



Aging and Disability **BUSINESS INSTITUTE**

Connecting Communities and Health Care



advocacy | action | answers on aging



The Age Friendly Health Systems Initiative: Building Community-Clinical Collaboration to Improve Care and Outcomes for Older Adults and Their Families

Amy Berman, RN, LHD, FAAN

Senior Program Officer, The John A. Hartford Foundation

Nora Super

Director, Aging and Disability Business Institute,
National Association of Area Agencies on Aging (n4a)



The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

aginganddisabilitybusinessinstitute.org



advocacy | action | answers on aging



Aging and Disability
BUSINESS INSTITUTE

Partners and Funders

Partners:

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence
- The National Council on Aging (NCOA)
- The Evidence-Based Leadership Council (EBLC)
- Meals on Wheels America (MOWA)

Funders:

- The John A. Hartford Foundation
- Administration for Community Living
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation



Age-Friendly Health Systems

Goals of Grant

- 1) Define essential elements of high quality care for health systems
- 2) Build on Foundation's geriatrics models and expertise
- 3) "4M's" are indicators of broader shift by health systems to focus on older adults:
 - What Matters
 - Medication
 - Mobility
 - Mentation (e.g. cognitive status, confusion)
- 4) Reach 20% of health systems by 2020 (~ 1000 hospitals)



The Issues and Gaps (1)

Older adults:

- Routinely receive unwanted care and treatment
- Routinely do not receive necessary and evidenced care
- Are needlessly harmed by inappropriate medications
- Have functional decline when we don't encourage mobility
- Experience avoidable delirium and cognitive decline
- Disproportionately experience needless harms and death



The Issues and Gaps (2)

- Geriatrics models of care proven very effective
- Yet models reach only portion who could benefit
- Models difficult to disseminate and scale
- Models difficult to reproduce in community hospitals with less resources
- Few models work across care settings
- Various models co-exist and confuse



July – August 2016

90 discrete core features identified by model experts in pre-work

Redundant/similar concepts remove and **13 core features** synthesized by IHI team

Expert Meeting – Selection of the “vital few” the 4Ms



advocacy | action | answers on aging



Core Elements of Prototype: The Four M's

- What Matters: Knowing and acting on each patient's specific health outcome goals and care preferences
- Medication: Optimize use to reduce harm/burden, focus on medications affecting mobility, mentation and what matters
- Mentation: Focus on depression, dementia & delirium
- Mobility: Maintain mobility/function, prevent and treat complications of immobility



Evidence



- **What Matters:**

- Asking what matters lowers inpatient utilization (↓ 54%), ICU stays (↓ 80%), increases hospice use (↑ 47.2%) patient satisfaction (AHRQ 2013)

- **Medications:**

- Older adults suffering adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
- 1500 hospitals in CMS HEN 2.0 reduced 15,611 adverse drug events saving \$78m across 34 states (HRET 2017)

- **Mentation:**

- Depression in ambulatory care doubles cost of care (Unutzer 2009)
- 16:1 ROI on delirium detection and treatment programs (Rubin 2013)

- **Mobility:**

- Older adults who sustain a serious fall-related injury required an additional \$13,316 in hospital operating cost and increased LOS of 6.3 days (Wong 2011)
- 30+% reduction in direct, indirect, and total hospital costs among patients who received care to improve mobility (Klein 2015)



The Partnership: Five Health Systems



advocacy | action | answers on aging



Sequence to Scale-up

**Stage 0:
Developing
the
Prototype**

Activity: Literature review & Expert meeting
Output: Age Friendly Prototype

**Stage 1:
Testing the
Prototype**

Activity: Prototype testing with five systems & scaling within those five
Output: Age Friendly Model & Scale-up Guidance

**Stage 2:
Scale-Up**

Activity: Campaign spreads to 1000+ care sites
Output: 1000+ Age Friendly Health Systems with evidence of improved outcomes for older adults

Testing the Prototype for refinement (3/17 – 2/18)

Scaling up the Prototype in the five prototyping systems (1/18 – 12/18)

1. Test the model in the five health systems – cover all 4Ms and all settings
2. Measure the interventions
3. Update the Age-Friendly model



