



# WHAT IS AGE-FRIENDLY HEALTHCARE?

IHI: 4Ms Framework

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UAMS AGEC: Arkansas Geriatric Education Collaborative

Grand Rounds January 2021



# OBJECTIVES

- Define Age-Friendly Healthcare from the Institute for Healthcare Improvement
- Describe the 4Ms Framework used for the care of older adults
- Review changes implemented in rural AR FQHC and case studies from GWEPs across the U.S.

# AGE-FRIENDLY HEALTH SYSTEMS

- An Innovative Health Care Model for Older Adults
- An initiative of [The John A. Hartford Foundation](#) and (IHI) [The Institute for Healthcare Improvement](#) (IHI)
  - In partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA)
  - Designed Age-Friendly Health Systems
- An evidence-based model to support the needs of the aging community by focusing on four key areas:
  - What matters, medications, mobility and mentation — better known as [The 4Ms Framework](#)

# AGE-FRIENDLY HEALTH SYSTEMS

**What Does It Mean to Be Age-Friendly?** Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults in your system: What **M**atters, **M**edication, **M**entation, and **M**obility

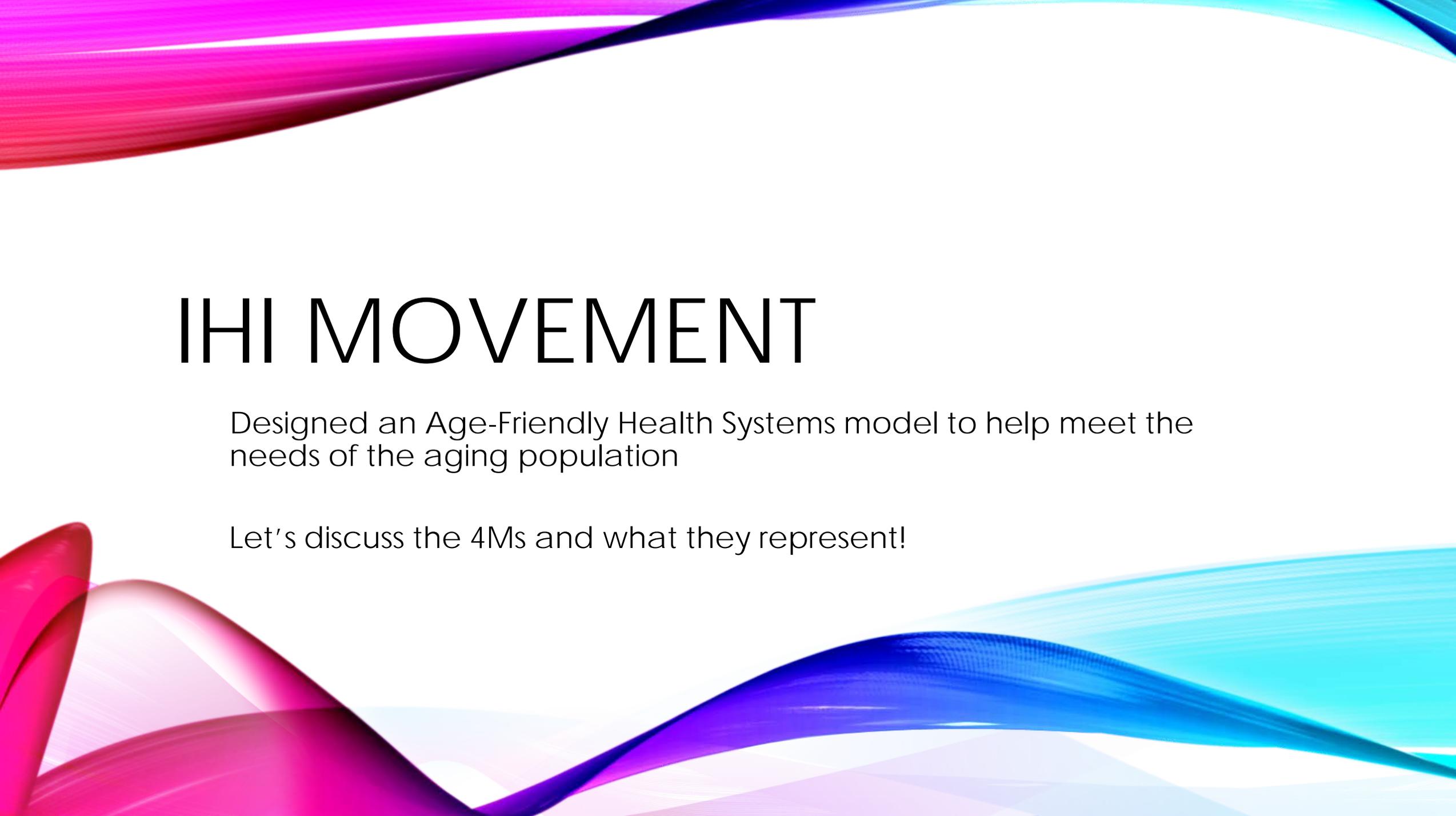
- Aim to:
  - Follow an essential set of evidence-based practices
  - Cause no harm
  - Align with What Matters to the older adult (OA) & their family caregivers
- Through this initiative with clinical partnerships:
  - Improve patient care, safety and outcomes
  - Improve patient and family engagement in care
  - Improve outcomes such as reductions in length of stay and readmissions

