

# Age-Friendly Health Systems New York State Action Community **Virtual Learning Series**



## Jan. 23 - Oct. 2, 2023

This educational activity is jointly provided by AXIS Medical Education and the Healthcare Association of New York State in collaboration with New York State Department of Health, The John A. Hartford Foundation and the Institute for Healthcare Improvement.

# Overview

Age-Friendly Health Systems is an initiative of JAHF and IHI in collaboration with the American Hospital Association and Catholic Health Association of the United States.

Thanks to generous support from the Fan Fox & Leslie R. Samuels Foundation, New York State Health Foundation, Health Foundation for Western and Central New York and The New York Community Trust, there is no fee to participate in the New York State Action Community. We encourage all New York state hospitals, health systems and providers across the continuum of care to join us in this important work.

HANYS, NYSDOH, JAHF and IHI are working together to support a New York State Age-Friendly Health Systems Action Community to test and adopt IHI's 4Ms framework of age-friendly care to improve care and outcomes for all older adults.

This Action Community will launch in January 2023 and will span approximately ten months. Teams will work at their own pace to implement the 4Ms and can earn recognition from IHI for reaching specific milestones.

The Action Community virtual learning series will teach health systems and hospitals how to implement the 4Ms in their settings. There will be three types of educational webinars: one to help teams testing the 4Ms understand how they will be practiced in their health system. The second is a peer-to-peer topical coaching webinar which focuses on a topic determined by the needs of our participants, and the third webinar will provide health system/hospital leaders with tools and approaches to help spread and scale the 4Ms. Health systems receive one-on-one coaching from the HANYS team and faculty to help them test and implement 4Ms interventions in their unique care settings.

## Monthly webinars will also include:

- reflections on why this work matters to each of us;
- stories of impact on older adults and patients;
- case studies illustrating how a health system put the 4Ms into practice; and
- discussions to address common challenges teams are facing.

## Participating facilities will receive:

- support from national and state faculty, including trained quality improvement and 4Ms experts;
- coaching and technical assistance, including regular team meetings and coaching calls, support to implement and test improvements, data collection, data analysis and real-time feedback on data, including sending monthly data to track improvements;
- access to the New York State Action Community website — a virtual learning community that will be used to share resources and engage hospital teams in ongoing discussions;
- opportunities to connect with other participants to share strategies, identify lessons learned, overcome barriers and expedite the implementation of the Action Community goals; and
- the opportunity to build quality improvement knowledge and capacity that can be applied beyond the scope of this initiative.

## Target Audience

will include health system, hospital or practice team members which include an older adult and caregiver (patients, families or caregivers), leader/sponsor, administrative partner, certified professionals in healthcare quality and clinicians who represent the disciplines involved in the 4Ms and others (i.e., improvement coaches, data analysts/EHR analysts and financial representatives).

# Learning Objectives

- Implement IHI's 4Ms Framework essential set of evidence-based best practices in hospital-based and ambulatory/primary care-based settings to reliably deliver 4Ms care to older adults.
- Apply the key drivers of age-friendly care, using the [Guide to Using the 4Ms in the Care of Older Adults](#) process.
- Describe how you will practice and operationalize the 4Ms in your clinical setting.
- Develop a process/system to count the number of older adults receiving 4Ms care in your clinical setting.
- Assess care for people ages 65 and older for all 4Ms, document 4Ms information and act on the 4Ms accordingly.
- Apply quality improvement strategies using a variety of QI approaches and tools including the Model for Improvement, Plan-Do-Study-Act cycles, workflow mapping and assessment as you test and implement age-friendly interventions.
- Adapt 4Ms care and age-friendly interventions in your unit, clinic, emergency department or program and study performance.
- Design your workflow to ensure your practices are reliable in every setting for every older adult you serve and their caregivers.

# Virtual Summit Objectives

- Identify key actions, strategies and tools to incorporate the 4Ms framework reliably into your age-friendly health system hospital and/or ambulatory/primary care setting.
- Articulate the resources, processes and/or tools needed to support the 4Ms and age-friendly movement within your organization.
- Plan how you will document and make visible the 4Ms across your care team and clinical settings.
- Accelerate your adoption of the 4Ms using EHR functionality to document the 4Ms reliably and efficiently across care settings.
- Explore lessons learned, including successes, pitfalls and strategies from health systems who have put the 4Ms into practice.
- Develop an action plan to scale-up efforts of local 4Ms adoption and sustain age-friendly care for every older adult in your clinical setting.

