



THE UNIVERSITY OF ARIZONA
Arizona Center
on Aging



ARIZONA
GERIATRICS
WORKFORCE
ENHANCEMENT
PROGRAM

What is an Age-Friendly Health System and Why should my site become involved?

51st Annual Rural Health Conference

Flagstaff, Arizona

June 3-4, 2025

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Director, Arizona Geriatrics Workforce Enhancement Program

Age-Friendly Health Systems (AFHS)

We will discuss:

- Arizona Geriatrics Workforce Education Program (AZ-GWEP)
- AFHS 4M Framework
- Benefits to sites
- Specific steps for implementation
- Application and submission process

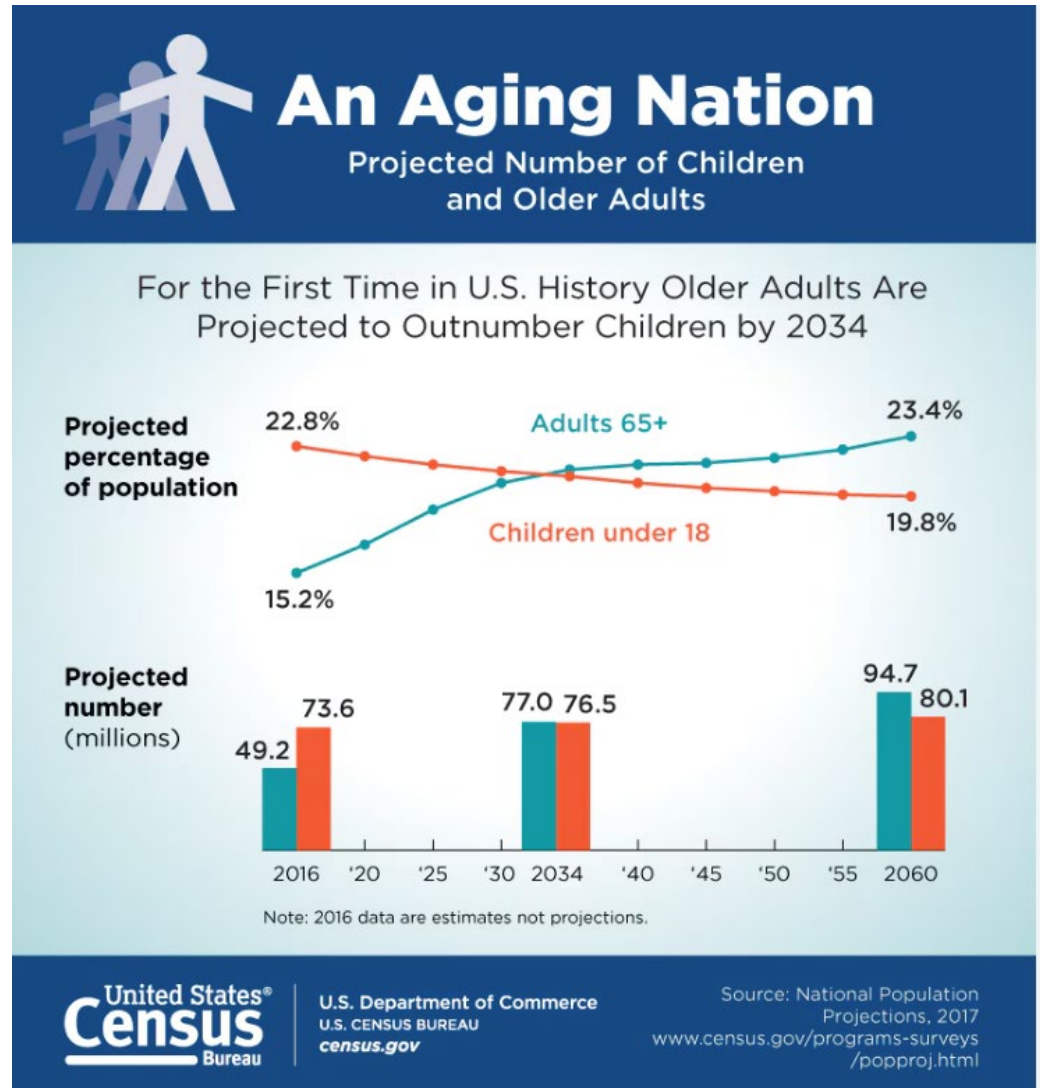


The Arizona Geriatrics Workforce Enhancement Program (AZ-GWEP)

- Educate and train the healthcare and supportive care workforce
- Engage patients and families
- Close care gaps
- Collaborate with community partners
- Integrate geriatrics into primary care to be age-and dementia friendly



The Need: Aging in the U.S.

