

# Spotlight on Success

## MINUTECLINIC'S AGE-FRIENDLY HEALTH SYSTEMS INITIATIVE

The US Census Bureau [predicts](#) that the population of adults over age 65 will nearly double in the decades ahead, growing from 49 million in 2016 to 95 million by 2060. As such, there is a growing need to improve the quality and safety of care provided to older adults in all health care settings. One organization stepping in to fill this gap is MinuteClinic, a network of convenient care clinics located within select CVS Pharmacy and Target stores. MinuteClinic partnered with the Quality and Safety Education for Nurses (QSEN) Institute at the Frances Payne Bolton School of Nursing at Case Western Reserve University (CWRU) to become an Age-Friendly Health System (AFHS). This article will explain what an Age-Friendly Health System is, explore how MinuteClinic overcame obstacles to incorporate AFHS into convenience care, and outline the program's framework for measuring success.



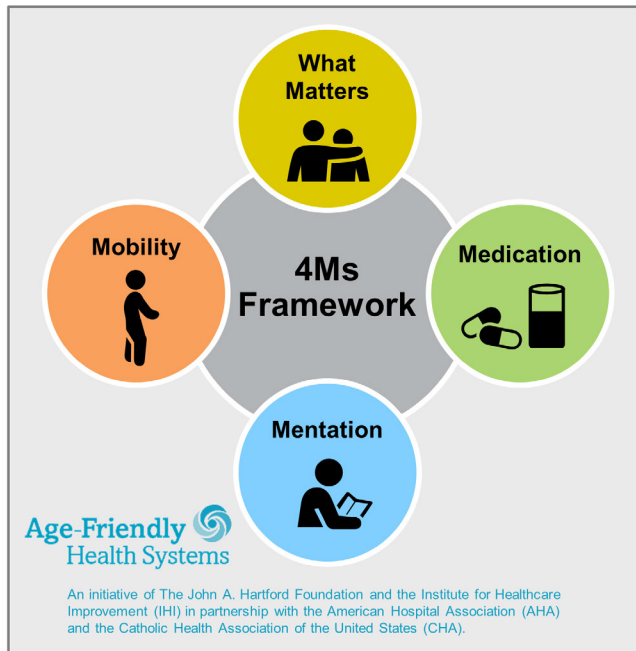
### The Age-Friendly Health Systems Initiative

An initiative of the [Institute for Healthcare Improvement](#) (IHI) and [The John A. Hartford Foundation](#), Age-Friendly Health Systems was created in partnership with the [American Hospital Association](#) (AHA) and the [Catholic Health Association of the United States](#) (CHA). Designed to proactively meet the challenges of caring for an aging population, AFHS promotes the 4Ms framework (see Figure 1 on page 14), which includes assessing and acting on the following four evidence-based elements of care for older adults:

1. Finding out what **matters** most to older adults
2. Reviewing **medications**
3. Assessing **mentation** (including mood)
4. Evaluating **mobility**

MinuteClinic and the QSEN Institute at CWRU applied for a grant from The John A. Hartford Foundation for training and implementation of the 4Ms framework into the care provided to older adults at every MinuteClinic. According to Anne Pohnert, MSN, RN, FNP-BC, Lead Director of Clinical Quality at MinuteClinic, “We worked with the IHI and embraced Age-Friendly Health Systems as the best approach to bringing evidence-based practice into MinuteClinic for our older

**Figure 1. 4Ms Framework**



### **What Matters**

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.

### **Medication**

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

### **Mentation**

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

### **Mobility**

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Reprinted with permission from the Institute for Healthcare Improvement (IHI).

adult patients. We are very aware of the aging adult population and the number of patients over 65 years who come to our clinic for basic care, such as smoking cessation services so a patient can move into an assisted living facility or for DOT [Department of Transportation] physicals for drivers who are still working.”

“This is about transformation,” adds Mary A. Dolansky, PhD, RN, FAAN, Director of the QSEN Institute at CWRU. “Whenever health care providers take care of a person over 65 years, they need to change their lens to minimize avoidable harms to older adults that we know shouldn't happen and deliver evidence-based, age-friendly care.”

