Age-Friendly Care in the Time of COVID-19

Modern Healthcare // Thursday, September 3, 2020
Speakers

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Vice President, Communications & Senior Program Officer, The John A. Hartford Foundation
Why We Need Age-Friendly Care

• Demography
• Complexity
• Disproportionate harm
• *The growing number of older adults in our health systems requires a different approach to care.*
The Solution: Age-Friendly Health Systems

Build a social movement so all care with older adults is age-friendly care:

• Guided by an essential set of evidence-based practices (4Ms)
• Causes no harms
• Is consistent with What Matters to the older adult and their family
The 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.
A Collaborative Effort

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States.
A Growing Number of Partners

Institute for Healthcare Improvement
American Hospital Association
Catholic Health Association of the United States

New York State Department of Health
Western Reserve University Case 1826

CVS Minute Clinic
HRSA Health Workforce

AARP Real Possibilities
GAPNA Gerontological Advanced Practice Nurses Association

Center for Consumer Engagement in Health Innovation
Age-Friendly Health Systems
Scan Foundation
UCLA Anderson School of Management
Massachusetts Healthy Aging Collaborative

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS
A Growing Movement!

- As of July 2020, 804 hospitals, practices, retail pharmacy clinics and long-term care communities in all 50 states have received recognition.
COVID-19 and Older Adults

- Risk of serious illness, hospitalization and death from COVID-19 increases with age
- Nursing homes have accounted for nearly 50% of all COVID-19 deaths
- COVID-19 has disproportionality affected Black and Brown people – both older adults and health system workers
Age-Friendly Health Systems Initiative

September 3, 2020

Marie Cleary-Fishman
Action Community – Starting in September

804 Teams (hospital-based teams, ambulatory care teams and long term) in all 50 states
Clinical Team (Site of Care) Responsibility

- Participate in monthly interactive webinars
  - Monthly content calls focused on 4Ms
  - Opportunity to share progress and learnings with other teams

- In-person meeting
  - One in-person or virtual meeting (TBD)

- Test Age-Friendly interventions
  - Test specific changes in your practice

- Share description of 4Ms care at your site
  - Submit monthly qualitative feedback on your progress and description of 4Ms Care

- Join one drop-in coaching session
  - Join other teams for measurement and testing support in monthly drop-in coaching sessions

- Leadership track to support system-level scale-up
  - Leaders join monthly C-suite/Board level calls to set up local conditions for scale-up
Age-Friendly Recognition

• Level 1 – Be recognized as an Age-Friendly participant

• Level 2 – Committed to Care Excellence
The Value of Age-Friendly Health Systems

- Inpatient ROI Calculator
- Outpatient ROI Calculator
- Issue Brief: Creating Value with Age-Friendly Health Systems
New Resources!

**Issue Brief: Creating Value with Age-Friendly Health Systems**

**Value Initiative**

**Issue Brief**
Creating Value with Age-Friendly Health Systems

**The Aging Population**
The U.S. has an estimated 65 million individuals age 65 and older, and that number will grow to 80 million by 2030. This large increase will significantly affect how we deliver care for older adults and our country's overall health care costs in the future.

Older adults have additional health risks that require customized care (see chart).

Older adults also have higher rates of hospitalization and emergency department (ED) visits compared to any other age group.

Older adults and their medical and social caregivers may need to adjust their health care patterns at this stage, such as advance care planning, exit of care coordination, and a transition to care and living arrangements.

Older adults are also more likely to have chronic conditions, such as diabetes, heart disease, and arthritis. Improved medication adherence and increased access to skilled care and community resources can improve outcomes and lower mortality.

**Fast Facts: Adults Age 65 and Older**
- **80%** have 1 chronic condition
- **77%** have 2 chronic conditions
- **75%** will require long-term care
- **40%** will require care in an assisted living facility

**Disparities among Older Adults**
The unique needs of older adults can be triggered by the disparities they face related to access and the communities where they live. Lack of economic resources increases social and economic needs, while social isolation can increase the risk of chronic conditions. As many as 20% of older adults do not have access to adequate transportation or services, possibly leading to seeking care at the right time. Older adult needs can vary due to race, ethnicity, which affects their health care spending.

Additional poverty rates of older adults are higher among blacks and Hispanics compared to racial and minority groups. Older adults also have a higher risk of acquiring respiratory viruses, such as COVID-19, and are hospitalized due to it.

