prescribe or deprescribe high-risk medications | Specifically avoid or deprescribe the medications listed below that may interfere with What Matters and the Mentation and Mobility of older adults, especially delirium and falls:  
  - Benzodiazepines  
  - Opioids  
  - Highly-anticholinergic medications, especially diphenhydramine  
  - All prescription and over-the-counter sedatives and sleep medications  
  - Muscle relaxants  
  - Tricyclic antidepressants  
  - Antipsychotics |
| Ensure sufficient oral hydration                  |                                                                                                                                                                                                          |
| Orient older adults to time, place, and situation | For older adults with dementia, consider gentle re-orientation or use of orienting cues; avoid repeated testing about the orientation.**                                                                 |
| Ensure older adults have their personal sensory adaptive equipment | This includes equipment such as glasses, hearing aids, and dentures                                                                                                                                 |
| Prevent sleep interruptions; use non-pharmacological interventions to support sleep | Have sleep kits available                                                                                                                                                                                 |
| Ensure early and safe mobility                   |  
  - Manage impairments that reduce mobility (e.g., pain; impairments in strength, balance, or gait; remove catheters, IV lines, telemetry, and other tethers as soon as possible)  
  - Set and meet a daily mobility goal with each older adult  
  

*What Matters*
4Ms Framework: Ambulatory

Assess: Know about the 4Ms for each older adult in your care

- Ask What Matters
- Document What Matters
- Review high-risk medication use
- Screen for dementia
- Screen for depression
- Screen for mobility

Act On: Incorporate the 4Ms into the plan of care

- Align the care plan with What Matters
- Deprescribe or do not prescribe high-risk medications
- Consider further evaluation and manage manifestations of dementia, or refer
- Identify and manage factors contributing to depression
- Ensure safe mobility
Assess: Know about the 4Ms for each older adult in your care

### Key Changes

#### Ask the older adult What Matters
- If you do not have existing questions to start this conversation, try the following, and adapt as needed:
  - “What is the one thing about your health or health care you most want to focus on _____ (fill in health problem OR the health care task) so that you can do _____ (fill in desired activity) more often or more easily?”
  - For older adults with advanced or serious illness consider, “What are your most important goals if your health situation worsens?”

#### Document What Matters
- Documentation can be on paper or in the electronic health record where it is accessible to the whole care team across settings.

#### Review high-risk medication use
- Specifically, look for:
  - Benzodiazepines
  - Opioids
  - Highly-anticholinergic medications, especially diphenhydramine
  - All prescription and over-the-counter sedatives and sleep medications
  - Muscle relaxants
  - Tricyclic antidepressants
  - Antipsychotics

#### Screen for dementia
- If you do not have an existing tool, try using the Mini-Cog©

#### Screen for depression
- If you do not have an existing tool, try using the Patient Health Questionnaire (PHQ-2)

#### Screen for mobility
- If you do not have an existing tool, try using the Timed Up & Go (TUG)
Act on: Incorporate the 4Ms into the plan of care

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  - Benzodiazepines  
  - Opioids  
  - Highly-anticholinergic medications, especially diphenhydramine  
  - All prescription and over-the-counter sedatives and sleep medications  
  - Muscle relaxants  
  - Tricyclic antidepressants  
  - Antipsychotics |
| **Consider the impact of dementia** | Consider the impact of dementia on other conditions, on ability to adhere to treatments and self-management, and on caregiver stress. Refer the older adult, family, and other caregivers to supportive resources such as the Alzheimer’s Association |
| **Consider initiating treatment for depression or refer out** | Consider initiating treatment for depression or referring to another mental health provider |
| **Ensure safe mobility** |  
  - Manage impairments that reduce mobility (e.g., pain; balance, gait, and strength impairments)  
  - Support older adults, families, and other caregivers to create a home environment that is safe for mobility  
  - Support older adults to identify a daily mobility goal that supports What Matters  
  - Review and support progress toward the mobility goal |

*Health outcome goals are the activities that matter most to an individual, such as babysitting a grandchild, walking with friends in the morning, or continuing to work as a teacher. Health care preferences include the medications, health care visits, testing, and self-management tasks that an individual is able and willing to do.
Measures (to be updated 2019)

Outcome:
- 30-day readmissions, segmented by race/ethnicity
- Emergency department visits
- Delirium (hospital)
- H/CG – CAHPS (specific measures)
- Goal-concordant care/older adults experience (by collaboRATE survey)
- Health care workforce: Joy-in-work
  - Nurses, physician, clinical assistant turnover (excluding pediatrics, nursery, and obstetrics/gynecology)

