



The
John A. Hartford
Foundation

Age-Friendly Care in the Time of COVID-19

Modern Healthcare // Thursday, September 3, 2020

Speakers



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



**Marie Cleary-Fishman,
BSN, MS, MBA, CPHQ**
Vice President, Clinical
Quality, American
Hospital Association, AHA
Center for Health
Innovation



**Deborah Burton,
PhD, MN, RN**
Senior Vice President
& Chief Nursing
Officer, Providence
St. Joseph Health



**Andria Moore, MN,
RN, CPHQ, CCRN-K**
Nursing Practice &
Quality Program
Manager, Providence
Health and Services



**Min Ji Kwak, MD, MS,
DrPH**
Assistant Professor,
Geriatric and Palliative
Medicine, McGovern
Medical School,
UTHealth



Marcus Escobedo, MPA
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

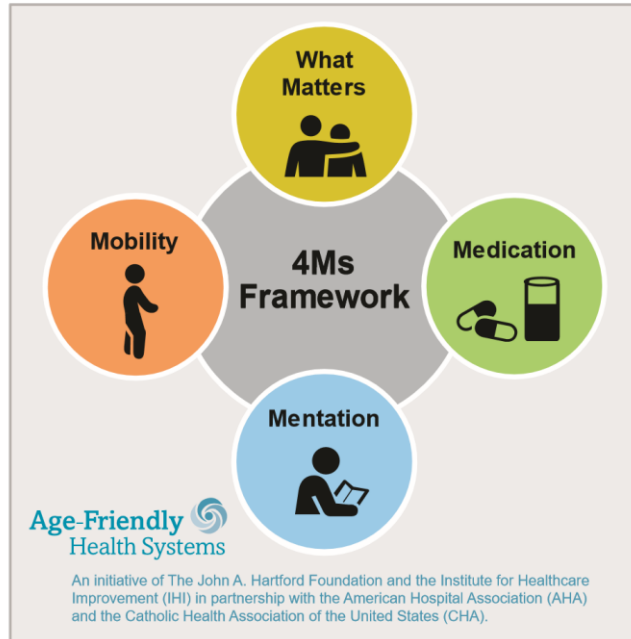
Build a social movement so *all care with older adults is age-friendly care*:

- 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.



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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



The
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Department of Health

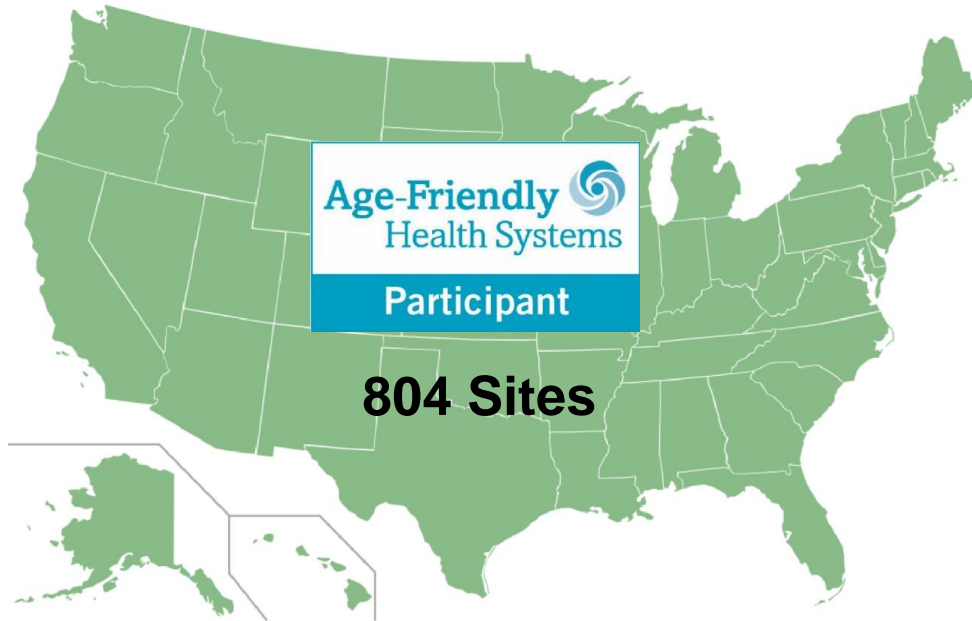


advocacy | action | answers on aging





A Growing Movement!

