

Invitation to Join Fall 2022 Action Community to Test Age-Friendly Care

Information Call: 6.22.22

Please chat in your name, location, and one word to describe Age-Friendly Care!

AGENDA

Informational Call ♦ 1 – 1:30 pm ET

Why Age-Friendly Health Systems? - *10 mins*

Example of an Age-Friendly Health System

(Moffit Cancer Center) – *10 mins*

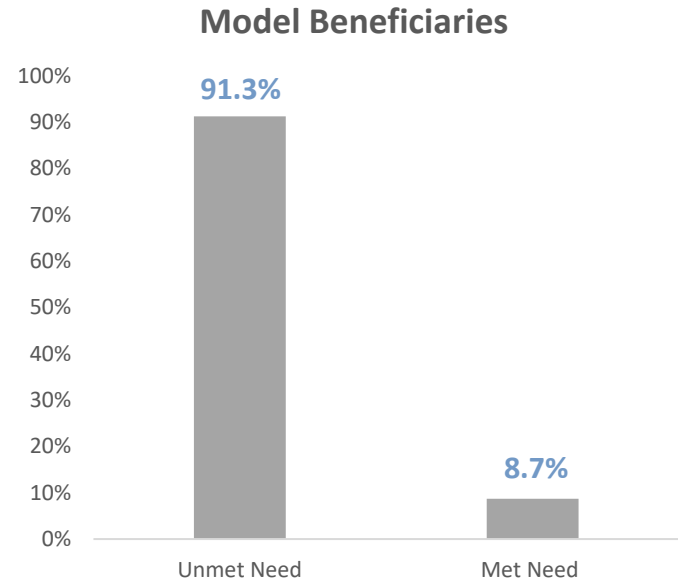
What is an Action Community and How Can You Join? – *10 mins*

The IHI/ACCC team will stay on the line until 2:00 pm ET to answer your questions!

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).

Evidence-based Care Not Reliably Applied

- We have lots of evidence-based geriatric-care models of care that have proven very effective
- Yet, most reach only a portion of those who could benefit
 - Difficult to disseminate and scale
 - Difficult to reproduce in settings with less resources
 - May not translate across care settings



IHI Analysis of Model Beneficiaries 2016

Met Need – 8.7%
Unmet Need – 91.3%

Defining “Age-Friendly Care”

Set of Evidence Based-Practices Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact for model features

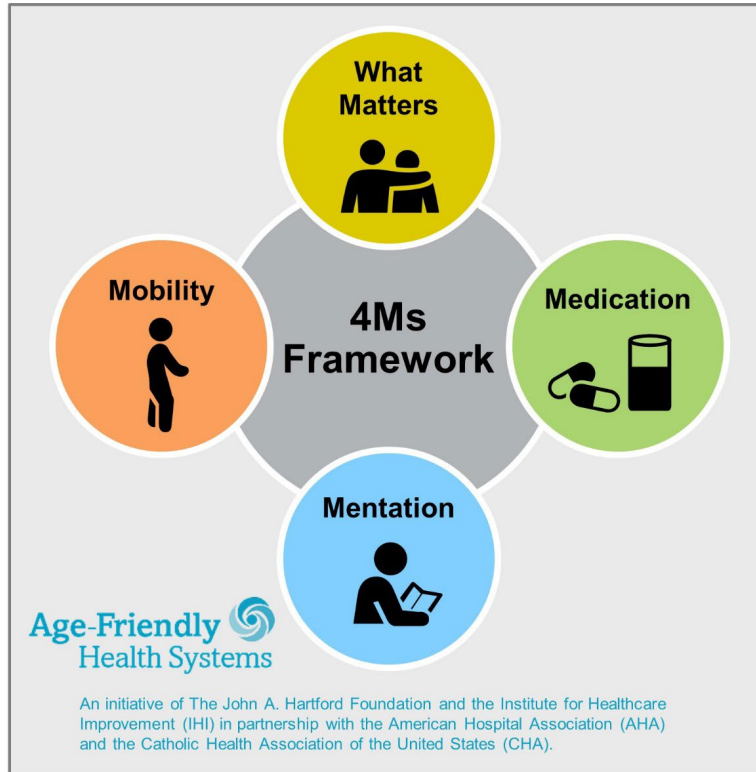
90 care features identified in pre-work

Redundant concepts removed and **13 discrete features** found by IHI team

Expert Meeting led to the selection of the “vital few”: **the 4Ms**

The 4Ms were pilot tested across settings of care with five health systems

The 4Ms of Age-Friendly Care



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.

Recognition from IHI: Hospitals, Practices and Nursing Home Communities Can Achieve Two Levels



2797

Hospitals, practices, convenient care clinics, and nursing homes have described how they are putting the 4Ms into practices ([4Ms Description Survey](#))



780*

Hospitals, practices, convenient care clinics, and nursing homes have shared the count of older adults reached with 4Ms care for at least three months

*Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence as of February 18, 2022

Age-Friendly Health System Measures

All Measures to be Stratified by Age and Race and Ethnicity

Access to Care:

- Count of older adults who receive care (*numerator*)
- Count of 65+ population in capture region (*denominator*)

Access to 4Ms in the Health System:

- Count of older adults whose care includes the 4Ms (numerator)
- Count of older adults who receive care (denominator)

Process Measures:

- What Matters:
 - ACP documentation (NQF 326)
 - What Matters documentation
- Medications:
 - Presence of any of 7 high-risk medications
- Mentation: Screened & documented for
 - Depression
 - Dementia
 - Delirium
- Mobility: Screened for mobility

Outcome Measures:

- 30-day readmissions
- HCAHPS/CG-CAHPS
- Length of stay
- ED utilization
- Delirium

Overview

Since its launch in 2017, the Rush Center for In Aging (CEA) has pursued its mission to improve the health and well-being of older adults, families, and communities, aligning with the Rush University for Health's (RUSH) strategic priorities. RUSH is to improve the health of individuals and communities through the integration of outpatient care, education, research and community partnerships.

After learning about the Age-Friendly Health Systems initiative, the CEA completed the Institute for Healthcare Improvement's (IHI) self-assessment to find current programs and practices involving 4Ms across the health system. The Age-Friendly Health Systems initiative is an evidence-based approach that focuses on the 4Ms framework — what matters, medications, mentation and mobility. Although discovered pockets of excellence and identified care teams addressing some or all of the 4Ms were applied consistently or broadly, there were opportunities to improve and scale up these efforts aligning with ongoing health system priorities for quality improvement and cost savings.

Recognizing the synergy of the Age-Friendly Health Systems initiative with RUSH's strategic priorities,

RUSH provides services to the Chicago area and is composed of:

- Rush University Medical Center (RUMC)
- Rush Oak Park Hospital
- Rush Copley Medical Center
- Numerous outpatient facilities

 Age-Friendly Health Systems | Case Study
Stanford Health Care

Background

Stanford Health Care in California encompasses the new Stanford Hospital, outpatient clinics in Redwood City and Palo Alto, the Stanford South Bay Cancer Center, and primary care offices throughout the Bay Area, as well as virtual services.

