



Age-Friendly Health System: Advancing Healthcare for Older Adults Adults

Guillermina R. Solis
PhD, APRN, F/GNP-C, FAANP



UTEP
GERIATRIC WORKFORCE ENHANCEMENT
PROGRAM IN THE BORDERLAND



- I have nothing to disclose.



UTEP
GERIATRIC WORKFORCE ENHANCEMENT
PROGRAM IN THE BORDERLAND

Objectives


Analyze the *4Ms of* Age-Friendly Health Systems and its integration in healthcare services for older adults



Discuss the benefits of implementing age-friendly practices in various levels of healthcare settings



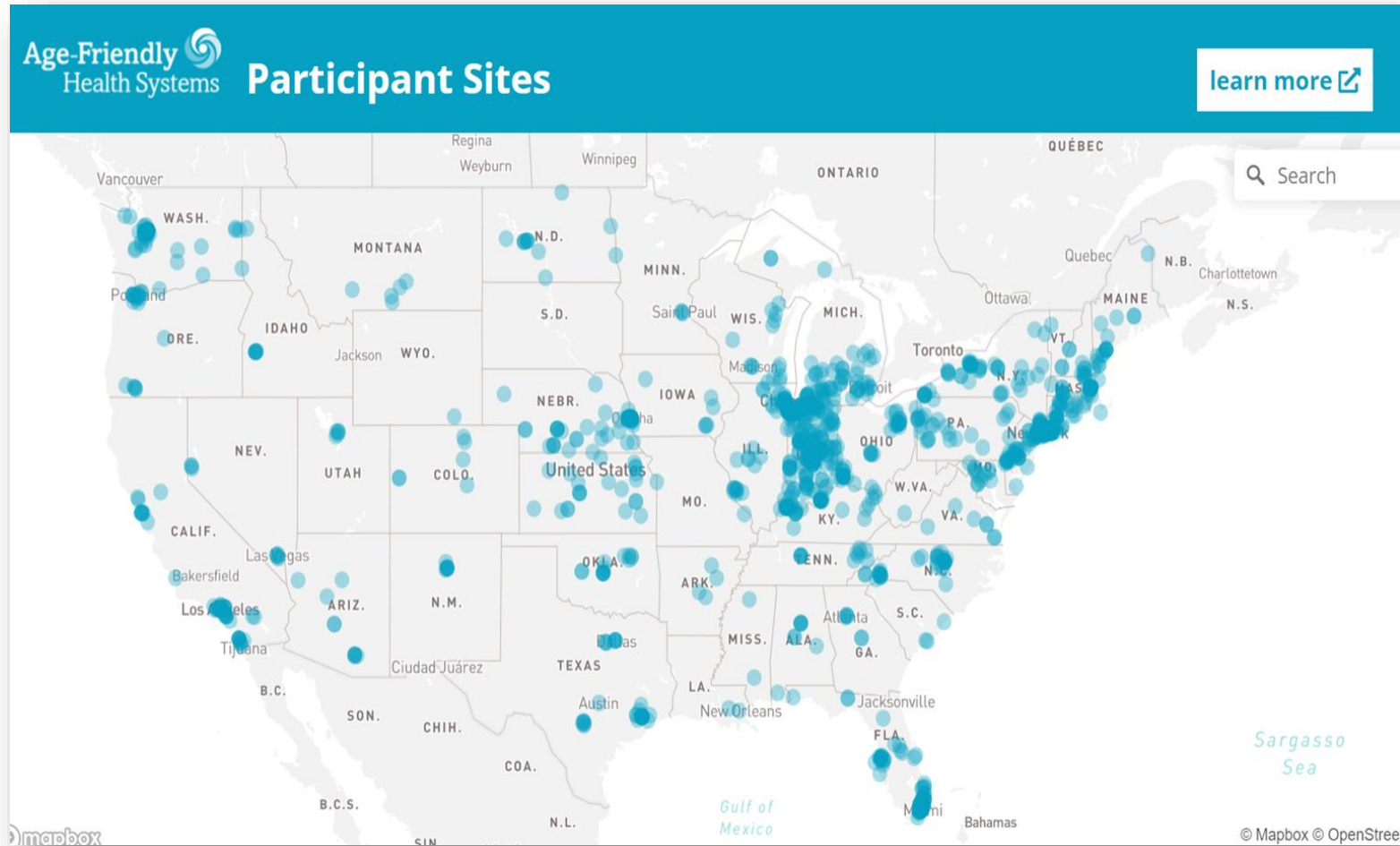
Explore strategies for implementation and challenges for creating age-friendly environments



