

Opportunities for Accountable Care Organizations to Support Age-Friendly Health Systems

Background

The United States population is aging. The number of older adults, individuals ages 65 years and older, is growing rapidly. As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while in the care of the health system.

To address these challenges, in 2017, The John A. Hartford Foundation (JAHF) 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), set a bold vision to build a social movement so that all care with older adults is age-friendly care.¹

According to our definition, age-friendly care:

- Follows an essential set of evidence-based practices;
- Causes no harm; and
- Aligns with What Matters to the older adult and their family or other caregivers.

Overview of the 4Ms Framework

To obtain recognition by IHI as an Age-Friendly Health System, health care organizations need to demonstrate that they are 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 (see Figure 1).

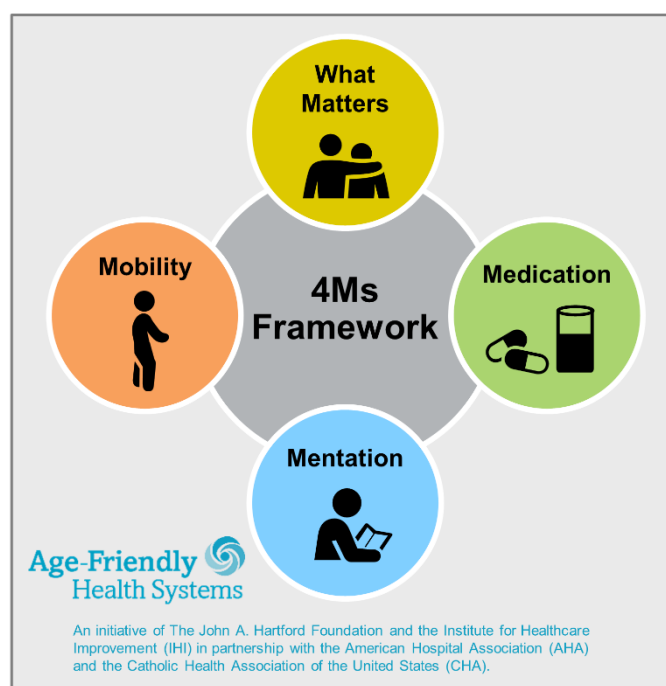
What Matters: Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

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

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



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

There are two levels of Age-Friendly Health Systems recognition that organizations can achieve: Level 1 (Participant), which means the organization has successfully developed plans to implement the 4Ms, and Level 2 (Committed to Care Excellence), which means that the organization has three months of verified data to demonstrate early impact of using the 4Ms.²

The Age-Friendly Health Systems movement is on track to achieve its aim of recognizing 3,600 hospitals, practices, nursing homes, and convenient care clinics as Age-Friendly Health System Participants by December 2026. IHI and The

John A. Hartford Foundation want to continue to increase the scale and spread of the 4Ms Framework of an Age-Friendly Health System to make the health care ecosystem more age-friendly. One pathway to consider is how alternative payment models, such as those incorporated into accountable care organizations (ACOs), can be used to encourage adoption of the 4Ms framework. These arrangements have incentive structures and accountability mechanisms that, when leveraged strategically, can support implementation of the 4Ms.

Scaling the 4Ms: Why ACOs Are Worthy Partners

Alternative payment models (APMs), such as those commonly incorporated into ACO arrangements, provide the Centers for Medicare & Medicaid Services (CMS) with a way to use Medicare payment and reimbursement approaches that incentivize providers to control health care costs while maintaining or improving quality.³ The Health Care Payment Learning and Action Network's annual assessment of participation in APMs found that more than 60 percent of health care payments in 2020 included quality and value requirements.⁴ As ACOs are responsible for the coordination and continuity of care for a patient or population, they may receive financial incentives for delivering care more effectively and efficiently. Most commonly, these arrangements offer ACOs the opportunity to earn a portion of shared savings if they reduce costs and meet or exceed quality targets on process, outcome, and patient experience metrics. Additionally, to the extent that ACOs participate in APMs that include per-member, per-month pre-payment for services, as with CMS' ACO Realizing Access, Equity, and Community Health (REACH) model, ACOs are less constrained by billable service requirements. As such, ACOs are well aligned to adopt an approach like the 4Ms Framework of an Age-Friendly Health System, which promotes improving care delivery and coordination for older adults while also controlling health care costs.⁵ Also lending itself well to future large-scale implementation of the 4Ms, the CMS Innovation Center recently set a goal to have every Medicare fee-for-service beneficiary in an accountable care relationship by 2030.⁶

