



The John A. Hartford Foundation

Dedicated to Improving the Care of Older Adults

Making Health Systems Responsive to Dementia

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National Academy of Sciences Workshop on
Nursing Home, Hospice, and Palliative Care for
Individuals with Later-Stage Dementia
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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).



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Our Aim: Age-Friendly Health Systems

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
- Is consistent with **What Matters** to the older adult and their family

Age-Friendly 
Health Systems



Why Age-Friendly Health Systems

Older Adults:

- Demography
- Complexity
- Disproportionate harm



Health Systems:

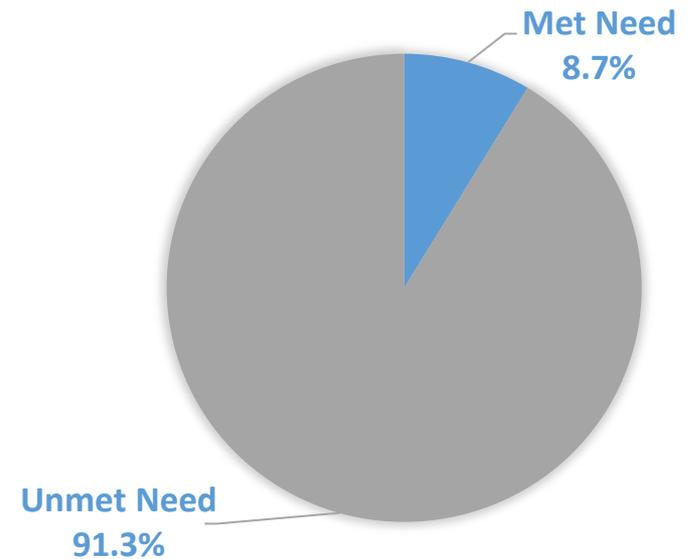
- ↑ older adults seek care
- Rapidly changing Medicare reimbursement
- ↓ health system operating margins
- “Model” uncertainty to follow

Age-Friendly 
Health Systems



Evidence-Based Care Not Reliably Applied

- We have many evidence-based geriatric-care models
- Yet, most reach only a portion of those who could benefit:
 - Difficult to disseminate and scale
 - Difficult to reproduce in settings with less resources
 - May not translate across care settings



