Institute for Healthcare Improvement

Focusing on Equity at Every Step of Your Age-Friendly Health Systems Journey

Age-Friendly Health Systems

An initiative of The John A. Hartford 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).

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Over 3,100 US care locations have received recognition as Age-Friendly Health Systems. An Age-Friendly Health System reliably provides a set of four evidence-based elements of high-quality care, known as the 4Ms (What Matters, Medication, Mentation, and Mobility), to all older adults. To date, health systems have integrated the 4Ms into the care of more than 2.48 million older adults.

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association and the Catholic Health Association of the United States, set a bold vision to build a social movement so that all care with older adults is age-friendly care. To learn more and join the movement, visit ihi.org/AgeFriendly.

Institute for Healthcare Improvement

For more than 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

Introduction

The Age-Friendly Health Systems movement aims to provide evidence-based care to all older adults *equitably* across health care systems. In this context, focusing on equity means reliably assessing and acting on the 4Ms regardless of race, ethnicity, language, sexual orientation, gender identity, or social circumstance. To do this, systems striving to become Age-Friendly Health Systems need to understand and address existing inequities in care for older adults from groups that have been historically marginalized. The 4Ms were designed to provide care to older adults that will lead to a better quality of life and minimize harm. Identifying and addressing whether some groups are more or less likely to receive age-friendly care that aligns with the needs and preferences of the older adult and their caregivers is essential for any health system seeking to become Age-Friendly.

This article outlines the Recipe for Equity in the 4Ms — key considerations to increase equitable and reliable implementation of the 4Ms for all older adults at every step of the journey to becoming an Age-Friendly Health System. The recipe is informed by the insight from the Age-Friendly Health Systems Advisory Group, previous and ongoing work at IHI focused on equity, and the increasing global recognition of the impact of bias and systemic racism on health. The recipe and associated tips below are a culmination of the insights from these committed professionals. This work draws on the efforts currently underway in five health systems across the US to embed equity in the 4Ms.

The Recipe for Equity in the 4Ms

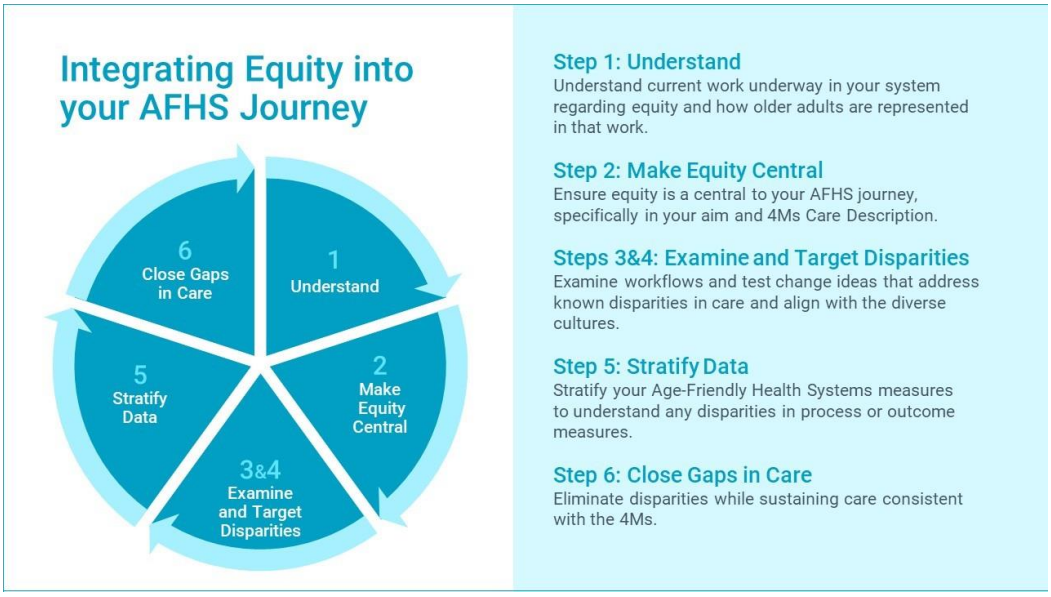

Figure 1. The Recipe for Equity in the 4Ms.

The steps of the Recipe for Equity in the 4Ms correspond to the existing six steps to for putting the 4Ms into practice found in the Guide to Using the 4Ms in the Care of Older Adults.

1. Understand the current work underway in your system regarding equity and how older adults are represented in that work. Stratify data you have related to outcomes for older adults and identify any existing inequities that can be addressed through your work.