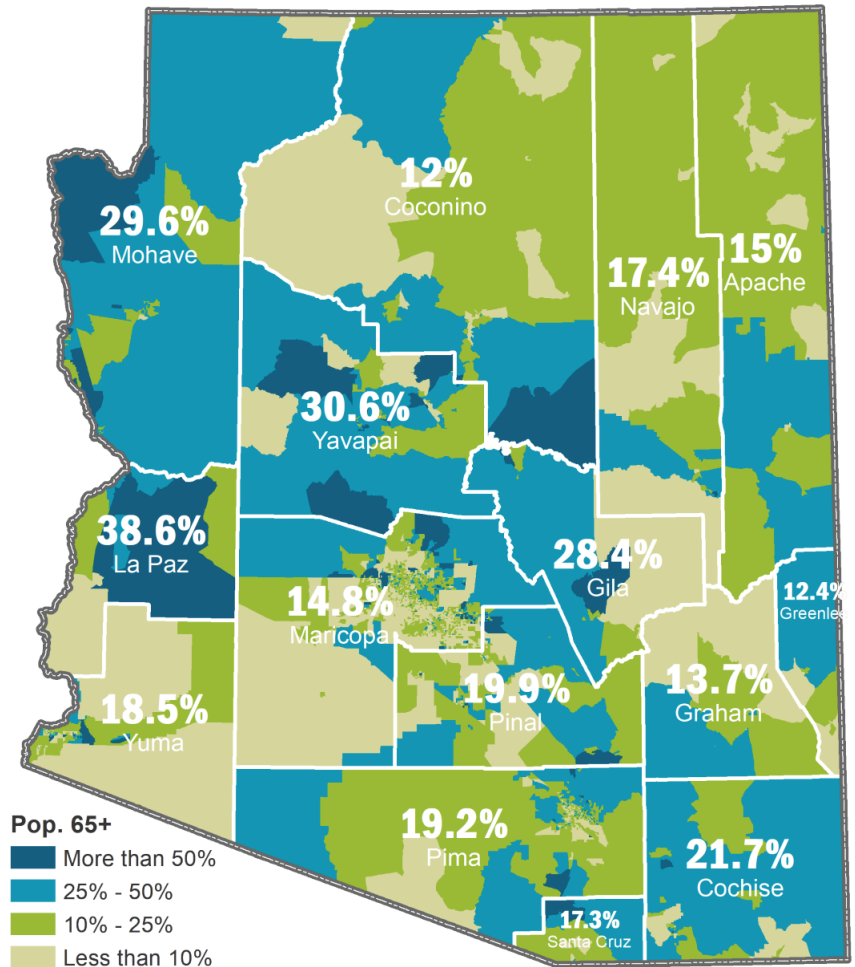


The Need: Aging in Arizona, and Rural Arizona

Rural areas have a higher percentage of older adults (Age 65+)