## **Incorporating AFHS into Convenience Care**

To begin, the MinuteClinic AFHS Implementation Team had to determine how to incorporate the 4Ms framework into the workflow of the retail health model. Pohnert explains, “We asked, ‘What does this mean in the MinuteClinic?’ For example, the ‘What Matters’ in acute care usually means an end-of-life discussion, but that is not typically the focus at MinuteClinic, so we had to redefine ‘What Matters’ for the care being delivered here.” She continues, “For MinuteClinic providers, this involves asking patients what matters most to them in their daily lives and with regard to their health and developing a treatment plan that takes the patient's priorities into account, such as being socially active, visiting family, or maintaining independence.”

A key consideration was that providers would now be assessing and potentially treating four more health issues in addition to the problem for which the patient made the appointment. “As a result of this project, MinuteClinic extended the time

of many types of patient visits for patients older than 65 years by 10 minutes,” says Pohnert.

To maximize the appointment time, the 4Ms framework needed to be incorporated seamlessly into the workflow of a patient care visit. “We did a lot of work with frontline providers to learn what work is already being done,” notes Dolansky. “For example, the provider doesn’t have to do a special assessment for mobility but can watch the patient get up from the chair in the waiting room and walk to the patient room. It’s a modified [Timed Up and Go test](#).” Pohnert adds that the provider would also ask patients if they are able to stay active enough to do what matters to them.

Reviewing a patient’s current medications is something that is done during every MinuteClinic visit—regardless of age—but with the 4Ms framework the provider must also assess patients for high-risk medications using the American Geriatric Society (AGS) [Beers Criteria medication list](#) of potentially inappropriate medications for older adults. “We created a synopsis tab in our EHR [electronic health record] that easily sorts the patient’s medications into those that fall under the Beers Criteria and those that don’t,” explains Pohnert. “If a patient is on a benzodiazepine, for example, a medication with increased risk of unsteadiness and falls for older adults, the provider can ask the patient why he is taking it and educate the patient on the risks involved with this type of medication.”

To assess mentation, MinuteClinic providers perform a [PHQ-2/PHQ-9 screening](#) for depression and a [Mini-COG test](#) to assess for early dementia. “Assessing mentation is assessing mood and memory, including depression, dementia, and delirium,” explains Pohnert. “We don’t often see delirium in the community setting, but occasionally it may occur with a UTI [urinary tract infection] so providers can explain what is going on with the UTI and how it’s impacting [the patient’s] mental health.”

Finally, the MinuteClinic AFHS Implementation Team worked diligently to ensure that providers can easily document their assessments and plans of care related to the 4Ms in the EHR. “We intentionally set up our EHR to capture the use of the 4Ms in a way to monitor the implementation of this project,” says Pohnert. “We made each of the 4Ms separate—each ‘M’ has a separate section with its own assessment and action step. Providers can easily document the assessment and action step for each ‘M,’ and we have been able to monitor which ‘M’s are more challenging and offer supportive interventions as needed.”

## Overcoming Obstacles

Training MinuteClinic providers was the first obstacle to implementing the AFHS initiative because more than 3,000 providers needed to be educated on the 4Ms framework. According to Pohnert, “A big part of the planning grant was a focus on professional development and training, and for this we received support from Case Western Reserve University and the nursing faculty.” She adds, “The implementation team, which included faculty from the CWRU School of Nursing and MinuteClinic Educators, developed an orientation to the 4Ms, including an overview of the 4Ms framework, how to document in the EHR, clinical case

studies, and a virtual clinic where providers can see patients and practice the 4Ms.” The virtual clinic is an interactive simulation training tool that provides assessments on each provider’s perception of confidence as well as their competence with the 4Ms before and after practice in the virtual clinic.

Through this initiative, CWRU was also hoping to overcome the many obstacles of education in health care. “We are meeting the needs of education when there is no time to learn and where a big complaint is that education is boring and not helpful,” says Dolansky. “The virtual clinic incentivizes people to do their education because it is fun, and it can be done in five-minute increments on the mobile app.”

