


CHAP

Age-Friendly Care
Power of Connection

Khai Nguyen, MD, MHS
Medical Affairs & Innovation



Speaker Background & Disclosures

Medical

- Internal Medicine
- Geriatric Medicine
- Hospice Medicine
- Professor of Medicine - UC San Diego

Public Health- Health Policy Emphasis

- Prior - Centers for Medicare and Medicaid Services (CMS) - Office of Clinical Standards and Quality - Healthy Aging Project
- CHAP - Medical Affairs & Innovation

Research Funding: National Institute on Aging (NIA) / National Institutes of Health (NIH)

Committee Service: Member, MedImpact Pharmacy & Therapeutics (P&T) Committee

Expert Witness Activity: Legal expert witness for California Department of Justice (CA DOJ), San Diego District Attorney (SD-DA), and civil proceedings


Family member/caregiver of an older adult patient



CHAP

Community Health Accreditation Partner (CHAP)

- Independent, non-profit accrediting body for home and community-based healthcare
- Founded in 1965 as the first home healthcare accreditor (APHA + National League for Nursing)
- CMS-approved accreditor
- Accreditation supports quality, compliance and organizational growth



Age-Friendly Care

Power of Connection

Description

Introduce the Age-Friendly Care movement and its role in shaping health systems that better serve older adults.

Highlight principles that center care on what matters most to people as they age and discuss frameworks used to improve quality, safety, and outcomes in home and community care.

Overview of the key concepts that make care more respectful, responsive, and effective for aging populations.

Age-Friendly Care

Power of Connection

Learning Objectives

- 1) Define the core components of Age-Friendly Care.
- 2) Explain how Age-Friendly Care principles can improve care for older adults.
- 3) Identify ways to integrate Age-Friendly Care approaches into practice.

OLDER AMERICANS MONTH



CHAMPION YOUR HEALTH: MAY 2026



Decade of Healthy Ageing
2020-2030

My Journey to Age-Friendly Care

PAST → PRESENT → FUTURE



My Journey to Age-Friendly Care



Journey of a 12 y/o kid in Gainesville, FL and his much older father.

My Journey to Age-Friendly Care

"I know as a future health care professional, it will enrich my career if I study gerontology now--my father is in his mid-70s and he suffered a stroke in 1989. A lot of things I'm learning now apply to my own life. Some issues are bleak, but there's hope I can make a difference in the future."



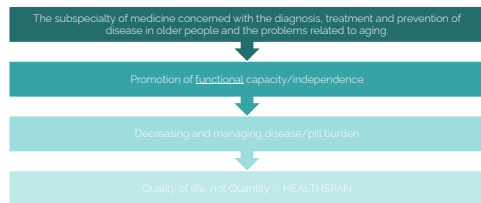
Case Study (Age: 20s-50s)



Case Study (Age 60s)



What is Geriatrics?



Geriatrics Celebrates Diversity in Aging

Decade of Healthy Ageing
2020-2030

AGE GROUPS

60s	Sexagenarian	Baby Boomer (1946-1964)
70s	Septuagenarian	Traditionalists/Silent to Baby Boomer
80s	Octogenarian	Traditionalists/Silent
90s	Nonagenarian	Traditionalists/Silent
100s	Centenarian	Traditionalists/Silent (1900-1945)

EVERY OLDER PERSON IS DIFFERENT



Geriatrics can be summed up in one word:

F-Word

Let's guess it out loud together

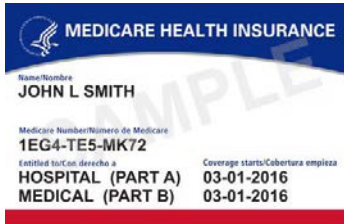
...hint, Dr. Nate Chin talked about it...FUNCTION

Function (functional status)

FUNCTION = 6 Activities of Daily Living (ADLs)



Speaking of the F-Word...(function)



