

How to Have Conversations with Older Adults About “What Matters”

A Guide for Getting Started

Age-Friendly 
Health Systems

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).



Authors:

Kate DeBartolo, Senior Project Director, IHI

Cayla Saret, MPH: Senior Managing Editor, IHI

Patty Webster, MPH: Improvement Advisor, IHI

Acknowledgments

This work was made possible by The John A. Hartford Foundation, a private, nonpartisan, national philanthropy dedicated to improving the care of older adults. For more information, visit www.johnhartford.org.

IHI would like to thank our partners, the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), for their leadership and support of the Age-Friendly Health Systems initiative. Learn more at ihi.org/AgeFriendly.

We are grateful to Zamawa Arenas, Jessica Esterson, Anna Gosline, Leslie Pelton, and Mary Tinetti for their contributions. Thank you to the core team at IHI that has worked on the Age-Friendly Health Systems initiative and [all advisors, faculty, and staff](#). Our thanks to Jane Roessner and Val Weber for their supporting in editing this document. The authors assume full responsibility for any errors or misrepresentations.

Over 2,400 US care locations have received recognition as Age-Friendly Health Systems. An Age-Friendly Health System reliably provides a set of four evidence-based elements of high-quality care, known as the 4Ms (What Matters, Medication, Mentation, and Mobility), to all older adults. To date, health systems have integrated the 4Ms into the care of more than 1.1 million older adults.

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association and the Catholic Health Association of the United States, set a bold vision to build a social movement so that all care with older adults is age-friendly care. To learn more and join the movement, visit ihi.org/AgeFriendly.

Institute for Healthcare Improvement

For 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

© 2021 Institute for Healthcare Improvement. All rights reserved. Individuals may photocopy these materials for educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution is given to IHI as the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, or republished under any circumstances, without the written permission of the Institute for Healthcare Improvement.

What Matters to Older Adults?

Asking about – and acting on – What Matters to older adults means knowing and aligning care with each older adult’s specific goals and preferences across settings of care. This includes, but is not limited to, care through the end of life. What Matters is one of four evidence-based elements of high-quality care for older adults: What Matters, Medication, Mentation, and Mobility.

By learning What Matters most to those we care for, we can achieve better outcomes. Research shows that adults want collaboration, kindness, and respect from their care team.¹ To provide high-quality care, most people believe that care team members need to ask about and truly understand What Matters to each person.

This guide has steps for care team members to get started quickly, adapt as you go, and embed conversations about What Matters into your practice.

How to Use This Guide

This guide is for anyone who cares for older adults, in any setting, to help jumpstart conversations about What Matters.

- **This includes all care providers:** individual staff - care teams
- **working with older adults who are:** healthy - experiencing chronic, sudden, or serious illness
- **in settings such as:** inpatient hospital - primary care - cancer care - skilled nursing facility - nursing home - home-based care - convenient care - specialty service such as rehabilitation - other settings

Asking What Matters helps us get to know the person and what’s important to them. Then, we act on What Matters, using it to inform the care plan across all team members.

If you feel like asking about What Matters is new or difficult, you are not alone. Visit ihi.org/AgeFriendly for more tips from others who have learned how to ask and act on What Matters to older adults.



Contents

Map It Out	3
Try It Out	5
How’d It Go?	7
Keep Going	8
More Resources	10

What’s Inside

- Three steps you can start using this week to build trust
- Suggested phrases to help you begin What Matters conversations, such as: *“In today’s visit, I want to be sure we cover what is most important to you.”*
- Sample questions, such as: *“Is anything getting in the way of doing the activities that you would like to do?”*
- Ways to continue, improve, and expand your efforts

Map It Out

Make a simple plan. It shouldn't take weeks or months of preparation to get started asking one older adult about What Matters. Once you see how it goes, you can expand your efforts to reach five, 25, and then many more older adults.

Who will you talk with about What Matters? Pick one person or small group you already spend time with. Be specific.



Some Ideas: Any adult over 65 years old you see this week • One newly admitted patient • Any older adult on tomorrow's schedule with an appointment for chronic disease management

What will help you prepare for a mutually beneficial conversation about What Matters? You can gather some details from the medical record or team members, or ask the older adult directly. For example, find out:

- How does the older adult prefer to be addressed (e.g., Izzy, Mrs. Morales, Mx. Smith, Omar)?
- What is the older adult's preferred language? Would they like a medical interpreter?
- What are their health beliefs, including beliefs about alternative therapies?
- Would the older adult like a trusted individual to participate in the conversation, such as a friend, family member, or spiritual/faith advisor?
- How can you practice kindness to build trust? For example, if the older adult is angry or upset, don't get defensive – listen and acknowledge their experience.



TIP: Pay attention to the older adult. Recognize that their knowledge about themselves is vital to their care.

