Age-Friendly Health Systems

Geriatrics Workforce Enhancement Program Coordinating Center
Pre-Conference
May 1, 2019
Portland, Oregon
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The John A Hartford Foundation

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Institute for Healthcare Improvement
The John A. Hartford Foundation

$585,000,000

Grants authorized since 1982 to improve health care

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

AGS19 ANNUAL SCIENTIFIC MEETING

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

Priority Areas:

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

- Demography
- Complexity
- Disproportionate harm
The Game-Changing Aim

Build a social movement so *all* older adults receive *age-friendly care*:

- Guided by an essential set of evidence based practices (4Ms)
- Causes no harms
- Is consistent with What Matters to the older adult and their family

Our **first** aim is to reach 20% by December 31, 2020: 1000 hospitals and 1000 primary care practices
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).
Evidence-based Practice Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact for model features

- Research review led to **90 care features** identified
- Redundant concepts removed and **13 discrete features** found by IHI team
- Expert Meeting led to the selection of the “vital few”: **the 4Ms**
The 4Ms Framework

- Builds on very strong evidence
- Represents core health issues that matter to older adults
- Simplifies & reduces implementation and measurement burden while increasing effectiveness
- Components are synergistic and reinforce one another
- Has an impact on key quality and safety outcomes (CMS)

Gateways to Age-Friendly Care and Support

Institution-based Care

Ambulatory/Primary Care

Community-based Organizations
Age-Friendly on the Rise

Cumulative growth in participation
(as of Feb 2019)

- 2017
- 2018
- 2019

Health systems
Sites of care

- 126 systems
- 357 sites
- 37 states

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Age-Friendly Health Systems
Stakeholders Engaging with Our Work
Geriatric Workforce Enhancement Program

Initial Program Objectives:

- Change clinical training environments into integrated geriatrics and primary care delivery systems
- Train providers to assess and address the needs of older adults and families/caregivers at the individual, community and population levels
- Deliver community-based programs to patients, families and caregivers with the knowledge and skills to improve health outcomes and quality of care
Geriatric Workforce Enhancement Program

Program Objectives:

“Transform clinical training environments into integrated geriatrics and primary care systems to become **age-friendly health systems** that incorporate the principles of value-based care and alternative-payment models. The essential elements of age-friendly health systems are:

- What matters to the older adult
- Medication
- Mentation
- Mobility
Objectives:

• Provide Opportunities for collaborative learning among GWEP sites
• Offer content and resources for professional and public education to improve quality of care for older adults
• Provide mentoring and consultation with geriatrics experts
• Engage GWEP sites in advocacy
• Conduct a national evaluation for the GWEP sites
Institute for Healthcare Improvement

Mission
Improve health and health care worldwide

Vision
Everyone has the best care and health possible

Strategic Approach
IHI develops and applies practical improvement methods to improve and sustain performance in health and health systems across the world. We generate optimism, spark and harvest fresh ideas, and strengthen local capabilities.

What We Do
- Safe & High Quality Care
- Health of Populations
- Value

How We Work
- Convene
- Innovate
- Partner for Results
“The First Law of Improvement”

Every system is perfectly designed to achieve exactly the results it gets.

Dr. Paul Batalden

To get a different result, we must change the system.
An Age-Friendly Health System...

1. **Defines** how it operationalizes the 4Ms (tools and how fit into the workflow)

2. **Counts** the number of older adults whose care includes the 4Ms (reported by each site)

3. **Shares** the information with the Action Community and IHI to be celebrated on IHI.org
Action Community = Way for Health Systems to Test 4Ms + Measure Impact + Share Learning

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

- In-person meeting
  - One all team meeting
  - Live case visits: Bilateral structured visits to nearby mentor AFHSs

- Test how to operationalize 4Ms
  - Throughout each month
  - Test implementing specific changes in your practice

- Share how you operationalize 4Ms and count of older adults reached
  - Submit monthly

- Topical peer coaching sessions
  - Each month join other teams for discussions focused on essential topics e.g. EHR

- Leadership track to Support System-level scale up
  - Monthly leadership calls to build the business case for spread of the 4Ms
Measures of an Age-Friendly Health System

Basic Outcome Measures (Segmented by Age)

- 30-day readmissions
- Emergency department visit rate
- H/CG – CAHPS
- Length of stay

Advanced Outcome Measures (Segmented by Age)

- Delirium
- Goal-concordant care (e.g. by collaboRATE survey)
- Measures segmented by race/ethnicity
## Assess: Know About the 4Ms for Each Older Adult in Your Care