Introduce Opportunity for Recognition as Level 1 & Level 2 Provider

Understand the origin of the national Age-Friendly Health Systems (AFHS) initiative and how it supports high quality care for older adults

Interactive Map of Recognized Age-Friendly Health Systems

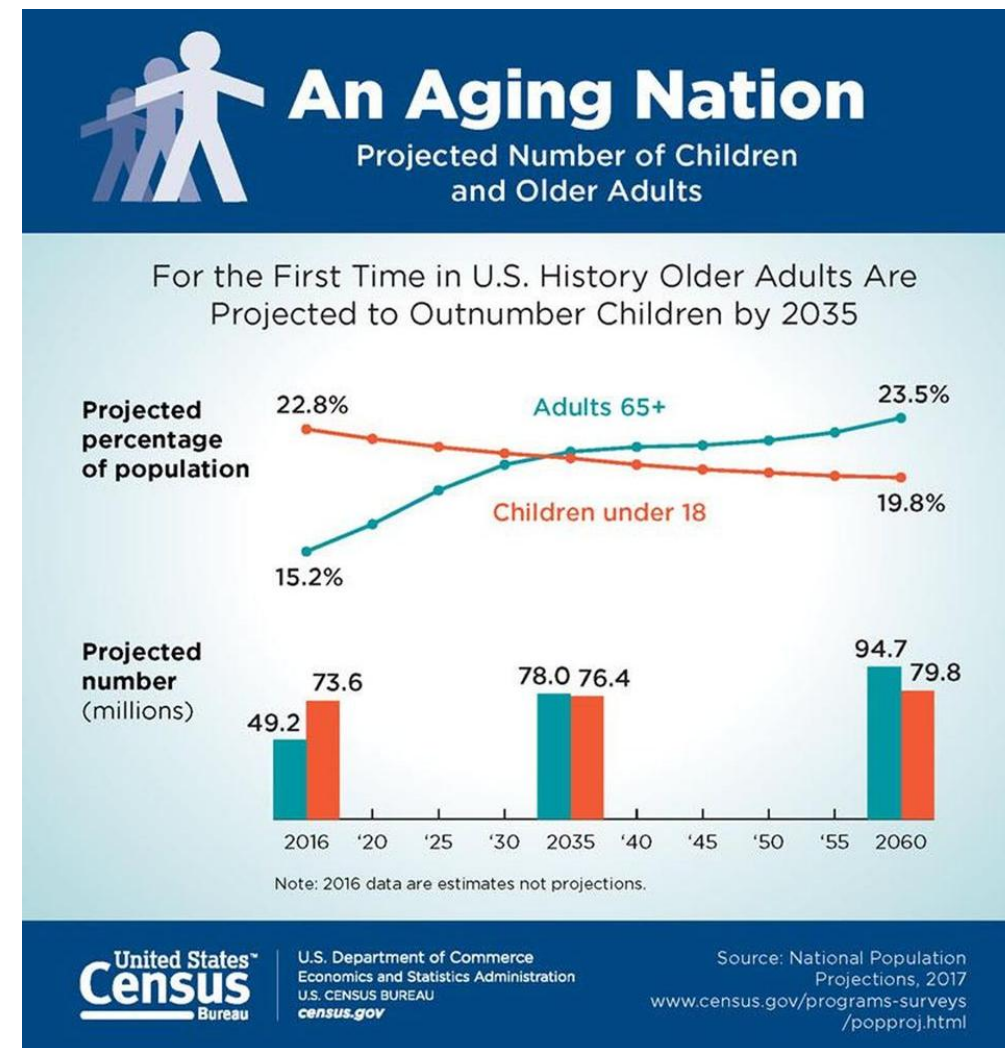


Countries with Recognized Age-Friendly Health Systems Participants:

- Australia
- Ireland
- Saudi Arabia
- South Korea
- United Arab Emirates
- Lebanon