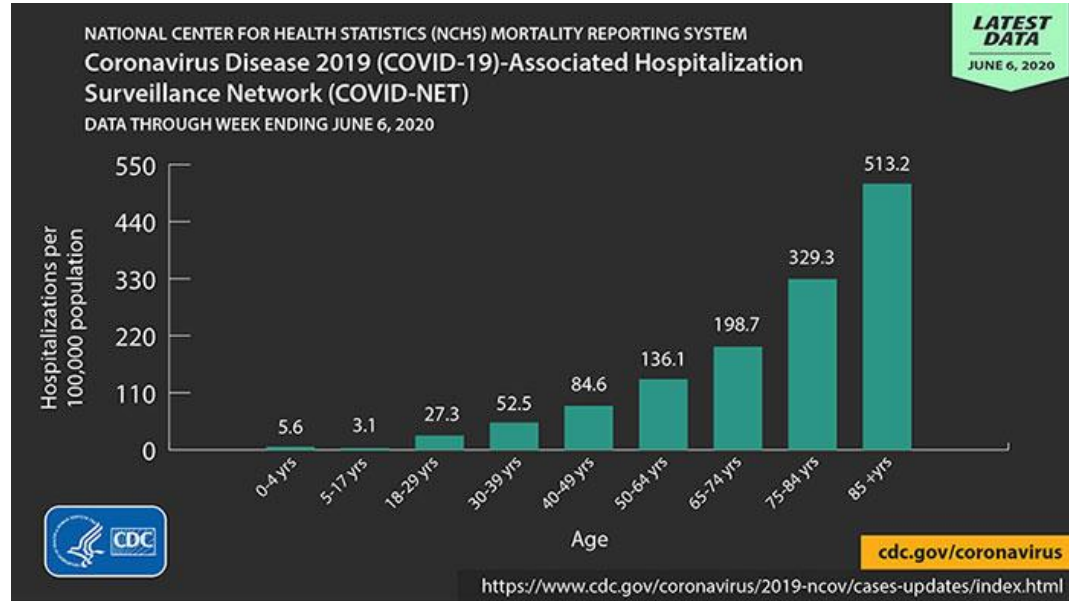


- As of July 2020, 804 hospitals, practices, retail pharmacy clinics and long-term care communities in all 50 states have received recognition.



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





**American Hospital
Association™**

Advancing Health in America

Age-Friendly Health Systems Initiative

September 3, 2020

Marie Cleary-Fishman

Action Community – Starting in September



Presence of at least 1 Team Engaged in Movement 2017 - Now



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804 Teams (hospital-based teams, ambulatory care teams and long term) in **all 50 states**



Clinical Team (Site of Care) Responsibility

7 Months



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

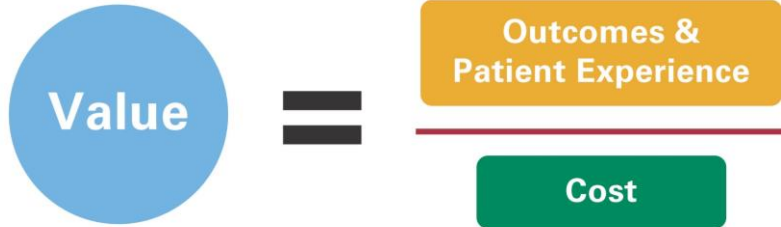


Age-Friendly Recognition

- 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

This is part of a series of Issue Briefs framing the complex issue of affordability. These briefs can be used to initiate conversations with stakeholders in your community.

The Aging Population

The U.S. has 46 million individuals age 65 and older, and that number will grow to 98 million by 2060.¹ 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 hospital utilization and emergency department (ED) readmissions compared to any other age group.²

Older adults also face medical and social complexities that may impede their well-being as they age, such as adverse drug interactions, lack of care coordination across care settings, social isolation and loneliness. For example, social isolation is associated with long-term illnesses, such as chronic lung disease, arthritis, impaired mobility, depression and increased risk of mortality.³ Loneliness increases the risk of dementia and cognitive decline.⁴

These adverse effects increase the cost of care for both patients and health care systems. Health care spending is the highest in older adults, and those individuals with a serious or chronic disease have even higher expenses. With many older adults requiring services to manage their health risks and conditions for a number of years, the cost – whether

