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Background

NYC Health and Hospitals (H+H) Corporation is the largest municipal health system in the country. Older adults are a key constituency; last year, our 11 hospitals and 70-plus clinics served 123,208 patients 65 and older, 15% of all patients. We have eight geriatrics clinics; a home-based primary care program; five post-acute care facilities, all with Medicare 4- and 5-star ratings; and a home health agency. Our highly successful Medicare Accountable Care Organization (ACO) has achieved six years of shared savings, the only ACO to do so in New York State.

Despite our ACO achievements, our geriatric care is not standardized across the health network. Each hospital and clinic has different management structures and a separate approach to documentation, and follows different assessment standards. There are several initiatives being discussed by the health system's senior management to leverage ACO success across other specialties such as Geriatrics.

The need to standardize care across each specialty and facility as well as expand services is the driver for my project to make H+H Corporation into an Age-Friendly Health System (AFHS). Creating an AFHS requires continuous improvement over time; and we believe we can leverage the power and scale of our system to develop and implement key structures and processes to make major progress on improving health care and quality of life for our older patients. The AFHS's 4Ms (What Matters, Medication, Mentation, and Mobility) framework, focuses on practical, evidence-based ways to improve the way we care for older adults and is the guiding principle for our work.

Approach

My project was strongly supported by the H+H Office of Population Health (OPH). With its support, I planned to create and implement key structures and processes through three major initiatives:

First, we organized to establish a system-wide Geriatrics Council bringing together multidisciplinary stakeholders from across H+H, including geriatricians. The goal of the council is to provide a critical organizing structure for direction

and oversight for Geriatric clinical practices across the network. Through regular meetings, in close collaboration with the OPH, the council will discuss best practices, share challenges and plan joint initiatives. The council is also expected to address solutions to the challenges that affected implementation and adoption.

Secondly, I joined the population health office as the co-lead. This allowed me access to their platform

and resources to help me better understand the current state of the 4Ms across H+H. This effort, supported by the OPH project managers and an administrative fellow is expected to identify current state processes and to help implement standardized workflow across the health system. These findings are expected to be presented to the Geriatrics Council for their input, evaluation and planning oversight.

Finally, I planned to leverage the Medicare annual wellness visit (AWV) project that was also in planning stages. AWW would also require a system-wide assessment of current state and implementation of standardization documentation templates and processes. Since this project was also directed towards H+H geriatrics and primary care clinics, it was the perfect project to incorporate 4Ms across the network. Network-wide dissemination is expected to take several years, but I planned to start with the Bellevue Hospital Center (BHC) geriatrics clinic, where I serve as the section chief. This is also meant to help us understand the challenges and workflow changes needed to implement these initiatives. Lessons learned through proof of concept at the BHC's primary care clinics then can be used across all of the H+H geriatrics and primary care clinics. The AWW ensures that we discuss each of the 4Ms with our older adult patients. The AWW with integrated 4Ms is expected to benefit our patients and provide revenues for H+H because AWW revenues can be reinvested into further programming, allowing us to continue to serve older adults in an integrated and innovative way.

Outcomes

The Geriatric Council was established in September 2020. With the creation of the Geriatric Council, which has participation from all H+H facilities, we have a platform to discuss current practices and advise on standardized workflow. I have been nominated to serve as the chair of this council for two years. In the past 10 months the council has advised on the following projects:

- Definition of the age and other criteria for patients who are considered geriatric and should be treated by the Geriatric division.
- Active collaboration with psychiatry, rehab and palliative care departments to enhance patient care.
- In collaboration with population health department standardized metrics, the creation of assessments and electronic health record templates for geriatrics annual wellness visit that will be used throughout the health system.
- 4Ms integration into the geriatrics annual wellness visit template and workflow.

Providers were surveyed at the start of the process to determine their knowledge of Age-Friendly Health Systems informing Age-Friendly Health Systems education for all providers in the Bellevue geriatrics clinic. 4M assessments in the Bellevue geriatrics clinic using smart phrases and EHR templates were implemented in March 2021. A subset of providers has been assigned and trained on the Age-Friendly assessment tool. They have been using the assessment for at least 10% of their daily visits, and 195 unique patients have received 4Ms assessments. In July 2021, our Bellevue Hospital geriatrics clinic received Age-Friendly Health Systems — Committed to Care Excellence recognition.


Lessons Learned


Teamwork is so crucial to implement a new system and maintain it. Our front desk staff and nursing are very excited to be part of this initiative. Change implementation on such

a large scale is not easy. Staff members from each discipline need to understand the motive and goals.

When choosing different assessments for each M we did not consider the needed time for assessment or the configuration of our care team. After months of program implementation, we think that alternative assessments for certain Ms will be more effective due to the makeup of our team and for our patients. Different facilities had different opinions regarding metrics for 4Ms assessment. A considerable time investment was required to understand each facility workflow structure. We provided many educational sessions and discussions with each facility to build uniform AWW screening tools had the information. The Information Technology department should have been involved from the beginning so the reporting could have been automated. Given that the engagement occurred after our launch, some of the data elements cannot be collected electronically, making manual chart reviews necessary for data collection.

Next Steps

 We indeed to expand Age-Friendly 4Ms to all providers at the Bellevue geriatric clinic. Currently only a subset of providers are using the 4M template. All providers will use the 4M assessment until we have implemented an integrated annual wellness visit and 4M assessment.

 The geriatrics annual wellness visit with integrated 4Ms is scheduled to be rolled out throughout the H+H health system by October 2021.