- United States

Factors Impacting the Care of Older Adults

1. Demography
2. Complexity
3. Disproportionate Harm



The State of Aging and Health in America 2013. Atlanta: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013.

<https://www.cdc.gov/aging/pdf/State-Aging-Health-in-America-2013.pdf>

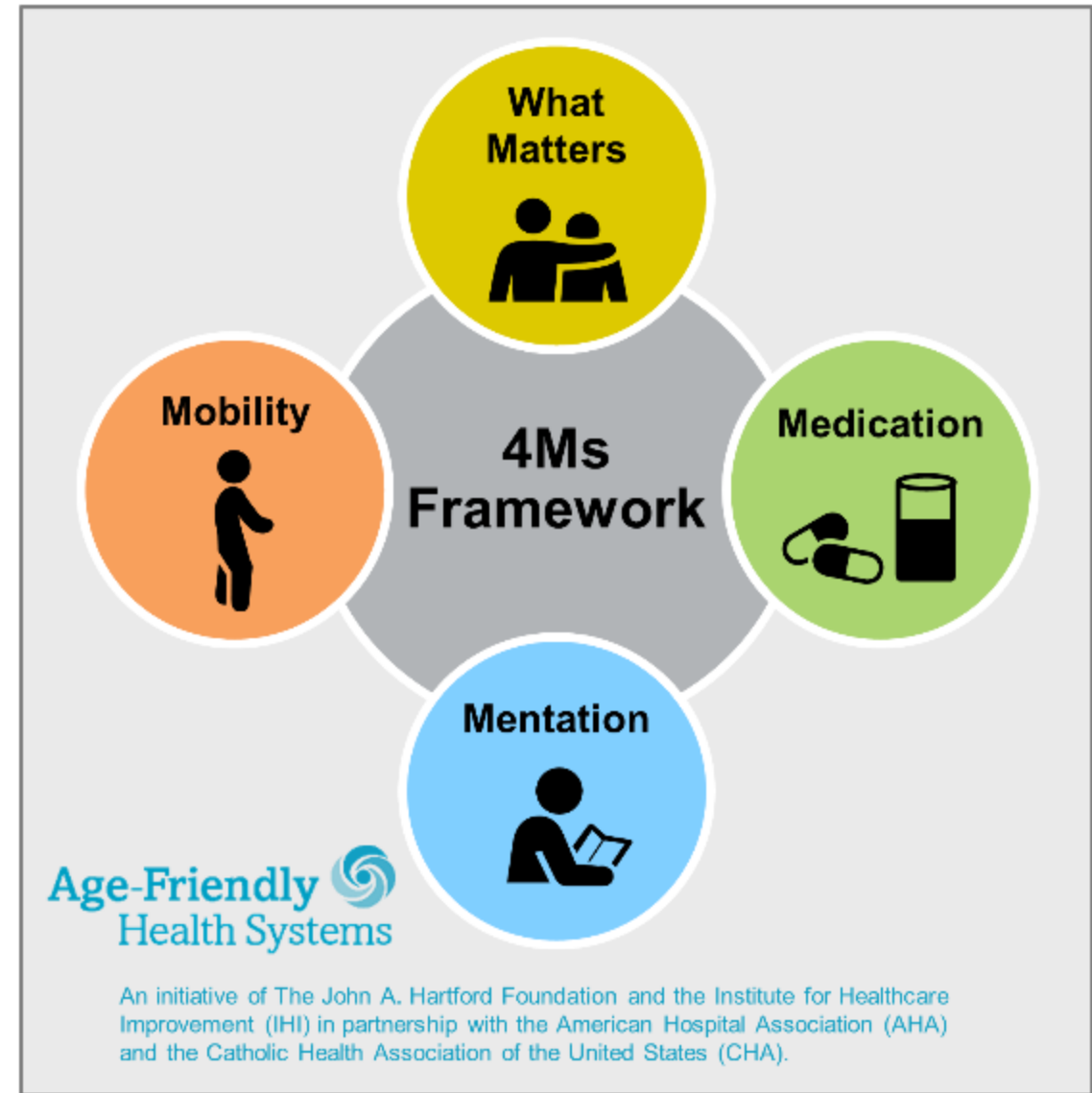
"Fact Sheet: Healthy Aging." National Council on Aging; 2016. <https://www.ncoa.org/resources/fact-sheet-healthy-aging/>.

