A National Evidence-based Implementation Project

Leading Age-Friendly Care in Convenient Care

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By the year 2034, the Pew Research Center estimates the US will have over 77 million adults over the age of 65, nearly 20 percent of the population of most states and by 2050 nationally we will reach 22% of the population over 65. (Cohn & Taylor, 2010)
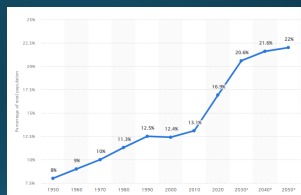
US Seniors as a percentage of the population 1950-2050
Published by Statista Research Department, Jun 2022

Evidence-Based Care Not Reliably Applied

- We have lots of evidence-based geriatric-care models of care that have proven very effective

- Yet, most reach only a portion of those who could benefit
  - Difficult to disseminate and scale
  - Difficult to reproduce in settings with less resources
  - May not translate across care settings

Model Beneficiaries

8.7%

IHI Analysis of Model Beneficiaries 2016
Met Need – 8.7%
Unmet Need – 91.3%

23

Age-Friendly Health Systems

The John A. Hartford Foundation

Age-Friendly Health Systems

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
Is consistent with What Matters to the older adult and their family

Aim: Reach older adults in 2,600 hospitals, practices, convenient care clinics, and nursing homes that apply the 4Ms equitably and are recognized as Age-Friendly Health Systems Participants by June 30, 2023

Fulmer, T., Mate, K. S., & Berman, A. (2018). The age-friendly health system imperative. *Journal of the American Geriatrics Society, 66*(1), 22-24.

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Why the 4Ms?

- Represents core health issues for older adults
- Builds on strong evidence base
- Simplifies and reduces implementation and measurement burden on systems while increasing effect
- Components are synergistic and reinforce one another

Slide 1

Age-Friendly Health Systems = Evidence-Based Care

Age-Friendly Health Systems | The John A. Hartford Foundation

What Matters:
- Asking what matters and developing an integrated systems to address it lowers inpatient utilization (54% decr.), ICU stays (80% decr.), while increasing hospice use (47.2%) and pt satisfaction (AHRQ 2013)

Medications:
- Older adults suffering an adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
- 1500 hospitals in HEN 2.0 reduced 16,611 adverse drug events saving $78m across 34 states (HRET 2017)

Mentation:
- Depression in ambulatory care doubles cost of care across the board (Unutzer 2009)
- 16:1 ROI on delirium detection and treatment programs (Rubin 2013)

Mobility:
- Older adults who sustain a serious fall-related injury required an additional $13,316 in hospital operating cost and had an increased LOS of 6.3 days compared to controls (Wong 2011)
- 30+% reduction in direct, indirect, and total hospital costs among patients who receive care to improve mobility (Klein 2015)

Mate K, Fulmer T, Pelton L, et al. Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum. Journal of Aging and Health. February 2021. doi:10.1177/0898264321991658

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Slide 2

A Goal Met and a Growing Movement!

Age-Friendly Health Systems | The John A. Hartford Foundation

Our First Goal: **Spread to 1,000 sites by end of 2020**

Success!
>2800 hospitals, practices, convenient care clinics and nursing homes have joined the movement!

Age-Friendly Health Systems
Participant

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Slide 3

A Growing Number of Partners

The John A. Hartford Foundation

- Institute for Healthcare Improvement
- American Hospital Association
- CHA
- ECHO
- NEW YORK STATE Department of Health
- FRANCES PAYNE BOLTON SCHOOL OF NURSING CASE WESTERN RESERVE UNIVERSITY
- minute clinic
- HRSA Health Workforce
- RUSH
- n4a
- AARP Real Possibilities
- GAPNA
- CENTER FOR CONSUMER ENGAGEMENT in health innovation
- Age-Friendly Health Systems
- THE SCAN FOUNDATION
- UCLAAnderson SCHOOL of MANAGEMENT
- MASSACHUSETTS HEALTHY AGING COLLABORATIVE