IHI analysis of model beneficiaries 2016

Age-Friendly
Health Systems



Selection of the Vital Few

90 discrete core features identified by model experts in pre-work

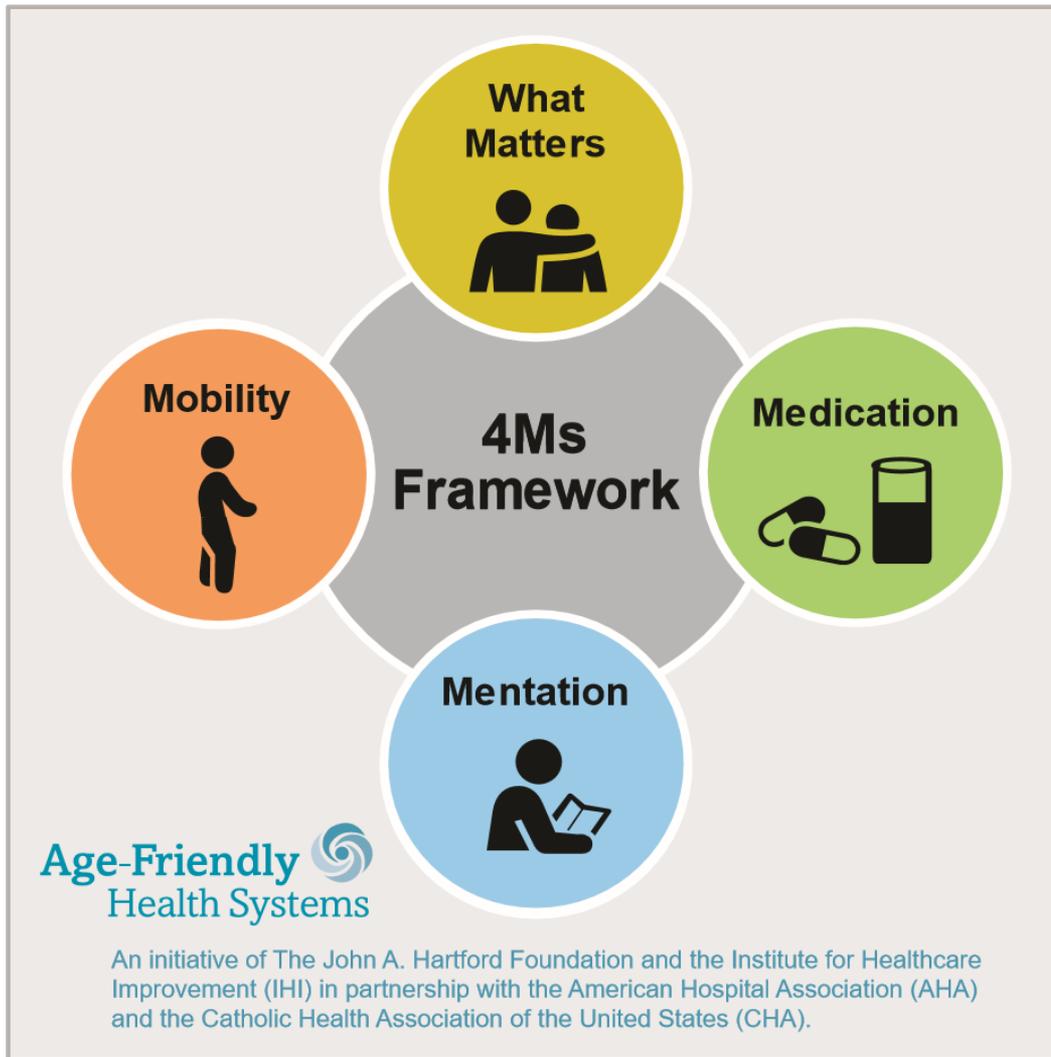
Redundant/similar concepts remove and **13 core features** synthesized by IHI team

Expert Meeting – Selection of the “vital few” the **4Ms**

Age-Friendly
Health Systems 



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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.

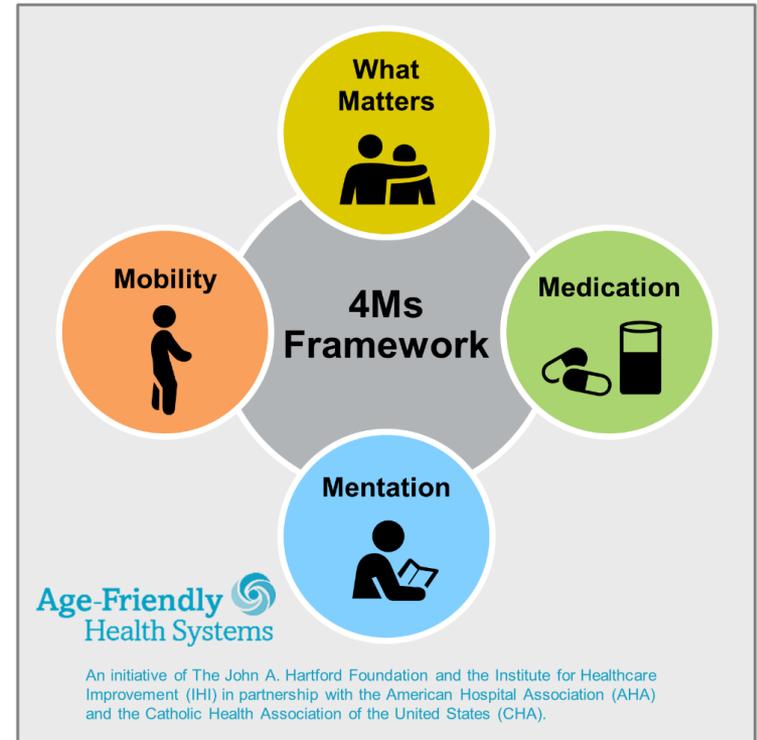
Mobility

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

IHI.org/AgeFriendly

The 4M Framework

- Issues that matter to older adults
- Builds on strong evidence
- Reduces implementation and measurement burden
 - while increasing effect
- Synergistic and reinforcing elements
- Impact on key quality and safety outcomes (CMS)