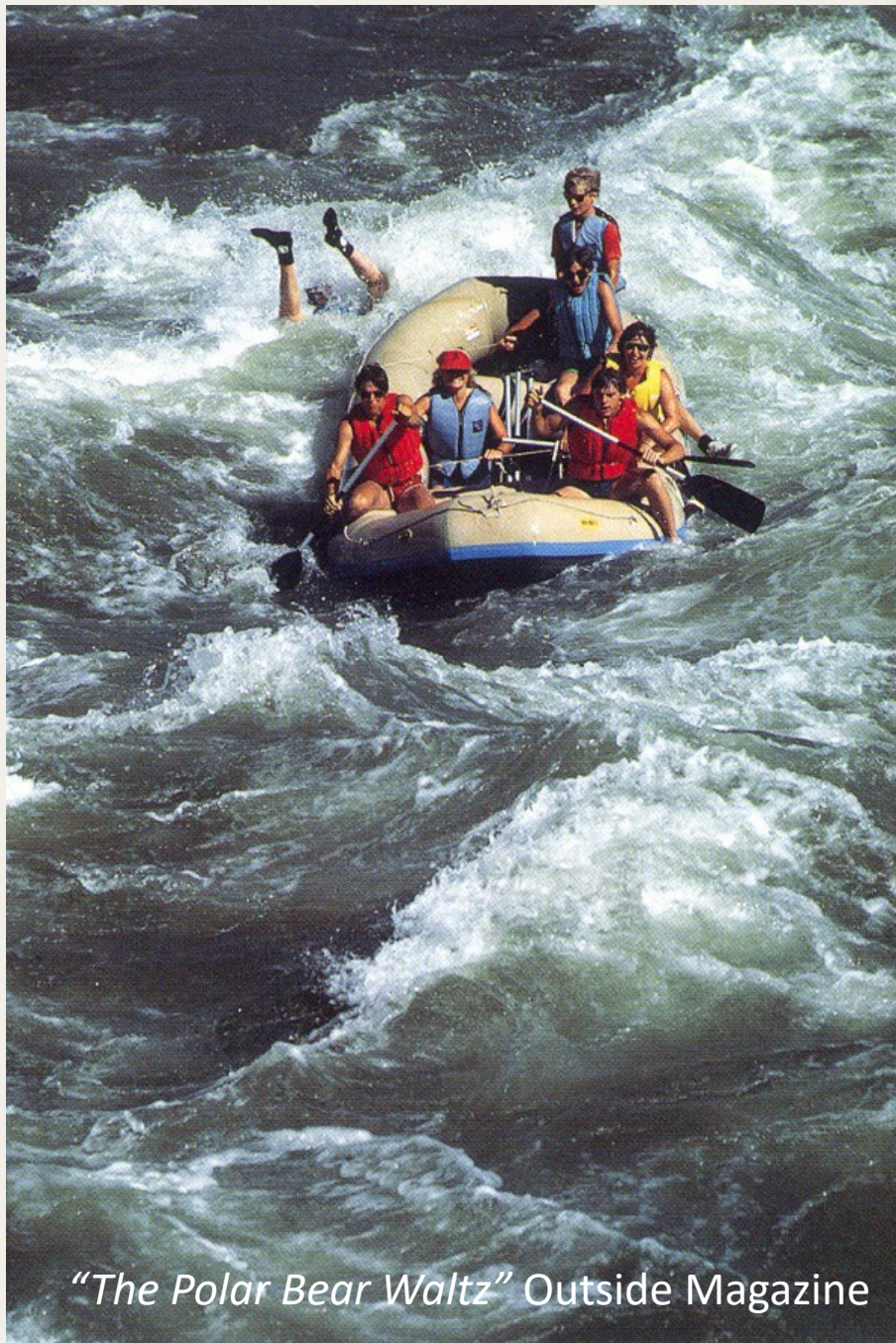
Area	Total Age 65+	Percent Age 65+
US	50,783,796	15.6%
Arizona	1,206,748	17.1%
Urban AZ	1,037,720	16.5%
Rural AZ	169,028	22.6%
Phoenix MSA	727,788	15.3%

Arizona ranks **12th highest** in percent of population aged 65 years and older in the United States





Healthcare needs of older adults are very different from middle-aged and younger adults, and children.



"The Polar Bear Waltz" Outside Magazine

Our healthcare system, and our workforce are not prepared to care for increased numbers of older adults.

We are all working very hard, but many older adults suffer harms and fall off the boat.

What Can Be Done?

Join the Age-Friendly Health System Initiative!

- Free
- Framework to easily implement basic evidence-based geriatric care into your clinical site
- National recognition
- ROI – Carrot and Stick



In 2016, The John A. Hartford Foundation, the Institute for Healthcare Improvement (IHI), the American Hospital Association, the Catholic Health Association and other major systems founded Age-Friendly Health Systems.

Over 4000 sites have achieved “Age-Friendly” recognition.



What is Age-Friendly Care?



A quality improvement initiative to provide actionable, practical solutions to improve the healthcare of older adults