Medicare – July 30, 1965

- Passage of Medicare/Medicaid
 - signed into law by President [Lyndon B. Johnson](#)
 - programs to provide health insurance to the elderly, disabled, and poor (CMS)
- Ongoing cost-containment and a focus on quality of care, and value for every dollar spent on health care



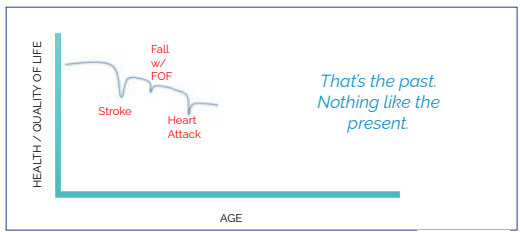
Medicare: Cadillac of Health Insurance



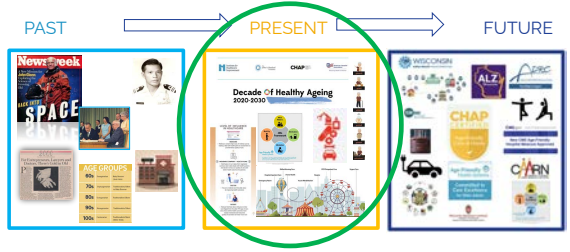
Fee-For-Service: Patient has greater control



Case Study (Age 70s)



My Journey to Age-Friendly Care



PRESENT

Older Adults Outnumber Children in 11 States and Nearly Half of U.S. Counties

U.S. Older Population Grew From 2010 to 2020 at Fastest Rate Since 1880 to 1890

The Baby Boomers Factor

The rapid growth was largely driven by aging baby boomers (born between 1946 and 1964) who began turning 65 in 2011.

In 2020, about 1 in 6 people in the United States were age 65 and over. In 1920, this proportion was less than 1 in 20.

Source: US Census Bureau

World Health Organization Decade of Healthy Ageing 2020-2030

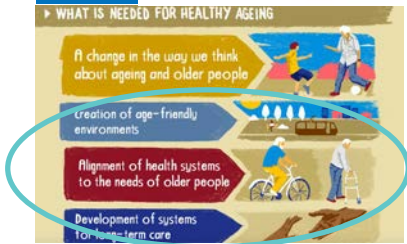
WHAT IS NEEDED FOR HEALTHY AGEING

A change in the way we think about ageing and older people

Creation of age-friendly environments

Alignment of health systems to the needs of older people

Development of systems for long-term care



World Health Organization Decade of Healthy Ageing 2020-2030

WHAT INFLUENCES HEALTH IN OLDER AGE

INDIVIDUAL

Age-related changes

Genetics

Disease

Behaviours

ENVIRONMENT THEY LIVE IN

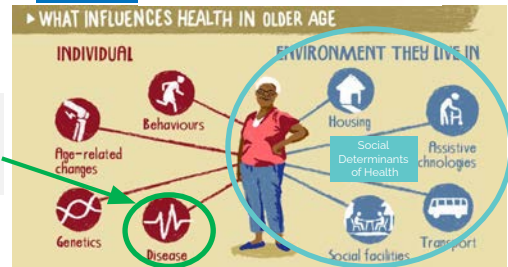
Housing

Social Determinants of Health

Social facilities

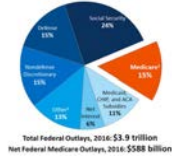
Assistive technologies

Transport



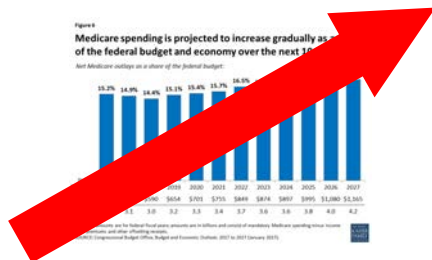
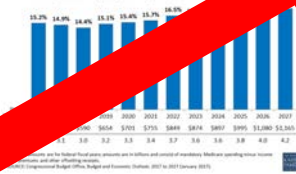
Medicare: Increasing Costs

