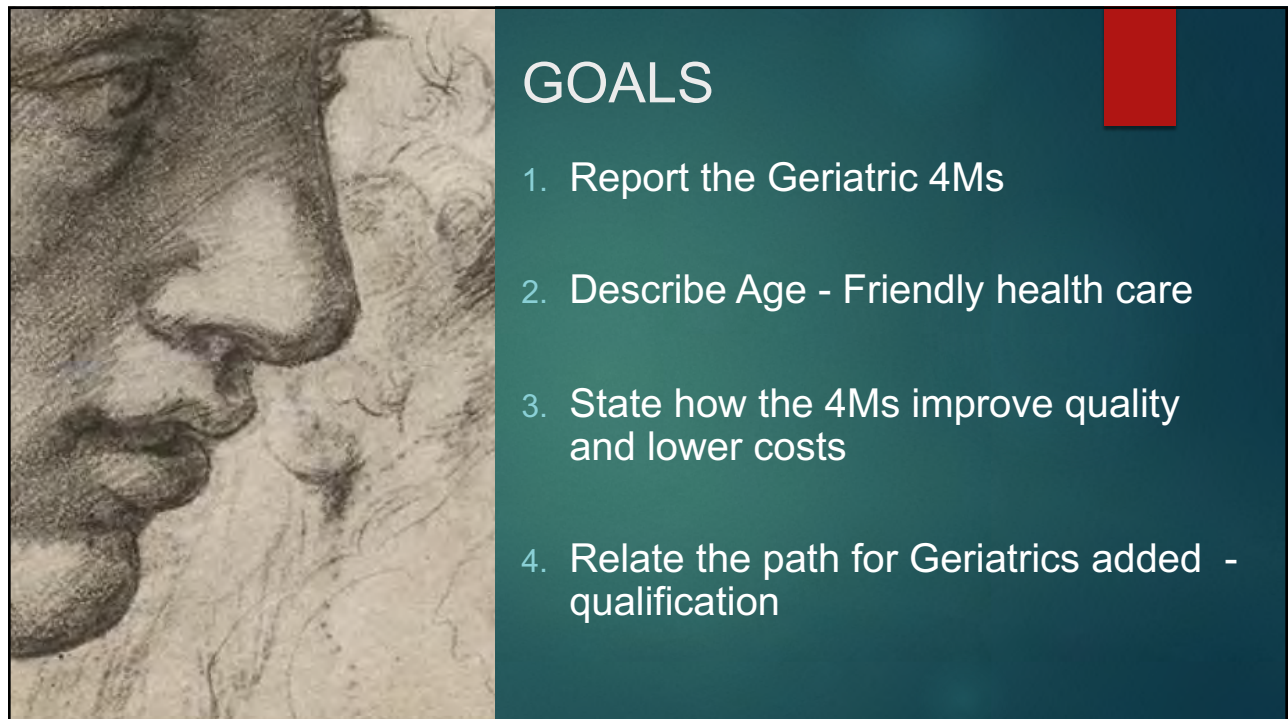




AGE – FRIENDLY HEALTH CARE

DONALD JURIVICH, DO
EVA GILBERTSON DISTINGUISHED PROFESSOR OF GERIATRICS
CHAIRMAN, UND DEPARTMENT OF GERIATRICS

1



GOALS

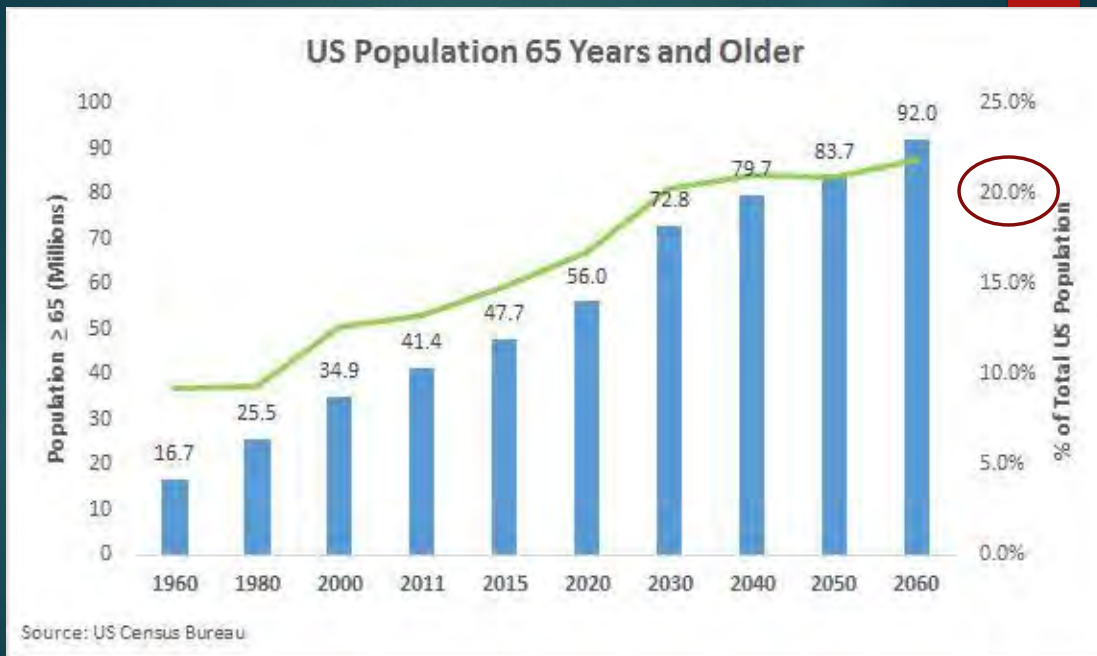
