



Institute for
Healthcare
Improvement



The IHI Age-Friendly Health Systems Action Community: An Invitation to Join Us

April - October 2019

This content was created especially for:

Age-Friendly 
Health Systems

An initiative of John A. Hartford Foundation and
Institute for Healthcare Improvement in partnership
with American Hospital Association and
Catholic Health Association of the United States

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What Are Age-Friendly Health Systems and Why Are They Important?

Three factors that impact caring for older adults in the United States today are occurring simultaneously. Together the factors make a compelling case for health systems to better support the needs of older adults and caregivers:

- *Demography*: The number of adults over the age of 65 is projected to double over the next 25 years.¹
- *Complexity*: Approximately 80 percent of older adults have at least one chronic disease, and 77 percent have at least two.² Many of our health systems are ill-equipped to deal with the social complexity many older adults face.³
- *Disproportionate Harm*: Older adults have higher rates of health care utilization as compared to other age groups and experience higher rates of health care-related harm, delay, and discoordination. One consequence of this is a rate of ED utilization that is four times that of younger populations.⁴

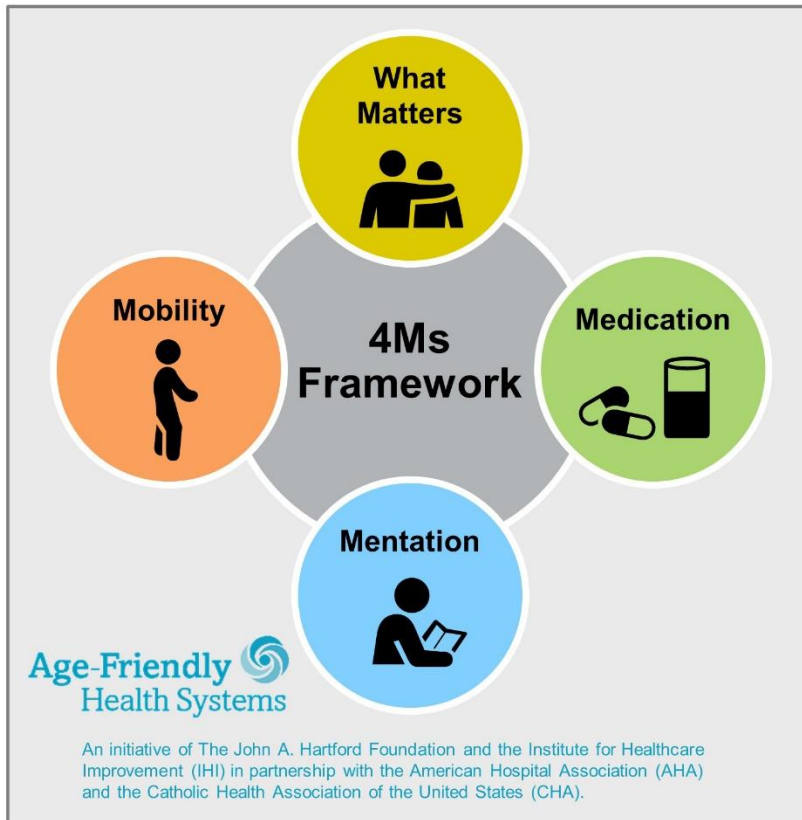
Becoming an Age-Friendly Health System entails reliably providing a set of specific, evidence-based geriatric best practice interventions to all older adults in your health system. This is achieved primarily through redeploying existing health system resources to achieve:

- Better health outcomes for this population;
- Reduced waste associated with low-quality services;
- Increased utilization of cost-effective services for older adults; and
- Improved reputation and market share with a rapidly growing population of older adults.

The 4Ms Framework of Age-Friendly Care

In 2017, [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), set the bold aim that 20 percent of US hospitals and health systems would be Age-Friendly Health Systems by June 30, 2020.⁵ Five prototyping health systems, Anne Arundel Medical Center, Ascension, Kaiser Permanente, Providence St. Joseph Health, and Trinity, stepped forward to learn what it takes to be an Age-Friendly Health System.

The 4Ms Framework for Age-Friendly Care that emerged is both evidence based and able to be put into practice reliably in the health care setting. The 4Ms are: What Matters, Medications, Mentation, and Mobility.



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

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.


These 4Ms are the essential elements of high-quality care for older adults and, when implemented together, indicate a broad shift by health systems to focus on the needs of older adults. Reliable implementation of the 4Ms is supported by board and executive commitment to becoming an Age-Friendly Health System, older adult and caregiver engagement, and community partnerships.

Join Us: Age-Friendly Health Systems Action Community

IHI has a well-established track record, based on years of experience, of convening like-minded organizations in communities to rapidly scale-up solutions to vexing problems in health care, including readmissions, deploying the Triple Aim, and achieving system-wide excellence. In September of 2018, 125 teams from 70 organizations joined the first Age-Friendly Health Systems Action Community to improve care for older adults. The first Action Community concludes in March 2019.


The next Age-Friendly Health Systems Action Community will take place from April – October 2019. The Action Community is designed as an on-ramp for hospital-based teams (e.g., emergency departments, ICUs, general wards, medical-surgical units) and ambulatory care teams (e.g., primary care, specialty care) to test and adopt the 4Ms. The instruction and coaching is setting specific and include transitions in care between settings.