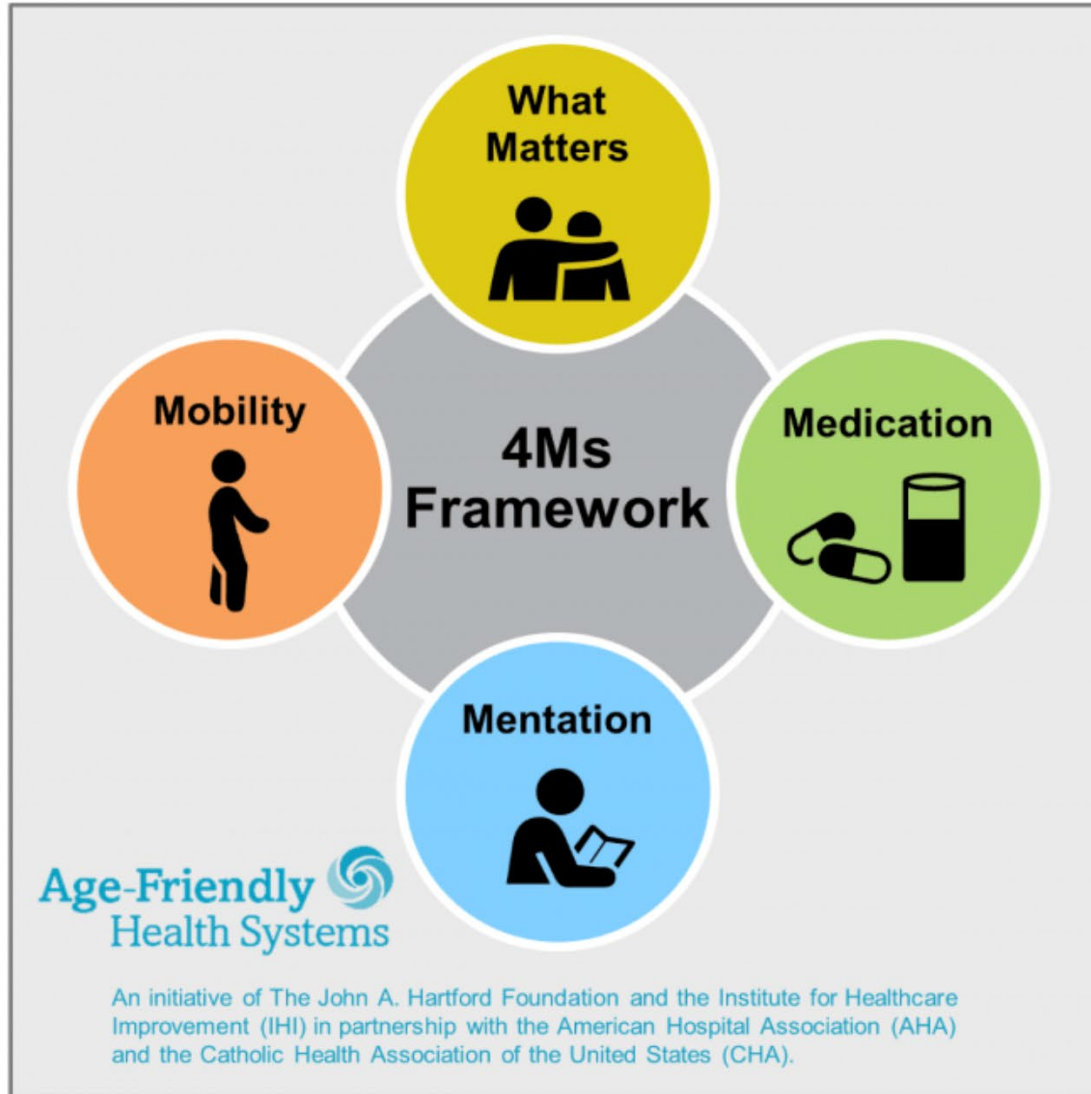
Follows a core set of evidence-based practices- the 4Ms- as a bundle

Aligns with What Matters to the older adult and their family caregivers

Causes no harm

Improves health outcomes at lower costs

The 4Ms of Age-Friendly Care: Assess and Act-On



What Matters

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.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

- The AFHS model enables your site to be more efficient and effective in delivering care for older adults.
- As we go through AFHS components, think about how much your site is already doing. It is often not a big lift to gain AFHS recognition.

WORK SMARTER, NOT HARDER





What Matters

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.

Assess and “Act-on” What Matters



- Asking and acting on “What Matters” is the foundation of Age-Friendly Care.
- Consider asking: “What makes life living?” or “What are your most important goals if your health condition worsens?”
- Discuss advance care planning and align the plan of care with “What Matters.”

Medication

If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult.



Assess and “Act-on” Medications



- Avoid high-risk medications
- Deprescribe
- Screen for benzodiazepines, opioids, high anticholinergic meds (e.g., diphenhydramine), muscle relaxants, tricyclic antidepressants, antipsychotics, mood stabilizers

<https://deprescribingresearch.org>

Mentation

Prevent, identify, treat
and manage dementia,
depression and delirium
across settings of care.



Assess and “Act-on” Mentation: Mini-Cog

Mini-Cog®

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, “Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now.” If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1

Banana
Sunrise
Chair

Version 2

Leader
Season
Table

Version 3

Village
Kitchen
Baby

Version 4

River
Nation
Finger

Version 5

Captain
Garden
Picture

Version 6

Daughter
Heaven
Mountain

Step 2: Clock Drawing

Say: “Next, I want you to draw a clock for me. First, put in all of the numbers where they go.” When that is completed, say: “Now, set the hands to 10 past 11.”

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: “What were the three words I asked you to remember?” Record the word list version number and the person’s answers below.