U.S. Census Bureau, 2023. America is Getting Older. <https://www.census.gov/newsroom/press-releases/2023/population-estimates-characteristics.html>

AFHS Mission

Build a movement so all care with older adults is age-friendly care:

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

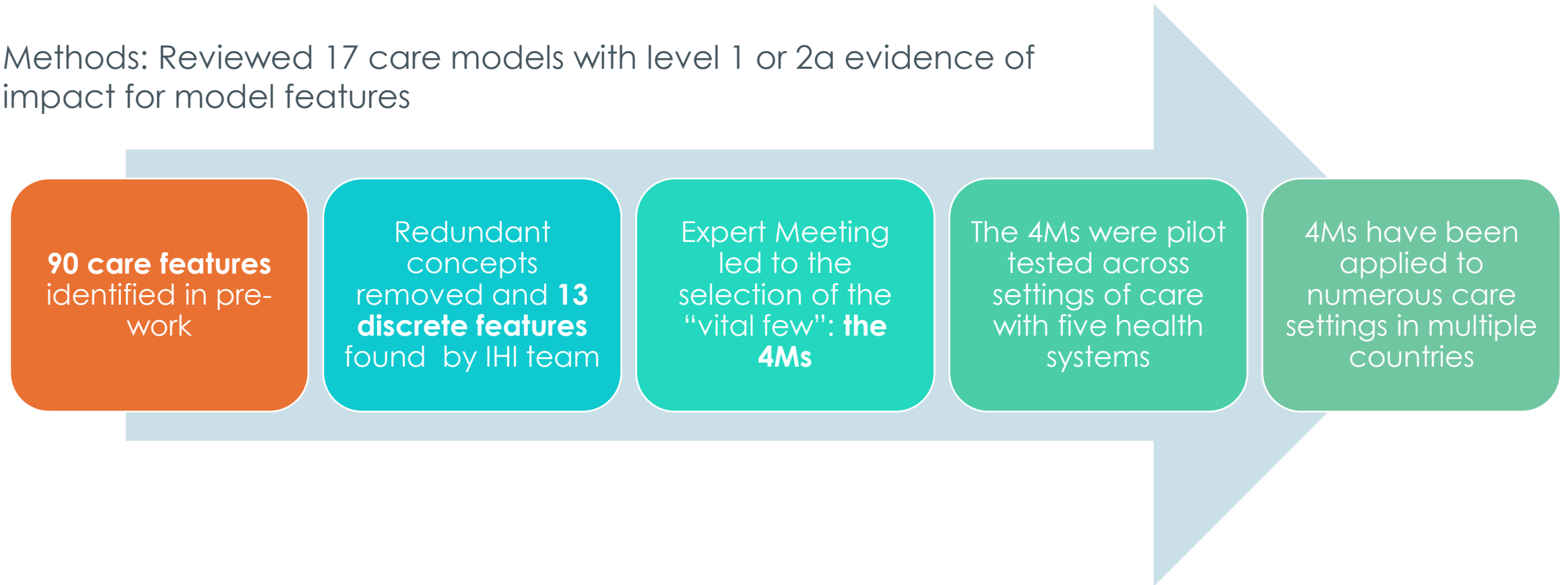


For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

Defining “Age-Friendly Care”