Your Faculty



**RuthAnn Craven, MS**  
Program Manager, Age Friendly Health Systems, HANYS

RuthAnn Craven is the program manager for Age-Friendly Health Systems and Geriatric Emergency Department Accreditation. She entered the healthcare field with a desire to lead and work collaboratively with community partners on innovative initiatives that advance quality and affordability, to transform healthcare delivery. Her experience includes quality improvement, redesigning workflow, EHR optimization and positioning providers for success in the transition to value-based payment models. She received her master's in health administration from Russell Sage College.



**Nicole J. Brandt, PharmD, MBA, BCGP, BCPP, FASCP**  
Professor, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy and Executive Director, Peter Lamy Center on Drug Therapy and Aging

Dr. Nicole Brandt completed her PharmD and geriatrics residency training from the University of Maryland School of Pharmacy and most recently a masters in business administration from the University of Baltimore. She is dually board certified as a geriatrics and psychiatric pharmacist as well as professor within the department of pharmacy practice and science. Since joining the University of Maryland School of Pharmacy in 1999, she has expanded geriatric training opportunities (e.g., geriatrics pathway, accredited geriatrics residency, co-investigator on geriatric education consortium). In addition, she has worked on various interdisciplinary teams through numerous practice settings and currently provides clinical services at a continuing care retirement community as well as the Baltimore Veterans Affairs.

Brandt is active in promoting optimal care for older adults and has affected this through her educational, clinical and healthcare policy work. She has directed projects such as Medication Use Safety Training for Seniors, Assisted Living Medication Management and Safety and Medication Therapy Management standardized format development. Her public policy advocacy occurs on both a state and national level. She worked with the Maryland Board of Pharmacy on the 2008 Maryland Assisted Living Regulations. In addition, she completed tenure at CMS as a special technical director in the Nursing Home Survey and Certification program working on interpretive guidance regarding medication management in nursing homes. She continues to serve as a consultant to CMS and has been actively involved in the National Initiative to Improve Dementia Care in America's Nursing Homes. Additionally, she is one of the authors for the American Geriatrics Society Beer's 2012 List as well as AGS Multimorbidity Guiding Principles. She is the current president of the Maryland State Chapter of the American Society of Consultant Pharmacists and incoming president-elect of National American Society of Consultant Pharmacists. She has been awarded the 2012 Maryland Society of Health-System Pharmacist's Purdum Award, 2010 *Daily Record* Healthcare Hero and 2007 ASCP Leadership in Education Award.



**Dora Fisher, MPH**  
Director, Post-acute and Continuing Care, HANYS

Dora Fisher has 13 years of experience in public health and aging. Her varied experience includes work in community health centers, research, advocacy and state government, all with the focus on older adults and the long-term care system. She received her Masters of Public Health degree at the University of Illinois at Chicago.



**Michael Friedman, PT, MBA**  
Director, Strategic Program Development, Johns Hopkins School of Medicine

Michael Friedman is the director of strategic program development and faculty member of the Johns Hopkins School of Medicine, department of physical medicine and rehabilitation. He co-directs the Johns Hopkins Medicine Activity and Mobility Promotion.

Friedman's responsibilities include integration of rehabilitation within health system initiatives including but not limited to population health, quality improvement, clinical research, practice standardization and functional outcome measurement. Additionally, Friedman develops and manages education and training solutions and partnerships.

Friedman has co-authored publications and presented internationally at academic and professional venues on the topics of rehabilitation business management, functional outcome measurement, post-professional training financial models and value-based culture of mobility initiatives. Friedman chairs the APTA Health System Rehabilitation Community and is a member of the acute care, health policy and administration sections of the American Physical Therapy Association.



**Damara Gutnick, MD**  
Medical Director, Montefiore Hudson Valley Collaborative

Dr. Damara Gutnick is the medical director of the Montefiore Hudson Valley Collaborative Performing Provider System, an associate professor of medicine and psychiatry at NYU School of Medicine, a member of the Motivational Interviewing Network of Trainers and the director of quality and research at the nonprofit Centre for Collaboration, Motivation & Innovation.

As an internist with special interests in depression, collaborative care for chronic disease, self-management support and motivational interviewing, Gutnick is passionate about engaging patients in their care.

Prior to joining Montefiore's DSRIP team she served as "Physician Champion" of the Bellevue Hospital Collaborative Depression Team and as a network coach for the NYC Health and Hospital's Corporation supporting collaborative care implementation efforts through team coaching in systems redesign and development of patient-centered communication skills across the HHC network.

