Age-Friendly Health Systems

Better Care for Older Adults: the 4Ms

Institute for Healthcare Improvement

Age-Friendly Health Systems

South Florida Geriatric Workforce Enhancement Program

Training Manual

for Providers, Students, & Caregivers

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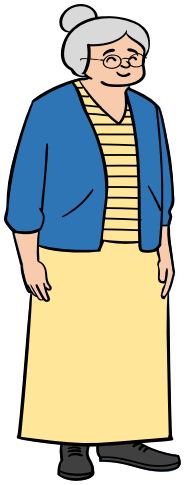

Hi! My name is Mabel. I will be your guide to help you learn about the 4Ms.

Specific Goals

This training manual provides a comprehensive overview of Age Friendly Health Systems and the 4Ms.

Age Friendly Health Systems are designed to assist with the healthcare complexities faced by older adults, to provide better quality care for seniors, and to focus on their specific needs. The Age Friendly Health Systems program relies on a set of Four (4) evidence-based elements of high-quality care known as the **4Ms**.

Age Friendly Health Systems aims to:

- Follow evidence-based practices in relation to What **M**atters Most to the patient; using the right **M**edication and limiting overprescribing; **M**entation; and **M**obility.
- Reduce the risk of causing harm to seniors.
- Align with What Matters Most to the older adult and their family caregivers.
- Provide a stepwise approach to ensure better care and quality of life for the elderly population.
- Ensure that healthcare providers are aware of screening tools that help facilitate age-friendly care.
- Educate about and promote an age-friendly health environment by understanding the core issues that are important for an aging population.

What Matters	Medication	Mentation	Mobility
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.	If medication is necessary, use age-friendly medication that does not interfere with What Matters Most to the older adult, their Mobility, or their Mentation across settings of care	Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care. Avoid medications that adversely affect Mentation.	Ensure older adults move safely every day in order to maintain function and reduce the risk of falling. Also ask What matters most to them, sleep, diet, ability to drive, etc.

4Ms in Ambulatory Care Settings

The 4Ms Are Practiced as a Set	The 4Ms in an Age-Friendly Health System Practice
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 delirium across settings of care **Mobility** Ensure that each older adult moves safely every day to maintain function and do What Matters	• Ask the older adult What Matters most, document it, and share What Matters across the care team • Align the care plan with What Matters most • Review for high-risk medication use and document it • Deprescribe or avoid high-risk medications, and document and communicate changes • Screen for dementia/cognitive impairment and document the results • Screen for depression and document the results • Consider further evaluation and manage manifestations of dementia, educate older adults and caregivers, and/or refer out • Identify and manage factors contributing to depression and/or refer out • Screen for mobility limitations and document the results • Ensure early, frequent, and safe mobility

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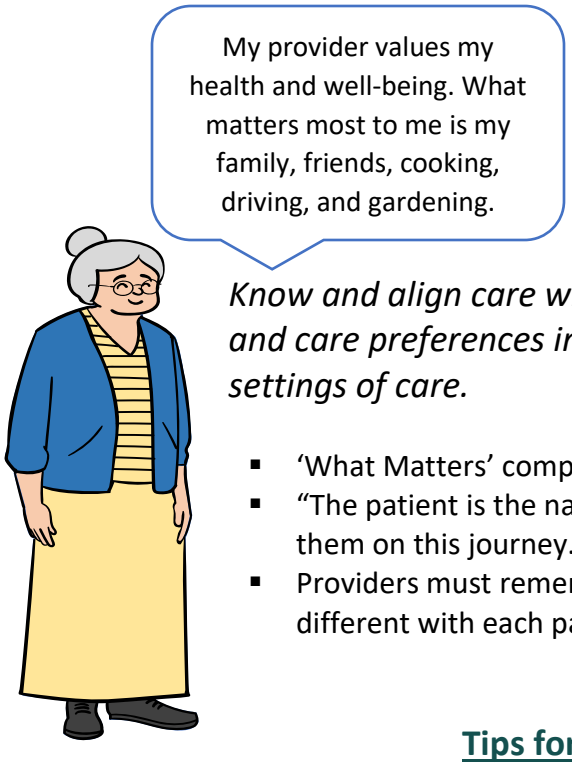
[1]

Figure 1: Example of 4Ms in an Ambulatory Care Setting

[1] http://www.ihi.org/



What Matters Most

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.

