NHPCO Project ECHO

June 22, 2022

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Senior Advisor for Aging, Institute for Healthcare Improvement (IHI)

ECHO Session Facilitators -

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Disclosures

Disclosure

The planners and faculty disclose that they have no financial relationships with any commercial interest.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. Completion of this evaluation is required for Quality Connections credit. We ask all participants to take the survey as it will help us to improve future clinic sessions.

Today's Agenda

- Welcome and brief introductions
- Introduction of the case presenter and subject matter experts
- Brief didactic presentation related to the IHI Age Friendly Health System and a case study
- Case presenter presents case details and specific questions or ponderings.
- Questions and clarifications – subject matter experts and participants
- Final thoughts - subject matter experts and participants

Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants - introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

Introductions

Session presenter – Alice Bonner, PhD, RN

Senior Advisor for Aging, Institute for Healthcare Improvement (IHI), MA

Adjunct Faculty, Johns Hopkins School of Nursing

Subject Matter Experts

- Victoria L. Braund, MD, Board Certified/Geriatric Medicine, Internal Medicine; Director, Division of Geriatrics, NorthShore Medical Group, IL
- Sarah Simmons, CHPN, MSN, RN; Calvert Hospice, MD
- Gina Mancuso, MSW, CAPSW, APHSW-C, Clinical Psychosocial Specialist; Unity Hospice, WI

Today's Case Themes

- Care aspects in advanced dementia / late stage Alzheimer's
- Role of family and / or caregivers
- Goals of Care – What Matters Most
- Coordination of Care / Communication with Interdisciplinary team

Assessment

Foundation of Quality Care

- §418.54(c) Standard: Content of the comprehensive assessment

  The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.

- Interpretive Guidelines

  §418.54(c) The assessment would include, but not be limited to, screening for the following: pain, dyspnea, nausea, vomiting, constipation, restlessness, anxiety, sleep disorders, skin integrity, confusion, emotional distress, spiritual needs, support systems, and family need for counseling and education. The hospice would then gather additional information, as necessary, to be able to meet the patient/family needs

Late-Stage Dementia and the Caregiver

- Discussions about end-of-life care wishes should take place while the person with dementia still has capacity and can share wishes about life-sustaining treatment.
- As the disease advances, the needs of the person living with Alzheimer's will change and deepen
- During the late stages, a caregiver's role shifts to preserving quality of life and dignity
- Deciding on late-stage care can be one of the most difficult decisions families face

(https://www.alz.org/help-support/caregiving/stages-behaviors/late-stage)

Next Steps

Case presentation

Questions

- Subject Matter Experts & Participants

Recommendations

- Subject Matter Experts & Participants

Summary

Age-Friendly Health Systems

AFHS@IHI.ORG
IHI.org/AgeFriendly
#AgeFriendlyHealthSystems

Age-Friendly Health Systems: Evidence-Based Care for Older Adults

Presentation to NHPCO

June 22nd, 2022

Alice Bonner, Senior Advisor for Aging
Institute for Healthcare Improvement

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).