# WHY NOW? WHY AGE-FRIENDLY?

- The U.S. has 46 million individuals age 65 and older
- By 2060 and that number will grow to 98 million
- This large increase will significantly affect how we deliver care for OAs and our country's overall health care costs
- OAs have additional health risks that require customized care
- OAs also have higher rates of hospital & ED utilization and readmissions compared to any other age group

## Fast Facts: Adults Age 65 and Older

- **80%** Have 1 chronic condition
- **70%** of Medicare beneficiaries have 2 or more chronic conditions
- Multiple chronic diseases account for **two-thirds** of all healthcare costs and **93%** of Medicare spending
- **\$50 billion** a year is spent on treating OAs for the effects of falls
  - **75%** of which is paid for by Medicare & Medicaid



# IHI MOVEMENT

Designed an Age-Friendly Health Systems model to help meet the needs of the aging population

Let's discuss the 4Ms and what they represent!

# Age-Friendly Health Systems Do These 4 Things Together:



## 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.



What matters  
to me? *Staying active.*

LEARN ABOUT AGE-FRIENDLY CARE

# 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**

- Ask about specific health goals
- Ask about what matters most in this phase of the patient's life
- Align with end-of-life care when applicable
- Barriers with COVID-19
  - Difficult to discuss What Matters Most with patients if their basic needs are not being met or the community is without resources to support
  - If basic needs are of issue → connect OA with community resources
    - Community based organizations
      - IE: Area Aging on Aging, Meals On Wheels



# APPROACHES TO WHAT MATTERS

- What is most important in your life right now?
  - “getting out of bed in the morning with minimal pain”
  - “not being so afraid of falling, I want to walk my dog and go to my grandson’s ballgames”
- \* (You may have to provide some examples based on their history and medical condition)
- What prevents you from doing that?
- “What is the one thing about your health or health care you most want to focus on related to \_\_\_\_\_ (fill in health problem **OR** the health care task) so that you can do \_\_\_\_\_ (fill in desired activity) more often or more easily?”

# WHAT MATTERS EXAMPLES

- For older adults with advanced or serious illness, consider:
- 1. Priorities
  - “It’s important to me that I control my diabetes and blood pressure.”
- 2. Values
  - “It’s important to me that I can be active in my community.”
- 3. Outcome Goals
  - “What are your most important goals if your health situation worsens?”
    - i.e: “I want to be able to live independently & be safe in my home..”
- 4. Care preferences

Not all have to be covered in 1 visit; if you have 2 minutes to ask 1 or 2 elements of “what matters,” document & add an applicable code: Chronic pain management, AWW, Surrogates, ACD

# PATIENT TIPS: WHAT MATTERS

- As you age, your needs might change. It's important for you to share your concerns, goals, wishes, needs and experiences with all of your health care providers
- Tell your care team about the things that matter to you
- Make a list of questions to ask at each health care visit
- Talk with your family and providers about your wishes for care at the end of life
- Share your goals and priorities with your loved ones and your healthcare team
- Understand your health goals and preferences
- Consider what you want for end-of-life care
- Act upon on What Matters