- Medicare spending **15% of total federal spending** in 2016
- Projected to rise to **17.5% by 2027**
- Medicare Hospital Insurance (Part A) trust fund is projected to be **depleted in 2029**



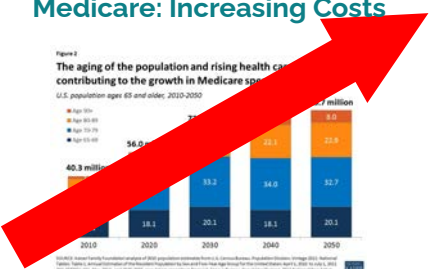
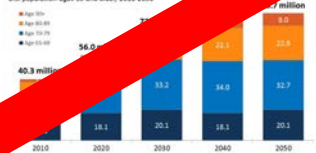
Medicare: Increasing Costs

Figure 1
Medicare spending is projected to increase gradually as a share of the federal budget and economy over the next 10 years.



Medicare: Increasing Costs

Figure 1
The aging of the population and rising health care costs are contributing to the growth in Medicare spending.



Medicare: Increasing Costs

- 90% of Medicare patients die of chronic diseases
- Treatment during the last 6 months of life consumes **1/3rd** of all Medicare spending

Medicare Payment - Delivery System Reform

New payment and delivery system reforms to tackle rising costs, quality of care, and inefficient spending.



Accountable Care Organizations (ACOs) new models include medical homes, bundled payments initiatives aimed to reduce hospital readmissions.

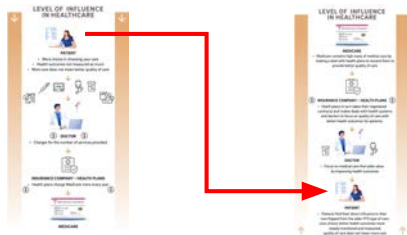
Medicare Access and CHIP Reauthorization Act (MACRA) creating alternative Medicare payment system for physician services

Source: "An Overview of Medicare" Nov. 22, 2017, HFF.
<https://www.hff.org/medicare-issue-brief/an-overview-of-medicare/>

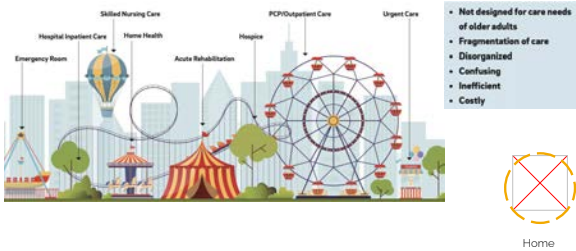
Managed Care: Patient have less control



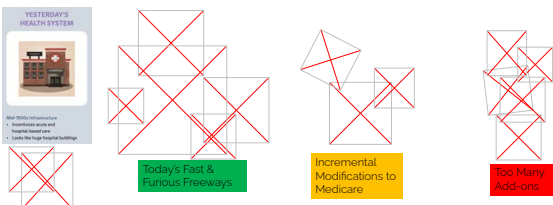
FUNDAMENTAL SHIFT



Modern Health "Non"- System




Medicare: still that 1965 Cadillac "Plus"



1960s Cadillac (fixed up) to drive on today's freeways. What you need is a faster efficient vehicle.


Medicare: Need a newer model...

YESTERDAY'S HEALTH SYSTEM




Mid-1900s Infrastructure

- Incentivizes acute and hospital-based care
- Looks like huge hospital buildings



HEALTH SYSTEM NEEDED FOR TODAY & TOMORROW



Up-To-Date Infrastructure

- More construction for people as patients and their community
- Looks more like home and less institutional, creating smaller buildings and larger footprint of preventive programs/technology connecting people as patients and caregivers in the community and even in the home
- Focused person- and patient-centered care

Match the numbers...

30,000

7,000

3,500

2030

200

96

10%

Number of Geriatricians in US needed by 2030

New Geriatricians trained annually

OAs > children & last Boomer turns 65

Number of Geriatricians in US

Only 10% of medical schools require geriatric rotations while 96% require pediatric rotations.

