



**The John A. Hartford Foundation**

Dedicated to Improving the Care of Older Adults

# Preparing the Current and Future Health Care Workforce for Interprofessional Practice in Sustainable, Age-Friendly Health Systems, including Addressing the Quadruple Aim

Advisory Committee on Interdisciplinary,  
Community-Based Linkages (ACICBL)

June 6, 2018

Terry Fulmer, PhD, RN, FAAN, President  
The John A. Hartford Foundation

**HRSA**  
Health Resources & Services Administration

# The Leader in Improving Care of Older Adults

\$580,000,000

Grants authorized  
since 1982 to  
improve health care

- Building the field of aging experts
- Testing & replicating innovation



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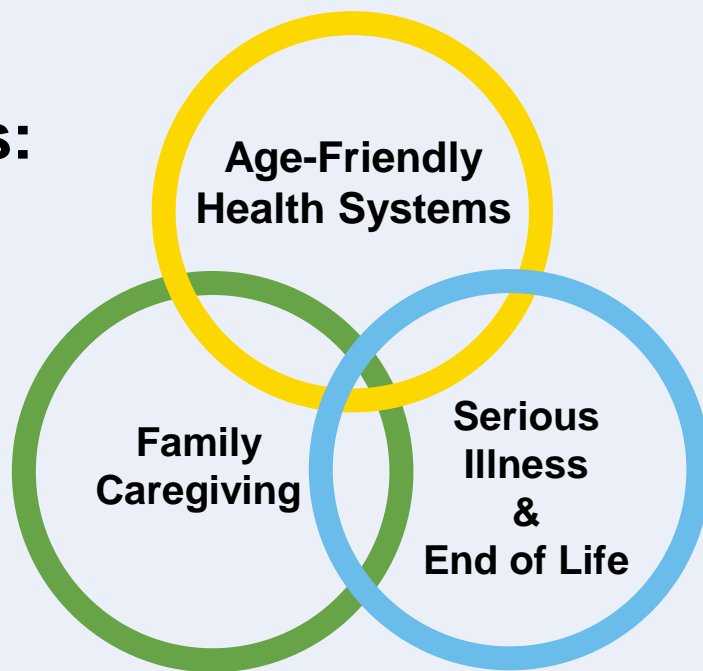
- **The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.**  
***-frail older adults***

# The John A. Hartford Foundation

A private philanthropy based in New York, established by family owners of the A&P grocery chain in 1929.

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**Priority Areas:**



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Priority Area:

**Age-Friendly  
Health Systems**

Few hospitals and health systems meet the needs of older adults.

Evidence-based, age-friendly approaches to better care exist.

- Focusing on what *matters* to older adults receiving care
- Improving health outcomes and reducing harm
- Achieving lower costs and better value



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Priority Area:

**Family  
Caregiving**

More than 18 million people are family caregivers of older adults.

They are often invisible and unprepared, better support can improve outcomes.

- Helping health systems assess and address needs of family caregivers
- Advancing policies for family-centered care



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Priority Area:

**Serious Illness  
&  
End of Life**

Care during serious illness or at end of life often fails to meet goals and preferences.

Palliative care reduces harm and burden.



- Making palliative care more widely available
- Supporting clinician training
- Promoting advance care planning