Gutnick is passionate about providing culturally competent, high-quality, patient-centered care and has championed the international spread of "What Matters to You?". Inspired by her leadership, more than 30 diverse stakeholder organizations within MHVC's network have effectively adapted WMTY as a strategy to improve patient experience and staff engagement.



**Elizabeth J. Santos, MD, MPH, DFAPA**  
Associate Professor, University of Rochester School of Medicine and Dentistry

Dr. Elizabeth Santos is an associate professor at University of Rochester School of Medicine & Dentistry. She is director of the Geriatric Psychiatry Fellowship Program, the Strong Behavioral Health Older Adults Clinic and Greater Rochester Health Foundation Project ECHO GEMH in Long-term Care Program. She is also the medical director of the URMH Memory Care Program, a nursing home

consultant and an attending physician at the Strong Memorial Hospital Comprehensive Psychiatric Emergency Program. Her research focuses on elder abuse and neglect, training evaluators and advocacy for older adults. She is the geriatric psychiatry consultant on a National Institute of Justice-funded Enhanced Multi-disciplinary Team focused on financial exploitation, a member of the NYS Coalition on Elder Abuse and the Elder Fatality Review Team.



Schedule and Description of Action Community Activities

Call Topic	Date	Time	
<b>Virtual Summit:</b> <ul style="list-style-type: none"><li>• Create a storyboard to share your team’s or organization’s 4Ms journey</li><li>• Identify key actions, strategies and tools to incorporate the 4Ms framework reliably into your age-friendly health system hospital and/or ambulatory/primary care setting</li><li>• Articulate the resources, processes and/or tools needed to support the 4Ms and age-friendly movement within your organization</li><li>• Plan how you will document and make visible the 4Ms across your care team and clinical settings</li><li>• Accelerate your adoption of the 4Ms using EHR functionality to document the 4Ms reliably and efficiently across care settings</li><li>• Explore lessons learned, including successes, pitfalls and strategies from health systems who have put the 4Ms into practice</li><li>• Develop an action plan to scale-up efforts of local 4Ms adoption and sustain age-friendly care for every older adult in your clinical setting</li></ul>	Jan. 23	1 p.m. – 4 p.m.	Dora Fisher, MPH  Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP  Michael Friedman, MBA, PT  Damara Gutnick, MD  Elizabeth Santos, MD, MD, MPH, DFAPA
<b>Team Webinar</b> <b>Introduction to 4Ms Care</b> <ul style="list-style-type: none"><li>• Describe what it means to provide care consistent with the 4Ms and set an aim</li><li>• Implement the 4Ms as a set reliably for all older adults, in all settings and across settings in every interaction</li><li>• Customize your approach to practicing the 4Ms for your context as a set</li><li>• Identify opportunities to combine or redesign activities, process and workflows around the 4Ms</li><li>• Integrate 4Ms into care and existing workflows (i.e., process flow diagrams or value-stream maps)</li><li>• Educate older adults, caregivers and the community about the 4Ms</li><li>• Form an interprofessional care team that reviews the 4Ms in daily huddles and/or rounds</li><li>• Document all 4Ms and consider grouping the 4Ms together in the medical record</li><li>• Make the 4Ms visible across the care team and settings</li><li>• Link the 4Ms to community resources and supports to achieve improved health outcomes</li></ul>	Feb. 13	1 – 2 p.m.	Dora Fisher, MPH RuthAnn Craven, MS
<b>Team Webinar</b> <b>4Ms Deep Dive: What Matters</b> <ul style="list-style-type: none"><li>• Know and align care with each older adult’s specific health outcome goals and care preferences, including but not limited to end-of-life care, and across settings of care</li><li>• Ask the older adult What Matters most, document it and share What Matters across your care team</li><li>• Align the care plan with What Matters most</li></ul>	March 6	1 – 2 p.m.	Damara Gutnick, MD

