

Age-Friendly Health Systems

Authored by Mary Tinetti, M.D., Gladys Philips Crofoot Professor of Medicine and Public Health, Chief of Geriatrics Yale School of Medicine and Yale New Haven Health

Age-Friendly Health Systems aim to follow an essential set of evidence-based practices; cause no harm; and align with what matters to older adults and their caregivers. This Issue Brief provides background on the need and an update on a new movement that seeks to transform how our healthcare system approaches the care of older adults.



Why Age-Friendly Health

Systems are Needed

Healthcare is becoming increasingly burdensome. People with chronic conditions and their caregivers spend an average of two hours per day on healthcare tasks. Each office visit, diagnostic test, or procedure can consume up to a half day when travel and waiting time are considered.

Older adults, 60 to 70 percent of whom have multiple chronic conditions, are the major recipients of healthcare. Much of this care, which is expensive for patients, health systems,

and payers, is also potentially harmful and of uncertain or modest benefit because older adults, particularly those with multiple chronic conditions, have not been included in the clinical trials that determine benefit and harms.

Treating individual diseases without considering each person's overall health status and life situation can result in conflicting recommendations from treating clinicians and can make co-existing conditions worse.

The devastating effect of COVID-19 in nursing homes and among underserved older adults, particularly people of color, has also raised awareness of the need to ensure age-friendly and safe care for those in times and situations of greatest need.



Focus on What Matters Most to Older Adults

Health systems do not always focus on the issues and outcomes that matter most to older adults. Individuals seek healthcare not merely to improve disease-specific outcomes (such as blood pressure or blood sugar control) but to be able to do what they want in their daily lives.

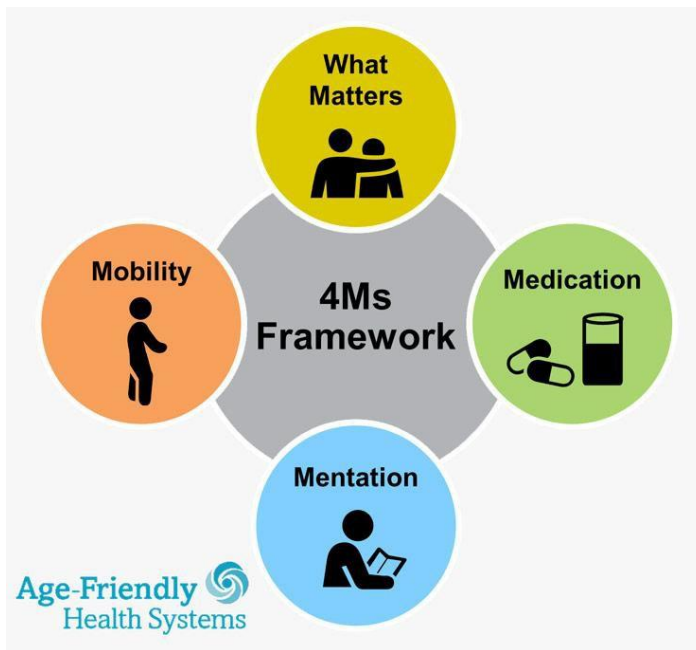
Physical, cognitive, psychosocial, and social functioning are the health outcomes that best reflect whether people are getting what they want from their healthcare. Unfortunately, these patient-centered functional outcomes do not appear in electronic health records (EHRs), generally do not determine payment or quality, and are largely ignored in most healthcare settings.

This unfortunate disconnect is detrimental to all patients, and particularly older adults. The movement to make health systems age-friendly exists to address this disconnect.

The Age-Friendly Health Systems Initiative

The Age-Friendly Health Systems initiative was launched by [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. It aims to improve the quality and safety of health care for older adults while avoiding harm and decreasing the strain on health systems caring for the aging population.



Building on proven models and

interventions, the Age-Friendly Health Systems initiative uses a “4Ms” framework — assessing and acting on What Matters (each person’s health priorities), Mentation (dementia, delirium, and depression), Mobility (function), and Medications — to address the unique health care needs of older adults.