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 skilled nursing facility

Source: Fact Sheet: Healthy Aging, National Council on Aging, (2018). Accessed at www.ncoa.org/publication-information/healthy-aging/; U.S. Department of Health and Human Services, (2018). National Clearinghouse for Long-Term Care Information. Accessed at <https://www.hhs.gov/olc/>

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 stability can impede access to affordable care, while social isolation can prevent them from seeking support services. According to National Council on Aging, 41% of older adults do not feel their communities have adequate transportation services, preventing them from seeking care at the right time. Older adult needs can vary due to race/ethnicity, which affects their health care spending.⁵ Additionally, poverty rates of older adults are higher among Black and Hispanic communities.⁶ Racial and minority groups are at a higher risk of acquiring respiratory viruses, such as COVID-19, and being hospitalized due to it.⁷

Case Study: Kent Hospital

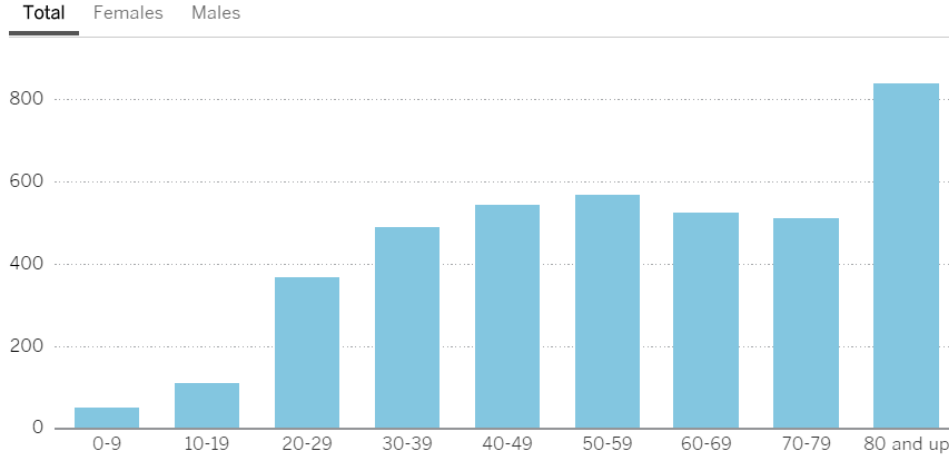


Case Study: Rush University Medical Center



Impact of COVID-19 on Older Adults

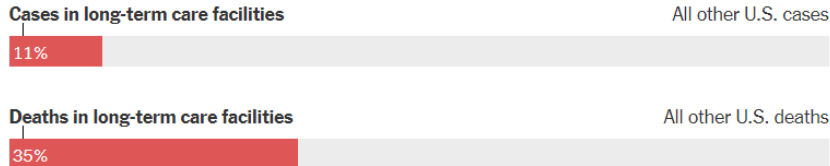
Incidence of COVID-19 cases in the U.S., by age



Cases per 100,000 population that were laboratory-confirmed between Jan. 22 and May 30, 2020.

Centers for Disease Control and Prevention

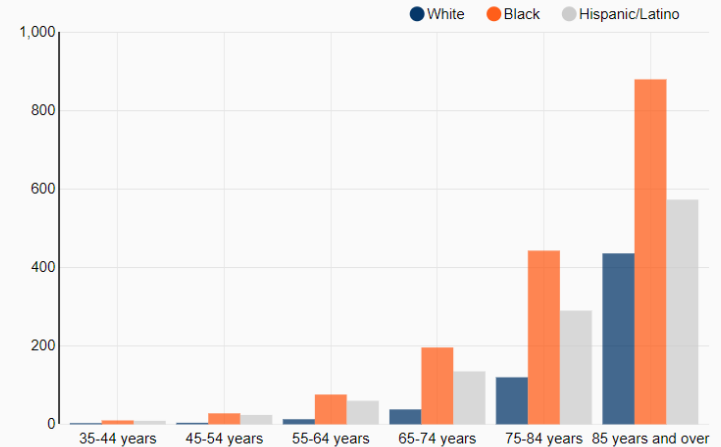
A third of U.S. coronavirus deaths are linked to long-term care facilities.