Process:
- What Matters:
  - ACP documentation (NQF 326)
  - What Matters documented in patient record
- Medications:
  - Presence of any high-risk medications (7 categories: benzo, opioid, anti-cholinergic, muscle relaxants, TCAs, anti-psychotic)
- Mentation: Screened for
  - Depression
  - Dementia
  - Delirium (hospital only)
- Mobility: Screened for mobility
Measuring What Matters

Professor Glyn Elwyn MD MSc FRCGP PhD
The Dartmouth Institute for Health Policy and Clinical Practice | USA
Scientific Institute for Quality of Healthcare | University Nijmegen Medical Centre | Netherlands
Cochrane Institute for Primary Care and Public Health | Cardiff University | UK

http://www.glynelwyn.com/collaborate.html

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### Age-Friendly Health System Measures – Getting Started

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Hospital site</th>
<th>Ambulatory/Primary Care site</th>
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</thead>
<tbody>
<tr>
<td>30-day readmissions, stratified by race/ethnicity</td>
<td>&lt; 65 year olds</td>
<td>&lt; 65 year olds</td>
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<tr>
<td>Emergency department visits (rates for systems, primary care; volumes for hospitals, EDs)</td>
<td>65+ year olds</td>
<td>65+ year olds</td>
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<tr>
<td>Delirium (hospital)</td>
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<tr>
<td>CAHPS survey questions</td>
<td></td>
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<tr>
<td>collaborRATE</td>
<td></td>
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<tr>
<td>Health care workforce joy-in-work; Turnover of clinicians</td>
<td></td>
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<tr>
<td>Process Measures</td>
<td></td>
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<tr>
<td>Health care agent and advance care plan documentation (NHF/326)</td>
<td></td>
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<tr>
<td>What Matters documentation</td>
<td></td>
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<tr>
<td>Patients on high risk medications</td>
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<tr>
<td>Screened for delirium</td>
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<tr>
<td>Balancing Measure</td>
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<tr>
<td>Impact on the Care team</td>
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<tr>
<td>Population Measure (Basis for stratification)</td>
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<tr>
<td>Counts of people (volume) &lt; 65, 65-74, 75-84, 85+ years</td>
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</table>

* Exclude maternity and newborn care
Case for change

- Reduce costs associated with poor quality care
- Increase utilization of cost-effective services
- Make a sustainable business case for age-friendly care

- Reduce harm that results in penalties and/or use of higher level of care settings, longer inpatient LOS, ED visits, readmissions to inpatient settings
- Improve care transitions, discharge planning, and care coordination
- Reduce risk of malpractice claims
- Increase consistent use of underused, evidence-based services and practices
- Reduce over-utilization of unwanted care
- Optimize site of care (shift care to lower cost care settings)
- Increase staff productivity and decrease turnover
- Increase bed capacity
- Improve reputation as an AFHS to attract patients

Age-Friendly Health Systems
Pioneer Health Systems
Ascension – Who We Are

Ascension is a faith-based healthcare organization that delivers personalized, compassionate care to all, especially to those who are poor and vulnerable.

Ascension is the largest Catholic healthcare organization in the country, with over 156,000 associates and 34,000 aligned providers working as one to connect care and deliver solutions to individuals and communities in 21 states and the District of Columbia.
## Ascension - Alignment with Strategic Goals

<table>
<thead>
<tr>
<th>Strategic Goal</th>
<th>Superior Experience – Achieve a superior experience for the people and organizations we serve as well as our caregivers and associates.</th>
</tr>
</thead>
</table>
| **Measures**                   | • Improve inpatient, emergency department and ambulatory surgery experience and loyalty  
• Improve Ascension Medical Group patient experience and loyalty |
| **Age Friendly Implications**  | • *What Matters* is a key element of the Person/Family Engagement system-wide strategy.  
• Current goal is to ask *What Matters Most* during leader rounding and daily huddles with associates, with a next step to ask *What Matters Most* at the bedside in acute settings. |
Ascension – Person and Family Engagement Model

Listening with empathy, across the continuum
Enhance how we listen to our persons, families, providers, associates and the community at large, putting the pieces together to tell the human story and to understand the journey through the eyes of our stakeholders.

- Big picture: CAHPS measures/loyalty surveys
- Person and Family Advisory Councils
- Leader rounding on persons/families and providers/associates
- Compliments and complaints: event reporting system, social media
- myVoice feedback
- Consumer focus groups

Taking meaningful action
Based on what we learn by listening, drive improvement, alignment and integration.