- 'What Matters' component allows the patient to control their care and treatment.
- "The patient is the navigator of their own health, and the provider accompanies them on this journey."
- Providers must remember that every "What Matters Most" conversation will be different with each patient.

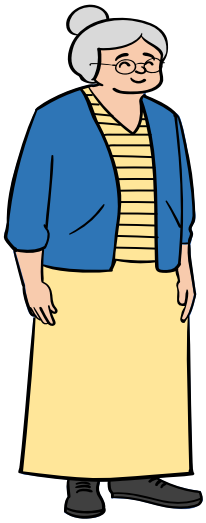
Tips for "What Matters Most" conversation: [2]

- **Regular and Annual Wellness Visits** - Annual wellness visits can be used to initiate the "What Matters Most" conversation. Subsequent follow-up visits are opportunities to continue "What Matters Most" conversations.
- **New Diagnosis or Change in Health Status** - Schedule an initial "What Matters Most" conversation after the patient has received a new diagnosis or change in health status. Use this to create a plan of care.
- **Life-Stage Change** - Start a "What Matters Most" conversation during a primary care visit with a patient who enrolled in Medicare or had just entered retirement.
- **Chronic Disease Management** - Take time to discuss "What Matters" during primary care visits, revisit previous conversations, and update any goals and preferences.
- **Inpatient Visits (hospital, nursing home, skilled nursing facility)** - At every visit to the Nursing Home or SNF document what is important to the older adults.
- **What does a good day look like to you?** - As a provider, a general question to ask is "What does a good day look like to you?"

[2] "What Matters" to Older Adults? A Toolkit for Health Systems to Design Better Care with Older Adults

Advance Care Planning is very important to me and my family. I want to know my options.

Advance Care Planning



Patient self-determination act. Institutions including hospitals, skilled nursing facilities, home health agencies, hospice programs, and health maintenance organizations must inform patients of their rights to:

- Participate in and direct own healthcare decisions.
- Refuse medical or surgical treatment.
- Prepare an advance directive (AD)
- Review information on institutional policies governing the rights[3]

Key components of ACP (Advance Care Planning):

- Identifying a surrogate medical decision maker.
- Sharing difficult news, such as a new diagnosis or a serious prognosis.
- Understanding "what matters most" in the context of the patient's life.
- Discussing treatment options, including palliative care and hospice.
- Anticipating medical emergencies (such as cardiac arrest and respiratory failure).
- Communication and coordination among the patient, family, surrogate medical decision maker, and any involved health care professionals.
- The use of a shared decision-making process that draws on all of the above components to ensure that the patient's wishes are honored.

Billing Purpose: The law requires that these entities meet certain requirements in order to be paid under Medicare or Medicaid.

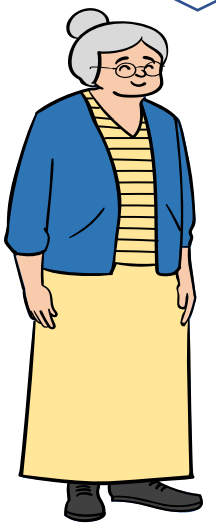
The entity must:

- Maintain written policies and follow certain procedures with respect to advance directives.
- Document in the patient's medical record whether the patient has executed an advance directive or not.
- Not condition the provision of care or otherwise discriminate against an individual based on whether the individual has executed an advance directive or not.
- Inform the individual that complaints concerning the implementation of these advance directive requirements may be filed with the state agency that surveys and certifies Medicare and Medicaid providers.
- Provide staff and community education on issues related to advance directives.

Implementation-Please follow the guidelines of your clinic's EHR to document ACP. *

[3] "Conversation Ready": A Framework for Improving End-of-Life Care (Second Edition) Institute for Health Improvement

If I have questions about my prescription meds, I will not hesitate to ask my provider.