In October 2016, Stanford Health Care joined Age-Friendly Health Systems, an initiative of the Institute for Healthcare Improvement (IHI) and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Health Association of the United States. Becoming an Age-Friendly Health System means providing evidence-based care to older adults that reliably implements the "4Ms": What Matters, Medication, Mentation, and Mobility (see Figure 1).

The Stanford Health Care Inpatient Geriatric Medicine team has long been devoted to providing the best possible care to hospitalized older adults. They recognized that becoming an Age-Friendly Health System created an opportunity to improve reliable use of evidence-based care in their high-risk inpatient population. In addition, they realized that the innovations they piloted, if successful, could then be spread across the whole system.

For the Stanford Health Care team, being part of the national Age-Friendly Health Systems movement enabled them to:

- Access a community of experts in process improvement and other health system teams that were implementing the 4Ms to improve age-friendly care;
- Design and measure key processes based on the 4Ms framework; and
- Build internal support from key stakeholders and resource allocation from hospital teams of various disciplines.

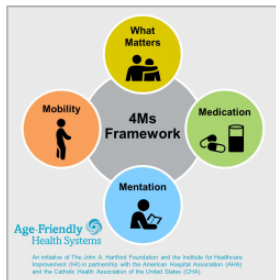


Figure 1. 4Ms Framework of an Age-Friendly Health System

Approach

Leaders selected the geriatric trauma service as the pilot site because older adults on the service tend to have high resource needs, are likely to suffer from frailty, and many have already experienced a fall. For all of these reasons, the cost of caring for the population is relatively high. As a result, this patient population seemed to offer a potentially high payoff for increasing reliable practice of the 4Ms. "It was sort of a natural synergy with our work," said Dr. Ankur Bharjia. "We were working with a high-risk geriatric trauma population already, and it seemed like a natural partnership to improve the care in this population even more through the age-friendly work."

The team started by setting a measurable and time-bound goal: To improve the consistent delivery of the "4Ms care bundle" from 60 percent to 80 percent in the geriatric trauma population from November 2018 to November 2019.

Read Case Study Examples at IHI.org/agefriendly

- Anne Arundel Medical Center - Maryland and Washington, DC
- Kent Hospital - Rhode Island
- MaineHealth - Maine Medical Center, Portland, Maine
- MinuteClinic – 1,100 locations inside CVS Pharmacy stores and CVS HealthHUBs
- Rush University Medical Center - Chicago, IL
- Stanford Health Care – California
- University of Alabama Hospital - Alabama

Oncology Program Participants

- City of Hope-SOCARE Clinic (Specialized Oncology Care and Research of Elders) and ABC Clinic (Aging and Blood Cancers)
- Roswell Park Comprehensive Cancer Center
- Penn Medicine-Abramson Cancer Center at Pennsylvania Hospital
- The Ohio State University Wexner Medical Center-The James Cancer Hospital and Solove Research Institute-Cancer and Aging Resiliency Clinics
- Hartford HealthCare Cancer Institute
- Inova Health System-Inova Schar Cancer Institute, Geriatric Oncology clinic
- Jefferson Health-Sidney Kimmel Cancer Center, Senior Adult Oncology Center
- Karmanos Cancer Institute-Dresner Clinic & Infusion Center, Karmanos Cancer Institute-Eisenberg Clinic & Infusion Center
- UC San Diego Health-Pauline and Stanley Foster Pavilion for Cancer Center
- University of California, San Francisco-Helen Diller Family Comprehensive Cancer Center
- University of Rochester-SOCARE clinic: Specialized Oncology Care and Research for our Elders Clinic at Wilmot Cancer Center
- Moffitt Cancer Center

[Full list](#) (non oncology-specific)

Older Adults Reached with 4Ms

More than 1,400,000 older adults have been reached with 4Ms care



"...Screening [using] 4Ms is so powerful in finding patients who may benefit from services with geriatric principles." Asan Medical Center, South Korea

"You guys have given me my mother back." – the daughter of an older adult after seeing the impact of the mobility coaching and "move and groove" program that is part of 4Ms care at the University of Alabama Hospital.

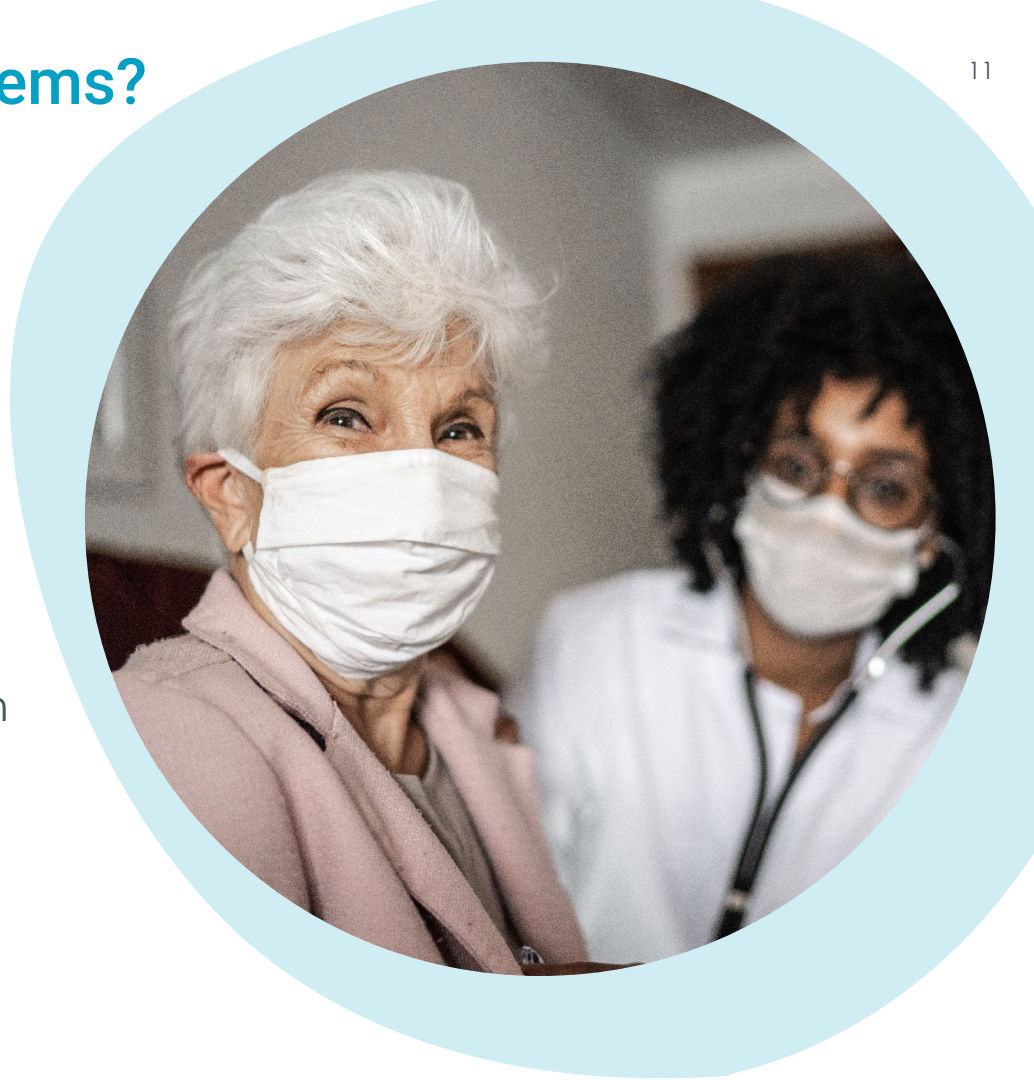
"I feel like I matter." - Patient at Sharp Healthcare, CA, USA

All numbers were self-reported; Counts submitted were averaged; Counts projected through February 2020, if submitted prior to February 2020; Counts projected through August 2021, if submitted after February 2020.



