Preparing an Age-Friendly Health System

Acute Care for Elders (ACE)
2018 National Conference

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The John A. Hartford Foundation
November 9, 2018
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

$580,000,000

Grants authorized since 1982 to improve health care

• Building the field of aging experts
• Testing & replicating innovation
Priority Area: Family Caregiving

More than 18 million people are family caregivers of older adults. They are often invisible and unprepared, better support can improve outcomes.

- Helping health systems assess and address needs of family caregivers
- Advancing policies for family-centered care
Care during serious illness or at end of life often fails to meet goals and preferences. Palliative care reduces harm and burden.

- Making palliative care more widely available
- Supporting clinician training
- Promoting advance care planning
Priority Area: **Age-Friendly Health Systems**

Few hospitals and health systems alone meet the needs of older adults. Evidence-based, age-friendly approaches to better care exist.

- Focusing on what *matters* to older adults receiving care
- Improving health outcomes and reducing harm
- Achieving lower costs and better value
The Aging Population: Success and...

10,000 people turn 65 every day

Older adults contribute to society in vital ways

Age as an artificial construct (Coughlin, MIT Agelab)

Number of People 65+, 1900-2060 (in millions)
US Census Bureau, Population Estimates & Projections
Also unfortunately referred to as:

“Triple Threat”

1) Demography
2) Utilization
3) Disutility

(Frameworks 2015)
Care for Older Adults Needs to Change

Many factors contribute to poor outcomes

- Poor care coordination
- Duplication of services
- Polypharmacy
- Error-prone transitions
- Unnecessary hospitalizations
- Care discordant w/patient goals
The Know-Do Gap (IHI Breakthrough Series)

We have lots of evidence-based geriatric-care models of care that have proven very effective…

Yet, most reach only a portion of those who could benefit

1) Difficult to disseminate and scale

2) Difficult to reproduce in settings with less resources

3) Most do not apply across settings of care (e.g. hospital and home)

The portion programs are reaching today is about 4 million of our 46 million older adults
What is an Age-Friendly Health System: 4Ms

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,” bundle to all older adults in your system.

<table>
<thead>
<tr>
<th>The “4Ms”</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What Matters</strong></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, and across settings of care</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td>If medications are 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><strong>Mentation</strong></td>
<td>Prevent, identify, treat, and manage dementia, depression, and delirium across care settings of care</td>
</tr>
<tr>
<td><strong>Mobility</strong></td>
<td>Ensure that older adult move safely every day to maintain function and do What Matters</td>
</tr>
</tbody>
</table>
Age-Friendly Health Systems

AFHS results in:

- Better health outcomes for older adults
- Reduced waste associated with low-quality services
- Increased utilization of cost-effective services for older adults
- Improved reputation and market share
Age-Friendly Health Systems Goals
led by Dr. Kedar Mate, Chief Innovation and Education Officer at IHI

1) Define an system-wide spread goal: Reach 20% of health systems with an Age-Friendly model of care by 2020

2) Develop the “what”

3) Pilot test the “how” and prove the model

4) Scale-up

5) Create a social movement : public demand AFHS care
We like to remind people that Age-Friendly Health Systems should begin and end at your kitchen table. This is not a hospital project— it is a social movement.
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

How did we start?
July – August 2016
The Partnership: Five Health Systems that are Pilot-testing
Core Elements of Prototype: The Four M’s

• **What Matters**: Knowing and acting on each patient’s specific health outcome goals and care preferences

• **Medication**: Optimize use to reduce harm/burden, focus on medications affecting mobility, mentation and what matters

• **Mentation**: Focus on depression, dementia & delirium

• **Mobility**: Maintain mobility/function, and treat complications immobility
A “Gateway” to Age-Friendly Care

Institution-based Care

Ambulatory/Primary Care
Evidence-based interventions: The “4 M’s”

- **What Matters:**
  - Asking what matters lowers inpatient utilization (↓ 54%), ICU stays (↓ 80%), increases hospice use (↑ 47.2%) patient satisfaction (AHRQ 2013)