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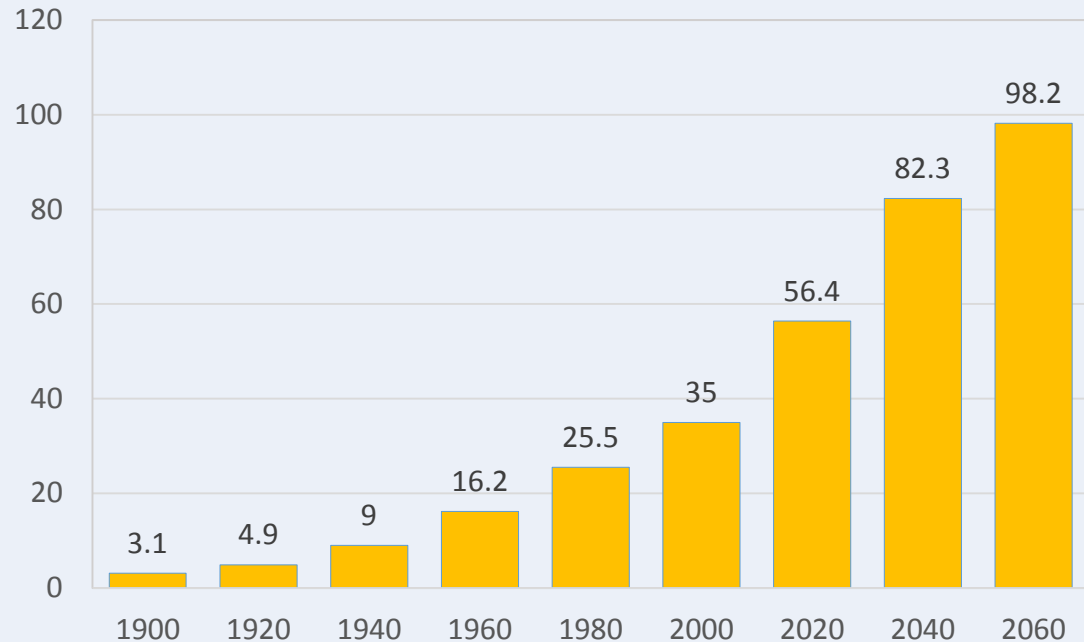
# The Aging Population: Greatest success of the 20<sup>th</sup> Century!

**10,000 people turn 65 every day- 8 every minute!**

Older adults contribute to society in vital ways.

Only naturally occurring resource that is growing!

Number of People 65+, 1900-2060 (in millions)  
US Census Bureau, Population Estimates & Projections



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# **Age-Friendly Health Systems:** Reliably provide a set specific, evidence-based geriatric best practice interventions via Title VII part D programs

## **AFHS means:**

- Better health outcomes for older adults
- Reduced waste associated with low-quality services
- Increased utilization of cost-effective services for older adults
- Improved reputation and market share



# 9 out of 10 CMS “Avoidable Harm” Priorities relate primarily to Older Adults

1. Adverse drug events
2. Catheter-associated urinary tract infections
3. Central line-associated blood stream infections
4. Injuries from falls and immobility
5. *Obstetrical adverse events*
6. Pressure ulcers
7. Surgical site infections
8. Venous thromboembolism
9. Ventilator-Associated Events
10. Readmissions

Source: CMS Partnership for Patients (<https://partnershipforpatients.cms.gov>)



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# 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



## Goals of Grant to IHI

- 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)



# Developing Components of an Age-Friendly Health System: the Evidence (8/16/16)

**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



# 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, and treat complications  
immobility



## Initiatives

Overview

Frequently Asked  
Questions

Partners

Faculty

## Age-Friendly Health Systems



# Age-Friendly Health Systems: How Do We Get There?

Terry Fulmer, Amy Berman

NOVEMBER 3, 2016

10.1377/hblog20161103.057335



## Journal of the American Geriatrics Society



- **Special Article**
- **The Age-Friendly Health System Imperative**
- ***Terry Fulmer PhD, RN Kedar S. Mate MD Amy Berman BSN***
- ***First published: 06 September 2017 <https://doi.org/10.1111/jgs.15076>***

# Evidence



- **What Matters:**

- Asking what matters lowers inpatient utilization ( $\downarrow$  54%), ICU stays ( $\downarrow$  80%), increases hospice use ( $\uparrow$  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 that are Co-producing and Prototyping

