Institute for Healthcare Improvement

Improving Public Health and Health Care for Older Adults:

The Three Keys to Cross-Sector Age-Friendly Care

Driver Diagram, Change Ideas, and Measures

This work was convened by the Institute for Healthcare Improvement in collaboration with the Michigan Health & Hospital Association and Trust for America's Health

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Authors

Laura Howell Nelson, Senior Project Manager, Institute for Healthcare Improvement (IHI)

Cayla Saret, Senior Managing Editor, Institute for Healthcare Improvement (IHI)

Contributors

Thank you to the core team members who worked on this project and contributed to this work:

- Deborah Bamel
- Dulce Legaria
- Ewa Panetta
- Leslie Pelton
- Christina Southey
- Megan Wolfe

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Institute for Healthcare Improvement

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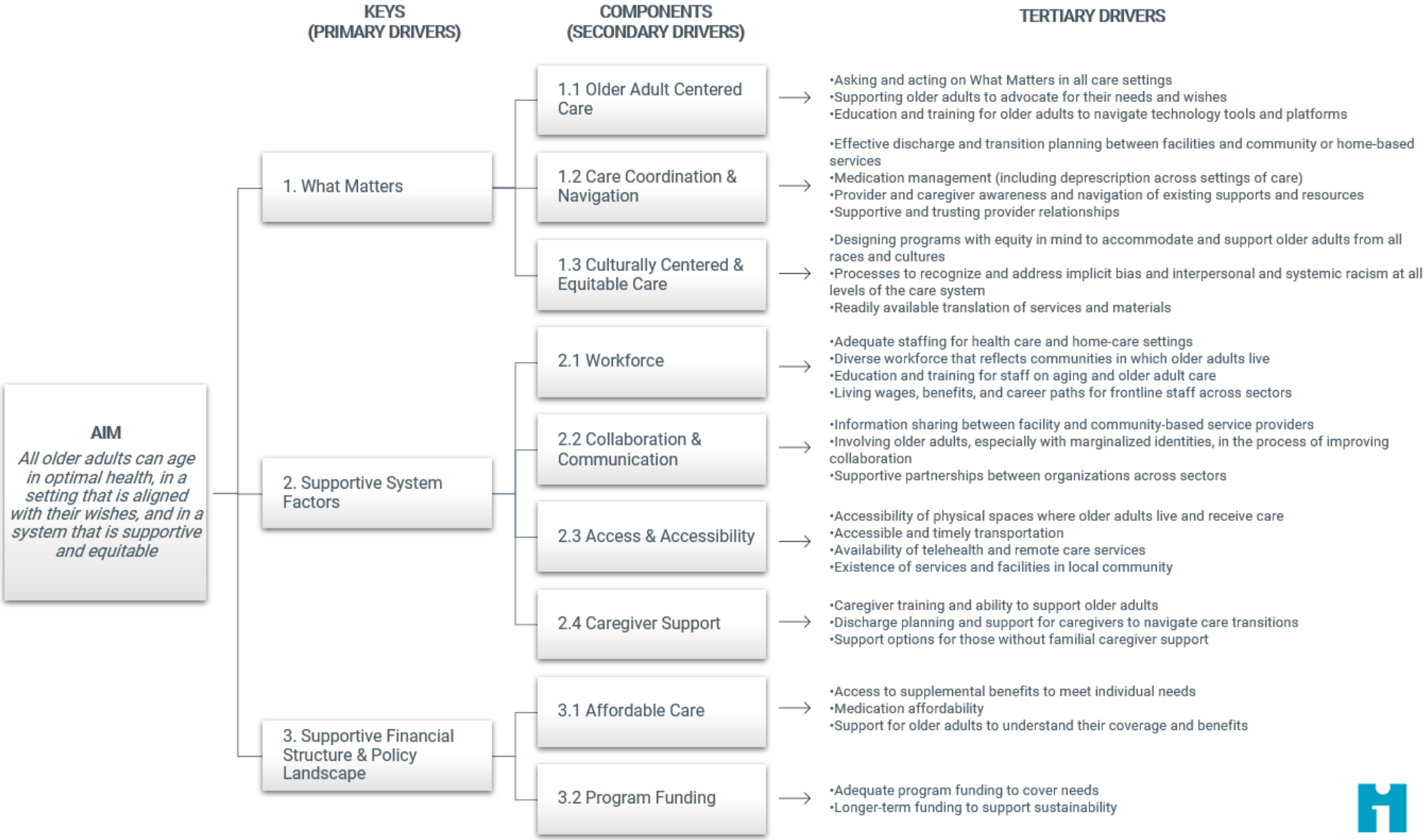
Appendix B: Driver Diagram



