



Age-Friendly Health Care and the 4Ms

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Learning Objectives

Describe and explain

Describe and explain the components of the 4Ms Framework for Age-Friendly Health Systems.

Analyze

Analyze the development and current progress of the Age-Friendly Health Systems Initiative.

Apply

Apply Age-Friendly principles to an interdisciplinary case study.

Outline



Why Age-Friendly Matters

Demographic Shifts

Health Adjusted Life Expectancy

Fragmentation, High Costs, and Inequities in Health Care

Health Care Workforce Shortages

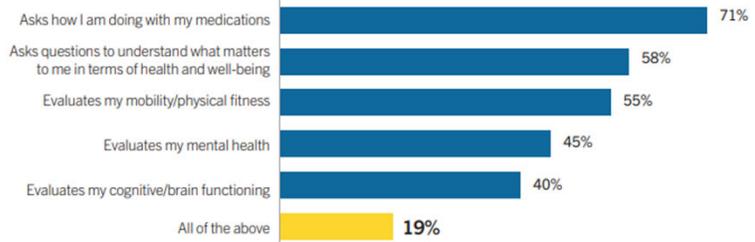
Advances in Medical Science, AI, and Healthcare Delivery



https://www.johnhartford.org/images/uploads/resources/The_Growing_Demand_for_Age-Friendly_Care_Report_FINAL.pdf

Older Adult Perspective: Healthcare Encounters

Primary care/regular health care provider routinely...



Base: Adults age 65+ who have a regular health care provider (Select all that apply)

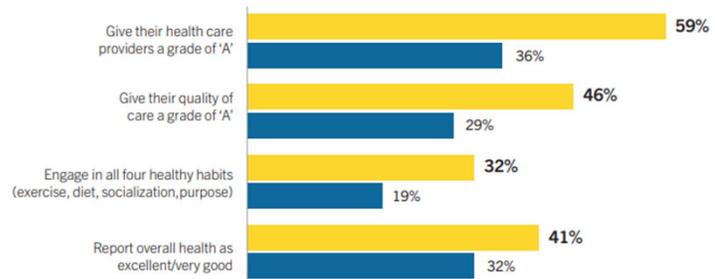
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Older Adult Perspective: Age Friendly Care

Older adults who receive age-friendly care report better health care relationships and outcomes

Primary care/regular health care provider routinely...

Received age-friendly care* Did not receive age-friendly care



*Age-friendly care defined as those who reported that primary care physician or general practitioner routinely asked about all five of the following: current medications, what matters to me in terms of my health and well-being, mobility/physical fitness, mental health, and cognitive/brain functioning.

Base: Adults age 65+

https://www.johnahartford.org/images/uploads/resources/The_Growing_Demand_for_Age-Friendly_Care_Report_FINAL.pdf

