

## INTRO

- Age Friendly Health Systems (AFHS) commit to evidence-based, low-risk, coordinated care centered on what matters most to older adults, their families and caregivers.
- Nova Southeastern University South Florida Geriatric Workforce Enhancement Program (NSU SFGWEP) has partnered with multiple primary care clinics to provide dedicated AFHS training and support to increase AFHS transformation in Broward and Miami-Dade Counties.
- As part of the initiative, SFGWEP provide didactic training, clinic on-site brief demonstration, detailed guidance on EHR documentation for MIPS measures and infographics to support adherence. SFGWEP also provided guidance on Age Friendly Health System certification through the Institute of Healthcare Improvement (IHI) for both Level 1 and Level 2.

## METHODS

- Three participating health systems participated in the AFHS process and received all program interventions including interaction with a dedicated SFGWEP nurse practitioner monthly.
- Progress was measured at baseline and one-year post implementation on seven e-clinical MIPS measures that correspond to the 4Ms of AFHS (what matters, medication management, mentation and mobility.)

No commercial relationships to disclose.

# Using the 4 M of the Age Friendly Health System to improve MIPS documentation in Primary care: A Feasibility study

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| 18+ - Reporting Template            |                 |        |                    |
|-------------------------------------|-----------------|--------|--------------------|
| MIPS measure                        | 2019 (baseline) | 2020   | Direction          |
| MIPS – Diabetes                     | 17.34%          | 16.13% | About the same     |
| MIPS - HTN                          | 75.75%          | 85.34% | Improving          |
| MIPS – Opioid                       | 0.13%           | 8.35%  | Improving          |
| MIPS – Dementia caregiver education | 6.67%           | 13.17% | Improving          |
| >65 Reporting Template              |                 |        |                    |
| MIPS – Diabetes                     | 4.65%           | 8.49%  | Worsening          |
| MIPS - HTN                          | 54.18%          | 94.56% | Improving          |
| MIPS – HR Meds in elderly           | 38.38%          | 2.29%  | Part 2 - improving |
| MIPS – Opioid                       | 0.13%           | 11.18% | Improving          |
| MIPS – Dementia caregiver education | 6.67%           | 2.59%  | Worsening          |
| MIPS – advance care plan            | 20.71%          | 35.19% | Improving          |
| MIPS - Falls Risk Assessment        | 45.14%          | 59.24% | Improving          |

**NSU NOVA SOUTHEASTERN UNIVERSITY**  
Annual Wellness Visit, Age-Friendly Assessment Check-off Tool

**Engage/Screen/Assess**  
Please check the boxes to indicate assessment performed during care or fill in the blanks if "Other":  
How Visit Performed  
 In-person  
 Phone visit  
 Video: OttoHealth  
Assessment for  
 What Matters  
 Mentation  
 Medications  
 Mobility  
Documentation located under  
 Advance Directives  
 Screening Summary  
 Impression/Comments  
 Patient Plan  
 Provider Plan

**List Question(s)**  
Ask during today's visit that aligns in knowing and addressing care with your patient's specific outcome goals and care preferences.  
How Visit Performed  
 Connect w/friends  
 Connect w/family  
 Functional ADL  
 Manage health/meds  
 Maintain mobility  
 Think clearly  
 Advanced Care Directives  
 Healthcare Surrogate

**Check the medications screened during today's visit**  
 All Prescription medication lists  
 OTC and supplement list (e.g. NSAIDs)  
 Highly anticholinergic medications (e.g. diphenhydramine, tertiary TCAs)  
 Benzodiazepines  
 Non-benzodiazepines  
 Opioids  
 Muscle relaxants  
 Sulfonylureas  
 Insulin  
**Evaluate Mobility as relates to What Matters to the patient**  
 At patient's goal  
 Below patient's goal

**Tool(s) used to screen for Depression, Mental status, & dementia**  
 PHQ-2, PHQ-2  
 UB-2  
 Mini Mental Status Exam  
UB-CAM  
Note the score below and any comments or observations:  
**Delirium Risk Factors**  
 Dehydration  
 Infection/Sepsis  
 COVID-19  
 Adverse Drug Reaction  
 Depression  
 Pneumonia  
 MI/CHF

**How information gathered in Annual Wellness Visit, Age-Friendly Assessment Tool is used to improve patient well-being and provide care.**  
 Referrals  
 Education  
 Deprescribe

**ALIGN Care with What Matters Most**  
Provide Education and educational materials to patient and family (if available and engaged)  
 Diet  
 Exercise  
 Medication  
 Connecting (family, friends, hobbies)  
 Refer to community organizations for support  
Which organizations?  
 Questions on Advance Care Directives, refer to [prepareforpartner.org](http://prepareforpartner.org)

**Medication Actions**  
 Discuss deprescribing options  
 Deprescribe or reduce medication dosing  
 Refer to prescribing specialist  
 Refer to Pharmacist  
 MOBILITY  
 Set achievable goals with patient  
 Community exercise programs  
Which ones?

**Online Resources for Connection, Exercise, and Support Groups. Check which resources were recommended**  
 YMCA 360  
 AARP Foundation, Connect 2 Affect, Community Connections, etc  
 Jewish Community Center  
 Respite care for elder care givers,  
• [helpguide.org](http://helpguide.org)  
• [www.archrespite.org/respite](http://www.archrespite.org/respite)  
 Helicopter

## RESULTS

- From Year 1(Baseline) to Year 2, NSU SFGWEP partners improvement in controlled hypertension (54% to 94%), opioid screening (<1% to 11%), advance care planning (21% to 35%) and falls risk assessment (45% to 59%). Results demonstrate the need to continue and expand AFHS interventions for sustainability. Two health systems were able to achieve level 1 recognition and one health system received level 2 recognition.
- In Year 3, SFGWEP will continue to expand awareness of best practices and benefits of the AFHS through education and training at NSU and at the various primary care sites. As mutual collaboration and implementation methods are shared among participating members, the expectation is that quality healthcare of our elder community adults will measurably improve.

## CONCLUSION

AFHS transformation is a complex process that requires multiple strategies at the organizational, provider, staff, and patient level. Consistent ongoing reinforcement at within the organizations was successful at achieving improvement in many e-clinical measures and progress towards Level 1 or 2 AFHS recognition.

## REFERENCES

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