Create the conditions for older adults to be comfortable with sharing. Do not dismiss concerns or symptoms just because it is possible they may be associated with age.

If a trusted individual joins the older adult in the conversation, be careful to make sure the older adult is still the primary participant.

When and where will you have the conversation? Be specific.



Some Ideas: At Wednesday morning rounds, when older adults may be more lucid
• During Tuesday afternoon clinic hours • During the night shifts on Monday and Thursday, when the same team will be on rotation

Try It Out

There are many ways to ask What Matters in different settings and with different people.

Think about your conversation as three steps to build trust:

1. Let the older adult know they can say anything.
“I welcome all your ideas and questions.”
2. Pay attention to their words and join them in advancing their goals.
“I’ll listen and work with you on how we can address what’s important to you.”
3. Don’t claim to have all the answers. Do commit to working together.
“We’ll figure this out together.”



TIP: Body language helps show you care and are paying attention. For example: Make eye contact. Pause to listen fully before writing anything down. If you need to turn away to use the computer, explain why.

How will you begin? Practice opening the What Matters conversation by saying something like:

- “I can give you the best care and support when I understand what matters most to you, because you are the expert on your life and what works for you. I’d like to ask a few questions about you, what’s going on with your life and health, and what is most important right now. Is that okay?”
- “In today’s visit, I want to be sure we cover what is most important to you, so I and the rest of our team can work with you to recommend the best care and treatment for you.”
- “I want to work with you to figure out next steps together. Can we talk about what matters most to you right now?”
- “I’d love to hear what’s on your mind.”
- “To help make sure you’re getting the best care – care that’s right for you – I’d like to go over this guide with you to learn more about what matters most to you.”

[Share a copy of the [What Matters to Me Workbook](#).]



TIP: Remember that any individual may choose **not** to have a conversation about What Matters.

Ask. Once you’ve started, try one of these questions to continue the conversation:

- Are there any concerns you would like to talk about?
- What do you hope your health care can do for you?
- What would make tomorrow a really great day for you?
- Is anything getting in the way of doing the activities that you would like to do?
- Would you like support with transportation, scheduling, or having someone else join this conversation next time we talk?
- What are some goals you hope to achieve before your next birthday?
- What are your most important goals if your health situation worsens?
- What else would you like us to know about you?
- [Write your own question here:] _____?



TIP: The older adult’s responses may be related to care, or they may not. Just by hearing What Matters to them, you’ll have information to help make better decisions with this individual. For example:

- “It bothers me when you tuck my sheets around my feet.”
- “I want to have the energy to go to church.”
- “I really want to meet my great-grandchild, who is due in two months.”
- “I want to be able to dance at my child’s wedding next year.”
- “I want to talk to my kids, who I haven’t spoken with for two years.”
- “I can’t afford food at the end of the month.”

You don’t personally have to solve every issue that comes up. If the older adult asks a question or makes a request and you’re not sure how to answer, say that you need to find out more and you will get back to them with an answer. Sometimes, other teams or even other organizations in the community can play a role in acting on What Matters. Remember to follow up with the person once you have more information – this is important to maintain trust.

Document the conversation. Record what the older adult said: on a piece of paper, whiteboard, or in the medical record. Use the older adult’s own words. This will help you and the care team act on What Matters and inform the care plan.

Remember, What Matters is not a one-time conversation. People’s needs and preferences change over time, especially during a change in health condition or life circumstances.

Act. Ask yourself:

- What can I do in this appointment to address these goals and integrate What Matters into the care plan?
- With whom can I share this information (e.g., team members, referrals)?
- How can I remember what I learned in this conversation when I talk with this person next?

How'd It Go?

Were you able to try out What Matters conversations as you planned? If not, why not?

If you weren't able to try it out, what were the barriers that kept you from doing so?
Return to the Map It Out step and test some changes to your plan.

If you did try it out, how did it go?

- Did you use the sample questions or other questions? What questions worked best?
- How did older adults respond? Did you learn What Matters?
- Did you document the conversation?
- Were you able to use What Matters to inform the care plan?

What impact did the What Matters conversation have on the **older adult**?

What was the impact on the **care team**?

- How much time did it take?
- How did it feel? Stressful, positive, emotional, useful?
- Did you feel you could act on the older adult’s wishes? Did another person (e.g., a social worker), team (e.g., a different unit), or organization (e.g., social services) need to help put What Matters into action?

What would you like to **continue** doing next time you ask What Matters?

What would you like to **stop or change** for the next time?

Keep Going

The work you are doing makes a difference for older adults, families, and clinicians. As you have more conversations, here are ways to strengthen, embed, and spread this work.



TIP: Remember the three steps to build trust:

1. “I welcome all your ideas and questions.”
2. “I’ll listen and work with you on how we can address what’s important to you.”
3. “We’ll figure this out together.”