Call Topic	Date	Time	
<b>Team Webinar</b> <b>Mobility</b> <ul style="list-style-type: none"><li>• Ensure that each older adult moves safely every day to maintain function and do What Matters</li><li>• Screen for mobility limitations and document the results</li><li>• Ensure early, frequent and safe mobility</li></ul>	April 17	1 – 2 p.m.	Michael Friedman, PT, MBA
<b>Team Webinar</b> <b>Mentation</b> <ul style="list-style-type: none"><li>• Prevent, identify, treat and manage dementia, depression and delirium across settings of care</li><li>• Hospital:<ul style="list-style-type: none"><li>• Screen for delirium at least every 12 hours and document the results</li><li>• Ensure sufficient oral hydration</li><li>• Orient to time, place and situation</li><li>• Ensure that older adults have their personal adaptive equipment</li><li>• Prevent sleep interruptions; use non-pharmacological interventions to support sleep</li></ul></li><li>• Ambulatory:<ul style="list-style-type: none"><li>• Screen for cognitive impairment and document the results</li><li>• If cognitive impairment screen is positive, refer for further evaluation and manage manifestations of cognitive impairment</li><li>• Screen for depression and document the results</li><li>• If depression screen is positive, identify and manage factors contributing to depression and initiate, or refer out for treatment</li></ul></li></ul>	May 15	1 – 2 p.m.	Elizabeth J. Santos, MD, MPH, DFAPA
<b>Team Webinar</b> <b>Medication</b> <ul style="list-style-type: none"><li>• If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, mobility, mentation across settings of care</li><li>• Review for high-risk medication use and document it</li><li>• De-prescribe and dose-adjust high-risk medications, and avoid their use whenever possible</li></ul>	June 12	1 – 2 p.m.	Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP
<b>Team Presentations</b> <b>Session 1 (non-certified)</b>	Sept. 11	1 – 2 p.m.	
<b>Team Presentations</b> <b>Session 2 (non-certified)</b>	Sept. 18	1 – 2 p.m.	
<b>Graduation</b> <i>(non-certified)</i>	Oct. 2	1 – 2 p.m.	

# Virtual Summit Agenda

Jan. 23, 2023

Time	Objectives
12:20 – 1 p.m.	<b>Registration Opens</b> Attendees will check-in virtually and review meeting platform instructions and session materials
1 – 1:15 p.m.	<b>Welcome and Grounding</b> Dora Fisher, MPH <b>Objective:</b> Review the goals and expectations for the activity and reflect on why this work matters
1:15 – 1:45 p.m.	<b>Deep Dive: Asking and Acting on What Matters</b> Damara Gutnick, MD <b>Objective:</b> Discuss tactical approaches to begin asking and acting on What Matters to understand and align care with each older adult’s health outcome goals
1:45 – 2:15 p.m.	<b>Deep Dive: Medication</b> Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP <b>Objective:</b> Discuss the importance of medication optimization and the impact of medication on the other Ms
2:15 – 2:45 p.m.	<b>Deep Dive: Mentation</b> Elizabeth J. Santos, MD, MPH, DFAPA <b>Objective:</b> Discuss older adults’ mental health, and screening for and addressing delirium, depression and dementia
2:45 – 3 p.m.	Break
3 – 3:30 a.m.	<b>Deep Dive: Mobility</b> Michael Friedman, PT, MBA <b>Objective:</b> Recorded presentation providing tools to build on your efforts within the 4Ms topic of Mobility

## VIRTUAL SUMMIT AGENDA CONTINUED

Time	Objectives
3:30 – 3:55 p.m.	<b>Action Planning and Next Steps</b> Dora Fisher, MPH and RuthAnn Craven, MS <b>Objective:</b> Outline tools and approaches you can use over the next few months to test and adopt 4Ms interventions at your organization. <ul style="list-style-type: none"><li>Identify the age-friendly interventions that your organization uses currently.</li><li>Identify some interventions that you would like to test out over the next few months. Think about how you can measure whether an intervention is successful.</li><li>Think about how you can measure the success of an intervention.</li><li>Articulate the resources, processes and/or tools you need to support the age-friendly initiative within your organization.</li><li>Articulate an “ask and an offer” for the Action Community: tell us what you still want to learn, and what tools, resources and advice you can share with your peers.</li><li>Write your aim statement, including an estimate of the number of older adults you can reach with 4Ms care.</li></ul>
3:55 – 4 p.m.	<b>Wrap-up</b>

## Continuing Education

### Quality Professionals

This program was approved by the National Association for Healthcare Quality (NAHQ) to provide CPHQ CE credit.

### Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturers’ product information and comparison with recommendations of other authorities.

### Requirements for credit:

- Attend/participate in the educational activity and review all course materials.
- Complete the CE Declaration online. The portal will open at 2 p.m. ET on June 12, 2023, and expire on July 12, 2023. Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
- Upon successful completion of the online form, your statement of completion will be presented to you to print.