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

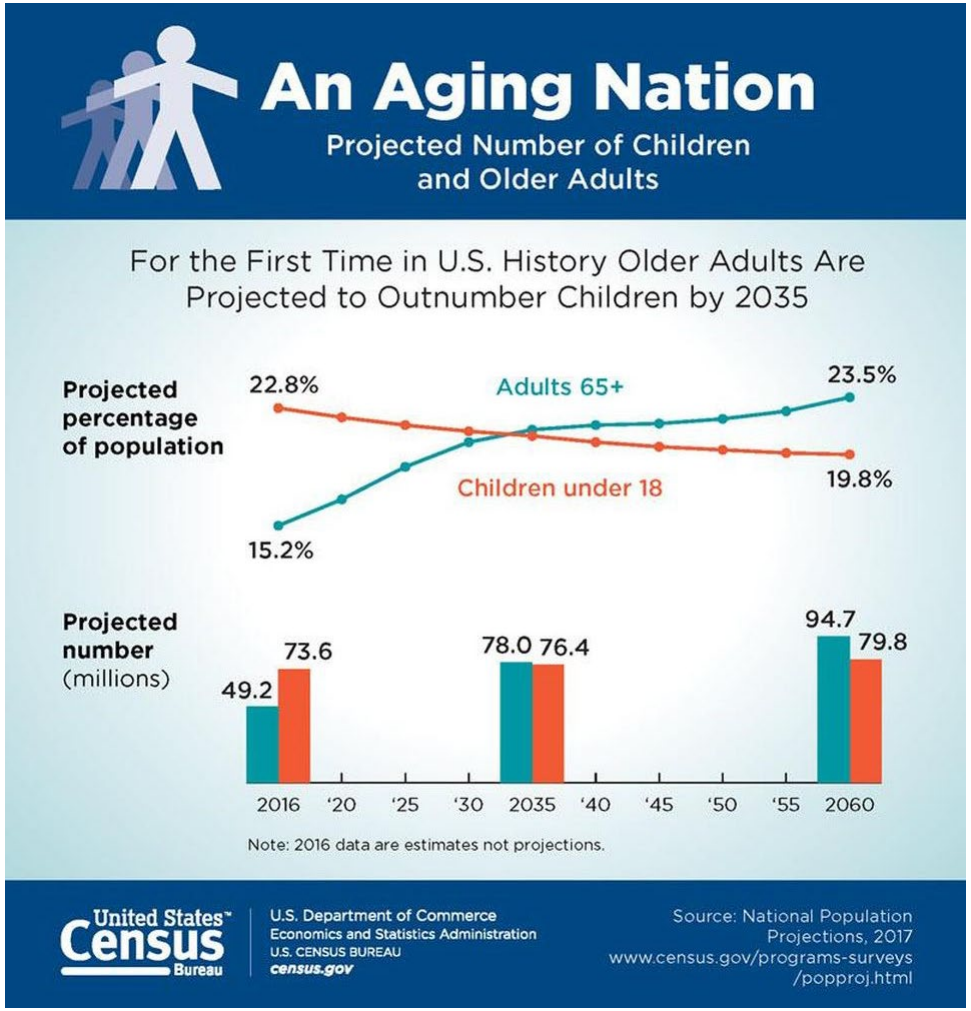
- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

Original Aim: Reach older adults in 2,600 hospitals, practices, convenient care clinics, and nursing homes that apply the 4Ms equitably by June 30, 2023

Age-Friendly Health Systems

Factors Impacting the Care of Older Adults

- **Demography:** Number of older adults is projected to double over the next 25 years.
- **Complexity:** Approximately 80 percent of older adults have at least one chronic disease, and 77 percent have at least two.
- **Disproportionate Harm:** Older adults have higher rates of health care utilization as compared to other age groups and experience higher rates of health care-related harms, delay, and discoordination.



The State of Aging and Health in America 2013. Atlanta: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013. https://www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf

