

*This is part of a series of Issues Briefs framing the complex issue of affordability. These briefs can be used to initiate conversations with stakeholders in your community.*

## The Aging Population

The U.S. has 46 million individuals age 65 and older, and that number will grow to 98 million by 2060.<sup>1</sup> This large increase will significantly affect how we deliver care for older adults and our country’s overall health care costs in the future.

Older adults have additional health risks that require customized care (see chart). Older adults also have higher rates of hospital utilization and emergency department (ED) readmissions compared to any other age group.<sup>2</sup>

Older adults also face medical and social complexities that may impede their well-being as they age, such as adverse drug interactions, lack of care coordination across care settings, social isolation and loneliness. For example, social isolation is associated with long-term illnesses, such as chronic lung disease, arthritis, impaired mobility, depression and increased risk of mortality.<sup>3</sup> Loneliness increases the risk of dementia and cognitive decline.<sup>4</sup>

These adverse effects increase the cost of care for both patients and health care systems. Health care spending is the highest in older adults, and those individuals with a serious or chronic disease have even higher expenses. With many older adults requiring services to manage their health risks and conditions for a number of years, the cost – whether

### Fast Facts: Adults Age 65 and Older

**80%** Have 1 chronic condition

**77%** Have 2 chronic conditions

**75%** Will require long-term care

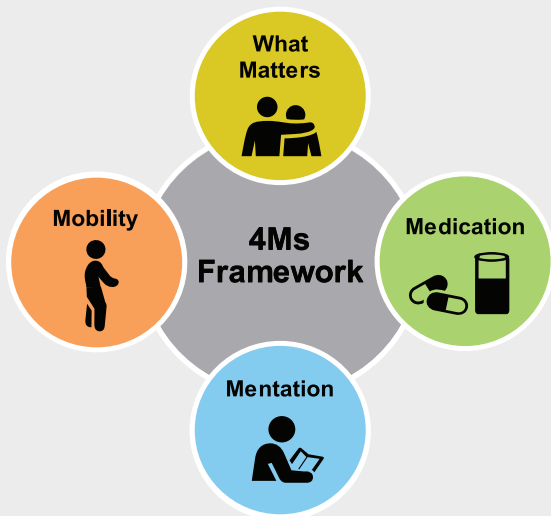
**40%** Will require care in skilled nursing facility

Source: Fact Sheet: Healthy Aging. National Council on Aging. (2016). Accessed at [www.ncoa.org/resources/fact-sheet-healthy-aging/](http://www.ncoa.org/resources/fact-sheet-healthy-aging/); U.S. Department of health and Human Services. (2018). National Clearinghouse for Long-Term Care Information. Accessed at [longtermcare.acl.gov/the-basics/](http://longtermcare.acl.gov/the-basics/).

### Disparities among Older Adults

The unique needs of older adults can be triggered by the disparities they face related to access and the communities where they live. Lack of economic stability can impede access to affordable care, while social isolation can prevent them from seeking support services. According to National Council on Aging, 41% of older adults do not feel their communities have adequate transportation services, preventing them from seeking care at the right time. Older adult needs can vary due to race/ethnicity, which affects their health care spending.<sup>6</sup> Additionally, poverty rates of older adults are higher among Black and Hispanic communities.<sup>7</sup> Racial and minority groups are at a higher risk of acquiring respiratory viruses, such as COVID-19, and being hospitalized due to it.<sup>8</sup>

**Figure 1: The 4Ms of 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.

**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 delirium, dementia and depression across settings of care.

**Mobility:** Ensure that older adults move safely every day in order to maintain function and do What Matters.

**Age-Friendly Health Systems**

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).

for patients and families or the entire health system – will be significant. **In 2016, older adults made up 16% of the U.S. population but accounted for 36% of the total health care spending.**<sup>5</sup>

By recognizing and addressing the unique needs of older adults directly through age-friendly care, hospitals have the opportunity to improve patient experience and health outcomes of older adults, while reducing cost, not only for today’s older adult population but for the future.

