

Creating Age-Friendly Health Systems

How can we make health care more age friendly?

By creating age-friendly health systems that fundamentally rethink the way we care for older adults. It will require establishing a continuum of care that anticipates needs and engages older adults and their families in health care planning. In many cases, it will mean deploying a mix of care solutions with personalized support services aimed



at ensuring a better life for older adults with chronic conditions. To accomplish this, health care leaders must make age-friendly care a priority.

What follows is an overview of what an age-friendly health system means, why it is important now and how health systems can address the unique needs of older adults using a new practice model co-designed by the Health Research & Educational Trust (HRET) — an affiliate of the American Hospital Association (AHA) — in partnership with the Institute for Healthcare Improvement (IHI) and the Catholic Health Association of the United States (CHA), and with generous support and leadership from the John A. Hartford Foundation.

This Age-Friendly Health Systems initiative is part of the AHA's efforts to improve the health of people at every life stage and in communities across the country, which is guided by its Path Forward. The AHA's Path Forward and ongoing commitment to Advancing Health in America includes a focus on access, value, partners, well-being and coordination. With HRET as a project partner, the initiative is dedicated to uncovering insights on what hospitals and health systems — big and small, urban and rural — need to know and how they can apply it to continually improve patient care.



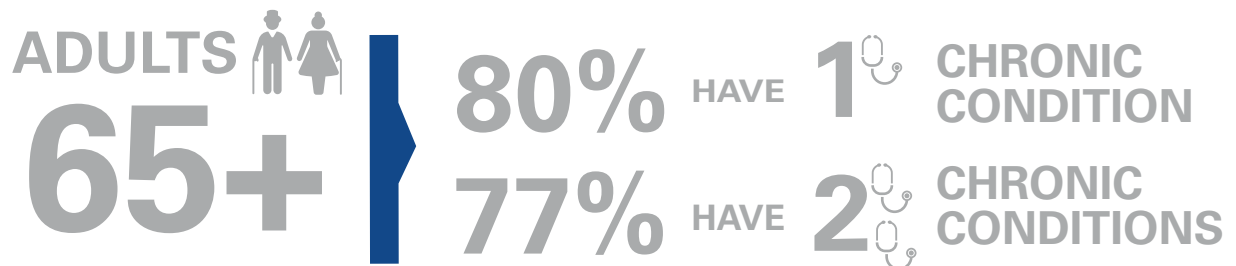
What does it mean to be an age-friendly health system?

The United States is about to have the largest population of older adults we have ever had, which is a great thing. People have longer to work, to learn and to contribute — that is, if the appropriate health care plans and support systems are in place.

An age-friendly health system elevates care for older adults in ways that preserve dignity and encourage independence. It not only supports aging patients but also their family caregivers.

When we get it right, this will mean:

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



Why is age-friendly health care urgent now?

There are more than 46 million Americans ages 65 and older, and that number is projected to double to more than 98 million by 2060.¹ Among Americans 65 and older, 80 percent have one chronic disease and 77 percent have at least two.² Because so many adults live well past age 80, nearly 75 percent of them will require some type of long-term care, and about 40 percent will require care in a skilled nursing facility.³ With many people requiring these services for a number of years, the costs — whether for patients and families or the entire health system — will be significant.

If we're not focused on the oldest and sickest people, our eye is off the ball.

Why is care for older adults so complex?

The complex health needs of older adults make their medical care more challenging and complicated. These challenges include:

- Transitions between care settings
- Side effects and adverse drug interactions from multiple medications
- Lack of care planning that incorporates the values and goals of patients and their families
- Poor coordination between multiple care providers
- Communication barriers including language, hearing, and communication style
- Changing care preferences that favor staying at home and prolonged independence



Also consider the social and emotional experience of aging. It makes caring for aging adults different from caring for other patients with complex needs. While not all older adults have these issues, many may experience:

- Change in societal role and self-identity
- Social isolation and loneliness
- Decreased mobility
- Loss of independence
- Change in resources including food and financial insecurity

These intricate factors call for a differently designed care delivery model that responds to older patients' personal preferences, medical needs and values.