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

Fulmer T, Mate KS, Berman A. The Age-Friendly Health System imperative. *J Am Geriatr Soc*. 2018 Jan;66(1):22-24. doi: 10.1111/jgs.15076.



Evidence

- **What Matters:**

- Asking what matters lowers inpatient utilization (↓ 54%), ICU stays (↓ 80%), increases hospice use (↑ 47.2%) patient satisfaction (AHRQ 2013)

- **Medications:**

- Older adults suffering adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
- 1500 hospitals in CMS HEN 2.0 reduced 15,611 adverse drug events saving \$78m across 34 states (HRET 2017)

- **Mentation:**

- Depression in ambulatory care doubles cost of care (Unutzer 2009)
- 16:1 ROI on delirium detection and treatment programs (Rubin 2013)
- **People with Alzheimer's or other dementias have twice as many hospital stays per year as other older people (CMS FY 2014 Medicare claims data in 2020 Alzheimer's Disease Facts and Figures, Alzheimer's Association)**

- **Mobility:**

- Older adults who sustain a serious fall-related injury required an additional \$13,316 in hospital operating cost and increased LOS of 6.3 days (Wong 2011)
- 30+% reduction in direct, indirect, and total hospital costs among patients who received care to improve mobility (Klein 2015)

System-level Measures

Outcome Measures:

- 30-day readmissions
- Emergency department visit rate
- Delirium incidence rate
- H/CG – CAHPS
- Goal-concordant care (by collaboRATE survey)
- **UCLA ADC program:**
 - Number of admissions to long-term care facilities
 - Caregiver strain

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

Improving Dementia Care through the 4Ms: “Mentation”

Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (April 2019)

Assess: Know about the 4Ms for Each Older Adult in Your Care		
Key Actions	Getting Started	Tips and Resources
<p>Screen for dementia / cognitive impairment</p>	<p>If you do not have an existing tool, try using the Mini-Cog⁴⁰</p>	<p>Tips</p> <ul style="list-style-type: none"> • Normalize cognitive screening for patients. For example, say “I’m going to assess your cognitive health like we check your blood pressure, or your heart and lungs.” • Emphasize an older adult’s strengths when screening and document it so that all providers have a baseline cognitive screen. • If they have a sudden change (day, weeks) in cognition, consider and rule-out delirium. • Screening for cognitive impairment is part of Welcome to Medicare and Medicare Annual Wellness Visit. <p>Additional Resources</p> <ul style="list-style-type: none"> • Saint Louis University Mental Status (SLUMS) Exam • Montreal Cognitive Assessment (MoCA)

Improving Dementia Care through the 4Ms: “Mentation”

Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (April 2019)

	What Matters	Medication	Mentation: Dementia
<p>Act On</p> <p>Please describe how you use the information obtained from Engage/Screen/Assess to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the “Other” field.</p>	<p><input type="checkbox"/> Align the care plan with What Matters most</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Minimum requirement: First box must be checked.</i></p>	<p><input type="checkbox"/> Educate older adult and family caregivers</p> <p><input type="checkbox"/> Deprescribe (includes both dose reduction and medication discontinuation)</p> <p><input type="checkbox"/> Refer to: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Minimum requirement: At least one box must be checked.</i></p>	<p><input type="checkbox"/> Share results with older adult</p> <p><input type="checkbox"/> Provide educational materials to older adult and family caregivers</p> <p><input type="checkbox"/> Refer to community organization for education and/or support</p> <p><input type="checkbox"/> Refer to: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Minimum requirement: Must check first box and at least one other box.</i></p>