## What Is Age-Friendly Care?

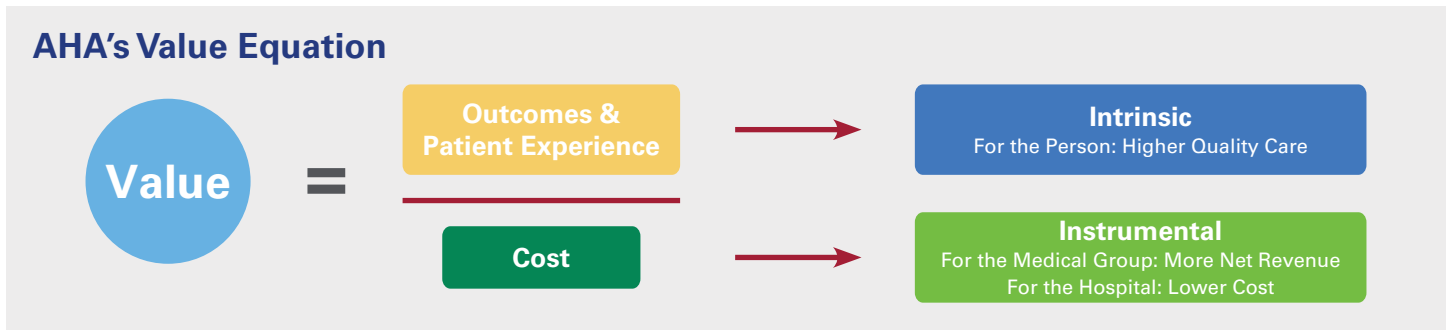
Age-friendly care values older adults and their unique needs. We create age-friendly care by delivering evidence-based care that better addresses the challenges older adults and their caregivers face. Through the *Age-Friendly Health Systems* initiative, any hospital, health system, ambulatory care and post-acute facility can integrate evidence-based, person-centered geriatric care practices to provide age-friendly care.

### The 4Ms Framework

Age-Friendly Health Systems is a movement of *The John A. Hartford Foundation* and the *Institute for Healthcare Improvement*, in partnership with the AHA and the *Catholic Health Association of the United States*. The initiative is driven by an evidence-based approach, the *4Ms Framework* – **What Matters**, **Medication**, **Mentation** and **Mobility**. The 4Ms, shown in Figure 1, are designed to address the unique needs of older adults, improve their health outcomes, increase patient satisfaction and reduce costs. When integrated as a set, the 4Ms enable hospitals to organize the efficient delivery of effective age-friendly care to older adults, every day in every setting.

## Age-Friendly Health Systems’ Potential to Promote Value

The AHA’s *The Value Initiative* is addressing affordability through the lens of value to improve outcomes and enhance the patient experience while reducing cost. As part of its *From Paper to Action* efforts, The Value Initiative is empowering hospitals, health systems and community organizations with tools and resources to implement low-



tech, value-based strategies that improve outcomes and enhance patient experience, while reducing costs. These value-based strategies are tech-light, simple, human and scalable, and age-friendly care is one of them.

Age-friendly care enables value. Age-Friendly Health Systems can create intrinsic value, contributing to improved outcomes and patient satisfaction as well as instrumental value leading to financial returns.

**Improve Outcomes.** The 4Ms Framework not only affects patient care but also allows collaboration among multiple care team members and development of new skills, enhancing better care coordination and patient-provider interactions. **Providence St. Joseph Health** in Oregon created a [What Matters Discussion Guide](#), convened a patient advisory council, rolled out an outpatient mobility program, and is developing a workflow to provide better care for patients diagnosed with dementia. **Providence St. Joseph Health** trained provider champions in 12 primary care clinics through a [Geriatric Mini-Fellowship](#), formed in 2018. After this fellowship, clinic patients age 65 and above:

- were twice as likely to be screened for fall risk and cognitive impairment,
- four times more likely to receive fall-risk interventions,
- engaged in more “what matters” conversations, and
- saw a 3% reduction in high-risk medication upon seeing a fellow.