1. Report the Geriatric 4Ms
2. Describe Age - Friendly health care
3. State how the 4Ms improve quality and lower costs
4. Relate the path for Geriatrics added - qualification

2

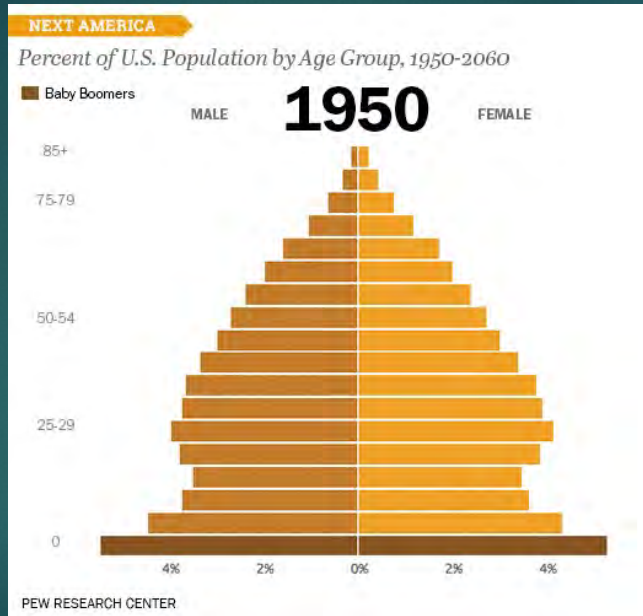
Why create age – friendly health systems ?