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Implementation Guidance

Recognition from IHI:
Hospitals, Practices and Nursing Homes Can Achieve Two Levels

Participant — 2068 — Hospitals, practices, convenient care clinics, and nursing homes have described how they are putting the 4Ms into practices [1]

Committed to Care Excellence for Older Adults — 470* — 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 March 17, 2021

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

MinuteClinic:
Improving access to high-quality, lower-cost care with high satisfaction

Access
1,100+ clinics in 33 states and D.C.
7 days per week walk-in care, including evenings

Quality
~3,100 providers (NPs/PAs) using evidence-based guidelines
Accredited by The Joint Commission

Value
Costs 40% less than urgent care[1]
Electronic data transfer to plans and providers

Satisfaction
94% overall patient satisfaction
84.1 net promoter score

1. Urgent Care Association, "2018 Benchmark Report."
The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.
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CVS Health

MinuteClinic service offerings continue to expand to meet patient needs

2000   2022

Initial retail clinic model

Acute minor illness/injury care

Common vaccinations including flu shot

Wellness "biometric screenings"

Point-of-care testing

Addition of basic chronic care support

Diabetes, hypertension, hyperlipidemia and hypothyroidism

Monitoring of conditions, including point-of-care testing (e.g., A1C)

Expansion of other services

Expansion of chronic care to include **first-line medication** initiation and outside lab testing

Testing and treatment for STDs

Screenings (depression, alcohol/drug)

Telehealth option for care

Introduction of **HealthHUBs**

Age Friendly Health Systems Committed to Care Excellence in over 600 clinics

Current service expansion

Enhanced in-house specimen collection

Chronic care expansion enabling more treatment options, more conditions (e.g., COPD)

Comorbidity screenings (e.g., sleep apnea screening)

COVID-19 Point of Care Testing & Treatment

The CVS Health Purpose:

"Bringing our heart to every moment of your health"

Age-Friendly Health Systems aligned with CVS Health/ MinuteClinic Purpose & Heart at Work Behaviors

Our HeartAtWork Behaviors

Put people first

Rise to the challenge

Join forces

Create simplicity

Inspire trust

These behaviors accelerate our purpose by keeping the customer and colleague at heart.

♥CVS Health.

The 4Ms of Age-Friendly Care

What Matters

Mobility

4Ms Framework

Medication

Mentation

Age-Friendly Health Systems

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.

Age-Friendly Health Systems

How would one implement the 4Ms at a National NP-led Convenient Care Practice?

- ❖ IHI Age-Friendly Health System Action Community
- ❖ Front-Line provider feedback, focus groups
- ❖ "4Ms Definitions"
- ❖ Patient interviews
- ❖ Development of Patient-Facing Materials
- ❖ Development of Orientation and other Training Content
- ❖ Design and Build of Epic 4Ms Workflow
- ❖ Data Analytics

Implementation Science

Determinants Framework

Consolidated Framework for Implementation Science

Evaluation Framework

RE-AIM Framework: **Reach, Effectiveness, Adoption, Implementation, and Maintenance**

Strategies

Expert Recommendations for Implementing Change "ERIC"
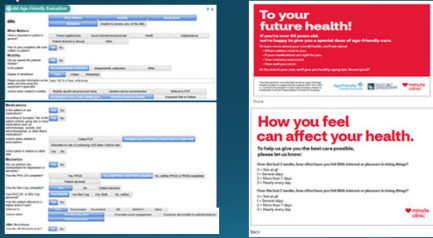

Consolidated Framework for Implementation Science

Inner Setting
Outer Setting
Individuals
Intervention
Process

WORLDVIEWS ON EVIDENCE-BASED NURSING

Sigma

Special Issue

Pre-Implementation of the Age-Friendly Health Systems Evidence-Based 4Ms Framework in a Multi-State Convenient Care Practice