“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

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

BROOKINGS

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

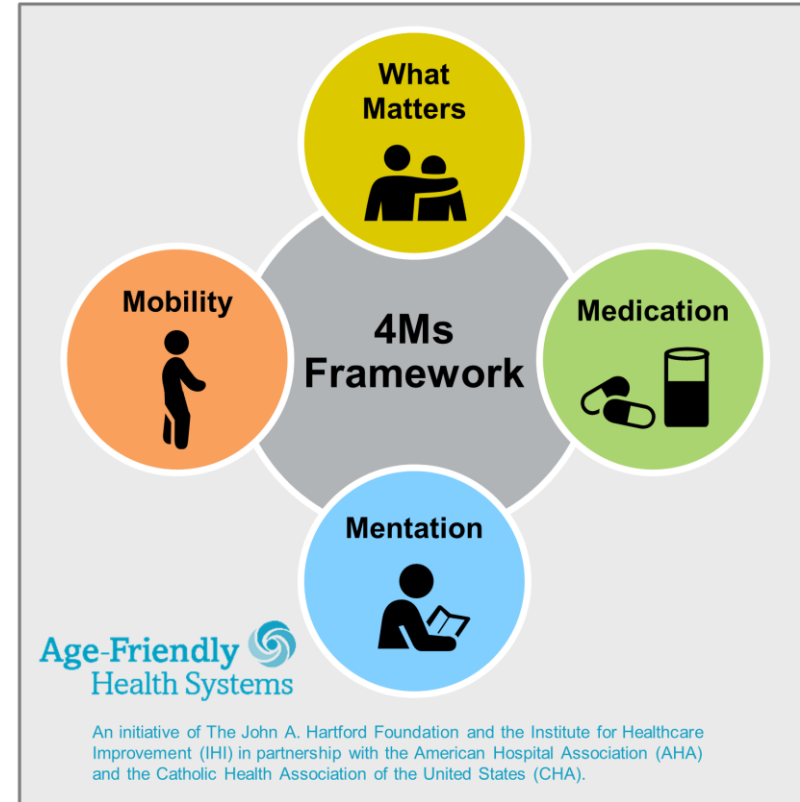
Let's do a review of your current medications...I will have you pick up each pill bottle...

Mentation

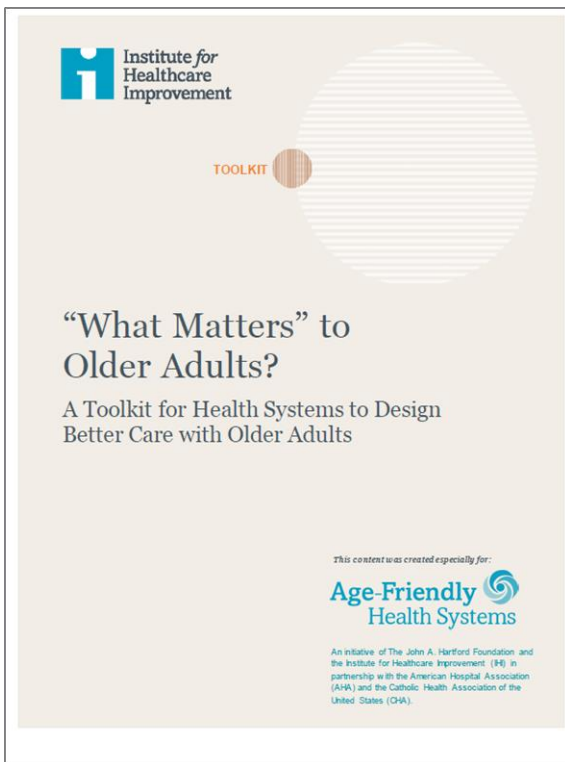
This can certainly be a stressful time and sometimes under stress we have difficulties with our memory, especially short-term memory...

