



Great Health Care Story Ideas from The John A. Hartford Foundation

1. Age-Friendly Health Systems: A new movement

Five health systems covering 40 states – Anne Arundel Medical Center, Ascension, Trinity Health, Providence St. Joseph Health, and Kaiser Permanente – have committed to 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 these systems to rapidly spread the [Age-Friendly Health Systems](#) model 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; medications; 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 44 GWEPS in 29 states 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

About four million homebound older people 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 more than \$25 million in its first year and, as part of the Chronic Care bill, has a chance to serve two million frail Medicare beneficiaries at home. A Medicare payment model for [Hospital at Home](#) was recommended for implementation by The Physician-Focused Payment Model Technical Advisory Committee (PTAC) that reports to HHS.



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Dedicated to Improving the Care of Older Adults

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, similar to ACS-verified Trauma Centers.

7. Broken Hip, Shattered Life: How geriatrics can help put it back together

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.