Age-Friendly Health Systems

By the Numbers

1) Numbers of older adults:

- > 3,500 patients received “age-friendly” healthcare
- Up from 400 patients reported in September 2017

2) Numbers of Age-Friendly Health Systems (sites):

- 5 health systems piloting
- Feb 2018 spread internally in five health systems
- Feb 2019 spread to other health systems

3) Numbers on quarterly “Friends of Age-Friendly” calls:

- 106 including CMS, Veterans Administration
- Sites implementing on their own (ex UCSF)



Age-Friendly Health Systems

More Outcomes

- 1) IHI Forum will feature Age-Friendly Health Systems:
 - Pre-conference session
 - CEO dinner w/ health systems & American Hospital Association
- 2) Catholic Health Association launching column Jan 2018
- 3) American Hospital Association developing plan:
 - Conference sessions
 - Publications
 - Webinars
- 4) Numbers of publications/presentations:
 - 38 (15 in process)
- 5) Refining the Business Case



Business Institute Goals & Activities

- Build a national resource center
- Develop an assessment tool to determine the capacity of CBOs
- Provide training and technical assistance
- Conduct an outreach and educational campaign targeting the health care sector
- **Systems Change Through Stakeholder Engagement**



Age-Friendly Health Systems & Community-based Organizations

- Clinical-Community Collaborations to improve the health and quality of life of older adults
- Linking the 4 Ms
 - What Matters
 - Medication
 - Mobility
 - Mentation



advocacy | action | answers on aging



What Matters

- Geriatric professionals at Area Agencies on Aging and other CBOs have long practiced person-centered care
- Spending time with friends and family is often a better incentive to stay or get healthy



advocacy | action | answers on aging



Medication

- Medication-related problems endanger the lives of a high percentage of elders living at home, leaving them at risk for falls, dizziness, cardiac symptoms, confusion and other side effects that frequently result in unnecessary ER visits and hospitalization.
- Since 2011, more than 11,000 older adults have had their medications screened for potential risks via the evidence-based **HomeMeds program**. A staggering 40-50% of those screened had potential problems.
- Each year, there are nearly 100,000 emergency hospitalizations for adverse drug events in U.S. adults aged 65 years or older *
- Adults 65 years or older are twice as likely as others to come to emergency departments for adverse drug events and nearly seven times more likely to be hospitalized after an emergency visit. *
Centers for Disease Control & Prevention study, Nov 2011, New England Journal of Medicine

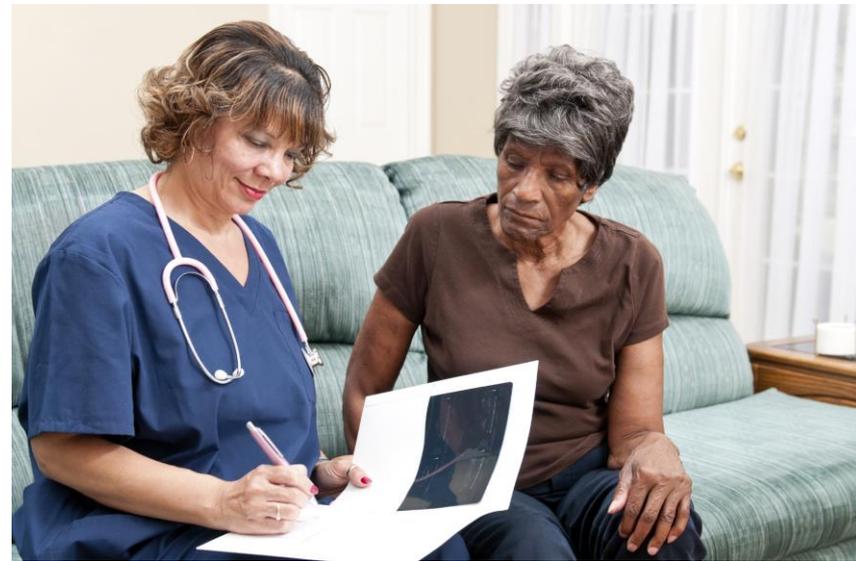
- ** http://www.cdc.gov/MedicationSafety/Adult_AdverseDrugEvents.html# Retrieved May 14, 2015;
<https://www.picf.org/homemeds/>



HomeMeds

- **HomeMeds** (developed by *Partners in Care Foundation*) is an evidence-based, technology-enabled intervention that addresses medication safety among older adults by connecting home and community-based services to health care providers.
- The program addresses major gaps in care that leave home-dwelling older adults at risk for adverse medication effects. HomeMeds has been implemented by social workers and nurses in a variety of programs for older adults, including care transitions, Meals on Wheels, and Medicaid waiver programs designed to help keep frail older adults safe at home.