Why Age-Friendly Health Systems?

- Growing momentum – 2,800 sites of care are recognized Participants (Faster than anticipated!)
- “Sticky framework” that resonates across disciplines and settings – can focus on system-wide spread
- Simplifies complexity, value seen during COVID-19 pandemic
- Community of improvers focused on learning, not judgement
- Learning from the movement is informing regulation and policies





Example of an Age-Friendly Health System

Cassandra Vonnies DNP, GNP-BC, APRN, AOCNP, CPHQ, FAHA

Geriatric Oncology

NICHE Coordinator

Moffitt Cancer Center

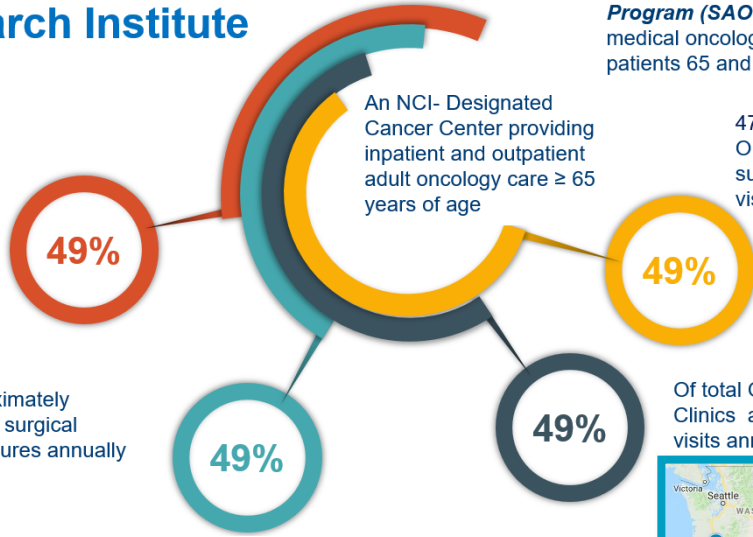
Crafting Age Friendly Cancer Care: A Model for Improvement Utilizing the 4Ms Framework Across the Continuum of an NCI Designated Cancer Center

Journal of Geriatric Oncology <https://doi.org/10.1016/j.jgo.2020.06.007>



H. Lee Moffitt Cancer Center & Research Institute

204 designated inpatient beds with an annual daily census of 160 and 9300 discharges



Approximately 11,300 surgical procedures annually

Senior Adult Oncology Program (SAOP) manages the medical oncology care of patients 65 and older

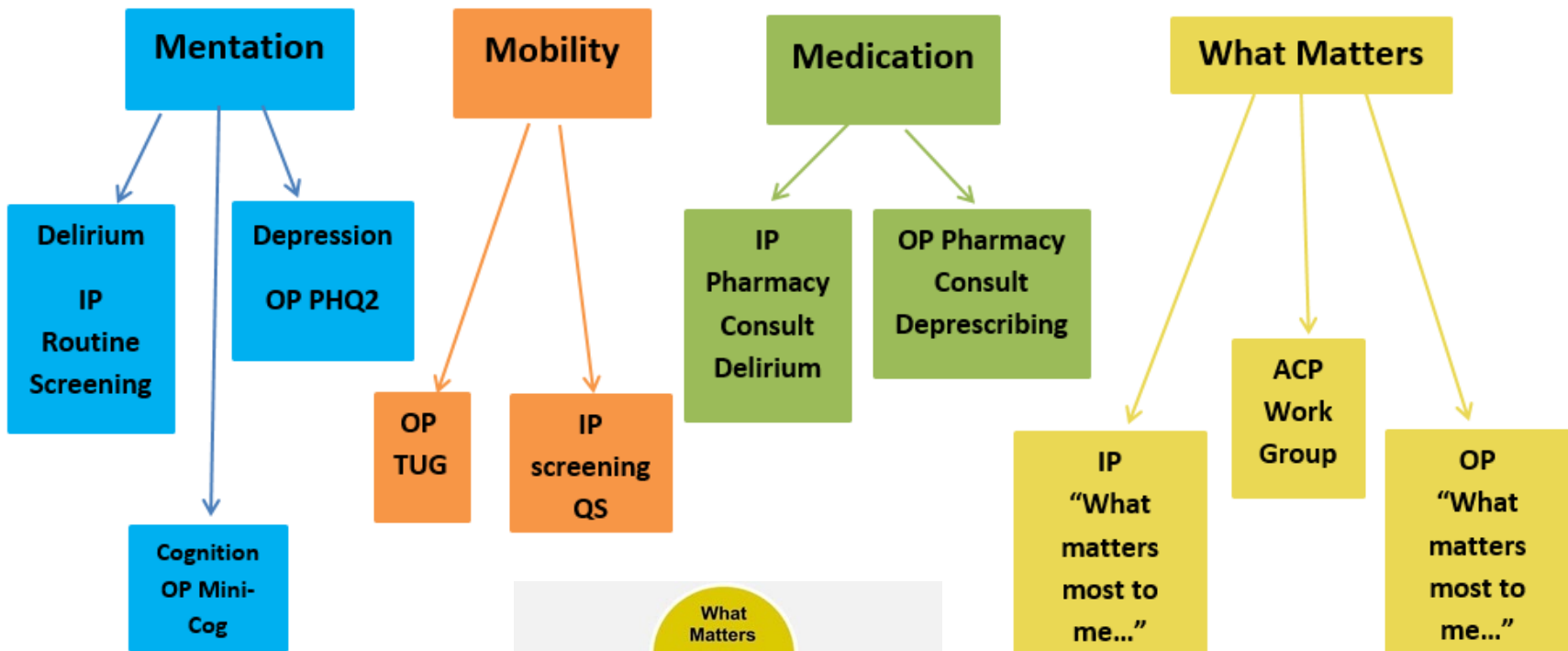
470,000 Outpatient (non-surgical OP) visits yearly