Word List Version: _____ Person’s Answers: _____

Assess and “Act-on” Mood: PHQ-9

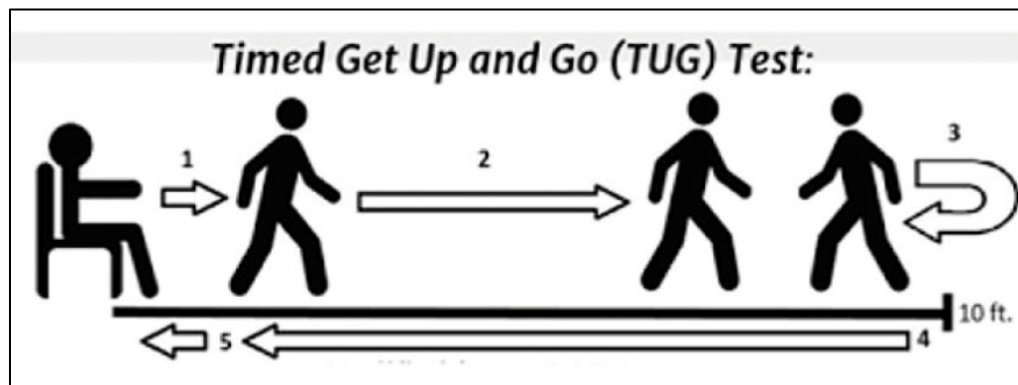
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several Days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling asleep or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself- or that you are a failure or have let yourself or family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
TOTAL SCORE (add the marked numbers):					

Mobility

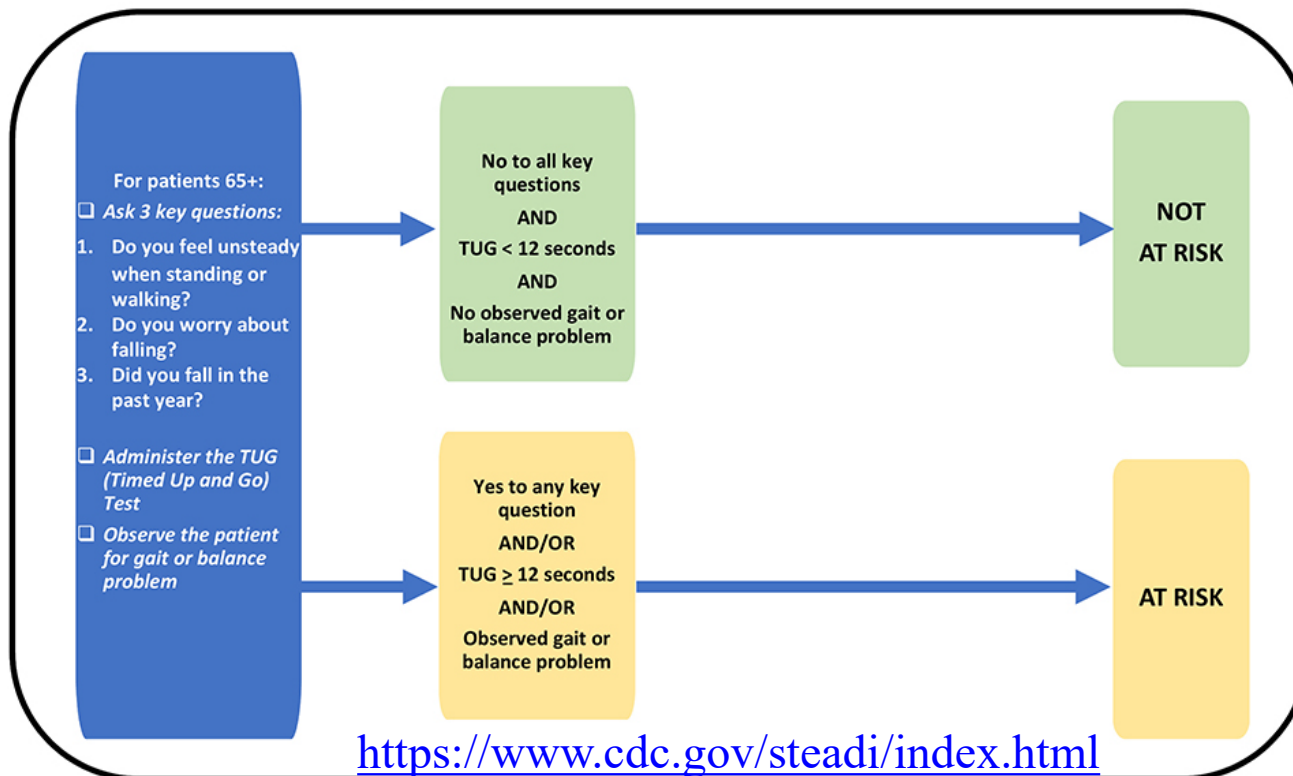
Ensure that older adults move safely every day in order to maintain function and do What Matters.