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Barriers and Faciliatators

RE-AIM

Age-Friendly Health Systems Convenient Care Continuum Logic Model

Objective: to extend the reach and impact of Age-Friendly Health Systems principles within convenient care settings. Opportunity: to develop a plan to implement the Age-Friendly Health Systems initiative within the CVS MinuteClinic health system. *denotes an output, process, or outcome measure designated by the IHI Guidelines

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
What we invest (resources)	What we do:	Direct products of program activities	Changes in behavior, knowledge, attitudes, conditions:
FTE/staff	Maintenance of virtual clinic and educational platform Implementation Strategies	1. Virtual clinic (NP time spent in virtual clinic, NP competency) 2. Educational platform (# of sessions attended; # of NPs trained) 3. Practice-based implementation strategies	Care Delivery • NP 4Ms actions are conducted for all eligible patients (compliance rate) • Delivery of 4Ms care within standard times allotments
Faculty experts			
Partners: CVS, IHI, John Hartford Foundation	Age-Friendly "4Ms" EPIC System Integration	7. # of 4Ms assessments and prevalence rates (including what matters, medications, dementia, depression, mobility documentation)*	
Technology		8. # of provider 4Ms related act-ons – referrals, further testing, educational materials, deprescribing, integration of what matters	Satisfaction • Maintained patient satisfaction with using CVS • Increased # of older adults >65 using MC • Increased # of people coming back for services
Collaborating institutions: Rush University		9. # of NPs that deliver all 4Ms assessments and # of act-ons 10. Counts and rates (%) of people receiving all 4Ms (volume) < 65, 65-74, 75-84, 85+ years and according to race/ethnicity*	
Consultants		11. Practice based tool kits – # of brochures given to patients 12. Revisions to the EPIC system workflow and screens	Health • Decrease in prescribed, high-risk medications (i.e., AGS and Beers)
Front-line support (DNP Fellows, informants)	Patient and NP Surveys	13. collaboRATE – participant survey of care concordance with what matters*	Transitions of care (hubs sites)
Champions		14. Impact on Care Team – two qualitative questions completed by NPs*	• Decreased Emergency Department (ED) visits*
	Develop and evaluate two booster trainings	15. Create PDSA and Virtual Clinic booster training materials 16. Feasibility survey on booster trainings 17. Self-efficacy and/or reflective practice survey on booster trainings 18. Qualitative feedback on booster training experience	
Updated: 2/22/2022			

Implementation Strategies & Expert Recommendations for Implementing Change "ERIC" Strategy Types

Professional Development / Practice-Based Tools / Infrastructure

ERIC Strategy Type Examples *(Powell et al 2015)*
- Develop effective educational materials
- Conduct ongoing training
- Identify early adopters
- Identify and prepare champions
- Make training dynamic
- Use advisory boards and work groups
- Tailor strategies to overcome barriers and honor preferences
- Prepare patients/consumers to be active participants
- Develop tools for quality monitoring

†Strategy type determined from the Expert Recommendations for Implementing Change. Powell et al. *A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project.* Implementation Science (2015) 10:21

Implementation strategies developed & piloted during an 18-month planning period (2018-2019)

Practice Based Tools
- Epic 4Ms Tab
- Screening Tools
- AGS Beer's Criteria Synopsis
- Pocket Card
- Patient Brochure

Professional Development
- Communication
- Orientation
- Virtual Clinic
- Resource Portal
- Video Vignettes
- Champions
- Grand Rounds
- CE Credits
- Certification

Value Added/ROI
- Tableau/Epic Reports
- Quality Improvement
- Patient Satisfaction
- Implementation Tool Kit

