

Advancing the Multisector Plan for Aging: Age-Friendly Health Care Package

Introduction

Longevity is one of society's greatest success stories, yet too often our health systems are not structured to support us as we age. With a rapidly growing older adult population in the United States, health systems have an opportunity to reach their strategic goals by continually improving the care of older adults, who often have complex needs and experience harm from health care as it is currently structured.

To realize this opportunity, 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), established the Age-Friendly Health Systems movement that set a bold vision for age-friendly care for all older adults.¹

According to our definition, 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 family or other caregivers.

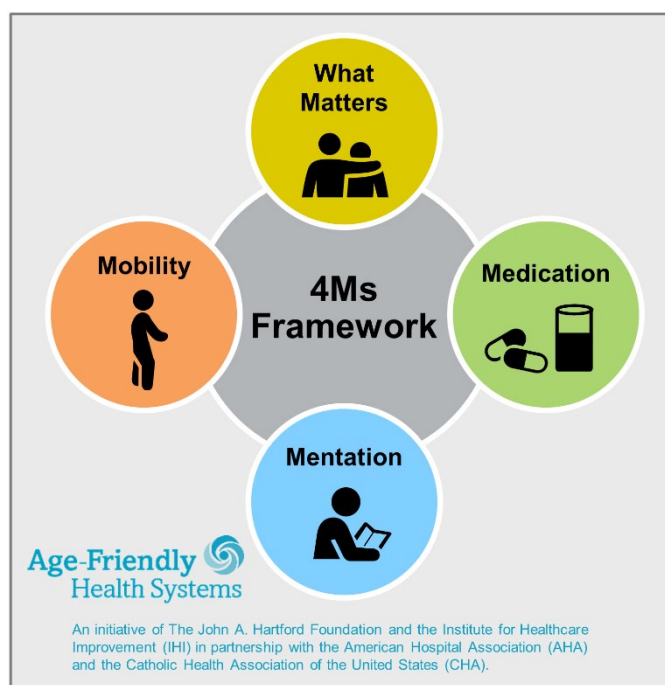
With population aging in America now hitting its stride across all states, some areas in the US have been preparing for the increased longevity of their residents, including their health care needs and preferences. But most states are just now considering how to transform their health and supportive services infrastructures to support older adults and their family caregivers by providing evidence-based care that is centered on what matters to them.

Currently, half of all states are considering, developing, and/or implementing a Multisector Plan for Aging (MPA) – a governor-led, multiyear roadmap to drive service delivery transformation across all sectors to support aging well.

One major goal of most MPAs is to ensure that health systems and providers are prepared to provide high-quality, age-responsive care for the growing population of older adults.

There is an opportunity to better align state MPA efforts with a program for improved care of older adults – [the Age-Friendly Health Care Package](#) – that state leaders can offer as a key opportunity for health system participation in the state-led and -facilitated MPA. This Issue Brief describes how states on the MPA journey can leverage the Age-Friendly Health Care Package to substantially improve care for older adults, those aging with a disability, and their family caregivers.

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



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Graphic files and guidance at ihi.org/AgeFriendly

Background

Historically, southern states in the Sun Belt region of the US had higher concentrations of aging adults, which compelled state leadership in these states to seek solutions to their most pressing needs (e.g., health care, housing, nursing home care). Since 2011, however, an increasing number of Americans in the baby boomer generation (born 1946–1964) began turning age 65 in all states across the nation. For example, in 2021, older adults comprised 21 percent of the populations of Maine, West Virginia, and Vermont, the same percentage as Florida.²

Nationwide, this trend will continue as the number of Americans aged 65 and older is projected to reach almost 95 million in 2060 — and those aged 85 and older are the fastest-growing age group. The current speed, magnitude, and pervasiveness of population aging are challenging state leaders to review how well their local, regional, and state systems are designed to best meet the unique needs of America’s older adults. So, what are some core issues older adults might encounter in terms of health and wellness?