# MENTATION

## **Prevent, identify, treat, and manage depression, dementia, and delirium across settings of care**

- Lack of understanding leads to hiding cognitive decline from providers
  - Reality: Some would rather talk to their church pastor than seek medical help for depression or acknowledge to providers their struggles with depression
- Ask the right questions
  - Have you had any recent episodes of confusion lately?
  - Have you recently had trouble with forgetfulness?
  - Are you feeling down or extremely sad?
  - Are you able to confidently handle your medicines by yourself, without being confused as to what you've taken and when?

# APPROACHES TO MENTATION

## Early detection = KEY

- Monitor the mental and cognitive well-being of OAs
- Identify and manage factors contributing to dementia, depression, and/or delirium
- Screen for cognitive impairments, document results and plan
  - Mental status (Mini-Cog or MMSE)
  - Delirium (Confusion Assessment Method-CAM)
  - Depression (PHQ 9, PHQ 2)

# APPROACHES TO MENTATION



- Monitor mental and cognitive well-being



- Deepen the discussion about cognitive health
  - Talk over any concerns of significant others and caregivers
  - Refer to CBO in the area who provide information on dementia and depression
  - CBO, AGEC or online support opportunities
  - Centers on Aging programs
- Make referrals as needed
  - UAMS ARConnect for CBT, talk-therapy or counseling opportunities
  - Neuropsychologist if dementia is suspected or further cognitive testing

# PATIENT TIPS: MENTATION

- Tell your medical provider if you notice any changes in your memory or mood
- Ask your provider to screen you for dementia and depression yearly
- If you become confused suddenly, get help right away; sudden confusion (delirium) is a medical emergency
- Talk about your memory and mood



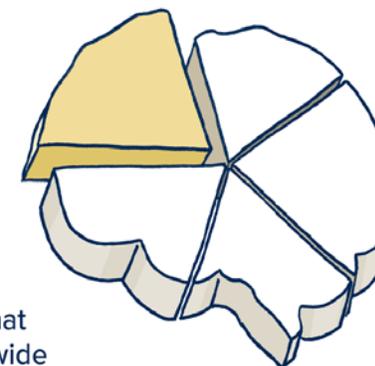
By 2050 there will be more Americans aged 65 or over than 15 or under

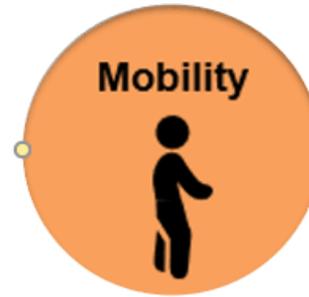


Every 3 seconds someone in the world develops dementia

By 2050 it is estimated that 131.5 million people worldwide will be living with dementia

20% of Americans over the age of 55 suffer from a mental disorder





# MOBILITY

Ensure that each older adult moves safely every day to maintain function and do What Matters

- Screen for mobility limitations and document the results
- Ensure early, frequent, and safe mobility
- Screen for falls with TUAG via falls assessment
  - Other options: STS without hands or full STEADI initiative
- Review fall hazards within the OA's dwelling
  - Discuss safety measures

# APPROACHES TO MOBILITY

- Complete falls plan of care
  - Provide list of fall prevention strategies
    - Check EPIC resources for printable resources
  - Mobility check
  - Ask what the older adult is doing to keep moving inside or around their home
- Encourage physical activity
  - Stress the importance of remaining active even while staying home
  - Refer to evidence-based falls prevention programs
    - Tai Chi
    - A Matter of Balance

# PATIENT TIPS: MOBILITY

- Think about and talk with your care providers about how to get around safely
- Stay active! It helps maintain health and independence
- Explore ways to keep active and moving
  - Identify a daily mobility goal
  - Monitor your progress
- Ask about how you can improve strength, flexibility, and balance
- Check your home for objects you can trip on or missing handrails that can cause falls, fix them!



