



4Ms: Focus on Medications

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Why This Work Matters to Me

"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." – Andrew Carnegie



Medication Optimization



- An approach to **medication management** that focuses on all aspects of the patient's journey from **initiation of treatment** (or decisions to forego treatment), to **follow-up**, to **ongoing review and support** of their medication treatment plan.

- Understanding “what matters” to the patient
- Partnering with patients to co-develop in a shared decision-making approach, a personalized medication treatment plan, accounting for health literacy and including options for non-medication-related treatments or decision to forego treatment
 - Supporting adherence and self-care by the patient
- Ensuring access to medications; focusing on cost and availability
- Communicating with other health care professionals
- Providing appropriate monitoring and review of a treatment plan
- Coordinating care for patients undergoing care transitions

Principles of Medication Optimization

Implementing Medication Optimization Programs



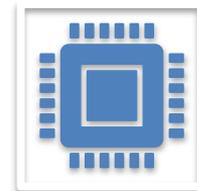
Determine

Determine your champion(s) and team



Identify

Identify the medication classes or medications that you want to focus on
- e.g. High risk medications or your own data



Employ

Employ existing tools and investigate utility/workflow.
e.g. EHR based tools and resources

Medications: Assess

Review for high-risk medication use.

Identify for Potentially inappropriate medications for older adults include the following:

- Benzodiazepines
- Opioids
- Highly-anticholinergic medications (e.g., diphenhydramine)
- All prescription and over-the-counter sedatives and sleep medications
- Muscle relaxants
- Tricyclic antidepressants
- Antipsychotics
- Mood Stabilizers

Monette, P.J., Schwartz, A.W. Optimizing Medications with the Geriatrics 5Ms: An Age-Friendly Approach. *Drugs Aging* 40, 391–396 (2023). <https://doi.org/10.1007/s40266-023-01016-6>

2023 AGS Beers Criteria Tables

Potentially
Inappropriate
Medications (PIMS) to
Avoid in Older Adults
(Table 2)

Drug-Syndrome
Interactions (Table 3)

PIMS to Use w/ Caution
(Table 4)

Drug-Drug Interactions
(Table 5)

Renal Function
Considerations
(Table 6)

Drugs with Strong
Anticholinergic
Properties
(Table 7)

2023 BEERS CRITERIA - AVOID IF HISTORY OF FALLS OR FRACTURES

- Anticholinergics (see Table 7)
- Antidepressants (selected classes)
 - SNRIs
 - SSRIs
 - Tricyclic antidepressants (TCAs)
- Antiepileptics
- Antipsychotics
- Benzodiazepines
- Dextromethorphan-quinidine
- Nonbenzodiazepine benzodiazepine receptor agonist hypnotics (“Zdrugs”)
- ≥ 3 CNS-active agents (antiepileptics including gabapentinoids, antidepressants, antipsychotics, benzodiazepines, nonbenzodiazepine benzodiazepine receptor agonist hypnotics, opioids, and skeletal muscle relaxants)

By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023 Jul;71(7):2052-2081. doi: 10.1111/jgs.18372

Opportunities

AGE-FRIENDLY PHARMACIST CHAMPIONS | #PHARMACISTS4MS | www.ascp.com/page/agefriendly

www.ascp.com/page/agefriendly

Transitions in Care Case



JAMDA

journal homepage: www.jamda.com



Controversies in Care

Lost in Transition: Missed Opportunities for the 4 Ms to Support Post-Acute Care Transitions



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Case Discussion

Mrs. Brown is an 86-year-old woman admitted to the hospital with a hip fracture after a fall at home. She has mild dementia with a history of delirium during a previous hospital admission. Her hospital chart notes that her delirium worsens if she does not wear her glasses or hearing aids and does not maintain a good sleep-wake cycle with daily sunlight exposure. She also has mild hearing loss and visual impairment plus needs a walker for standing and walking around the house.

Medications:

- Acetaminophen 1000mg three times daily for pain
- Alendronate 70mg weekly
- Amlodipine 10mg daily
- HCTZ 25mg daily
- Vitamin D3 2000IU daily
- Oxycodone 5mg every 4-6 hours for severe pain prn

Case Discussion: Care Transitions from Hospital to SNF

Following the standard discharge protocol, on the day of discharge, a discharge summary is generated and sent with Mrs Brown.