ACOs are advantageous partners for widespread adoption of the 4Ms framework within health systems given the incentives to implement population health management strategies that best support patients and providers while

also having an impact on cost and quality.⁷ For example, providers at your organization can be reimbursed in Medicare for codes related to population health management such as Transitional Care Management (TCM) and Chronic Care Management (CCM). Using these codes offers providers additional flexibility to spend more time with their patients. Additionally, your ACO may already have the IT infrastructure and data systems, as well as care management staff, to proactively coordinate services for patients with complex care needs.⁸

Having an IT infrastructure in place can help your organization track, monitor, and improve how the 4Ms are being implemented with patients as well as track performance on quality measures. Since your ACO has accountability for meeting established quality measures for various incentive programs, you can track performance on measures that may also be aligned with 4Ms principles. Your ACO can also design the workflows of your care management staff to deliver team-based care and to ensure the 4Ms are delivered consistently to your patients.



How ACOs Are Using Models That Relate to the 4Ms

While many ACOs have yet to pursue the Age-Friendly Health Systems recognition, they often are executing strategies that align with aspects of the 4Ms, and more than that, experiencing results from or being rewarded for implementing practices that address the 4Ms. The examples below describe how some ACO models align with 4Ms adoption, as well as provide building blocks that can be further leveraged in additional efforts to spread the 4Ms.

Currently, ACOs apply a variety of different care management strategies to improve the delivery of care for people with complex care needs. These strategies include identifying people who are at high risk, improving transitions between care settings, engaging people and their families in care decisions, and using programs to help patients address chronic illness.⁹

What Matters: Advance Care Planning and Goals of Care

Capturing What Matters most to the patient (and their caregivers) is an important piece of delivering age-friendly care. Since ACOs are responsible for understanding and engaging with patients about their care needs, being aware of your patients' preferences and goals of care are critically important for adhering to treatment plans. For example, Integra Community Care Network is an ACO that explored efforts to improve the advance care planning process for high-risk beneficiaries who are managed by its complex care management team. Integra also developed an advance care planning training program to help providers integrate best practices for conducting goals-of-care conversations in a more standardized way (specifically leveraging the Serious Illness Conversation Guide, which is also foundational to What Matters in the 4Ms).¹⁰ As part of this program, providers learned about strategies for initiating the conversations, approaches for conducting geriatric assessments, and strategies for managing pain for older adults.¹¹ The end goal was to increase the number of completed and documented goals-of-care conversations for patients in its complex care management programs. Additionally, Integra invested in updating its electronic health record (EHR) to support capturing this information, which is one way that your ACO can consider further streamlining data collection for the 4Ms.¹² Capturing What Matters to patients as part of those discussions resulted in a reduction in care gaps and improved the quality of information providers had to deliver better services.¹³

Leveraging the Annual Wellness Visit

Bellin Health Partners Accountable Care Organization identified the Medicare Annual Wellness Visit (AWV) as a way to improve key metrics related to patient experience, care gaps, total cost of care, and the accuracy of recorded Hierarchical Condition Category (HCC) scores.¹⁴ At the same time, Bellin also explored opportunities to deliver

more team-based care and enable patients to build trusting relationships with providers.

The AWV strategy included four main components: structure the care team, enhance the IT infrastructure and workflows, improve communication between staff and providers, and address provider incentives.¹⁵ To assess the impact, Bellin analyzed the health outcomes for patients who received an AWV in the previous year compared with those who did not. They found that patients who had received an AWV in 2016 had 30 percent fewer service gaps and were 60 percent more likely to have an advance directive in their patient records. Bellin also found that patients who received AWVs had substantially fewer emergency room visits and lower overall health care costs.¹⁶

Similar to Bellin, Ascension St. Vincent Medical Group, a pioneer health system in the Age-Friendly Health Systems initiative, focused on a strategy to increase the number of patients who received an AWV.¹⁷ To achieve this goal, the Ascension St. Vincent Center for Healthy Aging integrated the 4Ms as part of the AWV by creating a 4Ms-focused encounter template for providers.¹⁸ The template maps indicators to each of the 4Ms and includes a recommended action based on the response to the indicator.¹⁹ By embedding this process into providers' workflows, Ascension St. Vincent was able to impact the number of patients who received an AWV as well as age-friendly care, and obtained financial benefits as a result of the increase in completed advance care plans, which can be reimbursed in Medicare.²⁰

In 2019, Ascension St. Vincent estimated a potential annual net income of \$3.6 million if all their efforts, such as using Medicare Wellness Nurses (MWN) to conduct AWVs, to improve the number of Medicare patients who had completed AWVs were successful²¹ (see Appendix A for an example 4Ms AWV template).