April – October 2019




Participate in 90 minute interactive webinars

- Monthly content calls focused on 4Ms
- Opportunity to share progress with other teams by brief case study




Test Age-Friendly interventions

- Test implementing specific changes in your practice



Submit data on a standard set of Age-Friendly measures (brief)

- Submit a data dashboard on a standard set of process and outcome measures



Option to join two drop-in coaching sessions

- Join other teams for measurement and testing support.



Action Community Schedule of Activities

January – March 2019	<p><i>Teams</i></p> <ul style="list-style-type: none"> • Enroll in the April – October 2019 Action Community • Participate in one Getting Started webinar <ul style="list-style-type: none"> ○ March 25, 2019 - 3:00 – 4:00 pm ET ○ April 1, 2019 - 2:30 - 3:30 pm ET • Complete the Getting Started Guide (<i>Please note that the Getting Started Guide will be sent to enrolled teams in January 2019 and will need to be completed prior to the Action Community starting in April 2019</i>). <p><i>Leaders</i></p> <ul style="list-style-type: none"> • Participate in one Getting Started webinar
April – October 2019	<p><i>Teams</i></p> <ul style="list-style-type: none"> • Submit monthly qualitative and quantitative reports for outcome and process measures • Attend monthly Team Webinars • Attend one in-person gathering for the Action Community. <i>Date and location TBD.</i> • Two optional drop-in coaching calls each month <p><i>Leaders</i></p> <ul style="list-style-type: none"> • Participate in monthly Leaders and Sponsors Webinars

What Are the Benefits of Participating?

At the end of the seven-month Action Community, the participating organizations will have implemented the specific changes of the Age-Friendly Health Systems 4Ms Framework in their unit, clinic, ED, or program, and will have early data on key measures that demonstrate initial evidence of benefit to the older adults that they serve.

The organizations will also be national leaders as organizations on their way to becoming Age-Friendly Health Systems.

What Is the Cost to Participate?

There is no fee to participate in the Age-Friendly Health Systems Action Community. A health system, hospital, or practice in the US can enroll as many sites/teams as it would like to participate in the Action Community (e.g., a hospital may elect to enroll two ICU teams, an ED team, and five general medical unit teams). It has been IHI's experience that organizations that enroll multiple teams accelerate their pace of transformation.

The cost of participation includes the time teams must allocate to engage in Action Community activities listed above (e.g., webinars and calls, data collection and measurement), test the specific changes in their daily work, and report on progress in between calls.

Each participating organization will build its own team. The Action Community testing and learning is designed to occur as part of each person's existing activities and is, therefore, a re-purposing of time rather than incrementally additional time. For example, a hospital or practice will generate and review quality reports as part of standard work. As part of the Age-Friendly Health Systems Action Community, certain quality indicators may be segmented by age. Testing of specific Age-Friendly changes by clinicians will occur as part of standard clinical activities.

Based on IHI's experience, teams that include access to the following resources are often more successful:

- An older adult and caregiver are core members of the team;
- A sponsor who can authorize and support team activities and participate in the leadership cohort;
- Clinicians who represent the disciplines involved in the 4Ms (this will be specific to your context, but may include a physician, nurse, physical therapist, social worker, pharmacist, and others that represent the 4Ms in your context);
- A local leader who is vested in quality improvement methods and tools and has authority to design and lead improvement tests;
- An improvement coach;
- A data analyst; and
- A finance representative.

How Do We Join the Age-Friendly Health Systems Action Community?

For further information about the Action Community, join one of our free informational calls:

- January 30, 2019 (12:00 – 1:00 PM ET) - Register for the meeting [here](#).
- March 6, 2019 (2:00 – 3:00 PM ET) - Register for the meeting [here](#).

Before the Action Community begins in April 2019, interested teams will be asked to:

- Identify a clinical care setting and patient population to test the 4Ms;
- Bring together an interdisciplinary team;
- Identify a leader with authority over the selected care setting or population to support the team's activities and progress and participate in the leadership track;
- Participate in Action Community activities including sharing data with IHI.

If you are ready to enroll sites in the Action Community, you can do so [here](#).

Please consider:

- Engaging a diverse team that reflects your older adult community; and
- Demonstrating prior experience with using a quality improvement methodology (e.g., Model for Improvement, LEAN, Six Sigma) and managing improvement projects and teams.

Partners

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 Action Community also draws on the expertise of the Advisory Group and faculty experts in the 4Ms subject matter, testing and scale-up methodology, and organizational psychology. A full list of faculty can be found on www.ihl.org/AgeFriendly.

IHI Team

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Advisory Group

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Mary Tinetti, MD	<i>Gladys Phillips Crofoot Professor of Medicine (Geriatrics); Professor, Institution for Social and Policy Studies; Section Chief, Geriatrics (Advisory Group co-chair)</i>
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Albert Siu, MD	<i>Professor and System Chair, Geriatrics and Palliative Medicine, Population Health Science and Policy, General Internal Medicine</i>
Steve Stein, MD	<i>Chief Medical Officer, Trinity Health Continuing Care Group</i>
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References

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