3



4



5

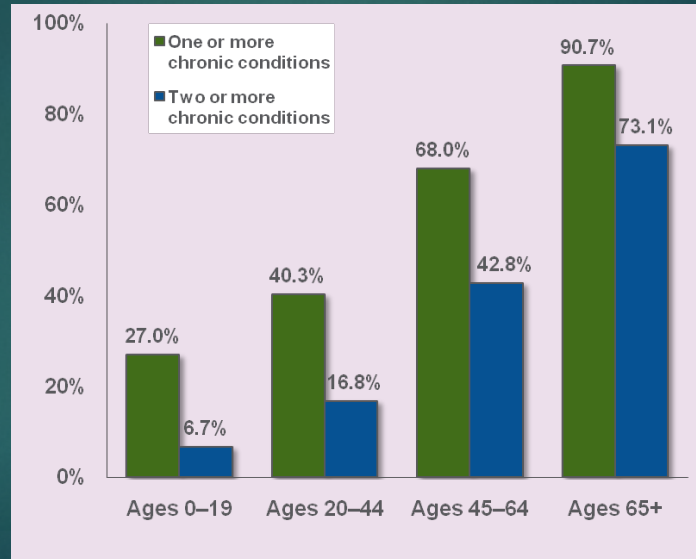


Michelangelo

Medical
Complexity

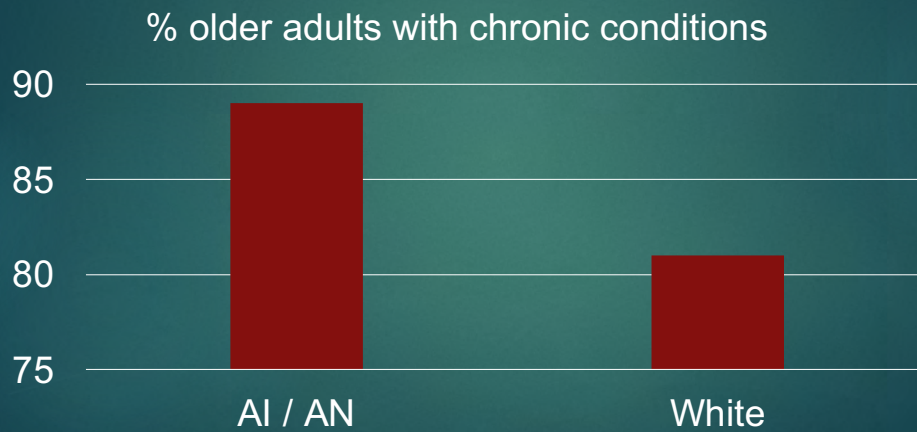
6

Age as a risk factor for Chronic Conditions



7

Health disparities to address in Age - Friendly Health Care



Prev Chronic Dis 2018;15:170387

8



Leonardo Da Vinci

Disproportionate Harm

9

Fall Death Rates are Increasing

In older adults,

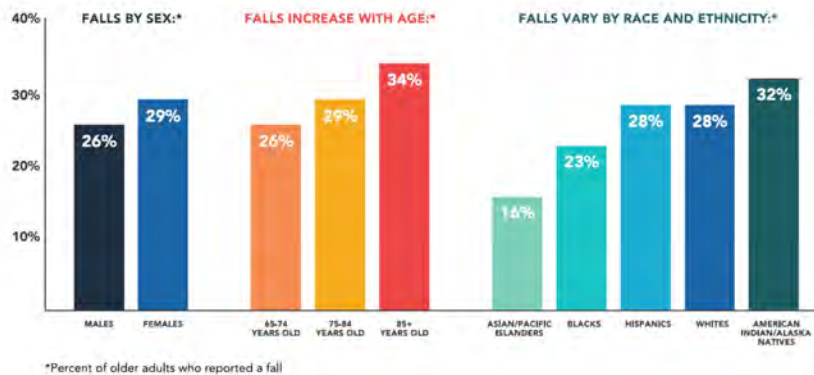


Data source: CDC WONDER Online Database, Underlying Cause of Death 1999-2018

10

Falls Vary by Sex, Age, and Race

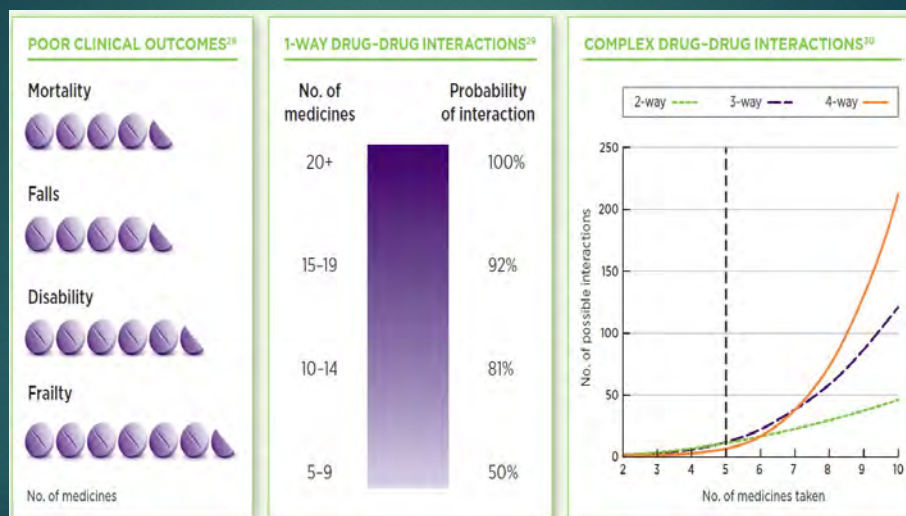
In 2018
1 in 4 older adults reported falling



Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 Years — United States, 2012–2018. MMWR Morb Mortal Wkly Rep 2020;69:875–881.