- Teamwork is key (local/national partnerships, coaching by internal PFE team)
- Agile, real-time actions along with systematic improvement
- Reduce redundancy, silos and wasted effort
- Targeted use of AIM4Excellence strategies, such as A3 problem-solving

Learning together
Foster an aligned approach to learning and improving.

- Shared understanding of PFE
- Key partnerships across Ascension
- Real-time resources
- Opportunities to collaborate/communicate (webinars, online forums/social media)
### Ascension - Alignment with Strategic Goals

<table>
<thead>
<tr>
<th>Strategic Goal</th>
<th>Quality &amp; Safety – Provide industry-leading quality and safety through Our Ascension Way</th>
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</thead>
<tbody>
<tr>
<td>Measures</td>
<td>Achieve quality and cost improvements by eliminating unwarranted clinical variation across key service lines</td>
</tr>
</tbody>
</table>
| Age Friendly Implications | • In FY18, over **43%** of adult inpatient records were attributed to those age 65+.  
• Over **60%** of Cardiovascular and Orthopedic records were attributed to those age 65+  
• Implementation of 4M-related interventions can impact outcomes across high-volume DRGs resulting in fewer iatrogenic complications and improved patient safety, as well as fewer undesired medical interventions |
Age-Friendly Care in Action within Ascension

**Pilot: St. Vincent Center for Healthy Aging (CHA) in Indiana**

<table>
<thead>
<tr>
<th>Piloted small tests of change</th>
<th>Providers created 4M-focused encounter templates in the EMR to organize 4M assessments and documentation, ensuring patient data was more easily accessible to other providers included in the patient’s care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaled up</td>
<td>Engaged 18 Medicare Wellness Nurses (MWNs) to consistently integrate 4Ms into annual Medicare Wellness Visits (MWV) at 38 system owned primary care practices. Interventions:</td>
</tr>
<tr>
<td></td>
<td>• Created a 4M-focused template for MWVs that provided a more comprehensive view of the patient’s status and needs</td>
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<tr>
<td></td>
<td>• Consistently utilize the same 4M-related questions and assessments to complete the AWV and populate the 4M-focused template</td>
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<tr>
<td></td>
<td>• Developed a 4M-focused guide to assist MWNs in making appropriate referrals based on identified patient needs</td>
</tr>
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Age-Friendly Care in Action within Ascension

Pilot: St. Vincent Center for Healthy Aging (CHA) in Indiana

St. Vincent, IN – Pilot Results

- Original goal to provide age-friendly care to 500 older adults between January 1-May 31, 2018.
- As of October 1, 2018, provided age-friendly care to 7,295 older adults.
- By December 31, 2018, anticipate providing age-friendly care to more than 10,000 older adults.

Spread

- Identifying additional care settings and providers in the Indiana market to offer age-friendly care.
Testing the 4Ms Framework across the United States
Fall 2018 Action Community Faculty

A full list of faculty bios can be found on www.ihi.org/AgeFriendly
Older Adult Advisory Committee
## Age-Friendly Health System Advisory Group