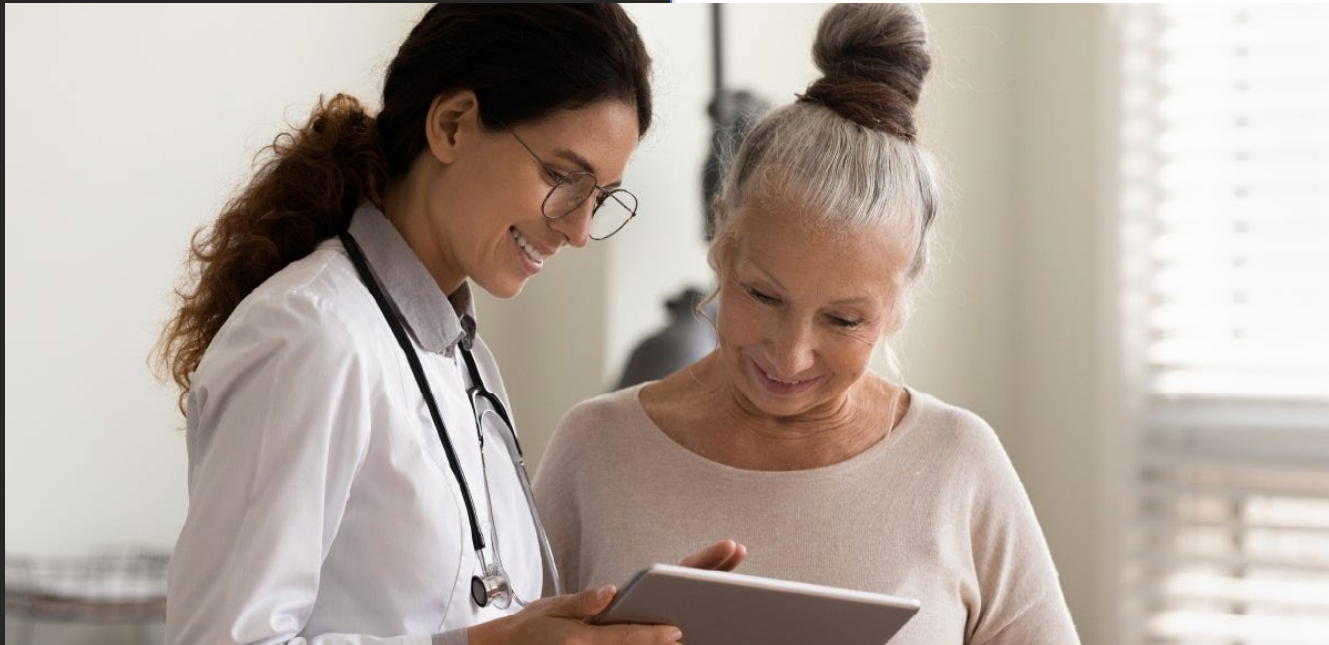


Assess and “Act-on” Mobility Assessment



Quick STEADI: Getting Started with Fall Risk Screening for Older Adults





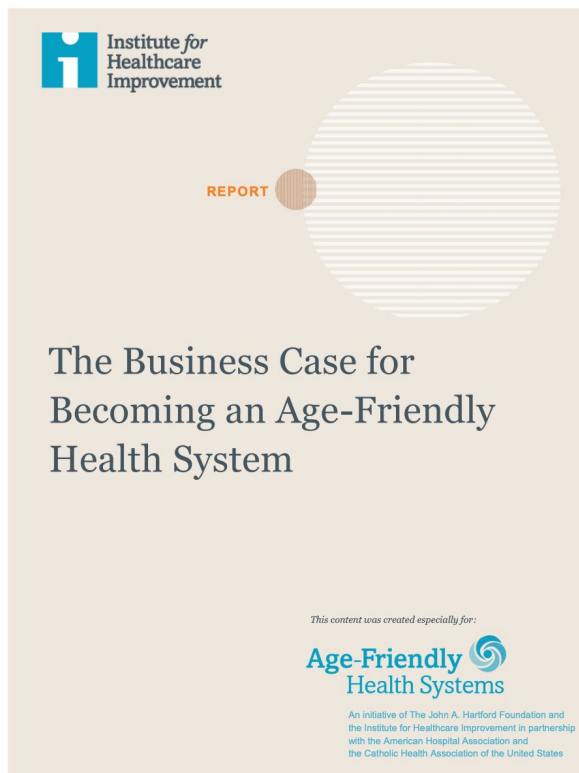
Medicare Annual Wellness Visit is a good opportunity to implement Age-Friendly 4Ms.



What about the costs of becoming an Age-Friendly Health System?

There is an ROI

<https://www.ihl.org/networks/initiatives/age-friendly-health-systems>



More Financial Reasons: The CMS Age-Friendly Mandatory Hospital Measure



**Is your
hospital
ready?**

The new CMS
Age Friendly
Hospital
Measure is
now in effect.

ACS
AMERICAN COLLEGE OF SURGEONS
SURGICAL
QUALITY
PARTNER

ACS
GSV
Geriatric Surgery
Verification

New MANDATORY Hospital Measure for the Inpatient Quality Reporting (IQR) Program that builds on the 4Ms, hospitals must attest to entire measure, or face penalties as of 2026.

