GWEP-CC Webinar Series: Age Friendly Health Systems

Tuesday, December 4th, 2018

4:00-5:00pm EST

THE JOHN A. HARTFORD FOUNDATION

GWEP·CC

Geriatrics Workforce Enhancement Program Coordinating Center

MANAGED BY THE AMERICAN GERIATRICS SOCIETY

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

$580,000,000

Grants authorized since 1982 to improve health care

- **Building the field of aging experts**
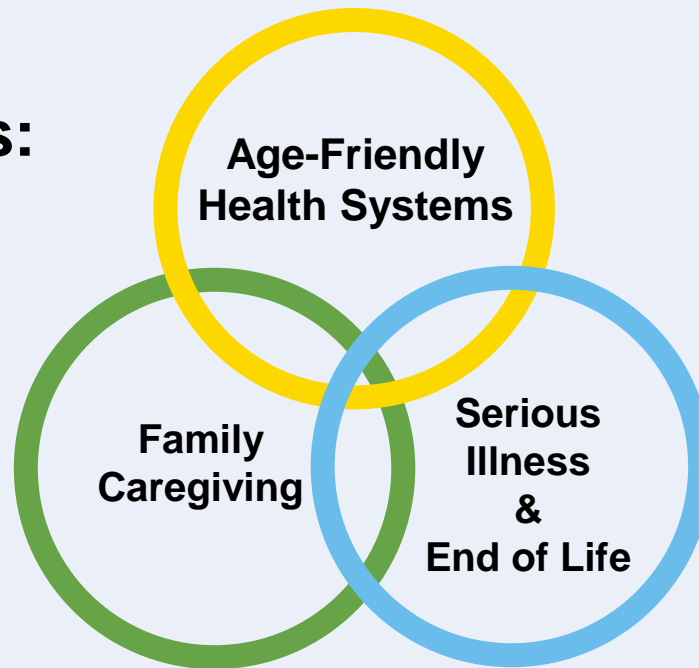- **Testing & replicating innovation**

The John A. Hartford Foundation: Mission and Priorities

Dedicated to Improving the Care of Older Adults

Priority Areas:

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

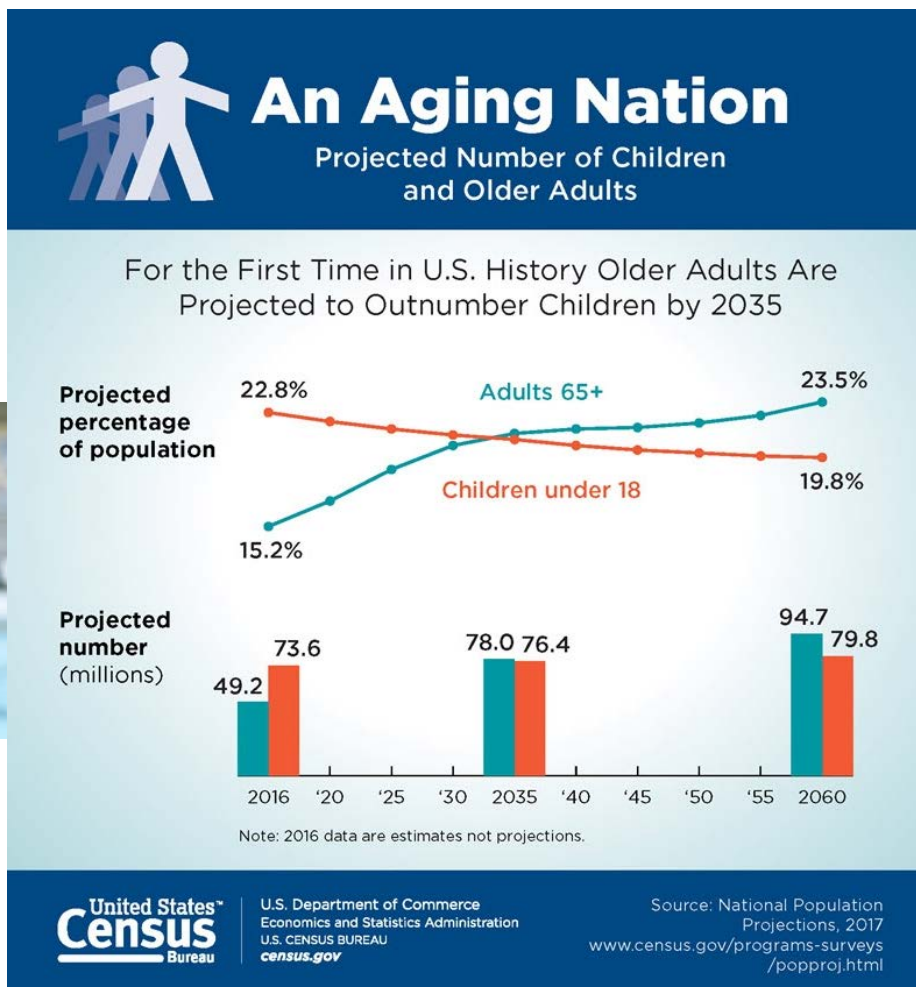Priority Area: → **Age-Friendly Health Systems**

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

Why Age-Friendly Health Systems?

- Demography
- Complexity
- Disproportionate harm

An Aging Nation
Projected Number of Children and Older Adults

For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2035

Projected percentage of population: 22.8%, 23.5% (Adults 65+); 15.2%, 19.8% (Children under 18)

Projected number (millions): 2016 — 49.2, 73.6; 2035 — 78.0, 76.4; 2060 — 94.7, 79.8

Note: 2016 data are estimates not projections.

United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov

Source: National Population Projections, 2017
www.census.gov/programs-surveys/popproj.html

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Institute for Healthcare Improvement

Age-Friendly Health Systems

Partners

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).

What is Our Aim?

