Age-Friendly Health Systems

Friends of Age-Friendly Call

October 7, 2024 – 12:00 ET

Age-Friendly Health Systems is 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).

Participating in Today's Discussion

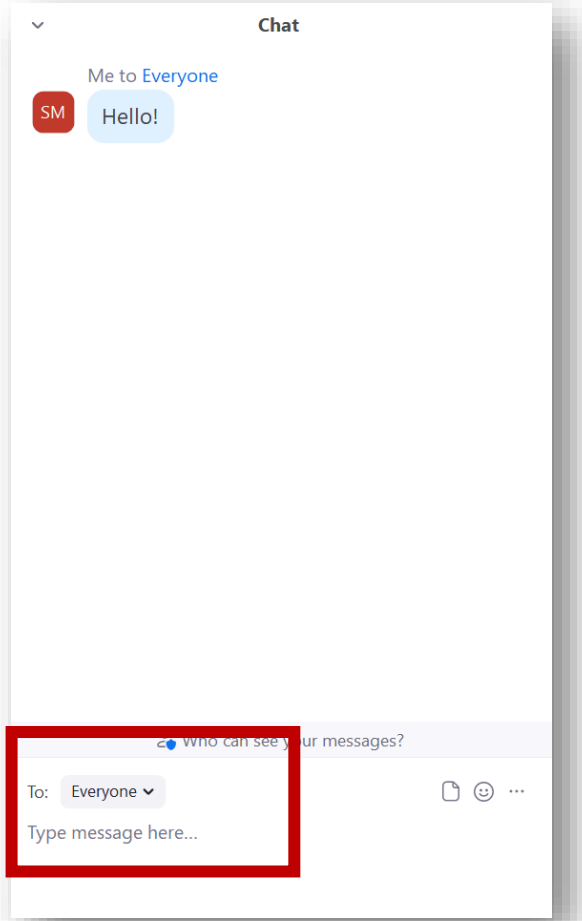
Using the Chat

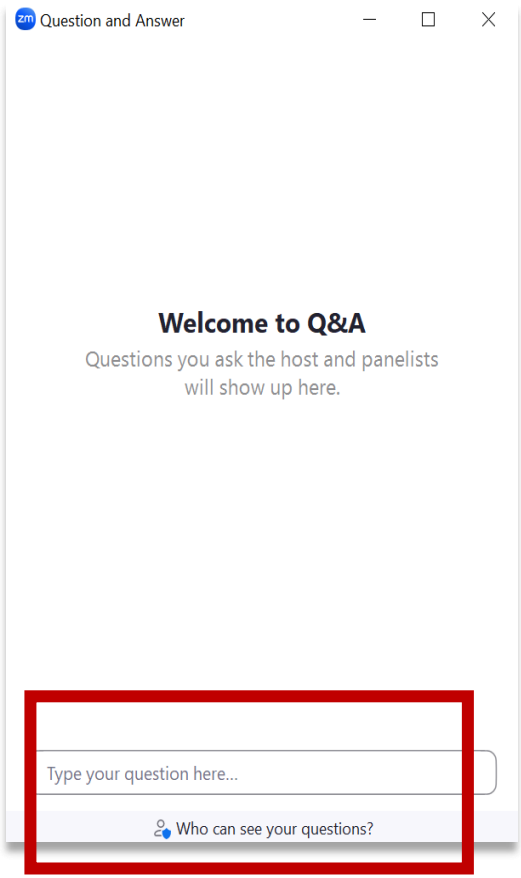
Select "**Everyone**" from the dropdown menu before sending in your comments

Using the Q&A

Click on "Q&A" at the bottom of the screen

Raise your hand if you would like to speak up





Age-Friendly Health Systems

Agenda

12:00 ET	**Welcome and Call Logistics** Kedar Mate, IHI
12:10 ET	**Age-Friendly Health Systems Research Network** Julia Adler-Milstein
12:15 ET	**CMS Measure** Dr. Michelle Schreiber
12:30 ET	**AHRQ Overview** Dr. Arlene Bierman
12:40 ET	**Q&A**
12:58 ET	**Closing**

Age-Friendly Health Systems

Welcome to the Age-Friendly Health Systems Movement

Build a movement so ***all care*** with older adults is equitable **age-friendly care**:

