Great Health Care Story Ideas from The John A. Hartford Foundation
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1. **Age-Friendly Health Systems: A New Movement**
   As of September 2019, 101 hospitals and health care practices have received designation as Age-Friendly Health Systems - Committed to Care Excellence for closing the gap between the kind of care we know works best for older patients and what is actually available to them. The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association and Catholic Health Association, are working with hundreds of other sites to rapidly spread the Age-Friendly Health Systems approach to 20 percent of U.S. hospitals and health systems by 2020. Four key elements, the 4Ms, are driving change across settings of care: what matters to the patient; medication; mobility; and mentation (managing dementia, depression and delirium).

2. **Who Will Care For an Aging America?**
   Someone in America turns 65 every eight seconds. But continual underfunding of HHS’s health professions workforce training budget make it harder to see how we will create the skilled health care workforce an aging population will need. The Title VII and VIII Geriatrics Workforce Enhancement Program (GWEP) is the only federally-funded program dedicated to training health professionals in the unique needs of older adults. The 48 GWEPS in 35 states and two territories are community-based partnerships that train the primary care workforce to deliver high-quality care to older adults and maximize patient and family engagement.

3. **Elder Mistreatment: As Harmful as Domestic or Child Abuse**
   An estimated one in ten older Americans suffers elder mistreatment (defined as physical, psychological, or sexual abuse, neglect, financial exploitation, or abandonment), but the abuse frequently goes undiagnosed and unreported. New interventions, such as the Vulnerable Elder Protection Team developed at NewYork-Presbyterian/Weill Cornell Medical Center, will ensure that older people seen in hospital settings, including ED’s, will be assessed and receive appropriate treatment and referral.

4. **Can You Be Too Old for the Emergency Department?**
   ED visits by older adults doubled in the last ten years and more than half of Americans 65+ visit the ED in the last month of their lives. The experience can be dangerous and unnecessarily costly. A new study has shown that “geriatric ED” interventions, such as a transitional care nurse, prevented unnecessary hospital admissions by as much as 33%. The American College of Emergency Physicians has set accreditation standards to encourage better ED care of older adults, and a learning network of EDs has developed to collect data and build the evidence base.

5. **Independence at Home: Realizing the Potential Benefits of Home-Based Primary Care**
   More than two million older people are completely or mostly homebound and have trouble getting to medical appointments despite living with multiple chronic conditions and functional impairments that put them at high risk of avoidable hospitalizations and nursing home placement. Home-based primary care has been proven to help. A federal demonstration project, Independence at Home, saved nearly $33 million in its fourth year and, as part of the Chronic Care bill, has a chance to serve millions more frail Medicare beneficiaries at home.
6. Geriatric Surgery: New Standards Protect Older Patients
People aged 65+ get almost 40 percent of all surgical procedures. Older surgical patients can be at higher risk for complications due to physiological changes related to aging and chronic disease. To address these challenges, the American College of Surgeons (ACS) and The John A. Hartford Foundation gathered consumer and health professional groups and released the first hospital-level surgical care standards for older adults. The standards range from better pre-operative physiological screening and assessment of cognitive impairment to discussion of goals of care and realistic expectations for recovery. The standards will be used in a new ACS quality verification program, launching October 2019, similar to ACS-verified Trauma Centers.

One in three women will break a hip in her lifetime and one in five hip fracture patients dies within a year. About the same number move to a nursing home for a year, if not permanently. A new hospital-based intervention, American Geriatrics Society (AGS) CoCare: Ortho, adds co-management by geriatricians to pre- and post-surgical care and has reduced complications such as delirium, dehydration, and chronic disease flare-ups; reduced overall costs by 66 percent; and reduced deaths in the first 30 days by 70 percent.