While many are thriving and living well in later stages of life, large and diverse groups of older adults face significant health care system challenges.

- Nearly one-quarter of older adults living in the community report having fair or poor health.³
- About one-quarter of all adults and 5 percent of older adults live with a disability.^{4,5}
- More than 1 million older adults live with a substance use disorder, affecting their own health and the lives of their loved ones.⁶
- One-third of older adults have some level of cognitive impairment, with higher rates among Black and Hispanic elders.⁷
- Older adults living in rural areas have a greater relative risk of cognitive impairment than those living in urban areas.⁸
- Nearly one in four Hispanic adults and one in six non-Hispanic Black adults aged 50 and older report never having their care preferences taken into account by health care providers.⁹
- At least 10 percent of older adults will experience some form of elder abuse in any given year.¹⁰

As these figures suggest, many older adults present at local health care providers with extensive care needs while seeking to return to living in the community at the place they call home. However, most current care delivery systems are not designed to address these issues and struggle to deliver person-centered services. While it is often said that “all health care is local,” large-scale, systemwide issues cannot be solved through one-to-one provider interactions with older patients or even by individual health care systems. Instead, a higher-level strategic response is needed to thoughtfully redesign care delivery to retain qualified providers, stabilize health care infrastructure, and ensure the best and most equitable use of private and public sector dollars.

A New Opportunity: Multisector Plan for Aging

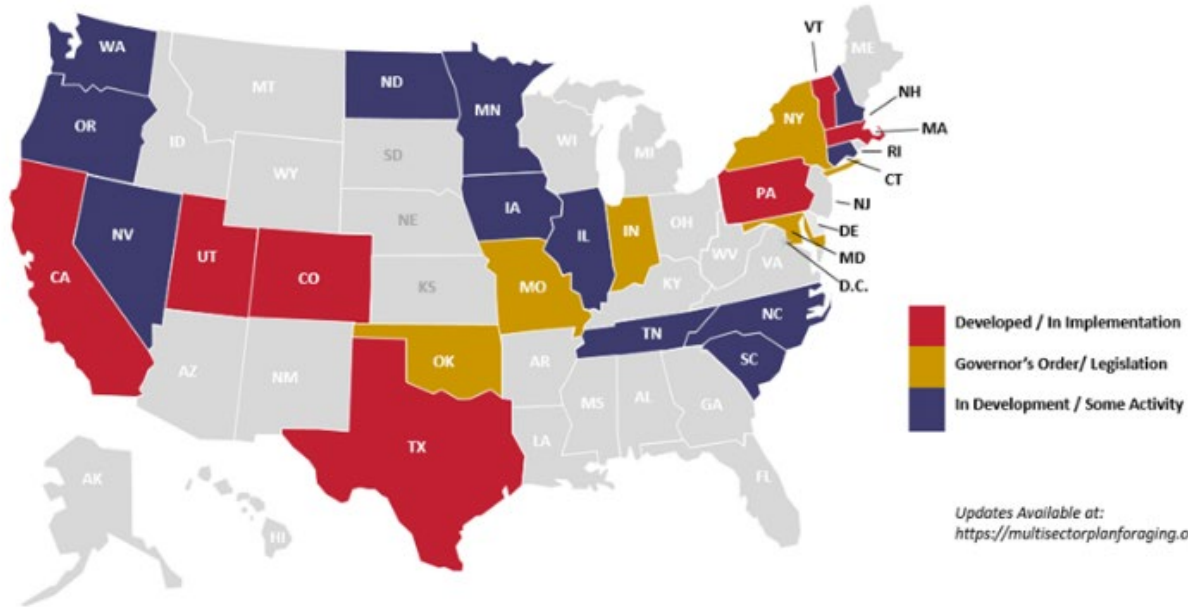
US states have historically focused on aging-related issues by making changes to their Medicaid programs and augmenting services covered by the federal Older Americans Act. Now, forward-thinking state leaders recognize that aging-related issues have relevant touchpoints to every administrative agency and legislative action. Accordingly, many governors are planning for the needs of the older Americans of today and tomorrow through a thoughtful, comprehensive, and outcomes-oriented effort, called a Multisector Plan for Aging (MPA).