Age-Friendly Health Systems via Telehealth: “Mentation”

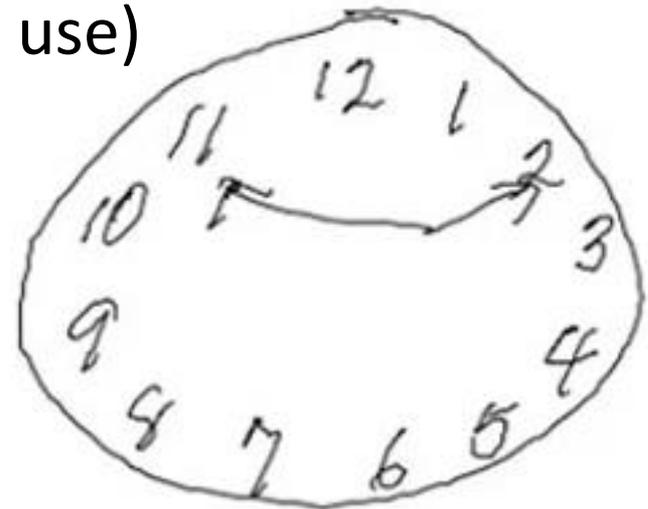
Cognition:

Screen for Cognitive Impairment:

- Mini-cog
- MOCA (validated for remote use)

Memory:

- Repeat Three Words
- Clock Draw
- Recall Three Words



Improving Dementia Care through other “Age-Friendly” Programs

Case Western Reserve University
Frances Payne Bolton School of
Nursing in partnership with
MinuteClinic,
CVS Health’s retail
medical clinic



Mini-Cog Assessment

The screenshot shows a digital interface for a Mini-Cog Assessment. At the top, there is a header "Mini-Cognitive Assessment" with a pencil icon. Below this is a "New Reading" button. A table displays three assessment entries:

02/06/20 1401	02/06/20 1608	02/06/20 1639
I understand	I understand	I understand

Below the table, the instructions for the Mini-Cog Assessment are displayed: "Provide patient 3 unrelated words. Request they repeat them back to you right after saying them. Request that they remember these 3 words. Banana, Sunrise, Chair. Give three tries to remember the words immediately. DO NOT SCORE NOW."

Mini-cognitive assessment
is built into the electronic
health record



Improving Dementia Care through other “Age-Friendly” Programs

Geriatric Workforce Enhancement Program



“Transform clinical training environments into integrated geriatrics and primary care systems to become age-friendly health systems that incorporate the principles of value-based care and alternative-payment models. The essential elements of age-friendly health systems are:

- What matters to the older adult
- Medication
- Mentation
- Mobility”

GWEPs have a special emphasis on dementia care



Improving Dementia Care through other “Age-Friendly” Programs

best practice
caregiving

*Guiding organizations
to dementia programs
for family caregivers*

A First-of-Its Kind, Data-Rich Resource

- Easy-to-use online tool for professionals in health care and social service organizations to compare and select from more than 40 evidence-based dementia caregiving programs

bpc.caregiver.org



Improving Dementia Care through other “Age-Friendly” Programs

ADC Program



UCLA’s Alzheimer’s and Dementia Care Program

- Program to help patients and their families with the complex medical, behavioral and social needs of Alzheimer's disease and other types of dementia through creating and implementing personalized care plans.