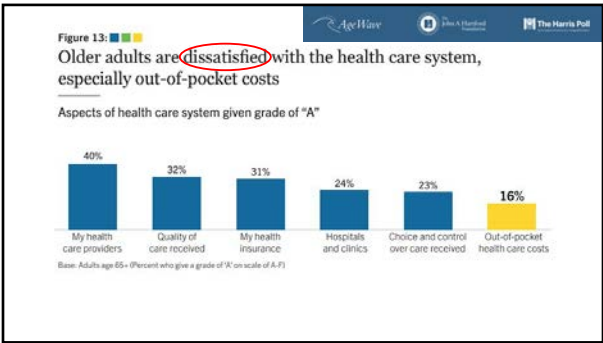
Actual Number of Geriatricians practicing full-time in US

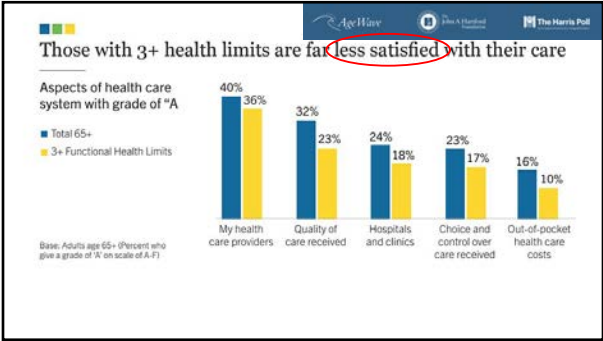
We need your help Wisconsin!

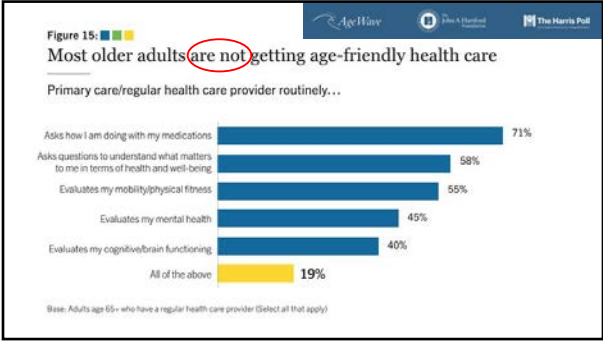
Home and community-based services (HCBS) are the predominant approach to delivering long-term services and supports in the US, but there are growing numbers of reports of worker shortages in this industry.

Data from the American Community Survey and the Henry J. Kaiser Family Foundation suggest improving access to HCBS will require not just expanded insurance coverage but also new workforce investments.

<https://doi.org/10.1377/hlthaff.2022.01351>







- Social 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.



What is Age-Friendly Care (4Ms Care)?

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.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



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.

What Matters

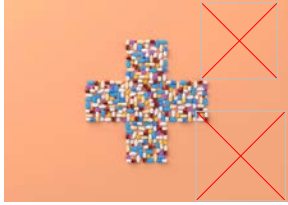


What Matters

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.

- All 4Ms are important, but "What Matters" is foundational
- Goals of Care preferences
 - Throughout life
 - Not just of end-of-life
- Example:
 - *"I enjoy spending time with my grandson. I want to see him grow and thrive"*

Medications



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.

- How do meds interact/interfere with the other "M"s
- Even for the best doctors:
 - Not knowing the right answer-- but asking the right questions
 - We need help from everyone

Mentation



Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Dementia Major Neurocognitive Disorder (MND) Care

Helping caregivers understand dementia in a way that is approachable

- What people can do not what they can't do

Mobility



Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

- Again—FUNCTION and how it related to What Matters
 - ADLs/IADLs
 - Mobility

Age-Friendly Care (4Ms) Innovation

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.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

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.