11

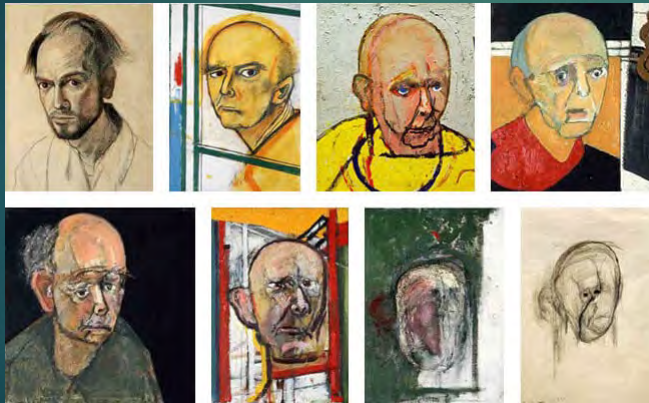
Polypharmacy impacts vulnerable older adults



www.nps.org.au/older-people

12

Failure of the current health systems to recognize functional impairments as a foundation of older adult health care



81 % of people with cognitive problems go unrecognized by their primary care provider

13

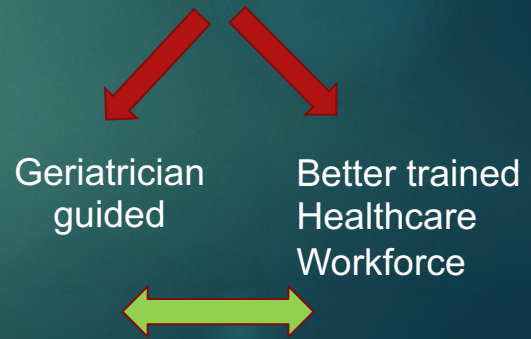


So, with an increasing older adult population and ever escalating vulnerabilities from disease and frailty what is the solution ?