Set of Evidence Based-Practices Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact for model features



Why Age-Friendly Health Systems?

9

- Growing momentum
- “Sticky framework”
- Simplifies complexity
- Community of improvers
- Learning from the movement is informing regulation and policies



Older Adults Reached with 4Ms

More than 4.6 Million older adults have been reached with 4Ms care

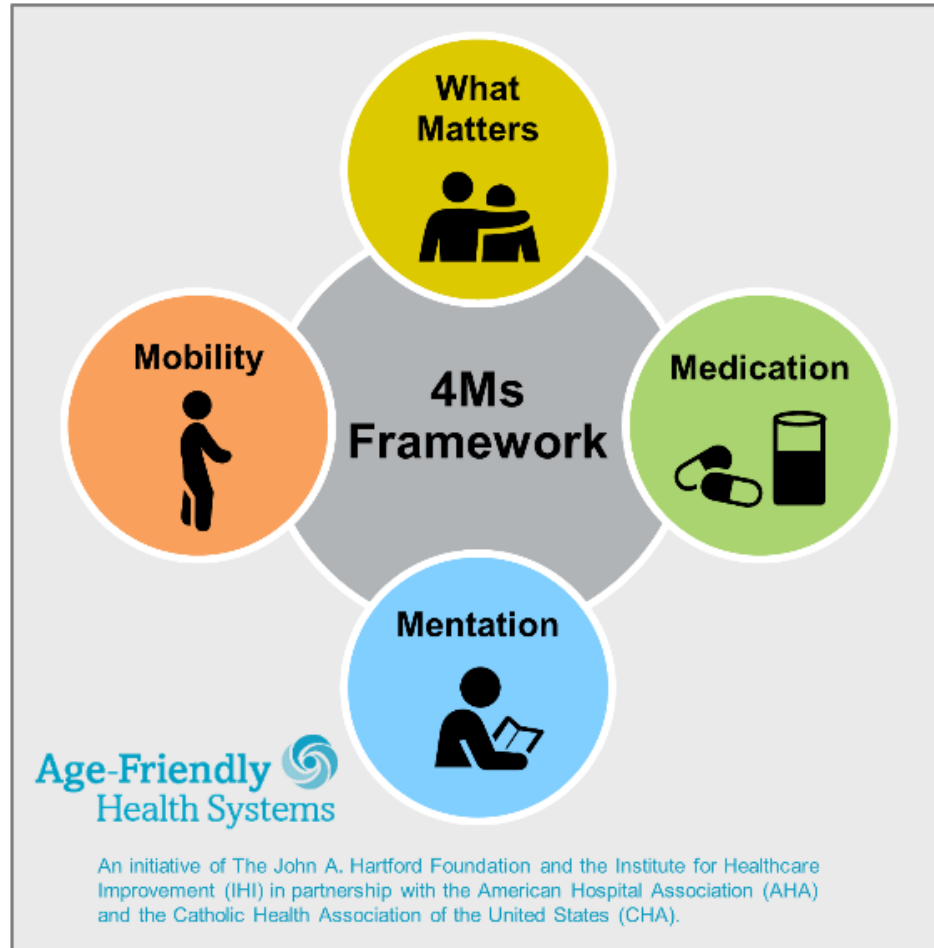
“...Screening [using] 4Ms is so powerful in finding patients who may benefit from services with geriatric principles.” Asan Medical Center, South Korea

“You guys have given me my mother back.” – the daughter of an older adult after seeing the impact of the mobility coaching and “move and groove” program that is part of 4Ms care at the University of Alabama Hospital.