**Case Study: Kent Hospital**

**Case Study: Rush University Medical Center**

[Link to website: www.aha.org/AgeFriendly]
Impact of COVID-19 on Older Adults

“The overall cumulative COVID-19 hospitalization rate is 89.3 per 100,000, with the highest rates in people aged 65 years and older.” - CDC

### Incidence of COVID-19 cases in the U.S., by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>Females</th>
<th>Males</th>
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<tbody>
<tr>
<td>0-9</td>
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<tr>
<td>10-19</td>
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<td>80 and up</td>
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Cases per 100,000 population that were laboratory-confirmed between Jan. 22 and May 30, 2020. Centers for Disease Control and Prevention

A third of U.S. coronavirus deaths are linked to long-term care facilities.

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<thead>
<tr>
<th>Cases in long-term care facilities</th>
<th>All other U.S. cases</th>
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<td>11%</td>
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<table>
<thead>
<tr>
<th>Deaths in long-term care facilities</th>
<th>All other U.S. deaths</th>
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<td>35%</td>
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Figure 1. COVID-19 death rates by age and race

Rates per 100,000

Source: CDC data from 2/1/20-6/6/20 and 2018 Census Population Estimates for USA
Example: 4Ms in an Age-Friendly Telemedicine Visit During COVID-19

What Matters
I am calling to check in with you. We know that this can be a stressful time with the Coronavirus limiting our abilities to go out and even just interact with others...How are you doing?...what matters most to you at this time?

Medication
Let’s do a review of your current medications…I will have you pick up each pill bottle…

Mentation
This can certainly be a stressful time and sometimes under stress we have difficulties with our memory, especially short-term memory…

Mobility
How you are getting around the home? If you are able, I want you to stand up and sit down in the chair, without using your arms to help push you up, five times in a row…
Asking and Acting on What Matters During COVID-19

Watch Here
How the Action Community might be supportive to you at this time

- A passionate community of learners and improvers committed to caring for older adults
- Teams are invited to participate in ways that make sense for them (step up and back as you need to; focus on relationships)
- Minimal information/data is shared with the AHA/IHI
- Emerging topics will be explored together on peer-coaching calls, scale-up webinars, and via the listserv
- Share with us how we can best support you
Join AHA Action Community 2020-2021

- AHA AFHS Action Community is from September 2020 – April 2021
  - Monthly all-team webinars
  - Scale-up leaders webinars
  - Listserv, sharing learnings
  - Monthly reports on testing and learnings
  - Celebration of joining the movement!

- **Enroll Today**

- Kick-off Calls will be held on September 16 & September 24
  - Registration details will be provided after enrollment

- Download [AHA's Invitation Guide](#) and visit [aha.org/agefriendly](#) to learn more
Our Age-Friendly Health System Journey & COVID-19 Detour

Deborah Burton, PhD, RN, FAAN – SVP, CNO
Andria Moore, MN, RN, CPHQ – Nursing Practice & Quality Manager
Our Agenda | Age-Friendly Health & the COVID-19 Detour

- Becoming an Age-Friendly Health System
- Strategic priorities advanced by the 4Ms
- How we’ll scale and spread this work
- What COVID-19 has taught us and how we’ve been strengthened
About Providence | Health for a Better World

- **51** hospitals
- **1,085** clinics
- **119k** caregivers
- **38k** nurses
- **1.2m** home health visits
- **5m** unique patients served
- **25k** physicians
- **2.1m** covered lives
Why does a large healthy system commit to becoming Age-Friendly?

Living our MISSION

Upholding our PROMISE to all

Being an HRO Highly Reliable Organization

As an expression of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Know Me
Care for Me
Ease My Way
**Providence Strategic Priorities | Advanced by the 4Ms**

| STRNGTHEN THE CORE | Be our communities’ health partner, aiming for physical, spiritual and emotional well-being. We seek to ease the way of our neighbors in their journey to good life. |
| TRANSFORM OUR FUTURE | We will respond to the signs of the times, pursuing new opportunities that transform our services. We seek to expand and sustain our Mission. |

We will deliver outstanding, affordable health care, housing, education and other essential services to our patients and communities. We seek to create a place where caregivers are fulfilled and inspired to carry on the Mission.
<table>
<thead>
<tr>
<th>What Matters:</th>
<th>Know and act on each older adult’s specific health outcome goals and care preferences across all settings</th>
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<td>Know the health outcome goals and care preferences for current and future use, including but not limited to, end of life</td>
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<td>Align all care goals and preferences with the older adult’s specific goals and care preferences</td>
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<tr>
<th>Medications:</th>
<th>If medications are necessary, use Age-Friendly medications that do not interfere with What Matters, Mentation, or Mobility</th>
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<td>Engage the older adult and the health care team in determining whether medications are impacting the older adult’s Mobility, Mentation, and/or What Matters; if so, create a shared responsibility to de-prescribe or adjust the dosage</td>
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<td>Make medication decisions in partnership with the older adult, family, and health care team, and identify options that support What Matters, Mentation, and Mobility</td>
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<tr>
<th>Mentation:</th>
<th>Identify and manage depression, dementia, and delirium across care settings</th>
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<td>Know if an older adult has dementia and/or delirium</td>
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<td></td>
<td>Manage the factors that contribute to delirium</td>
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<td></td>
<td>Treat and manage dementia by understanding the underlying needs of older adults with dementia to keep them safe</td>
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<td>Know if an older adult is depressed, and treat and manage depression</td>
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<tr>
<th>Mobility:</th>
<th>Ensure older adults at home and in every setting of care move safely every day in order to maintain function and do what matters</th>
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<tr>
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<td>Create an environment and culture that enables, supports, and encourages mobility</td>
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<td>Identify and treat underlying contributors to immobility and fall-related injuries</td>
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One “Existential” Dilemma: (a good problem to have):