14



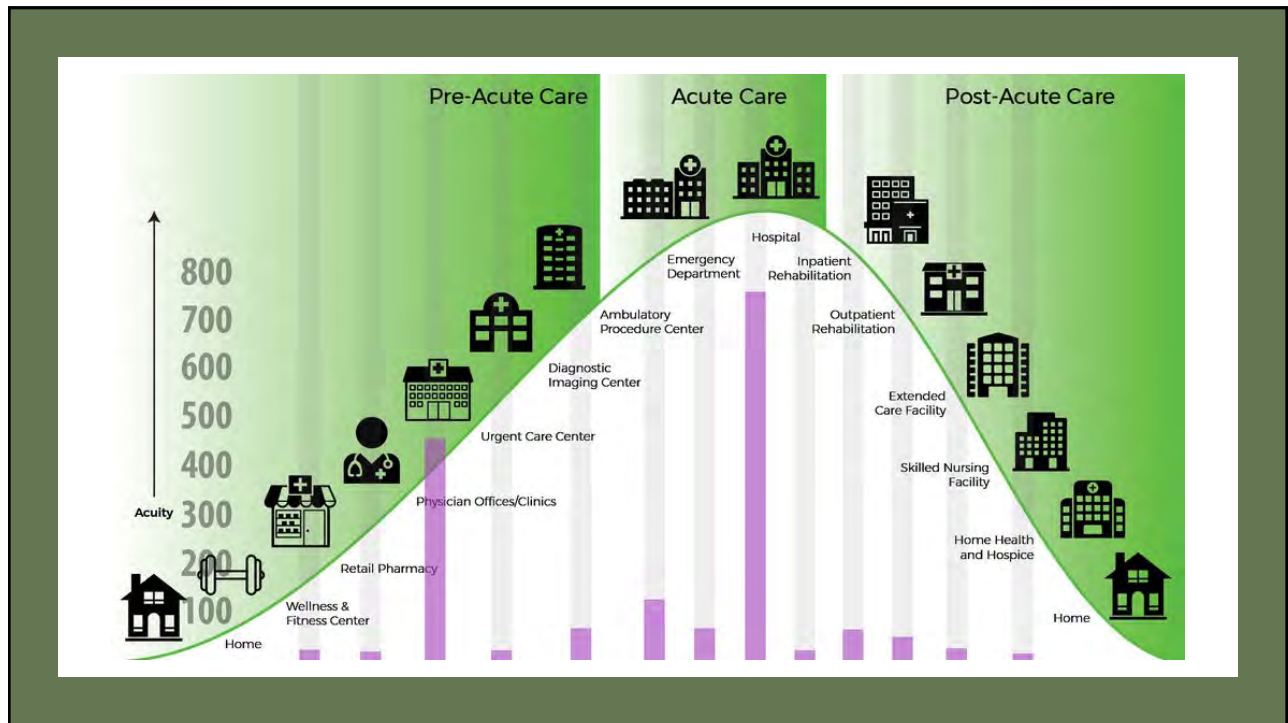
Geriatric Models of Healthcare



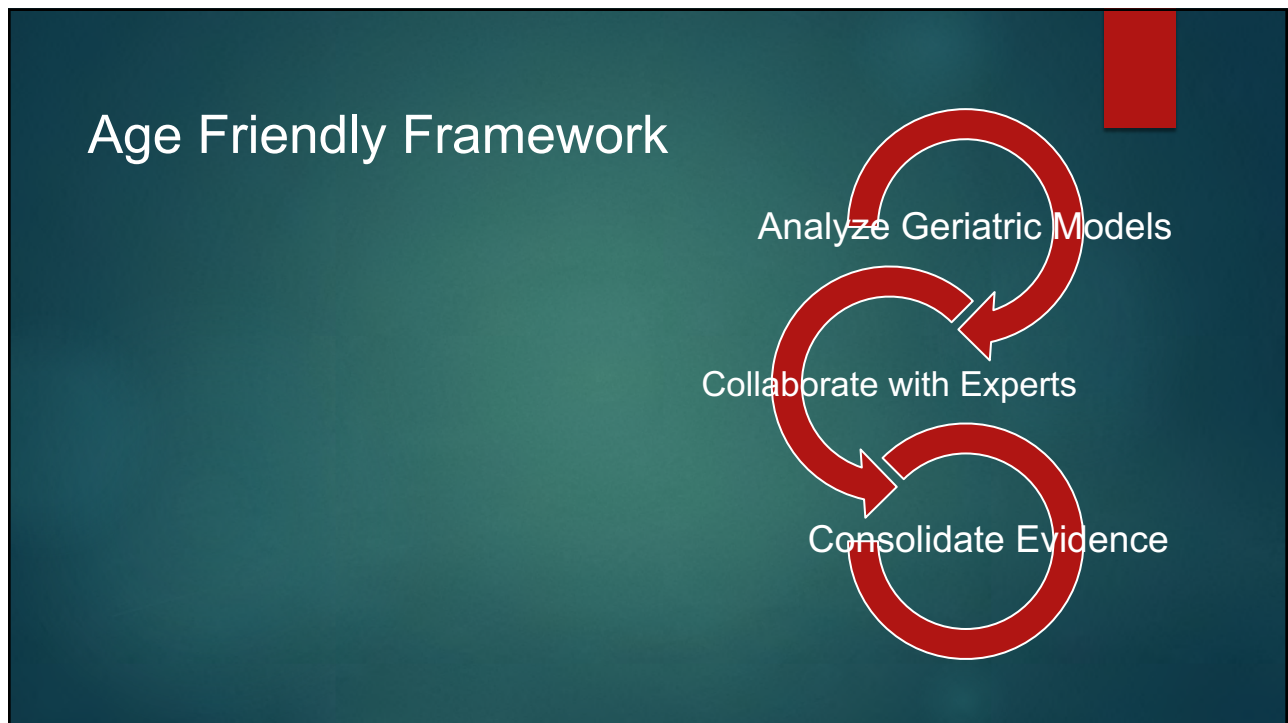
15

Age-Friendly 
Health Systems

16



17



18

4Ms Framework

- What Matters** (Yellow circle with icon of two people)
- Medication** (Green circle with icon of pills and a pill bottle)
- Mentation** (Blue circle with icon of a person reading)
- Mobility** (Orange circle with icon of a person walking)

Age-Friendly Health Systems

An initiative of The John A. Harford 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).

