



Spreading Age-Friendly Care: From One Care Location to Reach Older Adults Across Your Health System

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Authors:

Tam Duong, MSPH, Senior Project Manager and Research Associate, IHI

Sumire Maki, BA, Associate Project Manager, IHI

KellyAnne Pepin, Director, IHI

Leslie Pelton, MPA, Vice President, IHI

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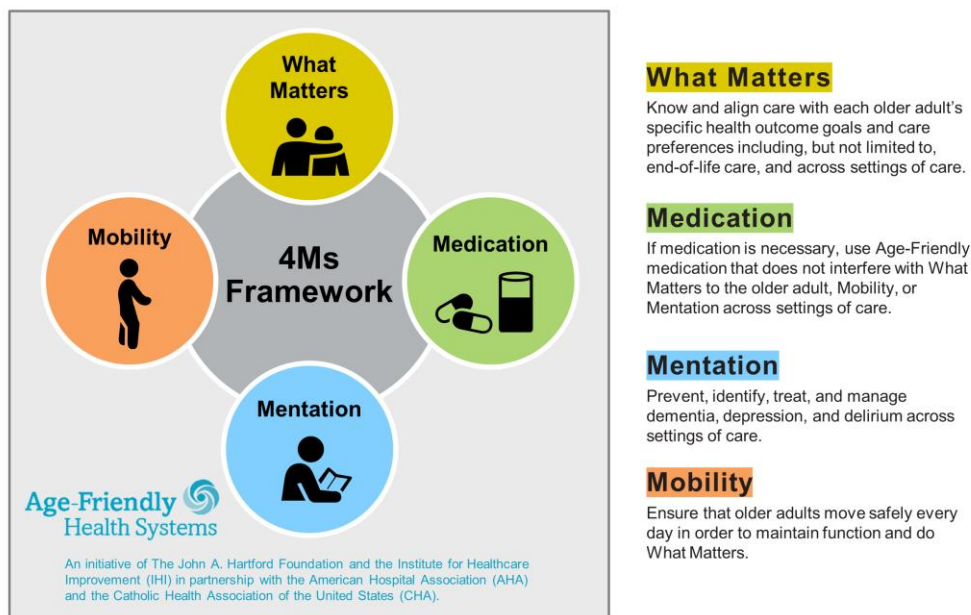
Introduction

In 2016, 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), launched the Age-Friendly Health Systems initiative and adopted the bold aim that 2600 places of care would be recognized as Age-Friendly Health Systems in 2023. Becoming an Age-Friendly Health System entails reliably practicing a set of four specific elements of care called the 4Ms:

- **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.
- **Medication:** If medication is necessary, use age-friendly medication that does not interfere with What Matters, Mobility, or Mentation.
- **Mentation:** Prevent, identify, treat, and manage dementia, depression, and delirium.
- **Mobility:** Ensure that older adults move safely every day to maintain function and do What Matters.

The 4Ms Framework (see Figure 1) is evidence-based and appropriate for older adults across health care settings¹:

Figure 1. 4Ms Framework of an Age-Friendly Health System²



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

The 4Ms are the focus of the Age-Friendly Health Systems initiative because they create an accessible bundle of essential, evidence-based elements of care for older adults. Each of the 4Ms is supported by strong evidence and accepted by those who routinely care for older adults.

The innovation of the 4Ms is:

- Reliable practice of all 4Ms as a set; and
- Use of the 4Ms wherever older adults show-up in our health care systems.

One of the most important keys to successfully implementing the 4Ms is learning how to effectively spread them throughout the system. This document provides some guidance on how to do so.

Piloting the 4Ms

To learn more about the 4Ms, see our [Guide to Using the 4Ms in the Care of Older Adults](#). Consistently implemented together, the 4Ms undergird and reinforce one another. The 4Ms are a framework to guide all care of older adults wherever and whenever they touch the health system's care and services.

Most health systems find that the care they are providing already aligns with one or more of the 4Ms for many of their older adult patients. The work is to identify where the 4Ms are already in practice, to test the practice of all 4Ms as a set or bundle, and then to reorganize care of older adults to deliver that bundle. The goal is to use the 4Ms as a framework to redesign care of older adults, not to layer them on top of care that is already provided.

