

Age-Friendly Care: The 4Ms

What Matters Most

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No conflicts of interest or relationships to disclose.

Epidemiology

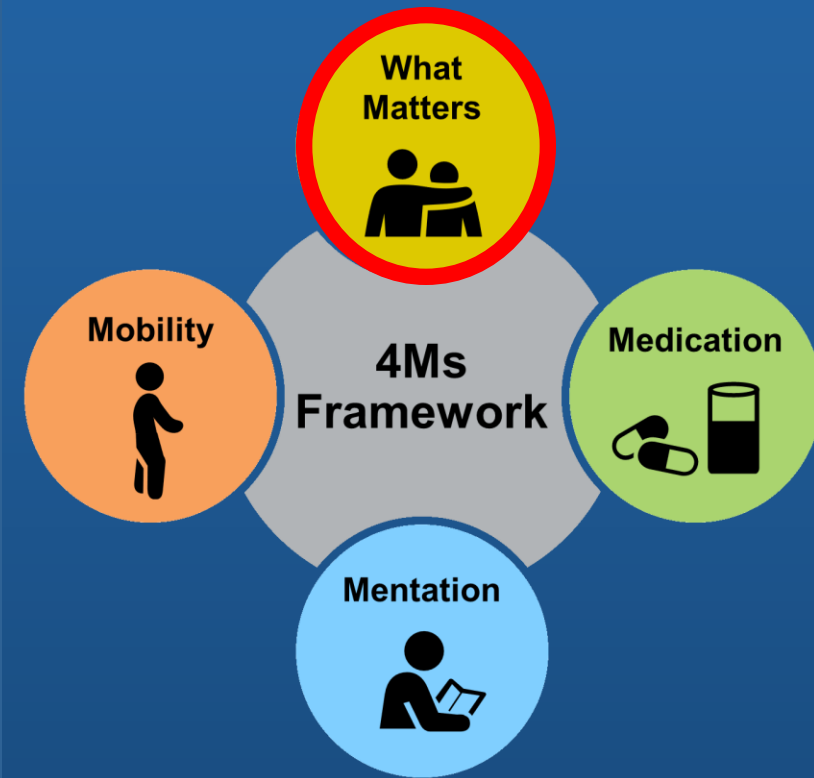
- The population of adults living with HIV is aging:
 - of the 1.1 million people with HIV in the US, **441,614 (41%)** were 55 years of age or older.
- Older adults suffer a disproportionate amount of harm while in the care of health systems and those from historically underserved communities suffer from disparate treatment that negatively influences health outcomes.
- In 2017, The John A. Hartford Foundation and the Institute for Healthcare Improvement developed a model to provide high-quality care for older adults.

According to our definition, age-friendly care:

- Follows an essential set of evidence-based practices, known as the 4Ms;
- Causes no harm; and
- Aligns with What Matters to the older adult and their family or other caregivers.

Age Friendly Health Systems

using .MAD4MS at UW Madison Clinic:



Social support:

Lives with *** in ***.

Accompanied to clinic today by ***.

Transportation via ***.

Interpreter: ***.

Geriatric ROS:

Functional status:

Basic activities of daily living (BADLs): {ambulating/transferring, toileting, bathing, dressing/grooming, feeding}

Instrumental activities of daily living (IADLs): {managing finances, transportation, shopping/cooking, housecleaning, communication (telephone/mail), medications}

Clinical Frailty Scale: Clinical Frailty Scale ▾

Mentation: {patient/family-reported concerns | annual mini-cog, MOCA, or RUDAS score}