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

The John A. Hartford Foundation

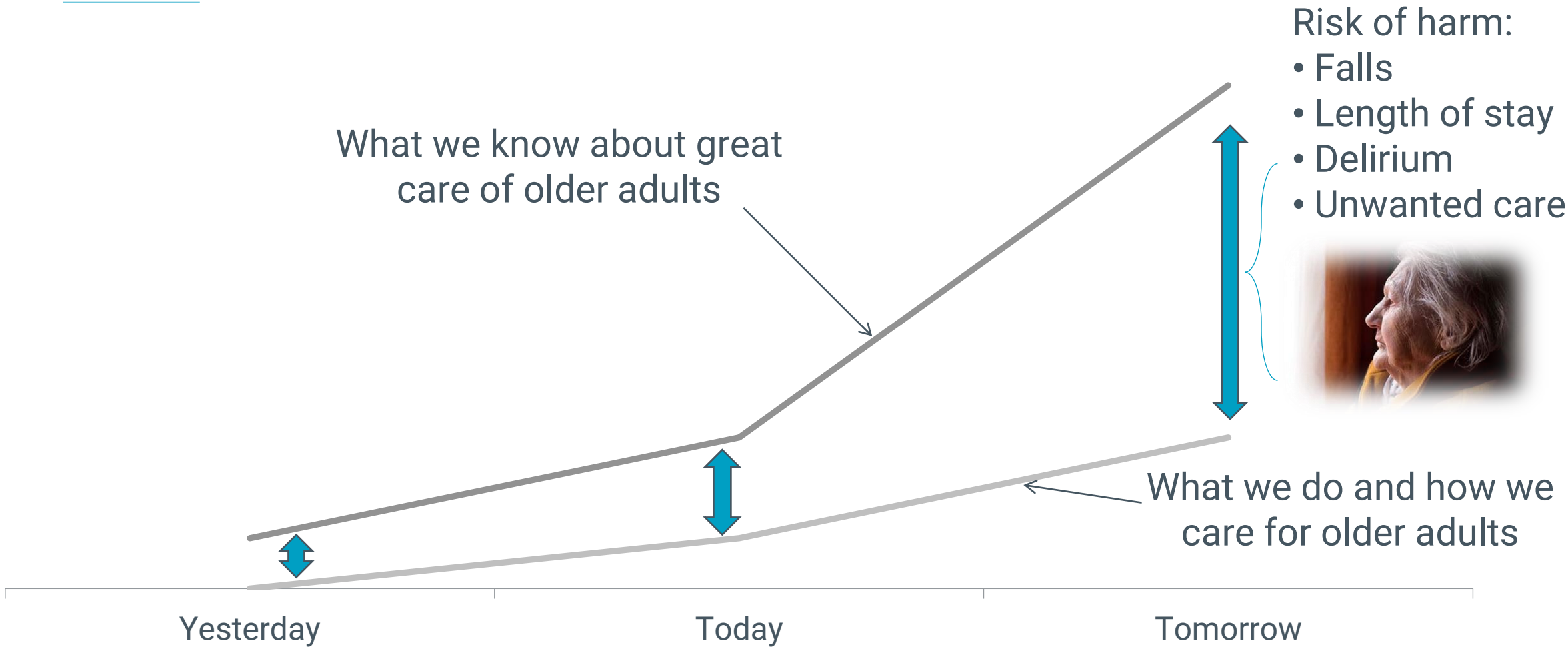
American Hospital Association

CHA Catholic Health Association of the United States

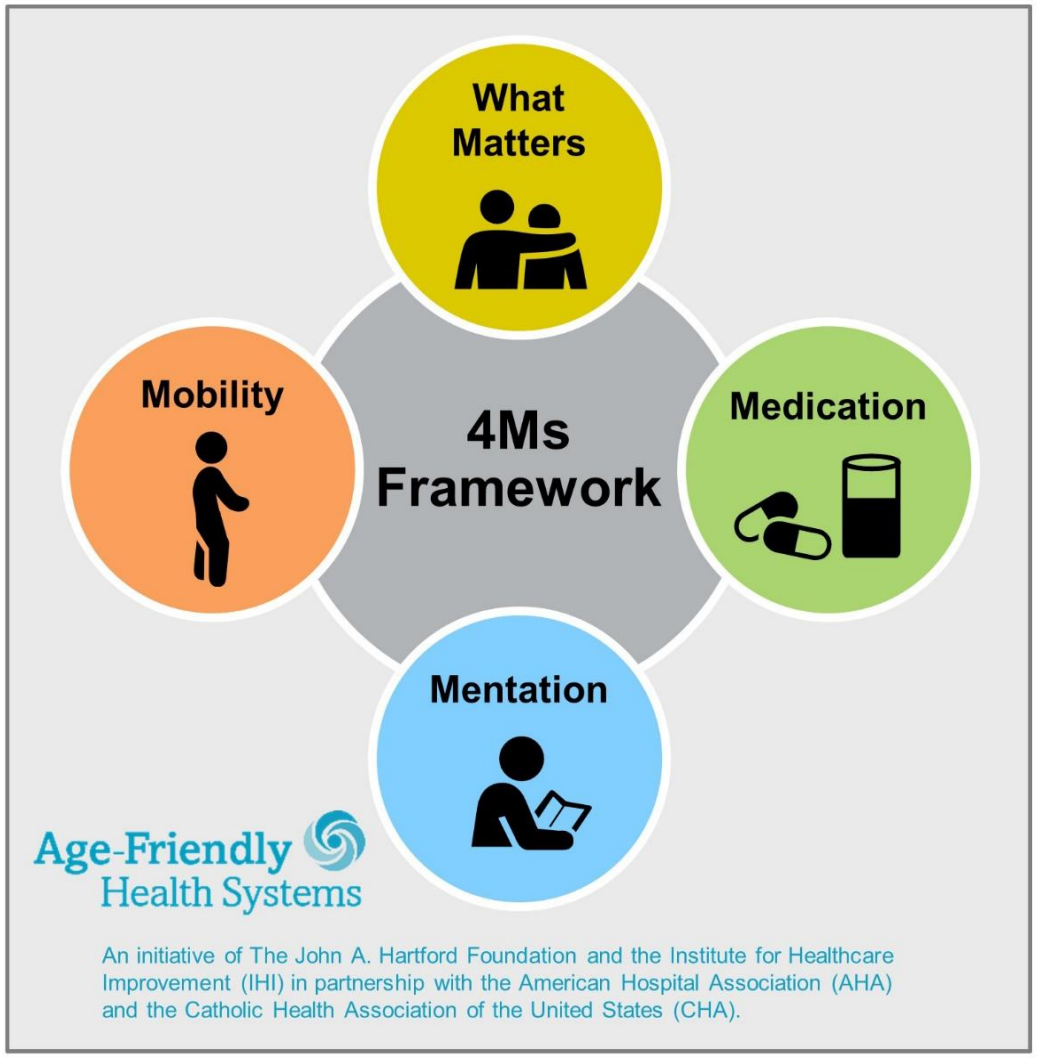
Institute for Healthcare Improvement

Age-Friendly Health Systems

Background:
Know-do gap causes harm to older adults



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 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.

Age-Friendly Health Systems

Age-Friendly Health Systems is Closing the Gap

Age-Friendly Health Systems
Participant

4508

Hospitals, practices, convenient care clinics, and nursing homes

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

2287*

Hospitals, practices, convenient care clinics, and nursing homes have shared the count of older adults reached with 4Ms care for at least three months

More than 3,750,000 older adults have been reached with 4Ms care

**Age-Friendly Health Systems* count is inclusive of hospitals and practices that went on to be recognized as *Age-Friendly Health Systems-Committed to Care Excellence*

Age-Friendly Health Systems

DOI: 10.1111/jgs.19083

MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

Journal of the American Geriatrics Society

Early clinical and quality impacts of the Age-Friendly Health System in a Veterans Affairs skilled nursing facility

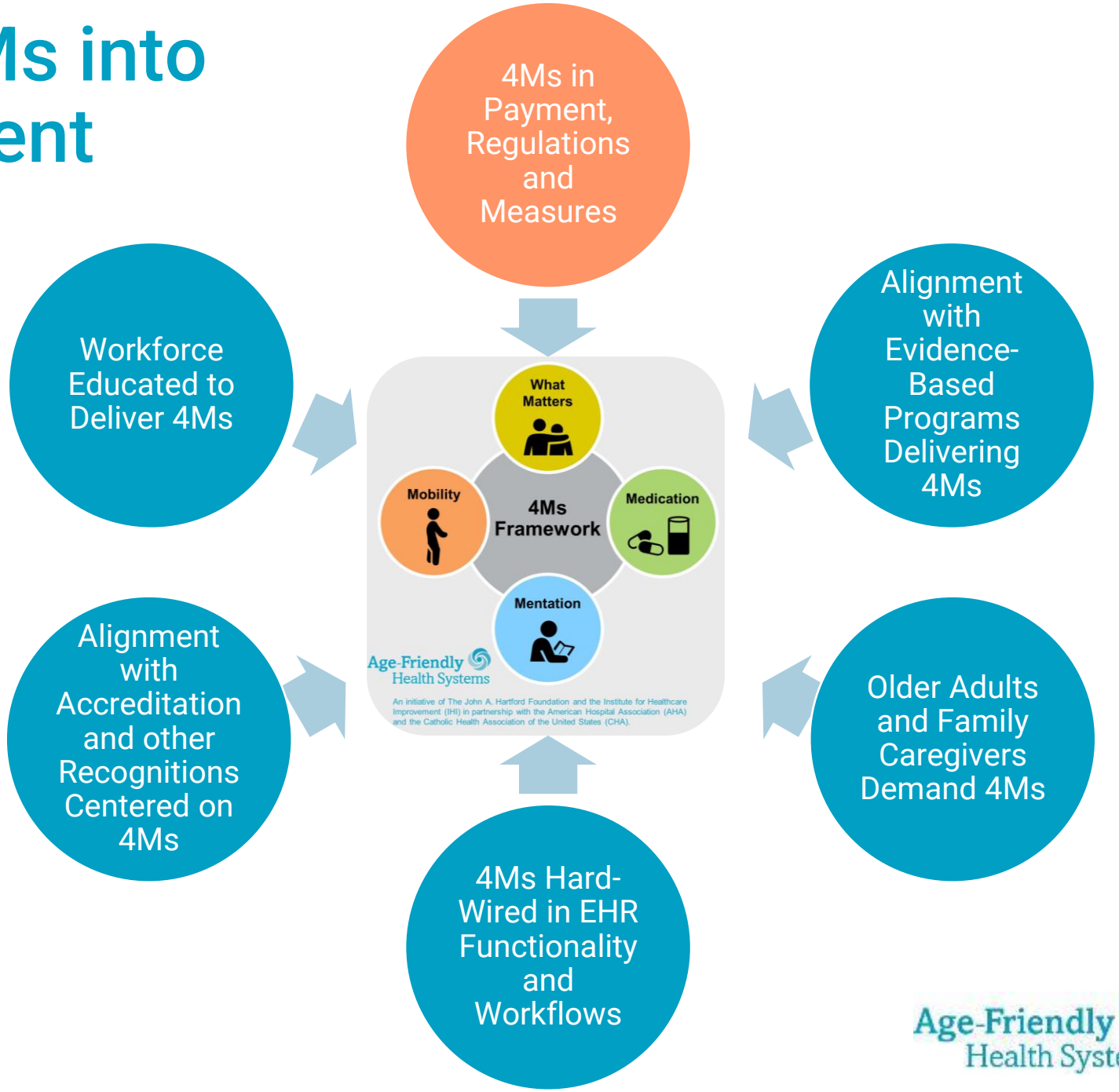
Sarah E. King MD[1,2] | Marcus D. Ruopp MD[1,3] | Chi T. Mac PharmD[1] | Kelly A. O'Malley PhD[1,3,4] | Jordana L. Meyerson MD, MSc[1,3] | Lindsay Lefers PT, DPT[1] | Jonathan F. Bean MD, MPH[4,5,6] | Jane A. Driver MD, MPH[1,3,7] | Andrea Wershof Schwartz MD, MPH, AGSF[1,3,4,7,8]