Of total OP visits, 34 Clinics and 336,000 visits annually

AFHS COHORT #1

70 Health Systems and 124 Teams

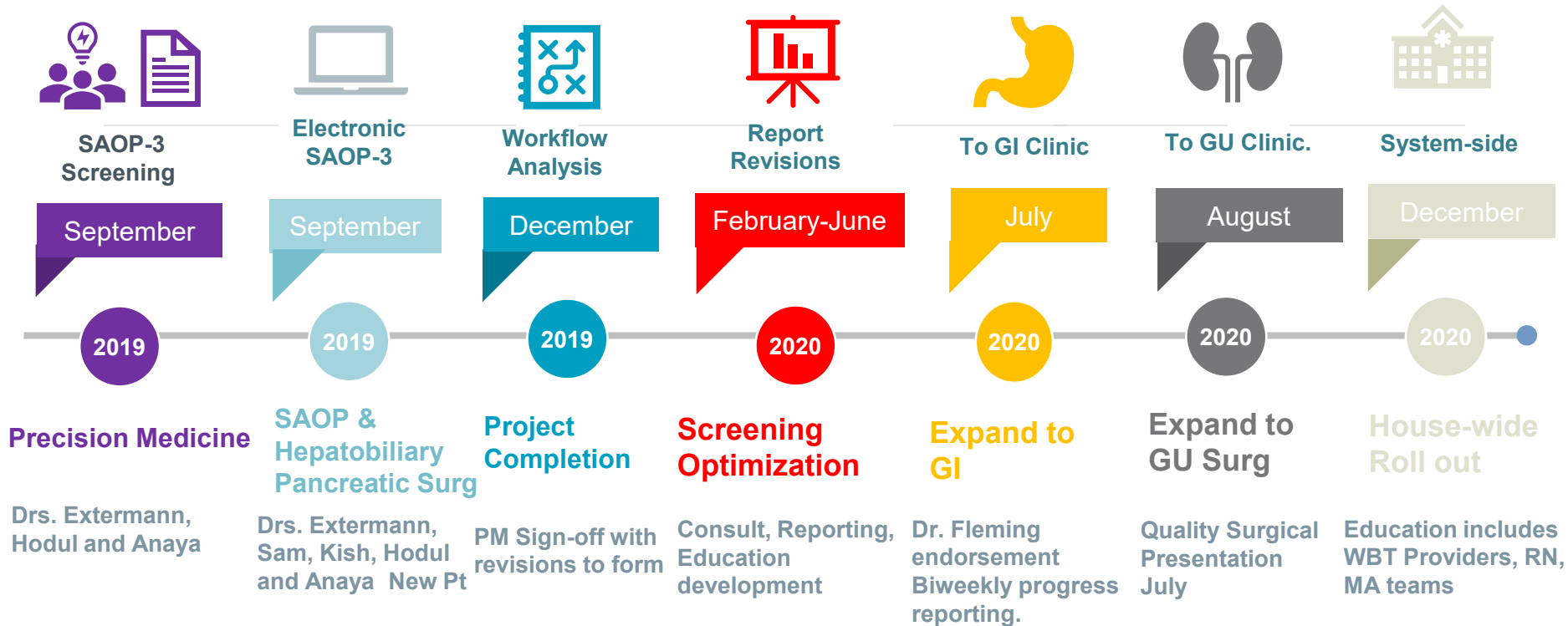




Outpatient Initiatives Aligned with Geriatric Screening with SAOP-3

- **Mentation**
 - **Depression** with PHQ
 - **Cognition** with Mini-Cog
- **Medication** Pharmacy consultation High Risk Medications and Deprescribing Opportunities
- **Mobility** Timed Up and Go

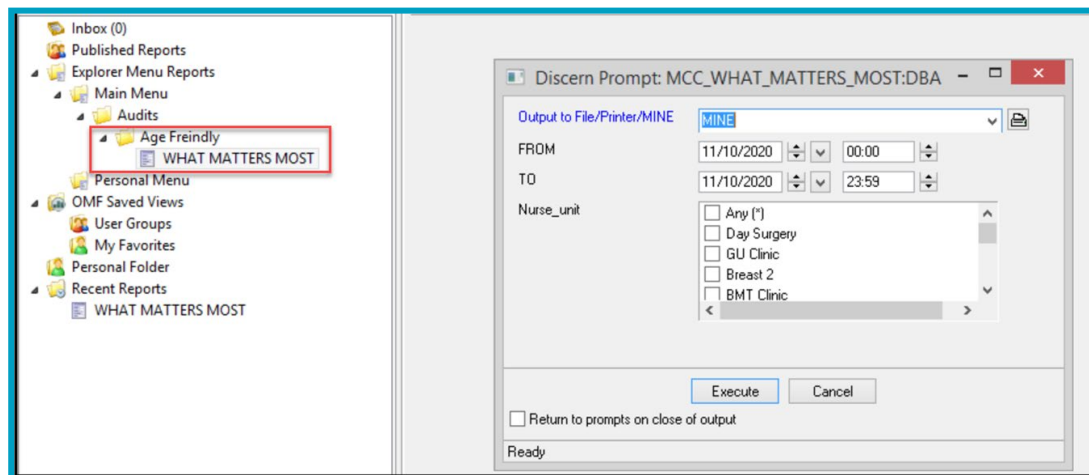
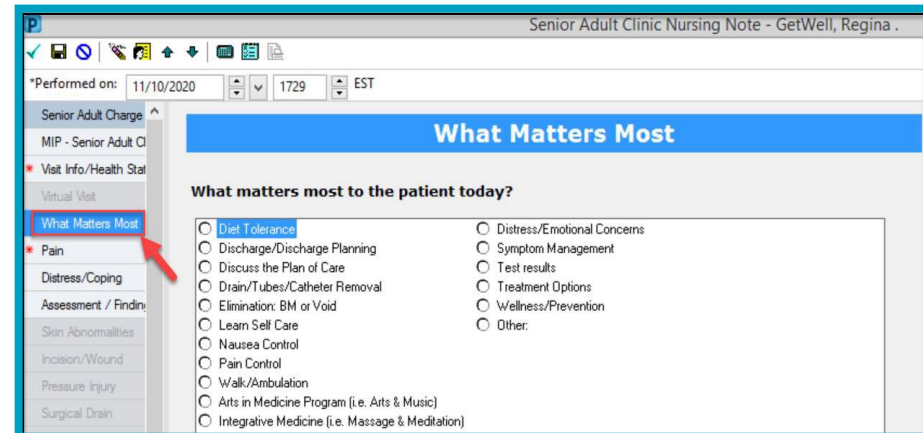
Geriatric Screening with SAOP-3



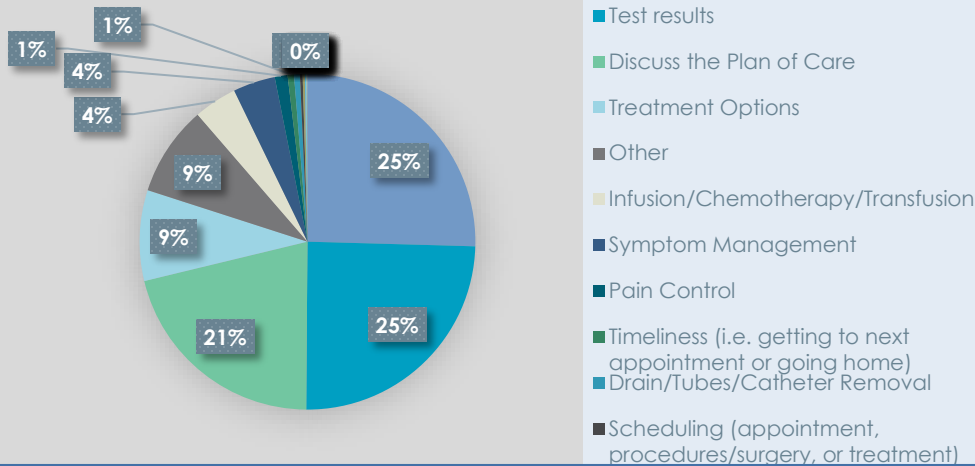
Russo, C., Giannotti, C., Signori, A., et al.. (2018). Predictive values of two frailty screening tools in older patients with solid cancer: A comparison of SAOP2 and G8. *Oncotarget*. 9. 10.18632/oncotarget.26147.