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<td>Kyle Allen, DO, AGSF</td>
<td>Vice President Enterprise Medical Director for CareSource</td>
</tr>
<tr>
<td>Antonio Beltran</td>
<td>Vice President, Safety Net Transformation, Trinity Health</td>
</tr>
<tr>
<td>Don Berwick, MD, MPP</td>
<td>President emeritus and senior fellow, Institute for Healthcare Improvement, former administrator of the Centers for Medicare &amp; Medicaid Services</td>
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<tr>
<td>Jay Bhatt, DO</td>
<td>Chief Medical Officer, President and CEO, Health Research and Educational Trust and American Hospital Association</td>
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<tr>
<td>Alice Bonner, PhD, RN</td>
<td>Secretary, Executive Office of Elder Affairs, Commonwealth of Massachusetts</td>
</tr>
<tr>
<td>Peg Bradke, RN, MA</td>
<td>Vice President, Post-Acute Care, UnityPoint Health - St. Luke’s Hospital</td>
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<tr>
<td>Nicole Brandt, PharmD, MBA</td>
<td>Professor, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy; Executive Director, Peter Lamy Center on Drug Therapy and Aging</td>
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<tr>
<td>Jim Conway, MS</td>
<td>Adjunct Lecturer, Harvard School of Public Health, Senior Consultant, Safe and Reliable Healthcare</td>
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<tr>
<td>Donna Fick, PhD, RN</td>
<td>Elouise Ross Eberly Professor of Nursing and Professor of Medicine and Director if Center of Geriatric Nursing Excellence, Pennsylvania State University; Editor, Journal of Gerontological Nursing</td>
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<td>Kate Goodrich, MD</td>
<td>Center for Clinical Standards and Quality, Director and CMS Chief Medical Officer</td>
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<tr>
<td>Ann Hwang, MD</td>
<td>Director of the Center for Consumer Engagement in Health Innovation, Community Catalyst</td>
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<td>Maulik Joshi, DrPH</td>
<td>Executive Vice President of Integrated Care Delivery and Chief Operating Officer, Anne Arundel Health System</td>
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<tr>
<td>Doug Koekkoek, MD</td>
<td>Chief Executive, Providence Medical Group</td>
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<tr>
<td>Lucian Leape, MD</td>
<td>Adjunct Professor of Health Policy, HSPH, retired</td>
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<tr>
<td>Marty (Martha) Leape</td>
<td>Former Director of the Office of Career Services, Harvard College</td>
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<td>Bruce Leff, MD</td>
<td>Professor, Johns Hopkins Medicine, Director, The Center for Transformative Geriatric Research</td>
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<td>Becky Margiotta</td>
<td>CEO and President, The Billions Institute, LLC</td>
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<tr>
<td>VJ Periyakoil, MD</td>
<td>Director, Palliative Care Education and Training, Stanford University School of Medicine, VA Palo Alto Health Care System, Division of Primary Care and Population Health</td>
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<tr>
<td>Eric Rackow, MD</td>
<td>President, Humana At Home; President Emeritus, NYU Hospital Center; Professor of Medicine, NYU School of Medicine</td>
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<tr>
<td>Nirav Shah, MD, MPH</td>
<td>Adjunct Professor at the School of Medicine, Stanford University</td>
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<tr>
<td>Albert Siu, MD</td>
<td>Professor and System Chair, Geriatrics and Palliative Medicine, Population Health Science and Policy, General Internal Medicine</td>
</tr>
<tr>
<td>Steve Stein, MD</td>
<td>Chief Medical Officer, Trinity Health Continuing Care Group</td>
</tr>
<tr>
<td>Julie Trocchio, MSN</td>
<td>Senior Director, Community Benefit and Continuing Care, Catholic Health Association of the United States</td>
</tr>
</tbody>
</table>
The 4Ms

Where are the 4Ms already in practice?

Who are the champions to spread the 4Ms?

What can you stop doing when the 4Ms are reliably in practice?
Your turn

5 minutes to work on this individually

10 minutes to share at your table
Age-Friendly Health System Process Walk Through

Make notes below on each of the 4Ms from process walk-through observations. Consider answering some of these questions in your notes:

- What are current activities and services related to each of the 4Ms?
- Does it appear to be having a positive impact on the older adult and/or caregiver?
- What appears to work well?
- Where is the prompt or documentation available in the electronic health record?
- Does it appear to be having a positive impact on the provider and/or staff?

<table>
<thead>
<tr>
<th>What Matters: Know and align care with each older adult’s specific health outcomes goals and care preferences, including but not limited to end-of-life care, and across settings of care.</th>
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</thead>
<tbody>
<tr>
<td>Medication: If medications are necessary, use Age-Friendly medications that do not interfere with What Matters, Mentation, or Mobility across settings of care.</td>
</tr>
<tr>
<td>Mentation: Prevent, identify, treat, and manage dementia, depression and delirium across care settings.</td>
</tr>
<tr>
<td>Mobility: Ensure that older adult move safely every day to maintain function and do What Matters.</td>
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</table>
Action Community = Way for Health Systems to Test 4Ms + Measure Impact + Share Learning

7 Month Action Community

- Participate in 90 minute interactive webinars
  • Monthly content calls focused on 4Ms
  • Opportunity to share progress with other teams by brief case study

- Test Age-Friendly interventions
  • Test implementing specific changes in your practice

- Share data on a standard set of Age-Friendly measures (brief)
  • Submit a data dashboard on a standard set of process and outcome measures

- Option to join two drop-in coaching sessions
  • Join other teams for measurement and testing support.

Leadership Track to Support Scale-Up
Join Us in the Movement

- Visit [www.ihi.org/AgeFriendly](http://www.ihi.org/AgeFriendly) to access resources, including the 4Ms Framework Change Package, or email [AFHS@ihi.org](mailto:AFHS@ihi.org) to learn how to join the movement.

- Participate in an upcoming **Age-Friendly Health Systems Action Community** to test and share data around the 4Ms Framework:
  - Next Action Community launches in April 2019.

- Learn the 4M Framework and ideas for trying the 4Ms during in a series of five calls – Becoming an **Age-Friendly Health System Expedition** – February and March 2019.

- Tweet about our work at #AgeFriendly and #IHIForum.