Age-Friendly Evolution



IHI Age Friendly Health Systems Recognition

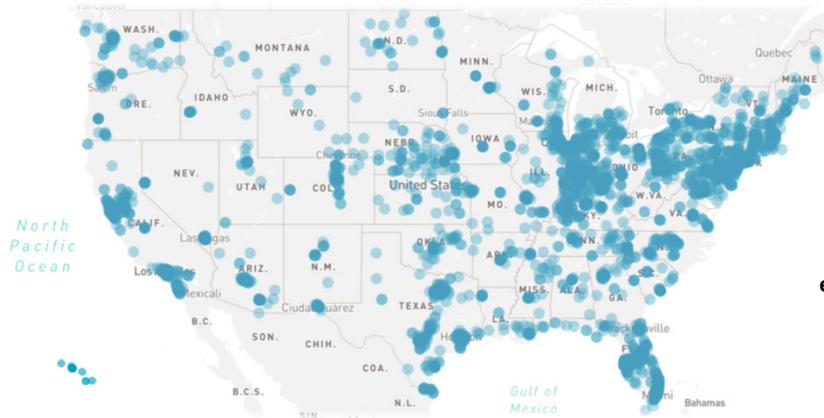
Level 1



Level 2



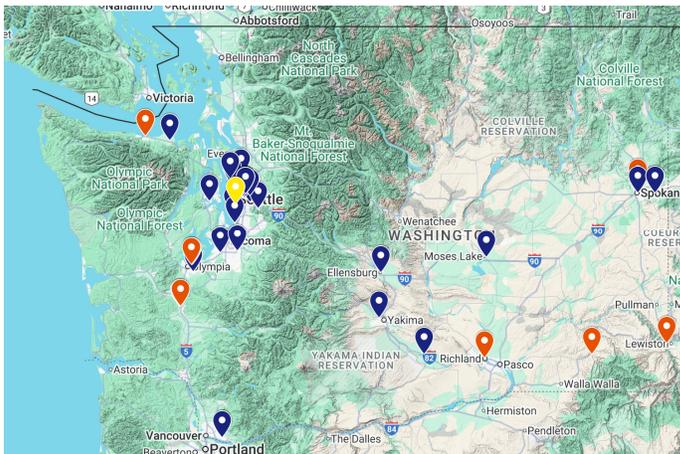
Age-Friendly Growth Nationally



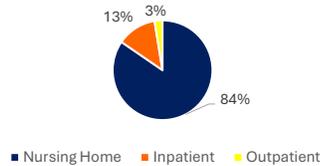
2025:
5,647 healthcare sites have earned IHI Age-Friendly Health Systems recognition

<https://www.johnhartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative/>

Age-Friendly Level 1 “Participant” Recognition in Washington State: Baseline prior to 2024 Funding



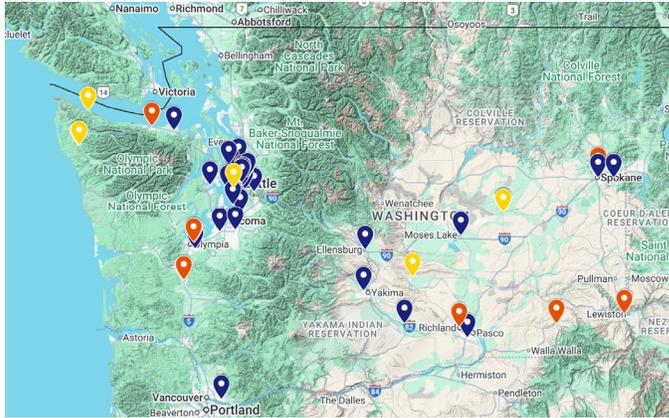
Age-Friendly Level 1 Recognition



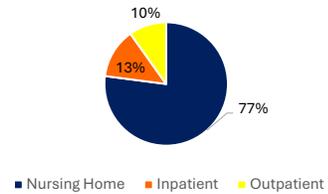
Data source: IHI's Recognized sites <https://www.ihl.org/partner/initiatives/age-friendly-health-systems/recognition>



Age-Friendly Level 1 “Participant” Recognition in Washington State: Year 1 (2024-2025)



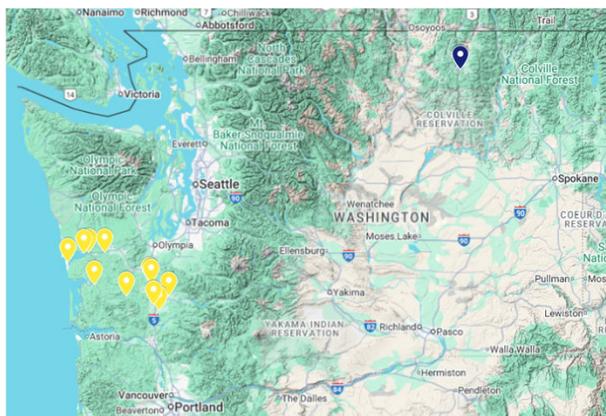
Age-Friendly Level 1 Recognition



Data source: IHI's Recognized sites <https://www.ihl.org/partner/initiatives/age-friendly-health-systems/recognition>



Age-Friendly Level 1 “Participant” Recognition in Washington State: Year 2 (2025-2026)

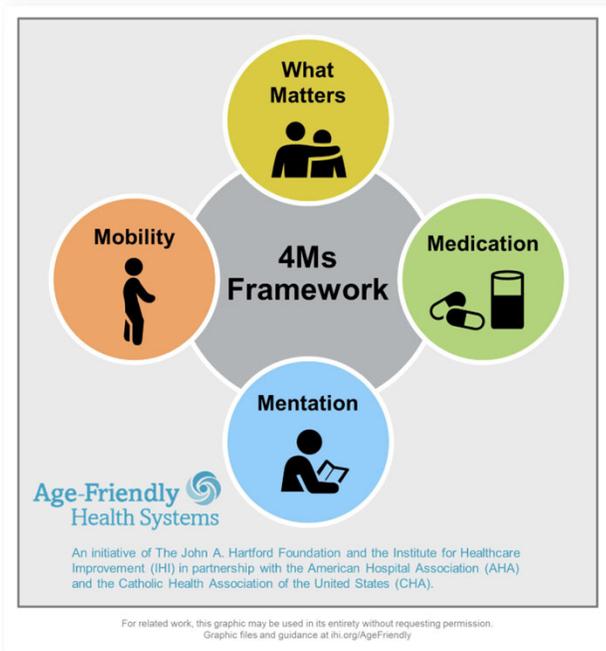


Age-Friendly Level 1 “Participant” (2025-2026)