“I feel like I matter.” - Patient at Sharp Healthcare, CA, USA

The 4Ms Framework of Age-Friendly Health Systems

The 4Ms



- Medication
- Mobility
- Mentation
- What Matters Most
- How they work together.

Activity: 6 Questions to think about



- When is this done?
- Who is responsible?
- What is the action they do?
- Where is it documented?
- Why is this important?
- How do we act on this information?

Medication



Review patient medications to identify any potential harm or drug interactions.



Ensure that all medications are beneficial



Medications do not interfere with What Matters Most, Mentation and Mobility

Medication evaluation tools

- Beers Criteria
- STOPP/START
- Deprescribing

The goal is to reduce harm and support cognitive and physical function

Mobility

- Ensure that older adults move safely every day to maintain function and do what they want to do.
- Evaluate for fall risk
- Create prevention plan



Mobility: Evaluation Tools

- Timed Up and Go (TUG) Test
- Morse Fall Scale (MFS)
- STEADI (Stopping Elderly Accidents, Deaths & Injuries)
 - Screening questions
 - Gait assessment
 - Strength tests (e.g., 30-Second Chair Stand)

Mentation (Mind and Mood)

Prevent, identify, treat and manage

- Dementia
- Depression
- Delirium

Across all settings of care

- Dementia is not diagnosed in the inpatient setting.
- Delirium



DEMENTIA:

An umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life

Types of Dementia

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- Mixed dementia:
dementia from more than one cause

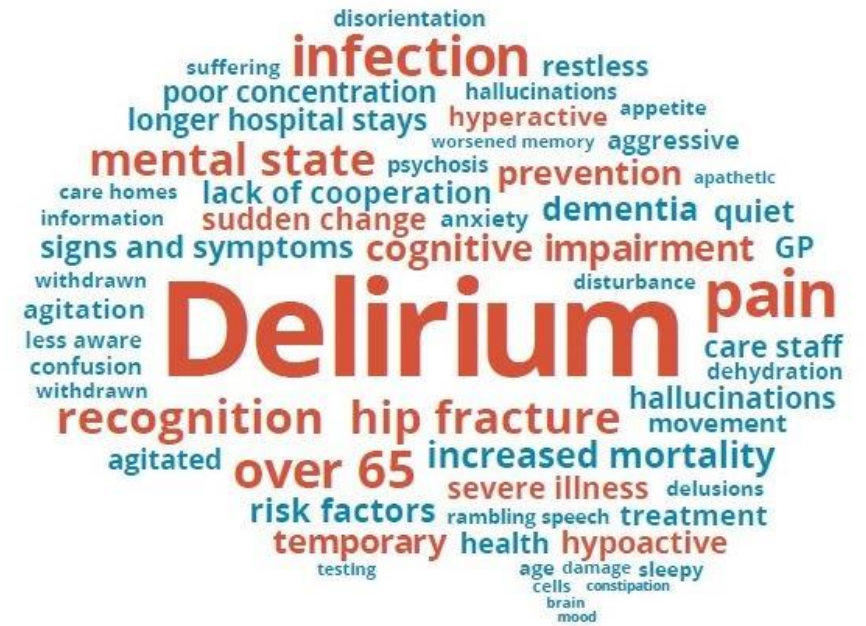
Depression



- Texas ranks 8th for seniors with depression.
- Prevalence rate 12.9%.
- 80% who experience depression have a treatable condition

Delirium

- Onset – occurs within a short time- 1 or 2 days
- Ability to stay focused is impaired
- Symptoms come and go



