Creating an age-friendly health system for older people

A group of rural health services from Indigo Shire in northeast Victoria worked with US experts, local academics, local council, and consumers to co-design an age-friendly, person-centred approach to delivering care to older people in rural communities.

## Background

Hospitals and healthcare have become complex, fragmented, busy and expensive for older people.

There is often unnecessary service duplication, with older people having to tell multiple staff their medical history (sometimes on the same day) and with different doctors in different hospitals repeating the same tests or prescribing multiple medicines.

Older people can also decline in mobility, thinking skills and the ability to care for themselves when in hospital, unrelated to their illnesses.

Age-friendly environments that ensure older people are engaging in healthy behaviours and are socially connected, respected and valued can improve their quality of life and help to prevent or delay many health problems related to ageing and chronic disease.

Led by Beechworth Health, the Indigo Consortium – a partnership between health services in Indigo Shire and the Victorian Department of Health and Human Services – set out to co-design an age-friendly approach that could be applied at all points of care for older people in rural communities – from primary care, residential aged care and community services to hospitals and ambulatory care.

This whole-of-system approach drew from two international, evidence-based models:

* the [**Institute for Healthcare Improvement’s (IHI) 4Ms framework**](http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Resources.aspx), which identifies four core elements – mentation, mobility, medications and (what) matters – with nine specific actions that can reduce harm to older people and improve health outcomes
* the [**World Health Organization’s (WHO) Integrated Care for Older People (ICOPE) guidelines**](https://www.who.int/ageing/health-systems/icope/en/), which enable healthcare professionals to detect declines in physical and mental capacities and deliver effective interventions to prevent and delay progression.

The consortium aimed to develop an ‘Indigo age-friendly health system model’ that would reduce hospital-acquired harm and variations in care for older Victorians, improve their health and wellbeing outcomes, and enhance the capacity of the regional health system.

Building an age-friendly Indigo health system

**Lead** Beechworth Health

**Partners** Albury Wodonga Health, Gateway Health, Indigo North Health, Indigo Shire, John Richards Centre Rural Health and Ageing Research, North East Health Wangaratta, Upper Hume PCP, Yackandandah Health

**Duration** November2018 – April 2020

**Key outcomes**

* Developed the Indigo 4Ms framework, a framework to deliver better care for older people living in regional and rural Victoria that has been endorsed by clinicians and consumers and can be used in any care setting
* Demonstrated that the framework can improve patient health and social outcomes and potentially achieve significant cost savings
* Identified strategies to help health services implement the Indigo 4Ms framework

## Key activity

* Academics from La Trobe University independently reviewed Australian rural health research against the IHI 4Ms framework to determine if its four core elements were suitable for a local context. An expert team of healthcare providers and consumers then assessed the review findings against their clinical knowledge and lived experience, confirming the framework was relevant and useful for a local setting.
* The framework’s language and the actions under each core element were changed to reflect the health and social needs of older people in Australian rural health settings, to align with the WHO ICOPE guidelines, and to incorporate additional evidence identified in the La Trobe University review, resulting in the first draft of the Indigo 4Ms framework.
* The first draft framework was reviewed by a second group of La Trobe University academics to confirm it aligned with state and federal regulatory frameworks and local models of care for older people.
* Based on input from health practitioners, policy makers and leaders, the framework actions were refined to those deemed most important, then modified to reflect routine practice across a range of care settings.
* The final framework was established following consultations with gerontologists and clinical experts in nursing and allied health, community meetings with groups of older people, and a final clinical overview from an expert team.

## Outcomes

### The Indigo 4Ms framework

The consortium succeeded in developing a framework to deliver better care for older people living in rural and regional Victoria.

The Indigo Age-Friendly Health System 4Ms framework (see Table 1), which has been endorsed by clinicians and consumers, gives overall structure to the care of older people, irrespective of the care setting and the person’s level of functional ability. It can slow or prevent decline in physical or mental capacity for people currently living well in the community and provide person-centred, holistic care for people living with significant impairments.

Table 1. The Indigo Age-Friendly Health System 4Ms framework

|  |  |
| --- | --- |
| Core element and aim | Key actions |
| What matters*Provide person-centred assessment and care planning* | * Assess and understand what matters, including individual values, priorities, goals and care preferences, and social context
* Act on what matters for current and future care, including end of life
 |
| Medications*Eliminate unnecessary, ineffective and duplicative medicines* | * Screen and assess for high-risk medications
* Rational prescription of medicines
 |
| Mobility*Improve musculoskeletal function and mobility* | * Screen and assess locomotor capacity
* Provide an individualised mobility plan including multimodal exercises
* Create a social and physical environment that enables mobility
 |
| Mental wellbeing*Promote psychological wellbeing and prevent cognitive impairment* | * Assess and ensure adequate hydration, nutrition and sleep
* Screen, assess and manage vision and hearing
* Screen, assess and manage incontinence
* Assess and support social connections and carers
* Screen, assess and manage cognitive decline and depression
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### Cost savings and better patient outcomes

Three fictional case studies were developed based on in-depth interviews with experienced clinicians in health and aged care. Each case compared two scenarios: one outlining a patient's possible care pathway under a non-age friendly health system and another showing how their experience would differ under the Indigo 4Ms framework.

These case studies were used to illustrate the potential impact of an age-friendly approach on a patient’s experience, their health and social outcomes, and cost of care.

In addition to improved health and social outcomes, the economic illustration demonstrated combined total potential cost savings of $80,505 for all three case studies when the Indigo 4Ms framework was implemented.

‘It is what we as geriatricians have been doing for 30 years, but now [the Indigo 4Ms framework] makes it digestible and therefore a great way to structure assessments, communication and engagement with patients.’

**– Geriatrician**

### Implementation strategies

The consortium identified a range of strategies to support the implementation of the Indigo 4Ms framework:

* Build a solid structure for the framework by developing stakeholder relationships, training and educating stakeholders, and engaging consumers. It is recommended that health services establish a locally based implementation support team, and that they involve health and social care services’ boards, develop academic partnerships, and identify and prepare local health and social service champions.
* The implementation support team should work with health services to identify specific clinical settings where the framework will be applied. Health services should then prepare these settings by assessing their readiness, conducting a local needs assessment, and identifying any potential barriers and facilitators to uptake. The implementation support team should provide implementation sites with interactive assistance, including facilitation, clinical supervision, and technical assistance.
* Once the model has been launched, it is important that the implementation support team continues to work closely with the health services to refine the model. The framework should be adapted and tailored to the local context and new clinical teams should be created as needed to support the model.
* Thereafter, health services should develop and implement tools and systems to monitor the model’s quality and evaluate the model on an ongoing basis, including by obtaining feedback from patients and their family.

## Key learnings

* Implementation of the Indigo 4Ms framework requires substantial cultural change so it is critical to ensure the organisation has capacity to support such transformational reform. Organisational capacity can be strengthened with support over time through targeted strategies to build motivation. For example, the IHI offers a web-based learning environment to support its 4Ms framework that includes monthly webinars, drop-in coaching sessions, and access to online material to guide implementation. The establishment of a similar learning environment could be beneficial to support implementation of the Indigo 4Ms framework.
* The project team benefited from a diverse range of stakeholders, and the sharing of knowledge and different perspectives was essential to project success. To transparently and systematically examine individual team members’ differing views on the project, a soft systems methodology was used. This seven-step, iterative, facilitated process was integral to developing a feasible implementation plan.