The discharge summary is focused on the surgical issue of a hip fracture. However, the discharge summary does not include 4 Ms assessment work done by the inpatient team, such as her delirium prevention plan including her consistent need for use of hearing aids, glasses, and dentures and her need to avoid antipsychotics (which have worsened somnolence in the past).



After Mrs. Brown is admitted to the SNF, the SNF team reviews the discharge summary and conducts their initial assessment. They are unaware that the patient has a history of getting delirious and what helps prevent it in her particular case. Therefore, they do not ensure that she gets good sunlight during the day, and her hearing aids, glasses, and dentures are not unpacked from her belongings for daily use.



She quickly becomes confused and naps all day, with some hallucinations and yelling out at night. In response, the SNF team prescribes an antipsychotic medication.

Opportunities for Improvement

This case highlights several specific opportunities and recommendations from the article:

- Ideally, hospital and SNF would have interoperable EHR systems that are designed to ensure key information (e.g., 4Ms assessment work, delirium prevention plan) is viewed to support continuity of 4Ms care
- Because this level of interoperability is unlikely in near term, a current-state solution is to design discharge summaries to highlight key information to support continuity of 4Ms care
- This would be further supported by standard protocols in SNFs that involve integrating hospital 4Ms practices into SNF care planning

Adler-Milstein J, Krueger GN, Rosenthal SW, Rogers SE. Lost in Transition: Missed Opportunities for the 4 Ms to Support Post-Acute Care Transitions. *J Am Med Dir Assoc.* 2023 Sep;24(9):1318-1321. doi: 10.1016/j.jamda.2023.06.001. Epub 2023 Jul 11. PMID: 37451312.

Moving Forward Nursing Home Quality Coalition



The
John A. Hartford
Foundation

A group of individuals and organizations that are driving specific, actionable improvements in nursing home quality, while building a sustainable network to:

- Develop, test and promote action plans that advance initiatives to improve accountability and financing, strengthen the workforce, and expand equitable, resident-driven care
- Released two guides focused on residents:
 - Strengthening Resident Councils
 - A Guide to Addressing Resident Goals, Preferences and Priorities



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Implementation Strategies

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www.ascp.com/page/agefriendly

Leveraging Pharmacists as Age-Friendly Champions



The
John A. Hartford
Foundation

Goal of Grant

To educate and foster pharmacy champions in the Age-Friendly Health Systems 4Ms Framework

Approach

- ASCP partnering with the Peter Lamy Center on Drug Therapy and Aging to champion age-friendly care
- Formed a national advisory council and creating a medication optimization & 4Ms learning collaborative across eight regions
- Will train 2,500 pharmacists and 950 long-term care pharmacies, with at least 250 pharmacies earning ASCP Age-Friendly national recognition



Objectives of the 3 Year John A Hartford Foundation Grant (January 2024 – Dec 31, 2026)



To Use "Medication" as a Pathway to the 4Ms and Improved Care

1. Form Advisory Council

- Confirm members and convene council
- Design pharmacist-specific 4Ms framework
- Co-design content

2. Form a Learning Collaborative

- Develop LC website
- Conduct baseline assessment
- Develop educational modules
- Develop/implement communications campaign

3. Advance Medication Optimization

- Conduct pharmacist 4Ms training
- Educate federal policymakers
- Create a billing/payment models guide

4. Implement/Sustain 4Ms

- Implement 4Ms in LTC settings
- Conduct surveys
- Evaluate programs
- Disseminate best practices
- Codify 4Ms



Implementation Efforts

- Needs Assessment
- Age-Friendly Pharmacist Badge
- Age-Friendly Regional Champions Program
- Geographic information system (GIS)& Regional Approaches

Assessing Pharmacists' Readiness for Age-Friendly Care: A Needs Assessment Survey

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Chad Worz,² Nicole Brandt,^{1,2} Catherine E. Cooke^{1,2}

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BACKGROUND

Age-Friendly Health Systems (AFHS) 4Ms framework^{1,2}—What Matters, Medication, Mentation, and Mobility, — has been shown to improve health outcomes for older adults.

Pharmacists are well-positioned to champion the 4Ms and support collaborative, interprofessional care for older adults.

OBJECTIVE

To assess pharmacists' familiarity with and confidence in assessing the 4Ms concepts, and to identify training and educational needs.

METHODS

Study design: cross-sectional need assessment survey.