Extermann, M., Green, T., Tiffenberg, G., & Rich, C. (2009). Validation of the Senior Adult Oncology Program (SAOP2) screening questionnaire. International Society of Geriatric Oncology (SIOG) conference, Montreal, Oct 16-18. *Critical Review Oncology Hematology*, 69(2), 185.

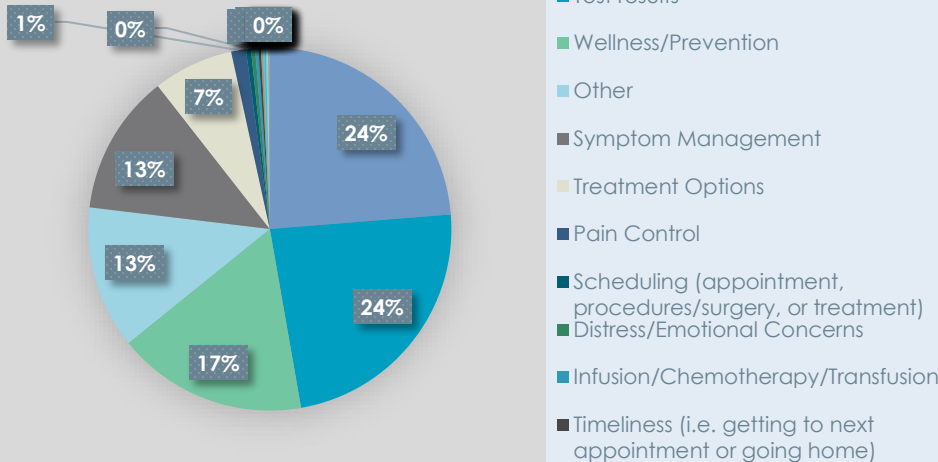
What matters most to the older adult with cancer?