NOT a new program, but a paradigm shift care



Age-Friendly Health Systems
4Ms: What Matters, Medication, Mentation, Mobility



Not adding more things to do or more widgets

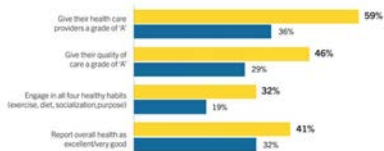


Figure 16

Older adults who receive age-friendly care report better health care relationships and outcomes

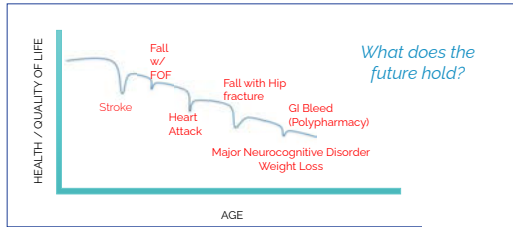
Primary care/regular health care provider routinely...

Received age-friendly care* Did not receive age-friendly care

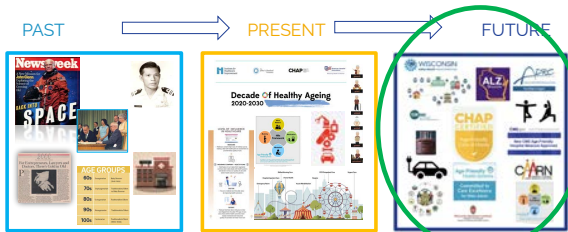


*Age-friendly care defined as those who reported that primary care physician or general practitioner routinely asked about all five of the following: current medications, what matters to me in terms of my health and well-being, mobility/physical fitness, mental health, and cognitive/brain functioning.
From: AHA's age 80+

Case Study (Age 80s)



My Journey to Age-Friendly Care



Health care workforce shortages

The supply of health care workers will fall short of demand as the population ages

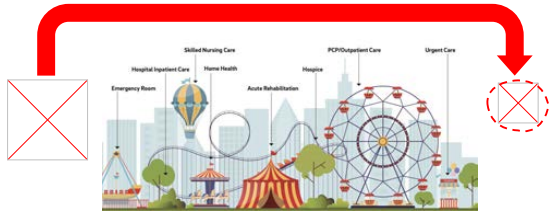
Projected shortages by 2036



- Aging population and a persistent healthspan-lifespan gap are dramatically increasing the demand for health care for older adults
- Health care system understaffed and growing workforce shortages.
- Workforce shortages further delay effective diagnosis and proper treatment, and ultimately compromise the quality of care.

Source: National Center for Health Workforce Analysis, 2023

Understaffed/Undertrained Health “non” system



CMS Age-Friendly Hospital Measure

At a Hospital near you 2025!

CMS.gov | Centers for Medicare & Medicaid Services

New CMS Age-Friendly
Hospital Measure Approved

Hospitals can risk millions of dollars by failing to meet
the
[CMS Age-Friendly Hospital Measure](#)

CMS Age-Friendly Hospital Measure

What the CMS Age-Friendly Hospital Measure Involves

• Based on the Age-Friendly Health Systems [dLMS Framework](#), and assesses a hospital's commitment across these domains:

1. What Matters

• Ensures patient healthcare goals and treatment preferences are elicited to inform care decisions.

2. Medication

• Promotes responsible medication management, including screening for and optimizing medications to reduce inappropriate drugs for older adults.

3. Orientation

• Assesses and intervenes on cognitive health issues, including cognitive impairment and delirium.

4. Mobility

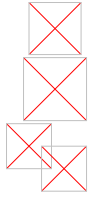
• Focuses on physical function by screening for and intervening in issues related to mobility, such as frailty and malnutrition.

5. Age-Friendly Care Leadership

• Evaluates leadership structures, such as champion-led, interprofessional committees, to drive age-friendly initiatives

CMS Age-Friendly Hospital Measure

Beyond Financial Penalties



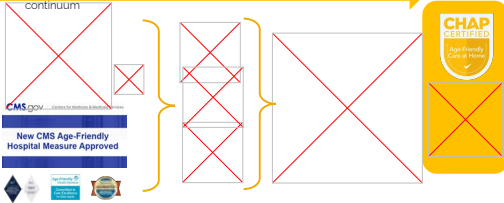
Public Reporting: Hospitals that *fail to report or comply* will be *publicly visible* on the CMS Care Compare website.