The partners 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, where every older adult:

- Gets the best care possible

- Experiences no healthcare-related harms

- Is satisfied with the health care they receive

Pioneer Health Systems

Anne Arundel Medical Center

ASCENSION

KAISER PERMANENTE

Providence St.Joseph Health

Trinity Health

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 Bundle, to all older adults in your system.

The 4Ms	Description
What <u>M</u>atters	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
<u>M</u>edication	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
<u>M</u>entation	Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care
<u>M</u>obility	Ensure that older adults move safely every day to maintain function and do What Matters

Why the 4Ms?

- Provides a feasible framework for implementation and measurement

- Addresses older adults' core health issues

- Builds on a strong evidence base

4Ms Framework of an Age-Friendly Health System

Mobility · What Matters · Medication · Mentation · 4Ms

Institute for Healthcare Improvement

Gateways to Age-Friendly Care and Support

Institution-based Care

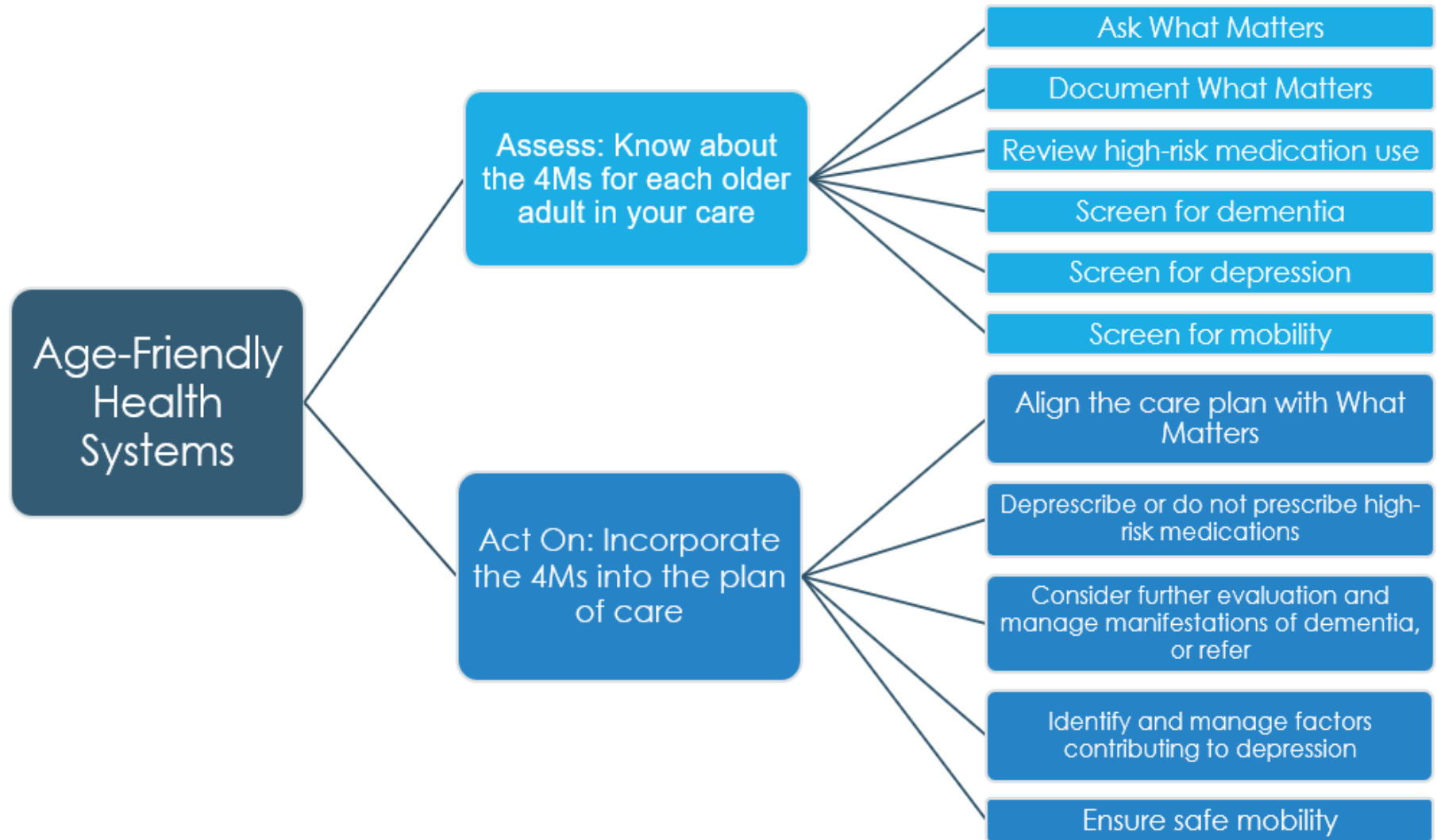**Ambulatory/ Primary Care**

Community-based Organizations

4Ms Framework: Ambulatory/Primary Care

Age-Friendly Health Systems

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

Measures (stratified by age where applicable)

Outcome:

- 30-day readmissions, stratified by race/ethnicity
- Emergency department visits (rates for systems, primary care; volumes for hospitals, EDs)
- Delirium (hospital)
- CAHPS
- Goal-concordant care/older adults experience (by **collabo**RATE survey)
- Health care workforce: Joy-in-work
  - Staff 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: benzodiazepines, opioids, anticholinergics, muscle relaxants, TCAs, anti-psychotics)
- Mentation: Screened for
  - Dementia
  - Depression
  - Delirium (hospital only)
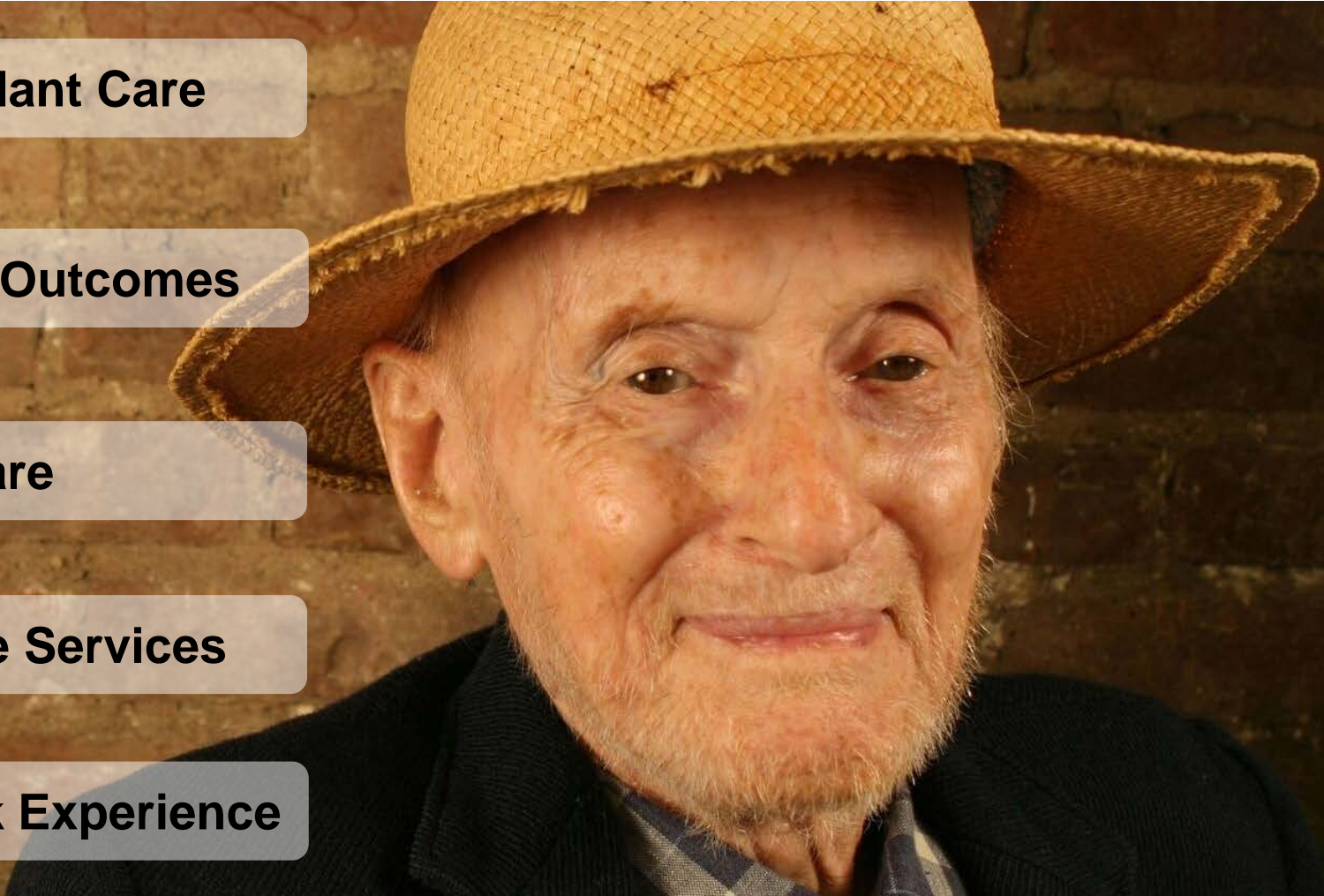- Mobility: Screened for mobility

Age-Friendly Care Results In…

Goal Concordant Care

Better Health Outcomes

High-Value Care

Cost-Effective Services

Positive Work Experience

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
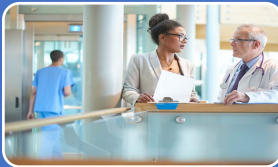- Opportunity to share progress with other teams by brief case study

