The Action Community: An Invitation to Join Us

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What Are Age-Friendly Health Systems and Why Are They Important?

Three factors that impact caring for older adults in the United States today are occurring simultaneously. Together the factors make a compelling case for health systems to better support the needs of older adults and caregivers:

- *Demography*: The number of adults over the age of 65 is projected to double over the next 25 years.[1]
- *Complexity*: Approximately 80 percent of older adults have at least one chronic disease, and 77 percent have at least two.[2] Many of our health systems are ill-equipped to deal with the social complexity many older adults face.[3]
- *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 harm, delay, and discoordination. One consequence of this is a rate of ED utilization that is four times that of younger populations.[4]

Becoming an Age-Friendly Health System entails reliably providing a set of specific, evidence-based geriatric best practice interventions to all older adults in your health system. This is achieved primarily through redeploying existing health system resources to achieve:

- Better health outcomes for this population;
- Reduced waste associated with low-quality services;
- Increased utilization of cost-effective services for older adults; and
- Improved reputation and market share with a rapidly growing population of older adults.

The "4Ms" Model of Age-Friendly Care

In 2017, 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), set the bold aim that 20 percent of US hospitals and health systems would be Age-Friendly Health Systems by June 30, 2020.[5] Five prototyping health systems, Anne Arundel, Ascension, Kaiser Permanente, Providence, and Trinity, stepped forward to learn what it takes to be an Age-Friendly Health System.

The 4M Age-Friendly care model that emerged is both evidence based and able to be put into practice reliably in the health care setting. The "4Ms" are: What Matters, Medications, Mobility, and Mentation.

- **What Matters:** Know and act on each older adult's specific health outcome goals and care preferences across settings.
- **Mobility:** Ensure that older adults move safely every day in order to maintain function and do What Matters.

- **Medications:** If medications are necessary, use age-friendly medications that do not interfere with What Matters, Mobility, or Mentation.
- **Mentation:** Identify, treat, and manage dementia, depression, and delirium across care settings.[6]

These 4Ms are the essential elements of high-quality care for older adults and, when implemented together, indicate a broad shift by health systems to focus on the needs of older adults. Reliable implementation of the 4Ms is supported by board and executive commitment to becoming an Age-Friendly Health System, older adult and caregiver engagement, and community partnerships.

Join Us: Age-Friendly Health Systems Action Community

IHI has a well-established track record, founded on years of experience, of convening like-minded organizations in communities to rapidly scale-up solutions to vexing problems in health care, including readmissions, deploying the Triple Aim, and achieving system-wide excellence. IHI is applying these methods in a seven-month Action Community to support health systems that have the will and interest to accelerate their progress towards becoming an Age-Friendly Health System.

In the Age-Friendly Health Systems Action Community, up to 100 participating teams from health systems across the US will work together to rapidly scale-up the specific 4M changes over a seven-month period. The Action Community is designed for hospital-based care units (e.g., emergency departments, ICUs, general wards, medical-surgical units) and ambulatory care settings (e.g., primary care, specialty care). The instruction and coaching will be setting specific.

The Action Community will begin in September 2018 and conclude in March 2019 (prework will begin in June 2018).