Respondents: members of American Society of Consultant Pharmacists (ASCP), a professional association of pharmacists managing medication for older adults.

Data collection: April 13, 2024, to July 15, 2024.

Survey distribution: survey shared via email and at 4 regional meetings.

Survey sections: participant characteristics, familiarity with AFHS, and awareness and implementation of the 4Ms (38 questions).

Data analysis: Descriptive analyses were conducted. Likert scale responses on comfort level with assessing the 4Ms were categorized as comfortable (scores 4–5) or less/not comfortable (scores 1–3).

CONCLUSIONS

Based on participants' comfort levels and frequency in assessing the 4Ms, educational efforts should focus on strengthening proficiency in "Mobility" and "Mentation" assessments, as well as promoting the integration of the set of 4Ms as a framework to person-centered care.

Regional variation in awareness and facility adoption suggests that regional implementation strategies for the 4Ms may be promising.

Ongoing research is needed to inform individual-, facility-, and pharmacy-level factors that influence the adoption of the 4Ms in pharmacy practice.

RESULTS

Figure 1. Awareness, adoption, and interest of the Age-Friendly Health Systems across ASCP regions



Each regional box shows the sample percentage, reported AFHS awareness, facility adoption, and interest in learning more.

Figure 2. Level of comfort in assessing the 4Ms

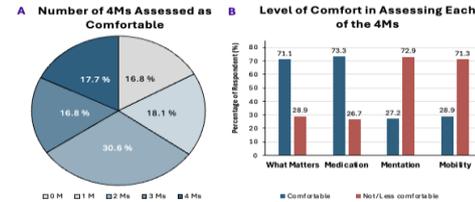
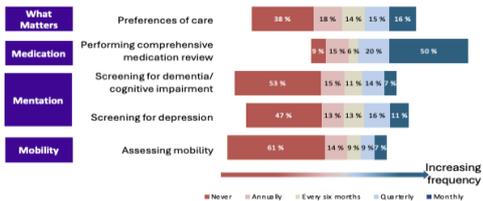


Figure 3. Frequency of screening for 4Ms



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- The John A. Hartford Foundation. Age-Friendly Health Systems Initiative. <https://www.johnahartford.org/rents-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative>.
- Institute for HealthCare Improvement. Age-Friendly Health Systems. <https://www.ihci.org/networks/initiatives/age-friendly-health-systems>.
- Eversbach G. Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). Med Internet Res 2004;6:e34.

The survey had a view rate of **11.3% (398/3,522)**, with a participation rate of **58.3% (232/398)**³.

Of 232 respondents, 51.7% practiced in post-acute and long-term care settings (**Table 1**). While 62.1% were aware of the AFHS initiative, only 20% reported facility-level involvement (**Figure 1**). Only 17.7% of respondents were comfortable assessing the set of 4Ms (**Figure 2A**). Comfort in assessing each of the 4Ms varied: "Medication" (73.3%), "What Matters" (71.1%), "Mobility" (28.9%) and "Mentation" (27.2%) (**Figure 2B**).

A sizable percentage of participants had never assessed "Mobility" (61%) or "Mentation" (47% for depression; 53% for dementia) (**Figure 3**). Only 17.7% of respondents were comfortable assessing the set of 4Ms (**Figure 2A**). Comfort in assessing each of the 4Ms varied: "Medication" (73.3%), "What Matters" (71.1%), "Mobility" (28.9%) and "Mentation" (27.2%) (**Figure 2B**).

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Table 1. Characteristics of 232 respondents, 6.6% (232 / 3,522) of ASCP membership

Characteristic	n (%)
Gender	
Male	59 (25.4)
Female	154 (66.4)
Not specified/ missing	19 (8.4)
Race and ethnicity	
White	166 (71.6)
Black or African American	13 (5.6)
Hispanic or Latino	5 (2.2)
Asian	15 (6.5)
Other	5 (2.2)
Not specified/ missing	28 (12.1)
Years in practice	
Student	1 (0.4)
1-6 years	14 (6.0)
7-13 years	31 (13.4)
14-20 years	31 (13.4)
> 20 years	145 (62.5)
Missing	10 (4.4)
Practice setting/ facility	
Acute care and hospital settings	68 (29.3)
Ambulatory and outpatient settings	139 (59.9)
Post-acute, long-term and residential care	120 (51.7)
Home and community-based services	58 (25.0)
Specialized and unique settings	68 (29.3)
Other	19 (8.2)
Missing	10 (4.3)