# MEDICATION

**If medication is necessary, use age friendly medication that does not interfere with What Matters to the older adults, Mobility, or Mentation across settings of care**

- Perform medications reviews
  - PDMP (Prescription Drug Monitoring Program)
  - Review for high-risk medication use and document it
  - Deprescribe or avoid high-risk medications, and document and communicate changes to patient and caregivers
- EMR system 'high-risk medication review' box
- Screening: Opioid Risk Tool (ORT) widely used

# APPROACHES TO MEDICATION

- Review & de-prescribe high-risk medications as needed
  - Examples per BEER'S criteria
    - Anti-depressants, anti-anxiety medications, narcotics, analgesics, sedatives-hypnotics, muscle relaxants
  - Higher level providers involved for decision-making on prescribing or dose changes

# PATIENT TIPS: MEDICATION

- Be sure to discuss all prescription and over-the-counter products you take with your provider
  - Includes natural remedies, essential oils, vitamins, fish oil, antihistamines, pain relievers, etc.
- Discuss any side effects you have noticed with your provider
- If you need help to organize your medications, ask a family caregiver for help and utilize a medication organizer



## Clinical Tip Sheet:

- General Assessment Series: Best Practices in Nursing Care to OAs



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Editor-in-Chief: Sherry A. Greenberg, PhD, RN, GNP-BC  
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### Age-Friendly Health Systems: The 4Ms

By: Terry Fulmer, PhD, RN, FAAN and Amy Berman, RN, LHD, FAAN, The John A. Hartford Foundation  
Kedar Mate, MD, and Leslie Pelton, MPA, The Institute for Healthcare Improvement

**WHY:** The number of older adults with complex needs is growing quickly while safe, effective and reliable care is a pressing need. Current health systems are not adequately prepared to handle these complex needs and older adults are at the greatest risk for preventable harms and death as a result of their healthcare experience. Researchers, clinical geriatric specialists, and health system leaders refined previous evidence-based geriatric models into a set of four core features known as the “4Ms.” These core features form the basis for age-friendly care and provide healthcare providers with interventions and action steps when providing care to older adults (Fulmer, 2016; Mate, Berman, Laderman, Kabacencell, & Fulmer, 2017). The 4Ms form the gateway into best practices for older adults.

**BEST TOOL:** The 4Ms address the gap between the evidence-based models of health care for older adults and the care that our health systems put into practice. The 4Ms include:

1. **What Matters:** Know and act on each patient’s specific health outcome goals and care preferences.
2. **Mobility:** Maintain mobility and function and prevent/treat complications of immobility.
3. **Medication:** Optimize use to reduce harm and burden, focusing on medications affecting mobility, mentation, and what matters.
4. **Mentation:** Focus on delirium and dementia and depression.

**TARGET POPULATION:** The 4Ms are appropriate for use with healthy and frail older adults across the continuum of care.

#### VALIDITY AND RELIABILITY:

- **Asking What Matters:**
  - Lowers inpatient utilization (154%) and ICU stays (180%), increases hospice use by 47.2%, and improves patient satisfaction (Agency for Healthcare Research and Quality (AHRQ), 2013)
  - Gives significant time back to patients (Haas et al., 2018)
- **Mobility:**
  - Older adults who sustain fall-related injury required an additional \$13,316 in hospital operating cost and increased length of stay of 6.3 days (Wong et al., 2011)
  - 30+% reduction in direct, indirect, and total hospital costs among patients who received care to improve mobility (Klein, Mulkey, Bena, & Albert, 2015)
- **Medications:**
  - Older adults suffering adverse drug events have higher rates of morbidity, hospital admission and costs (Field et al., 2005)
  - 1500 hospitals in Centers for Medicare & Medicaid Services Hospital Engagement Networks (CMS HEN) 2.0 reduced 15,611 adverse drug events saving \$78 million across 34 states (Health Research and Educational Trust (HRET), 2017)
- **Mentation:**
  - Depression in ambulatory care doubles cost of care (Unützer et al., 2009)
  - 16:1 return on investment (ROI) on delirium detection and treatment programs (Reuben et al., 2013)

**STRENGTHS AND LIMITATIONS:** The 4Ms have been systematically refined to provide the best age-friendly care possible for older adults by accredited experts. It is appropriate for all clinical settings and provides a framework that system healthcare providers can easily follow. These 4Ms have quickly shown positive outcomes throughout the participating health systems with continued improvement expected. More remains to be done to deploy the 4Ms in at least 20% of U.S. hospitals and health systems by December 2020.