<https://www.picf.org/homemeds/>



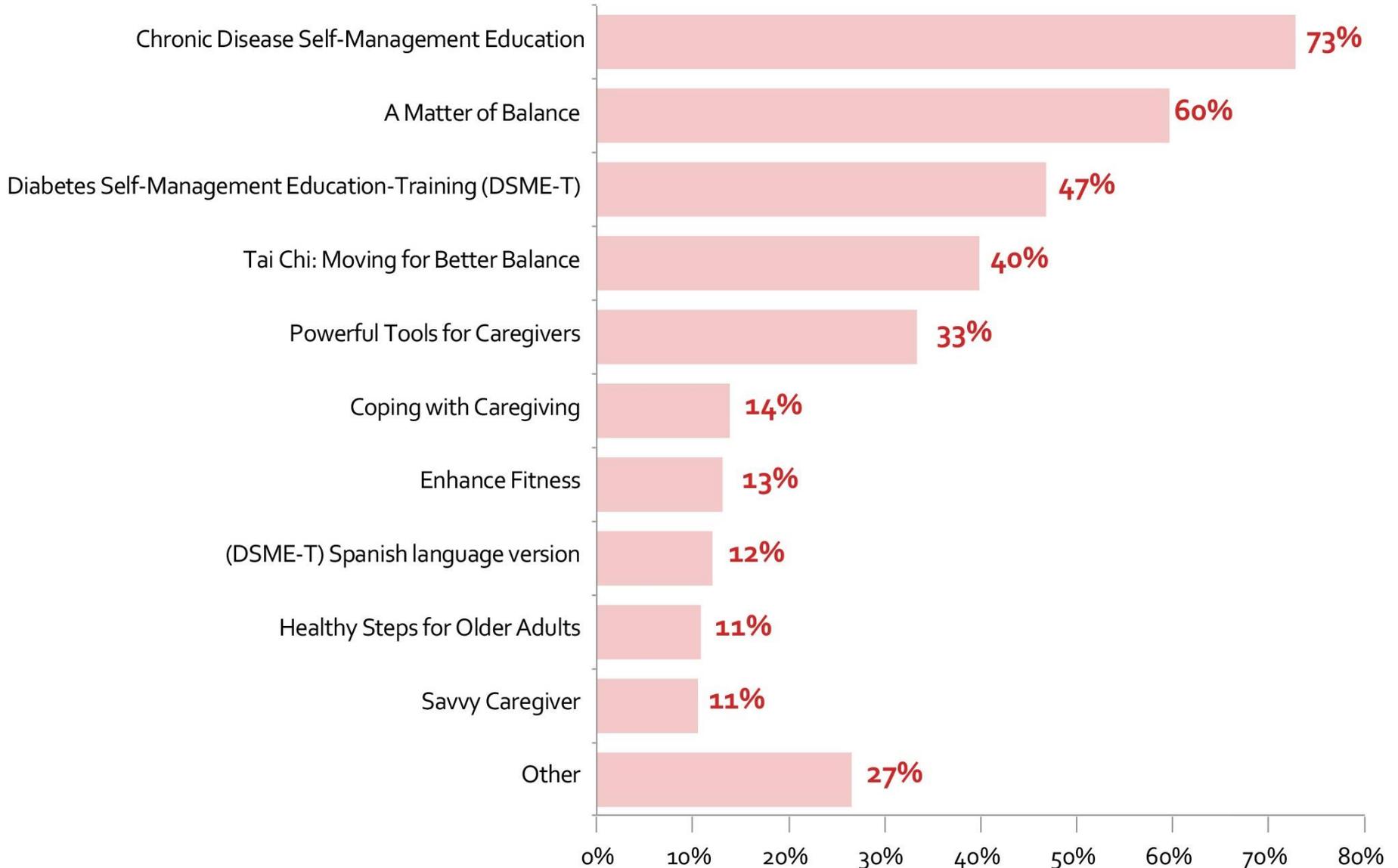
advocacy | action | answers on aging



Aging and Disability
BUSINESS INSTITUTE

Most Common Evidence-Based Programs Offered By AAAs According 2016 n4a Survey

n=389



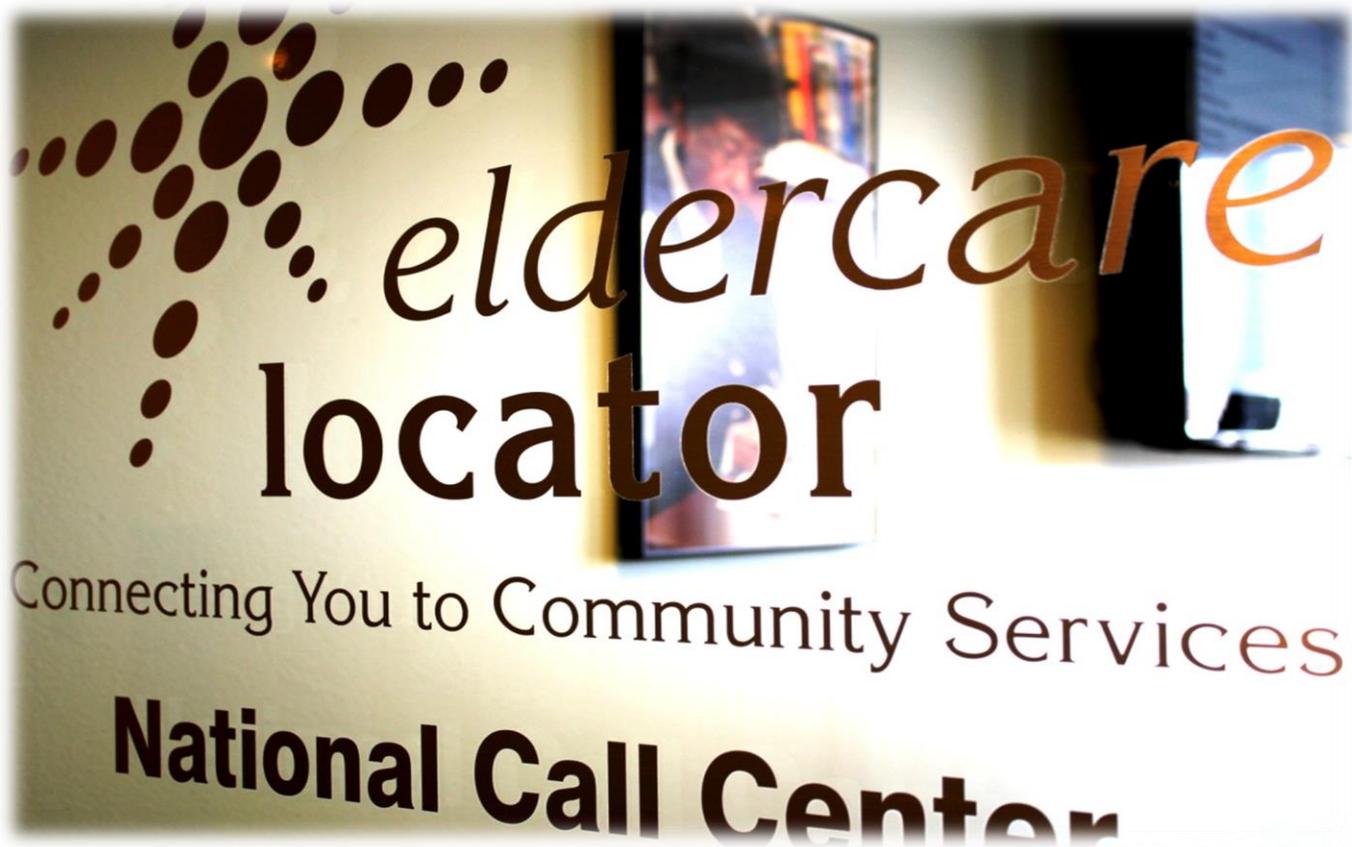
Mobility – Falls Management

- Each year, more than 1.6 million older U.S. adults go to emergency departments for fall-related injuries. Among older adults, falls are the number one cause of fractures, hospital admissions for trauma, loss of independence and injury deaths.
- Fortunately, falls can be managed with increased awareness and targeted interventions.
- Several evidence-based programs are offered in home and community-based settings to prevent falls
 - A Matter of Balance
 - Enhance Fitness
 - Fit & Strong

<http://www.eblcprograms.org/evidence-based/recommended-programs/falls-management/>



The Eldercare Locator National Call Center



Purpose of Call- Top Reasons

Top 5 Call Purpose	Total	%
Transportation- Callers requested information about Medical Appointment, General Transportation, and Older Driver Safety Education	32,981	12%