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



Institute for Healthcare Improvement

TOOLKIT

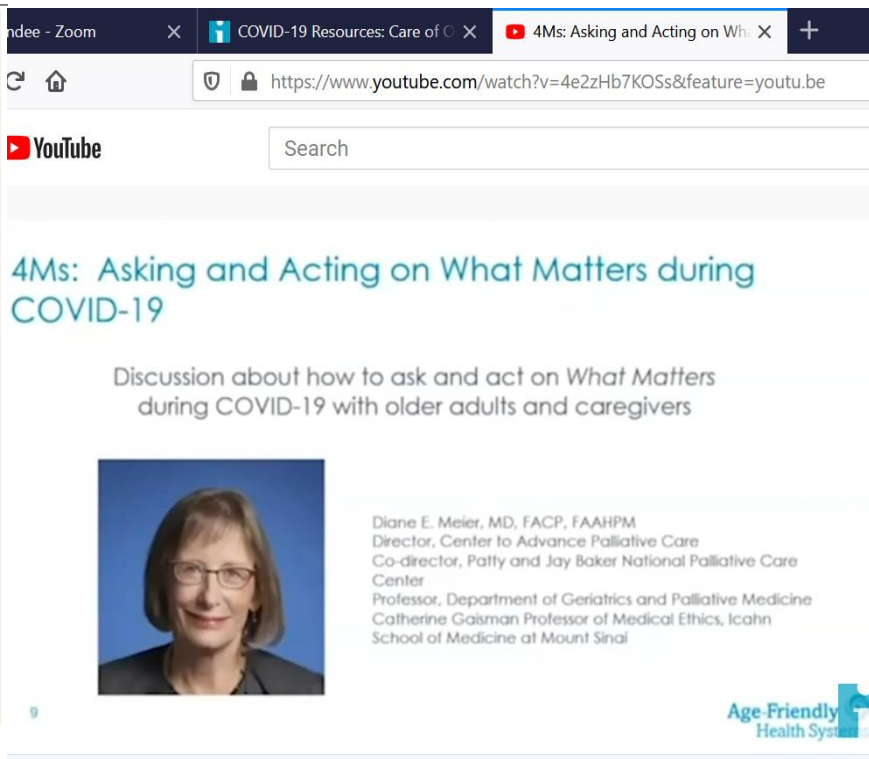
“What Matters” to Older Adults?

A Toolkit for Health Systems to Design Better Care with Older Adults

This content was created especially for:

Age-Friendly Health Systems

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).




COVID-19 Resources: Care of COVID-19 Patients

4Ms: Asking and Acting on What Matters during COVID-19

Search

4Ms: Asking and Acting on What Matters during COVID-19

Discussion about how to ask and act on *What Matters* during COVID-19 with older adults and caregivers



Diane E. Meier, MD, FACP, FAAHPM
Director, Center to Advance Palliative Care
Co-director, Patty and Jay Baker National Palliative Care Center
Professor, Department of Geriatrics and Palliative Medicine
Catherine Gaisman Professor of Medical Ethics, Icahn School of Medicine at Mount Sinai

Age-Friendly Health Systems

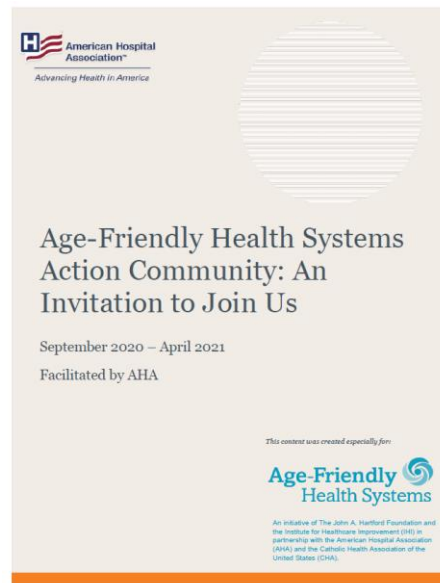
[Watch Here](#)

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

 HIGH SCHOOL
NURSING
SCHOOLS &
UNIVERSITY

 **5m**
UNIQUE
PATIENTS
SERVED

 **16**
SUPPORTIVE
HOUSING
FACILITIES

 **25k**
PHYSICIANS

 **2.1m**
COVERED
LIVES

 **PROVIDENCE**
Health & Services
Alaska



WA

 **SWEDISH**

 **PROVIDENCE**
Health & Services

 **pacific
medical
centers**

Western Washington
including Swedish Health
Services and Pacific Medical Centers

MT

 **PROVIDENCE**
Health & Services

KADLEC

Eastern Washington/Western Montana, including
Kadlec Regional Medical Center

St. JosephHealth 

Northern California
(Humboldt, Napa, Sonoma
Counties), including St.
Joseph Heritage Healthcare

OR

 **PROVIDENCE**
Health & Services

Oregon
Providence Health Plan

 **PROVIDENCE**
Health & Services

 **FACEY**
MEDICAL FOUNDATION

Southern California (Los
Angeles County), including
Facey Medical Foundation

CA

St. JosephHealth 

Southern California (Orange, High
Desert and San Bernardino
Counties), including Hoag and St.
Joseph Heritage Healthcare

 **hoag**

NM

St. JosephHealth 

CovenantHealth 

West Texas/Eastern New
Mexico, including
Covenant Health and
Covenant Medical Group