- **Medications:**
  - Older adults suffering adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
  - 1500 hospitals in CMS HEN 2.0 reduced 15,611 adverse drug events saving $78m across 34 states (HRET 2017)

- **Mentation:**
  - Depression in ambulatory care doubles cost of care (Unutzer 2009)
  - 16:1 ROI on delirium detection and treatment programs (Rubin 2013)

- **Mobility:**
  - Older adults who sustain a serious fall-related injury required an additional $13,316 in hospital operating cost and increased LOS of 6.3 days (Wong 2011)
  - 30+% reduction in direct, indirect, and total hospital costs among patients who received care to improve mobility (Klein 2015)
Key Drivers

Age-Friendly Health Systems

- Assess: Know about the 4Ms for each older adult in your care
- Act On: Incorporate the 4Ms into the plan of care

The “4Ms”
- What Matters
- Medication
- Mentation
- Mobility
Change Package: Institution

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
- Align the care plan with What Matters
- Do not prescribe or deprescribe 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

*High-risk medications include: Benzodiazepines, opioids, highly-anticholinergic medications especially diphenhydramine, all prescription and over-the-counter sedatives and sleep medications, muscle relaxants, tricyclic antidepressants, antipsychotics
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
- Align the care plan with What Matters

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

- Do not prescribe or deprescribe high-risk medications
- Consider the impact of dementia
- Consider initiating treatment for depression or refer out
- Ensure safe mobility

*High-risk medications include: Benzodiazepines, opioids, highly-anticholinergic medications especially diphenhydramine, all prescription and over-the-counter sedatives and sleep medications, muscle relaxants, tricyclic antidepressants, antipsychotics
Age-Friendly Health System - Measures

• Age-Friendly Health System *outcome* measures are primarily the same as those you currently collect stratified by age (e.g., 30-day readmissions; emergency department use) Mapped to your strategic plan
  • *Plus* Goal-concordant care/older adults experience
• Age-Friendly Health System *process* measures are specific to the 4Ms (e.g., presence of health care agent and advance care plan documentation (NQF 326); screen for depression)
Outcome Measures

Track at the whole-system level and at individual sites of care (e.g., hospital, primary care)

People <65, 65-74, 75-84, 85+:
- 30-day readmissions, segmented by race/ethnicity
- Emergency department visits
  - Hospitals, emergency departments: Measure volume
  - Health system, primary care practices: Measure rate
- Delirium (hospital)
- H/CG – CAHPS
  - Focus on summary measures of experience, rating, and willingness to recommend
- Goal-concordant care/older adults experience
  - collaboRATE survey
  - Older adult and caregiver interviews or focus groups (option if can't survey)

Health care workforce: Joy-in-work
- Nurses, physician, clinical assistant turnover (excluding pediatrics, nursery, and obstetrics/gynecology)
Process Measures

Percent of people 65-74, 75-84, 85+:

- **What Matters:**
  - Advance care plan documentation (NQF 326)
  - Documentation of What Matters in patient record

- **Medications:**
  - On one or more of the following classes of medications:
    - Benzodiazepines
    - Opioids
    - Highly-anticholinergic medications especially diphenhydramine
    - All prescription and over-the-counter sedatives and sleep medications
    - Muscle relaxants
    - Tricyclic antidepressants
    - Antipsychotics
  - Emerging idea: Medication risk score

- **Mentation: Screened for**
  - Depression
  - Dementia
  - Delirium (hospital only)

- **Mobility: Screened for mobility**
### Outcome Measures: (sample)
#### Proposed Focus/Responsibility

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Institution site</th>
<th>Prim. Care site</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-day readmissions, segmented by race/ethnicity</td>
<td>system</td>
<td>system</td>
</tr>
<tr>
<td>Emergency department visits (rates for systems, primary care; volumes for hospitals, EDs)</td>
<td>system</td>
<td>system</td>
</tr>
<tr>
<td>Delirium (institution)</td>
<td>local</td>
<td>NA</td>
</tr>
<tr>
<td>H/CG – CAHPS</td>
<td>system</td>
<td>system</td>
</tr>
<tr>
<td><strong>collaboRATE questions</strong></td>
<td>local</td>
<td>local</td>
</tr>
<tr>
<td>Health care workforce joy-in-work</td>
<td>system</td>
<td>system</td>
</tr>
</tbody>
</table>
# Process Measures: Proposed Focus/Responsibility