Short Stay (Rehab)	Long Term Care
↓48% ED utilization	↓73% ED utilization
↓30% rehospitalization (30d)	↓64% hospitalizations
↑19% discharge to community	

Age-Friendly Health Systems

IHI Integrates 4Ms into Macro Environment

Aim is for 4Ms to become standard of care provided across the health care system and demanded by older adults and family caregivers



Age-Friendly Health Systems

Presenter from Age-Friendly Health Systems Research Network

Julia Adler-Milstein, MD

Chief of Division of Clinical Informatics & Digital Transformation

Professor of Medicine at University of California – San Francisco

Sunny C. Lin, PhD, MS

Assistant Professor at Washington University in St. Louis School of Medicine

Age-Friendly Health Systems

- Bring together any interested AFHS researchers and practitioners doing research or interested in research
  - Across all care settings and patient populations

- Create opportunities to network, collaborate, share work-in-progress, learn about resources and issues

- Begin with monthly webinars. Upcoming topics include:
  - Caregiving in AFHS
  - EHR Documentation of the 4Ms
  - Equity in AFHS

To Join the Network or Learn More

Visit https://AFHSResearchNetwork.ucsf.edu

Contact: linsc@wustl.edu or jade.christey@ucsf.edu

Presenter from CMS

Michelle Schreiber, MD

Deputy Director, Center for Clinical Standards and Quality
Director of the Quality Measurement and Value-Based Incentives Group
Centers for Medicare and Medicaid Services

Age-Friendly Health Systems

Supporting Age-Friendly Health Care Excellence for Older Adults

Michelle Schreiber, M.D.

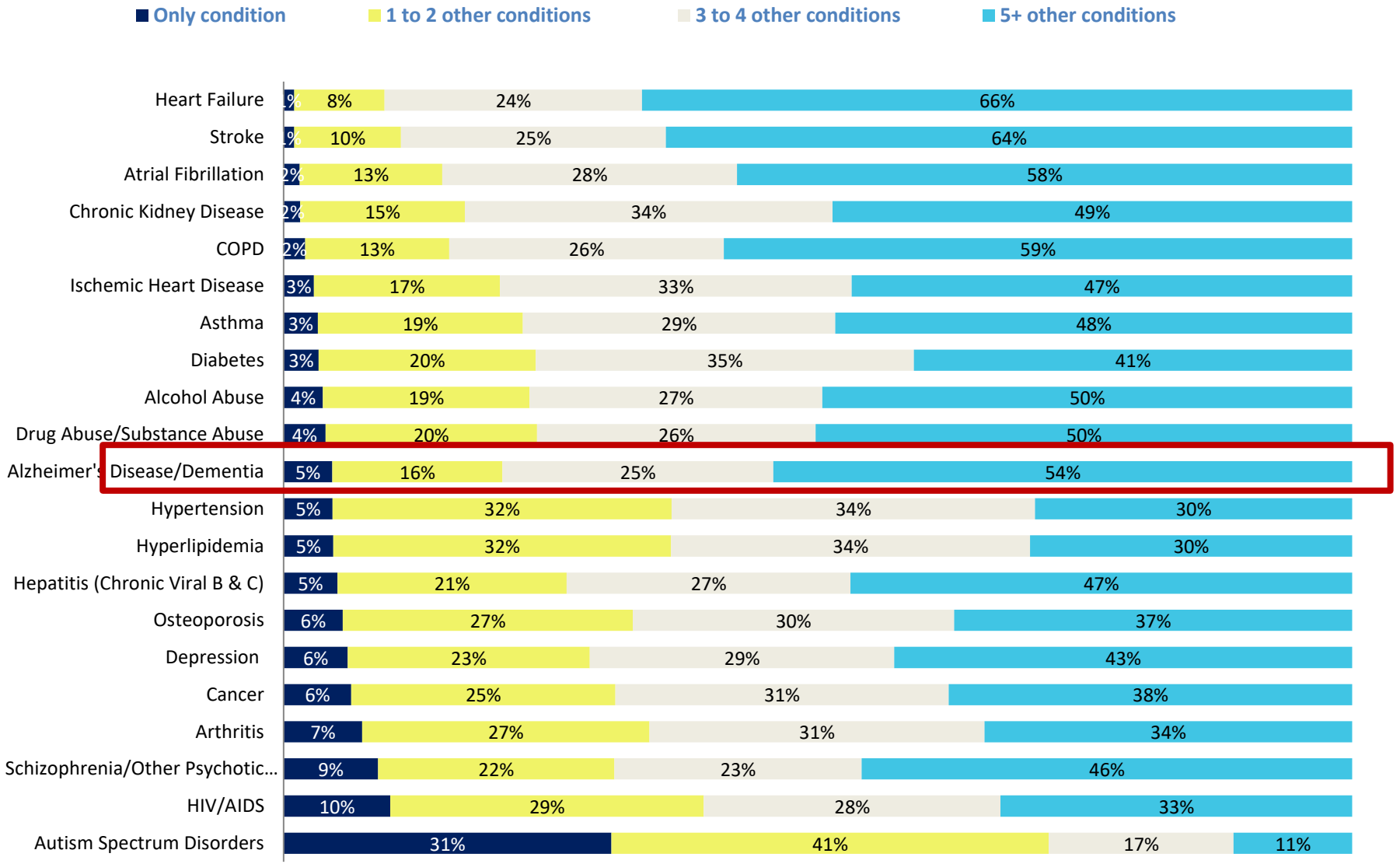
Deputy Director, Center for Clinical Standards and Quality - CMS

Michelle.Schreiber@cms.hhs.gov

The Graying of America

- Over 54 million Americans age 65+ … by 2060 estimate is 95 million
- Medicare insurance covers most all
- Many have one or more chronic condition and take multiple medications
- Although many are independent, many are facing transitions to greater dependency and reliance on others
- Often community and family support lacking
- Support and practice of the 4M’s of care may reduce readmissions, reduce length of hospital stay, and promote better outcomes