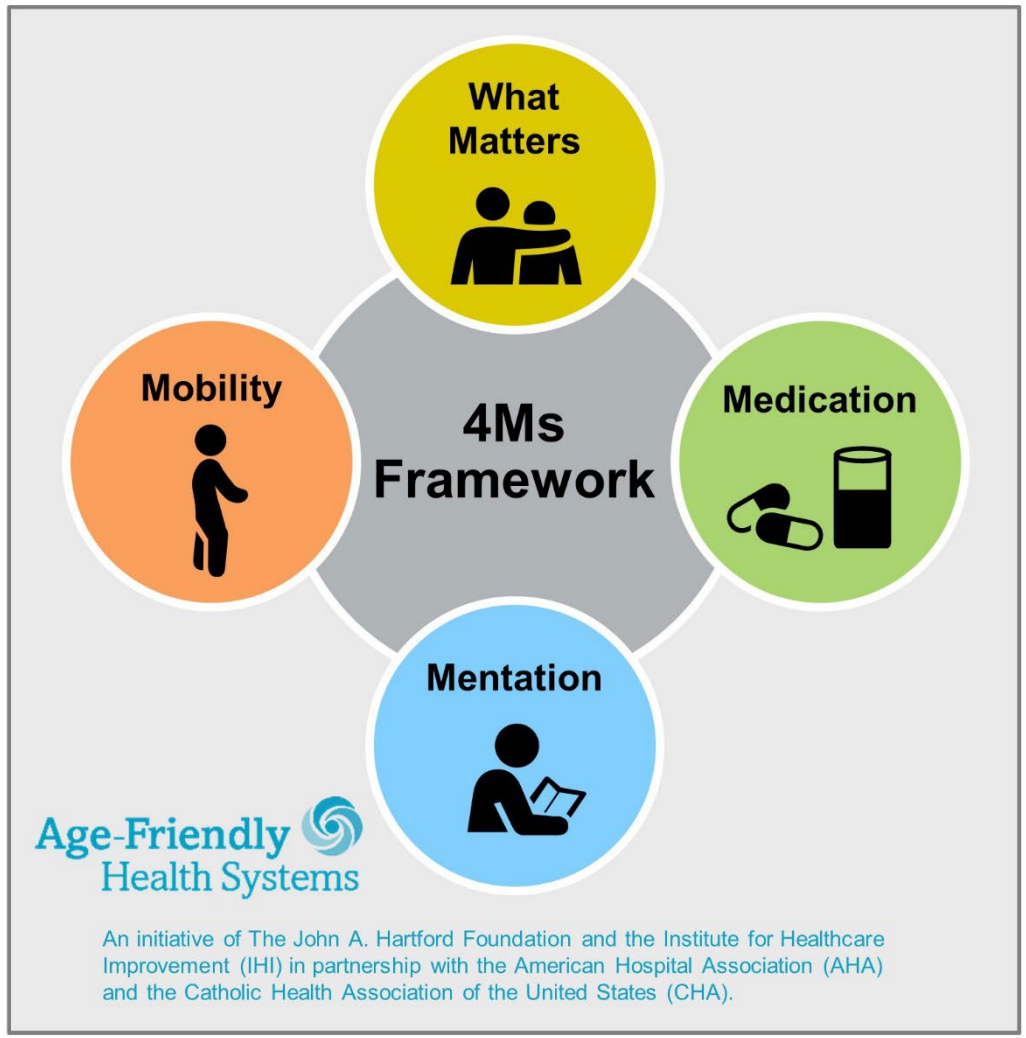
"Fact Sheet: Healthy Aging." National Council on Aging; 2016. https://www.ncoa.org/resources/fact-sheet-healthy-aging/

Abrams M, Milstein A. NAM Workshop Series on High-Need Patients. National Academy of Medicine; October 2016. https://nam.edu/wp-content/uploads/2016/12/Taxonomy-and-care-model-presentation-FINAL.pdf

Institute of Medicine Committee on the Future Health Care Workforce for Older Americans. Retooling for an Aging America: Building the Health Care Workforce. Washington, DC: National Academies Press; 2008. 2, Health Status and Health Care Service Utilization. https://www.ncbi.nlm.nih.gov/books/NBK215400/

Age-Friendly Health Systems

The 4Ms of Age-Friendly Care



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

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

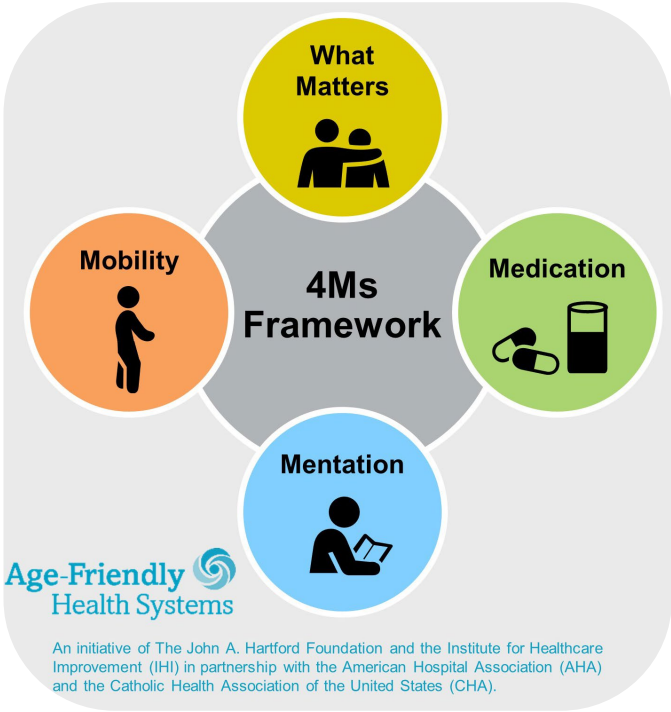
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Age-Friendly Health Systems