Reputation: This public reporting can *negatively affect a hospital's reputation* for providing quality care to older adults.

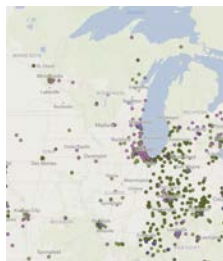
Improved Care and Outcomes: ultimate goal of the measure is to encourage hospitals to *implement the 4Ms Framework* for age-friendly care leading to *better patient outcomes* and potentially *save costs* in the long term.

Age-Friendly Care Measures Expanding

Age-Friendly Care measures likely to expand across the care continuum



Age-Friendly Health Systems: >5000 sites



CHAP Age-Friendly Care at Home Certification



1st in Age-Friendly Care into Care-at-Home Standards

1st Age-Friendly Care at Home Certification

- Home Health
- Hospice
- Caregiving Agency
- Home-based care

CHAP Age-Friendly Care at Home Certification



- **Better healthcare outcomes** for older adults
- Greater use of **cost-effective** services for the population
- **Enhanced reputation** and increased market share to service the increase in aging populations
- **Higher levels** of patient and clinician **satisfaction**
- **Improvements** in recruiting and staff **retention**

Age-Friendly Care improves staff retention/satisfaction

• More meaningful work:

- Age-Friendly Health Systems model emphasizes the "What Matters" framework, which focuses on aligning care with each older adult's health goals and preferences.
- Clinicians who engage in these meaningful conversations with patients and caregivers often report higher job satisfaction because they can see the positive impact they are making.

Age-Friendly Care improves staff retention/satisfaction

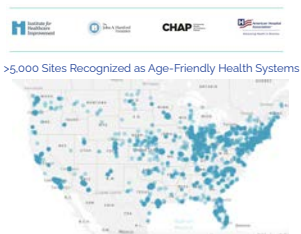
Reduced burnout and stress: High turnover in healthcare is linked to staff burnout and stress, which often comes from feeling overworked and seeing poor patient outcomes. Age-friendly care helps reduce burnout by:

- **Decreasing patient complications:**
 - Reduces hospital-related complications, such as falls and delirium
 - Improves patient outcomes and reduces stress for caregivers.
- **Improving efficiency**
 - Focusing on evidence-based practices: '4Ms' (What Matters, Medication, Mentation, and Mobility) streamlines care
 - Reduces wasted resources and gives staff a clear, effective approach to caring for older adults.

Age-Friendly Care improves staff retention/satisfaction

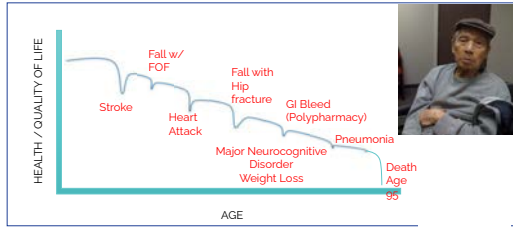
- **Improved teamwork and communication:**
 - promotes interdisciplinary collaboration
 - streamline communication and
 - align the entire care team around the patient's specific needs
- **Better job satisfaction with specialized roles** to see the real difference making in patients' lives.
- **Positive organizational branding**
 - positive reputation
 - positive "branding" can help attract and retain skilled healthcare professionals

Age-Friendly Care at Home (part of a larger movement)

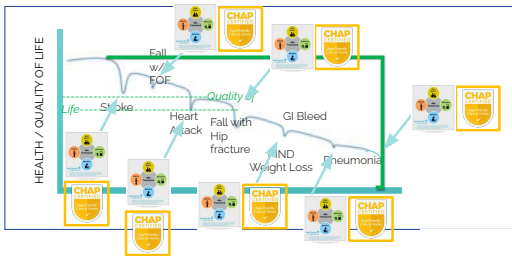


>200 total (home health, hospice, & home care)

Case Study (Age 90s)



Secret Sauce – Age-Friendly Care



Match the more numbers...