MPAs serve as roadmaps led by governors and state leadership — in collaboration with local communities, private organizations, and philanthropy — to build connected service environments that promote age-friendly living and engagement. These plans seek to ensure that an aging lens is used across all state departments (e.g., consumer affairs, emergency services, housing, transportation, health care, social services), and that key issues are elevated in policy and budgetary discourse through the state legislature.

In the last five years, half of all states have begun work on MPAs, outlining visions of success including key goals, priorities, specific initiatives, and major milestones (see Figure 1). MPAs should be informed by the principles of, providing age-friendly care that follows an essential set of evidence-based practices known as the 4Ms (What Matters, Medication, Mentation, and Mobility), causes no harm, and aligns with What Matters to older adults and their family or other caregivers.

Figure 1. Multisector Plan for Aging Efforts in 24 States (as of April 2024)¹¹

CURRENT MPA ACTION IN 24 STATES



State Master Plan Action | April 1, 2024

Improved health through redesigned care systems that are accessible and affordable continue to be the North Star of many MPAs for obvious reasons. Good health nurtured by accessible, age-responsive health care is a central goal for individual, family, community, and population well-being. The health care delivery infrastructure is directly paid for, regulated, and/or overseen by many aspects of state administration, including departments of health, social services, and insurance; the state Medicaid agency; offices of licensing, certification, and consumer affairs; medical boards; commissions on disability access; state employee retirement systems; and other health care financing authorities. Finally, health care-related funding flows have an enormous impact on state fiscal projections, county resource readiness, and local economies.

As governors take leadership by calling for MPAs and setting bold multiyear goals, state administrative leaders need to have viable project examples and policy change ideas to meet these goals. A new “off-the-shelf” program can play an important role in these efforts.

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Bridging MPAs and Care Transformation: The Age-Friendly Health Care Package

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization. For more than 30 years, IHI has used improvement science to advance and sustain better outcomes in health and health systems across the world. IHI brings awareness of safety and quality to millions, catalyzes learning and the systematic improvement of care, develops solutions to previously intractable challenges, and mobilizes health systems, communities, regions, and nations to reduce harm and deaths. IHI collaborates with a growing community to spark bold, inventive ways to improve the health of individuals and populations. IHI generates optimism, harvests fresh ideas, and supports anyone, anywhere who wants to profoundly change health and health care for the better.

In response to the emerging trend of state MPAs, IHI and The John A. Hartford Foundation created the Age-Friendly Health Care Package (the Package),¹² which seeks to maximize the synergies among three high-value, promising initiatives that meet the health care needs of older adults in complementary ways.

- [Age-Friendly Health Systems](#) (AFHS) aims to redefine the overall care delivery experience for older adults, with an emphasis on the 4Ms: What Matters, Medication, Mentation, and Mobility.¹³
- The [Geriatric Emergency Department Accreditation](#) (GEDA), developed by an interdisciplinary collaborative and launched by the American College of Emergency Physicians, defines and accredits evidence-based care of older adults in the emergency department.¹⁴
- The [Geriatric Surgery Verification](#) (GSV) Program, developed by the American College of Surgeons' Multidisciplinary Coalition for Quality in Geriatric Surgery, provides evidence-based standards designed to improve surgical care and outcomes for older adults requiring hospitalization.¹⁵

To test the simultaneous implementation of the three initiatives, IHI, AFHS, GEDA and GSV conducted a pilot project called Establishing an Age-Friendly Health Care Package for State Multisector Plans for Aging. The project included two large hospitals in Tennessee with substantial older adult populations ready to test the Package to help accelerate the state's efforts to deliver evidence-based age-friendly care in every interaction across the care continuum – primary care, outpatient, acute care, and nursing homes – with an initial focus on hospital care.