Age-friendly health systems: How do we get there?

The new paradigm for an age-friendly health system is based on patients' goals and values, as well as improved outcomes and lower costs of care within the walls of the hospital and beyond. This new environment of care, in which health systems assume more risk and potentially share in cost savings, will spur those systems to develop better coordination and integration of care across the continuum. Managing the health systems' resources to be more cost effective is particularly critical in the care for older adults, as one in every five Medicare beneficiaries is hospitalized one or more times each year.⁴

THE 4M MODEL



WHAT MATTERS



MEDICATIONS



MENTATION



MOBILITY

This ideal health care system for aging Americans boils down to a new 4M model:

- **What Matters:** Know and act on each older adult's specific health outcome goals and care preferences across settings.
- **Medications:** If medications are necessary, use age-friendly medications that do not interfere with what matters, mentation or mobility.
- **Mentation:** Identify and manage depression, dementia and delirium across care settings.
- **Mobility:** Ensure that older adults at home and in every setting of care move safely every day in order to maintain function and to do what matters.

Hospitals and health systems are beginning to take the following actions steps to address the 4Ms:

- **What Matters:**
 - » Educating care providers on appropriate, comfortable conversations with patients who have a serious illness; addressing patients' concerns and goals
 - » Involving an interdisciplinary team to meet and discuss complicated cases and implement new ideas generated by these discussions
- **Medications:**
 - » Scheduling pharmacovigilance meetings among care providers to ensure patient safety
 - » Redesigning medication reconciliation processes
- **Mentation:**
 - » Reaching out to inpatient providers to help ensure delirium notification and results are communicated and understood
 - » Studying the impact of dementia on illness presentation
- **Mobility:**
 - » Developing a primary care model for fall risk management
 - » Increasing frequency of 1:1 ambulation with patients

Putting the 4M model to work

Five U.S. health systems — Anne Arundel Medical Center, Ascension, Kaiser Permanente, Providence St. Joseph Health, and Trinity Health — are testing a prototype of the age-friendly care model in hospitals, long-term care, ambulatory and post-acute settings. Here is a snapshot of action steps that are beginning to make a positive difference.

Anne Arundel Medical Center, Annapolis, Maryland



Goal: Reach nearly 20,000 adults ages 65 and older by scaling up the 4Ms in nine acute care units, the ED and 25 assisted living homes.

Initial actions taken:



Next steps:

- Increase resources and intensive education of physical therapists, occupational therapists, care managers, social workers and the palliative care team to support and spread age-friendly work.
- Create a systemwide Institute of Healthy Aging, through a \$10 million campaign approved by the health system’s foundation.
- Educate staff on the importance of “what matters” and communicate this information to all staff across the system through electronic health records.
- Involve all ED staff to:
 - » Complete accurate medication history prior to or upon patient admission.
 - » Add pharmacy technician support.
 - » Develop an outreach program with primary care medical offices and specialty practice physician groups to assist in education.

Ascension, St. Louis, Missouri



Goal: Reach 20,000 older adults with age-friendly care, including those in 50 acute care sites and a portion of older adults served by Ascension Care Management and Ascension Medical Group.

Initial actions taken:



Integrated “what matters” as part of the systemwide plan



Gained leadership commitment



Aligned with integrated scorecard goals

Next steps:

- Build upon existing and emerging population health strategies to place more focus on older adults.
- Partner with older adult advisors and subject matter experts within the system to serve as influential leaders promoting the age-friendly strategy.
- Communicate alignment of age-friendly interventions to support achieving integrated scorecard goals across the system.
- Continue to integrate opportunities to improve infrastructure support, including data, analytics and IT solutions.

Kaiser Permanente Woodland Hills Medical Center, Woodland, California



Goal: Reach nearly 3,500 older adults, based on target numbers in ACE (Acute Care of the Elderly) units, nursing and rehab center, and palliative care clinic.