Percentage of Medicare FFS Beneficiaries with 21 Selected Chronic Conditions: 2021



Promoting Age Friendly Healthcare

- What Matters
- Medication
- Mentation
- Mobility
- 5th M – multicomplexity

- *Evidence based framework for assessing and acting upon critical issues in the care of older adults across care settings and transitions of care*

Age Friendly Attestation Measure

- Hospital commitment to improving care for patients >65 yo who are receiving services in the hospital, operating room or emergency department.
- Consists of 5 domains that each address an essential aspect of clinical care for the older patient. 10 total questions in these 5 domains.
- The attestation is met when all domain components are met (each question is scored; the domain receives a point only if all questions are attested positive. The total score is between 1-5 depending on the number of domains achieving the full score.
- Measure developer is American College of Surgeons

Domains – Aligns with “4M’s”

- Eliciting Patient Health Care Goals
- Responsible Medication Management
- Frailty Screening and Intervention (mobility, mentation and malnutrition)
- Social vulnerability (social isolation, economic insecurity, limited access to healthcare, caregiver stress, elder abuse)
- Age Friendly Care Leadership

Domain 1: Elicit Patient Healthcare Goals

- *Description*: This domain focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care. Please attest that your hospital engages in the following:
- 1. Established protocols are in place to ensure patient goals related to healthcare (i.e., health goals, treatment goals, living wills, identification of health care proxies, advance care planning) are obtained/reviewed and documented in the medical record. These goals are updated before major procedures and upon significant changes in clinical status.

Domain 2: Responsible Medication Management

- *Description*: This domain aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm. Please attest that your hospital engages in the following.
- 2. Medications are reviewed for the purpose of identifying potentially inappropriate medications (PIMs) for older adults as defined by standard evidence-based guidelines, criteria, or protocols. Review should be undertaken upon admission, before major procedures, and/or upon significant changes in clinical status. Once identified, PIMS should be considered for discontinuation, and/or dose adjustment as indicated

Domain 3: Frailty Screening and Intervention

Description: This domain aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate. Please attest that your hospital engages in the following.

- 3. Patients are screened for risks regarding mentation, mobility, and malnutrition using validated instruments ideally upon admission, before major procedures, and/or upon significant changes in clinical status.

- 4. Positive screens result in management plans including but not limited to minimizing delirium risks, encouraging early mobility, and implementing nutrition plans where appropriate. These plans should be included in discharge instructions and communicated to post-discharge facilities.

- 5. Data are collected on the rate of falls, decubitus ulcers, and 30-day readmission for patients > 65. These data are stratified by sex/gender, race, age, and ethnicity.

- 6. Protocols exist to reduce the risk of emergency department delirium by reducing length of emergency department stay with a goal of transferring a targeted percentage of older patients out of the emergency department within 8 hours of arrival and/or within 3 hours of the decision to admit.

Domain 4: Social Vulnerability

- *Description*: This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan. Please attest that your hospital engages in the following:

- 7. Older adults are screened for geriatric specific social vulnerability including social isolation, economic insecurity, limited access to healthcare, caregiver stress, and elder abuse to identify those who may benefit from care plan modification. The assessments are performed on admission and again prior to discharge.

- 8. Positive screens for social vulnerability (including those that identify patients at risk of mistreatment) are addressed through intervention strategies. These strategies should include appropriate referrals and resources for patients upon discharge

Domain 5: Age Friendly Care Leadership

- *Description:* This domain seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure. Please attest that your hospital engages in the following:
- 9. Our hospital designates a point person and/or interprofessional committee to specifically ensure age friendly care issues are prioritized, including those within this measure. This individual or committee oversees such things as quality related to older patients, identifies opportunities to provide education to staff, and updates hospital leadership on needs related to providing age friendly care.

- 10. Our hospital compiles quality data for related to the Age Friendly Hospital measure. These data are stratified by sex/gender, race, age, and ethnicity and should be used to drive improvement cycles.

Measurement Gaps – Ideas for Future

- Mobility
- Number of medications “inappropriate” using Beers criteria (there is a MIPS measure)
- Social Isolation (consideration for adding to SDOH)
- CLAS – Culture and Language
- Advance Directives – in discussion for development
- Addition of MA data – in progress
- Equity Stratification – in progress

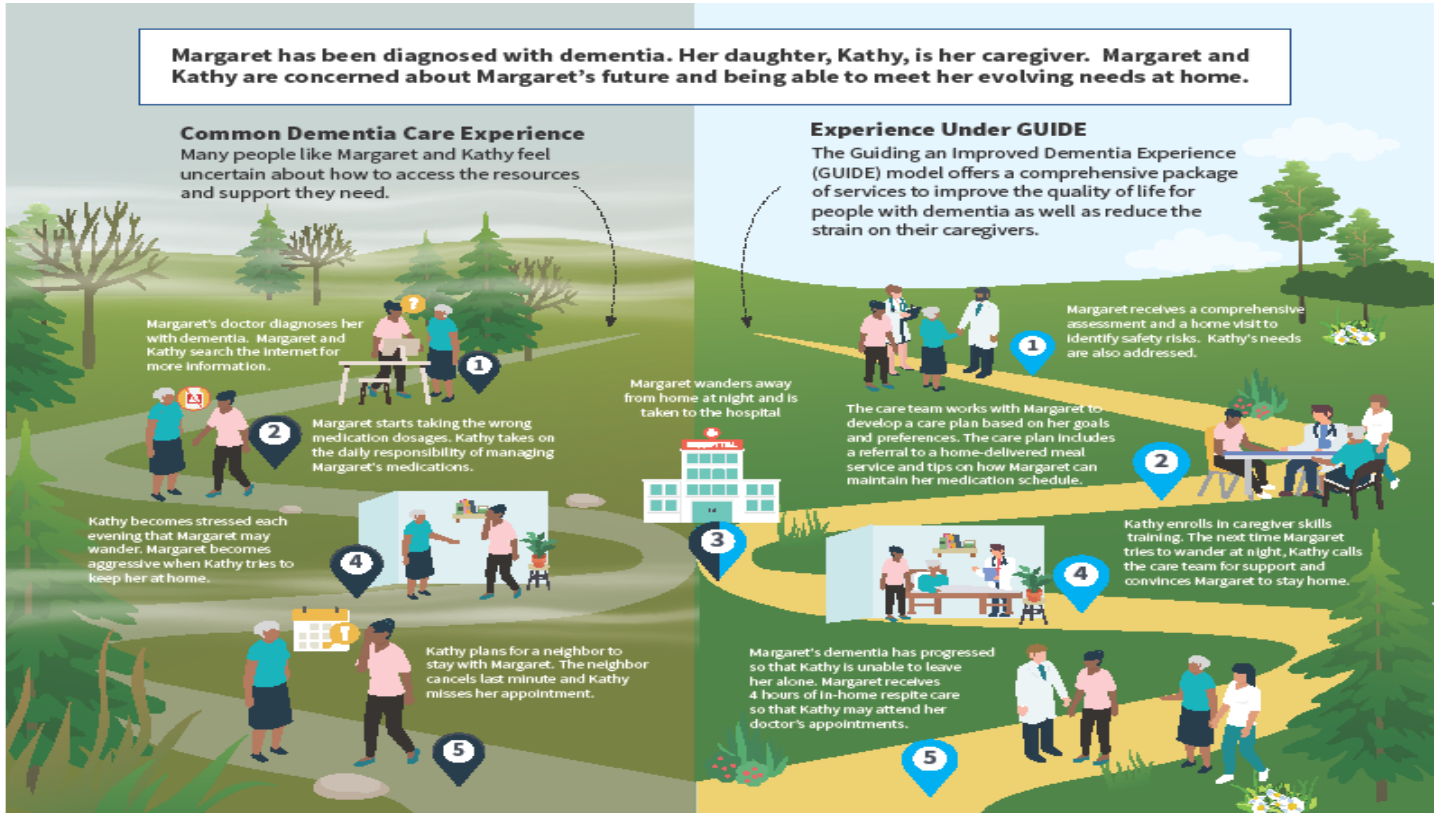
Recent CMS Actions To Support Caregivers

