




Age-Friendly Health Systems
and how the Age-Friendly movement can
influence dementia care

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Objectives

1. Introduce participants to the 4Ms of Age-Friendly Health Systems (AFHS).
2. Consider how AFHS can support better dementia care.
3. Think about one way you can integrate the concepts of AFHS into your daily work.



Why do we need Age-Friendly care?

- >30% of older adults are prescribed potentially inappropriate medications every year.
- Falls result in >2.8 million injuries treat in the ER every year.
- Only 50% of those with dementia are diagnosed.
- Only 1 of out every 3 adults in the US completes any type of advance directive.

What is an Age-Friendly Health System?

- The John A. Hartford Foundation (JAHF)
 - Institute for Healthcare Improvement (IHI)
 - American Hospital Association (AHA)
 - Catholic Health Association of the United States (CHA)
-
- Bold vision: Build a social movement so that all care with older adults is age-friendly care.

History of Age-Friendly Health Systems

- The five Age-Friendly Health Systems Pioneers are:
- [Anne Arundel Medical Center](#) (Headquarters: Annapolis, MD)
- [Ascension](#) (Headquarters: St. Louis, MO)
- [Kaiser Permanente](#) (Headquarters: Oakland, CA)
- [Providence St. Joseph Health](#) (Headquarters: Renton, WA)
- [Trinity Health](#) (Headquarters: Livonia, MI)
- As of August 2020, 185 Hospitals and Health Care Practices have been recognized by IHI as Age-Friendly Health Systems- Committed to Care Excellence.

What is an Age-Friendly Health System?

1

Follow an essential set of evidence-based practices;

2

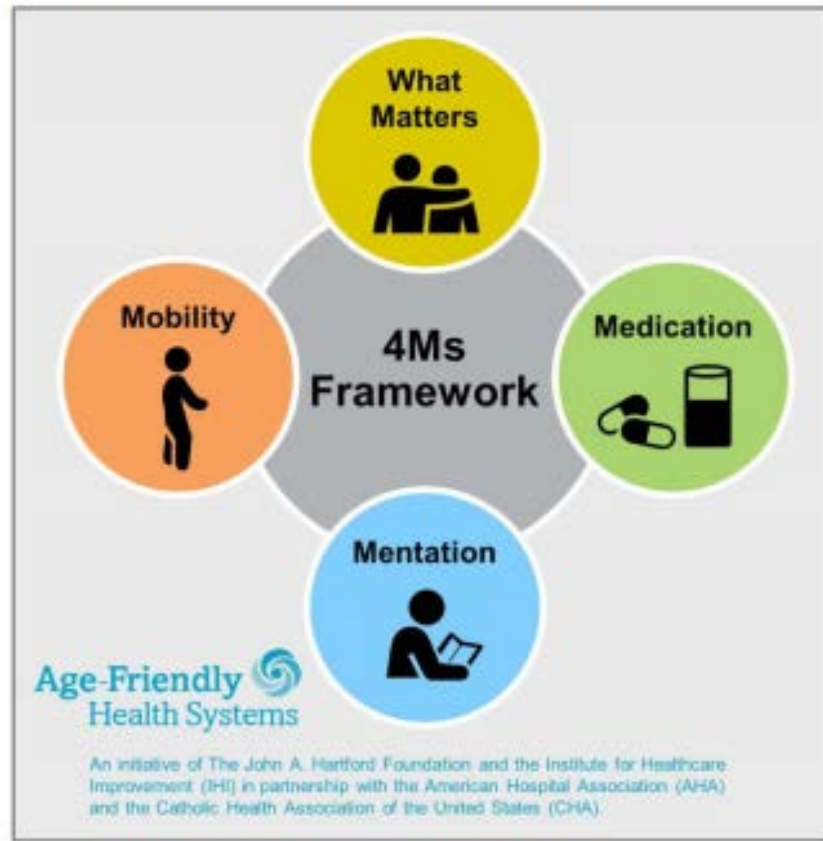
Cause no harm; and

3

Align with **What Matters** to the older adult and their family caregivers.

What is the 4M Framework?

Figure 1. 4Ms Framework of an Age-Friendly Health System



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 dementia, depression, and delirium across settings of care.