Steps to Earning a Digital Badge

Step 1

- Complete Leveraging Pharmacists as Age-Friendly Champions OR Pharmacists as Age-Friendly 4Ms Champions

Step 2

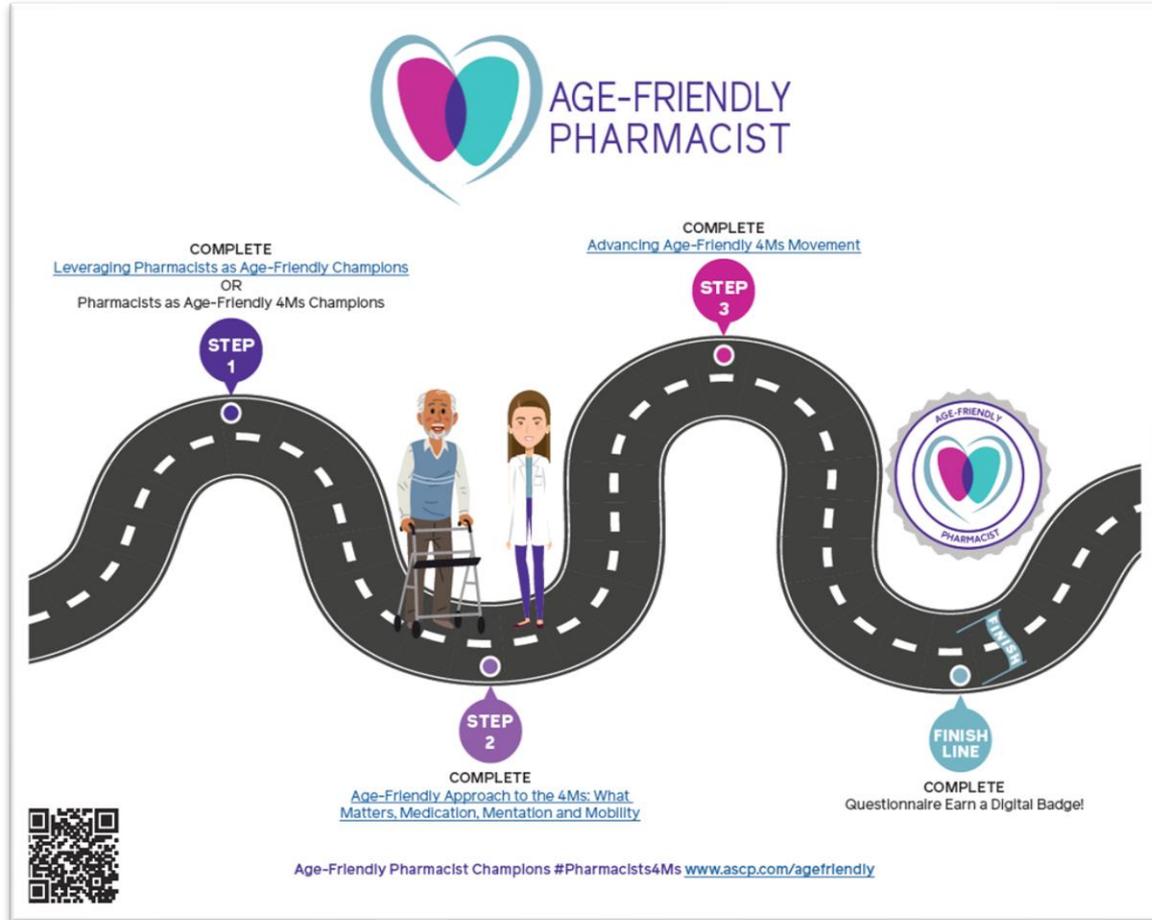
- Complete Age-Friendly Approach to the 4Ms: What Matters, Medication, Mentation and Mobility