TX

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

 <p>STRENGTHEN THE CORE</p>	<p>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.</p>
 <p>BE OUR COMMUNITIES' HEALTH PARTNER</p>	<p>We will 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.</p>
 <p>TRANSFORM OUR FUTURE</p>	<p>We will respond to the signs of the times, pursuing new opportunities that transform our services. We seek to expand and sustain our Mission.</p>

JAHF/IHI Age-Friendly Health System (AFHS) 4M Bundle

What Matters:

Know and act on each older adult's specific health outcome goals and care preferences across all settings

Know the health outcome goals and care preferences for current and future use, including but not limited to, end of life

Align all care goals and preferences with the older adult's specific goals and care preferences

Medications:

If medications are necessary, use Age-Friendly medications that do not interfere with What Matters, Mentation, or Mobility

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

Make medication decisions in partnership with the older adult, family, and health care team, and identify options that support What Matters, Mentation, and Mobility

Mentation:

Identify and manage depression, dementia, and delirium across care settings

Know if an older adult has dementia and/or delirium

Manage the factors that contribute to delirium

Treat and manage dementia by understanding the underlying needs of older adults with dementia to keep them safe

Know if an older adult is depressed, and treat and manage depression

Mobility:

Ensure older adults at home and in every setting of care move safely every day in order to maintain function and do what matters

Create an environment and culture that enables, supports, and encourages mobility

Identify and treat underlying contributors to immobility and fall-related injuries

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 ✓

Age-Friendly Health System | Achieving our Goals



Start With:

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

Everyone in, no exclusions

**Approve
Bundle
Elements
and 2020
Metrics
(acute care
only)**

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

The NEW ENGLAND JOURNAL of MEDICINE

BRIEF REPORT

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

EMERGENCY COMMAND CENTER

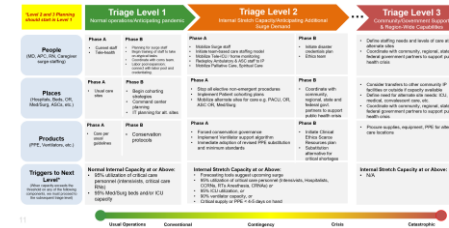
- Established communications rhythms



CRISIS PLANNING

- Learning from others
- Communications

Clinical Disaster Planning | The Framework



FUTURE OF CLINICAL CARE DELIVERY

- Keeping patients safe in the age of COVID
- The Clinical (R)evolution

PANDEMIC PLAYBOOK

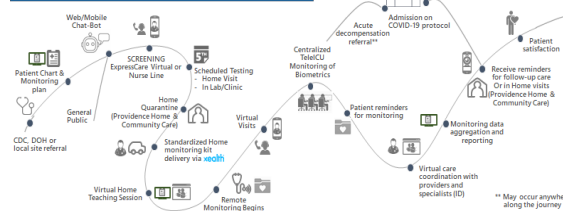
- Protocols for People, Places, Products for Triage Levels 1-3

PATIENT #1

- January 20, 2020 – Providence Everett



Patient Journey: At risk or Lab(+) patient



TECH-ENABLED SEAMLESS EXPERIENCE

- Ideal patient journey

MOBILIZE COMMUNITY RESOURCES

- Resource Staffing Tool
- Local and regional partnerships



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

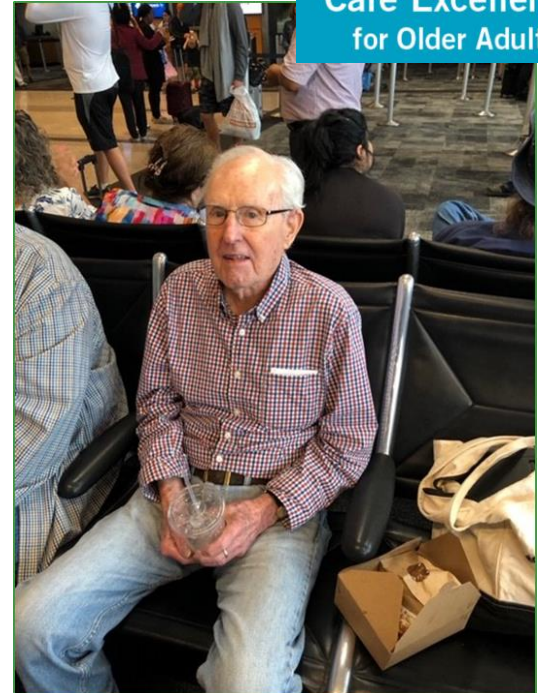
- ✓ Formal Buy-In for AFHS @ October Clinical Council
- ✓ Complete AFHS Dashboard Framework (Q4 2020)
- ✓ Providence Age-Friendly Health Symposium
 - ✓ Internal & External Best Practice Sharing Virtual Event (Oct 2020)
- ✓ 2021 (May the Sisters pray for us!)