Partnering with Emergency Departments

Acute inpatient care is a significant portion of Medicare spending, with nearly one in five Medicare beneficiaries who are discharged from the hospital readmitted within 30 days. As such, reducing avoidable hospital readmissions and ensuring patients are receiving care in the right settings are a major focus for many ACOs.²²

This sparked the American College of Emergency Physicians to create the Geriatric Emergency Department

Accreditation Program (GEDA), which incorporates Age-Friendly 4Ms principles, including:²³

- Standardized screening guidelines for delirium (Mentation);
- Guidelines for standardized falls assessment (Mobility); and
- Guidelines to minimize the use of potentially inappropriate medications (Medication).

Many geriatric EDs are implementing What Matters in their processes for working with older adults.²⁴ There are opportunities to continue to expand on efforts to ensure EDs are following that component of the 4Ms framework.

Reliance Healthcare, for example, partnered with EDs to offer care coordination services to help improve outcomes for patients post-discharge and reduce costs by focusing on preventing avoidable inpatient readmissions.²⁵ This focus on improving care transitions required developing enhanced IT infrastructure to ensure information about medications or changes in care plans were exchanged between the different care settings, as well as establishing relationships with local EDs to help develop effective workflows to improve care coordination.²⁶ Based on data from 2020, Reliance started to see a reduction in avoidable admissions and aims to identify additional measures to assess impacts on cost and quality moving forward.²⁷

Advancing Health Equity

With the commitment to promote health equity, and the launch of the ACO Realizing Access, Equity, and Community Health (REACH) Model, there is an opportunity to highlight how the 4Ms framework can also help your ACO deliver equitable care to older adults. One aspect of the ACO REACH Model is to advance health equity and extend access to accountable care to Medicare beneficiaries in underserved areas, with the goal of reducing health disparities.²⁸ Participating ACOs will be expected to offer high-quality, coordinated care to their patients. The ACO REACH Model will test how health care providers can be incentivized to collaborate across multiple treatment plans, spend more time with patients with complex, chronic conditions, and improve outcomes, which fundamentally aligns with the principles of the 4Ms model.²⁹ Given this focus, your ACO is ripe to test concepts related to age-friendly care that also advance equity.

Return on Investment Considerations

Adopting the 4Ms Framework of an Age-Friendly Health System has the potential to positively impact return on investment (ROI) considerations for ACOs. As shown through examples above, ACOs are implementing approaches related to the 4Ms that are likely to result in improved outcomes while also providing financial benefits. In recent years, CMS created several Medicare reimbursable codes that ACOs can use to support 4Ms implementation, such as Transitional Care Management, Chronic Care Management, Advance Care Planning, and the Medicare Annual Wellness Visit, which are referenced in this Issue Brief. ACOs are using these services to make an impact on reducing avoidable inpatient use by identifying care gaps early, which can result in financial rewards.

ACOs are required to meet performance thresholds on various quality measures as part of different value-based payment initiatives such as the Merit-based Incentive Payment System (MIPS) or Star ratings. These programs have measures that align with the 4Ms but there are some gaps, particularly in depression and behavioral health. However, it is important to note that these programs have expectations that can encourage higher levels of provider performance and lead to potential increases in payment.

Lastly, by implementing age-friendly approaches, there may be potential to see growth in the attributed population if your ACO becomes the provider of choice for older adults.