- Released four action briefs for state Medicaid and partner agencies delivering services to people with intellectual and developmental disabilities and their aging parents/unpaid caregivers
- Issued a rule finalizing policy changes for Medicare payments under the Physician's Fee Schedule that began in January 2024, to pay certain practitioners to train caregivers to support people with particular diseases or illnesses in carrying out a treatment plan
- Announced the GUIDE Model, an 8-year voluntary model to test an alternative payment methodology for participating dementia care programs delivering a tiered package of care management and coordination, caregiver education and support, and respite care to Medicare beneficiaries
- Medicare also covers a caregiver-focused health risk assessment (e.g. depression inventory) for the benefit of the patient; short-term, facility-based respite care for people with Medicare enrolled in hospice
- Other Medicare services like advance care planning, cognitive assessment and care planning, and chronic care management could indirectly benefit unpaid caregivers

The Guiding an Improved Dementia Experience Model

The GUIDE Model will test whether a comprehensive package of care coordination and management, caregiver support and education, and respite services can improve quality of life for people living with dementia and their caregivers while delaying avoidable long-term nursing home care and enabling more people to remain at home through end of life

https://www.cms.gov/priorities/innovation/innovation-models/guide



AGS24 VIRTUAL ANNUAL SCIENTIFIC MEETING

Steps any organization can take to promote care of elderly

- Understand the current state – assess current practices and resources
- Explicit articulation of what “age friendly care” means
- Establish leader and multi-disciplinary team that is recognized and supported by leadership and governance
- Set goals (aspirational and practical)
- Design workflow to deliver care consistent with 4Ms
- Provide care that supports 4M’s
- PDCA – study your performance – look at your data; select care setting
- Improve and sustain

THANK YOU!

Presenter from AHRQ

Arlene S. Bierman, MD, MS

General Internist, Geriatrician, and Health Services Researcher

Chief Strategy Officer of the Agency for Healthcare Research and Quality (AHRQ)

Age-Friendly Health Systems



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

AHRQ

AHRQ's Strategic Plan: Advancing Health System Transformation to Optimize Health, Functional Status, and Well-being among Older Adults

IHI Friends of Age-Friendly Webinar

Arlene S. Bierman, MD, MS
Chief Strategy Officer, AHRQ

October 7, 2024

Agency for Health Care Research and Quality Mission

www.ahrq.gov

To produce evidence to make health care safer, higher quality, more accessible, equitable and affordable

To work with HHS and other partners to make sure that the evidence is understood and used

AHRQ's Priorities

The Challenge: Demographics and Population Health (or the Why)

- The US population is aging but **our health system is woefully unprepared**.
- The population age 65 and older increased from 39.6 million in 2009 to 54.1 million in 2019 (a 36% increase) and is projected to reach **94.7 million in 2060**.
- Life expectancy and activity life expectancy are declining as **inequities** on these measures associated with race/ethnicity and socioeconomic position are **widening**.
- **Low income and minority individuals age faster** (weathering).
- Much of this **morbidity and mortality is preventable**.

Health System Transformation:
Improving Quality and Outcomes of Care for Older Adults
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- **Healthcare in the US falls short** of achieving the objectives of improving individual and population health.
- Our health system **is ill-designed** to foster active/health aging –
  - ► **Disease focused rather than person-centered**
  - ► **Focused on illness rather than wellness**
- **Quality is suboptimal** and care is fragmented, difficult to navigate, and burdensome.
- The cost of **waste** in the health care system has been estimated to ranged from **$760 billion to $935 billion,** accounting for approximately 25% of total health care spending. (Shrank, JAMA 2019)
- Economic analyses have found that a slowdown in aging that increases life expectancy by 1 year is **worth $38 trillion over one year, and $367 trillion over 10 years.** (Scott, Nature Aging 2021)
- **Clinician burnout** is a major problem has been exacerbated by the COVID pandemic.

The Challenge of Multiple Chronic Conditions

- **Disease-specific vs. person-centered approaches.** Disease-specific approach to care delivery and research is misaligned with the **whole person-centered needs** of patients and caregivers.
- **Interoperability obstacles in complex care.** People with MCC require care in multiple settings, from multiple providers. **Data do not easily move across settings of care**.
- **Health equity.** People from low-income backgrounds and under-represented racial or ethnic groups develop MCC at **higher rates and earlier ages**.

People with MCC account for:

64%	70%	83%	71%	93%
OF ALL **Clinician Visits**	OF ALL **In-Patient Stays**	OF ALL **Prescriptions**	OF ALL **Healthcare Spending**	OF ALL **Medicare Spending**

NEARLY

1 IN 3 American Adults & **4 IN 5** Medicare Beneficiaries

ARE LIVING WITH MCC, THE **MOST COMMON CHRONIC CONDITION**

CMS 2018: *https://www.cms.gov/data-research/statistics-trends-and-reports/chronic-conditions/chartbook-and-charts*;
AHRQ 2010: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf;
Quiñones, et al. Racial/ethnic differences in multimorbidity development and chronic disease accumulation for middle-aged adults. *PLoS One*, 2019;14(6), PMID: 31206556.

AHRQ's Strategic Plan: Vision

All Americans receive high-quality person-centered care based in primary care that optimizes health, functional status, and well-being well-being as they age, and advances health equity.

https://www.ahrq.gov/priority-populations/publications/aging-well.html

Person-Centered Care

"Person-centered care" means that individuals' values and preferences are elicited and, once expressed, guide all aspects of their health care, supporting their realistic health and life goals. Person-centered care is achieved through a dynamic relationship among individuals, others who are important to them, and all relevant providers. This collaboration informs decision-making to the extent that the individual desires.