• The Four M’s resonate profoundly with clinicians across our system: across the full life span and the care continuum.

• Are we prepared to limit this effort to > 65 years exclusively?

• We propose aligning the 4 M’s with pervasive geriatric clinical challenges, yet with intervention bundle elements that can be applied in all populations
And the winner is…

Good Care for EVERYONE
Focus on the full age continuum
ALL IN!

Adding the 5th “M”
- Malnutrition Screening

Age-Friendly Health Systems
### The WHY
- Aging population
- Evidence-based intervention to improve outcomes
- Health for a better world

### The 5 M’s
- What Matters?
- Mobility
- Medications
- Mentation
- Malnutrition

### An AFHS Improvement Bundle
- Programmatic approach to each of the 5 Ms
- Bundle of interventions, metrics and outcomes

### Make it SIMPLE for EVERYONE
- Don’t add any new measure
- Make it simple and meaningful
- Start in the hospital and then spread
- ALL PATIENTS

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**Everyone in, no exclusions**
Next Steps | Age-Friendly Health | January 2020

**MATTERS**
- Goals of Care Conversation rates, starting in ICU
- Advanced Directive completion rates for those > 65 years

**MOBILITY**
- Activity order activation rates (in Epic) for those > 65 years
- Inpatient Falls with injury rates

**MEDICATIONS**
- Pharmacist-driven Medication Reconciliation rates for all admissions through ED
- Rates of musculoskeletal relaxant utilization

**MENTATION**
- Epic-based delirium screen rates in high risk areas (ICU, periop, etc.)
- Dementia diagnosis rates

**MALNUTRITION**
- Nutrition screening and intervention rates for all inpatients
Next Steps | Age-Friendly Health | January 2020

1. Approve Bundle Elements and 2020 Metrics (acute care only)

2. Determine recommended best practices to achieve desired outcomes

3. Establish baseline and specific targets for each; create system-level AFHS dashboard
First Case of 2019 Novel Coronavirus in the United States

Michelle L. Holshue, M.P.H., Chas DeBolt, M.P.H., Scott Lindquist, M.D., Kathy H. Lofy, M.D., John Wiesman, Dr. P.H., Hollianne Bruce, M.P.H., Christopher Spitters, M.D., Keith Ericson, P.A.-C., Sara Wilkerson, M.N., Ahmet Tural, M.D., George Diaz, M.D., Amanda Cohn, M.D., LeAnne Fox, M.D., Anita Patel, Pharm.D., Susan I. Gerber, M.D., Lindsay Kim, M.D., Suxiang Tong, Ph.D., Xiaoyan Lu, M.S., Steve Lindstrom, Ph.D., Mark A. Pallansch, Ph.D., William C. Weldon, Ph.D., Holly M. Biggs, M.D., Timothy M. Uyeki, M.D., and Satish K. Pillai, M.D., for the Washington State 2019-nCoV Case Investigation Team*

Providence Clinical Care COVID-19 Journey

CRISIS PLANNING
- Learning from others
- Communications

EMERGENCY COMMAND CENTER
- Established communications rhythms

PATIENT #1
- January 20, 2020 – Providence Everett

PANDEMIC PLAYBOOK
- Protocols for People, Places, Products for Triage Levels 1-3

FUTURE OF CLINICAL CARE DELIVERY
- Keeping patients safe in the age of COVID
- The Clinical (R)evolution

MOBILIZE COMMUNITY RESOURCES
- Resource Staffing Tool
- Local and regional partnerships

TECH-ENABLED SEAMLESS EXPERIENCE
- Ideal patient journey
What will be the short- and long-term impact of patient isolation?

✓ Observed and accelerated decline in patient condition
✓ Increase falls & decreased mobility
✓ Increase in delirium & worsening mentation

Can we meet our patient needs? Do what matters to your patients.