Step 3

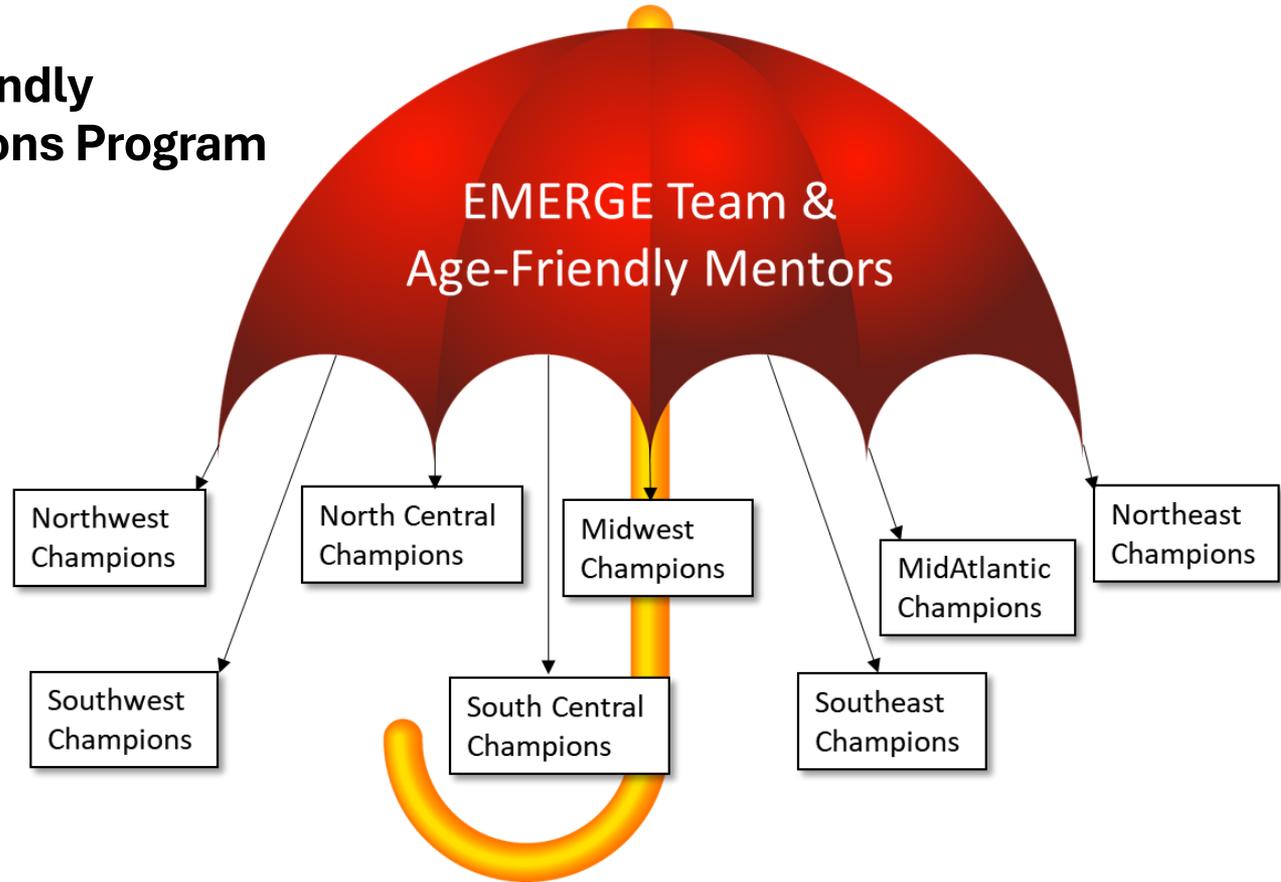
- Complete Advancing Age-Friendly 4Ms Movement

Step 4

- Complete questionnaire and earn a digital badge! (Launched March 17, 2025)



Age-Friendly Champions Program



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Extending the Reach of the Age-Friendly Health System (AFHS) Movement in Nursing Homes (NHs) through Pharmacist Engagement

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²Institute for Healthcare Improvement – Boston, MA

³The American Society of Consultant Pharmacists – Alexandria, VA

BACKGROUND

- To address the needs of a growing older adult population, The John A. Hartford Foundation (JAHF), in partnership with the Institute for Healthcare Improvement (IHI), developed the 4Ms framework and expanded these efforts into NHs.¹
- Despite this, there remains a critical gap in Age-Friendly care in NHs, with minimal research involving pharmacists in this movement.
- A recent needs assessment found that only 17.7% of pharmacists felt comfortable assessing all 4Ms.²

OBJECTIVES

Mobilizing pharmacists as key partners in implementing the 4Ms in nursing homes to promote Age-Friendly care and achieve IHI recognition.