<table>
<thead>
<tr>
<th>Health care agent and advance care plan documentation (NQF/326)</th>
<th>Institution site</th>
<th>Prim. Care site</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Matters documentation</td>
<td>local</td>
<td>local</td>
</tr>
<tr>
<td>Patients on Selected Medications</td>
<td>local</td>
<td>local</td>
</tr>
<tr>
<td>Screened for depression</td>
<td>NA</td>
<td>local</td>
</tr>
<tr>
<td>Screened for delirium</td>
<td>local</td>
<td>NA</td>
</tr>
<tr>
<td>Screened for dementia</td>
<td>NA</td>
<td>local</td>
</tr>
<tr>
<td>Screened for mobility</td>
<td>local</td>
<td>local</td>
</tr>
</tbody>
</table>
'Know your strata' measure: Local responsibility

For your care site, track the volume of patients seen in each measurement period by age group:

- <65 years
- 65-74 years
- 75-84 years
- 85+ years
Getting Ready to Measure: Institution teams

- How do you record delirium?
- How do you record delirium screen?
- How do you record dementia?
- How do you record depression screen?
- How can you tell if a patient is 'on' one more of the listed drugs?
- How do you record a mobility screen?
- What are the monthly counts for patients in the age strata since January 2018?
- Find a system ally to kick off work on the 'system' measures
## Getting Ready to Measure--Primary care teams

- How do you record dementia screen?
- How do you record depression screen?
- How can you tell if a patient is 'on' one more of the drugs?
- How do you record mobility screen?
- What are the monthly counts for patients in the age strata since January 2018?
- Find a system ally to kick off work on the 'systems' measures
**Scaling-up**

**Stage 0: Developing the Prototype**
- Activity: Literature review & Expert meeting
- Output: Age Friendly Prototype

**Stage 1: Testing the Prototype**
- Activity: Prototype testing with five systems & scaling within those five
- Output: Age Friendly Model & Scale-up Guidance

**Stage 2: Scale-Up**
- Activity: Campaign spreads to 1000+ care sites
- Output: 1000+ Age Friendly Health Systems with evidence of improved outcomes for older adults

1. Test the model in the five health systems – cover all 4Ms and all settings
2. Measure the interventions
3. Update the Age-Friendly model
1. How do we plan to ________?
Use this question to steer the conversation toward process, action and specific next steps. This allows participants to focus on what they can do to advance the goals of the group.

2. How does our discussion today relate to ________?
This question focuses participants on uncovering connections between projects. Not everyone on a particular meeting is privy to the projects everyone else might be working on. So, it's important that you encourage them to think about how the team can work together to solve more problems.

3. How else could we approach ________?
This allows you to pique creativity, open thinking to options, and suggest engagement by participants. You are trying to encourage creative thinking and problem solving as the meeting wraps up.

4. How will we recognize if/when ________?
This question will prompt participants to imagine the shape and timing of success. You are trying to get the team to realize what they are working toward and how they will know when they accomplish it.

5. How are we willing to change if/when ________?
This question allows the team to acknowledge the possibility of complications and requests solutions in advance. These complications may never actually happen. But, planning for them in advance will only make the team performance stronger (Collins 2016)
Results To Date:

• More than **50,000 patients** have received “Age-Friendly” health care.

• **5 health systems with 26 sites in 7 states** have been transforming care, with more than 60 active tests on the 4Ms.

• There’s been a groundswell of interest -- more than 250 organizations have joined “Friends of Age-Friendly” group

• Over 120 health systems have expressed interest in the Age-Friendly Health System Action Community
Examples of what has been implemented

**Anne Arundel Medical Center**
- Established age-friendly champions throughout the system.
- Reduced patient length of stay by 26 hours on average for older adults.
- Falls reduction; HCAPHS improvement.