Levers to Support Adoption of Age-Friendly

Payment and Regulatory:
CMS, Medicare Advantage plans, HRSA

Large Systems:
VA, HCA, Ascension, Common Spirit, UHS, CHS



Align Improvement Opportunities:
AFHS, Geri-ED, Geriatric Surgery Verification Program

Education:
Geriatric Workforce Enhancement Program; Rush Medical School; IHI Open School

Demand from Older Adults:
AARP, National Area Agencies on Aging

Information Technology:
Cerner, Epic, PatientWisdom

Certification:
The Joint Commission, NCQA

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Age-Friendly Recognition from IHI:

Hospitals, Practices and Nursing Homes 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 Systems*-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 May 4, 2022.*

Age-Friendly Health Systems

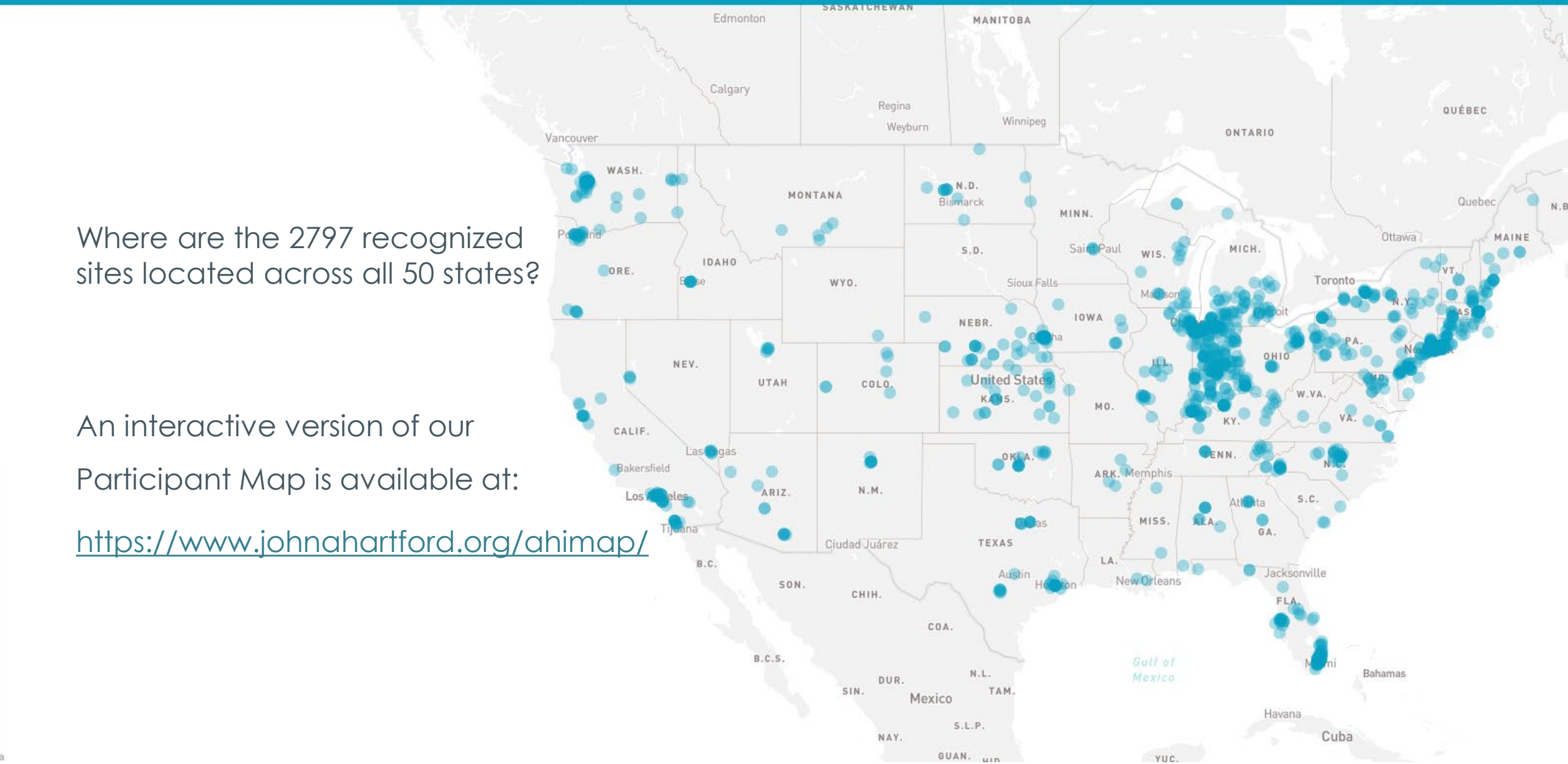
Age-Friendly Health Systems

Participant Sites

Where are the 2797 recognized sites located across all 50 states?

An interactive version of our Participant Map is available at:

https://www.johnahartford.org/ahimap/



Older Adults Reached with 4Ms

More than 1,600,000 older adults have been reached with 4Ms care

"Thank you so much for caring enough to ask questions."
Family member of Quiburi Nursing Home resident

"You can see changes in their level of engagement as they enhance their own perceptions of their health and well-being."
Sarah Sjostrom, RN, Hebrew SeniorLife

"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 February 2022, if submitted after February 2020.

Age-Friendly Health Systems

Age-Friendly Health System Measures to Consider
All Measures to be Stratified by Age, 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
  - What Matters documentation
- Medications:
  - Presence of any of 7 high-risk medications
- Mentation: Screened & documented for
  - Depression
  - Dementia
  - Delirium (hospital only)
- Mobility: Screened for mobility

Outcome Measures:

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

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Areas for Further Exploration

- Payers: Health Plans (Medicare Advantage and others), NCQA (measures)
- Accreditation or Certification: the Joint Commission
- Regulators: CMS, HRSA