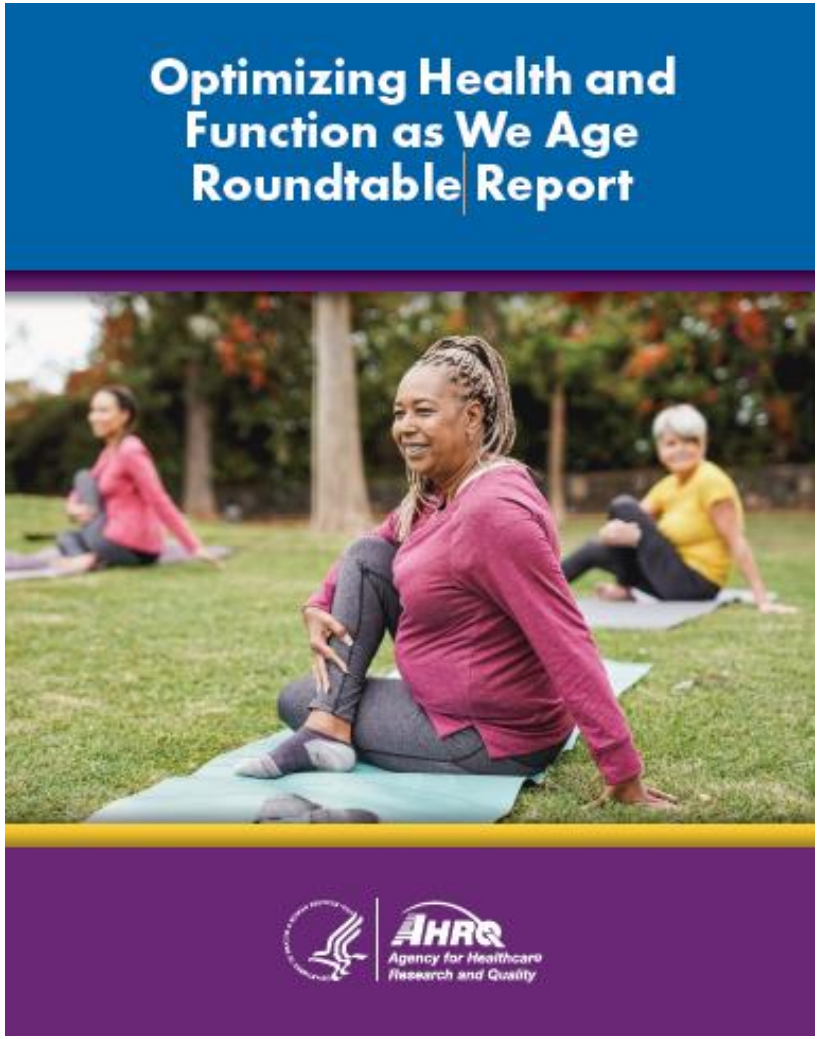
"Person-Centered Care: A Definition and Essential Elements" The American Geriatrics Society Expert Panel on Person-Centered Care, December 2015
https://www.ncbi.nlm.nih.gov/pubmed/26626262

AHRQ's Strategic Plan: Advancing Health System Transformation to Optimize Health, Functional Status, and Well-being among Older Adults

- Support health system transformation by **funding research to develop, implement, evaluate, and scale person-centered models of care** to optimize physical and mental health, functional status, and well-being among older adults for individuals and populations.
- **Disseminate and implement evidence** to improve health outcomes and experience of care of older adults.
- **Support training and mentoring** of health services researchers with expertise in improving care delivery for older adults.
- **Expand and create synergies across AHRQ's portfolio** to support health system transformation to improve care quality such that it is timely, equitably distributed, safe, and effective, leading to better health and well-being for older adults and widely communicate that aging is a priority of AHRQ to internal and external audiences.
- **Develop strong federal, health system, public health, and private sector partnerships** to transform health care delivery to meet the needs of an aging population.

https://www.ahrq.gov/priority-populations/publications/aging-well.html

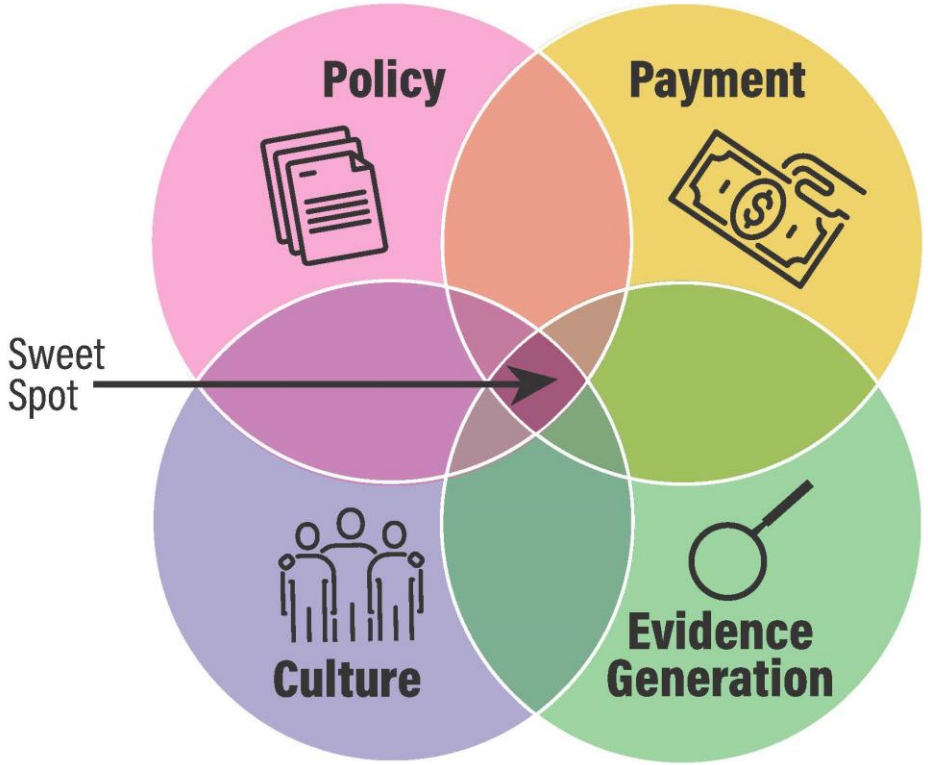
AHRQ Roundtable Report



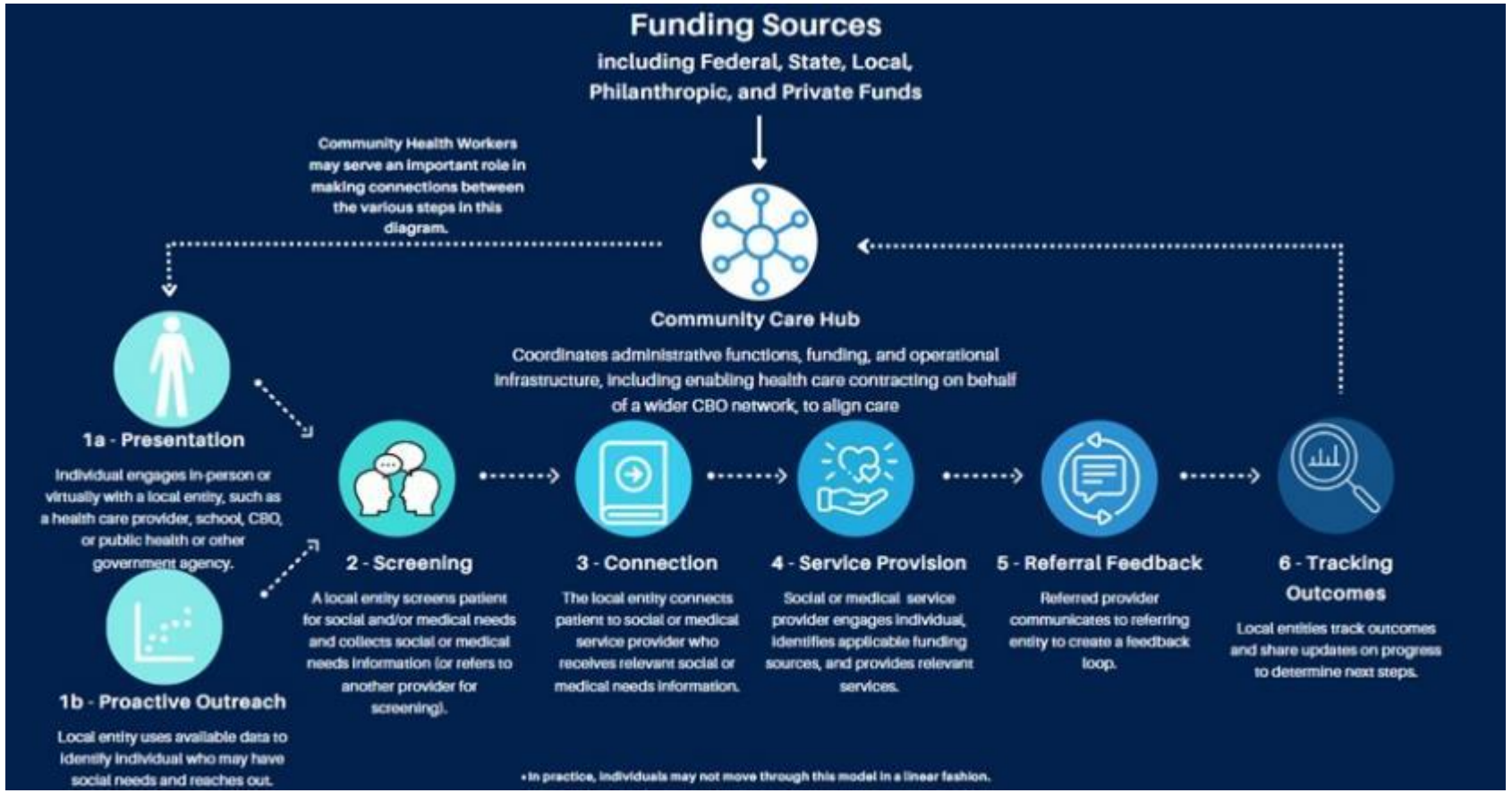
AHRQ's *Optimizing Health and Function as We Age Roundtable Report* summarizes a roundtable of approximately 40 multidisciplinary experts who discussed how AHRQ can impact the research, dissemination and implementation of evidence to improve the organization and delivery of healthcare with the goal of optimizing the health, functional status and well-being of the U.S. population as it ages.