Challenges

As noted above, the ACO model includes accountability and incentives that align with the goals of 4Ms age-friendly care. That said, one of the largest potential barriers to ACOs adopting the 4Ms framework is difficulty with understanding the potential ROI. The APM requirements that your ACO must adhere to are extensive and sometimes necessitate significant changes to your provider workflow and infrastructure to ensure a positive ROI.³⁰ Providers have highlighted that they often need to spend significant amounts of time or hire consultants to understand the complexities of the various APM incentives as well as keep up with changes to the models.³¹ These complexities can make it challenging for providers to have a clear understanding of bonuses or financial penalties.³²

Additionally, providers may not be fully aware of the impact of their actions on the success of the APM.³³ Lastly, smaller or under-resourced providers may not participate in these models because they may not feel they have the resources (e.g., data infrastructure, training and compliance staff, care management tools) to successfully adopt the concepts.³⁴

Moving Forward

It is important to note that ACOs are already engaging in a number of activities that relate to aspects of the 4Ms Framework of an Age-Friendly Health System and are constantly evaluating opportunities to reduce costs while improving outcomes. ACOs have the data to understand where patients are receiving care outside of individual entities (e.g., practices, hospitals), which is beneficial for managing care transitions. Given their use of alternative payment models, ACOs have been shown to have the right incentives to encourage investment in complex care management infrastructure and adjust their care patterns, such as prescribing more efficient services, emphasizing prevention, and referring to lower cost providers.³⁵

Your ACO has the power to either encourage clinicians you contract with to implement the 4Ms or direct patients to providers that have demonstrated that they are an Age-Friendly Health System, which could further scale and spread the 4Ms framework. The ACO model has the potential to be an effective pathway to increase 4Ms adoption and enhance the care experience of older adults.

The Institute for Healthcare Improvement is grateful to the Center for Health Care Strategies team who devoted their time and passion to this work. Specifically, we would like to thank Torshira Moffett for authoring this Issue Brief, and Amanda Bank, Carrie Graham, Allison Hamblin, and Greg Howe for contributing.

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

References

1. "What Is an Age-Friendly Health System?" Institute for Healthcare Improvement. <https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
2. "Age-Friendly Health Systems Frequently Asked Questions." Institute for Healthcare Improvement. <http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Frequently-Asked-Questions.aspx>
3. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." In: *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021. https://www.medpac.gov/wp-content/uploads/import_data/scrape_files/docs/default-source/default-document-library/jun21_ch2_medpac_report_to_congress_sec.pdf
4. Bendix J. Value-based care gains ground. *Medical Economics*. August 30, 2022. <https://www.medicaleconomics.com/view/value-based-care-gains-ground>
5. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." In: *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.
6. *Innovation Center Strategy Refresh*. Centers for Medicare & Medicaid Services; October 2021. <https://innovation.cms.gov/strategic-direction-whitepaper>
7. Pierce-Wrobel C, Micklos J. "How the Most Successful ACOs Act as Factories of Innovation." *Health Affairs Blog*. January 29, 2018. <https://www.healthaffairs.org/doi/10.1377/forefront.20180124.514403/full/>
8. Mechanic R, Biese K. "The Case for Accountable Care Organizations to Partner With Geriatric Emergency Departments." *Health Affairs Forefront*. February 17, 2022. <https://www.healthaffairs.org/doi/10.1377/forefront.20220215.345116>
9. Peck K, Usadi B, Mainor A, Newton H, Meara E. *How ACOs are Caring for People with Complex Needs*. The Commonwealth Fund; December 2018. <https://www.commonwealthfund.org/publications/fund-reports/2018/dec/how-acos-are-caring-people-complex-needs>
10. *Integra Community Care Network's Approach to Advance Care Planning*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; June 2019. <https://innovation.cms.gov/files/x/aco-casestudy-integra.pdf>
11. *Integra Community Care Network's Approach to Advance Care Planning*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; June 2019.
12. *Integra Community Care Network's Approach to Advance Care Planning*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; June 2019.
13. *Integra Community Care Network's Approach to Advance Care Planning*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; June 2019.
14. *The Evolution of Annual Wellness Visits at Bellin Health Partners Next Generation Accountable Care Organization*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; May 2018. <https://innovation.cms.gov/files/x/aco-casestudy-bellin.pdf>
15. *The Evolution of Annual Wellness Visits at Bellin Health Partners Next Generation Accountable Care Organization*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; May 2018.
16. *The Evolution of Annual Wellness Visits at Bellin Health Partners Next Generation Accountable Care Organization*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; May 2018.