Housing Options- Callers requested information about Independent and Government Housing and Financial Assistance.	17,465	6%
In-Home Services- Callers requested information about Home/Chores, Personal Care and Medical Assistance.	14,626	5%
Health Insurance- Callers requested information about Supplemental Options, Claims/Bills and SHIP.	11,760	4%
Social Security- Callers requested information about Benefits, Change of personal information and Award Letters.	8,342	3%





- **Partnership** of National Association of Area Agencies on Aging (n4a) and Easterseals, funded by the Federal Transit Administration
- **Mission:** To promote the availability & accessibility of transportation options that serve the needs of older adults, people with disabilities and caregivers
 - ✓ Includes a focus on the Section 5310 Program targeted to the transportation needs of older adults and people with disabilities
- **Goals address:** public transit; human services transportation; transportation planning; best practices and innovations

1.866.983.3222

www.nadtc.org

contact@nadtc.org



Mentation -- Depression

- Depression is *not* a normal part of aging. When depression does occur among older adults, it is often overlooked or misdiagnosed, because sadness may not be the main symptom.
- The Evidence-Based Leadership Council recommends two programs:
 - PEARLS
 - Healthy IDEAS

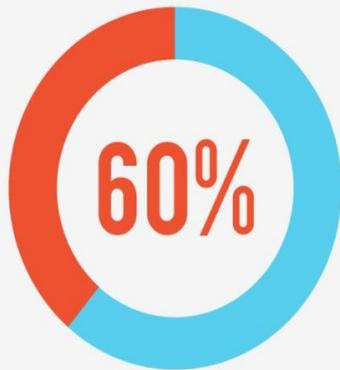
<http://www.eblcprograms.org/evidence-based/recommended-programs/depression/>



The Growing Need - Dementia

Impact on persons with disease and caregivers

By 2025, the number of people age 65 and older with Alzheimer's disease and other dementias is estimated to reach 7.1 million – a 40 percent increase from the 5.1 million age 65 and older affected in 2015¹



Nearly 60% of people with dementia live in their own community homes



1 in 7 live alone



The Growing Need

Caregivers and families

In 2014 caregivers provided 18.2 billion hours of unpaid care, averaging 22 hours per week and valued at \$230.1 billion annually

The physical and emotional impact of dementia caregiving is estimated to have resulted in \$10.9 billion in health care costs in the United States in 2014