https://www.ahrq.gov/news/healthy-aging-roundtable.html

Health System Transformation and Aging Well
The "Sweet Spot"

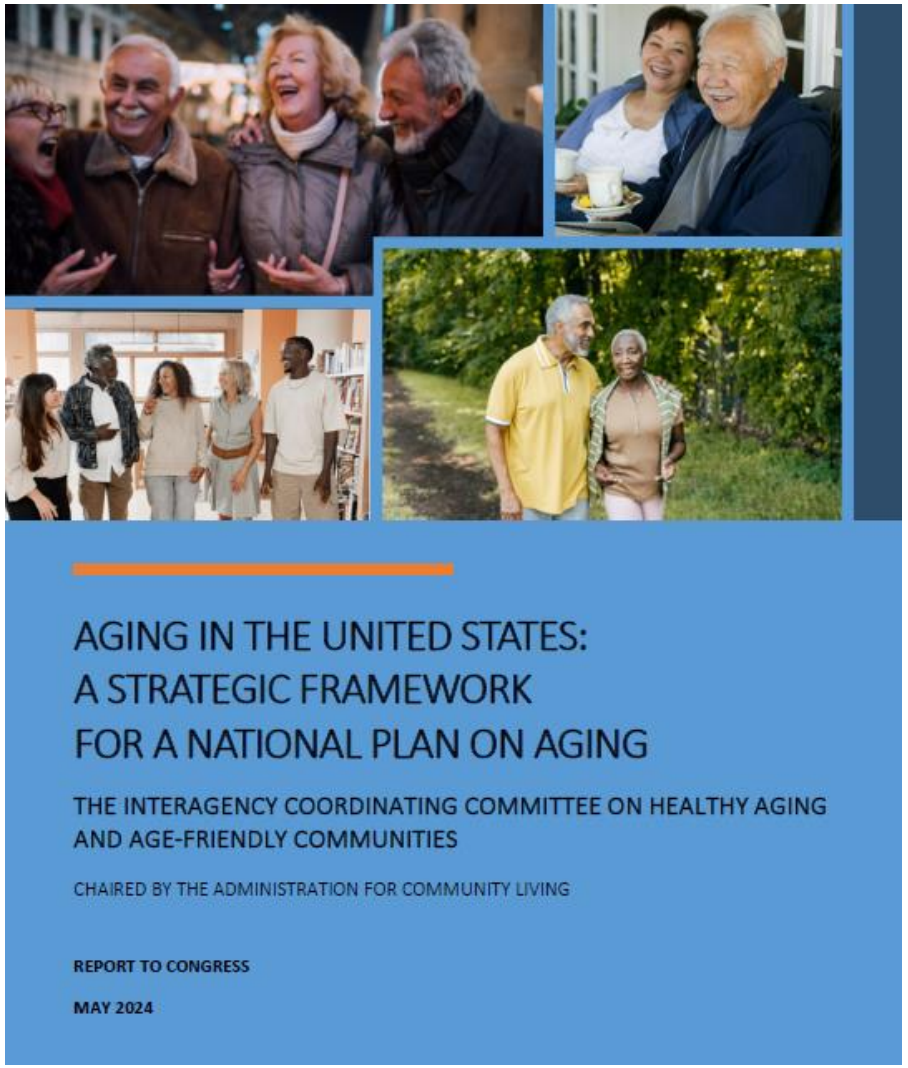


Integrating Health and Social Care



Improving Health And Well-Being Through Community Care Hubs
https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs

Report to Congress



https://acl.gov/sites/default/files/ICC-Aging/StrategicFramework-NationalPlanOnAging-2024.pdf

Applicants Sought to Establish State-based Healthcare Extension Cooperatives

A Notice of Funding Opportunity seeks applicants to establish and support state-based Healthcare Extension Cooperatives to accelerate dissemination and implementation of patient-centered outcomes research (PCOR) evidence into healthcare delivery. Up to 15 grants for up to $25 million each over 5 years. The Cooperatives' activities will be aimed at supporting states' efforts to improve healthcare policy, align payment incentives, and advance clinical practice, and to reduce healthcare disparities, especially among people who receive Medicaid, are uninsured, or are medically underserved. AHRQ's Healthcare Extension Service: State-based Solutions to Healthcare Improvement is a 5-year program that includes three components: **Healthcare Extension Cooperatives, a National Coordinating Center, and a National Evaluation Center**.

Person-Centered Care

- There is “interest in interventions that could be **transformational** in nature**,** providing **whole-person, person-centered care**, potential for **addressing health-related social needs**, and **tailoring interventions across the life course**.”