Another obstacle is patient willingness to participate in the assessments for the 4Ms. “It can be hard to convince the patient to take the time to draw a clock for the Mini-COG when they came for something entirely different,” says Pohnert. “So the implementation team created a pocket card to explain why providers are asking about the 4Ms.” (See the pocket card in Figure 2, below.) If the pocket card and education are presented at the beginning of the visit, providers find that the patient has a better understanding of why certain assessments are being done and is more willing to participate.

**Figure 2. Age-Friendly Health Systems Pocket Card**

# To your future health!

**If you’re 65 years or older,  
we’re happy to give you a special dose of age-friendly care.**

To learn more about your overall health, we’ll ask about:

- What matters most to you.
- Your medications to ensure they’re right for you.
- Your mood and memory.
- How you move around each day.

At the end of your visit, we’ll give you healthy aging tips. Sound good?

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

The MinuteClinic® commitment to be an Age-Friendly Health System is supported by a grant from The John A. Hartford Foundation to the Case Western Reserve University Frances Payne Bolton School of Nursing.



D18441MC20

Reprinted with permission of CVS MinuteClinic

## Measuring Success

MinuteClinic achieved the highest recognition from IHI by submitting three months of verified data to demonstrate consistent use of the 4Ms framework in caring for older adults.

Because the MinuteClinic AFHS Implementation Team set up the EHR to capture data on each 4M assessed and acted on during a patient visit, MinuteClinic can easily measure compliance and progress. “Each step is monitored, and we can clearly see that we have assessed and acted on 300,246 ‘M’s since we launched in June 2020,” says Pohnert. “If there is a region that is doing extremely well with a high percentage of older patients receiving all 4Ms at each visit, we reach out to the managers and talk about what is working and what is not working.”

Other data points that MinuteClinic measures include patient satisfaction with how well the provider included “what matters” to them in their care. “The patient-reported outcome scores of respondents age 65 and older who received care at MinuteClinic in 2021 were mostly positive,” says Dolansky. “The percent[age] of respondents giving the highest score was 77.6% for ‘How much effort was made to listen to what matters most to you about your health issues?’ and 76.2% for ‘How much effort was made to include what matters most to you in choosing what to do next?’”

## Looking to the Future


MinuteClinic has created a sustainable process within which to educate providers in the 4Ms framework and to continue providing age-friendly care. “We are actively looking at options for disseminating our work, including presentations at conferences and working on publications,” says Pohnert. “We are also looking at other options for further research to see if we can understand other outcomes that can be attributed to the 4Ms framework, such as reduced ED [emergency department] visits or appropriate referrals to the ED.”

The IHI looks forward to more health care organizations adopting the 4Ms framework and being recognized as Age-Friendly Health Systems.<sup>1,2</sup> “The goal is to spread age-friendly care across all systems—community, home care, hospitals,” says Dolansky. For more information on how to start implementing evidence-based, age-friendly care in your organization, see the sidebar below.

### *Resources for Implementing Age-Friendly Care*

The Institute for Healthcare Improvement (IHI), in partnership with The John A. Hartford Foundation, has created a [resource portal](#) for health care organizations focused on implementing the Age-Friendly Health Systems (AFHS) initiative, including the following tools and resources:

- Joining an action community
- Getting started guides
- Guide for assessing “What Matters” to older adults
- Guide to using the 4Ms in several health care settings

- Guide to electronic health record (EHR) requirements for adoption of the 4Ms
- Measures guide to AFHS
- How to be recognized as an AFHS
- Telehealth resources
- Case studies
- Return on investment (ROI) calculator for inpatient and outpatient settings 

---

## References

1. Mate K, et al. Evidence for the 4Ms: Interactions and outcomes across the care continuum. *J Aging Health*. 2021 Aug-Sep;33(7-8):469-481. <https://journals.sagepub.com/doi/pdf/10.1177/0898264321991658>
2. Institute for Healthcare Improvement. Press Release: Age-Friendly Health Systems Movement Exceeds Scale and Impact Goals to Improve Care for Older Adults. Mar 1, 2022. Accessed Nov 7, 2022. [https://www.ihl.org/about/news/Documents/IHIPressRelease\\_AFHSMilestone\\_March2022.pdf](https://www.ihl.org/about/news/Documents/IHIPressRelease_AFHSMilestone_March2022.pdf)