Will You Consider Age Friendly Health System Recognition for Your Site? It's FREE

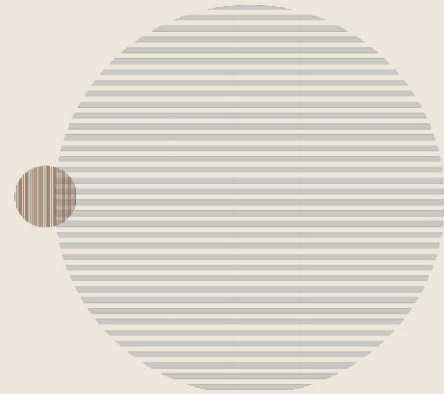
Level 1 Participation: Self Assessment and Planning Select a clinic or unit. Gather the team. Plan how you will implement the 4Ms (What Matters, Medication, Mentation, and Mobility) assessment and “act-on”.

****Most sites are already delivering much of the care.**

Level 2 Recognition: Implement & Measure

Implement the plan and monitor its effectiveness. Assess the number of adults who received 4M care, and report. Quality improvement, not research!

Putting the 4Ms into Practice



Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults

July 2020

This content was created especially for:

Age-Friendly 
Health Systems

An initiative of The John A. Hartford Foundation and the
Institute for Healthcare Improvement in partnership with
the American Hospital Association and the
Catholic Health Association of the United States

<https://www.ihl.org/networks/initiatives/age-friendly-health-systems>



4Ms Care Description Worksheet- Ambulatory Form

Overview

This 4Ms Care Description Worksheet for Ambulatory and Primary Care sites can be used to outline a plan for providing 4Ms care to older adults.

Age-Friendly Health Systems is a movement of thousands of health care facilities committed to ensuring that all older adults receive evidence-based care. IHI recognizes hospitals, practices, convenient care clinics and nursing homes that have committed to practicing 4Ms care. Learn more about the 4Ms and the Age-Friendly Health Systems movement at ihi.org/AgeFriendly or email AFHS@ihi.org.

Steps for Recognition as an Age-Friendly Health System Participant

1. **Learn about the 4Ms** by reviewing the [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#). For additional support, join an [Age-Friendly Health System Action Community](#).
2. Use this **4Ms Care Description Worksheet** to outline a plan for providing 4Ms care to older adults in your setting of care. Build on what your setting of care already does to assess and act on each of the 4Ms and decide what you will test to fill in any gaps.
3. **Email this completed worksheet to** AFHS@ihi.org.

<https://forms.ihi.org/hubfs/Ambulatory%204Ms%20Forms.pdf>

What Matters

Aim: 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.

Assess: Ask What Matters

List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences:

- View guiding questions from [What Matters Toolkit](#)

Minimum requirement: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.

Frequency:

Minimum frequency is annually and upon significant change of condition.

☐ At least annually

☐ Upon significant change of condition

☐ Other

Documentation:

One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method is accessible to other care team members for use during the hospital stay.

☐ EHR

☐ Other

Act On:

Minimum requirement: First box must be checked.

☐ Align the care plan with What Matters most

☐ Other

Primary Responsibility:

Minimum requirement: One role must be selected.

☐ Nurse

☐ Social Worker

☐ MD/PA/ Nurse Practitioner

☐ Other

Medication

Aim: If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Screen / Assess:

Check the medications you screen for regularly in all older adults.

Minimum requirement: All eight boxes must be checked.

- ☐ 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
- ☐ Other

Frequency:

Minimum frequency is annually and upon significant change of condition.

- ☐ At least annually
- ☐ Upon significant change of condition
- ☐ At change of medication
- ☐ Other

Mentation: Cognitive Impairment (dementia or other related disorders)

Aim: Prevent, identify, treat, and manage dementia across settings of care.

Screen:

Check the tool used to screen for Cognitive Impairment for all older adults.

Minimum requirement: At least first box must be checked. If only "Other" is checked, will review.

☐ Mini-Cog

☐ Other

Assess:

Check the tool used to assess for Cognitive Impairment for all older adults.

Minimum requirement: If screen is positive, conduct assessment. If only "Other" is checked, will review.

☐ SLUMS

☐ MOCA

☐ Other

Frequency:

Minimum frequency is annually and upon significant change of condition.

☐ At least annually

☐ Upon significant change of condition

☐ Other

Mobility

Aim: Ensure that each older adult moves safely every day to maintain function and do What Matters.

Screen / Assess:

Check the tool used to screen for mobility limitations for all older adults.

Minimum requirement: One box must be checked. If screening/assessment is done by physical therapy, please identify the tool used. If only "Other" is checked, will review.