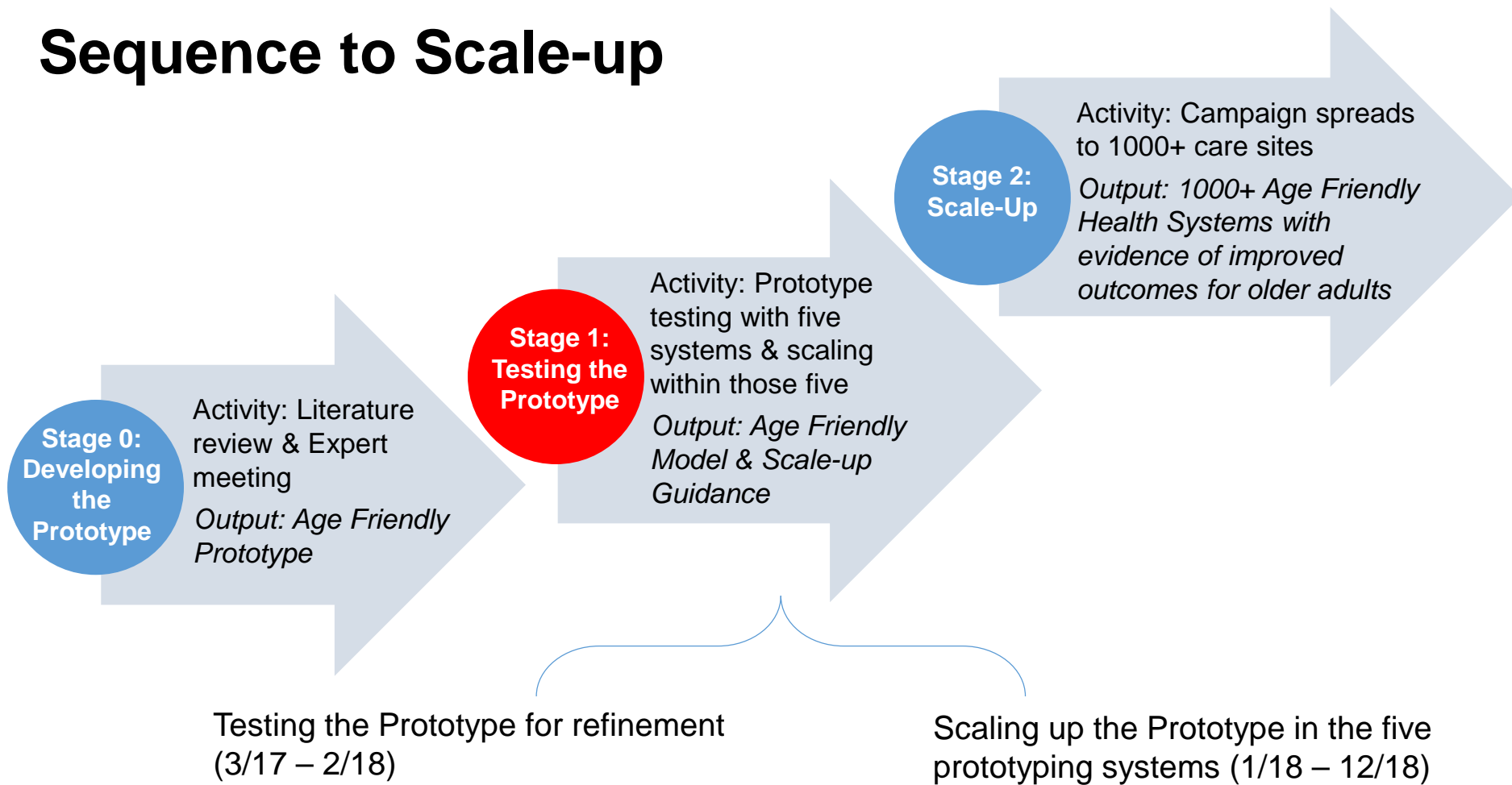


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# Sequence to Scale-up



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

# To Date:

- More than **50,000 patients** have received “age-friendly” health care.
- **5 health systems** with **26 sites in 7 states** have been transforming care, with more than 60 active tests on the 4Ms.
- There’s been a groundswell of interest -- more than 200 individuals have joined the “Friends of Age-Friendly” group.



# Anne Arundel Medical Center

- Established age-friendly champions throughout the system.
- Incorporated “what matters to you” into the electronic health records platform.
- Improved patient and family education.
- Improved the cultural mindset of physicians, nurses and care managers in making older patients’ needs a priority, reducing patient length of stay by 26 hours on average.



