

Implementing the Age-Friendly Health System in VHA: Using Evidence-Based Practices to Improve Outcomes in Older Adults

Impact goal: Our QUERI program is designed to improve safety and quality of care and promote well-being for older Veterans by making VISN 4 an “Age-Friendly Health System,” through implementation of four evidence-based practices, training Age-Friendly Health System leaders, and building sustained operational networks. The Institute of Healthcare Improvement (IHI) and Hartford Foundation define the Age-Friendly Health System framework as built around “four M’s”: 1) what **Matters** (i.e., attending to each person’s goals and preferences); 2) avoiding harms related to **Medication**; 3) preventing, identifying, treating, and managing dementia, depression, and delirium across care settings (**Mentation**); and 4) promoting safe movement to maintain function and independence (**Mobility**).

Evidence-based practices (EBPs): Each of our target EBPs has been evaluated in multiple randomized controlled trials (including pilot work in the VA), yet none are currently part of routine clinical care in the VA. Each has a primary focus on one of the four M’s while also incorporating components of the other M’s.

- 1) The Surgical Pause, a pre-surgical frailty screening with a VA-developed and validated tool that assesses whether the personal goals of frail older adults are aligned with the anticipated benefits and risks of surgery, resulting in three-fold reductions in perioperative mortality (What **Matters**);
- 2) EMPOWER, a direct-to-consumer intervention shown to more than quadruple the rate of discontinuation of high-risk medications among older adults (**Medications**);
- 3) CAPABLE, an intervention that adapts the home environment to facilitate the functional goals of functionally impaired older adults, improving their ability to age in place (**Mobility**);
- 4) Tailored Activities Program (TAP), an intervention that educates and supports caregivers to reduce challenging behavior and improve function in Veterans with dementia (**Mentation**).

Implementation strategies: We will implement each EBP across all 9 VA medical centers and 45 outpatient clinics in VISN 4, using a type III hybrid effectiveness-implementation stepped-wedge trial design informed by the PRISM implementation framework. We will compare a implementation as usual to an active implementation approach consisting of facilitation designed to address potential barriers identified in our preliminary work.

Mentoring core: For the first time, we will bring together the successful infrastructure built in the VA Center for Health Equity Research and Promotion (where 27 junior investigators have received VA HSR&D Career Development Awards, led by MPI Long in Philadelphia) with several other established programs:

- The University of Pennsylvania’s National Clinician Scholar Program, where MPIs Long and Werner serve as key faculty
- The NIH-funded P30 Center for Improving Care Delivery for the Aging (CICADA, led by MPI Werner), which recruits underrepresented minorities with interests in geriatrics research
- The Penn Implementation Science Center at the Leonard Davis Institute of Health Economics (PISCE@LDI), led by Dr. Rinad Beidas, our implementation science core lead (LDI is led by MPI Werner).

Leveraging the resources of these successful training programs will allow fellows to gain implementation science and policy expertise in geriatrics in the VHA environment, training the next generation of leaders dedicated to making health care systems safer for older Veterans.

