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The Brian F. Hofland Lectureship

Age-Friendly Health Systems
Action Communities: A Vehicle for Change

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The John A. Hartford Foundation: Mission and Priorities
Dedicated to Improving the Care of Older Adults

Three Priority Areas

Age-Friendly Health Systems
Family Caregiving
Serious Illness & End of Life
What is our AFHS goal?

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.

Our first aim is to reach 20%:
1000 hospitals & 1000 primary care practices by December 31, 2020

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States.
Why?

- 10,000 people turn 65 every day
- We created the science of longevity, now we need the art and science of caring with a triple aim framework
- WHO age-friendly work -- the perfect base
Why the 4Ms?

- Represents core health issues for older adults
- Builds on strong evidence base
- Simplifies and reduces implementation and measurement burden on systems while increasing effect
- Components are synergistic and reinforce one another
The 4Ms Framework

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>
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<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>
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<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>
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<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>
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Evidence-base

• What Matters:
  - Asking what matters and developing an integrated systems to address it lowers inpatient utilization (54% dec), ICU stays (80% dec), while increasing hospice use (47.2%) and pt satisfaction (AHRQ 2013)

• Medications:
  - Older adults suffering an adverse drug event have higher rates of morbidity and mortality, hospital admission and costs that are 20% higher (Lavan 2015)
  - 1500 hospitals in 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 across the board (Unutzer 2009)
  - 16:1 ROI on delirium detection and treatment programs (Rubin 2013)

• Mobility:
  - In 2015, the estimated medical costs attributable to falls in adults aged 65+ was $50 Billion, almost 99% of this cost was attributable to health care for nonfatal falls (Florence 2018)
  - 30+% reduction in direct, indirect, and total hospital costs among patients who receive care to improve mobility (Klein 2015)
What is an Action Community?

Teams learning together and leading the national AFHS movement by executing evidence-based practices in the 4Ms Framework.

- Monthly team webinars
- Monthly topical peer coaching webinars
- Monthly leaders webinars by IHI
- Ongoing testing of Age-Friendly Interventions
- Recognition as an Age-Friendly Health System