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

Committed to
Care Excellence
for Older Adults





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

Inpatient

Memorial Hermann Hospital

- Cardiac Care Unit
 - Acute Care for Elderly Unit
- Harris County Psych Center
- Geriatric Psychiatry Unit

Outpatient

UT Physicians

- Center for Healthy Aging

House call

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

4Ms	Description
What Matters	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• The nurse screen for delirium using CAM-ICU and CAM• Uses puzzles, games, reading glasses and hearing amplifiers to prevent delirium
Mobility	<ul style="list-style-type: none">• 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

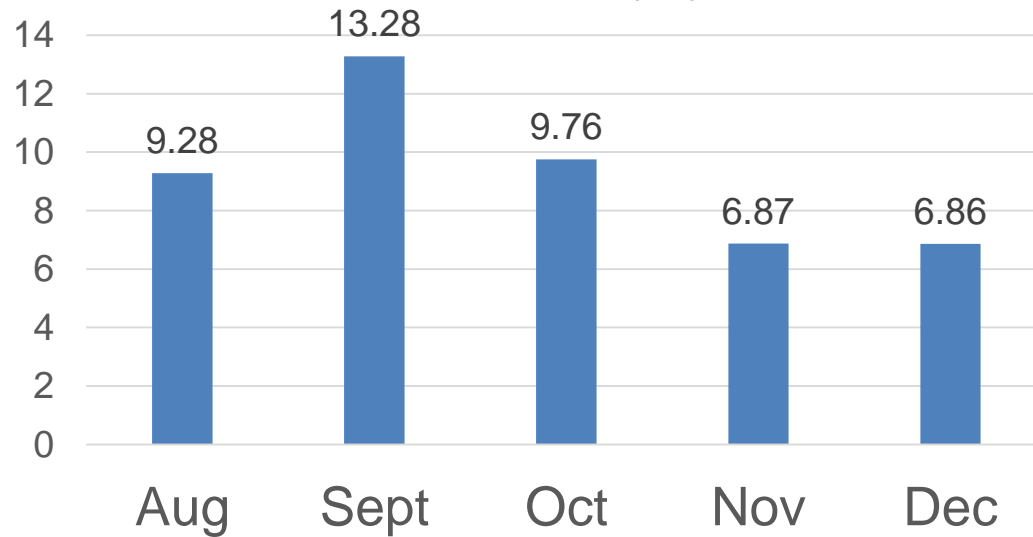
- Preliminary data collection
- Daily multidisciplinary meeting
- Recognized for “Committed to Care Excellence”
- Four other clinical sites were recognized