**Ascension**
- Aligned the age-friendly framework and interventions with the health system’s integrated scorecard goals.

**Kaiser Permanente**
- Tracked continuous improvements within the KP Woodland Hills ACE unit.
- Developed and used patient-facing medication lists, including nutrition and hydration instructions in the palliative care clinic.

**Providence St. Joseph Health**
- Increased the visibility of senior needs within the organization by engaging strategic resources and augmenting staff to advance the vision.
- Increased falls risk assessment, dementia and depression screening
Community-based organizations (CBOs) are essential components of an Age-Friendly Health System

• CBOs address many of the social determinants of health, e.g.
  1) Transportation (medical and non-medical)
  2) Housing assistance programs
  3) Employment related supports
  4) Nutritional programs

• CBO services support the 4 M model for age-friendly health systems for patients in the community, e.g.
  1) What Matters - person-centered care planning, Options/choice counseling, multiple services to maintain independence
  2) Medications – medication reconciliation programs
  3) Mobility – fitness programs and home modifications
  4) Mentation – personal assistance, adult day services, caregiver support services
The Action Community Initiative

An Action Community is

• A convening of like-minded organizations in a community to rapidly scale up the specific 4M changes to become more age-friendly
• No fee to participate
• An organization can enroll as many teams as it would like

Round 1 - September 2018-March 2019

• Pre-work began June 2018 for interested organizations
• Selection of 100 new participating teams now completed

Subsequent rounds are planned
Become part of an “Action Community”

Find out if any of the health care organizations you work with are already applying and ask to partner with them

OR

Take the lead

• Go to www.ihi.org/Engage/Initiative/Age-Friendly-Health-Systems for background information

• Email AFHS@IHI.org telling them of your interest

• Talk with the health care providers you work with about the age friendly health system initiative and

• Invite them to join you to apply to become an action community (A CBO must have a health partner to join)
Action Community = Test + Measure + Share

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

Submit 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

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Institute for Healthcare Improvement
Age-Friendly Health Systems National Scale-Up Organization

4Ms Content for...
- Action Communities
- Education of care providers and staff
- Older adults and caregivers

Measures related to...
- National scale-up aims and progress
- Learning within the action communities
- Learning from the action communities

Action Community Operations that support...
- Identifying and onboarding nodes
- Nodes facilitating action communities
- Mentor health system identification and development

Communications to enhance...
- National visibility of movement
- Node participation in the movement
- Health system participation in action communities

Health system level enablers...
- Board and C-suite commitment
- Business case
- EHR facilitation of the 4Ms
- Clinical community linkages

Macro environment level enablers...
- Education of providers and staff
- Engagement and demand from older adults
- Health system certification/accreditation
- Payment

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Action Communities as Mechanism to Engage Health Systems in National Scale-Up

IHI as Hub

- Provides content and support to the organizations offering action communities
- Receives data and information from the action communities and synthesizes learnings

Nodes Offer Action Communities Partners
- American Hospital Association
- Catholic Healthcare Association of the US

Age-Friendly Pioneer Health Systems
- Anne Arundel
- Ascension
- Kaiser Permanente
- Providence St. Joseph
- Trinity

States
- Florida
- Massachusetts
- New York

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Age-Friendly Health Systems Future Work

• Taking Age-Friendly Health Systems to Scale (Foundation’s 10 year vision)

• Exploring Potential Grant-Funded Leadership Opportunities w/ AHA/HRET

Special thanks to:
- Jay Bhatt, Marie Cleary-Fishman & Team HRET
- Rick Pollack & Team AHA
- Joint Commission, Andy Bland MD
Movements have narratives. They tell stories, because they are not just about rearranging economics and politics. They also rearrange meaning. And they're not just about redistributing the goods. They're about figuring out what is good.

— Marshall Ganz —
If deep change depended solely on outside intervention it would never happen.

Marshall Ganz
Thank you!