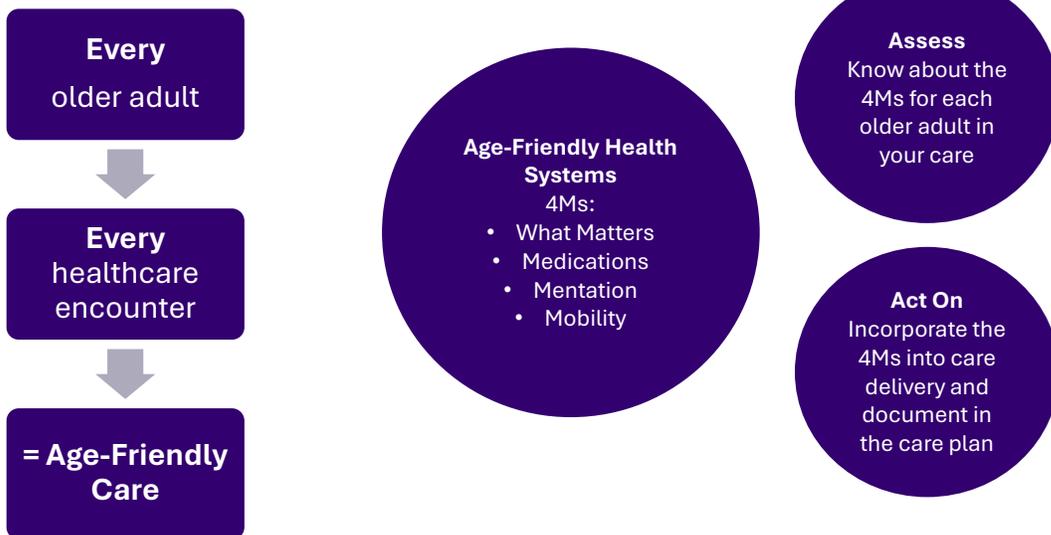
Site	Setting	Status
Harbor Regional Health	4 Outpatient	In-process
	1 Hospital	
Valley View Health Center	7 Outpatient	In-process
Ferry County Public Health District	1 Inpatient	IHI Recognition for Inpatient + Outpatient Age-Friendly Level 1
	1 Outpatient	
	1 Nursing Home	
		Resubmission for Nursing Home



The 4Ms of Age-Friendly Care



Age-Friendly Integration



Approaching the 4Ms

- Assess/Screen (evidence-based measures)
- Frequency (*varies by M*)
- Documentation
- Act on (*varies by M*)
- Primary Responsibility

Systems Approach to Age-Friendly Care



HOSPITAL



AMBULATORY CARE



NURSING HOME

<https://www.ihi.org/partner/initiatives/age-friendly-health-systems/recognition>



Team Approach

Tips:

- Make this visible across the care team and across settings
- Make the 4Ms a part of daily team discussions
- Educate older adults, caregivers, and the community about the importance of 4Ms

Case Study

Carl is a 78-year-old retired hard-rock miner who presents to his primary care clinic for a routine follow-up. He is accompanied by his son and daughter-in-law, who live two hours away in Spokane and serve as his primary contacts.

Carl lives alone on a small rural property where he cares for two dogs, an aging horse, and a few chickens. Caring for his animals is, in his words, “what keeps me going.”

He retired on disability after a serious fall underground 10 years ago that caused chronic back pain and ended his career. He remains proud of his decades as a miner and still socializes with former coworkers at a local café.

Carl has a history of alcohol use disorder, now drinking 2-3 beers on weekends; his son worries he sometimes drinks more when lonely. He continues to drive locally, avoiding highways, though his daughter-in-law reports that he recently “missed a turn on a familiar road” and neighbors say he drives very slowly. He denies accidents or near misses.



The 4Ms: What Matters

Knowing and aligning 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.

Why:

"Countless times I've heard clinicians say, 'I treat all of my patients the same.' But how do you know what matters to a patient if you're treating them all the same?"

**-Karen Bullock, PhD, Professor of Social Work,
Boston College**



https://www.johnahartford.org/images/uploads/resources/The_Growing_Demand_for_Age-Friendly_Care_Report_FINAL.pdf

The 4Ms: What Matters



What is important to you today?