Appendix C: Change Ideas

<table>
<tr><th rowspan="2">Key</th><th rowspan="2">Component</th><th colspan="2">Change Ideas</th></tr>
<tr><th>Public Health</th><th>Health Care</th></tr>
<tr><td rowspan="3">1. What Matters</td><td rowspan="2">1.1 Older Adult Centered Care</td><td></td><td>1. Check with older adults regarding their comfort navigating key technology supports such as MyChart and telehealth
2. Reconcile medications at key touch points and look to deprescribe medications where appropriate
3. Train staff to provide older adults with options about care settings and discuss where they would prefer to age
4. Utilize What Matters tools and toolkit from Age-Friendly Health Systems as part of care delivery in all settings</td></tr>
<tr><td colspan="2">Across Sectors
1. Include older adults and their caregivers in community health needs assessments to understand needs of the community and integrate needs into state and community health improvement plans
2. Partner with Area Agencies on Aging (AAA) to identify supportive services for aging in place in local communities
3. Partner with community-based organizations to raise awareness about or create a local database or hub for available resources in individual communities or regions (No Wrong Door)
4. Support older adults and caregivers to advocate for their needs and wishes in all care settings</td></tr>
<tr><td>1.2 Care Coordination & Navigation</td><td></td><td>1. Create standard tools and checklists for discharge planning
2. Identify and incorporate electronic health record (EHR) features to support care coordination</td></tr>
</table>

		Across Sectors 1. Connect older adults with community-based organizations that provide counselling on the options available for care and support 2. Ensure older adults and caregivers have support to access follow-up services as needed upon discharge 3. Hire community health workers (CHWs), case managers, and patient navigators as core members of older adult's care team 4. Test follow-up processes to ensure care supports are received and adequate after discharge or transitions from services
	1.3 Culturally Centered & Equitable Care	**Across Sectors** 1. Collect and publish data on health disparities and link to quality and outcome measures 2. Conduct anti-ageism trainings 3. Ensure that all materials are provided in an older adult's primary language 4. Ensure that in-person translation services are provided in an older adult's and/or caregiver's primary language 5. Ensure processes exist for response and reconciliation in the event of discriminatory treatment 6. Provide implicit bias trainings for health care providers and staff and community service staff 7. Stratify health data by race and ethnicity, as well as other demographic factors relevant in your setting (such as religion, income level, and geography)
2. Supportive System Structures	2.1 Workforce	**Across Sectors** 1. Advocate for state licensing and certification requirements to include education on geriatric care and/or age-friendly care 2. Develop low-cost ways to translate documents 3. Develop systems for provider retention in all geographies for health care and home-care settings 4. Develop tools and trainings for staff that work with older adults (for example, Geriatrics workforce training) 5. Hire multilingual providers and staff (including care navigators and coordinators) 6. Partner with postsecondary education programs to incorporate training on aging and older adult care within educational or program curriculums (physician, nursing, social work, etc.) 7. Recruit and retain local staff to reflect diversity and language needs of the community