#### MORE ON THE TOPIC:

Best practice information on care of older adults: <https://consultgeri.org>  
Fulmer, T., & Chernof, B. (Eds.). (2019). *Handbook of geriatric assessment* (5<sup>th</sup> ed.). Jones & Bartlett Learning.  
Fulmer, T., & Li, N. (2018). Age-friendly health systems for older adults with dementia. *The Journal for Nurse Practitioners*, 14(3), 160-165.  
Haas, S., Jacobs, R., Schwartz, M., & Leckie, M. (2018). Measuring patient quality of life: Time is what matters. Available at NEJM Catalyst.

# PERSPECTIVES FROM GWEPS AROUND THE U.S.

When asked “What does Age-Friendly care represent to you?”

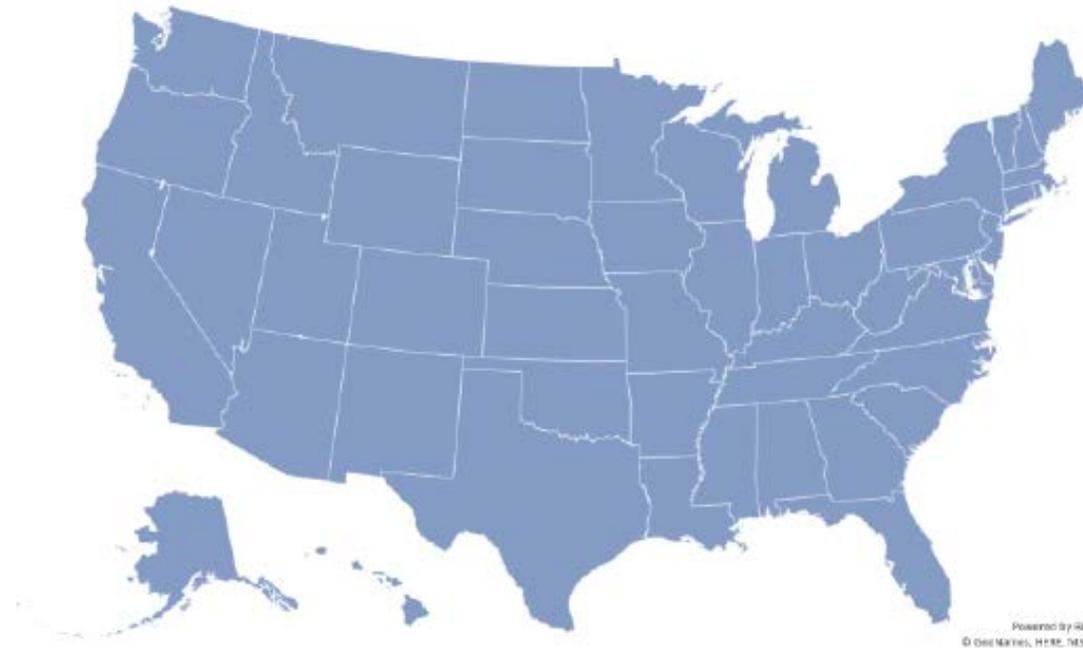


# GWEPS IN THE US SAY 4M CARE IS...

- Inclusive
- Individualized
- Holistic
- Person-centered
- Patient-centered
- Respectful
- Prognosis-centered care
- A valuable model for care
- Collaborative
- Responsive to OA care needs
- Integrative
- A method to promote healthy aging
- Achievable
- A great framework to address social, emotional and physical needs

# The movement is growing

Presence of at least 1 Team Engaged in Movement 2017 - Now



476 engaged teams in all 50 states

10

Engaged in any of the following: Pioneer Site, Action Community, Ready/Set/Go on [www.ihl.org/AgeFriendly](http://www.ihl.org/AgeFriendly), Expedition