GI Clinic: What Matters Most to Patients

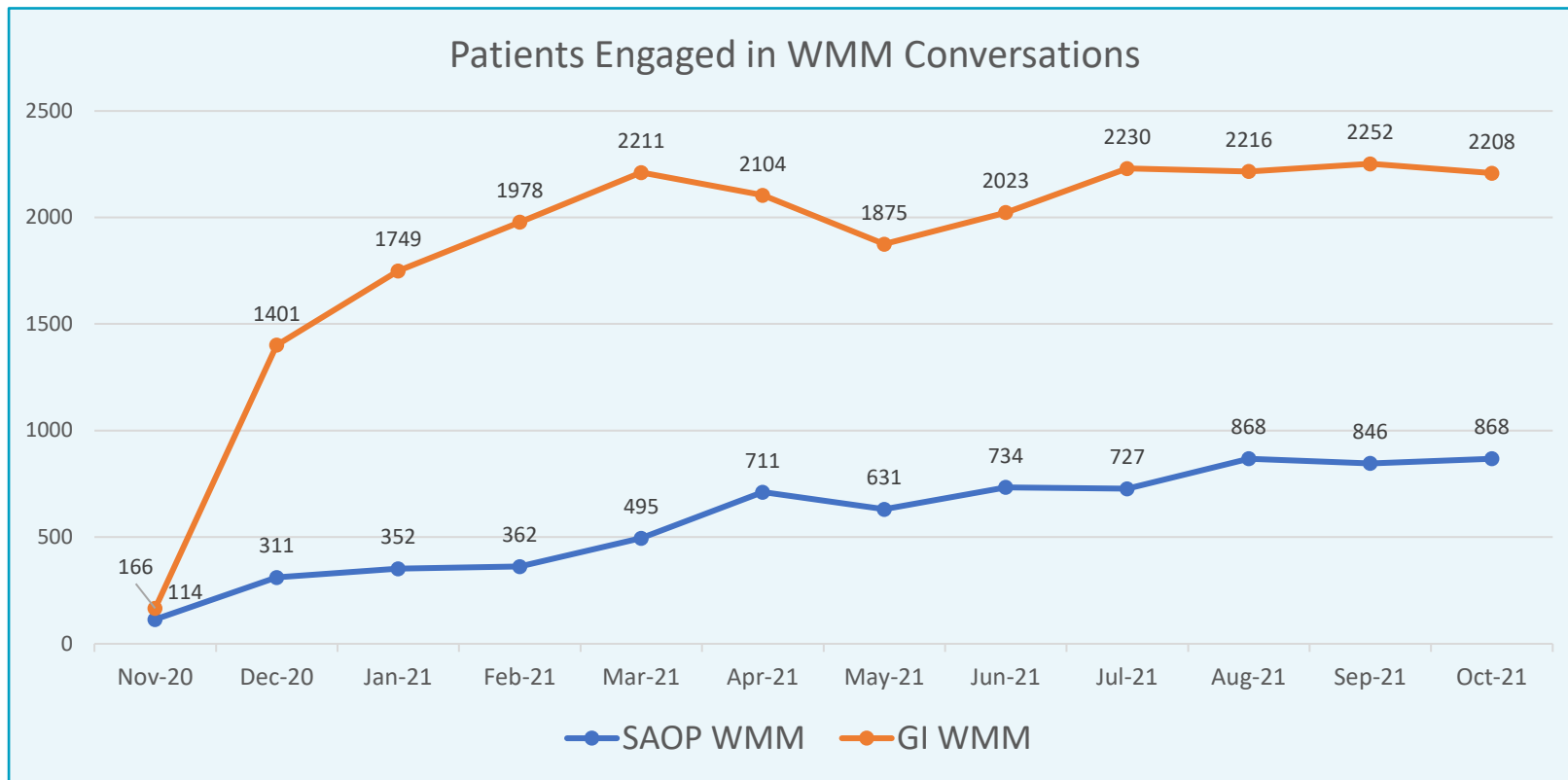


MKC 6th Floor: What Matters Most to Patients

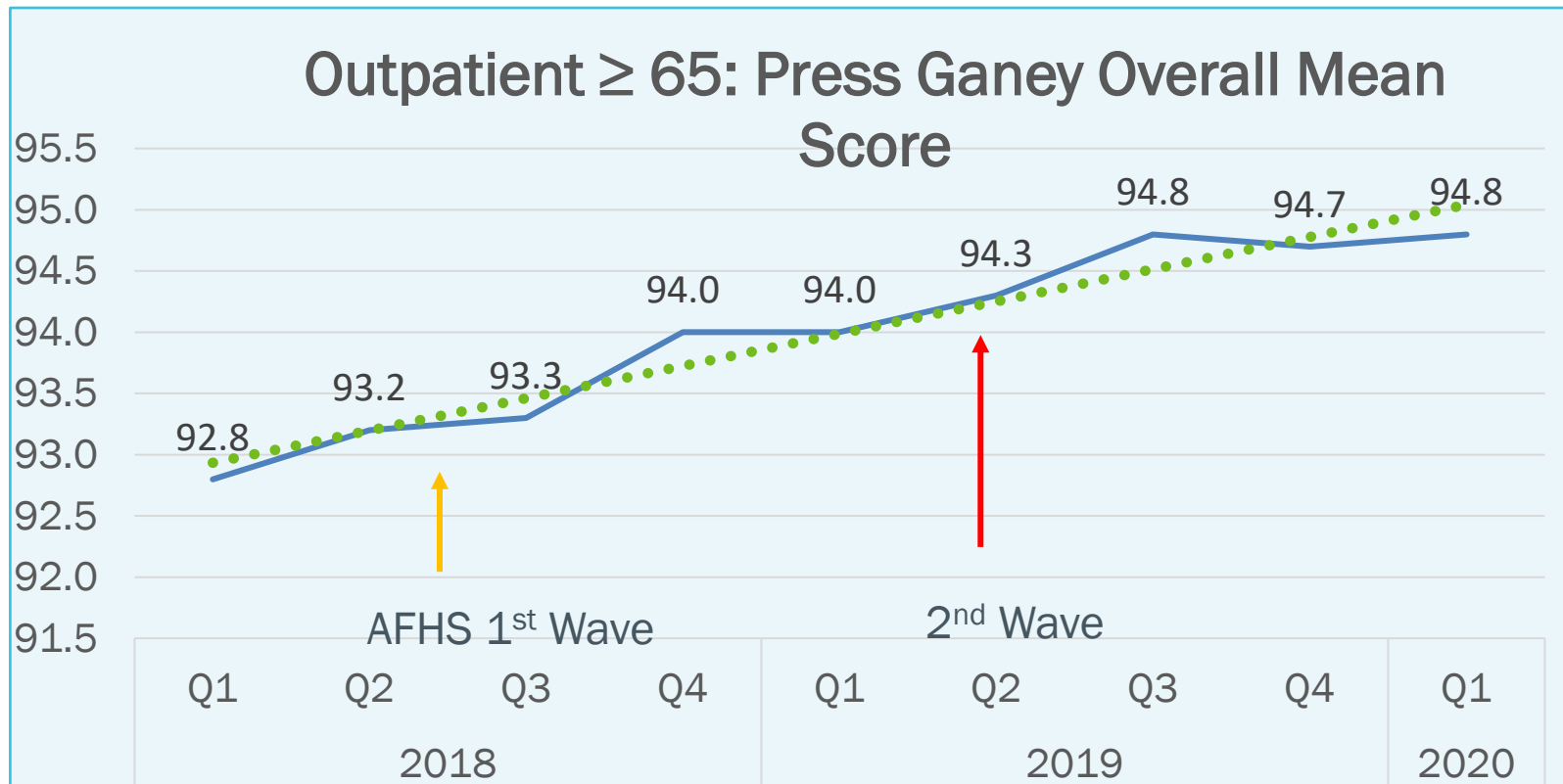


- Categorization began with paper tallies
- Built EHR from top responses
- Assists in prioritizing patient initiatives

Process Measure: # WMM Conversations



Outcome Measure: Patient Satisfaction





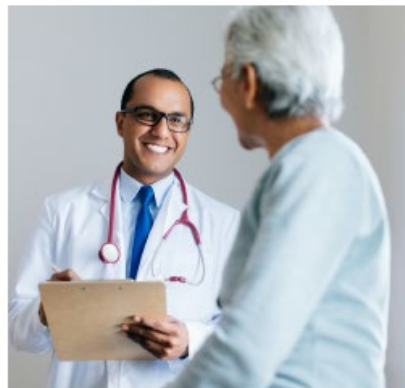
Why Ask:

“What Matters Most to You?”

A goal of this question is to inform healthcare providers of issues in patients lives that could drive personalized plans of cancer care.

Asking “What matters?” is a foundation of the 4M Framework of an Age Friendly Health System and should be a part of healthcare discussions across the lifespan and all settings of care.

Sharing specific goals can inform decision-making.



In 2017, The John A. Hartford Foundation and Institute of Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), launched the Age-Friendly Health Systems (AFHS) initiative.

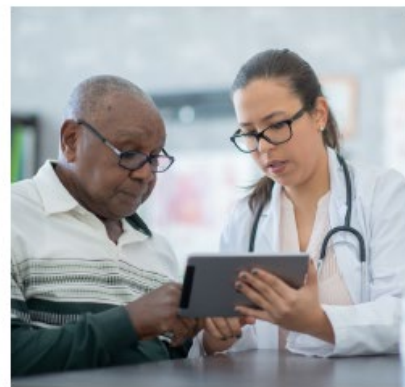
In December 2018, Moffitt Cancer Center became the first hospital in Florida and the first Cancer Center to participate in the Age-Friendly Health System Initiative.

In May 2019, Moffitt Cancer Center was recognized by the IHI as Committed to Care Excellence for Older Adults.



To learn more about care for older adults, visit www.ihf.org/AgeFriendly

The Patient Care Hotline assists patients with questions, clinical concerns and schedule needs. Please call 813-745-8000 or send a message to your provider through the Patient Portal for care questions.



What Matters Most to You?

How would you answer if your cancer provider team asked you this question?



Prepare

Make a list of what you want to discuss at your appointment, placing the most important topics and concerns at the top of your list.

Issues you may want to include may be: new symptoms, vaccination questions, upcoming tests, or how a treatment is affecting your daily life.

Share with your team your medications including over the counter, herbals, vitamins or supplements.

Also if you have an advance directive, bring a copy for your records. Your appointment maybe a good time to discuss an advance directive if you don't have one.

Share

Sometimes it can be hard to share what matters most to you – especially when you feel that you may not have enough time at your appointment.

Being comfortable and ready to share can take time.

Before each appointment, think about your cancer journey. Write down your thoughts to bring with you.

Some things to consider:

- What brings you your greatest joy?
- What has been your greatest frustration or challenge?



What Matters



Medications



Mentation



Mobility

Be a Partner in Your Care

It is important to discuss treatment options and outcomes that you value. This is key to creating a partnership with your cancer team.

Ongoing conversations can assure that your cancer care aligns with your preferences and values. Sometimes these are called goals of care.

Here are some questions to ask so you can become more involved in your cancer care:

- How can I keep my quality of life?
- Do I really need this test, medicine, or procedure?
- What are the risks or side effects?
- Are there simpler, safer options?
- What happens if I don't follow these suggested courses of action?
- Would you provide me more information so I can make an educated choice?