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly


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Inaugural Health Systems

Tested the Geriatric 4Ms

OUT PATIENT **ACUTE CARE**

20



Botticelli

4Ms

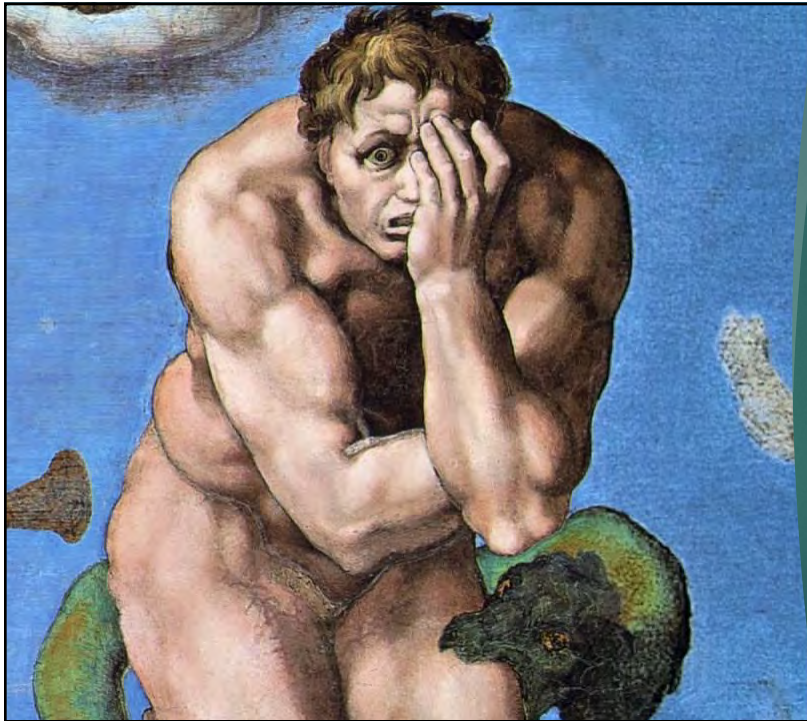
- Practice as a set
- Adapted locally
- Reliably practiced across care settings

21



- Understand health goals
- Document and act upon
- Align care with health outcome goals

