

Age Friendly Health Systems

2018 Governor's State of the State

"To support the State's commitment in creating age friendly communities, the State will set a goal of making fifty-percent of all health systems age friendly within the next five years, which will include the establishment of age-friendly Emergency Rooms that will be better equipped to provide care to aging New Yorkers with cognitive and other physical disabilities."



Why Age Friendly?

New Yorkers are continuing to age

- 2.9 million New Yorkers over the age of 65 (14% of the total population)
- Of those 2.9 million, 421,000 New Yorkers over the age of 85¹

But why does that matter?

- When seniors interact with health systems they tend to have negative impact on their health
 - One third of patients over 70 and half of patients over 85 leave hospitals more disabled than when they arrive²

¹ https://aging.ny.gov/ReportsAndData/2015CountyDataBooks/01NYS.pdf

² https://khn.org/news/elderly-hospital-patients-arrive-sick-often-leave-disabled/

Why Age Friendly?

NYS is committed to making sure older New Yorkers have a better experience in their healthcare interactions

 2017 AARP and WHO designation as the first Age Friendly State in the Country



Age Friendly Health System Initiative

John A. Hartford Foundation and Institute for Healthcare Improvement (IHI)





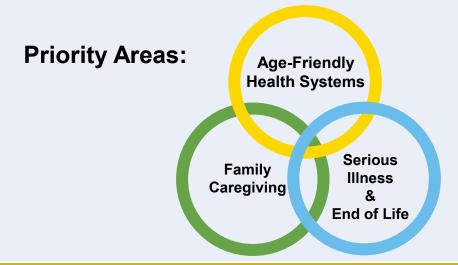
Age-Friendly Health Systems June 20, 2018

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

The John A. Hartford Foundation

A private philanthropy based in New York, established by family owners of the A&P grocery chain in 1929.

Dedicated to Improving the Care of Older Adults





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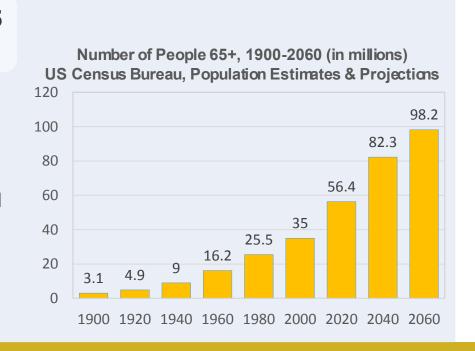


The Aging Population: Success and...

10,000 people turn 65 every day

Older adults contribute to society in vital ways.

Yet we aren't always valued as we get older.







Few hospitals and health systems meet the needs of older adults.

Evidence-based, age-friendly approaches to better care exist.

- Focusing on what matters to older adults receiving care
- Improving health outcomes and reducing harm
- Achieving lower costsand better value





Age-Friendly Health Systems:

Reliably provide a set specific, evidence-based geriatric best practice interventions

Achieved by:

- Betterhealthoutcomesfor dderadults
- Reduced waste associated with low-quality services
- Increased utilization of cost-effective services for older adults
- Improved reputationand market share



Age-Friendly Health Systems led by IHI

Goals:

- Define essential elements of high quality care for health systems
- 2) Build on Foundation's geriatics models and expertise
- 3) "4Ms" are indicators of broader shiftby health systems to focus on olderadults:
 - What Matters
 - Medication
 - Mobility
 - Mentation (e.g. cognitive status, confusion)
- 4) Reach 20% of health systems by 2020 (~ 1000 hosptals)

The Issues and Gaps (1)

Older adults:

- Routinelyreceive unwanted care and treatment
- Routinely do not receive necessaryand evidenced care
- Are needlessly harmed by inappropriate mediations
- Have functional decline when we don't encourage mobility
- Experienceavoidable deliriumand cognitive decline
- Disproportionately experience needless harms and death



The Issues and Gaps (2)

- Geriatrics modes of care proven ery effective
- Yet models reach only portion who could benefit
- Models difficut to disseminate and scale
- Models difficult to reproduce in community hospitals with less resources
- Few modes work acrosscare settings
- Various models co-exist and confuse



Evidence



What Matters:

- Asking what matters lowers inpatient utilization (\downarrow 54%), ICU stays (\downarrow 80%), increases hospice use (\uparrow 47.2%) patient satisfaction (AHRQ 2013)

Medications:

- Older adults suffering adverse drugevent have higher rates of morbidity, hospital admission and costs(Field 2005)
- 1500 hospitals in CMS HEN 2.0 reduced 15,611 adverse drugevents saving \$78m across 34 states (HRET 2017)

Mentation:

- Depression in ambulatory care doubles cost of care (Unutzer 2009)
- 16:1 ROI on delirium detection and treatment programs (Rubin 2013)

Mobility:

- Older adults who sustain a serious fall-related injury required an additional \$13,316 in hospital operating costand increasedLOS of 6.3 days (Wong 2011)
- 30+% reduction in direct, indirect, and total hospital costsamong patients who received care to improve mobility (Klein 2015)



The Partnership: Five Health Systems



















Sequence to Scale-up

Stage 1: Testing the

Prototype

Activity: Prototype testing with five systems & scaling within those five

Output: Age Friendly Model & Scale-up Guidance Stage 2: Scale-Up Activity: Campaignspreads to 1000+ care sites

Output: 1000+ Age Friendly Health Systems with evidence of improved outcomes for older adults

Stage 0: Developin g the Prototype Activity: Literature review & Expert meeting

Output: Age Friendly Prototype

Testing the Prototype for refinement (3/17 – 2/18)

Scalingup the Prototype in the five prototyping systems (1/18 – 12/18)

- 1. Test the model in the five health systems cover all 4Ms and all settings
- Measure the interventions
- 3. Update the Age-Friendly model

To Date:

- More than 50,000 patients have received "age-friendly"health care.
- 5 health systems with 26 sites in 7 states have been transforming care, with more than 60 active tests on the 4Ms.
- There's been a groundswell of interest -more than 250 individuals have joined the
 "Friends of Age-Friendly" group.

Examples of what has been implemented

Ann Arundel

- Established age-friendly championsthroughout the system.
- Improved the cultural mindset of physicians, nurses and care managers in making older patients' needs a priority, reducing patient length of stay by 26 hours on average.

Ascension

 Aligned the age-friendly framework and interventions with the health system's integrated scorecard goals.

Kaiser Permanente

- Tracked continuous improvements within the KP Woodland HillsACE unit.
- Developed and used patient-facing medication lists including nutrition and hydration instructions in the palliative care clinic
- Providence St. Joseph Health
 - Increased the visibility of senior needs within the organization by engaging strategic resources and augmenting staff to advance the vision.

Interested in joining the Age-Friendly Health Systems? Register to join the Age-Friendly Action Community by August 1st.

Interested teams will be asked to:

- Submit a letter of inteest
- Select a clirical care setting and patient population
- Form a disciplinary team Identifya leader
- Participate in Action Community activities



Action Community: September 2018-March 2019



Participate in 90 minute interactive webinars

- Monthly content calls focused on 4Ms
- •Opportunity to share progress with other teams by brief case study



Test Age-Friendly interventions

•Test implementing specific changes in your practice



Submit data on a standard set of Age-Friendly measures (brief)

•Submit a data dashboard on a standard set of process and outcome measures



Option to join two drop-in coaching sessions

• Join other teams for measurement and testing support.

Leadership Track to Support Scale-Up

June – August 2018

Teams

- Enrol in the Action Community by August 1st e-mail AFHS@IHI.org
- Compete IHI on ine improvement training
- Participate inorientationwebinar Next webinaris June 26th
- Complete process-walk to observe delivery of care in action
- Check feasibility of data collection and establish data capture process
- Meet with three older adults and ask them "WhatMatters?" most to them

Leaders

Participate in one orientation webinar





Thank you

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NYS Tentative Plan to Reach our Goal

Year 1

- Educate and inform health systems on what it means to be an Age Friendly Health System
- Establish and convene champions workgroup

Year 2-3

- Establish guidance of how health systems can become age friendly
- Continue to support systems through policy and other incentives
- Begin an evaluation process for successes/implementation of age friendly initiatives

Year 4-5

Continue monitoring, offer support, spread the movement



What support will be offered for the first year?

- Continue to partner with John A. Hartford Foundation and Institute for Healthcare Improvement (IHI) to make sure NYS Health systems have necessary information on Age Friendly Health System Initiatives
- Additional webinars on other age friendly programs that health systems can implement
- Establish a NYS Age Friendly listserv



Age Friendly Health System Champions

Establish a network of Age Friendly Health System Champions

- Provide input to DOH on establishing age friendly health systems
 - Work with DOH to create a best practice document to be disseminated to other systems



What can you do?

- Evaluate your system with the 4Ms
- Join Action Communities <u>AFHS@ihi.org</u>
- Join our listserv
 - E-mail <u>ALTCteam@health.ny.gov</u> to join listserv
- Look into existing models and programs
- Stay tuned for webinars on topics such as NICHE and Geriatric ED Accreditation
- Reach out to ALTC team at <u>ALTCteam@health.ny.gov</u> if you are interested in becoming a champion

Questions?



Resources

- Slides will be sent around and can be accessed in the hand out section.
- ALTCteam@health.ny.gov
- https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly-hospitals
- http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
- The Age-Friendly Health Systems Action Community document can be accessed in the handout section and will be sent around
- To join the Action Community by August 1st, e-mail: <u>AFHS@IHI.org</u>
 - The next meeting is on June 26, 2018 from 8am-9am
 - Use this link to register: https://zoom.us/meeting/register/686e22938b590f374ac87b605f06faf5

