

Making the Case for Age-Friendly MA Plans:

Case Studies from a 1-Year Learning Collaborative

Background

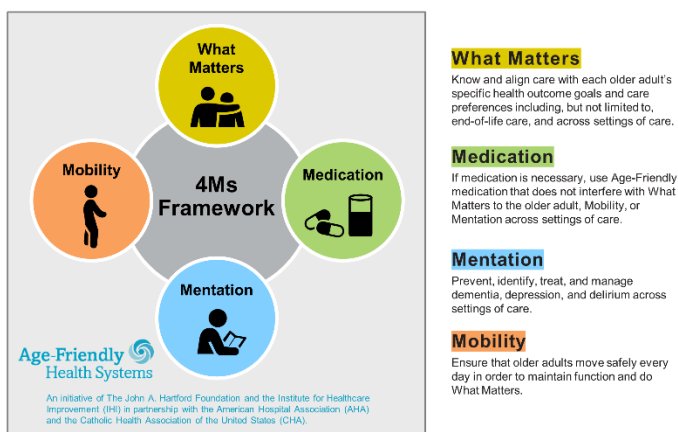
Our aging population reinforces the need for high-quality, reliable, equitable care for all older adults. Achieving this outcome requires collaboration across the macro environment — above and beyond the practice change happening within health systems — including the health care workforce, health plans and payers, regulators and accreditors, developers of electronic health records and workflows, and older adults and their caregivers.

In 2017, The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association and the Catholic Health Association of the United States, established the Age-Friendly Health Systems (AFHS) movement that set a bold vision for age-friendly care for all older adults.

Age-friendly care:

- Follows an essential set of evidence-based practices: the 4Ms — What Matters, Medication, Mentation, and Mobility (see Figure 1);
- Causes no harm; and
- Aligns with What Matters to the older adult and their caregivers

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



Utilization of Medicare Advantage (MA) plans over traditional Medicare fee-for-service plans continues to increase, with 54 percent of people enrolled in Medicare now using private MA plans, an increase from 8 million to 33 million individuals between 2007 and 2024. As enrollment in MA plans continues to grow, their design will impact more older adults. Therefore, it is essential that they support sustainable delivery of age-friendly care to their members.

In 2025, IHI convened a Learning Collaborative with four MA plans to define key elements of an age-friendly MA plan, learn how MA plans can drive the delivery of age-friendly care for their members, and develop a business case for age-friendly care within health plans.

Approach

Together, the Collaborative participants developed the following definition of an Age-Friendly MA Plan:

Definition of an Age-Friendly MA Plan

An Age-Friendly MA Plan supports the delivery of age-friendly care (care that follows the 4Ms) to their members.

Elements of an Age-Friendly MA Plan:

- MA plan internal processes and systems are aligned with and ensure delivery of 4Ms care
- MA plan supports and partners with providers in their network to deliver care that is aligned with the 4Ms
- MA plan uses patient outcome, utilization, and satisfaction data to ensure alignment with age-friendly care and improve care provided to older adults

Theory of Change

Throughout the Collaborative, participating MA plans tested a theory of change that outlined how they could support the delivery of age-friendly care to their members. The theory of change proposes four **primary drivers** of this aim:

Primary Drivers Supporting Age-Friendly Care Delivery to MA Plan Members

1. Internal Change Management: Align organizational priorities, strategies, policies, and resources to advance age-friendly care. Leadership prioritizes the implementation of age-friendly care.

2. Provider Network Engagement: Provide education and training. Integrate age-friendly care into contracts as well as operations. Adopt practices across race and ethnicity.

3. Member Engagement: Incorporate what matters to members into benefits design. Integrate age-friendly care in member engagement. Communicate about age-friendly care and collect stories of members' experiences. Educate and train case management staff.

4. Measuring Impact: Collect and analyze impact data, including member health outcomes (e.g., STARS measures, medical utilization) and experience (e.g., CAHPS, satisfaction surveys, retention rates) to ensure alignment with the 4Ms.

Supporting the delivery of age-friendly care involves both internal alignment and external engagement. Most of the MA Plans began by building **internal alignment**, which includes aligning internal processes and systems; prioritizing age-friendly practices as standard of care; articulating a business case; and using patient outcome, utilization, and satisfaction data to ensure alignment and improve care provided to older adult members.

External engagement includes partnering with providers in their networks and supporting them to deliver care aligned with the 4Ms, and making training and resources available for providers to promote and expand age-friendly care within health systems. Future work is underway to more deeply understand what is needed for external engagement.

Examples in Action

Independence Blue Cross (IBX)

At IBX, the MA plan team established foundational analytics and education programs to strengthen data-driven communication with health systems and advance age-friendly care.

The team launched an advance care planning (ACP) provider education initiative, delivering in-person sessions with the population health team and targeted email outreach. Using claims data, the team was also able to establish a measurement approach that tracks ACP claims and detects early changes following education, guiding refinements to messaging and outreach.