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Mentation

Sistine Chapel
Michaelangelo

23



Mentation

Assess

- ▶ Depression
- ▶ Dementia
- ▶ Delirium

Manage

- ▶ Non pharmacological
- ▶ Pharmacological

Da Vinci

24

Medications: goal to avoid treatment that interferes with what matters



Before

After

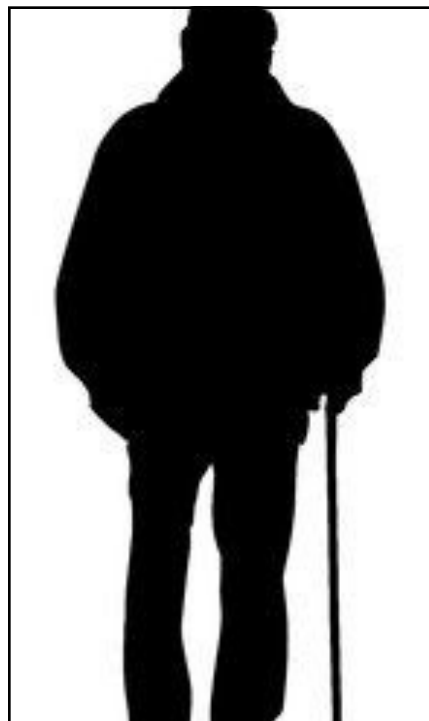
Review

- ▶ High Risk
 - ▶ Beers List
 - ▶ Start / Stopp

Manage

- ▶ Avoid
- ▶ Deprescribe

25



Mobility

Goals

- ▶ Move safely
- ▶ Improve function
- ▶ Support what matters

26



Mobility

Assess

- ▶ Fall risk
- ▶ Functional impairment

Manage

- ▶ Reduce hospital sedentary time
- ▶ Prevent falls
- ▶ Increase function

27



Mobility



Create

Create safe home environments

Identify

Identify a daily mobility goal

Monitor

Monitor progress

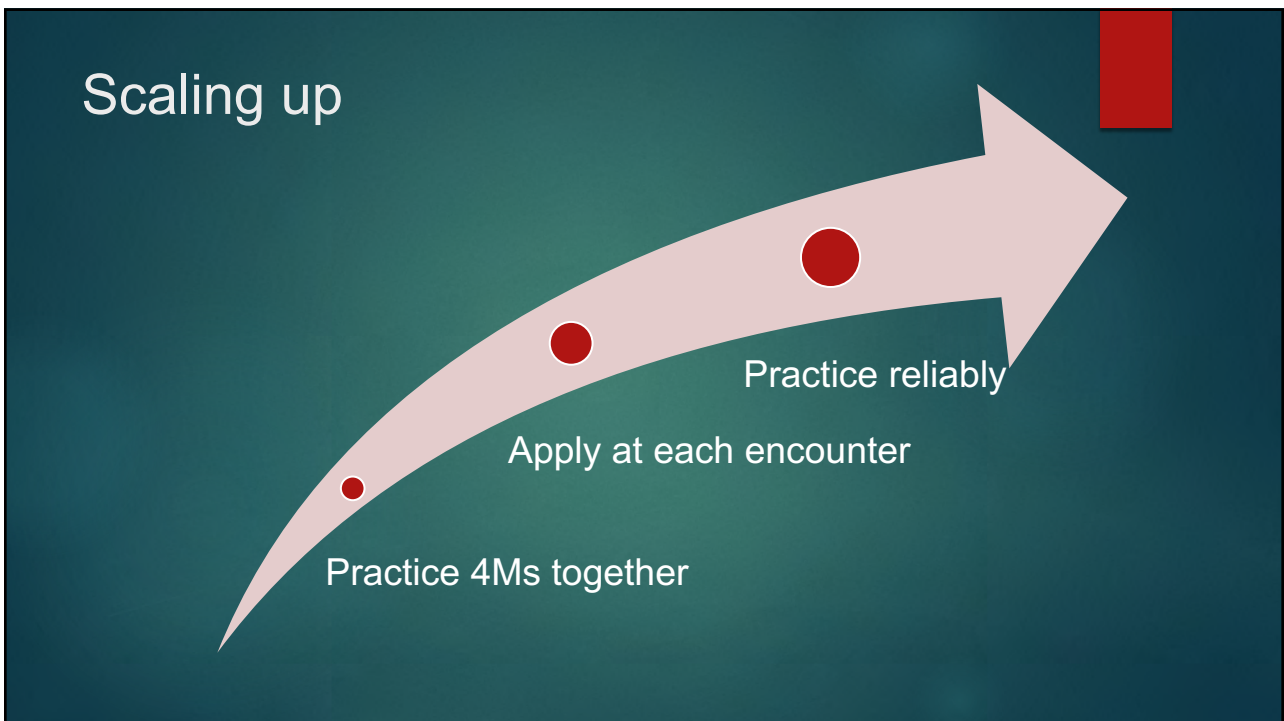
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Scaling Up

TOWER OF BABEL,
PIETER BRUEGEL THE ELDER

29



30

How do we transform health care into age – friendly ?

- ▶ Much already in – place
- ▶ Flexible Framework
- ▶ Local adaptation

31

4M strategy

- ▶ Improve quality of care
 - ▶ high medical complexity
- ▶ Increase efficiency
- ▶ Lower costs



32

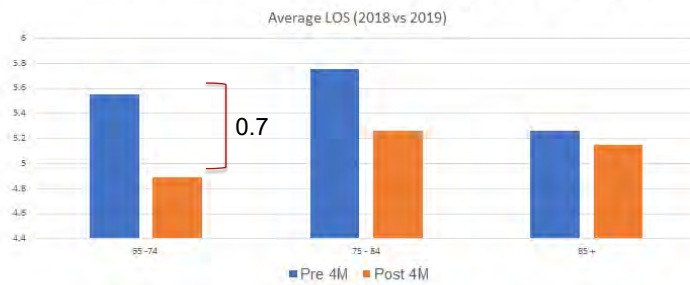


Validation ?