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

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

Age-Friendly Health Systems Action Community

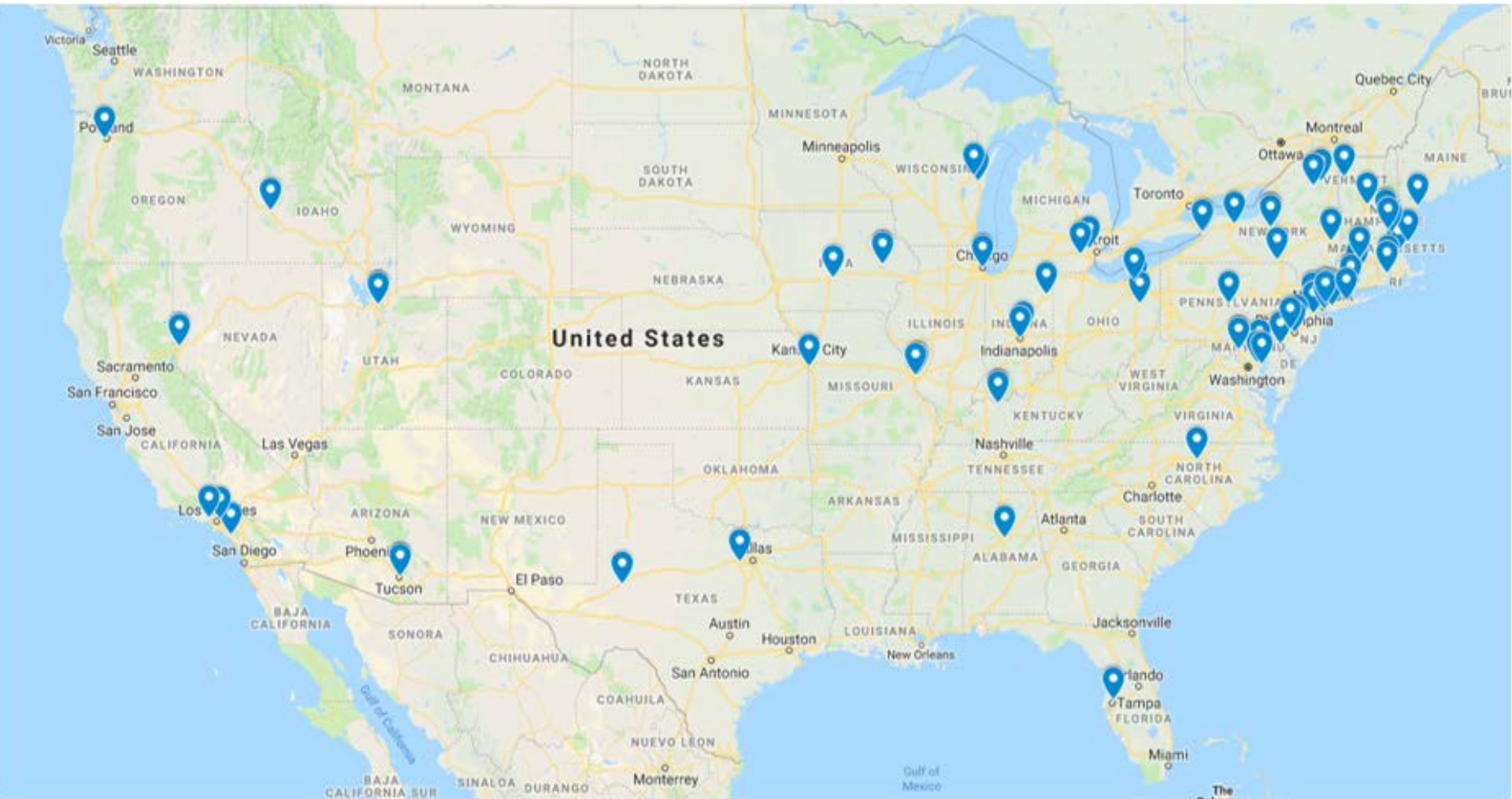- 1st Action Community started Fall 2018
    1) 73 Systems
    2) 122 Sites

- Testing the 4Ms Framework in hospital and ambulatory settings

- Measuring impact of 4Ms Framework with process and outcome level measures

- Accelerating adoption of the 4Ms through shared learning

Testing the 4Ms Framework across the United States

https://app.ihi.org/extranetng/index.aspx

An Age-Friendly Health System Begins and Ends at the Kitchen Table

Age-Friendly is a world-wide health and social movement

Additional Resources

- **[John A. Hartford Foundation – Age-Friendly Health Systems Initiative](#)**

- **[Institute for Healthcare Improvement – Age-Friendly Health Systems](#)**

- **[The Age-Friendly Health System Imperative](#)**, *Journal of the American Geriatrics Society*, Sept 6, 2017, Terry Fulmer PhD, RN, FAAN et al

Thank you!

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Age-Friendly
Health Systems

Age Friendly Health Systems: The Role of Community-Based Organizations

GWEP-CC Webinar Series
December 4, 2018

Marisa Scala-Foley
Director, Aging and Disability Business Institute, n4a

Aging and Disability
BUSINESS INSTITUTE

Our mission

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.aginganddisabilitybusinessinstitute.org

Our Funders
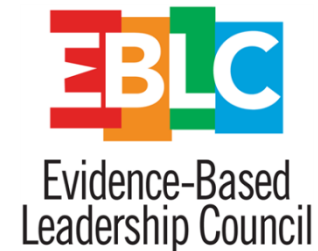
Our Partners

How we help

- National resource center
- Training and technical assistance for community-based aging and disability organizations (CBOs)
- Readiness assessment tool
- Outreach and education to health care sector

aginganddisabilitybusinessinstitute.org

Why these partnerships are important

For health care providers and payers

- Emphasis on integration of health care & social services

- Increasing recognition of importance of SDOH and community living services for health outcomes

- Drive toward value-based care

For CBOs

- Increasing recognition of the value that they bring to improving health outcomes engaging individuals and their families

- Need for sustainable revenue sources

CBOs Are Essential Components of Age-Friendly Health Systems

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

Source: Fulmer, T. (2018). *Securing Your Role in the Development of Age-Friendly Health Systems*. Presentation/Speech, Chicago, IL.

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advocacy | action | answers on aging

Aging and Disability
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Aging & Disability CBO Services and the 4Ms

What Matters

Evidence-based health promotion programs
Person-centered planning
Peer supports
Self-direction/self-advocacy tools and resources
Employment related supports
Community/beneficiary/caregiver engagement
Supported decision-making
Assistive technology
Independent living skills
Caregiver support
Transitions from nursing facility to home/community
Care coordination

Medication

- Evidence-based medication reconciliation programs
- Evidence-based care transitions programs
- Evidence-based health promotion programs
- Assistive technology
- Independent living skills
- Behavioral health services
- Care coordination

Mobility

- Evidence-based fall prevention programs/home risk assessments
- Environmental modifications
- Evidence-based medication reconciliation programs
- Evidence-based health promotion programs
- Housing assistance
- Personal assistance
- Medical and other transportation

Mentation

- Person-centered planning
- Evidence-based health promotion programs
- Self-direction/self-advocacy
- Comprehensive assessment
- Caregiver support
- Behavioral health services

Older adults, their families and caregivers

Health Systems (Acute care and public health)

Community-based aging & disability organizations

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Aging and Disability
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Crosswalk | Evidence-Based Leadership Council Programs & the 4 Ms

The 4 Ms (What Matters, Medication, Mentation and Mobility) are the cornerstones of The John A. Hartford Foundation effort to create Age-Friendly Health Systems (AFHS)

Age-Friendly Health Systems

The Age-Friendly Health Systems initiative is funded by The John A. Hartford Foundation and led by the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. An age-friendly approach will measurably improve the quality of care for older adults and optimize value for health systems. An Age-Friendly Health System is a health care system in which:

- Older adults get the best care possible;
- Health care–related harms to older adults are dramatically reduced and approaching zero;
- Older adults are satisfied with their care; and
- Value is optimized for all—patients, families, caregivers, health care providers and health systems.

https://www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2018/07/Crosswalk-4Ms-508.pdf

A Matter of Balance Lay Leader Model

A Matter of Balance is a community-based, small-group (eight to 12 participants) program that helps older adults reduce their fear of falling and increase activity levels. It is a train-the-trainer program with Master Trainers training Coaches (lay leaders). Coaches work in pairs to lead small group community classes consisting of eight two-hour sessions. The behavior-change curriculum addresses the fear of falling and engages participants to view falls and the fear of falling as controllable. Participants are involved in group discussion, problem-solving, skill-building, assertiveness training, sharing practical solutions and exercise training.