In addition, a 2%-7% decrease in hospitalizations was reported for patients seen at the mini-fellowship clinics. Providers completing the mini-fellowship reported feeling a renewed sense of purpose. As one fellow said, *“These have been my best weeks since I left chief resident year. More connected to my colleagues, more confident in my patient care, more hopeful about the future of medicine.”*

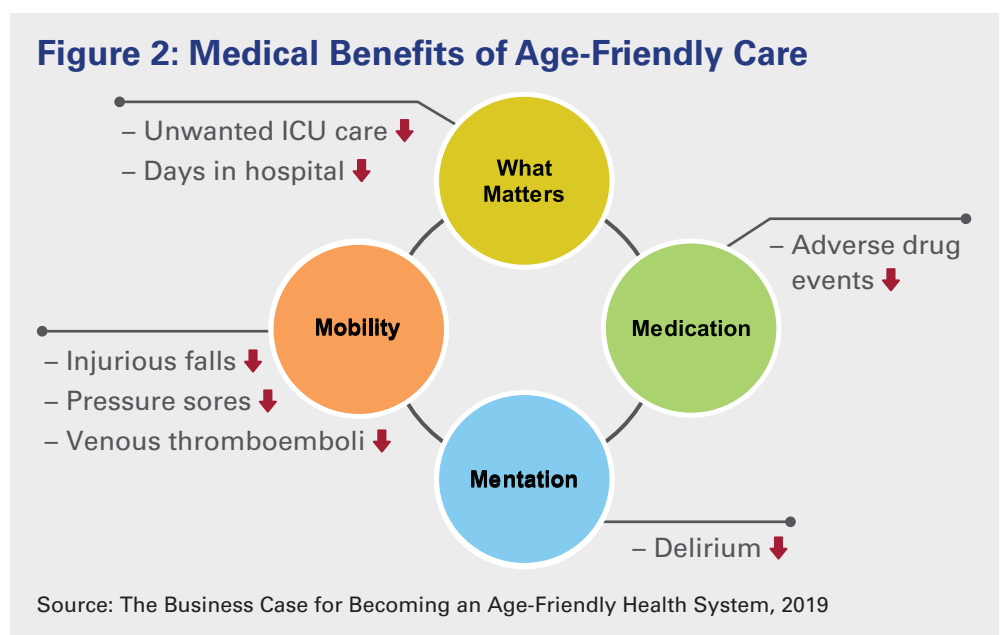
**Cedars-Sinai Medical Center’s Geriatric Fracture Program** embodies the 4Ms Framework to minimize potential complications for geriatric inpatients, such as acquiring delirium, and help them return to their homes. In its first year, the program served 153 older adult patients and reduced time of surgery by 41% and length of stay by 11%, and yielded \$300,000 direct cost-savings. Patients also have bone health and fall prevention follow-ups with outpatient geriatrics. Moving forward, the program projects to save \$1 million as it expands to serve 300 patients annually.



**Enhance the Patient Experience.** Asking what matters to patients is essential in developing their outcome goals and care preferences, and customizing care plans. Through multiple interventions, including its age-friendly work, **Anne Arundel Medical Center (AAMC)** in Annapolis, Maryland, reduced readmission rates and length of stay for older adult patients. The hospital incorporated annual geriatric wellness visits in physician practices and identified age-friendly champions, including a mobility team, across the system. Whenever applicable, AAMC applied the 4Ms Framework not only with its geriatric patients but also for most adult patients. For example, “what matters” questions were added to both the adult and geriatric inpatient electronic medical records, placed on white boards in patient rooms and shared in ambulatory medical records. Through this work, AAMC increased documentation of end-of-life wishes to 24%.