17. Tabbush V, Pelton L, Mate K, Duong T. *The Business Case for Becoming an Age-Friendly Health System*. Institute for Healthcare Improvement; 2021. http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Business_Case_for_Becoming_Age_Friendly_Health_System.pdf
18. Tabbush V, Pelton L, Mate K, Duong T. *The Business Case for Becoming an Age-Friendly Health System*. Institute for Healthcare Improvement; 2021.
19. Key informant interview, July 2022.
20. Tabbush V, Pelton L, Mate K, Duong T. *The Business Case for Becoming an Age-Friendly Health System*. Institute for Healthcare Improvement; 2021.
21. Tabbush V, Pelton L, Mate K, Duong T. *The Business Case for Becoming an Age-Friendly Health System*. Institute for Healthcare Improvement; 2021.
22. Mechanic R, Biese K. "The Case for Accountable Care Organizations to Partner With Geriatric Emergency Departments." *Health Affairs Forefront*. February 17, 2022.
23. *Age-Friendly Health Systems: Guide to Recognition for Geriatric Emergency Department Accredited Sites*. Institute for Healthcare Improvement; April 2022. https://forms.ihl.org/hubfs/Guide%20to%20Recognition%20for%20GEDA%20Sites_FINAL.pdf
24. *Age-Friendly Health Systems: Guide to Recognition for Geriatric Emergency Department Accredited Sites*. Institute for Healthcare Improvement; April 2022.
25. *Reliance Healthcare's Emergency Department Care Coordination Program*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; December 2020. <https://innovation.cms.gov/media/document/aco-casestudy-reliance>
26. *Reliance Healthcare's Emergency Department Care Coordination Program*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; December 2020.
27. *Reliance Healthcare's Emergency Department Care Coordination Program*. Learning Systems for ACOs Case Study. Centers for Medicare & Medicaid Services; December 2020.
28. "ACO REACH." Centers for Medicare & Medicaid Services. <https://innovation.cms.gov/innovation-models/aco-reach>
29. "Provisionally Accepted ACOs and Implementation Period 3 Participant List." Centers for Medicare & Medicaid Services; August 2022. <https://innovation.cms.gov/media/document/aco-reach-provisional-applicants-aug2022>
30. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.
31. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.
32. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.
33. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.
34. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.
35. "Chapter 2: Streamlining CMS's Portfolio of Alternative Payment Models." *June 2021 Report to the Congress: Medicare and the Health Care Delivery System*. Medicare Payment Advisory Commission; June 2021.

Appendix A: Example 4Ms Annual Wellness Visit Template

What Matters					
How would you rate your health?	Excellent	Good	Fair	Poor	
What matters most to the patient?	Notes:				
Specific health outcome goals to achieve what matters most	Goal 1:		Goal 2:		Goal 3:
Care preferences	Prefers home health	Prefers curative treatment options	Prefers minimally invasive treatment options	Prefers palliative care	Prefers hospice
Advance directive	Advance health directive on file		Advance health directive not on file		
Medications					
Medication List Reviewed	Medication reconciliation performed		Medication reconciliation not performed		
	Medication reviewed by:				
	Taking medications as directed		Not taking medications as directed		
High Risk Medications	Not currently taking high-risk medications		Currently taking high-risk medications		
	Sleep medications	Benzodiazepines	Highly anticholinergic medications		
	Antipsychotics	Muscle relaxants	Opioids	Tricyclic antidepressants	
Perception of Medication Barriers	None	Non-adherence	Ineffective symptom control	Medication cost	
	Interferes with sleep/activities	Lack of trust/communication with provider	Not helping illness	Personal beliefs	
	Taking pills is unpleasant	Trouble swallowing	Transportation issues	Other:	
Questions or Concerns Regarding Medications or Medication Routines	Notes:				
Problems with Home Medications	None		Non mechanism for timely refill	Difficulty obtaining medication	
	Lack of transportation	Lack of money	Uses multiple pharmacies	Other:	
Mentation					
Dementia Tool	Mini-Cog	SLUMS		MOCA	
Dementia Finding	Unremarkable	Needs further follow-up	Not completed	Not applicable	
Depression	PHQ2/PHQ9 completed and reviewed		PHQ2/PHQ9 not completed		
Mobility					
Screen for Mobility Limitations	STEADI screening completed and reviewed				
	Unremarkable		Increased risk		
Additional fall assessment performed:					