WHAT MATTERS	MEDICATION	MENTATION	MOBILITY
A Matter of Balance targets community-dwelling older adults (60+) who are concerned about falls, are becoming socially isolated to avoid falling and are interested in improving their flexibility, balance and strength.	One session of A Matter of Balance includes the role medications play in fall risk. Participants learn the importance of asking their physicians about medications and their own role in taking them appropriately.	During the eight small-group sessions, a supportive network of peers is developed.	The eight-session curriculum for A Matter of Balance includes exercises to improve strength and balance.
Outcomes include: • Reduced falls risk and fear of falling • Improved falls self-management • Improved falls self-efficacy (personal beliefs in one's ability to engage in certain activities of daily living without falling or losing balance) • Increased physical activity • Reduced social isolation In 2013, CMS showed $938 in savings for Medicare beneficiaries who participated in MOB/LLM.[i] These savings were driven by a $517 reduction in unplanned hospitalization costs, a $234 reduction in skilled nursing facility costs and an $81 reduction in home health costs.		The structured activities include group discussion, problem-solving, skill building, assertiveness training, videos, sharing practical solutions and exercise training.[ii] A small group (eight to 12 participants) and cognitive restructuring are critical to understanding the intervention. Outcomes include reduced isolation and increased activity. In the recently released CMS Prospective Study of Wellness Programs, researchers found "Falls prevention programs had significant impacts on several mental health measures including the overall mental components summary score, the role emotional subscale, the mental health subscale and the social functioning subscale."	Outcomes include: • Reduced falls risk and fear of falling • Improved falls self-management • Improved falls self-efficacy and increased physical activity

Aging and Disability CBO-Health Care Partnerships: What Works and Why?

- Finding and nurturing champions
- Shared vision, mission, and language (the 4Ms!)
- Agreements that support that shared vision, and capitalize on CBO strengths while addressing a payer's "pain points"
- Openness and flexibility
- Culture change in both sectors
- Integrated, efficient work flows
- Adequate infrastructure to support the partnership
- Clearly defined and open data-sharing protocols

Success Stories: Evidence-Based Programs (EBPs)

Return on Investment (ROI) of EBPs in Reducing Admissions, Readmissions, and Length of Stay

- Referrals from transitions of care nurses to EBP has resulted in reduction in readmissions
- Depression Screening and plan = $1100 savings in health care costs per patient
- Controlled hypertension estimated cost savings per patient $460

Enabled to a great degree by a data-sharing MOU between the state Health Information Exchange, MAC (the CBO) and its health provider partners

Questions?

For more information:
www.aginganddisabilitybusinessinstitute.org

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202-580-6021

Aging and Disability
BUSINESS INSTITUTE

Training Materials for the GWEPs on Age-Friendly Health System

Erin Emery-Tiburcio, PhD, ABPP
Co-Director, CATCH-ON
Co-Director, Rush Center for Excellence in Aging
Rush University Medical Center
December 4, 2018
GWEP-CC Webinar: Age Friendly Health Systems

Online Education

Basics
- Normal Aging
- Managing Multiple Chronic Conditions (MCC)
- Evaluating Memory Concerns
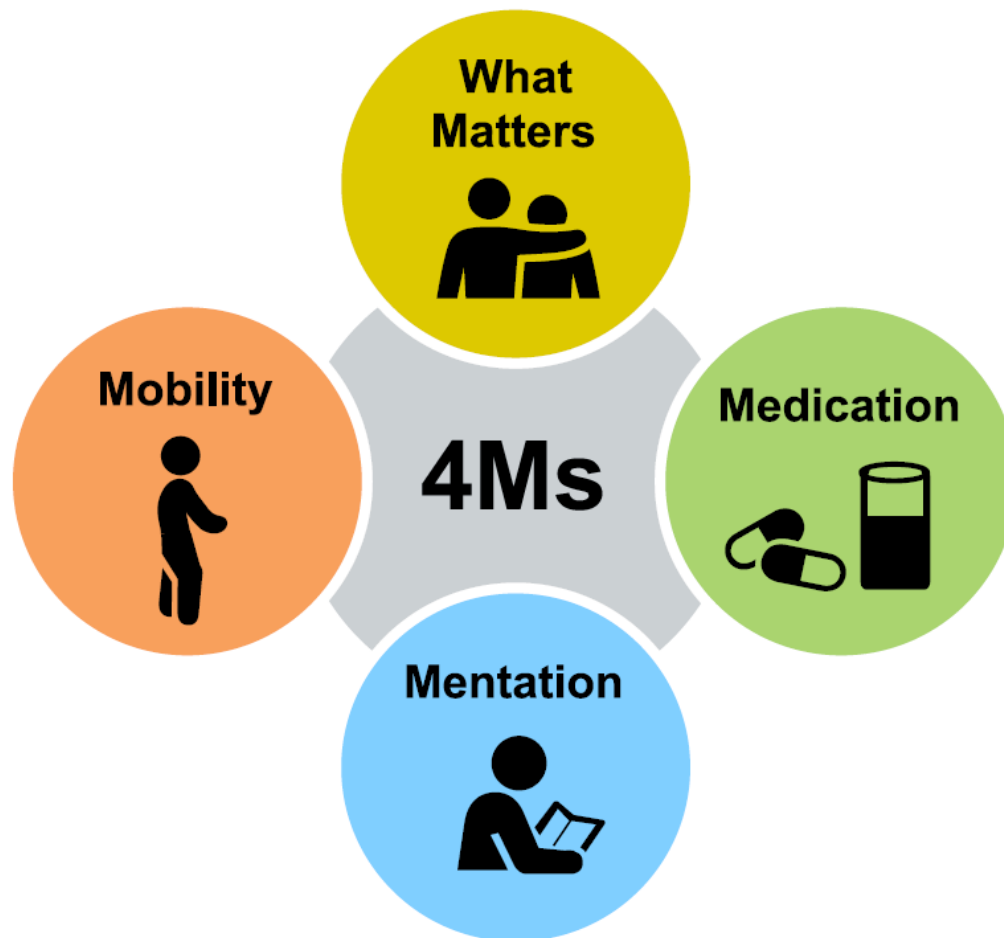- Working in Interprofessional Teams