What brings you joy?

What makes life worth living?

What are some goals you hope to achieve in the next six months or before your next birthday?

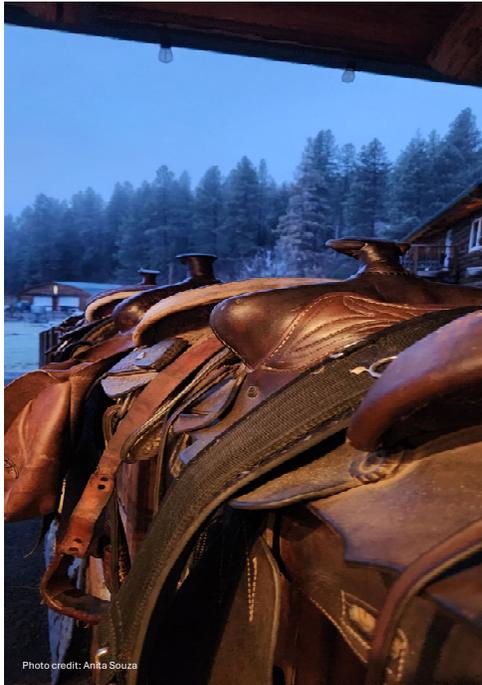
What would make tomorrow a really great day for you?

Frequency:

At least annually
Upon significant change of condition

Act On:

Align the care plan with What Matters most



4Ms In Practice: What Matters

- How would you engage with Carl on what matters?
- What question prompts might you consider?
- Which team member is responsible?

The 4Ms: 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.

Why:

- 4 in 10 older adults take 5 or more prescription medications
- 20% take ten drugs or more
- Lead to increased hospitalizations
- Drugs affect older adults differently



The 4Ms: Medication

Screen/Assess

Minimum Requirement: Must check first box or all eight medication boxes

- AGS Beers Criteria
- 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



Frequency:

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

Act On:

- Educate older adults and caregivers
- Deprescribe (dose reduction and medication discontinuation)

4Ms In Practice: Medications

- Carl's current medication list:
 - **Metformin** for diabetes diagnosed 3 years ago
 - Discloses that he still has some leftover medication from his prior surgeries that he uses at times. This includes **Oxycodone** that he uses for pain and occasionally **Valium** for sleep.
 - Local herbalist neighbor has provided him with a "memory supplement"

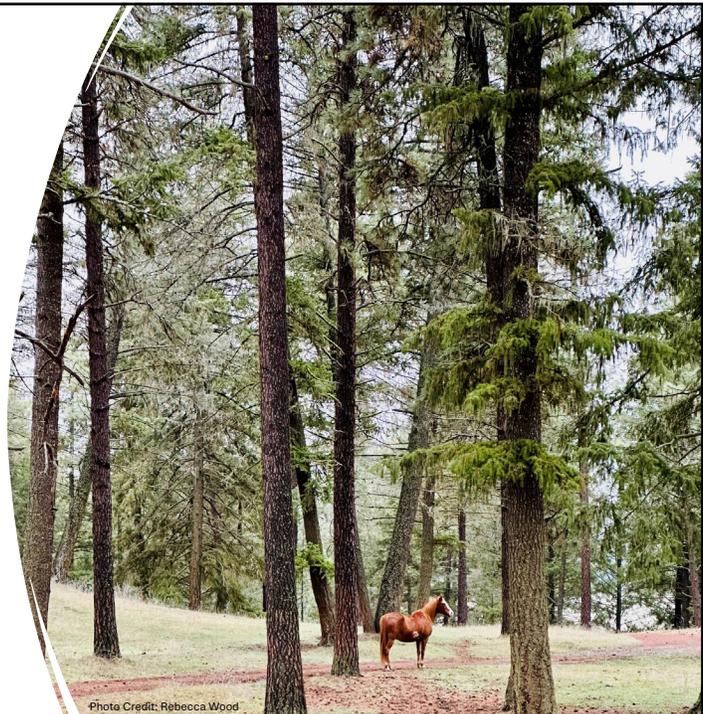


Photo Credit: Rebecca Wood

The 4Ms: Mentation

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

Why:

- Only 40% of older adults say their doctor regularly evaluates their cognitive/brain functioning



The 4Ms: Mentation



Cognitive Impairment: Screen

Minimum requirement: At least one box must be checked

- Mini-Cog
- AD-8
- BIMS
- Picture-based Memory Impairment Screen (PMIS)
- Rapid Cognition Screen