In addition, the team conducted a fall risk analysis using data from in-home health visits to create simple, effective ways to predict fall risk, particularly those that may result in a fracture. This type of work supports safe mobility and helps avoid preventable costs.

Through outreach to provider groups, the team tested multiple partnership pathways. The results generated important insights into readiness, barriers, and enabling conditions for collaboration, and are shaping new approaches to engaging with provider groups.

Moving forward, the team plans to expand its data analyses and pursue new provider partnerships aligned with Age-Friendly Health Systems. This will enable IBX to move from pilot testing to more scalable implementation. Members of the IBX team also earned the Certified Professional in Age-Friendly Health Care (CPAFH) credential to demonstrate their proficiency and skill and build on their commitment to supporting the delivery of age-friendly care.

Medica

Medica's MA plan team began integrating the 4Ms Framework into their existing Transition of Care (TOC) case management programming, focusing on MA plan members identified as being at risk for readmission based on predictive modelling. Members were assigned to a control group, with standard outreach, or a test group with enhanced intervention that incorporates the 4Ms.

"It's not adding something additional; it's changing the way you're doing the work already," says Erin Hause, Director, Case Management at Medica. "We didn't add a laundry list

of questions...we looked at the assessments and changed them to better align with age-friendly care.”

The team faced delays as they worked to configure the program. However, this yielded an opportunity to conduct additional training with staff. For example, a regular message to staff now highlights one of the 4Ms each week.

Their efforts to implement the 4Ms supported an **increase in member engagement with TOC programming from 55 percent to 85 percent**. The team used call listening, coaching, and a focus on metrics to drive improvement. “Get people to start talking,” says Heather Davidson, Senior Director, Care and Utilization Management. “There’s a big difference between ‘Do you want to participate in a case management program?’ versus ‘I saw you were recently hospitalized. Tell me about what’s going on.’”

The team plans to evaluate the effectiveness across the two groups at six months post-implementation and embed the enhanced age-friendly approach into the clinical model, with long-term goals to reduce all-cause 30-day readmission rates, increase member retention, and improve their Medicare Star rating.

SCAN Health Plan

At SCAN Health Plan, the team is advancing how the 4Ms can influence patient outcomes, with a focus on asking “What Matters?” through the lens of polypharmacy. The team sees opportunities to develop a more accurate, actionable understanding of what matters to each member that influences care and the other Ms.

Their team’s initial focus is on the dual-eligible population (individuals enrolled in both Medicare and Medicaid), where medication complexity and fragmented care create meaningful risk for preventable harm. The work is designed to embed an interdisciplinary medication review into existing care management workflows, enabling teams to identify members experiencing polypharmacy risk, detect barriers to adherence, and align medication decisions with member priorities over time. They are evaluating cohorts receiving polypharmacy interventions with and without the 4Ms, as well as a third cohort receiving no intervention.

While operational timelines have required careful sequencing alongside broader organizational workflow redesign, leadership buy-in was there from the start. “We’re already using the 4Ms sprinkled across SCAN,” says Reena Acharya, Senior Director, Clinical Center of Excellence at

SCAN. “It just makes sense to our leaders and they’re familiar with it.”

The team added dedicated pharmacy support to bolster this work and determine strategies for referral and engagement. They will measure success through process adoption, member outcomes aligned to medication safety, and preventable acute care utilization. In the future, they hope this initiative can support care management across populations as the organization grows its value-based work.

Lessons Learned

MA Plans participating in the Collaborative found that age-friendly approaches supported their ability to provide better care and services to older adults. Through their work in the Collaborative, participating plans identified core changes to support model implementation.

Across the work of participating MA plans, several key themes emerged from the year-long Collaborative:

- The **interconnectedness of the 4Ms** and the ways they affect key member outcomes, including readmissions and member satisfaction
- The need for **partnership with health systems and providers** to set goals together to advance age-friendly care, including challenges in identifying and connecting with available systems
- The importance of an **interdisciplinary team** to plan and execute age-friendly work within and beyond the health plan
- Asking members, “**What matters to you?**” is a simple and powerful way for MA plan case managers to build stronger connections with members

Next Steps

IHI will continue to provide support for Collaborative participants as they work to sustain and advance their age-friendly efforts. The team is continuing to develop tools and resources for plans and health systems to advance age-friendly care for all older adults, together.

As this work moves forward, IHI and organizations with deep relevant expertise will collaborate to formalize the approach to implementing, improving, and sustaining Age-Friendly MA Plans.

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We are grateful to the participants in the Age-Friendly MA Plan Collaborative for partnering with us to define the role of MA plans in the delivery of age-friendly care. For their efforts, Collaborative participants have been acknowledged by IHI as Pioneer Age-Friendly MA Plans.

What Is an Age-Friendly Health System?

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults: What Matters, Medication, Mentation, and Mobility.

Visit: ihi.org/AgeFriendly