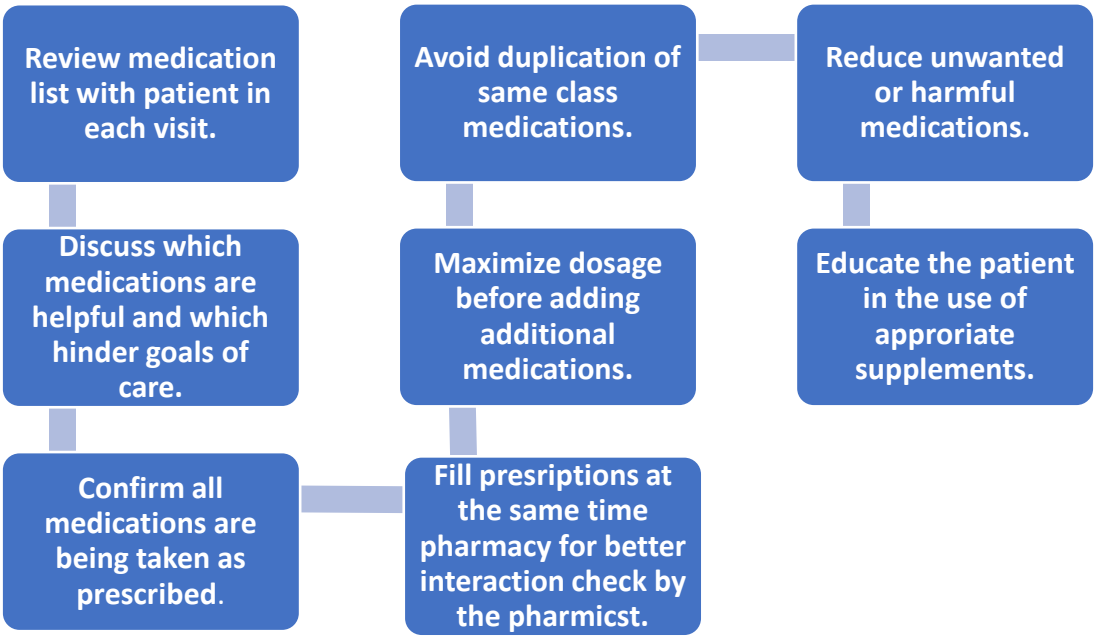
Medication

If medication is necessary, use 'age friendly' medication that aligns with What Matters Most to the patient, and does not interfere with Mobility, or Mentation.

Medication Actions:

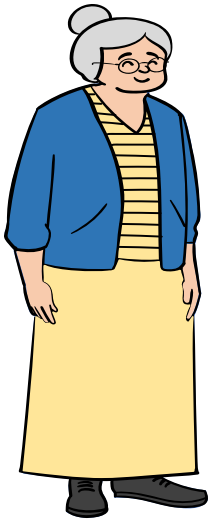
- Discuss deprescribing options with your patient.
- Deprescribe or reduce medication dosages.
- Refer to prescribing specialist or to a pharmacist.

Medication Management Workflow:



- **Note -Mentation & Medications: Sedatives**- benzodiazepines, nonbenzodiazepine hypnotics, associated with impaired performance on mobility & cognitive testing in high-functioning community-based older adults.

- **Anticholinergic use is associated with the following adverse side effects in the elderly:** Memory impairment, confusion, hallucinations, dry mouth, blurred vision, constipation, nausea, urinary retention, impaired sweating, and tachycardia. Anticholinergic medications have been linked to dementia in long-term use.



Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

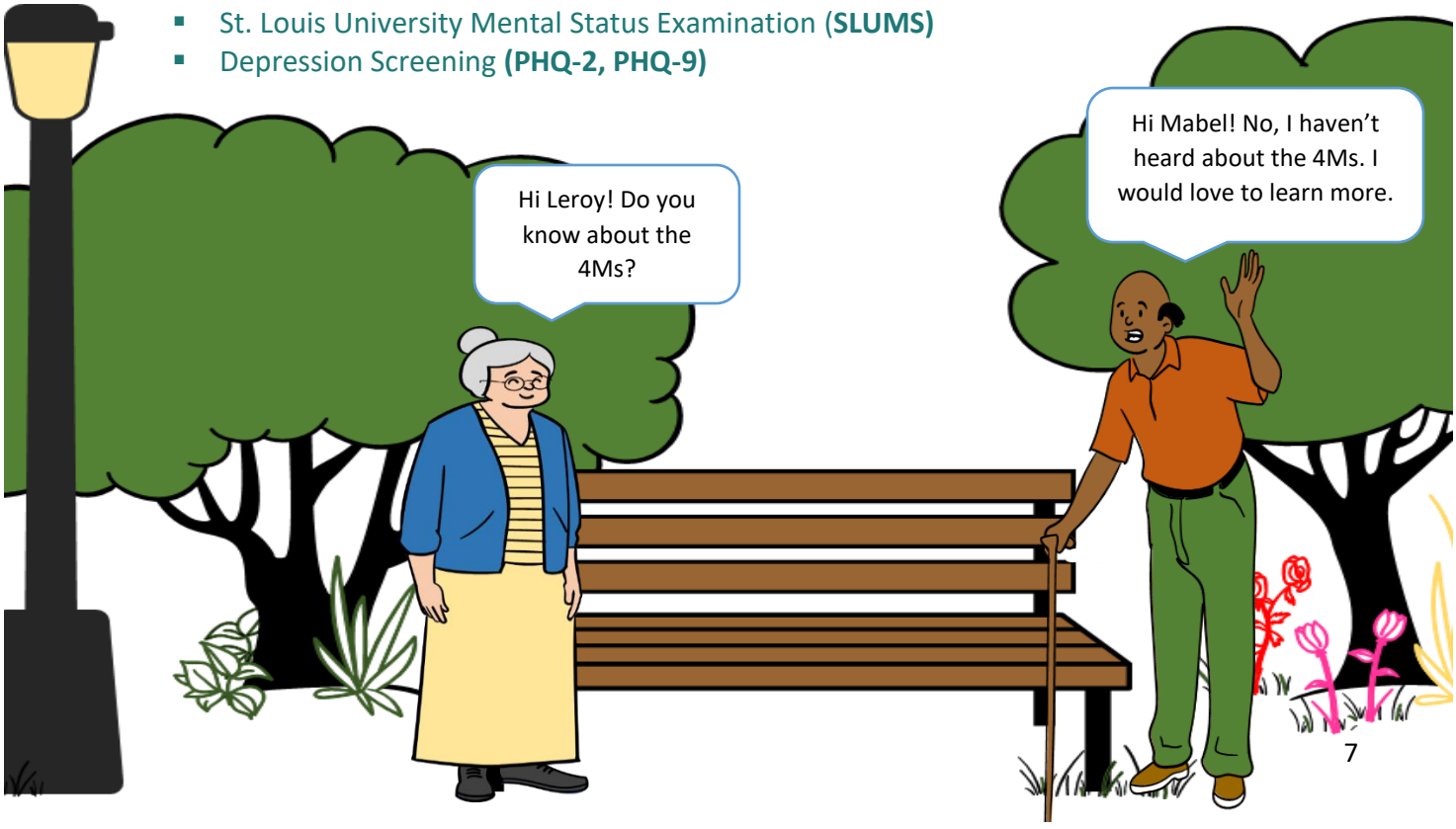
Areas of cognition impaired by Dementia include:

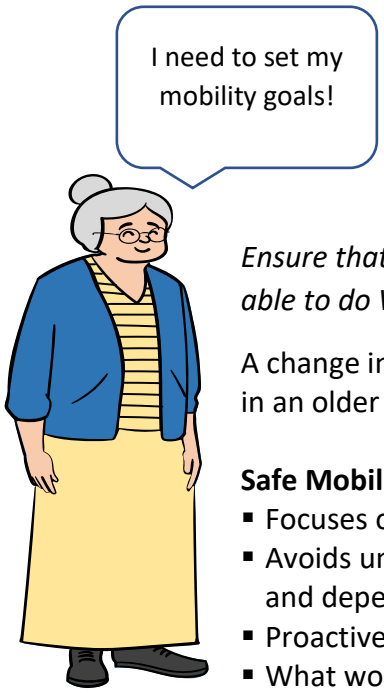
1) Complex attention: The ability to switch between tasks.
2) Learning & memory: forgetful of how to do things or recent or distant memory wanes;
3) Executive function: the ability to plan, organize, and prioritize; Language: expression & understanding of written & oral forms;
4) Perceptual motor function: abstract understanding of shapes, locations, directions.
5) Social cognition: loss of ability to understand meanings of facial expressions.