Practice Based Tools:
Epic Health Record   Pocket Card

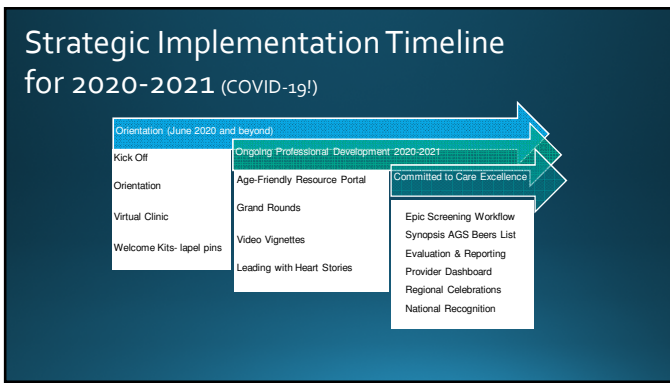## Practice Based Tools: Patient 4Ms Brochure

- Developed by CWRU Faculty, IHI Consultants and MC Implementation Team
- Reviews Age-Friendly Health Systems Purpose and History
- Introduces 4Ms: What Matters, Medication, Mentation & Mobility
- Space for NP to document "action Steps" pertaining to each "M"

Age-Friendly Health Systems
MinuteClinic Orientation "Roadmap"

Strategic Implementation Timeline for 2020-2021 (COVID-19!)

Orientation (June 2020 and beyond)

Kick Off	Ongoing Professional Development 2020-2021	Committed to Care Excellence
Orientation	Age-Friendly Resource Portal	Epic Screening Workflow
Virtual Clinic	Grand Rounds	Synopsis AGS Beers List
Welcome Kits- lapel pins	Video Vignettes	Evaluation & Reporting
	Leading with Heart Stories	Provider Dashboard
		Regional Celebrations
		National Recognition

Ongoing outreach & feedback for improvement

- Top performers to identify best-practices
- Late adopters to develop a support-plan
- Internal MC Intranet page development for easy access to resources
- Gather feedback from the field and share with the national Age-Friendly Regional Champion team
- Updated training tools, demonstration, role-playing

AFHS Dashboards
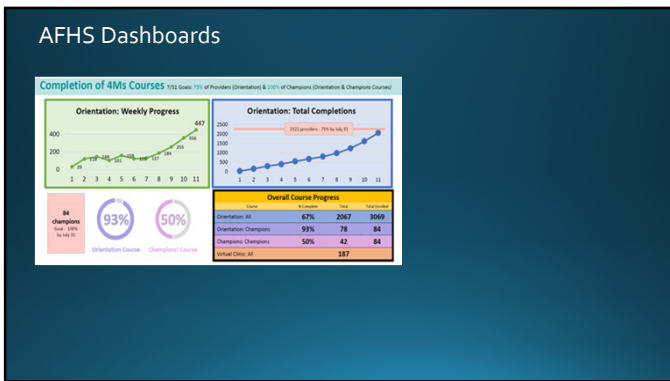
Tableau Data Analytics

- Support Real Time Monitoring of 4Ms implementation & Interventions
- > 32K Total 4Ms visits
- >300,000 "Ms" assessed/acted on since implementation June 2020

Proportion of eligibile patients completing 4M by week (n=324,245): 2020-2022 (p Chart)
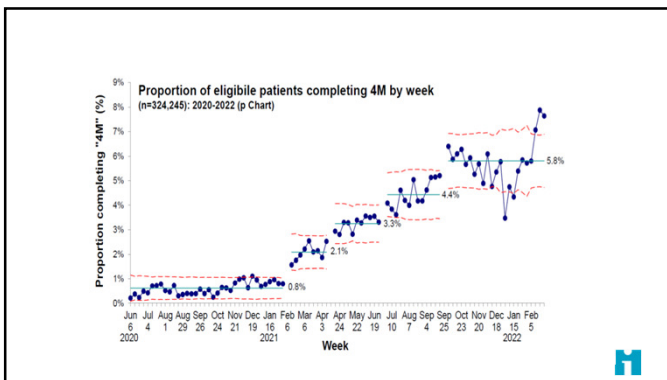
MinuteClinic has achieved IHI Age-Friendly Health System Committed to Care Excellence designation in 65 Regions to date (100%)

Key Driver

- Executive
- Managerial
- Front-line

*Publication in Nurse Leader, February 2023

~Thank You~

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