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

Action Community Schedule of Activities

June – August 2018	Teams • Enroll in the Action Community • All members who have not previously done so complete IHI online improvement training • Participate in one orientation webinar • Complete one process-walk to observe delivery of care in action • Check feasibility of data collection and establish data capture process • Meet with three older adults to ask them "What Matters?" most to them Leaders • Participate in one orientation webinar
September 2018	• Submit Age-Friendly dashboard baseline data for outcome and process measures • All-Community Interactive Webinar: Overview of Age-Friendly Health Systems, initial case study team, process and outcome measures overview, and review of reporting mechanism for sharing data with IHI [Testing focus: "4Ms" assessment] • Two drop-in coaching calls: Measurement support, testing support
October 2018	• Submit Age-Friendly dashboard data for outcome and process measures • All-Community Interactive Webinar: Review progress on assessment (brief case study), troubleshooting [Testing focus: Acting on the "4Ms": What Matters, Mobility, Medications, Mentation] • Two drop-in coaching calls: Measurement support, testing support • Leadership call series begins: Why is it important to become an Age-Friendly Health System?
November 2018	• Submit Age-Friendly dashboard data for outcome and process measures • All-Community Interactive Webinar: Review progress on acting on What Matters, Medications, Mentation, Mobility (brief case study), troubleshooting [Testing focus: Daily review, maintenance] • Two drop-in coaching calls: Measurement support, testing support • Leadership call: Setting system-wide aims for scale-up of age-friendly care
December 2018 In person: Monday, December 10 (10 AM	• Submit Age-Friendly dashboard data for outcome and process measures

to 4 PM ET) at IHI National Forum (Orlando, FL)	• All-Community Workshop: Review progress on daily review, maintenance (brief case study), troubleshooting [Testing focus: Transitions] • Leadership Workshop: Designing your scale-up plan for the new year
January 2019	• Submit Age-Friendly dashboard data for outcome and process measures • All-Community Interactive Webinar: Review progress on transitions (brief case study), troubleshooting [Testing focus: Implementation, increasing reliability] • Two drop-in coaching calls: Measurement support, testing support • Leadership call: First steps to scaling up
February 2019	• Submit Age-Friendly dashboard data for outcome and process measures • All-Community Interactive Webinar: Review progress on transitions (brief case study), troubleshooting [Testing focus: Holding the gains] • Two drop-in coaching calls: Measurement support, testing support • Leadership call: Scaling up
March 2019	• Submit Age-Friendly dashboard data for outcome and process measures • All-Community and Leadership Interactive Webinar: Review overall impact and progress, celebration (several case studies) [Testing focus: Scaling up]

What Are the Benefits of Participating?

At the end of the seven-month Action Community, the participating organizations will have implemented the specific changes of the Age-Friendly Health Systems model in their unit, clinic, ED, or program, and will have early data on key measures that demonstrate initial evidence of benefit to the older adults that they serve.

The organizations will also be national leaders as the first public cohort of organizations on their way to becoming Age-Friendly Health Systems.

What Is the Cost to Participate?

There is no fee to participate in the Age-Friendly Health Systems Action Community. A health system, hospital, or practice in the US can enroll as many teams as it would like to participate in the Action Community (e.g., a hospital may elect to enroll two ICU teams, an ED team, and five general medical unit teams). It has been IHI's experience that organizations that enroll multiple teams accelerate their pace of transformation.

The cost of participation includes the time teams must allocate to engage in Action Community activities listed above (e.g., webinars and calls, data collection and measurement), test the specific

changes in their daily work, and report on progress in between calls. Teams and leaders will also be invited to attend one in-person meeting on Monday, December 10, 2018, in Orlando, Florida (attendance is not mandatory, but strongly encouraged for at least one team member).

Each participating organization will build its own team. The Action Community testing and learning is designed to occur as part of each person's existing activities and is, therefore, a re-purposing of time rather than incrementally additional time. For example, a hospital or practice will generate and review quality reports as part of standard work. As part of the Age-Friendly Health Systems Action Community, certain quality indicators may be segmented by age. Testing of specific age-friendly changes by clinicians will occur as part of standard clinical activities.

Based on IHI's experience, teams that include access to the following resources are often more successful:

- An older adult and caregiver are core members of the team;
- A sponsor who can authorize and support team activities and participate in the leadership cohort;
- Clinicians who represent the disciplines involved in the 4Ms (this will be specific to your context, but may include a physician, nurse, physical therapist, social worker, pharmacist, and others that represent the 4Ms in your context);
- A local leader who is vested in quality improvement methods and tools and has authority to design and lead improvement tests;
- An improvement coach;
- A data analyst; and
- A finance representative.

How Do We Join the Age-Friendly Health Systems Action Community?