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IHI's operating premise was that the simultaneous adoption of these high-quality, synergistic initiatives together would support accelerated adoption within the health systems, reduce administrative burden by creating one combined program for implementation (the Package), and increase potential success for states that promote its adoption through their MPA implementation initiatives.

While adoption of the Package was challenging from a clinical perspective,¹⁶ the implementation of this pilot project in Tennessee during MPA development helped stimulate leadership-level conversations between state officials, consumer and association advocates, participating health systems, and the Package team to chart a future course of health care transformation in the state. Multiple advisory group meetings with these leaders fostered new partnerships, deepened existing collaborations, and sparked lessons learned for all involved – including state leaders as they finalized their MPA goals and early initiatives.

Recommendations for State Leaders

As states continue to prepare for the realities of population aging through MPA development and implementation, below are some recommendations for how states can succeed in their health care transformation efforts.

Aim High

In early MPA development, set audacious goals that embrace age-friendly attributes and achieve success through a wide range of care delivery transformations, including the Age-Friendly Health Care Package.

Accept the Space Between Policy Design and Health Care Improvement

Recognize that MPA development and early implementation operate at a state policy level – setting the stage for system-level change – whereas care delivery process improvement operates at a health care site and/or service level. With perseverance and steadfastness, these two worlds will converge so that older adults will experience better care through a renovated care system and associated regulations and payment, all of which takes time.

Partner with Health Care Systems at Multiple Levels

State leaders developing their MPA have multiple avenues to pursue their health and health care goals in alignment with the Age-Friendly Health Care Package. Examples include:

- Create a state data dashboard that shows where the Package elements exist in area hospitals and describe the size of the older adult catchment area these elements potentially serve.
- Institute an annual Governor’s Roundtable on Health Care Transformation and invite the Package leadership team and participating health systems to share their experiences.
- Encourage hospitals involved in Medicaid-related quality improvement efforts to consider adoption of the Package.

- Encourage academic medical centers, Veterans Affairs (VA) hospitals, and other health care training sites in the state to provide leadership in adoption of improved older adult care, utilizing the Package.
- Identify health systems in your state that are pursuing Age-Friendly Health Systems recognition¹⁷ and make connections to follow their progress and lessons learned.

The Institute for Healthcare Improvement is grateful to The John A. Hartford Foundation, the American College of Emergency Physicians, the American College of Surgeons, TennCare, Tennessee’s Hospital Association and the Alzheimer’s Association for partnering with us to improve care for older adults.

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

Pilot Project Impact in Tennessee

In the pilot project, a coalition of organizations came together to learn how the Age-Friendly Health Care Package (the Package) could facilitate health care delivery improvements as part of Tennessee's MPA. Colleagues from TennCare, Tennessee's managed Medicaid agency, the Department of Health, the Tennessee Hospital Association, and the Alzheimer's Association provided valuable insights into the local health care environment, their plans for development and implementation of the MPA, and key considerations for how an offering like the Package might benefit older adults and the health systems that serve them in Tennessee.

- Participation in the pilot project helped Tennessee partners to consider short- and long-term opportunities to scale systemic changes to benefit older adults receiving care in hospitals, nursing homes, community health clinics, and home and community-based settings.
- Collaborating with pilot site hospitals through the project helped state partners gain a better understanding of the opportunities and challenges hospitals encounter in the provision of age-friendly care.
- State partners believe there may be an opportunity for Medicaid agencies to provide incentives that align with adoption of a program like the Package in the future.
- Age-Friendly Health Systems efforts continue to expand across the state in multiple care settings.
- Engaging with the Age-Friendly Health Care Package pilot project was the first time that some leaders from the various state agencies met with one another. They plan continued collaboration to accelerate the spread of age-friendly care in Tennessee.

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