Age-Friendly   
Health Systems

# CASE STUDY: RUSH UNIVERSITY

- The Rush Center for Excellence in Aging (CEA)
  - RUSH's mission
- Rush's pursuit of Age-Friendly Health Systems
  - Completed self-assessment tool
    - Although the CEA identified health care teams addressing some or all of the 4Ms, none were applied consistently or broadly
- Recognizing the synergy of the Age-Friendly Health Systems initiative, RUSH pursued a strategic plan for implementation of 4Ms care

# RUSH CONTINUED

- Patient satisfaction scores have risen & are above the national average of 79.5% since nurses started asking “What Matters?”
- They engaged the marketing team early in the initiative to help spread the information
  - They developed 3 internal, online modules for RUSH healthcare workers:
    - Introduction the 4Ms framework
    - Workflows for 4Ms Age-Friendly Framework within:
      - Ambulatory setting
      - Inpatient settings

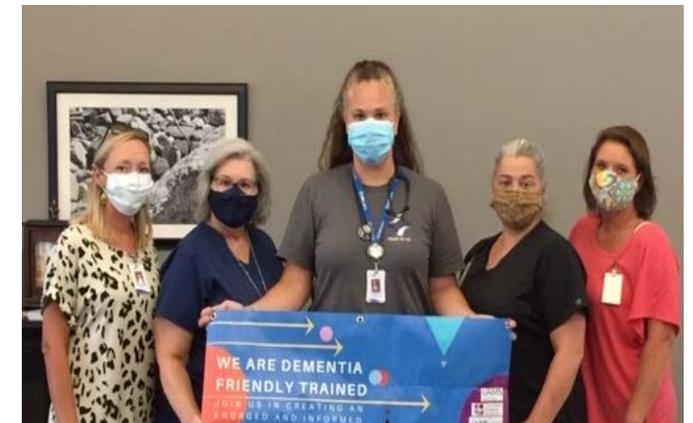
# LESSONS LEARNED FROM RUSH

- Lessons learned: Implementing 4Ms framework changes takes time
  - Multi-level decision channels are challenging
  - Accessibility & analysis of data were a challenge
  - RUSH experienced changes in leadership
- It took tremendous support from RUMC's CEO & nursing leadership to take on this new initiative

# CASE STUDY: UAMS & ARCARE



- ARcare FQHC, AGEC clinical partner, introduced to 4Ms care in 2019
- Implementation of the 4Ms Framework has been well-adopted within partnered clinics
- 2 ARcare clinics (England and Augusta) are IHI certified as “Age-Friendly”
- Trainings occur 1-2x/mo with AGEC
- Data is collected & analyzed on 11 MIPS measures



# 11 MIPS QUALITY MEASURES

## Merit-based Incentive Payment System (MIPS)

1. Dementia Caregiver Education & Support
2. Risk for Opioid Misuse
3. Advanced Care Plan
4. Falls Risk Assessment
5. Screening for Future Fall Risk
6. UI Assessment
7. HTN BP Control
8. Hemoglobin A1c Control
9. Depression Screens
10. Medicare AWW
11. High Risk Medication Review

# CASE STUDY: UAMS & ARCARE

## How UAMS helped incorporate 4Ms Care @ ARcare:

- **What Matters:** Addressed via discussing OA's priorities, goals, values during AWWs
  - Clinicians trained on AWWs, Advance care plans, Advance directives & they discuss end-of-life wishes
- **Medication:** Addressed via manually reviewing each medication, vitamin & supplement
  - Clinicians trained on BEER's high-risk medication & new EMR changes
    - New hard-stop via check-box "high-risk medication review complete"
    - New work flow: review must be performed by a higher-level provider if de-prescribing or changes in dosage are needed
  - Clinicians screen OAs via ORT-Opioid Risk Tool

# CASE STUDY: UAMS & ARCARE

## How UAMS helped incorporate 4Ms Care @ ARcare:

- **Mentation:** Addressed via cognitive screens
  - Clinicians trained on newly implemented tool, the CAM-Confusion Assessment Method, for differentiation of actual delirium vs inattention or disorganized thinking
  - Clinicians utilize the MMSE, PHQ-2, PHQ-9
- **Mobility:** Addressed via evidence-based tool, TUAG-Time-Up and Go
  - Clinicians trained on how to correctly conduct TUAG
  - Clinicians have a checklist for falls risk assessment