METHODS

Design: Cross-sectional, longitudinal study

Data collection: September 2024 – Present

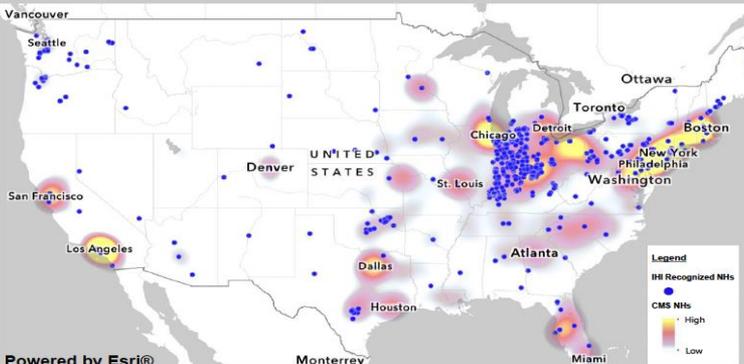
Data sets: Provider information on NHs [CMS]; AFHS recognized health care sites [IHI]; pharmacists [ASCP]

Analytical tool: Geographic information systems – ArcGIS (Esri®)

Approach



- A total of 22 pharmacist champions selected within their region to recruit additional pharmacists and to support the adoption and implementation of the 4Ms.
- As a starting point, identify 10-15 non-AFHS recognized NHs.
- Monthly meetings established to discuss progress, support education and plan dissemination efforts.
- Results captured via SurveyMonkey®.
- Datasets retrieved and updated every 6 months to measure change in Age-Friendly recognition
- Outreach strategies adjusted based on regional adoption trends.



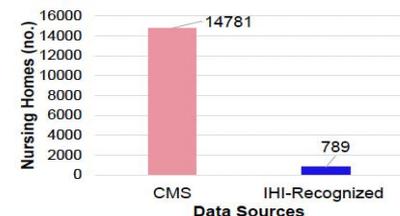
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Nursing homes are widely distributed across the country with AFHS recognized sites most prominently in the Midwest, creating opportunities for pharmacists to support the adoption and implementation of Age-Friendly care.



RESULTS

Total Number of CMS vs. IHI Recognized AFHS NHs as of March 2025



Regional Efforts as of April 2025

ASCP Regions	No. of Pharmacist Champions (N=22)	Facilities recruited
Region A (Northeast)	5 (22.7%)	3
Region B (Mid-Atlantic)	5 (22.7%)	3
Region C (Midwest)	2 (9.1%)	1
Region D (Southeast)	3 (13.6%)	0
Region E (North Central)	1 (4.5%)	1
Region F (South Central)	2 (9.1%)	1
Region G (Southwest)	2 (9.1%)	0
Region H (Northwest)	2 (9.1%)	1

DISCUSSION

- There is a significant presence of senior care pharmacists in regions where NHs are not yet AFHS recognized.
- Regional tracking will help monitor progress and assess change over time.

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- Fulmer T, Mate KS, Berman A. The Age-Friendly Health System Imperative. Journal of the American Geriatrics Society. 2017;66(1):22-24.
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This study is funded by