<table>
<tr><td></td><td>2.2 Collaboration & Communication</td><td colspan="2">Across Sectors
Coordinate with community-based organizations to ensure access to or develop educational materials about available community resources for older adults in provider offices and senior centers
Partner with aging services or community-based organizations to enhance or develop a trusted referral system that allows health care organizations to share data across sectors
Develop structures to close referral loops
Collaborate with partners from other sectors in funding opportunities
Utilize existing referral networks such as the Michigan Health Information Network (MiHIN) or Care Connect</td></tr>
<tr><td rowspan="2"></td><td rowspan="2">2.3 Access & Accessibility</td><td>Connect older adults with providers of the appropriate equipment to access technology platforms, when required
Partner with aging services or community-based organizations for transportation supports as required so that older adults can access services regardless of location and physical ability
Partner with aging services or community-based organizations to provide access to multigenerational tutoring to set up and use technology</td><td></td></tr>
<tr><td colspan="2">Across Sectors
Center age-friendly practices in communicating information with older adults, e.g., have information written down and tailored to older adults and/or caregivers with varying literacy levels
Conduct a walk-through of spaces with older adults and caregivers to identify and address barriers to access or risk of injury based on physical or cognitive ability
Connect older adults and caregivers with training opportunities on how to use telehealth resources from a home health worker or community health worker
Consider hub-and-spoke models to extend reach of services to rural and remote locations</td></tr>
</table>

	2.4 Caregiver Support		1. Include caregivers in all discharge education and planning conversations 2. Utilize caregiver resources from Age-Friendly Health Systems
		1. Provide information about and access to training, resources, and support groups for caregivers	
3. Financial Structure & Policy Landscape	3.1 Affordable Care		1. Ask older adults and caregivers about affordability of their medications and other care needs and coordinate support as required 2. Partner with advocacy organizations to build support for payment models that reimburse for or include care coordination across sectors 3. Partner with aging services organizations (such as AARP and AAAs) to connect older adults with tools and resources to navigate their insurance coverage and benefits, considering varying language and literacy levels
		Across Sectors 1. Connect older adults with simplified tools for payment and insurance options and step-by-step caregiver guidance (for example, a community passport) 2. Ensure access to or develop a website that assesses coverage and cost for services based on the older adult's insurance coverage	
	3.2 Program Funding	1. Identity resources to help organizations navigate the complex funding landscape and relieve administrative burden	
		Across Sectors 1. Advocate for long-term or multi-year age-friendly collaborations across sectors to promote strategic alignment and funding sustainability that reaches the local level 2. Prioritize funding to projects and programs that are multi-disciplinary and will support collaboration between health care and public health entities (vs. siloed funding)	

Appendix D: Process & Outcome Measures

Process Measure Table

Primary Driver	Secondary Driver	Measure	Numerator	Denominator	Reporting Frequency	Context to Consider
1. What Matters	1.1 Older Adult Centered Care	*Number (or %) of adults who report that their care is in alignment with their goals (measured by collaboRATE tool)*				
	1.2 Care Coordination & Navigation	*Number (or %) of older adults receiving services from a care coordinator or enrolled in case management program*				
	1.2 Care Coordination & Navigation	*Wait time for services: average number of days between referral made and when services start*				
	1.3 Culturally Centered & Equitable Care	*Patient experience questions from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (select the measures that are most relevant to your work)*				
2. Supportive System Structures	2.1 Workforce	*Staff breakdown by race, ethnicity, and language (compared to wider community)*				

	2.2 Collaboration & Communication	*% of older adults who leave the hospital with referral or warm handoff to desired support services in their community (or % of older adults connected to appropriate community support within 30 days of discharge)*				
	2.3 Access & Accessibility	*% of older adults in the community, service area, or public health who are able to access telehealth services (or % of visits for older adults being provided via telehealth)*				
	2.4 Caregiver Support	*% of patients with caregiver identified in chart*				
3.Financial Structure & Policy Landscape	3.1 Affordable Care	*% of older adults who report being able to afford medications each month*				
	3.1 Affordable Care	*% of older adults who report not being able to get the care they need due to financial reasons*				
	3.2 Program Funding	*% of programs supporting older adults that are on year-to-year or short-term grant funding*				

Outcome Measure Table

Measure	Numerator	Denominator	Reporting Frequency	Context to Consider
% of older adults who agree or strongly agree with the statement, "I get the care, supports, and services that I need and want when I need and want them"				
% of older adults who report being able to age in their desired setting				