Mentation Evaluation Tools

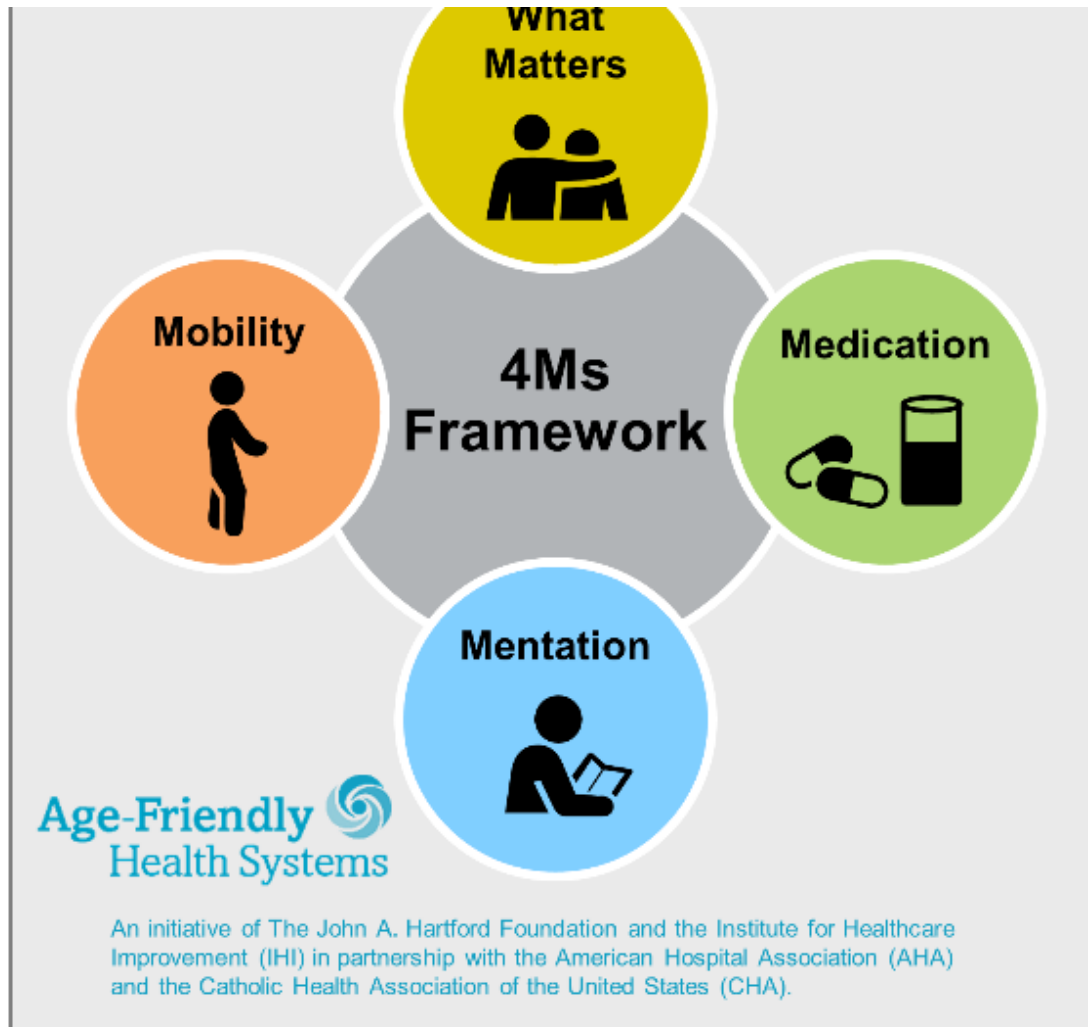
- PHQ-9
- GDS
- CAM- acute care settings
- Mini-Cog scale
- MoCA

What Matters Most

- 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
- What is most important
- *PATIENT CENTERED CARE*



Putting it all together: Participation



- What activities are you already doing?
- Where are prompts within your EHR?
- Who do you need on your team?