To learn more about patient resources at Moffitt, visit www.Moffitt.org/Patient-Family

The 4M Model

Committed to
Care Excellence
for Older Adults

Creating Gero Onc Experts

SIOG (International Society of Geriatric Oncology)

- <https://siog.org>

AGS (American Geriatric Society) Cancer and Aging SIG

- <https://www.americageriatrics.org/about-us/leadership-and-staff/special-interest-groups-sections>

ELNEC (End-of-Life Nursing Education Consortium)

- <https://www.aacnnursing.org/ELNEC>

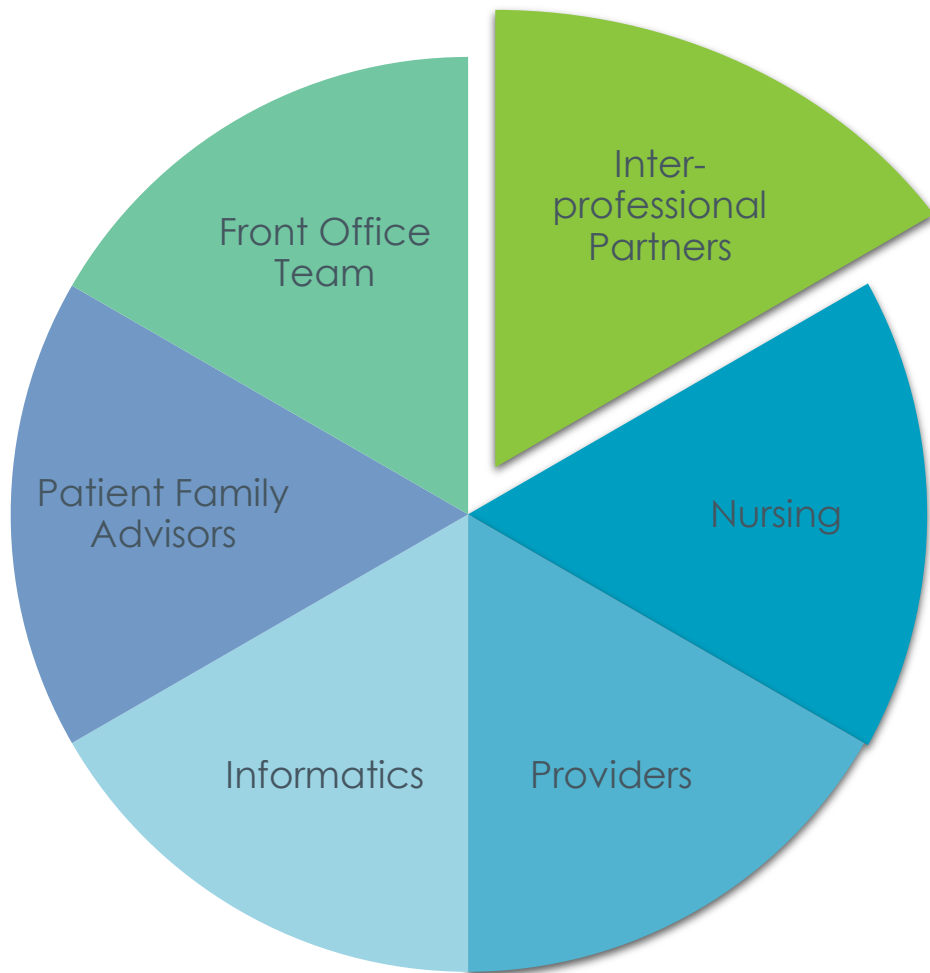
GAPNA (Gerontological Advanced Practice Nurses Association)

- <https://www.gapna.org>

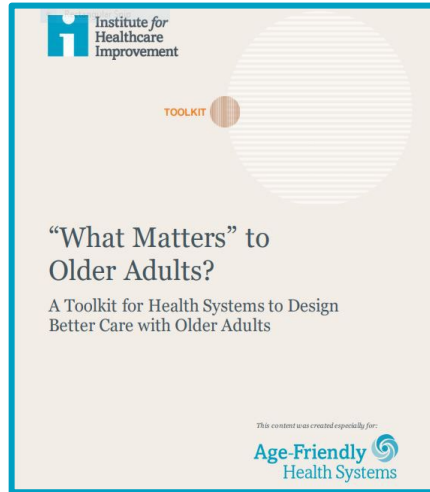
JAHF (John A. Hartford Foundation)

- <https://www.johnahartford.org>

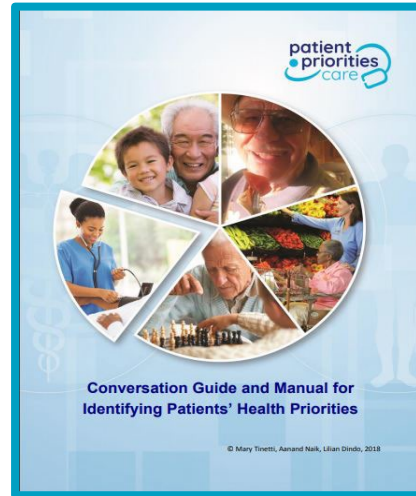
Building your team



Resources



IHI WMM to Older Adults TOOLKIT



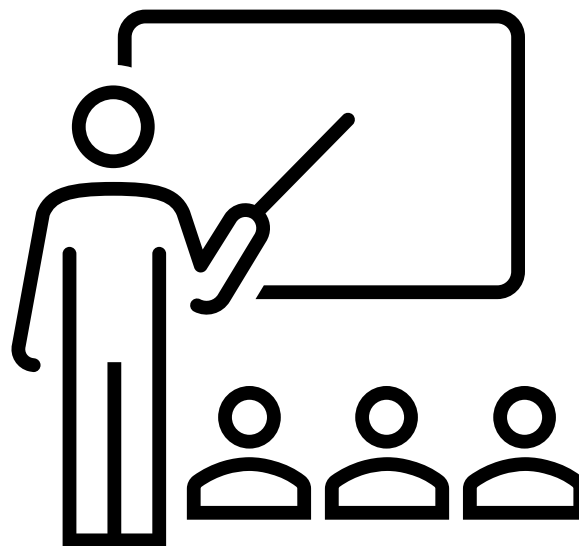
Patient Priorities Conversation Guide



ACCC Practical Application of Geriatric Assessment

Lessons Learned from Action Community

- *The Age-Friendly Healthcare System Framework captures the work most of us are already doing*
- *The structure is easily implemented*
- *There are tremendous benefits/opportunities in a community of Age-Friendly practice*
- *The AFHS resources are extremely valuable*
- *This system provides a real opportunity to transform care*



Chat:

How would engagement in Age-Friendly Health Systems and the Action Community support you and your institutional priorities?



What is an Action Community and How Can You Join?

Invitation to ACCC's Fall 2022 Oncology Action Community!