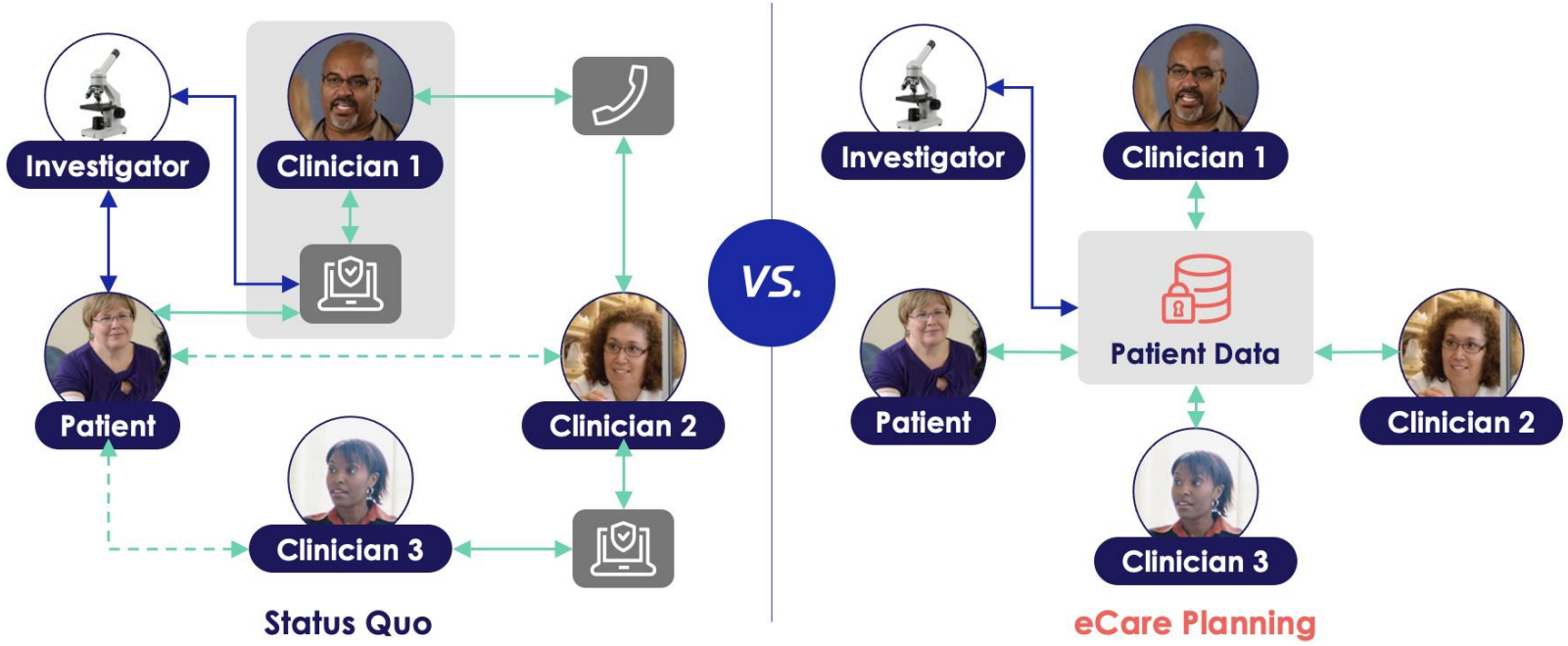
- There is opportunity for states to propose or incorporate person-centered approaches to improving care. This also provides the opportunity to address the needs of older adults and those living with or at risk for MCC.

NEW: Special Emphasis Notice (SEN) Improving Care for Older Adults

Health Services Research to Improve Care Delivery, Access, Quality, Equity, and Health Outcomes for Older Adults"
https://grants.nih.gov/grants/guide/notice-files/NOT-HS-24-013.html

- This SEN conveys AHRQ's interest in supporting health services research to conduct research that will address questions related to the development, implementation, evaluation, and scale of person-centered models of care to optimize physical and mental health, functional status, and the well-being among older adults. This SEN builds on AHRQ's prior work, including the *Optimizing Health and Function as We Age Roundtable Report* , Research Agenda for Transforming Care for People with Multiple Chronic Conditions, and the Multiple Chronic Conditions e-careplan. It also supports AHRQ's ongoing commitment to the inclusion of priority populations in health services research (About Priority Populations | Agency for Healthcare Research and Quality (ahrq.gov).

Comprehensive Standards-Based eCare Planning
AHRQ/NIDDK eCare Plan



AHRQ NIDDK eCare Plan

HL7® MCC eCare Plan FHIR Implementation Guide (IG)

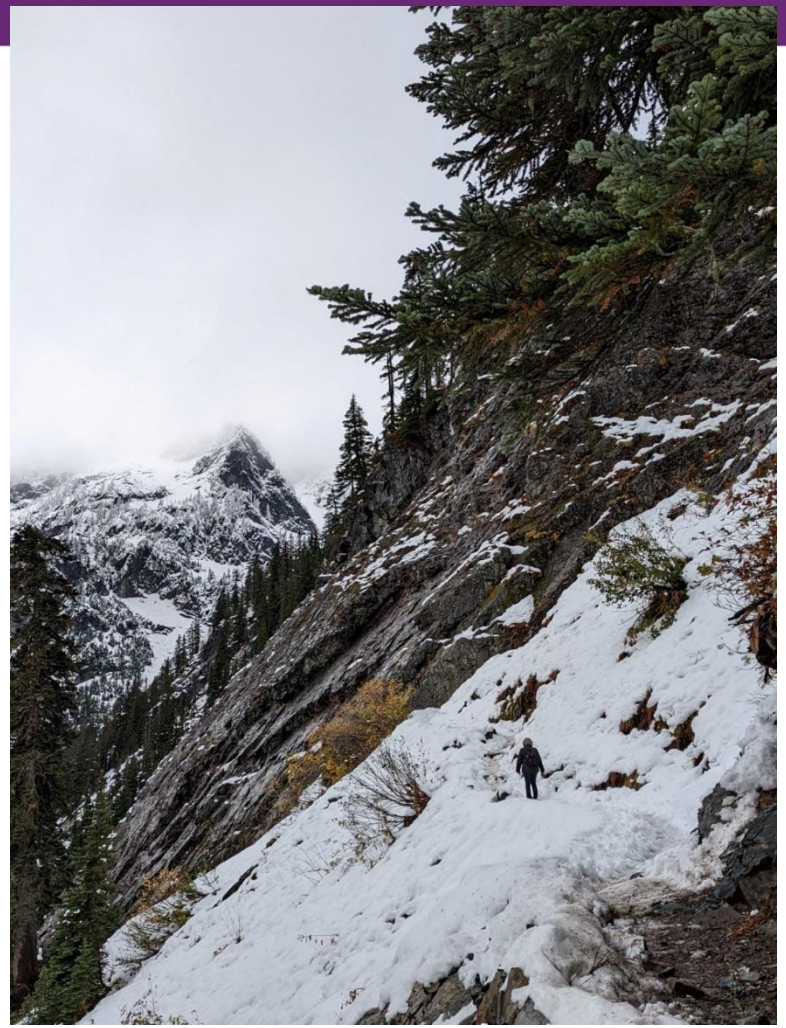
Data elements and exchange standards to support long COVID health

Person-Centered Care Planning for People Living With Multiple Chronic Conditions (PCCP4P)

- Contract through AHRQ's ACTION IV Network to OHSU
- **Technical Expert Panel**
- **Partner's Roundtable** includes leadership from health systems, state health agencies, payers, professional societies, federal partners
- **Learning Community** includes innovators, implementers, frontline workers, researchers
- **Environmental Scan**
- **Summit** Spring 2025

Caminante, no hay camino, se hace camino al andar.

Antonio Machado



Traveler, there is no path, we make the path by walking

Q&A

Age-Friendly Health Systems

On-Ramps to Join the Movement

Action Communities for teams to learn about and practice the 4Ms with the support of expert faculty and a community of peers. Action Communities are facilitated by IHI, AHA, and other movement partners.

DIY Pathway for teams to learn about and test the 4Ms on their own using Age-Friendly Health Systems resources.

ihi.org/AgeFriendly

Age-Friendly Health Systems

How Can We Help?

EMAIL AFHS@IHI.ORG

VISIT
WWW.IHI.ORG/AGEFRIENDLY

Age-Friendly Health Systems

Thank You

Age-Friendly Health Systems