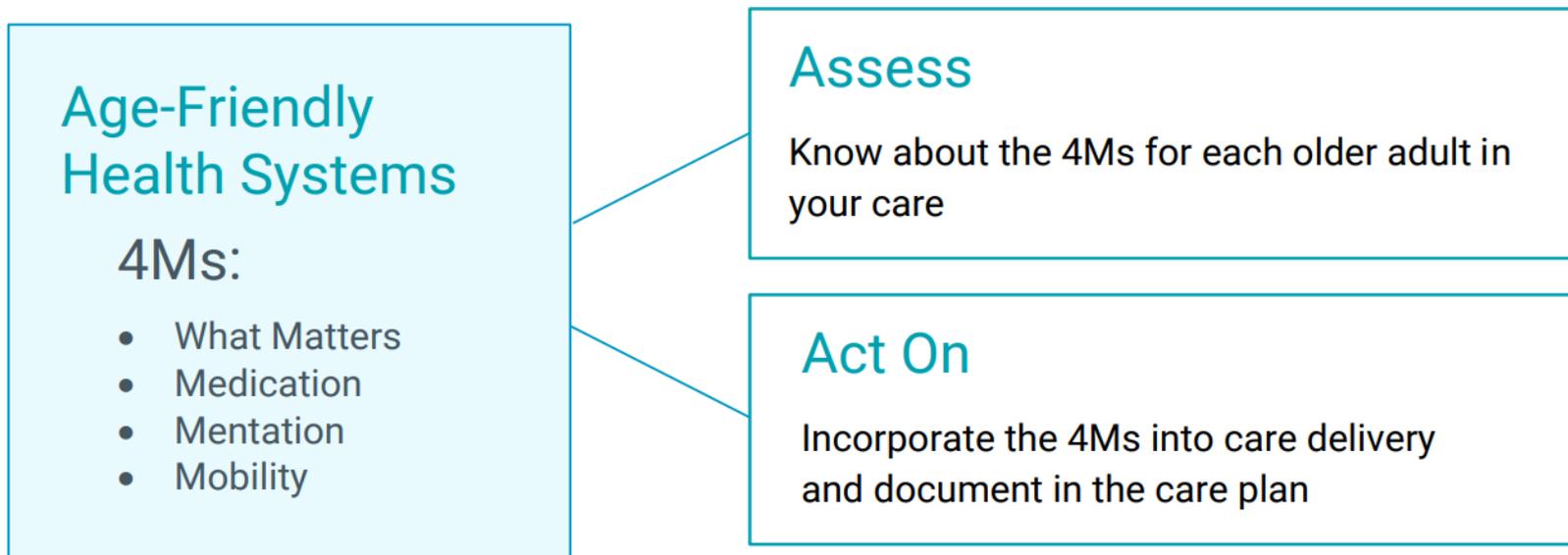


Overcoming Barriers

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Figure 2. Two Key Drivers of Age-Friendly Health Systems



Early clinical and quality impacts of the Age-Friendly Health System in a Veterans Affairs skilled nursing facility

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Lindsay Lefers PT, DPT¹ | Jonathan F. Bean MD, MPH^{4,5,6} |
Jane A. Driver MD, MPH^{1,3,7} | Andrea Wershof Schwartz MD, MPH, AGSF^{1,3,4,7,8} 

Short Stay (Rehab)	Long Term Care
↓48% ED utilization	↓73% ED utilization
↓30% rehospitalization (30d)	↓64% hospitalizations
↑19% discharge to community	

Medication: Act On

1. Avoid or deprescribe high-risk or potentially inappropriate medications.
2. If the older adult takes one or more of the medications listed:
 - discuss any concerns the patient may have,
 - assess for adverse effects, &
 - discuss deprescribing with the older adult.

Talking Points from the What Matters Toolkit can be found here: http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf

Additional resources linked in the Guide:

<https://geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria/CL001>

<http://www.ihl.org/resources/Pages/Publications/Evidence-Based-Medication-Deprescribing-Innovation-Case-Study.aspx>

Hospital Implementation Efforts

- **Geriatric Prescribing Context (GPC):** EHR-based, automated set of evidence-based, age-specific dose and frequency defaults.
- Since July 2017, there have been on going work to refine this tool which has led to most recent study in 2024 looking at clinical impact.
 - Significant reduction in dose-related adverse drug events among hospitalized older adults.
 - Demonstrated an effect in “nudging” practice toward consistent Age-Friendly care.

TABLE 1
Process Measures

Process Measure	Tactics
Percentage of patients with complete admission reconciliation within 24 hours	Physician champions assigned to ensure compliance to medication reconciliation policy Daily discussion during the multidisciplinary huddle about the proper reconciliation In the annual appraisal for clinical pharmacists, percentage of admission reconciliations is considered an evaluation measure Establishment of Rumailah Hospital Reconciliation Committee
Percentage of patients screened for age-unfriendly high-risk medications	Continuous education for pharmacists and nurses Weekly monitoring of data collection results Simplification of screening data collection form through Microsoft Teams
Percentage of patients with complete discharge medication reconciliation	Discussion between clinical pharmacist and physician to ensure completion of medication reconciliation

Drago, K., Sharpe, J., De Lima, B., Alhomod, A. and Eckstrom, E. (2020), Safer Prescribing for Hospitalized Older Adults with an Electronic Health Records-Based Prescribing Context. *J Am Geriatr Soc*, 68: 2123-2127. <https://doi.org/10.1111/jgs.16640>

De Lima B, Nohner M, Drago K. Improving dose-related adverse drug events among hospitalized older adults using a geriatric prescribing context. *J Am Geriatr Soc*. 2024; 72(5): 1501-1507. doi:[10.1111/jgs.18754](https://doi.org/10.1111/jgs.18754).