Depression: Screen/Assess

Minimum requirement: At least one of the first four boxes must be checked

- Patient Health Questionnaire (PHQ)-2
- Patient Health Questionnaire (PHQ)-9
- Geriatric Depression Scale (GDS)- short form
- Geriatric Depression Scale (GDS)

Cognitive Impairment: Assess

Minimum requirement: If screen is positive conduct an assessment

- SLUMS
- MOCA
- BLESSED (short)
- BLESSED (with caregiver)
- BOMC (blessed Orientation Memory Concentration)
- General Practitioner Assessment of Cognition (GPCOG)
- Global Deterioration Scale (GDS)
- Mini-Addenbrooke's Cognitive Evaluation
- Montreal Cognitive Assessment- Blind
- Psychogeriatric Assessment Scales (PAS)

The 4Ms: Mentation Continued



Cognition Frequency:

- At least annually
- Upon significant change of condition

Act On:

- Share results with older adult
- Provide educational materials to older adult and caregivers
- Refer to community organization for education and/or support

Depression Frequency:

- At least annually
- Upon significant change of condition

Act On:

- Educate older adult and caregivers
- Considering recommending anti-depressant

4Ms in Practice: Mentation

Cognition

- Missed bill payments
- Got lost driving home from the town store

Mood

- Reports feeling lonely

Substance Use

- Ongoing alcohol use and cravings

Caregiver perspective:

- "He repeats stories"
- "He seems more withdrawn"
- "We worry about him driving"
- How would you proceed?
- What is important to screen and assess for?



The 4Ms: Mobility

Ensure that older adults move safely everyday in order to maintain function and do What Matters

Why:

- 1/3 of 70-year-olds report restrictions in mobility in daily life circumstances
- Increased fall risk, injury, and hospitalization



4Ms in Practice: Mobility

- Carl reports walking his property daily to feed his animals
- Chronic back pain limits bending and lifting
- Shares that his home has limited outlets, so he uses extension cords and had a couple of near falls in the past couple of months.

What priority areas are we thinking about for Carl?

What questions should we ask or how do we assess?

The 4Ms: Mobility



Mobility: Screen/Assess*

Minimum requirement: One box must be checked

- Timed Up & Go
- Tinetti Performance Oriented Mobility Assessment
- Screening and assessment forms per physical therapy

* Recent revisions have added over 25 measures. The whole list can be viewed here: [Age-Friendly Health Systems Recognition | Institute for Healthcare Improvement](#)

The 4Ms: Mobility Continued



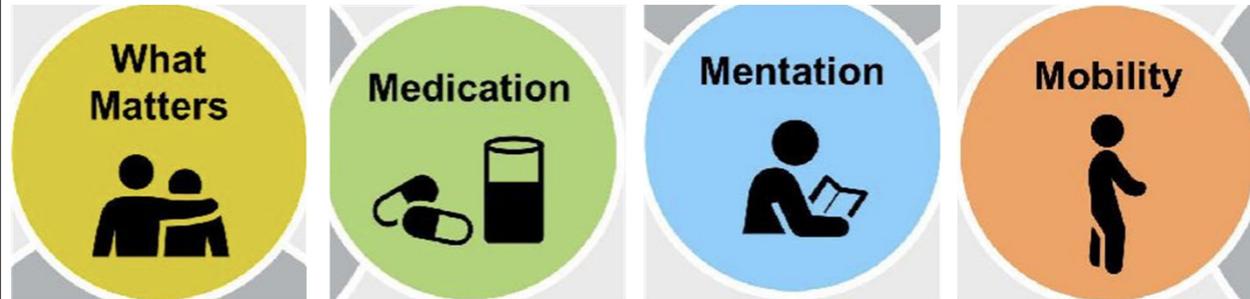
Mobility: Frequency

- At least annually
- Upon significant change of condition

Mobility: Act On

- Multifactorial fall prevention protocol (e.g., STEADI)
- Educate older adult and caregivers
- Manage impairments that reduce mobility (e.g., pain, balance, gait, strength)
- Ensure safe home environment for mobility
- Identify and set a daily mobility goal with older adult that supports What Matters, and then review and support progress toward the mobility goal
- Avoid high-risk medications
- Refer to physical therapy

Age-Friendly Care for Carl



Barriers and Solutions Discussion

Which M is hardest to implement in your setting?

Where do you experience interprofessional gaps?

Which M is most frequently missed in your setting?



Thank you!

Questions?

**Contact email:
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