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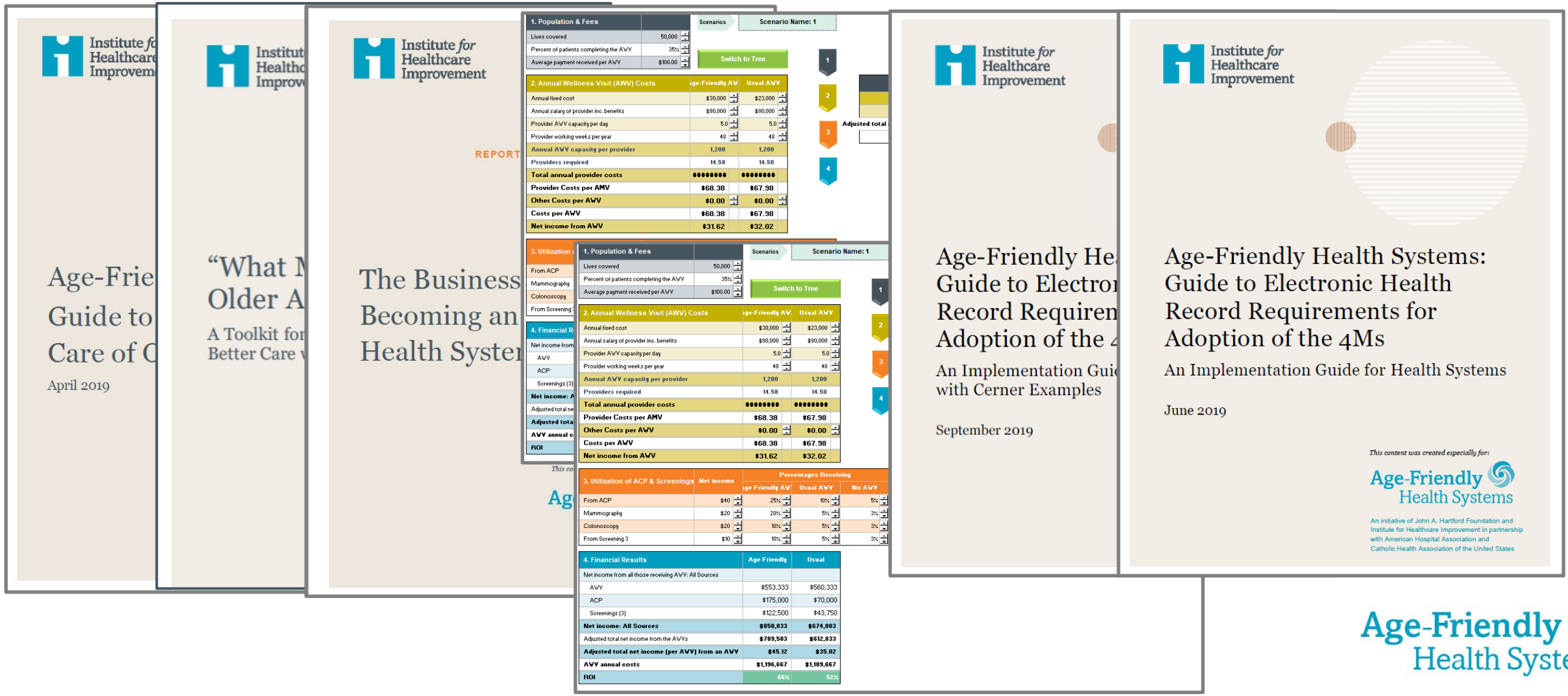
Available Resources

Implementation Guidance



Age-Friendly Health Systems

The Value of Age-Friendly Health Systems

- Business Case for Becoming an Age-Friendly Health System
- Inpatient ROI Calculator
- Outpatient ROI Calculator