- 7-month virtual learning community
- Community of testers and learners
- Bright spot examples of organizations sharing how they implemented the 4Ms
- Opportunity to support your health organization's mission, vision, and values

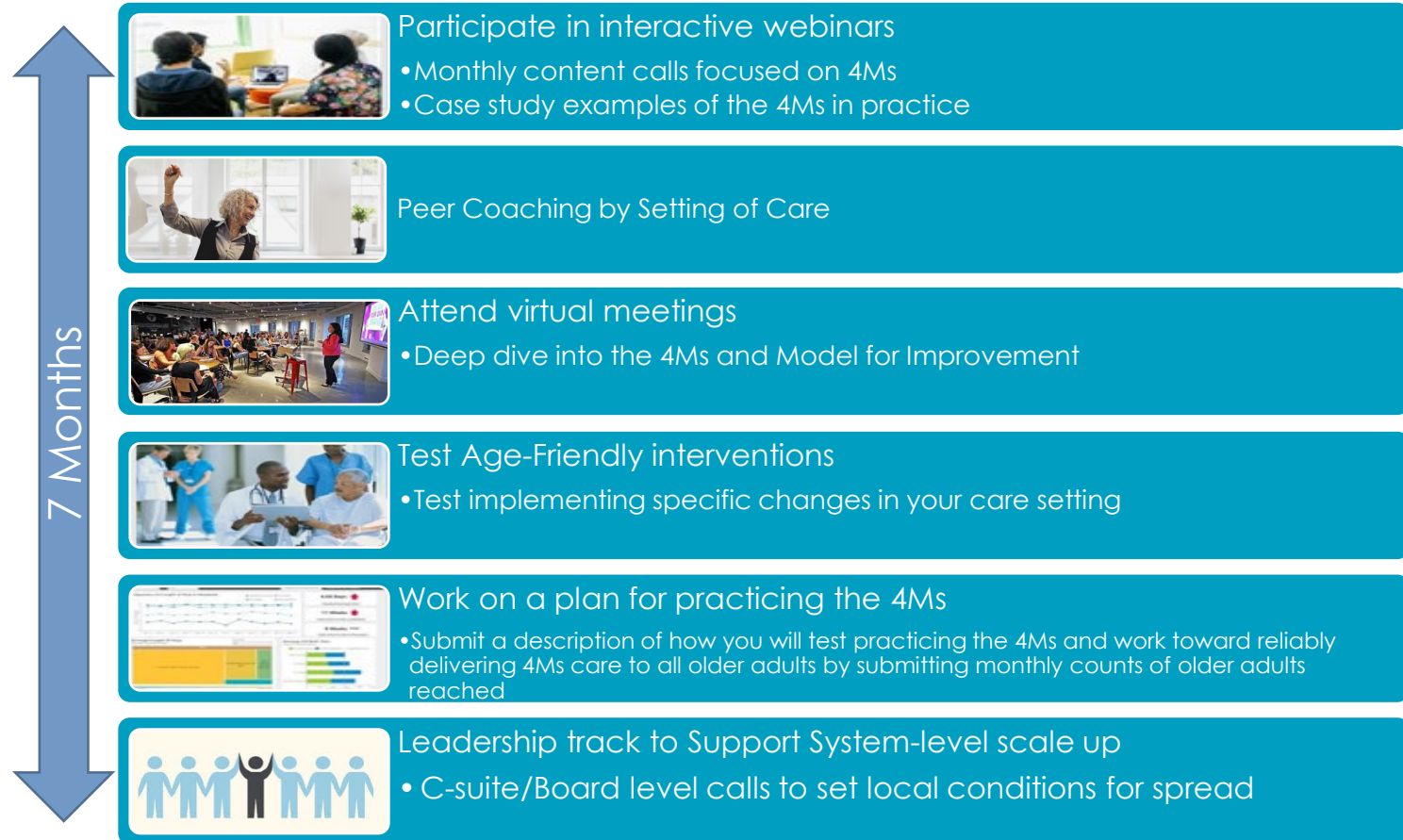


acc-cancer.org/Age-Friendly

ihi.org/AgeFriendly

There is no fee to participate

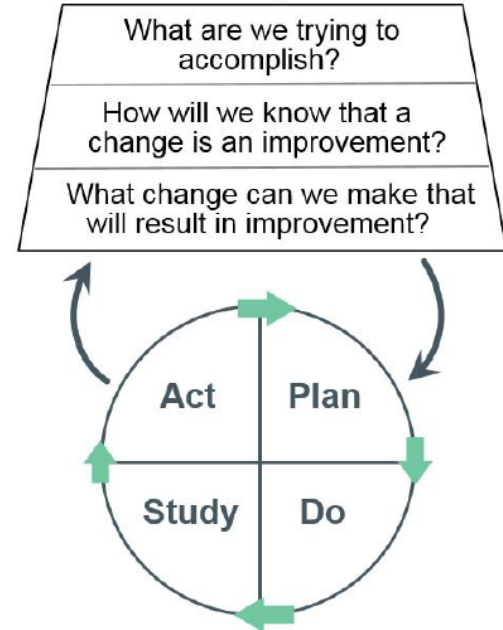
Action Community Structure



What Does the Work Entail?

- Learn where the 4Ms are already in practice
- Operationally define 4Ms care for your unique setting
- Adapt your workflow to deliver 4Ms care
- Test changes
- Measure your impact and reliability

Model for Improvement



Webinar Schedule	Content	Faculty
Webinar 1: August 2022	Introduction to Engaging in an Action Community	Kristine Swartz, MD, <i>Jefferson Health</i> Leana Chien, GNP, <i>City of Hope</i> Sandi Vannes, DNP, GNP-BC, APRN, AOCNP, CPHQ, <i>Moffitt Cancer Center</i>
Webinar 2: September 2022	Assessing and Acting on the 4Ms as a Set	Ashley Rosko, MD, <i>Ohio State University</i> Rawad Elias, MD, <i>Hartford Healthcare Cancer Institute</i> Grant Williams, MD, <i>UAB</i> Mary Tinnetti, MD, <i>Yale School of Medicine</i>
Webinar 3: October 2022	4Ms Deep Dive: What Matters	Shakira Grant, MBBS, <i>UNC Lineberger</i> TBD
Webinar 4: November 2022	4Ms Deep Dive: Mobility	Melissa (Kah Poh) Loh, MBBS, BAO, <i>Univ. of Rochester Medical Center</i> Janine Overcash, PhD, APRN-CNP, FAANP, FAAN, <i>The Ohio State University Comprehensive Cancer Center</i>
Webinar 5: December 2022	4Ms Deep Dive: Mentation	Andrew E. Chapman, DO, FACP, <i>Sidney Kimmel Cancer Center</i> Mohammad Al-Jumayli, MD, <i>Moffitt Cancer Center</i>
Webinar 6: January 2023	4Ms Deep Dive: Medication	Kristine Swartz, MD, <i>Jefferson Health</i> Ginah Nightingale, PharmD, BCOP, <i>Thomas Jefferson University Hospitals</i>
Webinar 7: February 2023	Celebration, Implementation and Scale-up	ALL!

Benefits of Participating

- Improved care for older adults through the delivery of evidence-based care
- Recognition by IHI and The John A. Hartford Foundation as Age-Friendly Health System Participants
- All teach – All learn model
- Additional benefits:
 - There is no fee to participate
 - No ongoing data reporting
 - Select measures that matter to you

Register for the Action Community

- Complete the brief enrollment form:
https://accc.iad1.qualtrics.com/jfe/form/SV_0SAdZwJO5g8pDeK

To learn more about the Action Community and Enroll:
accc-cancer.org/age-friendly

Questions?

Elana Plotkin

Director of Education Programs, ACCC

eplotkin@accc-cancer.org