During the COVID-19 pandemic, AAMC leveraged 36 physical therapists, physical therapy assistants, occupational therapists and rehabilitation aides to form the *Prone and Mobility Team*. This team focused on mobilizing patients while social distancing, ambulating and oxygenating patients and, in concert with communication liaisons, decreased social isolation by connecting them virtually with family members, as that’s what mattered to them. Clinicians continued to pay attention to medications that unfavorably affected older adults, and dramatically increased telehealth visits. *“The 4Ms has improved the care of our patients in multiple ways. Throughout the COVID-19 pandemic, AAMC’s patient satisfaction for older adults was in the 92nd percentile, while HCAHPS was in the 82nd percentile,”* said Barbara Jacobs, chief nursing officer, AAMC.

**Reduce Costs.** By applying evidence-based practices in alignment with the 4Ms, adverse events among older adults can be averted. This results in better patient outcomes and reduced health care costs for both providers and patients. Figure 2 shows examples of events averted by integrating the 4Ms as a set.



At **Hartford Hospital** in Connecticut, patients with delirium staying an average of 12 days cost \$31,284, while those without delirium staying for four days cost \$8,900.<sup>9</sup> The hospital’s Actions for Delirium Assessment Prevention and Treatment (ADAPT) program integrates the 4Ms in the screening, treatment and management of delirium cases. It does so by decreasing the incidence of delirium/encephalopathy, providing nonpharmacologic and targeted medication interventions, and instilling delirium prevention measures, such as providing assistance with mobilization, nutrition, sleep/rest and cognitive connection. These approaches resulted in:

- reduced delirium attributable days,
- a decrease in length of stay for delirium patients from 16 days to 10.6 days, and
- an average of \$6.5 million in savings annually from 2012-2019.

The ADAPT program capitalizes on time and skills of volunteers, donation of supplies from philanthropic givers and the interest and enthusiasm of the nursing staff. COVID-19 precautions limit the standard interventions provided by trained volunteers and families, and temporarily closed the multisensory stimulation therapy hub; however, the ADAPT staff found ways to integrate mobility, mentation support, medication attention and what matters.

To learn about other age-friendly efforts, read AHA case studies on [Kent Hospital](#) and [Rush University Medical Center](#).









## Age-Friendly Measures

Age-friendly care quality measures build an understanding of the aging population within a community, providing a way to track value to the health system.

Hospitals can evaluate the impact of their 4Ms care by stratifying their current, basic quality and outcome measures such as 30-day readmissions, ED visit rates, length of stay and patient satisfaction surveys by age. Hospitals also can segment their served population by race/ethnicity and language to establish a deeper understanding of their current patient population and the disparities in their community. Sharing these measures with all team members creates an opportunity to customize care for each aging individual. These outcome measures also contribute to each of the components of the value equation, as seen in Figure 3.

**Figure 3: Age-Friendly Measures Contribute to Value**

Age-Friendly Measures			The Value Equation
Basic Outcome Measures	Hospital Setting	Ambulatory/ Primary Care Setting	Components
30-day readmission			Patient outcomes, cost
ED utilization			Patient outcomes, cost
Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey	HCAHPS	CGCAHPS	Patient experience, patient outcomes
Length of stay			Patient outcomes, cost
Advanced Measures	Hospital Setting	Ambulatory/ Primary Care Setting	Components
Delirium			Patient outcomes, cost
CollaboRATE (or similar tool to measure goal-concordant care)			Patient outcomes, patient experience

## Action Community: Putting the 4Ms into Practice

Five pioneer Age-Friendly Health Systems – Kaiser Permanente, Ascension, AAMC, Providence St. Joseph Health and Trinity Health – piloted the 4Ms Framework. Across the country, multiple sites of care within hospitals, health systems and ambulatory care are joining virtual, learning Action Communities to embed the 4Ms into their existing practices. When putting the 4Ms into practice, hospitals are assessing the 4Ms for each older adult patient, and acting on incorporating the 4Ms into his or her care plan.