As of August 2021, there were more than 2,500 recognized Age-Friendly Health Systems [participants](#), including hospitals, ambulatory clinics, and other healthcare settings moving toward age-friendly designation.

Telemedicine: Increasing Access to Age-Friendly Care

In response to the COVID-19 pandemic, most health systems ramped up their telemedicine capabilities and, given acceptance by patients and clinicians and coverage by the Centers for Medicare and Medicaid Services and other insurers, these virtual interactions are likely to continue.

Telemedicine offers several advantages. It preserves limited office time and space for patients who need to be seen in person, thus improving overall access — a key issue for health systems. Telemedicine is also beneficial to older adults and caregivers with long distances to travel for care (especially in rural areas), lack of transportation, or physical or cognitive limitations.

Other advantages include the opportunity to gain insight into a person's home setting, reliable access to home medications, and an enhanced age-friendly focus on what matters most.

The [Patient Priorities Care During COVID-19](#) guide, developed at Baylor School of Medicine by the Patient Priorities Care project, promotes more meaningful telemedicine visits by centering conversations in the 4M framework.

Age-Friendly Emergency Care

Geriatric emergency departments (ED) [address](#) the care needs of frail, cognitively or physically impaired older adults. The term does not necessarily mean a designated unit set aside only for older patients but it does mean clinician training, extra resources, and a big-picture approach to identify what is going on in the lives and care of older patients.

Basic requirements include a physical environment and supplies that create a safe and comfortable environment for older patients; standard protocols to address common geriatric issues, such as assessing for falls risk and delirium; physicians, nurses, and other staff who are trained in the special needs of older patients; and processes for ensuring patients can safely transition from the emergency department to an inpatient bed, home, a rehabilitation facility, or long-term care.

To standardize best practices, in 2018 the American College of Emergency Physicians began accrediting age-friendly emergency facilities. To date, more than 288 EDs have [attained](#) ACEP Geriatric ED accreditation.

This [video](#) tells the story of the first Geriatric ED in California, the Gary and Mary West Senior Emergency Care Unit at UC San Diego Health.

Helping Older Adults Identify Health Goals in Diverse Settings

The Patient Priorities Care model [moves](#) care from siloed management of individual diseases toward helping older adults identify their own health priorities, then aligning care with those priorities. It recognizes that patients are the experts in what they want from their healthcare, while clinicians are the experts in how to get them there, and is associated with a reduction in unwanted and unhelpful medications and care and an increase in health and community-based care. The model is being disseminated and evaluated in several locations, with support from **The John A. Hartford Foundation**, **The Donaghue Foundation**, and The Department of Veterans Affairs.

Efforts that focus on adults earlier in their health trajectory are also emerging. **Whole Health** is the Department of Veterans Affairs' (VA) [approach](#) to care centered on what matters to the person. VA staff and veteran peers guide individuals through a process of

creating a personal health inventory and health plan that [includes](#) self-care, prevention and treatment (both conventional and complementary care), and connection to the community.

Identifying what matters most is critical for delivering goal-aligned care for people with advanced illness or nearing the end of life. Many resources exist for helping older adults as well as their caregivers and clinicians identify and communicate about these goals.

Resources to support clinicians and health system in promoting these sometimes challenging conversations are available from organizations such as [VitalTalk](#), [Ariadne Labs](#), [Respecting Choices](#), and the [Center to Advance Palliative Care](#). [Prepare for Your Care](#), [My Health Priorities](#), and [The Conversation Project](#) (whose founding funder was **Cambria Health Foundation**) offer tools targeted to individuals and families.

Needs and Opportunities

Knowing and acting on individuals' health goals and healthcare preferences operationalizes the concept of person-centered care. Fostering such healthcare requires that the public, health systems, and payers all recognize that aligning care with what matters to people is feasible and results in better care and outcomes.