adcprogram.org



Stakeholders



advocacy | action | answers on aging

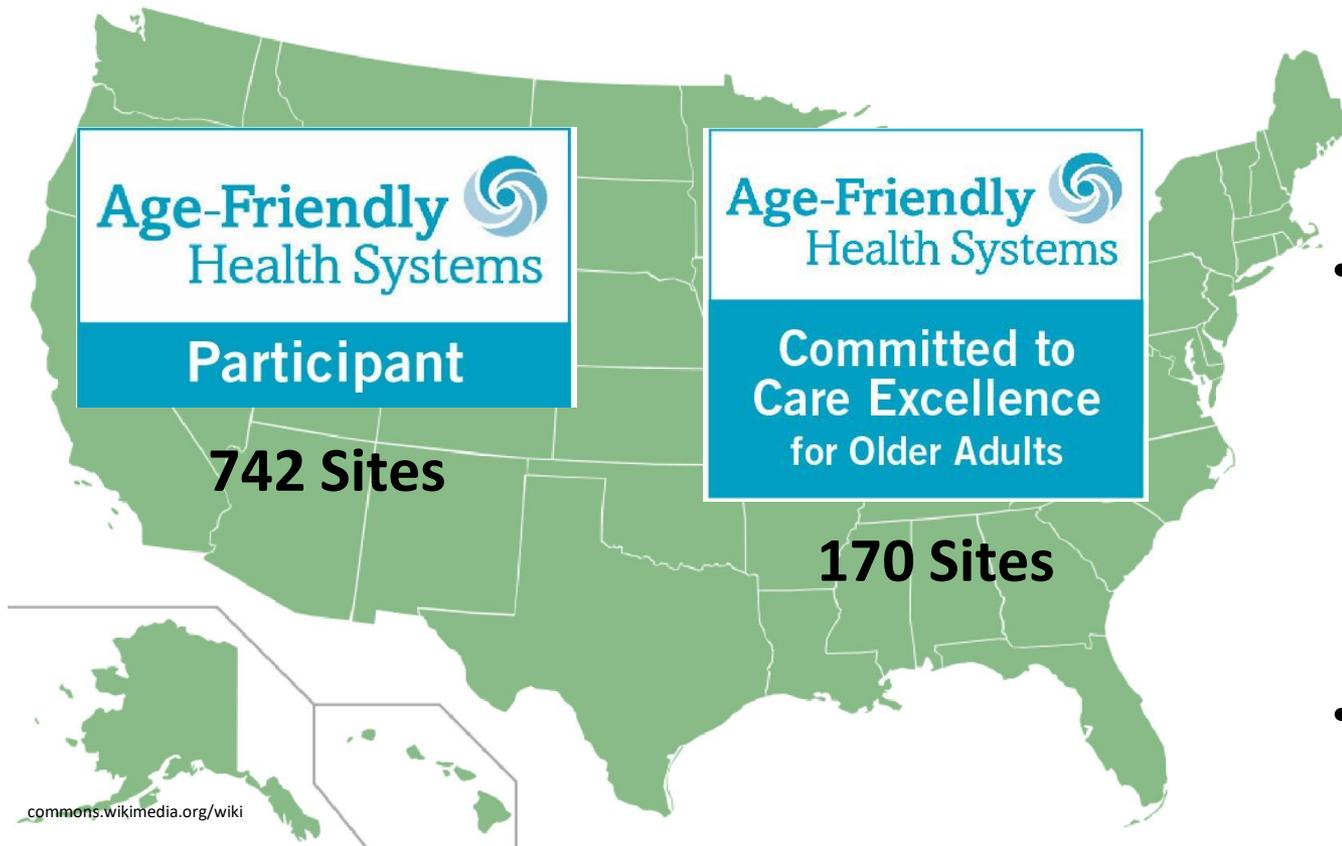


THE BRAINS BEHIND SAVING YOURS.®



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The Movement is Growing!



- As of June 2020, 912 Hospitals, Practices and Long-term Care Communities have received recognition
- Sites are active in all 50 states

Visit: www.ihf.org/AgeFriendly

Join Us in the Movement

Visit www.ihl.org/AgeFriendly to:

- Join an Action Community (next Action Community starts September 2020, led by the American Hospital Association)
- Access resources including the **Guide to Using the 4Ms in the Care of Older Adults** and the **Business Case for Becoming an Age-Friendly Health System**
- Sign up for **Friends of Age-Friendly** quarterly update calls



Thank you!



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