Online Education

Dementia Care

- Unique needs of people with dementia during hospitalization
- Understanding and managing behavioral symptoms of dementia

Communication

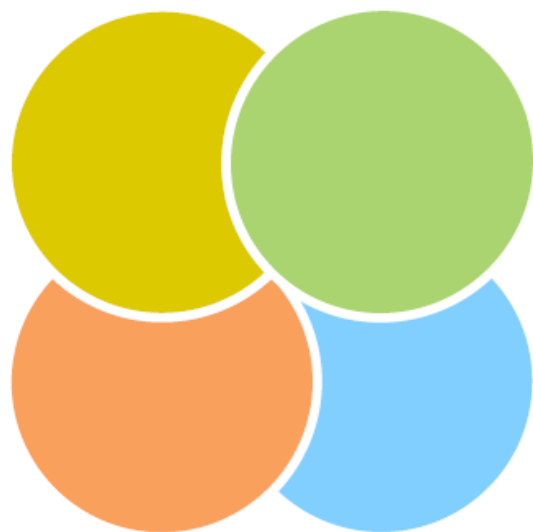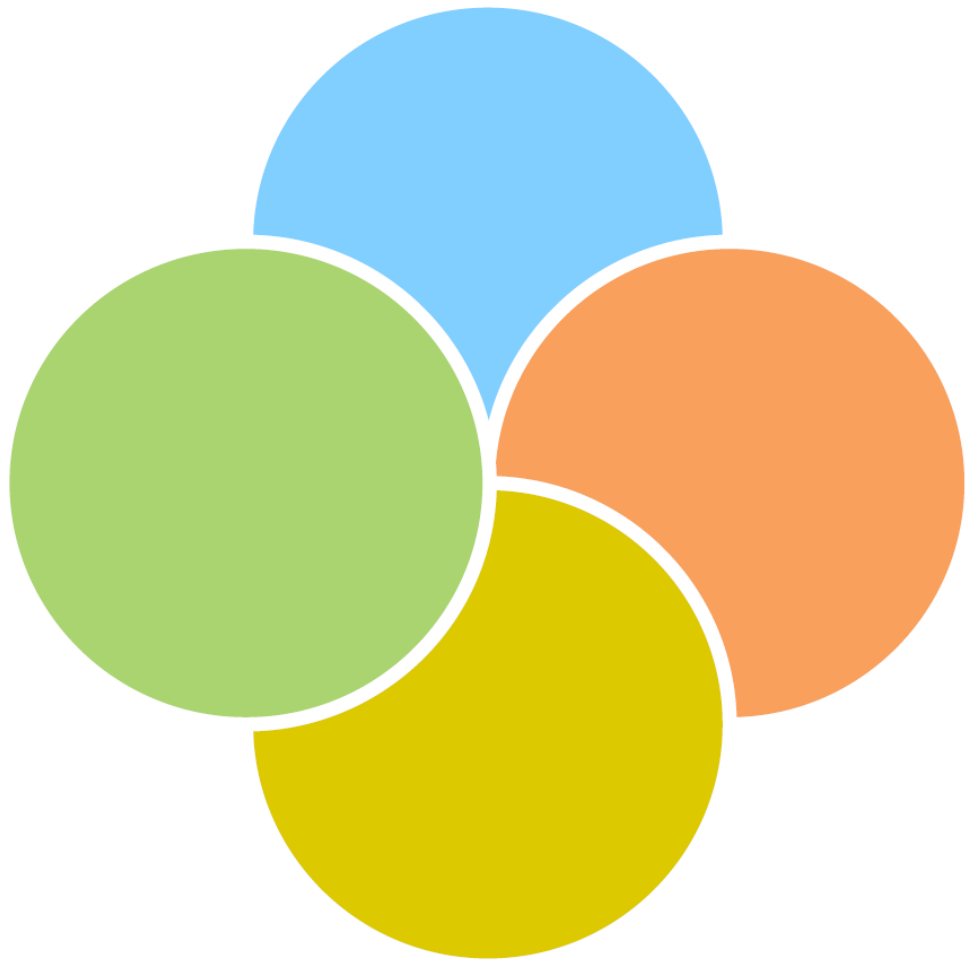- Communicating with older adults, about MCC and within interprofessional teams