33

**The 4Ms
Work at the
System
level !**

**The 4M Age – friendly framework
decreases hospital length of stay**



34

Asking What Matters:

- Lowers inpatient utilization (↓ 54%) and ICU stays (↓ 80%)
- Increases palliative care / hospice use by 47.2%
- Improves patient satisfaction (AHRQ, 2013)
- Gives significant time back to patients (Haas et al., 2018)



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Mobility:

- Older adults with fall injury
 - additional \$13,316 in hospital costs
 - increased LOS 6.3 days (Wong et al., 2011)
- 30% reduced costs among patients who received care to improve mobility (Klein, et al, 2015)



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Joshua Miels

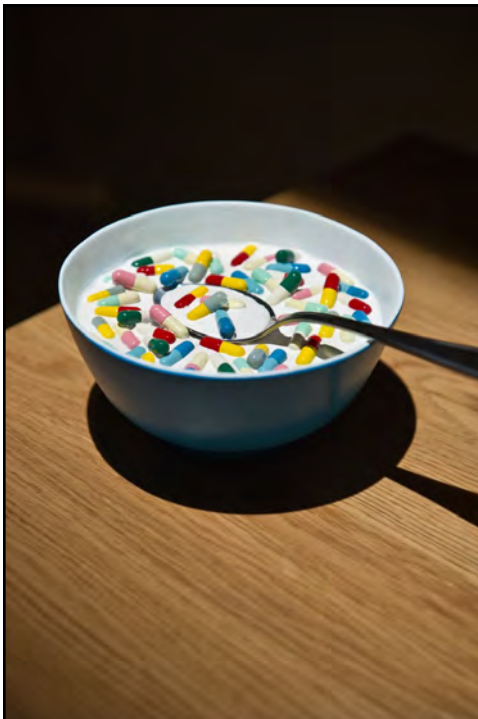
Mentation:

Depression doubles care cost
(Unützer et al., 2009)

Cognitively impaired older adults
care \$19,580 annually compared to
non – cognitively impaired \$9,360

16:1 return on investment with
delirium detection and treatment
programs (Reuben et al., 2013)

37



Medications:

Adverse drug events increase rates
of morbidity, hospital admission and
costs (Field et al., 2005)

1500 hospitals in CMS Hospital
Engagement Networks reduced
15,611 adverse drug events and
saved \$78 million across 34 states
(HRET, 2017)

38



implementation

Transform

Strengthen

primary & acute care

Geriatrics
knowledge & skills

39

Age - friendly transformation



Join IHI Action Collaborative

40

Geriatrics training



41

TIME FOR CHANGE



ENGAGE!



**Dakota
GERIATRICS**

Engage the GWEP !

42



The Dakota Geriatric Workforce Enhancement Program

- HRSA funded project
- UND Geriatrics
- Partnership with academia, healthcare and community

DakotaGeriatrics@und.edu

(701) 777 - 6936

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- Geriatrics curriculum (on – line)
- Levels I - III
- Gero Champion Digital Badging
- CME (free)

DakotaGeriatrics@und.edu

(701) 777 - 6936



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Social Media for Geriatrics Knowledge

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SCHEDULE

Telementoring

2nd Tuesday monthly

DakotaGeriatrics@und.edu

Mentation – Minimum Cognitive Impairment

June 9, 2020

What Matters – Beyond POLST

July 14, 2020

Mobility – Prescription for Physical Activity

August 11, 2020

Medications – Medication Update

September 8, 2020

Mentation – Depression in Older Adults

October 13, 2020

What Matters – Decisional Making Capacity

November 10, 2020

46



Health Ambassador Teams for SENIORS

Help with inter – professional education

47



Conferences

Age-Friendly Care in the Great Plains

March 30-31, 2021

Location: Virtual

Dementia Friendly Healthcare and Community Symposium

June 16, 2021

Location: Virtual

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Dementia – Friendly Health Care



Education programs

- ▶ Memory Café
- ▶ Senior Centers
- ▶ Faith Community Nursing
- ▶ Telehealth training for providers and older adults
- ▶ Curriculum for caregivers

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Summary



Practice

Practice evidence – based medicine with the Geriatric 4Ms

Transform

Transform health systems into age – friendly operations

Partner

Partner with the Dakota GWEP for strengthening Geriatrics knowledge and skills

50

Seduction of Common Sense



. . . A long habit of not thinking a thing wrong, gives it a superficial appearance of being right, and raises at first a formidable outcry in defense of custom. But the tumult soon subsides. Time makes more converts than reason.—

Thomas Paine, Common Sense, 1776