- ☐ Timed Up & Go (TUG)
- ☐ Tinetti Performance Oriented Mobility Assessment (POMA)
- ☐ Screening and assessment forms per physical therapy
- ☐ Other

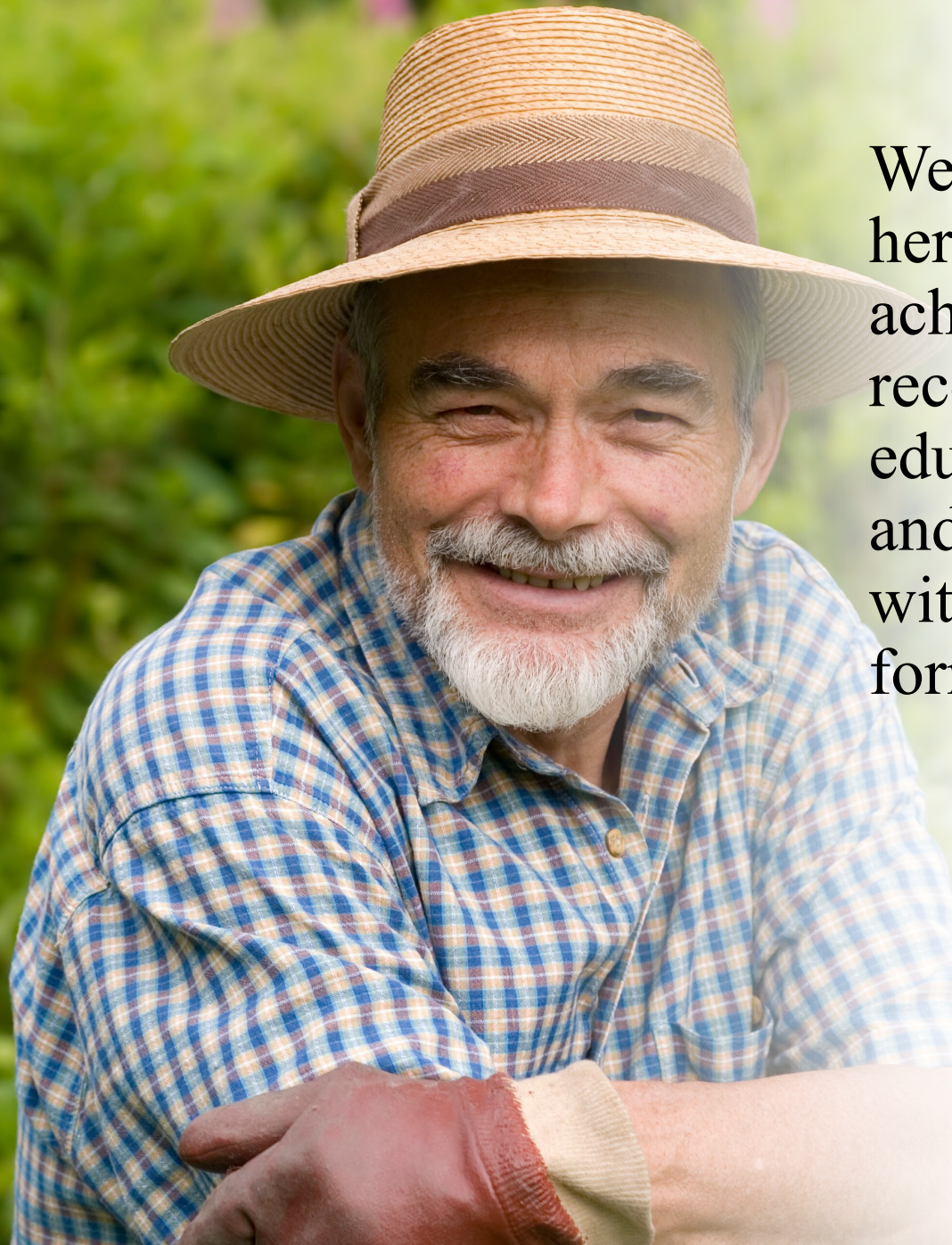
Frequency

Minimum frequency is annually and upon significant change of condition.

- ☐ At least annually
- ☐ Upon significant change of condition
- ☐ Other

Steps for Recognition as an Age-Friendly Health System – Committed to Care Excellence (Level 2)

1. **Count the number of older adults that received care that included all 4Ms**, as outlined in your 4Ms Care Description, over the past month.
 - The [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#) includes guidance on counting via 3 options: real-time observation, chart review, and EHR report.
 - Initially, while sites of care are still testing, the number of older adults may be small but will increase over time as you work towards reliably delivering 4Ms care to all older adults, all the time.
2. **Email this completed worksheet to AFHS@ihi.org**, with data on the number of older adults that received 4Ms care. To be recognized as Committed to Care Excellence, counts should begin on or after the month your 4Ms Care Description was approved for alignment with the [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#).



We (AZ-GWEP) are here to help you achieve AFHS recognition through education and training, and hands-on support with the process and forms.

Age-Friendly 
Health Systems

**Committed to
Care Excellence
for Older Adults**



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Thank you!

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