✓ No family or support for patients due to visitor restrictions
✓ Caregiver and patient emotional and moral distress about meeting patients’ true needs
✓ Caregivers having to be the nurse, family, hospice provider, etc. for their patients
✓ Even if our caregivers did everything possible to keep our patients
WHAT MATTERS TO OUR PATIENTS

Important to keep sacred the true needs and desires of our patients (COVID brought this out in a bigger way)

TELEHEALTH GROWTH

Opportunity to better leverage Telehealth
- Isolation requirements managed
- Safely care for patients where they are
- How to ensure using Telehealth appropriately

REMOVE SILOS ACROSS CONTINUUM

Align Ambulatory, community and long-term care, acute care, telehealth – with patients at the center

PPE, equipment and RX shortages forced us to live our values and learn to partner differently

Age-Friendly was what we needed, just didn’t know it
What’s Next | 2020, 2021 and beyond

✓ Formal Buy-In for AFHS @ October Clinical Council
✓ Complete AFHS Dashboard Framework (Q4 2020)
✓ Providence Age-Friendly Health Symposium
  ✓ Internal & External Best Practice Sharing Virtual Event (Oct 2020)
✓ 2021 (May the Sisters pray for us!)

Providence’s product is ‘Clinical Care’. Together we must be the best place to get the best care through consistent and innovative clinical care delivery in the “New Abnormal.”
Wrap Up | Age-Friendly Health & the COVID-19 Detour

- Becoming an Age-Friendly Health System
- Strategic priorities advanced by the 4M’s
- How we’ll scale and spread this work
- What COVID-19 has taught us and how we’ve been strengthened
Age-Friendly Health Systems @UTHealth during pandemic

Min Ji Kwak, MD, MS, DrPH
Assistant Professor
Division of Geriatric and Palliative Medicine
Age-Friendly Health Systems @UTHealth

Memorial Hermann Hospital
- Cardiac Care Unit
- Acute Care for Elderly Unit

Harris County Psych Center
- Geriatric Psychiatry Unit

UT Physicians
- Center for Healthy Aging

Harris Health House Call Program
Journey for Age-Friendly Health Systems

AUGUST 2019

- Cardiac Intensive Care Unit and Cardiac Intermediate Care Unit at Memorial Hermann Hospital
- Action Committee with Medical Directors, Geriatrician, Nursing Director and Nursing Managers
- 4M initiatives started

JANUARY 2020
## Journey for Age-Friendly Health Systems

<table>
<thead>
<tr>
<th>4Ms</th>
<th>Description</th>
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| **What Matters** | • The nurse asks every older adult patient “What matters most to you today?”  
• Nurses also report the answer during the daily multidisciplinary meeting  
• Multidisciplinary team work together to ensure that the patient’s needs were met |
| **Medication** | • A designated pharmacist reviews the medication list for every patient  
• Electronic medical system alerts the physician when they prescribe potentially inappropriate medications to older adults |
| **Mentation** | • The nurse screen for delirium using CAM-ICU and CAM  
• Uses puzzles, games, reading glasses and hearing amplifiers to prevent delirium |
| **Mobility** | • If the patient needs any assistance in ambulation, they recommend physical therapy assessment  
• The unit has its own walkers and canes provided by our Aging Consortium that the patients can use during hospitalization |
Journey for Age-Friendly Health Systems

AUGUST 2019

- Cardiac Intensive Care Unit and Cardiac Intermediate Care Unit at Memorial Hermann Hospital
- Action Committee with Medical Directors, Geriatrician, Nursing Director and Nursing Managers
- 4M initiatives started

MARCH 2020

- Preliminary data collection
- Daily multidisciplinary meeting
- Recognized for “Committed to Care Excellence”
- Four other clinical sites were recognized
“What matters most to you’ question creates a common ground to share information with her patients.”

“A patient reported what matters most was to walk, so we easily achieved two Ms at the same time”
Challenges for Age-Friendly Health Systems during Pandemic

Rate of Delirium Among Screened (%)

- Pandemic from March
- No visitor policy (Red arrow)
- Social isolation
- Difficulties in data collection (Yellow box)
Donations to Age-Friendly Health Systems during Pandemic

“Patients were happy to see their family through the iPad.”
“We were able to continue House Call through iPad.”
- House-call physician

A generous donor supplied 200 home monitoring kits for those who were discharged home from the hospital or EC.

Raised money through crowdfunding for 100 iPads for seniors throughout the community.
Lessons of Age-Friendly Health Systems

4M initiatives…..

• Are basic core values
• Are highly adaptive in various clinical and social situations
• Create motivation
Q&A

For more information, visit AHA.org/AgeFriendly.
Thank you.

For more information, visit AHA.org/AgeFriendly.