- Direct care workforce is made of **>5 million** workers
- (>2.9 million home care workers; 655,950 workers in residential care homes; 458,590 nursing assistants employed in nursing homes; and nearly 1 million workers employed in other settings, such as hospitals)

•Reinforcements!!



New professional micro-certification launched

- 1-hour, self-paced, scenario-based course
- Applies across clinical and non-clinical roles
- Reinforces consistent, patient-centered care without added documentation
- Digital credential and badge, valid for 3 years

There is hope...*Your* Journey to Age-Friendly Care

WISCONSIN
WISCONSIN HEALTH TRANSFORMATION

CHAP AGE-FRIENDLY
Certified Professional AFC-CP

ADRC
Age-Friendly Research Center

Newsweek
New Details for Health Plans Exploring the Benefits of AI

2006
Entrepreneurs, Lawyers and Doctors: There's Gold in Old

CARN
Caregivers

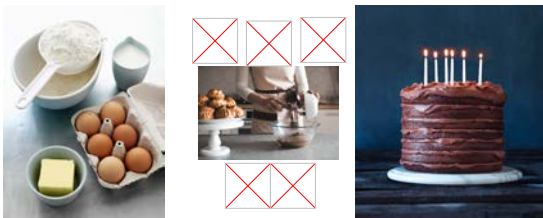
CHAP CERTIFIED
Age-Friendly Care at Home

Decade of Healthy Ageing
2000-2010

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

"Some issues are bleak, but there's hope [WE] can make a difference in the future [TOGETHER]"

Getting from Bake/Good to Cake/Great



Let them eat cake/**great!**

To truly enjoy the cake----you must eat **ALL** layers, not just the icing.



Gerontological Nursing



Bringing the 4Ms Home: Elevating the Role of Nonmedical Home Care in Age-Friendly Health Systems

David Chandler, MBA, BSN, RN; Christina Chartrand, Teresa Harbous, MBA, MHA, RN, and Khai Nguyen, MD, MHS

ABSTRACT

PURPOSE: Private duty nurses and professional caregivers providing nonmedical home care play an important role in supporting older adults, yet they are often underrecognized in Age-Friendly Health Systems strategies. As the age-friendly care movement grows, there is an opportunity to better integrate these professionals as partners in supporting safe transitions, reducing hospitalizations, and delivering person-centered care aligned with the 4Ms Framework.

METHOD: Data were drawn from structured assessments completed in 2014 and client family narratives collected with informed consent. All analyses were descriptive; data were aggregated and de-identified in compliance with HIPAA.

RESULTS: Older adults receiving nonmedical home care demonstrated improvements in management of chronic medical conditions, daily activities, mobility, nutrition, and participation in meaningful routines.

CONCLUSION: Nonmedical home care extends the 4Ms Framework into the home, enhancing independence and safety. Although findings are preliminary, they suggest consistent in-home support may reduce risks for decline and better align care with what matters most to older adults.

Age-friendly care is an evidence-based, person-centered approach to care that prioritizes the unique needs, goals, and daily routines of older adults. Built around the 4Ms—What Matters, Medication, Mobility, and

Mobility—age-friendly care aims to support independence, dignity, and better outcomes. Although this framework is increasingly embedded across hospitals and clinical settings, it must also extend into the home.

When asked what matters most, older adults consistently prioritize staying in their own homes and maintaining their independence (ASRP

ALZHEIMER'S ASSOCIATION

Power of Connection

Purpose • Partners • Progress





30% off code: **AFC4WI30**



Free to Download!



scan to visit our website

For additional info:

 email us at info@tritonguide.com

OR

 visit us at tritonguide.com

CHAP

Thank you!!!