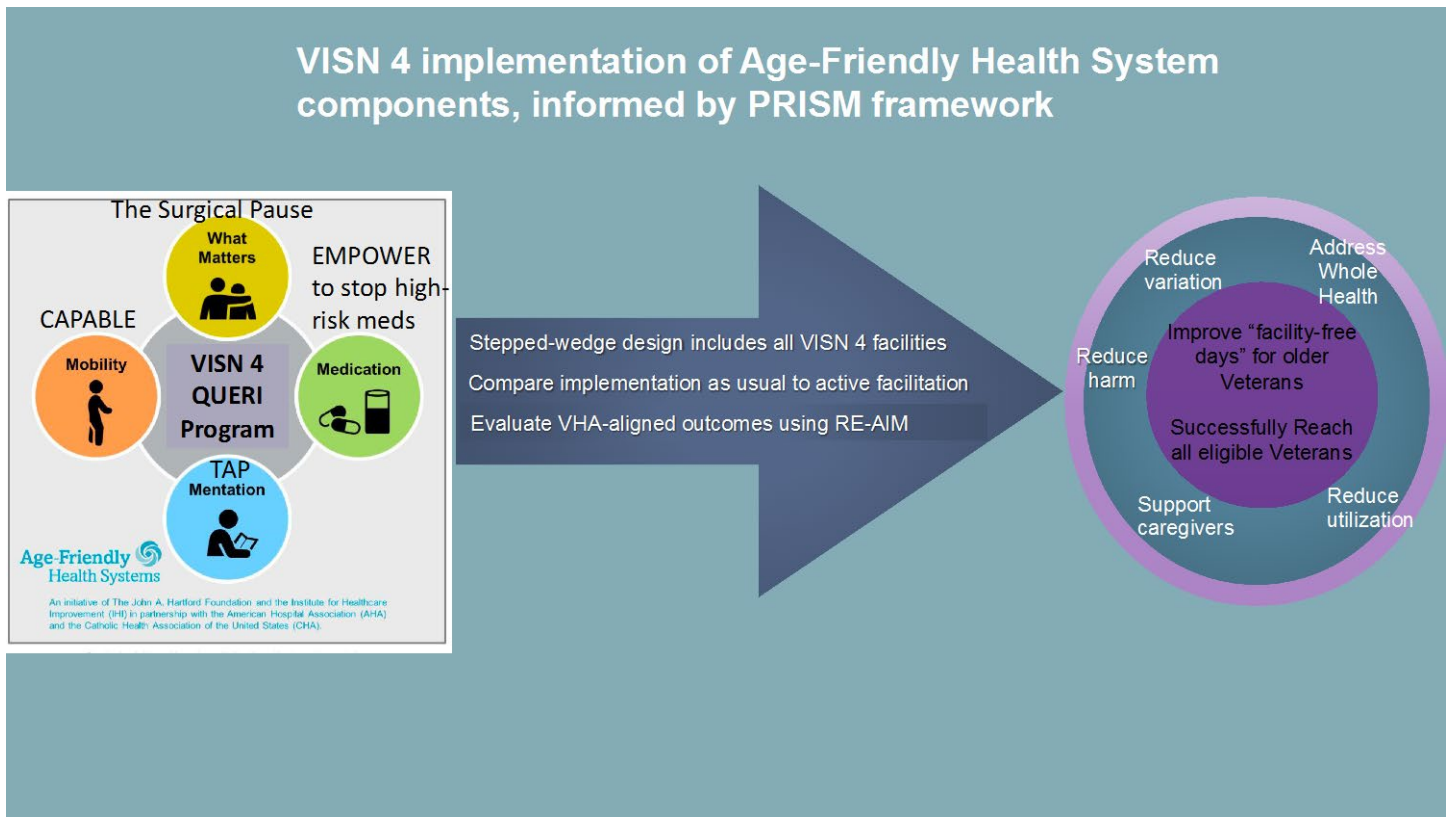
Priorities addressed:

- VHA Modernization
 - Commit to Zero Harm – AFHS is directly rooted in patient safety and our EBPs have demonstrated effectiveness in reducing harm
 - Reduce unwarranted variation across integrated clinical and operational service lines – there is currently significant variability in outcomes of older Veterans across the VA and VISN 4 specifically
 - Deliver 21st Century Whole Health and Mental Health programs – our EBPs holistically address needs across a variety of care settings, including in-home
 - Develop responsive shared services and implement the VA MISSION Act – several of the EBPs directly address integration of VA and non-VA care, and delivering safer, goal-concordant care to older adults increases their interest in continuing to receive care in the VA. The EBPs also meet the priorities set forth in the MISSION Act calling for the development of new, non-institutional models that support caregivers and better meet the needs of Veterans living in the community

- Spread EBPs, roll out Whole Health initiatives, improve access to care, optimize community care (VHA Network Director and Medical Center Director Performance Plan goals) – implementing an AFHS can address each of these important metrics
- Improve care related to publicly reported benchmarks (national VA goals) - our EBPs have the potential to increase access to Primary Care-Mental Health, reduce hospitalization and readmission rates and length of stay, improve patient safety, increase efficiency, and even reduce mortality (SAIL). They also address CMS Meaningful Measures (e.g., “Use of High-Risk Medications in the Elderly”).
- Align with national legislation and priorities – This proposal is aligned with national legislation to support family caregivers (e.g., the Caregivers and Veterans Omnibus Health Services Act of 2010 and the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act of 2018). The proposal further aligns with the VHA Directive 1140.12, to develop, implement, and sustain a VHA Dementia System of Care.

Anticipated impacts on quality of care: Our primary effectiveness outcome is to increase the number of days alive and in the community (e.g., outside of the hospital or nursing home) among older adults in VISN 4, and our primary implementation outcome is to increase EBP adoption.

Program Overview and Expected Impacts



Corresponding PI and MPIs

- Robert E. Burke, MD, MS (corresponding PI, Philadelphia VA Medical Center)
- Judith A. Long, MD (MPI, Philadelphia VA Medical Center)
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Key operations partners

- Geriatrics and Extended Care National Office
- National Surgical Program Office
- VISN 4 leadership, including Director, CMO, and all 9 VA Medical Center Directors