Document these conversations. Include what you learned in your clinical notes. See if your organization has a template to capture these conversations in the electronic health record, like an advance care planning note.

Use what you learn by integrating information about What Matters into the care plan. Share What Matters information with your care team and with other teams and settings, as appropriate. For example, hold regular team huddles to talk about What Matters to those you care for and develop the care plan accordingly.

Continue the conversation with these older adults. Remember, What Matters is not a one-time conversation. As circumstances change, ask if their goals – or their ability to meet their goals – have changed.

Act on what you learn. Review the care plan with the older adult to check if it aligns with What Matters. If needed, adapt the care plan. Connect and coordinate with care team members across professions and with community partners beyond your organization to address older adults’ preferences and needs.

Expand your What Matters work to reach more older adults. For example, try these conversations with more teams, more units, or different populations. Any team member can try – a physician’s assistant, doctor, nurse, social worker, or chaplain. Add training for new staff to make the conversation part of their work. Remember that conversations might look different for different team members or different older adults. It may also feel new or unfamiliar for older adults to talk with you about What Matters to them – so bring patience, curiosity, humility, and kind persistence to these conversations.



TIP: Although it’s not always possible, sometimes you can let the older adult know in advance you want to have this conversation. You might ask them to think about or write down answers before their visit.

Some care team members like to share a tool like the [Conversation Starter Guide](#) or [MyHealthPriorities](#) – either in person, electronically, or by email – and invite older adults to bring it to their next appointment. To introduce the conversation, you might say, “This is the first time I’m asking you about this topic, and it won’t be the last. It’s something I do with all my patients.”

Ask for feedback. Recognize that how you talk about What Matters may work for some older adults but not others. That’s okay – we always need to adjust and adapt. Ask older adults what went well and what could go better. Survey them to see how well their care matches what matters to them.

Strengthen relationships with all older adults. Acknowledge out loud with older adults that many people lack trust in the care system. Talk about these issues with colleagues in the context of your community. Ask everyone What Matters, not only those who look like or talk like you or who you feel most comfortable with.

Spread what works. Identify and act on common responses to What Matters. For example, if many older adults say they get hungry at night after the cafeteria closes, work with the dining facilities team to create a late-night food option.

Track your results. Set goals and measure them. What’s your next goal?



Some Ideas: By the end of this month, three new teams will try asking 10 individuals they care for What Matters to them • By March 1, 95 percent of residents on the unit will have documentation of What Matters • On Monday, we will do five chart reviews and four out of five patients’ current care plans will match What Matters to them

More Resources

Age-Friendly Health Systems

[Age-Friendly Health Systems: Join the Movement](#): Three ways for health systems and individuals to join the movement based on degree of interest and self-motivation.

Asking and Understanding What Matters

[“What Matters” to Older Adults? A Toolkit for Health Systems to Design Better Care with Older Adults](#): An in-depth toolkit for health systems with further resources on understanding What Matters, including detailed case examples.

[Cross-Cultural Medicine](#): Training from the Stanford School of Medicine about specific cultural, racial, and ethnic influences on health and health care of older adults.

[Serious Illness Conversation Guide](#): A tool from Ariadne Labs to talk about goals and values with patients with serious illness.

[MyHealthPriorities.org website](#): An interactive website with questions to help individuals identify and share What Matters most, including a companion two-page guide with prompts, tips, and scripts.

[Values Conversation Starters](#): Prompts for talking about What Matters when it comes to connecting, enjoying life, functioning, and managing health.

[Conversation Guides by Setting](#): Guides for the emergency department, ambulatory, and hospital settings.

[The Conversation Project’s Conversation Starter Guide](#): A guide for individuals on how to talk about What Matters most.

Documenting and Acting on What Matters

[Patient Priorities Care Health Priorities Template](#) and [Decisional Guidance Tool](#): Guidance, tips, and scripts for documenting values and preferences and aligning care accordingly.

[Patient Priorities Care Pocket Card Key Strategies](#): A two-page version of strategies for aligning care with patient priorities.



TIP: Try using a consistent phrase in the electronic health record to note What Matters conversations, such as: “I spent X minutes with the patient and surrogate(s), the majority of which was spent counseling and decision making related to the patient’s specific health outcome goals and care preferences.”

Tracking Results

[CollaboRATE tool](#): Survey that uses a 1-to-5 scale for older adults to rank how well different parts of their care match What Matters to them.

[CAHPS Patient-Centered Medical Home Item Set](#): Items 4 through 6 ask adults about how care addressed their goals and worries.

Care Through the End of Life

[“Conversation Ready”: A Framework for Improving End-of-Life Care \(Second Edition\)](#): A white paper with a framework for respectful care that is concordant with individuals’ preferences.

[How to Talk to Your Patients about End-of-Life Care: A Conversation Ready Toolkit for Clinicians](#): A toolkit to help care teams engage with individuals and families in end-of-life care conversations.