Age-Friendly Healthcare 2.0

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Goals

Discuss Age-Friendly Healthcare 1.0

Understand why age-friendly influence and data may be slow to mainstream

Realize COVID-19-induced changes to age-friendly care

Imagine Age-Friendly Healthcare 2.0

Describe programs in which CICOA promotes age-friendly systems
Indiana growth over time

Note: Data for 1980 were not accessible. Data for 2010-2017 come from the 2017 vintage of the population estimates.

Source: U.S. Census Bureau
Aging in Indiana

Source: Indiana Business Research Center
Number of people (in millions) in the US
Number of persons aged 60 years or over by development group, from 1980 to 2050


1 Following common practice, the “developed regions” include Europe and Northern America plus Australia, New Zealand and Japan, while the “developing regions” include all other parts of the world. The use of these terms in the present report does not imply any judgement as to the current developmental stage of a particular country or region.
World Health Organization (WHO): Domains for age-friendly communities

1. Built environment
2. Transport
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication
8. Community support and health services
PubMed age-friendly citations

Number of citations

- 2006-2011: Few citations
- 2015-2019: Substantial increase in citations
Welcome to the Age-Friendly Health Systems Movement

Build a social movement so all care with older adults is 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.

Specific Aims:

By 12/31/20: Reach older adults in 1000 places of care recognized as Age-Friendly Health Systems

By 6/30/23: Reach older adults in 2600 places of care recognized as Age-Friendly Health Systems

www.ihi.org/AgeFriendly
Age-Friendly care is the reliable implementation of a set of evidence-based geriatric best practice interventions across four core elements, known as the 4Ms, to all older adults in your system.

<table>
<thead>
<tr>
<th>The 4Ms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Matters</td>
<td>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</td>
</tr>
<tr>
<td>Medication</td>
<td>If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care</td>
</tr>
<tr>
<td>Mentation</td>
<td>Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care</td>
</tr>
<tr>
<td>Mobility</td>
<td>Ensure that older adults move safely every day to maintain function and do What Matters</td>
</tr>
</tbody>
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Age-Friendly Health System Measures

Outcome Measures (stratified by age and race and ethnicity):

- 30-day readmissions
- HCAHPS
- Length of stay
- ED utilization
- Delirium
- All stratified by race and ethnicity

Process Measures:

- What Matters:
  - ACP documentation (NQF 326)
  - What Matters documentation
- Medications:
  - Presence of any of 7 high-risk medications
- Mentation: Screened & documented for
  - Depression
  - Dementia
  - Delirium (hospital only)
- Mobility: Screened for mobility
Ascension Center for Healthy Aging Project
Medicare Wellness Visit

1. Review and update health risk assessment
2. Update medical information
   a. Medication
3. Update current providers and suppliers
4. Measure weight and blood pressure
5. Detect cognitive impairment
6. Update screening schedule
7. Update list of risk factors and conditions
   a. Mentation
   b. Mobility
8. Furnish and update personalized prevention plan services
9. Furnish at beneficiary’s discretion, advance care planning services
   a. What Matters
Data

ROI calculator

Number of patient visits in the system with use of Medicare Wellness Visit (MWV) provided by the MWV nurse

Number of Center for Healthy Aging patient visits with use of the 4Ms
Age-Friendly spread:

**Geriatric Mini-Fellowship**
- Recently finished our 4th office
- Attendees: Approximately 50 (times 6 session)
  - Physicians
  - Nurse Practitioners
  - RNs
  - LPNs
  - Medical Assistance
  - Front Office Staff
  - Leadership
- Education provided by: Geriatricians
  - Licensed Clinical Social Worker
  - RN
  - Quality Assurance Specialist

**Mobile Acute Care for the Elderly (MACE)**
- A model of care designed to deliver specialized interdisciplinary care to hospitalized older adults in order to improve patient outcomes.
- Team:
  - Geriatric Nurse Practitioner
  - Collaborating Geriatrician
  - LPN
Some data

- Baystate Health System in MA has quadrupled documentation of advanced care directives
- Ascension has had 3200% increase in 4M annual wellness visits over 18 months
- Stanford Health Care has documented a decrease in direct cost per patient of $3100 in its older adult trauma service

Why Age-Friendly has not taken off in healthcare systems

1. Need administrative buy in and commitment
2. Continued access to resources
3. Clear champions
4. This needs to be part of a public health system

COVID additive to prior concerns

- Need administrative buy in and commitment
  - New concerns take precedence

- Continued access to resources
  - Financial losses

- Clear champions
  - New concerns take precedence
Goal: reach 1000 hospitals and ambulatory practices by year end 2020. Funded for further additions to reach 2500 by 6/31/23.

*Age-Friendly Health System-Participants count is inclusive of hospitals, practices, retail clinics and post-acute long term care communities that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence as of June 1, 2020.
Public health understanding
Minimize disparities
Productivity and engagement of older adults
Health
Financial security
Physical security
Intergenerational cohesion
Resource distribution
Geriatric health workforce
Climate

Age-Friendly Systems

Join the Movement

IHI offers three ways for health systems and individuals to join the movement based on the degree of interest and self-motivation:

- Action Communities
- Do-It-Yourself Participation
- Scale-up Accelerator

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems
Educational programming

Approximately two medical residents monthly
January 2018 - March 2020 learn about CICOA and spend ½ day on home visits
April 2020- end of COVID spend virtual time with Dustin discussing the programming of CICOA, how to access it and use it to benefit their patients
CICOA

Dementia Friends of Indiana