If you are interested in joining the Age-Friendly Health System movement through the Action Community, let us know through this email: AFHS@IHI.org.

For further information about the Action Community, join one of our free informational calls:

- May 30, 2018 (4:00-5:00 PM ET) Register for the meeting here: May 30th Age-Friendly Health System Info Session
- June 26, 2018 (8:00-9:00 AM ET) Register for the meeting: June 26th Age-Friendly Health System Info Session
- July 24, 2018 (3:00-4:00 PM ET) Register for the meeting: July 24th Age-Friendly Health System Info Session.

Interested teams will be asked to:

- Share with us a letter demonstrating the health system, hospital, or practice leadership support of the team with time, resources, and barrier removal so the team may actively participate in all program activities (e.g., webinars), test and implement the required changes, and measure and share their results;
- Identify a clinical care setting and patient population to test the 4Ms;
- Bring together an interdisciplinary team that includes, at a minimum, one passionate and committed clinician, an administrative partner, and a designated reporter;
- Involve a leader with authority over the selected care setting or population to support the team's activities and progress and participate in the leadership track;
- Participate in Action Community activities including sharing data with IHI.

Please consider:

- Engaging a diverse racial and ethnic team that reflects your older adult community; and
- Demonstrating prior experience with using a quality improvement methodology (e.g., Model for Improvement, LEAN, Six Sigma) and managing improvement projects and teams.

Faculty and IHI Team

Faculty and the IHI team for the Age-Friendly Health Systems Action Community include experts in the "4Ms" subject matter, testing and scale-up methodology, and organizational psychology. The Action Community also draws on the expertise of the Advisory Group listed below.

Karen Baldoza, MSW, Executive Director, Institute for Healthcare Improvement (IHI), is co-lead of IHI's Improvement Capability Focus Area and teaches in IHI's programs aimed at building individual and organizational capability for improvement. As a trained Improvement Advisor and Lean Facilitator, she also leads and coaches staff in improvement within IHI. Previously, Ms. Baldoza was the Continuum of Care Portfolio Operations Director overseeing IHI's work that addresses the patient journey in health and chronic disease care outside of acute care settings. She also managed relationships with strategic partners and several large strategic initiatives, such as Pursuing Perfection. Prior to joining IHI in 2000, she worked for the Commonwealth of Massachusetts as an assistant director in the Executive Office of Elder Affairs, and in public health prevention and policy efforts. She received her Master of Social Work degree from Boston College, focusing on community organizing, social policy and planning, and not-for-profit administration.

Kevin Little, PhD, Improvement Advisor, Institute for Healthcare Improvement, is a statistician specializing in the use of information to study, understand, and improve system performance. His experience in the application of statistical methods includes direct work with scientists and engineers in a range of disciplines. He has also coached improvement teams in a range of industries. Dr. Little served as Improvement Advisor to the National Health Disparities Collaboratives from 2001 to 2006 and to IHI's hospital portfolio of projects from 2010 to 2012. Recently, he worked on the measurement strategy for the Healthier Hospitals Initiative and led a pilot to improve physician communication behaviors.

Kedar Mate, MD, Chief Innovation and Education Officer, Institute for Healthcare Improvement (IHI), is responsible for Research and Development, Innovation, and Faculty. In this

capacity, he oversees the development of innovative new systems designs to implement high-quality, low-cost health care both in the US and in international settings. An internal medicine physician, Dr. Mate is also an Assistant Professor of Medicine at Weill-Cornell Medical College and a Research Associate at Harvard Medical School's Division of Global Health Equity. His current research activities include improving population management, behavioral health integration, health equity, addressing complex needs patients, and ambulatory patient safety. Dr. Mate serves as a senior advisor to IHI's programs in the US, Asia, and the Middle East and he serves as an IHI principal investigator on multiple research awards. Previously he worked with Partners in Health, served as a special assistant to the Director of the HIV/AIDS Department at the World Health Organization, and led IHI's national program in South Africa. Dr. Mate has published numerous peer-reviewed articles, book chapters, and white papers and he has delivered keynote speeches in forums all over the world. He graduated from Brown University with a degree in American History and from Harvard Medical School with a medical degree.