   Possible Actions: Examine the following aspects of your health system:

   - Capabilities for reliable and accurate data collection and data stratification (e.g., by race, ethnicity, and language (REal), sexual orientation and gender identity (SOGI), or other factors)
   - Representation of older adults in conversations about existing inequities in care
   - The historical relationship between the health system and older adults belonging to groups that have been marginalized in your community
   - Existing community relationships that focus on work with older adults from diverse populations and with diverse needs
   - Opportunities to build or strengthen a relationship with the Diversity, Equity and Inclusion department and align your work
   - The experience at your organization of older adults belonging to groups that have been marginalized. Form connections with older adults with lived experience for feedback on what is working well and less well.

2. Ensure equity is a central piece of your AFHS journey.

   A) Include equity in your team aim.

   For example: *By December 31, Valleybrook will describe how they provide care consistent with the 4Ms and provide that care **equitably** for 85 percent of patients/residents 65 years and older.*

   B) Include what you already know about inequities in access to care and supports in your 4Ms care description. Where you have questions about equity in access, seek to understand through existing data and discussion with older adults and their caregivers from traditionally marginalized groups.

   Possible Actions: If you know of existing inequities in access, integrate assessing and acting on the 4Ms with the affected population as part of addressing those inequities.

3. Examine workflows and test change ideas related to assessing and acting on the 4Ms to address known and suspected inequities in care for older adults from diverse populations and with diverse needs.

   Possible Actions: Different groups may not have equitable access to regular visits such as Annual Wellness Visits, to technology such as telehealth or patient portals, or even to acute

care support programs such as HELP (Hospital Elder Life Program). When integrating the 4Ms, consider existing patterns of care and access to supports. To uncover inequities in access, begin by calculating the proportion of patients who access your programs stratified by race and ethnicity, as well as other factors relevant to your community. Compare that data to the overall census in your system and in the community.

Consider use of a structured equity lens when evaluating potential change ideas. For ideas, review the questions in Table 1 of this piece: Weaving Equity into Every Step of Performance Improvement.

4. Provide age-friendly care that meets the needs of diverse older adults.

   Possible Actions:

   - Start with What Matters. Prioritize asking and acting on What Matters with older adults belonging to groups that have been marginalized.
   - Integrate the 4Ms into programs designed to serve communities that have been marginalized. Partner with community organizations. Leverage existing outreach programs that serve older adults belonging to groups that have been marginalized.
   - Pay attention to the social determinants of health (SDoH)* as they impact the 4Ms for older adult patients. Integrate questions about SDoH into assessment of the 4Ms, If your system does not assess SDoH, begin adding these questions to appropriate touch points. Use the results to inform acting on the 4Ms. Examine data related to SDoH for older adult patients to identify common barriers and align supports to mitigate their impact on the 4Ms.

   *Social determinants of health (SDoH) are defined by the Centers for Disease Control and Prevention (CDC) as nonmedical factors that influence health outcomes. For further information on SDoH, please go to the CDC website here.

5. Stratify your data for 4Ms process and outcome measures and identify inequities between groups.

   Possible Actions: Examine your system's current state regarding race, ethnicity, and language (REaL) as well as sexual orientation and gender identity (SOGI) data collection and how to access stratified measures. Once you understand your health system's capabilities for data collection and analysis, start by stratifying one measure most closely linked to your current work. What do you learn? From there, expand to more measures.

6. Eliminate inequities while sustaining care consistent with the 4Ms.

   Possible Actions: While working to fully embed the 4Ms into your care, adapt approaches and resources to different languages, literacy levels, sexual orientations, and cultures. Before widely or permanently implementing a change, test it with diverse older adults and

modify as necessary to meet the needs of all who access care. For example, do resources represent care relationships across different sexual orientations? Do providers who talk about health care proxies and wishes for care through the end of life understand the nuances of how these conversations may vary in different cultures? How can conversations be adapted to suit different cultural norms?

As part of IHI's overall commitment to equity, the AFHS movement is deepening work to support health systems to understand and take action aimed at ensuring equitable access to care consistent with the 4Ms for all older adults. This piece represents the early stage that commitment, and the recipe will be iteratively improved and expanded based on feedback from Age-Friendly Health systems, experts in the field, and older adults and their caregivers. We look forward to working with all Age-Friendly Health systems to reach our goal of embedding age-friendly care equitably across systems.