Age-Friendly Health Systems
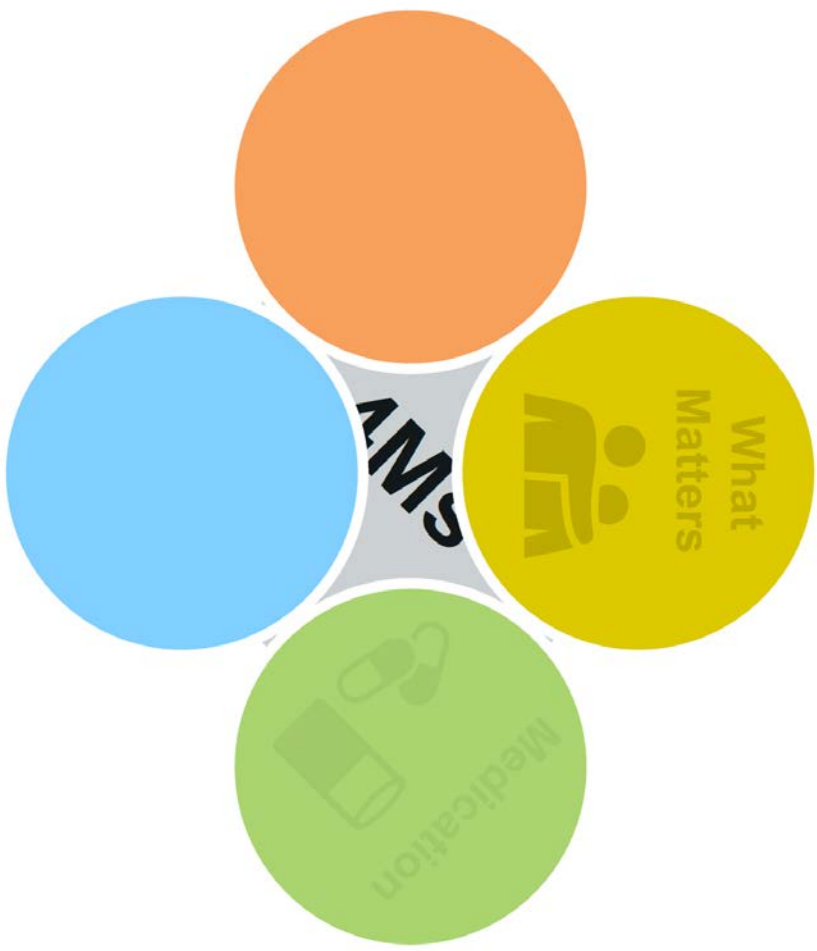
Age-Friendly Health Systems

Online Modules

Module 1: Overview of the Age-Friendly Health System

Module 2: Delivering an Age-Friendly Health System in a Hospital-based Care Setting

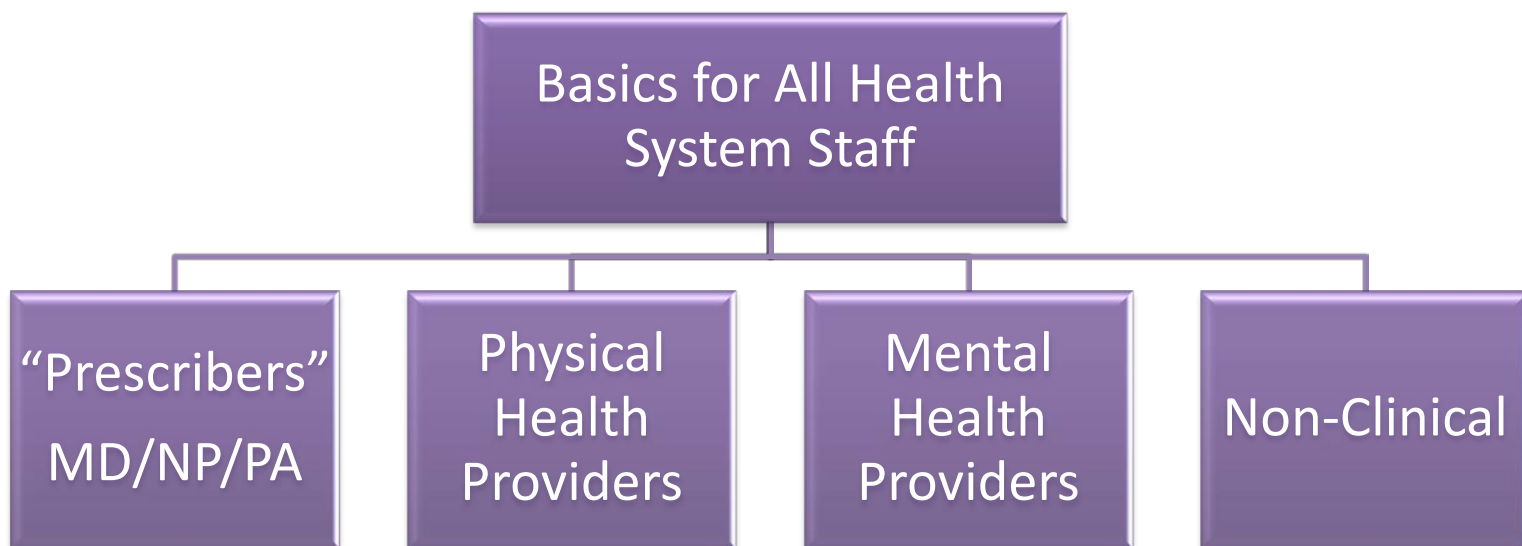**Module 3: Delivering an Age-Friendly Health System in a Primary Care Setting**

Content Modules

- What Matters: Caregiving

- Medication: Polypharmacy

- Mobility: Falls & Prevention

- Mentation:
  - Dementia
  - Depression
  - Delirium

Content Modules for All

Basics for All Health System Staff

- "Prescribers" MD/NP/PA
- Physical Health Providers
- Mental Health Providers
- Non-Clinical

IHI Resource Sample

Getting Started in the Age-Friendly Health Systems Action Community
August 30, 2018

"What Matters" to Older Adults?
A Toolkit for Health Systems to Design Better Care with Older Adults

Age-Friendly Health Systems Action Community Measure Guide
September 11, 2018

Age-Friendly Health Systems

Institute *for* Healthcare Improvement

Age-Friendly Health Systems (AFHS) and Nurses Improving Care for Health System Elders (NICHE): How do they Work Together?
A guide to health systems considering their approach to improved care of older adults