The initiative recognizes that many of these sites of care already have practices to address mobility issues, depression and delirium among older adults.

In the Action Community, participants are guided with educational resources and tools to reassess these approaches by identifying gaps in alignment with the 4Ms; developing a 4Ms description for *inpatient* or *outpatient* settings articulating key actions for how they will assess, document, and act on the 4Ms for each older adult specific to the care setting; designing or redesigning care processes to test and implement this description; and ultimately providing care aligned with what matters to patients.

As of July 2020, more than 800 hospitals, practices, retail clinics and post-acute communities have been recognized as *Age-Friendly Health System Participants*, while many more are on the journey to practicing the 4Ms in their setting. Visit [aha.org/agefriendly](https://aha.org/agefriendly) to learn more and join.



## Conclusion

The 4Ms Framework of the Age-Friendly Health Systems initiative empowers hospitals and health care practices to provide older adults with care that is evidence based and aligned with what matters to these patients. The Age-Friendly Health Systems Action Communities encourage organizations to recognize practices that can be eliminated or improved to integrate the 4Ms into care for every older adult in every interaction. The 4Ms Framework enables reliable practices that lead to increased patient satisfaction and better health outcomes, resulting in lower costs for patients and increased cost savings for hospitals and health care practices, and optimizing value for all – patients, families, caregivers, health care providers and the overall health care system.

## Resources

***Creating Age-Friendly Health Systems.*** The AHA's Age-Friendly Health Systems website provides an overview of the Age-Friendly initiative and the recognition process, along with other resources such as case studies, videos and articles.

***Guide to Using the 4Ms in the Care of Older Adults.*** Hospitals can use this guide to test and implement the 4Ms in their settings, including clinical sites in the hospital and ambulatory care.

***"What Matters" to Older Adults? Toolkit.*** This resource provides guidance on conducting sensitive "what matters" conversations with older adults.

***The Business Case for Becoming an Age-Friendly Health System.*** Leaders, whether in hospital or ambulatory care settings, play a critical role in building the case for age-friendly care. This guide helps leaders start conversations with internal stakeholders to make the business case of age-friendly care.

***ROI Calculators.*** Hospitals and primary care practices can use the *inpatient* or *outpatient* ROI calculator to estimate financial benefits upon implementing the 4Ms.

***Age-Friendly Health Systems: Measures Guide.*** This guide outlines ways to use and track a series of measures, so sites of care can study their age-friendly progress.

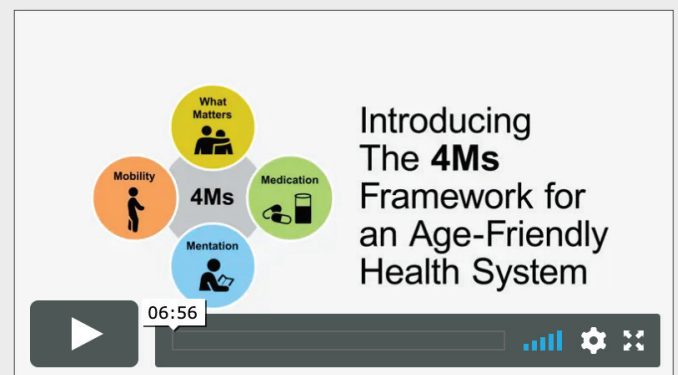
***EHR Implementation Guides.*** Hospitals are recommended to integrate the 4Ms in electronic health records, with implementation guides for *Cerner*, *EPIC* and others, to ensure reliable, sustainable practice of the 4Ms.

***Low-tech Solutions that Advance Value.*** This issue brief introduces low-tech solutions that are tech-light, simple, human and scalable, and describes how hospitals are investing in them to improve value.

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Visit [aha.org/agefriendly](http://aha.org/agefriendly) for videos and more on Age-Friendly Health Systems



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