- **'Mentation'** includes routine screening for depression and cognitive decline for people over 65 years of age.
- Routine screenings for mental health and cognitive functions are essential for the prevention of **Dementia**.
- Signs of **Depression** in the elderly may include dwelling on negative thoughts, tragic incidents, dementia, anorexia, inactivity, social isolation, health issues, alcohol misuse, and adverse effects of medication.

Note: Mentation Screening exams: Yearly cognitive exams and evaluation for depression are part of routine care. Some of these are:

- Mini-Mental State Exam **(MMSE)**
- St. Louis University Mental Status Examination (**SLUMS)**
- Depression Screening **(PHQ-2, PHQ-9)**





Mobility

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

A change in mobility or walking speed may indicate frailty and a risk of falls, especially in an older person.

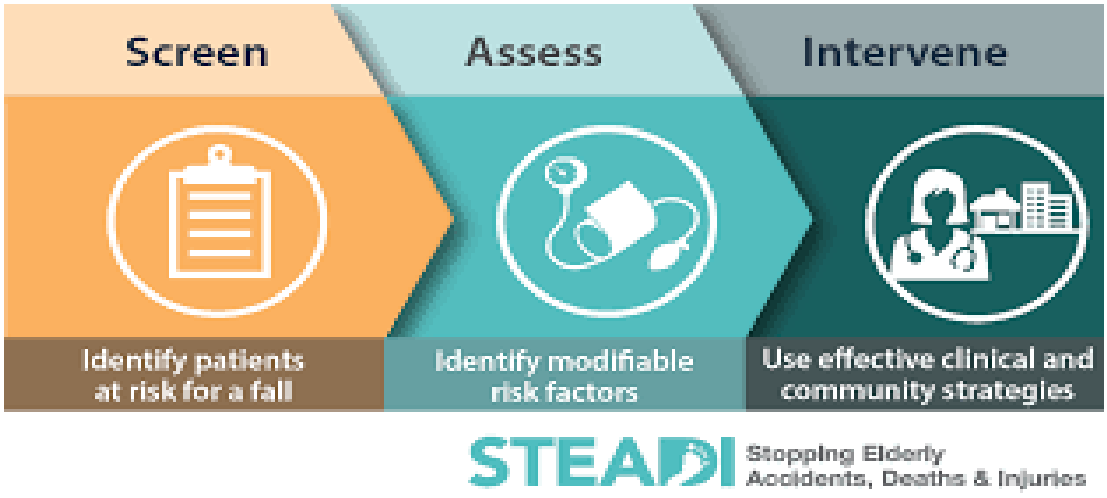
Safe Mobility:

- Focuses on "What Matters" to the patient.
- Avoids unintended consequences, such as Immobility which contributes to frailty and dependence.
- Proactive interventions: Physical Therapy and Occupational Therapy.
- What works for mobility also works for fall & delirium prevention.

Fall Risk Assessment *- The provider must perform a Fall Risk Assessment on the patient following the clinic's guidelines.*

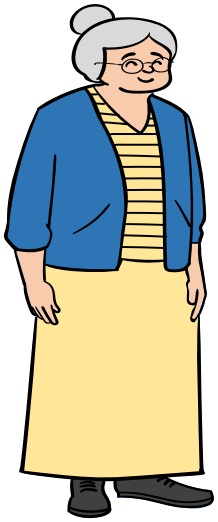
***Some mobility assessments are listed below:**

- ✓ **Timed Up & Go (TUG):** The purpose of this test is to assess the patient's mobility. **https://www.cdc.gov/steadi/pdf/TUG_test-print.pdf**
- ✓ **30-second chair stand test**: The purpose of this test is to assess the patient's leg strength and endurance. **https://www.cdc.gov/steadi/pdf/STEADI-Assessment-30Sec-508.pdf**
- ✓ **The 4-Stage Balance Test**: The purpose of this test is to assess the patient's static balance. https://www.cdc.gov/steadi/pdf/4-Stage_Balance_Test-print.pdf



I hope you enjoyed learning about the 4Ms. Here are some resources to further assist you with the 4Ms.

Resources & References



Dementia Educational Resources:

- Alzheimer's Association- www.alz.org
- AARP foundation- www.aarp.org
- Connect 2 Affect- www.connect2affect.org
- Community Connections- www.ccflinc.com
- YMCA 360- www.ymca360.org
- Jewish Community Center- www.jcca.org
- HelpGuide (Respite care)- www.helpguide.org

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