Recognition from IHI: Hospitals, Practices and Post-Acute Communities Can Achieve Two Levels. To date over 5,211 care settings are involved



Hospitals, practices, convenient care clinics, and nursing homes have described how they are putting the 4Ms into practices
([link to 4Ms Care Description](#))



Hospitals, practices, convenient care clinics, and nursing homes have shared the count of older adults reached with 4Ms care for at least three months

**Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence as of November 1, 2022.*

Achieve Recognition Levels

- Educate your team on 4M's
- Assess current care gaps
- Engage leadership for support
- Implement targeted interventions in each of 4Ms
- Monitor outcomes
- Adjust/improve process to achieve outcomes



SUPPORT FOR ACHIEVING LEVEL 1 & LEVEL 2 RECOGNITION

?



**UTEP
GERIATRIC WORKFORCE ENHANCEMENT
PROGRAM IN THE BORDERLAND**



INVITE TO ACCESS FREE GWEP EDUCATIONAL RESOURCES

mgllamas@utep.edu : mgaray4@utep.edu; gsolis2@utep.edu





THANK YOU

?



UTEP
GERIATRIC WORKFORCE ENHANCEMENT
PROGRAM IN THE BORDERLAND

References

- Alzheimer's Association Report. (2025). 2025 Alzheimer's disease facts and figures. *Alzheimer's & Dementia, The Journal of the Alzheimer's Association*.
<https://doi.org/10.1002/alz.70235>. <https://alz-journals.onlinelibrary.wiley.com/doi/full/10.1002/alz.70235>
- American Geriatrics Society. (2019). *Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults*. *Journal of the American Geriatrics Society*, 67(4), 674–694.
<https://doi.org/10.1111/jgs.15767>
- America's Health Rankings, United Health Foundation. *Depression –Age 65+ in Texas*. https://www.americashealthrankings.org/explore/measures/depression_sr/TX
- Centers for Disease Control and Prevention. (2022). *STEADI initiative for health care providers*. <https://www.cdc.gov/steady/>
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613.
<https://doi.org/10.1046/j.1525-1497.2001.016009606.x>
- Institute for Healthcare Improvement (IHI). (2023). *Age-Friendly Health Systems*. <https://www.ihl.org/partner/initiatives/age-friendly-health-systems>
- Morse, J. M. (2009). Preventing patient falls: Establishing a fall intervention program (2nd ed.). Springer Publishing Company.
- Nasreddine, Z. S., Phillips, N. A., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., ... & Chertkow, H. (2005). The Montreal Cognitive Assessment (MoCA): A brief screening tool for mild cognitive impairment. *Journal of the American Geriatrics Society*, 53(4), 695–699. <https://doi.org/10.1111/j.1532-5415.2005.53221.x>
- O'Mahony, D., O'Sullivan, D., Byrne, S., O'Connor, M. N., Ryan, C., & Gallagher, P. (2015). STOPP/START criteria for potentially inappropriate prescribing in older people: Version 2. *Age and Ageing*, 44(2), 213–218. <https://doi.org/10.1093/ageing/afu145>
- Podsiadlo, D., & Richardson, S. (1991). The timed "Up & Go": A test of basic functional mobility for frail elderly persons. *Journal of the American Geriatrics Society*, 39(2), 142–148.
<https://doi.org/10.1111/j.1532-5415.1991.tb01616.x>
- Southerland, L. S., et al. (2023). Barriers to and recommendations for integrating the age-friendly 4-Ms framework into electronic health records. *Journal of the American Geriatrics Society*, 71(3), 784–793. <https://doi.org/10.1111/jgs.18156>
- The John A. Hartford Foundation, (2025). *Age-Friendly Health Systems: The 4Ms Framework* . <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative>
- United States Census Bureau, (2023). America Is getting older. <https://www.census.gov/newsroom/press-releases/2023/population-estimates-characteristics.html>