# CASE STUDY: UAMS & ARCARE

- Level 1 Age-Friendly Healthcare Certification (goal met in 2019)
- AGEC and ARcare are currently pursuing IHI's Level 2 Age-Friendly Certification
- Thus far, the 4Ms Age-Friendly framework has been well-adopted within partnered clinics



# THE 4MS ASSESS & ACT ON

- The 4Ms Framework is not a program, but a shift in how we frame care to older adults
- The 4Ms are to be implemented together—i.e.: All 4Ms as a set
- The 4Ms are to be practiced reliably—i.e.: for all older adults, in all settings and across settings, in every interaction



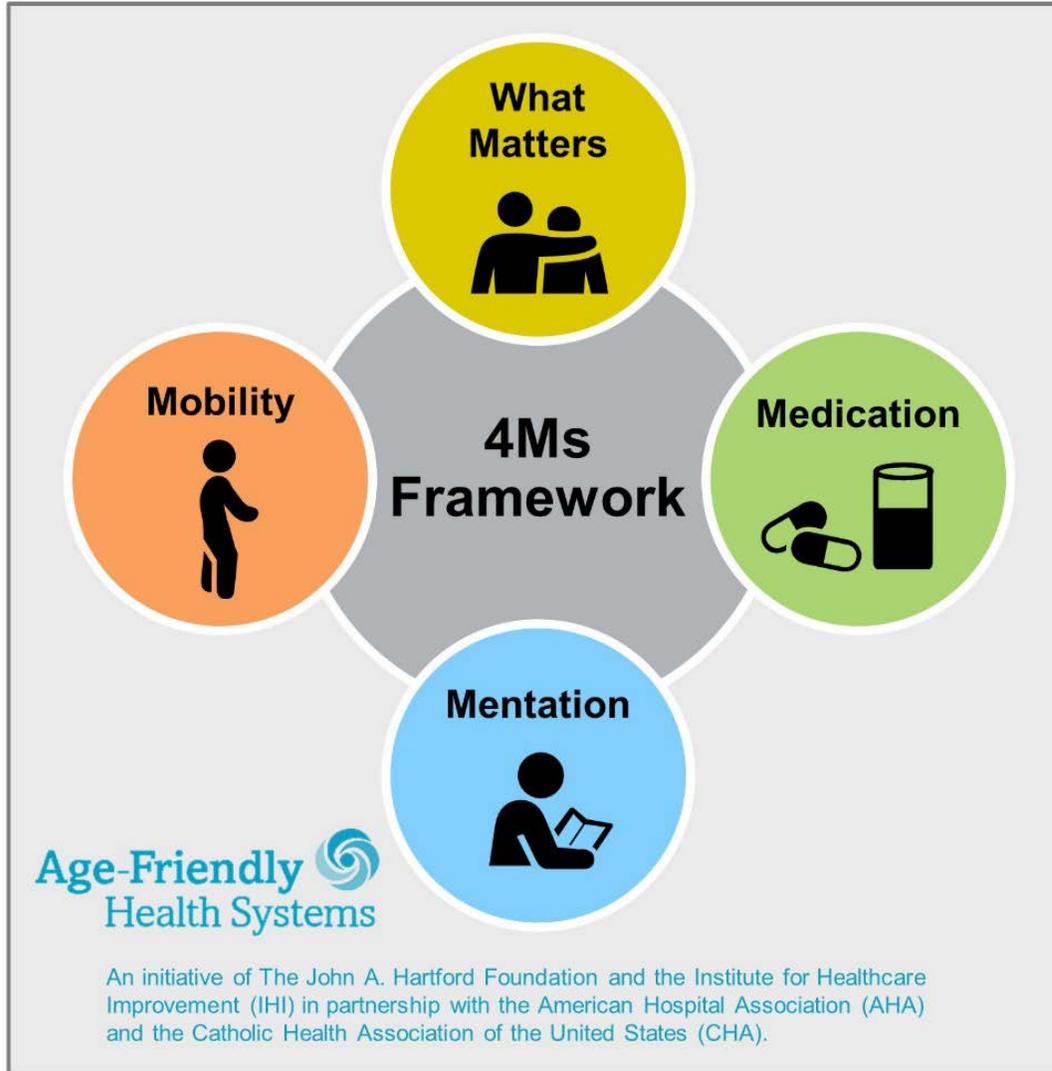
# JOIN THE IHI MOVEMENT

Age-Friendly Healthcare System

Over 800 healthcare organizations have earned either level 1 or 2 as of July 2020