83%

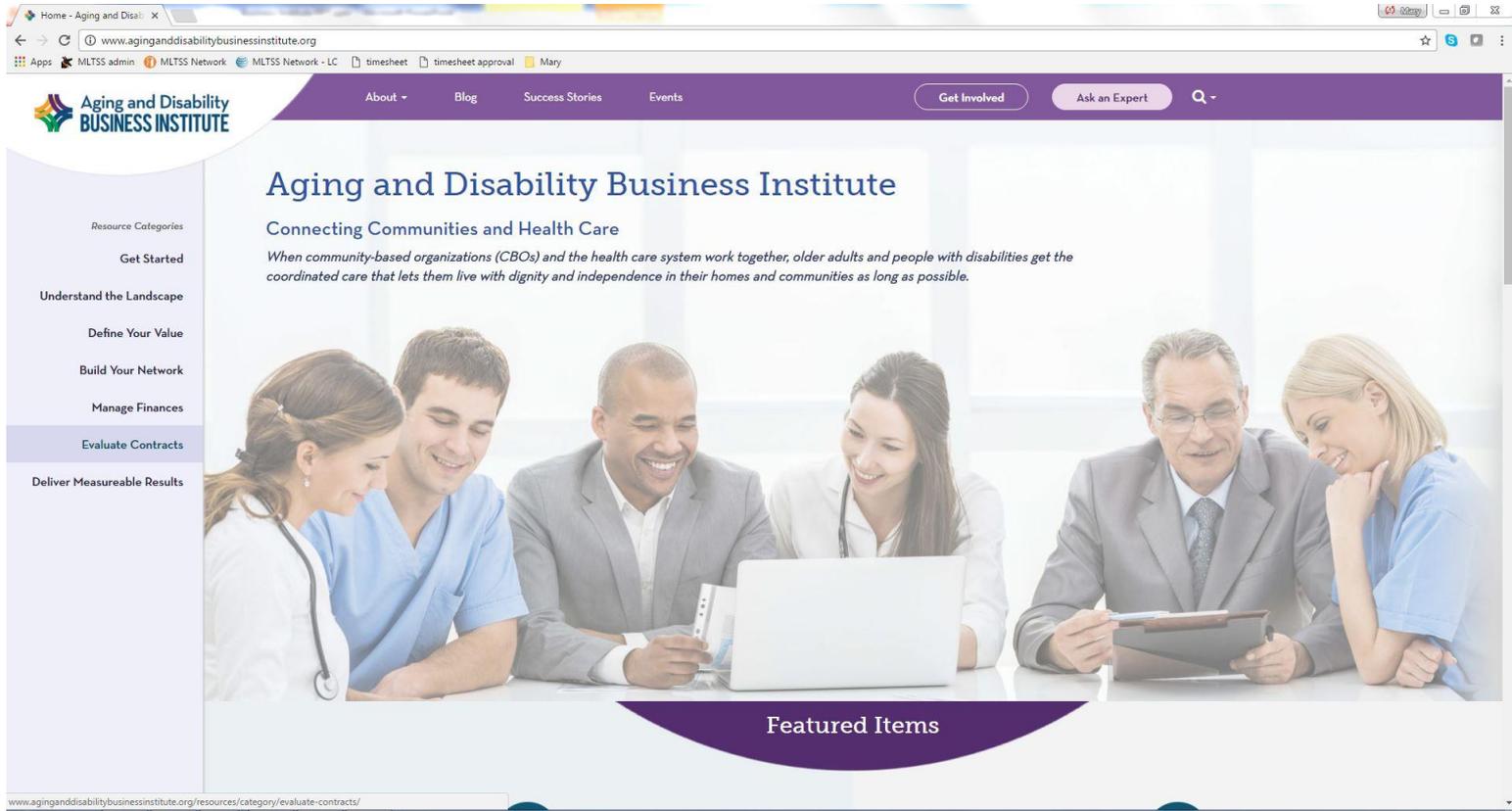
of all unpaid help provided to those with dementia comes from family members



Response to the Need -- Dementia Friendly Communities



Resource Center



www.aginganddisabilitybusinessinstitute.org



advocacy | action | answers on aging



THANK YOU!!

Amy Berman

Amy.Berman@johnahartford.org

www.johnahartford.org

@NotesOnNursing

@johnahartford

Nora Super

nsuper@n4a.org

www.aginganddisabilityinstitute.org

@norasuper1

@n4aACTION



advocacy | action | answers on aging



Questions & Answers: Please Submit Using the “Questions” Box



Aging and Disability
BUSINESS INSTITUTE

Please join us for future webinars in the Aging and Disability Business Institute Series

XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXX

Learn more and pre-register here:

<http://www.asaging.org/series/109/aging-and-disability-business-institute-series>



advocacy | action | answers on aging



Aging and Disability
BUSINESS INSTITUTE



Questions about the Aging and Disability Business Institute?

Email us:

BusinessInstitute@n4a.org