IHI Training

- Visit www.ihi.org/AgeFriendly to access resources, including the 4Ms Framework Change Package

- email AFHS@ihi.org to learn how to join the movement

- Learn the 4Ms Framework and ideas for trying the 4Ms:
  - Join the Age-Friendly Health System Expedition - A five-call series in February and March 2019
  - Join the Age-Friendly Health Systems Action Community - Virtual through monthly webinars and testing of the 4Ms in April through October 2019

Thank you! For more information and **FREE CE** please visit:

http://catch-on.org/

Email: catch-on@rush.edu

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U.S. Department of Health and Human Services
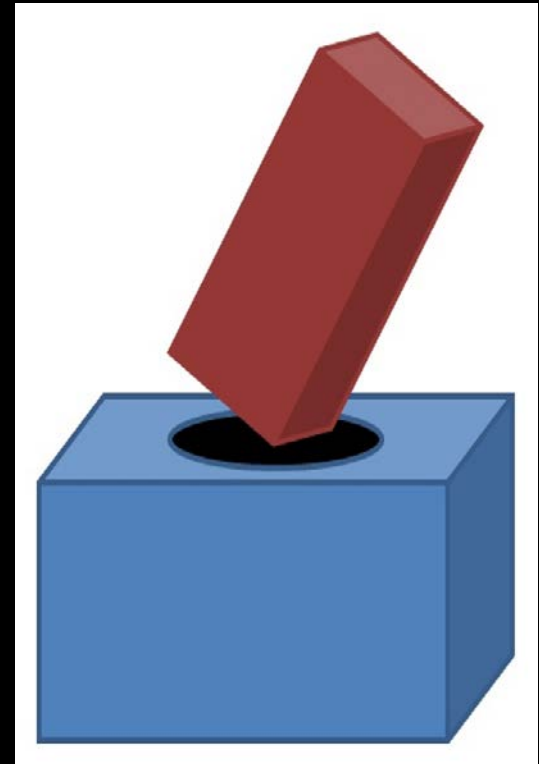
HRSA

Health Resources and Services Administration

Jane F Potter, MD; Co-PI

The 4 M's in Primary Care

Don't try to fit a square peg in a round hole

Or

How to work with the reality in primary care

The reality in Primary Care

- Diverse populations
- Wide range of ages
- RVU targets/ mandates
- Problems controlling "work pressure and pace"
- On the 'learning curve' for team care; PCMH new to many and team structure is variable
- If you have seen one PC clinic, you have seen one PC clinic

Basic Principles

- Start with internal needs assessment for **each** clinic
- Identify a geriatrics **champion** within that clinic
- Small changes are not insignificant use an incremental approach
- What do **they need/want** to do anyway? Can the change make that easier and perhaps better
- Always pilot in **PDSA cycles** (one session, one provider/team)
- It must become **part of work flow** for sustainability

Example Scenario: Needs assessment

- Local FQHC, certified PCMH
- Identified improvement of geriatric care as an organizational priority and the Medicare AWV as a potential intervention
- **Needs assessment**: semi-structured interviews with key staff, a provider survey, and electronic health record (EHR) review
  - AWVs were seen as an opportunity
  - Interviewees concern = disrupt clinic workflow
  - Suggest to minimize (e.g., EHR elements, staff training, reference sheets)
  - Providers: acknowledged deficits recognizing dementia (Mentation), managing falls (Mobility), CBO services

Scenario 1: PDSA cycle 1

- **Step 1**: AWV template developed in conjunction with center's Chief Medical Officer (the champion)
- **Pilot 1**: pilot with patient's in a Medicare plan offering incentives for AWVs; separately scheduled visit; paper forms
  - Project staff conducted AWV
  - High no show rate
  - Desire by patient and need by environment for HCP involvement

Scenario 1: PDSA cycle 2

- **Pilot 2:** routine visits, between rooming process and provider visit; EMR template (developed/programmed)
  - Project staff conducts AWV elements
  - Provider has competing priorities- AWV data and reason for the visit
  - Project staff not available long term
  - AWV becomes responsibility of nurse/MA

Scenario 1: Outcome

- Outcome through PDSA:
  - Created materials to equip teams for AWVs,
  - Education on visit elements for staff
  - Streamlined the intervention
  - Raised provider awareness of need for education to take next steps
  - Produced template for use by other FQHCs

Other ways to get primary care buy in

- Build around the clinic's identified Quality Domains
  - E.g. Advance Care Plan/ Surrogate (Matters)
  - E.g. falls screening that needs to move to evaluation/treatment- build a template (Mobility)
  - E.g. depression screening (Mentation); referral to LMHP
  - E.g. High BMI to prompt referral to CB exercise program (Mobility)
  - E.g. High risk meds- EMR, PharmD identified; deprescribing protocols by team pharmacist
- Clinics or networks of clinics wanting more AWVs- make it a team intervention to spread the joy e.g. empower nurse case managers

Our next 2 webinar of the series are as follows. Please look for our brief survey about participating as a panelist.

- **"Collection of Patient Outcomes Data" with Jan Busby-Whitehead, MD**

TBA February 2019

This webinar will include participation from 3-5 GWEP programs and highlight their successes and achievements in collecting outcomes data. The webinar will describe measures, data sources (EMR), and the roles of QIOs.

- **"Sharing Success from Opioid Supplement with Ellen Flaherty, PhD, MSN, APRN**

Wednesday, March 27th, 2019; 4:00-5:00pm EST

This webinar will include participation from 3-5 GWEP programs and highlight their successes and achievements in areas such as navigating challenges with partners, infusing geriatric education in academic centers or in community based primary care practices. The webinar would also feature 1-2 presenters who have sustainability built into the GWEP project.

Q & A
Segment