The  
**John A. Hartford**  
Foundation



For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)



# BENEFITS OF PARTICIPATING

- Improve the care of older adults through your organization and the delivery of evidence-based care
- Recognition by IHI and The John A. Hartford Foundation as Age-Friendly Health Systems
- Provides networking opportunities to build relationships, learn from other Age-Friendly organizations and share your learning progress
- There is no fee to participate in the Age-Friendly Health Systems Action-Community
- The leaders at IHI and the American Hospital Association are currently working with thought leaders at JACHO about how they can work together on this initiative
- Factors to consider:
  - Participation in activities such as monthly webinars & attending the virtual meetings

# IHI OFFERS 3 WAYS TO JOIN:

## 1. Action Communities

- This 7-month journey to Recognition provides a structure for learning with and from other health systems and expert faculty. Over the course of the Action Community, teams participate in webinars and attend an in-person meeting (when possible) and develop their plan for practicing the 4Ms.
- Registration for enrollment opens March 2021: [Sign up here](#)

## 2. Do-It-Yourself Participation (individual)

- [Sign up here](#)

## 3. Scale-up accelerator

- Contact [afhs@ihi.org](mailto:afhs@ihi.org) for more details

# AGE-FRIENDLY RECOGNITION

## Level 1

(Participant)

1. Recognized for being on the journey to becoming an Age-Friendly Health System & submitted a description of how it is working towards putting the 4Ms into practice
2. Teams have successfully developed plans to implement 4Ms care

## Level 2

(Committed to Care Excellence)

1. Recognized for being an exemplar in the movement based on 4Ms work that is aligned with the Guide
2. Teams have 3 months of verified data to demonstrate early impact of using the evidence-based, 4Ms care for OAs

# Helpful Resources

## The John A. Hartford Foundation

- <https://www.johnhartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-care>

## The Institute for Healthcare Improvement (IHI)

- <http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
- Still have questions about Age-Friendly Care? Click here for [Common Q&A](#)

# Connect with us



A blue rectangular banner with a white Twitter bird icon at the top. Below the icon, the word "FOLLOW" is written in large white capital letters, followed by "US ON TWITTER" in smaller white capital letters. The handle "@UAMS\_AGEC" is centered below. At the bottom is the AGECE logo, which includes the text "Arkansas Geriatric Education Collaborative".

Facebook: [uams\\_agec](#)  
[Like & follow us here!](#)

Instagram: [uams\\_agec](#)  
[Follow us here!](#)



[agec.uams.edu/](http://agec.uams.edu/)



A promotional graphic for the "UAMS Age Wise" podcast. It features a smartphone and a tablet displaying the podcast interface. The smartphone screen shows a play button and the title "Managing Caregiver Stress UAMS Age Wise". The tablet screen shows the podcast cover art and the title "UAMS Age Wise (by the Arkansas Geriatric Education Collaborative)". To the right, the text reads "NEW PODCAST Listen now! UAMS AGE WISE". At the bottom, there are logos for Spotify and Google, and the UAMS logo with the text "Donald W. Reynolds Institute on Aging Arkansas Geriatric Education Collaborative" and the URL "agec.uams.edu/podcast".

# REFERENCES

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- 4Ms video recap: <https://www.webmd.com/healthy-aging/aging-well-20/video-4ms-age-friendly-care>
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- [johnahartford.org/agefriendly](https://www.johnahartford.org/agefriendly)
- Rush University Medical Center: Building an Age-Friendly Health System and Community Aligned with Strategic Priorities. Members in Action Cast Study, July 2020. <https://www.aha.org/system/files/media/file/2020/07/aha-cs-afhs-rush-0720.pdf>

THANK YOU!