IHI recommends that health systems begin the work of redesigning care of older adults to include all 4Ms by selecting a care setting to begin testing. By testing changes on a small (pilot) scale, health systems can empirically learn and make adaptations before implementing changes throughout the entire system. The [Guide to Using the 4Ms in the Care Older Adults](#) is a core resource for testing in your pilot care location.

Spreading the 4Ms Through All Sites of Care

Many assume that innovative, evidence-based ideas will be easily adopted and implemented through education and changes in policies. Those tactics are essential but not sufficient. Spread of an innovation across a site of care or a health system occurs with intentional effort and specific activities. With more than 1,900 sites of care that have adopted the 4Ms, the Age-Friendly Health Systems initiative has learned a lot about what it takes to spread the 4Ms.

<p>Gather evidence of impact during piloting of the 4Ms</p>	<ul style="list-style-type: none"> • Gather qualitative and quantitative data for every test of change, known as a PDSA cycle (<i>even when you practice the 4Ms as a set with one older adult</i>) • Recognize that the data can be broadly defined, encompassing, for example, a quote or a story from a care team member, an older adult, or family caregiver • Identify one team member as gatherer of data or rotate the role between team members • Remember that the data is for improvement not research; try different measures and approaches to gathering and sharing data • Start by tracking process measures and move onto outcome measures • Maintain clarity that the aim is to pilot 4Ms practices that lead to improved outcomes for older adults across age, race, and ethnicity • All of this data will be the foundation to spread the 4Ms
<p>Set an aim for spread within, and across, your sites of care</p>	<ul style="list-style-type: none"> • Begin with the end in mind; know from the start how far and by when you will spread the 4Ms • Consider the utility of the 4Ms in service lines, practices, and units where older adults are cared for without geriatricians; where are those places in your system?
<p>Get specific about which health system priorities are advanced by the 4Ms</p>	<ul style="list-style-type: none"> • Review your health system’s strategic priorities and identify those that are advanced by the age-friendly process and outcome measures • Write down what you think the 4Ms can do to advance the strategic priorities of your health system and share with senior leaders • Attend committee meetings and find out What Matters to leaders across your system; get clear on how the 4Ms can enable leaders of your system achieve What Matters to them; tell that story
<p>Learn from, and act on, data stratified by race/ethnicity and age</p>	<ul style="list-style-type: none"> • Use data to test the assumption that people of all races/ethnicities are positively impacted by your practice of the 4Ms • Stratify age-friendly process and outcome measures by race/ethnicity and age in your pilot and in each step of spread • Maintain clarity that the aim is to pilot and spread 4Ms practices that lead to improved outcomes for older adults across age, race, and ethnicity
<p>Calculate the financial impact of practicing the 4Ms</p>	<ul style="list-style-type: none"> • One aspect of What Matters is financial well-being of your health system; there is a business case for practicing the 4Ms • Calculate the return on investment of the 4Ms in your hospital and practices
<p>Celebrate and tell your stories</p>	<ul style="list-style-type: none"> • Stories can drive change; make sure you and your leaders have enough to share • Share stories by email with leaders, make brief videos, share quotes • Considering developing a communications plan in a table that identifies each of your stakeholders, how the 4Ms advances what matters to them, and tactics for engaging and communicating with each

Conclusion

Spread does not occur automatically—successful spread requires deliberate implementation, using evidence-based tactics. We hope that this guide will facilitate spread of the 4Ms in your organization, toward an aim of age-friendly care for all older adults.

¹ Fulmer T, Mate KS, Berman A. The Age-Friendly Health System imperative. *Journal of the American Geriatric Society*. 2018 Jan;66(1):22-24.

² Mate KS, Berman A, Laderman M, Kabcenell A, Fulmer T. Creating Age-Friendly Health Systems - A vision for better care of older adults. *Healthc (Amst)*. 2018 Mar;6(1):4-6. doi: 10.1016/j.hjdsi.2017.05.005. Epub 2017 Aug 1. PMID: 28774720.