# Ascension

- Integrated “what matters” as part of the patient and family system-wide action plan.
- Gained leadership commitment to adopt the recommended interventions across ministries.
- Aligned the age-friendly framework and interventions with the health system’s integrated scorecard goals.



# Kaiser Permanente

- Tracked continuous improvements within the KP Woodland Hills ACE unit.
- Developed and used patient-facing medication lists, including nutrition and hydration instructions in the palliative care clinic.
- Partnered with Canyon Oaks Nursing and Rehabilitation on their exercise sheet workflows and materials.





# Providence St. Joseph Health

- Focused leadership on a new standard of care for older patients—the 4M model
- Strengthened relationships with operational areas to further their expertise and close the gap in geriatric education needs.
- Increased the visibility of senior needs within the organization by engaging strategic resources and augmenting staff to advance the vision.



# Action Community (September 2018- March 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.

Leadership Track to Support Scale-Up



# Ideas/Recommendations: Age-Friendly Health Systems & Title VII, Part D Programs and Disciplines

- Area Health Education Centers
- Geriatric Workforce Enhancement Programs
- Rural Health
- Allied Health
- Chiropractic
- Podiatry
- Mental and Behavioral Health



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# Area Health Education Centers (AHEC) Recommendations related to Age-Friendly Health Systems

- Create AHEC and Age-Friendly Health Systems clinical partnerships and rotations at Age-Friendly clinical training sites
- AHECs should embed 4 M's in curriculum of clinicians (primary care & specialties) that include the care of older adults
- Incentivize rural AHEC programs to partner with Age-Friendly Health System sites as clinical training sites; encourage use the annual Medicare wellness exam to educate about AFHS
- Establish Age-Friendly Rural AHECs
- Offer dedicated scholarships and loan repayment programs for diverse candidates and individuals from disadvantaged backgrounds focused on care of older adults



# Geriatric Workforce Enhancement Program (GWEP) Recommendations

- Reauthorization of GWEP program (as program has expired)
- Focus “GWEP project” on preparing current workforce and community clinical partners (sites across the continuum of care) to be Age Friendly Health Systems
- Five year GWEP reauthorization of \$51 million for each fiscal year. The reauthorization of the Title VII geriatrics programs includes re-establishing the GACAs (included in the \$51 million)
- Sen. Collins and Sen. Casey introduced the Geriatrics Workforce Improvement Act (S.2888) that included the authorization levels requested. There is also bipartisan, bicameral legislation with Rep. Schakowsky and Rep. McKinley’s introduction of the Geriatrics Workforce and Caregiver Enhancement Act (HR. 3713) last year





# Allied Health Recommendations

- Create Age-Friendly Health Systems clinical partnerships with training programs and include rotations at Age-Friendly clinical sites
- Embed 4 M's in curriculum of all allied health professionals that include the care of older adults
- Offer dedicated scholarships and loan repayment programs for diverse candidates and individuals from disadvantaged backgrounds focused on care of older adults



# Rural Health Recommendations

Rural communities have disproportionate aging and significant lack of geriatric expert workforce. We recommend:

- New program funding mechanism to spur rural health systems to become Age-Friendly Health Systems
- Work with the AARP, BPC and Public Health offices as conveyors of AFHS information
- New programs to partners with Age-friendly public health systems
- Loan repayment for working in rural Age-Friendly Health Systems
- Incentives to establish rural Age Friendly Health Systems



# Behavioral Health Recommendations

- Create Age-Friendly Health Systems clinical partnerships with training programs and include rotations at Age-Friendly clinical sites
- Embed 4 M's in curriculum of behavioral health professionals that include the care of older adults
- Offer loan repayment program for working in Age-Friendly Health Systems
- Offer dedicated scholarships and loan repayment programs for diverse candidates and individuals from disadvantaged backgrounds focused on care of older adults





Thank you

[terry.fulmer@johnahartford.org](mailto:terry.fulmer@johnahartford.org)

[www.johnahartford.org](http://www.johnahartford.org)



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