ElAwady M, AlHamad H, Valappil S, Abbas A, Chandran M, Manikoth PT, Mathew M, Burghol ND, Abdelaziz F, AbdAlSattar A, Kanaan A, Atif M, Qassem M, Icic N, Brandt NJ. Age-Friendly Health Systems 4Ms: Implementing Medication Management in Hamad Medical Corporation, Qatar. *J Gerontol Nurs*. 2024 Jun;50(6):6-9. doi: 10.3928/00989134-20240502-03. Epub 2024 Jun 1. PMID: 38815227.

Take Home Points



4Ms as a set is an approach to optimizing medications



Interprofessional opportunities and teamwork is needed



Pharmacists are a critical part of this team and effective communication is essential.

Social Media: How to Connect with Us

Dedicated Hashtag: **#Pharmacist4Ms**

ASCP PLATFORMS

- Facebook
www.facebook.com/ASCP Pharm
- Instagram
[@ASCP Pharm](https://www.instagram.com/ASCP Pharm)
- LinkedIn
www.linkedin.com/company/ASCP Pharm

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- LinkedIn
www.linkedin.com/in/lamy-center-3b5978176/
- X
[@lamycenter](https://twitter.com/lamycenter)
- YouTube
[@lamytube8369](https://www.youtube.com/@lamytube8369)

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My Health Checklist



My Health Checklist

A guide to help you prepare for your medical appointment

Name

Date



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This guide is designed to help you get ready for your medical appointment.

It's meant especially for older adults.

First, it will help you think about different aspects of your health and living well. Then it will help you identify the most important questions or concerns you want to talk about with your provider. A provider is a doctor, nurse practitioner, primary care practitioner (PCP), etc.

Being prepared for your appointment can help you get the care that's right for you. You are part of the team. You can have a say in your care.

This guide focuses on four areas that can help you think about your health.



What Matters
to you in
your life



Medication
you may take



Your Mind
and sense of
well-being



Your Mobility

The 4Ms

For each of the 4Ms, we'll ask you about your situation now, what's going well, and what could be better. Then you can write down any questions you have or things you want to share with your provider.



Medication Management and Geriatric ED Resource



The image shows a screenshot of a website header and main content area. The header is light beige and contains the GEDC logo on the left, which consists of a stylized hexagon made of three interlocking shapes in orange, green, and blue, followed by the text 'GEDC'. To the right of the logo are two navigation links: 'Resources' with a downward arrow and 'Membershi'. The main content area has a dark blue background. At the top left of this area is the word 'TOOLKIT' in white. Below it is the title 'Enhancing Medication Management in the Geriatric ED' in large white font. Under the title is the date 'June 24, 2025' and the names of the authors: 'Chris Fan-Lun, BScPhm, ACPR, BCGP, Don Melady MD, Aaron Malsch RN, MS, GCNS-BC, Christina Shenvi MD, PhD, MBA, FACEP'. On the right side of the main content area, there is a faint green wireframe graphic of a rectangular box.

American Geriatrics Society

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About Us

Aging & Health A-Z

Wellness & Prevention

Age-Friendly Healthcare & You

Medications & Older Adults

Driving Safety

Medications Work Differently in Older Adults >



Medications Older Adults Should Avoid or Use with Caution >



Alternative Remedies >



What Older Adults Can Do >



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About Us

Aging & Health A-Z

Wellness & Prevention

Age-Friendly Healthcare & You

Medications & Older Adults

Tools & Tips

[Ten Medications Older Adults Should Avoid or Use with Caution](#)

What to Do and What to Ask If a Medication You Take is Listed in the AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Alternatives for Medication in the AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Avoiding Overmedication and Harmful Drug Reactions

My Medication and Supplement Diary



Jo



Video

Medication: More Birthdays Often Means More Pills

Richard takes 10 meds a day. The older he gets, the more he has to take, and the more he has to manage. It's why experts worry about medication burden.

<https://www.webmd.com/healthy-aging/video/older-adults-meds>



Safe Medicine Use

A GUIDE FOR OLDER ADULTS
AND CAREGIVERS



UNIVERSITY OF MARYLAND

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