Initial actions taken:



Tracked continuous improvements (ACE unit)



Developed patient-facing medication lists



Partnered on exercise sheet workflows and materials



Developed patient survey to know “what matters”

Next steps:

- Support mobility workflow spread throughout the medical center, including collaborating with physical therapists to develop KP “My Daily Exercise” sheets.

- Explore automated version of medications sheet in electronic health records.
- Test possible spread of “My Daily Exercise” sheet to other partner facilities, after finalizing workflow.
- Continue collecting data for Plan-Do-Study-Act process in all areas.

Providence St. Joseph Health Renton, Washington, and Irvine, California



Goal: Reach more than 44,000 older adults, with age-friendly changes across the health system.

Initial actions taken:



Focused leadership on 4M model



Increased expertise to close the gap in geriatric education needs



Increased the visibility of older adults' needs

Next steps:

- Share data, patient stories and tested integrated workflows to increase awareness of national benchmarks for standards of care and demonstrate best practices.
- Engage financial and quality leaders involved in Providence comprehensive care initiatives and health plans, including Medicare Advantage, to test the 4M model.
- Develop tailored strategy options for providing care to older patients in the diverse care cultures and environments across the health system.

Trinity Health, Livonia, Michigan



Goal: Reach at least 30,000 older adults with age-friendly care.

Initial actions taken:



Initiated “Conversations That Matter” communications campaign



Hardwired goal-related questions in assisted living programs



Evaluated and treated mobility issues and cognitive decline



Stopped 153 unnecessary medications

Next Steps:

- Conduct delirium screenings for patients admitted to subacute care.
- Identify “what matters” on admission for patients in short-term care and independent living.
- Ensure the electronic health record system supports the implementation of the 4M model.

A Call to Action

We’re encouraging hospitals and health systems to join us in deploying the new 4M model. And we’re encouraging all health systems to embrace age-friendly care.

Why participate? Here are the benefits of joining this movement:

- Redeploys and prioritizes existing hospital resources.
- Aligns critical quality and safety interventions to improve care for older adults.
- Supports every hospital’s mission, vision and values because we all care about the health of older adults (and we’ll all be older adults someday).
- Puts hospitals ahead of the curve in preparing for the impending market shift.
- Reduces costs associated with disutility of health care services.
- Increases utilization of cost-effective services.

For more information and to get involved, email us at AFHS@aha.org.

You can also learn more at www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

About AHA and the Path Forward

By focusing on four key areas of an age-friendly health system — what matters, medications, mentation and mobility — the AHA and partners aim to improve patient care, safety and outcomes; improve patient and family engagement in care; reduce length of stay and readmissions; and improve the health of individuals and communities.



Source: American Hospital Association, 2017.

The AHA's work is guided by its Path Forward and ongoing commitment to Advancing Health in America, which includes a focus on access, value, partners, well-being and coordination.

The AHA and its partners will work to replicate and spread the highest-leverage change approaches to 1,000 care settings, including hospitals, ambulatory care, long-term care and post-acute care, by 2020. The AHA aims to have hospitals and health systems representing more than 500 care sites committed to age-friendly care by December 2019. The goal is to rapidly spread the model, creating a social movement that transforms health care to improve the patient experience for older adults and their families.

Future case studies, blogs, webinars and other resources will highlight successes from pilot implementation and provide guidance on how to become an age-friendly health system.

To learn more about the AHA Path Forward, visit www.aha.org/about/pathforward.

Sources

1. Population Research Bureau. (2018). Fact sheet: Aging in the United States. Retrieved from <https://www.prb.org/aging-unitedstates-fact-sheet/>
2. National Council on Aging. (2018). Healthy aging facts. Retrieved from <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>
3. U.S. Department of health and Human Services. (2018). National Clearinghouse for Long-Term Care Information. Retrieved from <https://longtermcare.acl.gov/the-basics/>
4. Krumholz, H.M., Nuti, S.V., Downing, N.S., Normand, S.T. and Wang, Y. (2015, July 28). Mortality, hospitalizations and expenditures for the Medicare population aged 65 years or older, 1999–2013. *JAMA*, 314(4): 355-365. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2411282>