MARCH 2020

Success for Age-Friendly Health Systems

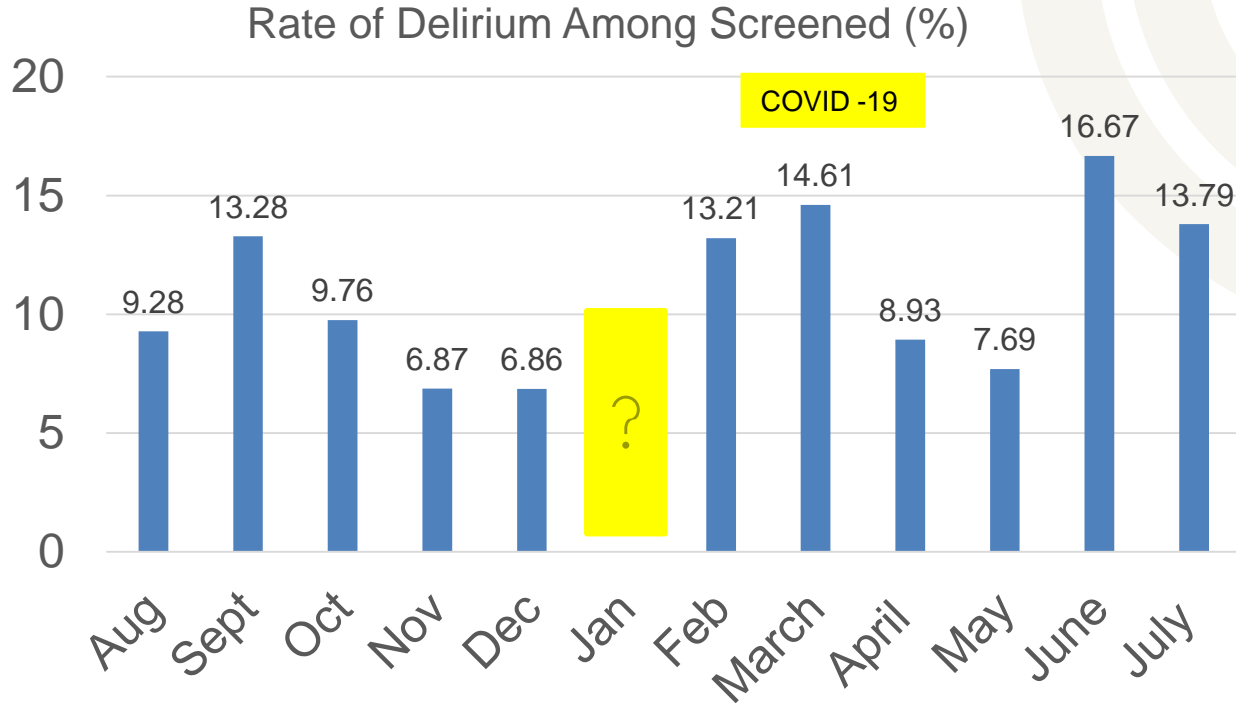
Rate of Delirium Among Screened (%)



“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



- Pandemic from March
- No visitor policy (Red arrow)
- Social isolation
- Difficulties in data collection (Yellow box)

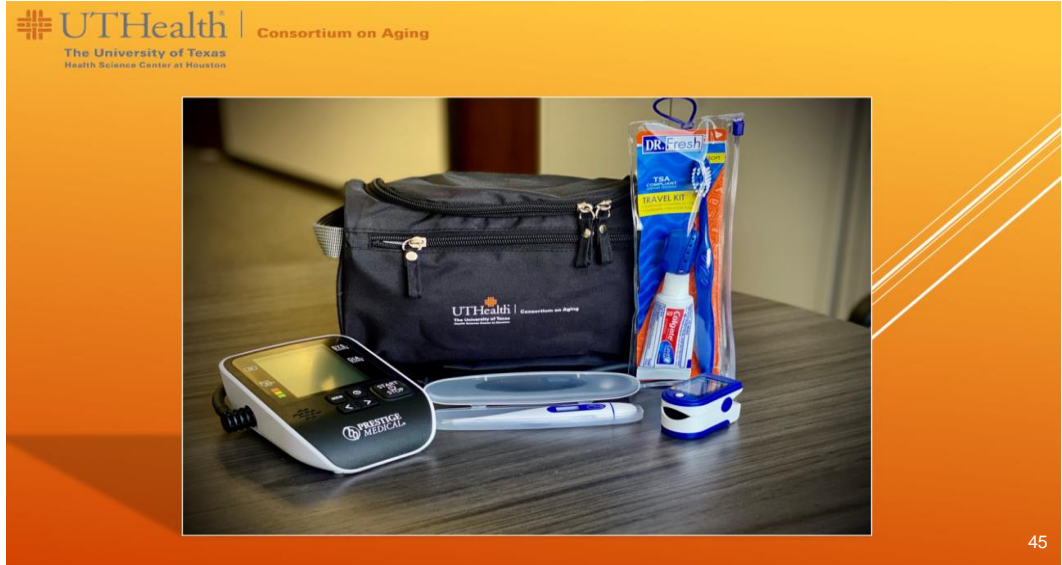
Donations to Age-Friendly Health Systems during Pandemic

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



Raised money through crowdfunding for 100 iPads for seniors throughout the community.

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



Lessons of Age-Friendly Health Systems

4M initiatives.....

- Are basic core values
- Are highly adaptive in various clinical and social situations
- Create motivation



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Q&A

For more information, visit [AHA.org/AgeFriendly](https://www.aha.org/agefriendly).



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Thank you.

For more information, visit AHA.org/AgeFriendly.