Mobility

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

Key Points for AFHS



AFHS is a framework. It is not a program. Implement the 4Ms together and reliably for every patient



Can be implemented across a health system or in an individual practice or program



Should be incorporated into existing care rather than layered on top



Tools should be evidence-based to measure the 4Ms

Implementing the 4Ms – 2 parts

Assess

- Know about the 4Ms for each older adult in your care (some screening tool)

Act on

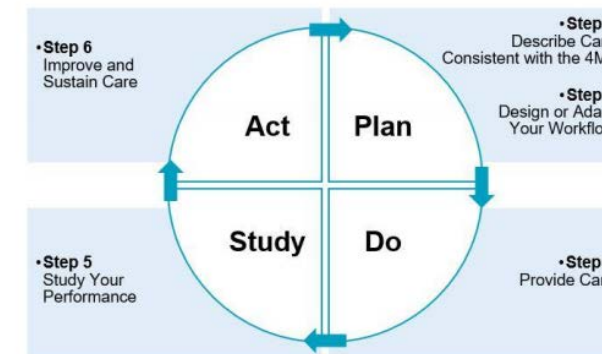
Putting the 4Ms into Practice

A “recipe” for integrating the 4Ms into your standard care has steps and ingredients, just like a recipe. These steps include:

1. Understand your current state
2. Describe care consistent with the 4Ms
3. Design or adapt your workflow
4. Provide care
5. Study your performance
6. Improve and sustain care

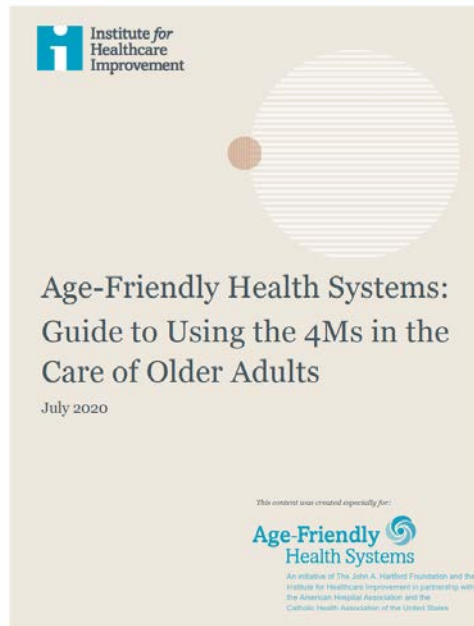
While we present the six steps as a sequence, in practice you can approach steps 2 through 6 as a loop aligned with [Plan-Do-Study-Act cycles](#) (see Figure 3).

Figure 3. Integrating the 4Ms into Care Using the PDSA Cycle



What Matters Most

- Evidence-based tools




The image shows a mobile app interface for the Stanford Letter Project. The left pane shows the app's main screen with the Stanford Medicine logo and two red buttons: 'The Healthy Letter' and 'The Illness Letter'. The right pane shows a sample letter titled 'Dear Friends and Family' with a text input field for the user's name and a pre-written message about a sudden loss.

the conversation project

Implementing the 4Ms

Example: Testing a 4Ms Screening for Older Adults in Primary Care

Plan-Do-Study-Act Record	NAME OF HEALTH SYSTEM: <input type="text"/> NAME OF PERSON COMPLETING FORM: <input type="text"/> DATE: <input type="text"/>
	Change Idea to <input type="text"/> develop or <input checked="" type="checkbox"/> test or <input type="text"/> implement
	Description: Cycle 1: Test a 4Ms “screening set” with one older adult patient in your care. <ul style="list-style-type: none">• What Matters:<ul style="list-style-type: none">◦ Ask, “What makes life worth living?”; “What would make tomorrow a really great day for you?”; “What concerns you most when you think about your health and health care in the future?”◦ Confirm the presence of a health care proxy (proxy’s name, contact information)• Medication:<ul style="list-style-type: none">◦ Identify use of high-risk medications• Mentation:<ul style="list-style-type: none">◦ Administer the Mini-Cog◦ Administer the PHQ-2• Mobility:<ul style="list-style-type: none">◦ Conduct the TUG Test

One idea: An Age-Friendly Snapshot in Epic

4M Healthy Aging Snapshot

4M - Mobility, Mentation, Medication and What Matter Most

Mobility:

Mobility

	Value	Time	User
Fall Risk	Low Risk	7/23/2019 1:12 PM	Andrew McGlone, MD

Dementia:

Depression Mentation/Dementia Screening

	Value	Time	User
PHQ-2 Score	0	7/19/2018 9:28	Joan Buck, MA
Mini Cog - Total Score	5	7/1/2019 9:01 AM	Andrew McGlone, MD
Mini Cog - Score Results	Negative Screening for Dementia	7/1/2019 9:01 AM	Andrew McGlone, MD

What Matters Most:

What Matters Most Questionnaire

	Most Recent Value
What Matters to the	Spending time with Family Filed at 07/23/2019 1329

Medication:

Potentially High Risk Medication for Geriatric Patients (age 65 and older)

Nonsteroidal Anti-inflammatory Agents (NSAIDs)	Disp	Start	End
 celecoxib (CELEBREX) 200 MG capsule	30 Capsule	4/16/2019	
Sig: TAKE ONE CAPSULE BY MOUTH EVERY DAY			

Molst:

MOLST

[MOLST Form](#)

Emergency Contact:

Emergency Contacts

Contact Person (Rel.)	Home Phone	Work Phone	Mobile Phone

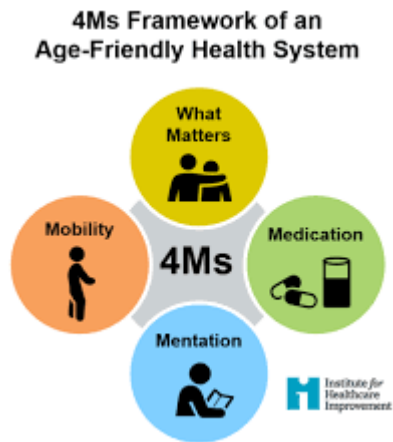
Implementing the 4Ms

The goal is to reliably integrate the 4Ms into the way you provide care for every older adult, in every setting, every time.



How can AFHS improve dementia care?

Ms. Jones and Vera



How can AFHS improve dementia care?

- Dementia care is whole person care, at the core of which is the person with dementia and their caregiver (the dyad).
- Dementia care is complex, but it's the simple interventions that matter most.
- Using the 4Ms to guide your care of dementia patients (and all older adults, and all people!) will help you provide consistent and comprehensive care.



Chat box question!

Name one way (in the chat box) you can implement age-friendly care in the care of people with dementia and their caregivers at your clinic.
Consider the 4Ms!

Figure 1. 4Ms Framework of an Age-Friendly Health System



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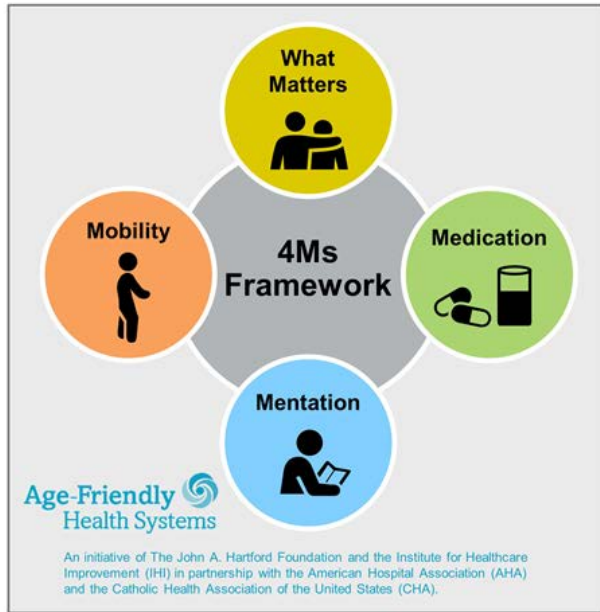
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You can use the 4Ms in any setting: AFHS and Telehealth



Matters

Advance care planning

Family/caregiver presence

Basic Needs

Faith and Community

Show photos

Mobility

Show me how you...

Demonstrate exercises on video

Home safety assessment

Mentation

Address isolation

Brief cognitive screen

Comfort of home

Medications

Adequate supply, consider med delivery

Review meds and OTC together

Consider deprescribing



Take Home Points

- Age-Friendly Health Systems is a movement to implement the 4Ms into the care of all older adults. It's a joint effort between multiple large health care quality entities.
- The 4Ms are a framework, not a program, to guide all care of older adults wherever and whenever they meet your health system's care and services. The intention is to incorporate the 4Ms into existing care, rather than layering them on top, in order to organize the efficient delivery of effective care.
- WHAT MATTERS MOST is an essential aspect of Age-friendly care and all care for older people!