Leslie Pelton, MPA, Senior Director, Institute for Healthcare Improvement, has more than 18 years of experience managing, leading, and facilitating successful organization transformation and performance improvement in the health care industry. She works in physician practices, academic medical centers and hospital-licensed community health centers to advise leaders on improvement strategies, especially as they relate to design and implementation of accessible and effective care. In addition to advising leaders and teams, Ms. Pelton conducts individual leadership development coaching with a specialization in supporting physicians as leaders. She brings to each of these individuals and organizations in-depth experience with strategic planning, leadership and team development and organizational change.

Advisory Group

Ann Hendrich, PhD, RN, FAAN	Senior Vice President and Chief Quality/Safety and Nursing Officer, Ascension (Advisory Group co-chair)
Mary Tinetti, MD	Gladys Phillips Crofoot Professor of Medicine (Geriatrics); Professor, Institution for Social and Policy Studies; Section Chief, Geriatrics (Advisory Group co-chair)
Kyle Allen, DO, AGSF	Vice President Enterprise Medical Director for CareSource
Antonio Beltran	Vice President, Safety Net Transformation, Trinity Health
Don Berwick, MD, MPP, FRCP	President Emeritus and Senior Fellow, Institute for Healthcare Improvement; Former Administrator of the Centers for Medicare & Medicaid Services
Jay Bhatt, DO	Chief Medical Officer, President and CEO, Health Research and Educational Trust and American Hospital Association
Alice Bonner, PhD, RN	Secretary, Executive Office of Elder Affairs, Commonwealth of Massachusetts
Peg Bradke, RN, MA	Vice President, Post-Acute Care, UnityPoint Health – St. Luke's Hospital

Nicole Brandt, PharmD, MBA, BCGP, BCPP	Professor, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy; Executive Director, Peter Lamy Center on Drug Therapy and Aging
Jim Conway, MS	Adjunct Lecturer, Harvard School of Public Health; Senior Consultant, Safe and Reliable Healthcare
Donna Fick Ph.D., RN, FGSA, FAAN	Elouise Ross Eberly Professor of Nursing and Professor of Medicine and Director, Center of Geriatric Nursing Excellence at Pennsylvania State University; Editor, Journal of Gerontological Nursing
Kate Goodrich, MD	Director, Center for Clinical Standards and Quality, and Chief Medical Officer, Centers for Medicare & Medicaid Services
Ann Hwang, MD	Director of the Center for Consumer Engagement in Health Innovation, Community Catalyst
Maulik Joshi, DrPH	Executive Vice President of Integrated Care Delivery and Chief Operating Officer, Anne Arundel Health System
Doug Koekkoek, MD	Chief Executive, Providence Medical Group
Lucian Leape, MD	Adjunct Professor of Health Policy, Harvard School of Public Health (retired)
Marty (Martha) Leape	Former Director of the Office of Career Services, Harvard College
Bruce Leff, MD	Professor, Johns Hopkins Medicine; Director, The Center for Transformative Geriatric Research
Becky Margiotta	CEO and President, The Billions Institute, LLC
VJ Periyakoil, MD	Director, Palliative Care Education and Training, Stanford University School of Medicine; VA Palo Alto Health Care System, Division of Primary Care and Population Health
Eric Rackow, MD	President, Humana At Home; President Emeritus, NYU Hospital Center; Professor of Medicine, NYU School of Medicine
Nirav Shah, MD, MPH	Adjunct Professor at the School of Medicine, Stanford University
Albert Siu, MD	Professor and System Chair, Geriatrics and Palliative Medicine, Population Health Science and Policy, General Internal Medicine
Steve Stein, MD	Chief Medical Officer, Trinity Health Continuing Care Group

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