

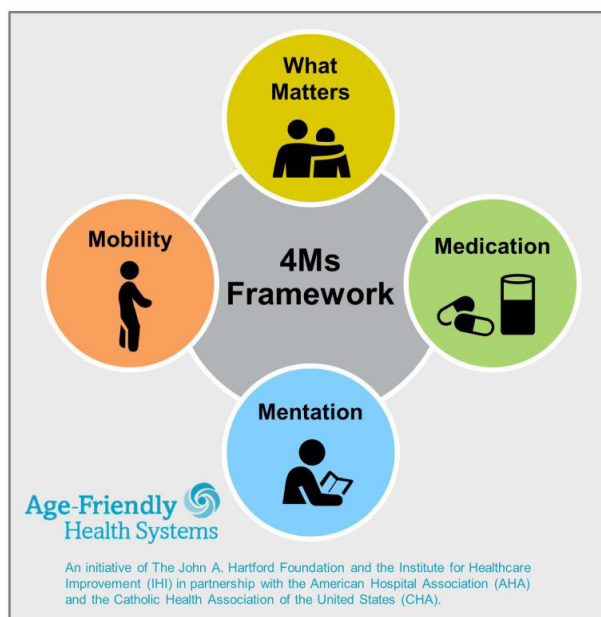
# Becoming an Age-Friendly Health System

In June 2020 the [US Census Bureau](#) reported that the nation's 65-and-older population had grown by more than a third in the past decade. According to Dr. Luke Rogers, chief of the Census Bureau's Population Estimates Branch, since the first baby boomers (people born between 1946 and 1964) turned 65 in 2011, "there's been a rapid increase in the size of the 65-and-older population." In fact, over the next 30 years, the [population](#) of people aged 65 and older is projected to jump from 56 million in 2020 to an estimated 83.7 million in 2050.

What does this rapid growth mean for health care organizations? According to [Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults](#), as we age, our health care becomes more complex, and health care systems are frequently unprepared for this complexity. The lack of evidence-based practices to meet the needs of older adults at every care interaction can lead to older adults suffering a disproportionate amount of harm while engaging in the health system. As a result, the [Institute for Healthcare Improvement \(IHI\)](#) has partnered with the [John A. Hartford Foundation](#), the [American Hospital Association \(AHA\)](#), and the [Catholic Health Association of the United States \(CHA\)](#) to develop the Age-Friendly Health Systems initiative to meet these challenges.

## What Is an Age-Friendly Health System?

The initiative defines *age-friendly care* as that which follows an essential set of evidence-based practices, causes no harm, and aligns care with what matters to older adults, their family, and their caregivers. An Age-Friendly Health System reliably provides four evidence-based elements of high-quality care, known as the 4Ms, which focus what **m**atters, **m**edication, **m**entation, and **m**obility, as illustrated in the graphic below:



It is important to note that this framework is not a program, but a shift in care to incorporate the 4Ms into existing care to drive decision making in the care of older adults. The 4Ms are relevant regardless of the person's disease(s) or illness, and they apply regardless of any functional problems an older person may have, or that person's cultural, racial, or religious background. Age-friendly care often can be delivered by redeploying existing health resources and organizing care so that all 4Ms guide every encounter with an older adult, his or her family, and other caregivers.

## Strategies for Putting the 4Ms into Practice

Except for standards applicable to the Nursing Care Center (NCC) Accreditation Program, The Joint Commission does not have requirements that specifically address the needs of older adults; however, existing standards across all Joint Commission accreditation programs set the foundation for an individualized approach to care for all patient populations. These requirements below span different standards chapters and address patients' right to be engaged in their care, individualized care planning, medication review, and leaders setting appropriate priorities for performance improvement. See the sidebar below for relevant patient-centric requirements that address the 4Ms.

*Note: These standards are applicable to organizations accredited under ambulatory health care, home care, nursing care centers and hospital programs, unless otherwise noted.*

RI.01.02.01. The [organization] respects the patient's right to participate in decisions about his or her care, treatment, and services. **(What Matters)**

RI.01.05.01. The [organization] addresses patient decisions about care, treatment, and services received at the end of life. **(What Matters)**

PC.01.03.01 The [organization] plans the patient's care. **(All 4 Ms could be incorporated into the care plan)**

EP 1. The [organization] plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing.

MM.05.01.01. A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the [organization]. **(Medication)**

EP 4. All medication orders are reviewed for the following:

- Patient allergies or potential sensitivities
- Existing or potential interactions between the medication ordered and food and medications the patient is currently taking
- The appropriateness of the medication, dose, frequency, and route of administration
- Current or potential impact as indicated by laboratory values
- Therapeutic duplication
- Other contraindications

LD.03.07.01. Leaders establish priorities for performance improvement.

EP 2. As part of performance improvement, leaders do the following:

- Set priorities for performance improvement activities and patient health outcomes
- Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities, which could include an information technology system designed to improve patient safety and quality of care (*does not apply to NCC*)
- Reprioritize performance improvement activities in response to changes in the internal or external environment

When implemented together, the 4Ms represent a shift by health care organizations to focus on the needs of older adults. To date, the [movement](#) includes several hundred hospitals, practices, and post-acute long term care communities working to deliver evidence-based care to older adults. The following steps can help you prepare for the journey to becoming an Age-Friendly Health System:

**Step 1: Understand the current state.**


- Know the older adults in your health system (for example, collect data on the number of patients served by age group; the language, race/ethnicity, and religious/cultural preferences of those 65 and older; and the health literacy of patients 65 and older).
- Identify the 4Ms in your health system (for example, walk through various activities as an older adult, such as a wellness visit or inpatient registration).
- Select a care setting to begin testing. (Is there a setting where a large number of older adults regularly receive care? Can this setting be a model for the rest of the organization?)
- Set up a team (consider including a lead/sponsor, administrative partner, and clinicians who represent disciplines related to the 4Ms).

**Step 2: Describe care consistent with the 4Ms.** Refer to the 4Ms Care Description Worksheets for [hospitals and post-acute long-term care settings](#) and [ambulatory or primary care settings](#).

**Step 3: Design or adapt the workflow.** Because incorporating the 4Ms involves a shift in care, you may already have components in place, but you may need to test and implement others. The key is to ensure that practices are consistent and reliable and that they occur every time in every setting for every older adult served.

**Step 4: Provide care.** Begin to test actions with one older patient and his or her family member or caregiver, and modify procedures as needed. Then scale up to more patients until you are able to use your procedures for all patients.

**Step 5: Study performance.** Consider how reliable your 4M care is by observing; asking team members, older adults, and their caregivers for feedback; and measuring how many patients are receiving 4M care.

**Step 6: Improve and sustain care.** As age-friendly care is established, the above steps may need to be cycled through many times to achieve reliability. Some tips for sustaining improvement are provided in the white paper [Sustaining Improvement](#). Additional resources for becoming an Age-Friendly Health System are listed below. 

### *Additional Resources*

[Video: What Is an Age-Friendly Health System?](#)

[What to Say During Telehealth Visits with Older Adults](#)

[The Keys to Effective Telemedicine for Older Adults](#)

[“What Matters” to Older Adults? A Toolkit for Health Systems to Design Better Care for Older Adults](#)

[Paper: “Evidence for the 4Ms—Interactions and Outcomes Across the Care Continuum”](#)