

# **IHI Age-Friendly Health System Recognition**

" A Phased In Approach for Simplifying 4Ms Integration for Better Care"

Aliados Health **Promising Practice** 

## **PROMISING PRACTICE OVERVIEW**

LifeLong Medical Care aims to enhance patient care by implementing the 4Ms through a phased-in approach across all its locations, beginning with its Care at Home house calls practice and its existing Over 60 Health Center. The initiative involves integrating health center support staff (including Medical Assistants and Case Managers), conducting comprehensive 4Ms screenings (covering fall risk, depression cognition, and What Matters Most), and efficiently reporting the results to the Primary Care Physician (PCP). To facilitate this process, LifeLong Medical Care has developed infrastructure within their health centers' EHR system, OCHIN Epic, to facilitate documentation and reporting to PCPs. Lifelong integrated Chief Complaints related to fall risk and cognitive risks, as well as Age-Friendly screeners, into a section of the EHR used by Medical Assistants for rooming patients. Implementing the 4Ms will allow Lifelong to provide evidencebased quality care to older adults across all their clinics.

## **ACTIONS TAKEN**

- Lifelong Medical Care started the 4Ms rollout at their Over 60 Health Center and Care at Home house calls practice (both are IHI level 1 recognized).
- Integrated Health Center support staff (Medical Assistants and Case Managers) will do 4Ms screening (starting with fall risk and cognitive screenings) and report the results to the PCP.
- LifeLong developed infrastructure in their EHR system to allow for easy documentation and reporting to the PCP.
- LifeLong integrated Chief Complaints related to fall risk and cognitive risk, as well Age-Friendly screeners, into a section of the EHR used by Medical Assistants for rooming patients.

#### **Institute for Healthcare Improvement (IHI) Age-Friendly Health System Recognition**

Level 1 Participant:

Submit documentation and obtain approval from IHI for the Health Center's 4Ms implementation plan.

#### Level 2 Committed:

Health Centers must demonstrate that they are reliably practicing the 4Ms by providing IHI with counts of older adults who have received 4Ms care over the course of 3 months.

#### AIM

LifeLong Medical Care aims to expand patient-centered care for all older adults within its health system, transcending the capacity limitations of their existing Geriatric practice. This will be achieved by implementing the comprehensive 4Ms framework (focusing on What Matters Most, Medication, Mentation, and Mobility).

## **Process Improvement**

#### PDSA Cycles to determine if becoming an Age-Friendly Health System is right for HC:

- 1. Initial PDSA cycles determined whether Medical Assistants and Case Managers could handle the workload.

#### WORKFLOW Foundation Preparation Action INTEGRATE GET **DEVELOP EHR** HEALTH CENTER LEADERSHIP NFRASTRUCTURE SUPPORT STAFF **BUY IN**

LifeLong Medical Care engaged its Executive Leadership and Board of Directors, ensuring their commitment to implementing the required work. After getting leadership buy-in, LifeLong integrated their agefriendly work into their agency's strategic plan.

LifeLong developed an EHR infrastructure to align with Age-Friendly workflows. They also tied Age-Friendly risk screenings to the Fall Risk Care Gap in OCHIN Epic, giving the health center an annual prompt to conduct their screenings. Medical Assistant piloting was also integral to setting the foundation.



LifeLong suggests picking an area to start! LifeLong implemented a phased-in approach and began by adding fall risk and cognitive screenings to their support staff's work. Once they felt comfortable, they will add other Age-Friendly screenings, including What Matters Most.

Growth

PHASED IN

APPROACH

## **RESULTS TO DATE**

Patients are generally receptive to health center staff asking 4Ms screening questions. Analytics tools for Fall Risk screening have been developed, and preliminary results are promising: In 2024, the Over 60 health centers achieved a fall risk screening rate of 47.6%! For comparison:

- 2021: 0.5% of patients were asked about fall risk

2. Patients were asked if they were comfortable with support staff or someone other than their provider asking the 4Ms screening questions.

3. Selecting a care gap to prompt screening questions. **Measures:** 

LifeLong is developing analytics tools to track the following measures among patients aged 65+ with a visit in the past year:

- Dementia screening (single question history & MiniCog)
- New diagnoses of cognitive impairment
- Depression screening and follow-up
- Fall risk screening (<u>CDC STEADI questions</u>)
- Advance Care Planning
- Annual medication review
- Use of high-risk medications

## **Staff Training**

### **Staff Training:**

- 1. Taking advantage of training offered by UCSF and the GWEP program.
- 2.Medical Assistants received additional training from the Alzheimer's Association describing the importance of cognitive screenings.
- 3.LifeLong Integrated staff training into ongoing meetings and ensured they lasted no more than an hour.
- ✓ <u>Home Page Dementia Care Aware</u>
- ✓ <u>The Cognitive Health Assessment: For Team Members</u> (dementiacareaware.org)

2022: 35% of patients were asked about fall risk Reports on other measures are almost finished. Preliminary reports show that the Over 60 Health Center has documented medication review with over 300 patients and Advance Care Planning or What Matters Most with over 150 patients.

## **LESSONS LEARNED**

Getting Executive leadership and the Board of Directors on board is imperative, as well as ensuring they are committed to implementing this work. Clinics should have a committed champion with the resources to move the process forward. It is also important to engage relevant people from administration and operations. Do not get hung up on Level 1 and Level 2 recognition. Instead, focus on executing the work in a way that makes sense and is sustainable for the organization. It's okay to start small, picking one provider and MA pair or small care team. You do not have to implement everything at the same time. Lastly, determine how your EHR system can become a tool instead of a hurdle.

#### **Challenges:**

- Staff turnover will impact the work directly
- Time constraints due to staffing shortages and complex patients
- Providers and MAs do not always have the time to ask the 4Ms Screening questions during a visit
- Patients come in with different priorities
- Developing the right EHR infrastructure
- Quality Improvement Challenges: ensuring data is entered in the correct fields