### Key Changes

<table>
<thead>
<tr>
<th>Ask the older adult</th>
<th>What Matters most</th>
</tr>
</thead>
<tbody>
<tr>
<td>This change focuses clinical encounters on complex care needs.</td>
<td>What Matters most</td>
</tr>
<tr>
<td>If you do not have existing questions to ask, consider these needed.</td>
<td></td>
</tr>
<tr>
<td>• “What is the one thing about your health where you are concerned?”</td>
<td></td>
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<tr>
<td>• “In health problem or the health care of one thing do you find it more often or more easily?”</td>
<td></td>
</tr>
<tr>
<td>• For older adults with advanced or serious conditions, ask: “What are your goals if your health situation worsens?”</td>
<td></td>
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</tbody>
</table>

### Document What Matters

- Documentation can be on paper or in the electronic health record with a note on the chart.

### Review high-risk medication use

- Specifically, look for:
  - Benzodiazepines
  - Opioids
  - Highly-anticholinergic medications, especially amantadine and donepezil
  - All prescription and over-the-counter sedatives
  - Muscle relaxants
  - Tricyclic antidepressants
  - Antipsychotics

### Screen for dementia

- If you do not have an existing tool, try using the Mini-Mental Status Exam (MMSE) or other validated tools.

### Screen for depression

- If you do not have an existing tool, try using the Patient Health Questionnaire (PHQ-9) or another validated tool.

### Screen for mobility

- If you do not have an existing tool, try using the Modified Timed-up-and-go (TUG) Test or another validated tool.

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**Age-Friendly Health Systems**

Guide to Using the 4Ms in Care of Older Adults: How to Assess and Act on the 4Ms for Care Teams in Hospitals and Primary Care Practices

March 2019

Institute for Healthcare Improvement

This content was created especially for: Age-Friendly Health Systems

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Age-Friendly Health Systems
An initiative of John A. Hartford Foundation and Institute for Healthcare Improvement in partnership with American Hospital Association and Catholic Health Association of the United States
By the numbers…

- Hundreds of actions being executed to implement age-friendly changes
- 513 members of AFHS list-servs
- AFHS website 26,497 page views from 20,220 unique visitors
- 78 publications
- 20+ keynote speeches including public launch events at AGS, AHA, IHI
- Tens of thousands of patients receiving 4M-guided Age-Friendly care
Before Action Community  |  4 months into Action Community  
---|---  
Advance care plan in place  |  44% (11 of 25)  |  94% (32 of 34)  
Screened for depression  |  48% (12 of 25)  |  73% (25 of 34)  
Screened for mobility  |  84% (21 of 25)  |  97% (33 of 34)  

Examples...
Examples...

**What Matters to Me?**

- **10.23 years**
  - The amount of time AAMC has given back to patients (65+) since 2017

- **“What Matters”** documented in record 22,263 times since start of initiative
Business Case Calculator

Making the Business Case for Age-Friendly Health Systems

January 2019

Amb: +$3.6m in net income; Inpt: 50% ROI in Year 1

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>1. Start</th>
<th>All Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Population &amp; 4M Period</td>
<td>Number of annual admissions: 4,000</td>
<td>Amortization period (Years): 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. 4M Costs</th>
<th>Per Year</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch—once time only expenses</td>
<td>$3,000</td>
<td>$500</td>
</tr>
<tr>
<td>Fixed expenses</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Variable cost per admission</td>
<td>$1,100,000</td>
<td></td>
</tr>
<tr>
<td>Total annual cost of program</td>
<td>$1,100,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Estimates/Values</th>
<th>Delirium</th>
<th>HAPiS</th>
<th>Other Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence (%)</td>
<td>10.0%</td>
<td>2.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total cases</td>
<td>500</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>4M program effectiveness</td>
<td>40.0%</td>
<td>20.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cases avoided</td>
<td>30</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Costs avoided</td>
<td>$2,200,000</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

| 5. Case cost from coding & payment for PAC | Revenue per case detected (code modification) | $1,500 |
| Detection & coding effectiveness (% caused) | 0.0% |

<table>
<thead>
<tr>
<th>Simulation Results (ROI)</th>
<th>Max</th>
<th>Min</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ROI</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity Effectiveness</td>
<td>20.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Incidence (%)</td>
<td>10.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Program Cost</td>
<td>$5,199,991</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Below Target</td>
<td>100.0%</td>
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Age-Friendly Health Systems
Contacts

• AGS GWEP-Coordinating Center
  https://www.americangeriatrics.org/programs/geriatrics-workforce-enhancement-program

• Age-Friendly Health Systems
  Visit www.ihi.org/AgeFriendly to access resources, including the 4Ms Framework Change Package, or email AFHS@ihi.org to learn about Friends of Age-Friendly Calls
Why it Matters to Me
Thank you

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