- Issue Brief: Creating Value with Age-Friendly Health Systems

J Aging Health. 2021 Feb 8;898264321991658. doi: 10.1177/0898264321991658.
Online ahead of print.

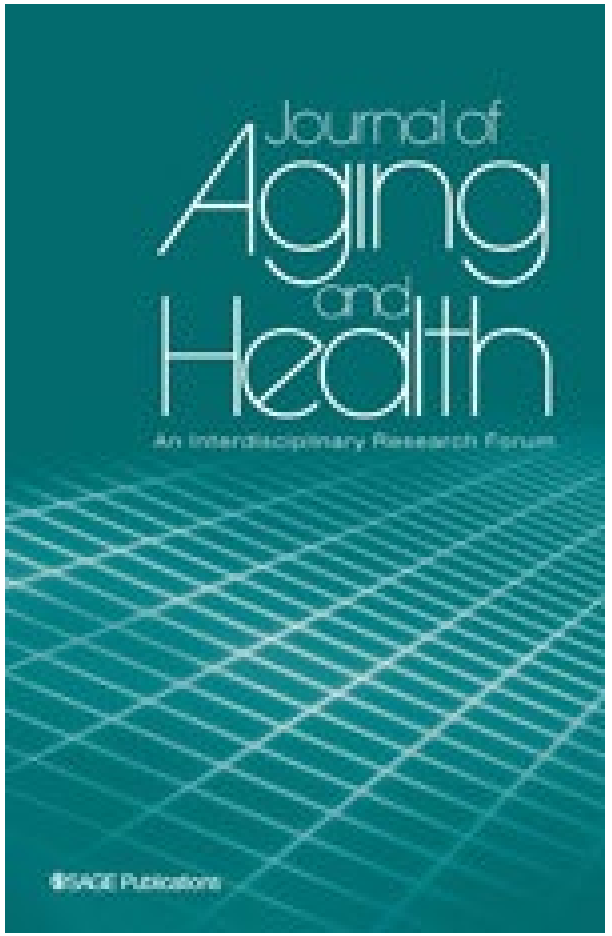
Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate [1], Terry Fulmer [2], Leslie Pelton [1], Amy Berman [2], Alice Bonner [1], Wendy Huang [3], Jinghan Zhang [3]

