

## AGE-FRIENDLY HEALTH SYSTEMS TRANSFORM CARE FOR OLDER ADULTS

Patient satisfaction and cost-effectiveness are at the heart of the movement



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The Age-Friendly Health Systems 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, supports the delivery of evidence-based, high-quality care to older adults in every care setting. More than 75 health systems nationwide have joined the movement to deliver care to older adults in ways that meet their goals and preferences, while increasing satisfaction and cost-effectiveness.

### WHAT ARE AGE-FRIENDLY HEALTH SYSTEMS?

**TF:** The Age-Friendly Health Systems initiative is built around four essential, interrelated elements that guide health care interactions with older patients. The first is what matters to the patient. Systems should know and align care with older patients' specific health goals and care preferences. The next element is mentation. Core to this is preventing, identifying, treating, and managing dementia, depression, and delirium in older patients across care settings. The third element is mobility, ensuring older adults move safely every day to maintain function and do what matters to them. The last element is medication. If medication is necessary, clinicians should prescribe age-friendly medications that don't interfere with what matters to the patient, nor affect their mobility or mentation. Deprescribing is especially important whenever possible. Taken together, we call these the "4Ms."

### WHO'S INVOLVED IN THE MOVEMENT?

**TF:** Our mission at The John A. Hartford Foundation is to improve care for older adults, and for over three decades, we've helped build the evidence base for better geriatric care. In 2015, we started discussing the concept of age-friendly health systems to meet the aging population's needs. The "age-friendly" moniker is globally recognized by the World Health Organization and it made sense to build on and align with that work. It was clear from the beginning that we needed a strong partner in care quality and the diffusion of best practices. The obvious choice was the Institute for Healthcare Improvement (IHI). Our goal in partnering with IHI's experts is to ensure older patients benefit from those best practices, no matter where they get care, and to reach 20 percent of U.S. health systems by 2020.

We're also partnering with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA) to bring evidence-based best practices into care settings across the country. In 2017, five major systems signed on as pioneer Age-Friendly Health Systems: Anne

Arundel Medical Center, Ascension, Kaiser Permanente, Providence St. Joseph Health, and Trinity Health. These systems helped identify and test best practices and learn what it takes to be part of the movement.

In 2018, together with IHI, AHA, and CHA, we launched the first Age-Friendly Health Systems Action Community. We've welcomed 125 teams from more than 75 health systems to this virtual learning community. Each explores the 4Ms framework in their hospital and ambulatory settings and generously shares data and learnings. Our second Action Community is accepting participants and will launch in April 2019.

### WHAT PROGRESS HAS THE INITIATIVE ACHIEVED?

**TF:** The Age-Friendly Health Systems initiative wants to make sure that the 4Ms are present at every touchpoint of a patient's care—whether it's in the home, hospital, emergency room, long-term care facility, or ambulatory clinic—because care must be seamless.

The ways to measure progress are myriad. At Anne Arundel Medical Center, they've quantified the amount of time the system gives back to their older patients through early discharges and reduced avoidable readmissions. They're giving real time back to their patients to do the things they want to do instead of being in the hospital.

One last point to make is that we live in an ever-shifting health care paradigm. In the 20th century, health care focused on longevity and treating whatever ailed patients—and we doubled the average lifespan. Now, our thinking must evolve to consider not just what's the matter with the patient, but what matters to the patient. I'm convinced that regardless of size or circumstance, every system, and every system leader, can benefit from learning more about the Age-Friendly Health System movement. It's what patients and families have been asking for; it's what the future needs to be. ●

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To learn more about the Age-Friendly Health Systems initiative, visit [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)