Much remains to be done to ensure that all older adults receive their care from an age-friendly health system, including:

- Creating demand in the community;
- Fostering working relationships between health systems and community-based organizations to ensure access to services that address the health and functional needs of older adults;
- Developing tools and technologies that support age-appropriate care in all settings (home, clinical, long term care, hospital);
- Supporting widespread attention to health outcomes that matter to older adults;
- Creating metrics that measure the effect of age-friendly care;
- Preparing healthcare professionals to provide age-friendly care;
- Organizing health teams focused on providing age-friendly care; and
- Coaching older adults and their caregivers to know, communicate, and act on their health priorities.

Looking ahead, better access, usability, and uptake of telemedicine would also help realize its potential to improve the age-friendliness of healthcare for the vulnerable populations who could benefit the most.

GRANTMAKER SUPPORT

- The **Institute for Health Care Improvement (IHI)** Age-Friendly Health Systems Initiative [offers](#) the opportunity to join the movement and provides resources and tools for implementing age-friendly care. Supported by **The John A. Hartford Foundation**.
- **The AARP Network of Age-Friendly States and Communities** [encourages](#) age-friendly health systems, recognizing the importance of collaboration between health systems and community organizations in meeting the health goals of older adults.
- The American College of Emergency Physicians Geriatric Emergency Department Accreditation Program was [developed](#) with support from the **Gary and Mary West Health Institute** and **The John A. Hartford Foundation**.
- The San Diego Senior Emergency Care Initiative seeks to have the majority of emergency departments in San Diego County achieve [Geriatric Emergency Department Accreditation](#) and is funded by **County of San Diego** and **West Health**.
- The Geriatric and Palliative Emergency Department (GAP-ED) was [tested](#) by Northwell Health to improve outcomes among older patient with complex conditions and multiple comorbidities. Funded by the **Fan Fox & Leslie R. Samuels Foundation**.
- **The New York State Age-Friendly Health Systems Action Community**, a project of the Healthcare Association of New York State, [offers](#) participation in a learning collaborative to health systems at no cost, through support from the [Fan Fox & Leslie R. Samuels Foundation](#), the [New York State Health Foundation](#), the [Health Foundation for Western and Central New York](#), and **The John A. Hartford Foundation**.
- **Trust for America's Health** is working with the public health system in Florida to develop a prototype for **Age-Friendly Public Health Systems** (AFPHS) and [offers](#) an AFPHS Recognition Program. [Funded](#) by **The John A. Hartford Foundation**.
- **Patient Priorities Care** was [developed](#) by clinicians, patients, caregivers, health system leaders, and payers and supported by **The John A. Hartford Foundation**, **The Gordon and Betty Moore Foundation**, and the **Department of Veterans Affairs**. Additional support through a **Patient-Centered Outcomes Research Institute** Eugene Washington PCORI Engagement Award and **The Robert Wood Johnson Foundation**.

- The Health Resources and Services Administration (HRSA) now [requires](#) that academic health centers, primary care practices, and community-based organizations that partner with its [Geriatrics Workforce Enhancement Program](#) (GWEP) sites adopt the 4Ms approach. The GWEP Coordinating Center (GWEP-CC) is funded by **The John A. Hartford Foundation**.
- A series titled *Age-Friendly Health*, in the journal *Health Affairs*, [covers](#) issues including the impact of COVID-19 on older adults and [caregivers](#), health care equity and disparities, financing models, coverage, technology, workforce, and social determinants of health. Funded by **The John A. Hartford Foundation**.

RESOURCES

- Age-Friendly Health Systems [initiative](#) at the Institute for Healthcare Improvement (IHI).
- The [Age-Friendly Care: It's About What Matters to You guide](#), from **The John A. Hartford Foundation**
- [The Age-Friendly Health System Imperative](#) (article; Journal of the American Geriatrics Society, 2017)
- **The Better Care Playbook** [provides](#) promising approaches to improve care for people with complex needs and accelerate health system transformation. Funded by the 7 Foundations Collaborative: **Arnold Ventures, The Commonwealth Fund, The John A. Hartford Foundation, Milbank Memorial Fund, Peterson Center on Healthcare, Robert Wood Johnson Foundation, and The SCAN Foundation**.

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