Affiliations + expand

PMID: 33555233 DOI: 10.1177/0898264321991658

Free article



Abstract

Objectives: An expert panel reviewed and summarized the literature related to the evidence for the 4Ms-what matters, medication, mentation, and mobility-in supporting care for older adults. **Methods:** In 2017, geriatric experts and health system executives collaborated with the Institute for Healthcare Improvement (IHI) to develop the 4Ms framework. Through a strategic search of the IHI database and recent literature, evidence was compiled in support of the framework's positive clinical outcomes. **Results:** Asking what matters from the outset of care planning improved both psychological and physiological health statuses. Using screening protocols such as the Beers' criteria inhibited overprescribing. Mentation strategies aided in prevention and treatment. Fall risk and physical function assessment with early goals and safe environments allowed for safe mobility. **Discussion:** Through a framework that reduces cognitive load of providers and improves the reliability of evidence-based care for older adults, all clinicians and healthcare workers can engage in age-friendly care.

Keywords: goal-directed care; quality; safety.

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Ways to Engage in the Movement

- **Action Communities** for teams to get support in adopting the 4Ms from faculty and peer health systems over 7 months
- **Scale-up Partnerships** (e.g., CVS, VA) to set an aim and spread the 4Ms across a large system
- **DIY pathway** for teams to learn about and test the 4Ms on their own using Age-Friendly Resources

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Join the Movement www.ihi.org/AgeFriendly

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Case Study:

Alzheimer's dementia at end of life in an older adult

Situation

An 88-year old woman with advanced dementia of the Alzheimer's type is hospitalized with her third bout of aspiration pneumonia

Background

- After evaluation in the emergency department, the team concludes that the woman is 'actively dying' and she is admitted to the inpatient palliative care service.
- The health system has implemented AFHS and the 4Ms framework throughout, although in general, the geriatric team is more focused on all 4Ms as a set compared to other departments.

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Assessment

- The palliative care team decides to get a geriatric team consult. The geriatric consult team goes through each of the 4Ms individually, considering how **assessing and acting on** each of them will lead to the person's/designated care partner's stated goal (what **M**atters most) - which is for their mother to live in comfort with support until she dies. The family is no longer able to care for her at home.

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Recommendations

- For **M**obility, the woman is determined to have a score of 8 on the clinical frailty scale (CFS)=EOL criteria are met. For **M**edications, the team reviews all of them and discontinues ones that are no longer needed. For **M**entation (assessment for dementia/delirium/depression) the woman has a score of 7 a/b/c on the FAST tool=hospice criteria are met.

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Recommendations, continued

- The decision is to move the woman from acute care (hospital) to the geriatric hospice team. She dies three days later. The 4Ms framework helped the team to make decisions based on objective and subjective criteria, evidence-based protocols and tools, and engaged the older person and designated care partners.

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Discussion

What's Next?

- We are seeking interested organizations to innovate and explore what it would mean to be an Age-Friendly payer, provider, or payer-provider

- If you would like to partner in this work or have any questions, please contact us:
  - Alice Bonner (abonner@ihi.org)

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You Too Can Present a Case!

- Could be in the hospice or palliative care space
- Quality focused
- Is relevant to today's hospice and palliative care environment
- What are we looking for in a patient-based case?
  - Poses difficult issues for the interdisciplinary team
  - May be an outlying or a frequent situation that involves clinical/ emotional/ psychosocial/ spiritual challenges
- What are we looking for in a process-based case?
  - May involve operational or clinical process issues
  - May affect patient care
  - Is a focus of quality improvement for the organization

Upcoming Project ECHO Sessions

Access our Project ECHO webpage
at https://www.nhpco.org/projectecho/

(On the page, scroll down to complete the case study SBAR form for submission case study for consideration)