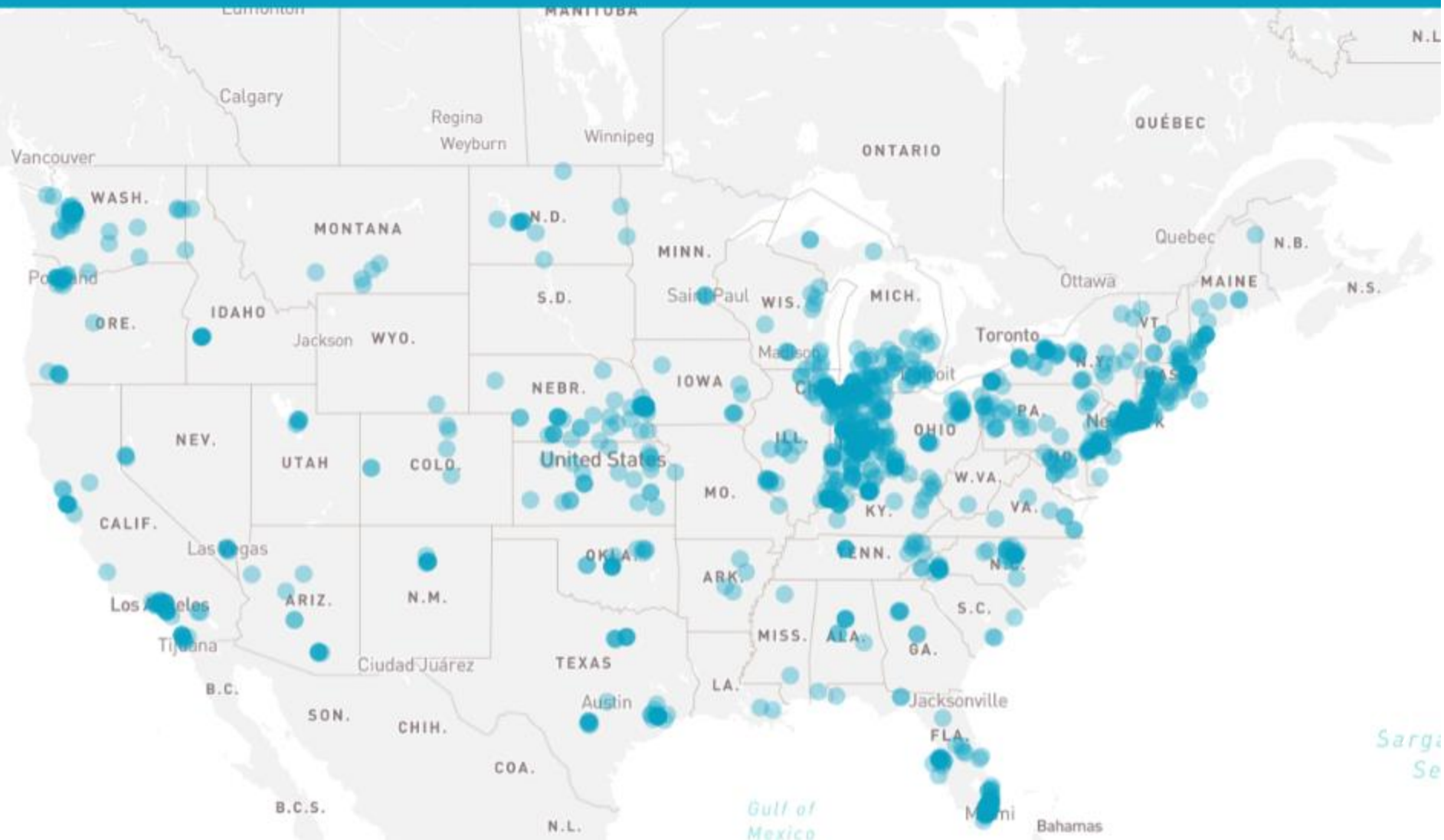
Mood: {annual PHQ-2/GDS screen | "How often do you feel lonely? Do you feel socially connected?"}

Mobility: {most physical daily activity | use of assistive devices | number of falls in past 6-12 mo?}

What matters most?: {What is important to you today? What brings you joy? What do you worry about? What are some goals you hope to achieve? What else would you like us to know?}

POLST/DPOA: ***.

Participant Sites



Age-Friendly Care Improves Outcomes, Reduces Costs, and Improves Patient Satisfaction (*examples*)

RUSH University Medical Center Implementing Age-Friendly Care

- **decreased length of stay**
- **increased patient satisfaction** scores above the national average by five points.

Cedars-Sinai Age-Friendly Fracture program

- **decreased time from ER to operating room by 41%**
- **decreased length of stay by 11%, yielding \$300,000 in direct cost savings**

Hartford delirium screening and management program

- **delirium attributable days decreased 40% and delirium-related readmissions fell 14%**
- **cost savings: program cost \$50 per patient vs \$22,000 added cost for patients with delirium.**

ADAPTED FROM PATIENT PRIORITIES CARE

Patient-Centered Values, Goals, & Preferences

Identify Patient's Health Priorities *

- Values (What Matters Most)
- Actionable, specific and realistic health outcome goals
- Healthcare preferences (care that is helpful or burdensome) and tradeoffs
- "One Thing" patient most wants to address

*Update components as needed



Use patient's priorities:

Consider whether current or potential interventions* are consistent with patient's health priorities and health trajectory



- as focus of communication and decision-making
- as target of serial trials to start, stop, or continue interventions
- to reconcile decisions when different perspectives exist

Clinicians, patient and care partners align care with patient's priorities

Values & Goals

Values are states of meaning; they are subjective and personally chosen.

- *“It is important to me to be a loving grandparent.”*
- *“The most important thing to me is maintaining my friendships and community.”*

Goals are actions or behaviors a person wants to keep doing; specific and realistic.

- *“I want to walk 6 blocks so I can take my granddaughter to school.”*
- *“I want to get stronger with physical therapy so I go on walks with my friends again.”*

Examples of Core Values

Courage
Growth
Humor
Vitality
Trust
Safety
Truth

Kindness
Justice
Loyalty
Creativity
Service
Respect
Patience

Compassion
Pleasure
Optimism
Faithfulness
Independence
Honesty
Dignity

Openness
Love
Intellect
Freedom
Reliability
Learning
Gratitude

Exploring Values

- Focus on the following 4 domains for older adults:
 - Connecting
 - Enjoying life
 - Managing health
 - Functioning
- Move from general to more specific questions.

Domain 1: Connecting

- Who are the most important people in your life?
- What gives you strength?
- Who is your support system? How often do you see them?
- What are special events, meetings, or celebrations you attend in your community?
- How much do they know about your healthcare and your goals?

increasing specificity



Domain 2: Enjoying Life

- What do you do for fun?
- What does a typical day look like for you? What about a good/bad day?
- What health problems/symptoms/tasks make it hard for you to enjoy your favorite activities?
- What abilities are so crucial you can't imagine living without them?



Domain 3: Managing Health

- What is your perspective on how things are going with your health?
- What are you hoping for in the coming days/weeks/months?
- How strictly do you follow the advice provided by your healthcare provider(s)?
- What healthcare-related concerns do you have when you think about the future?



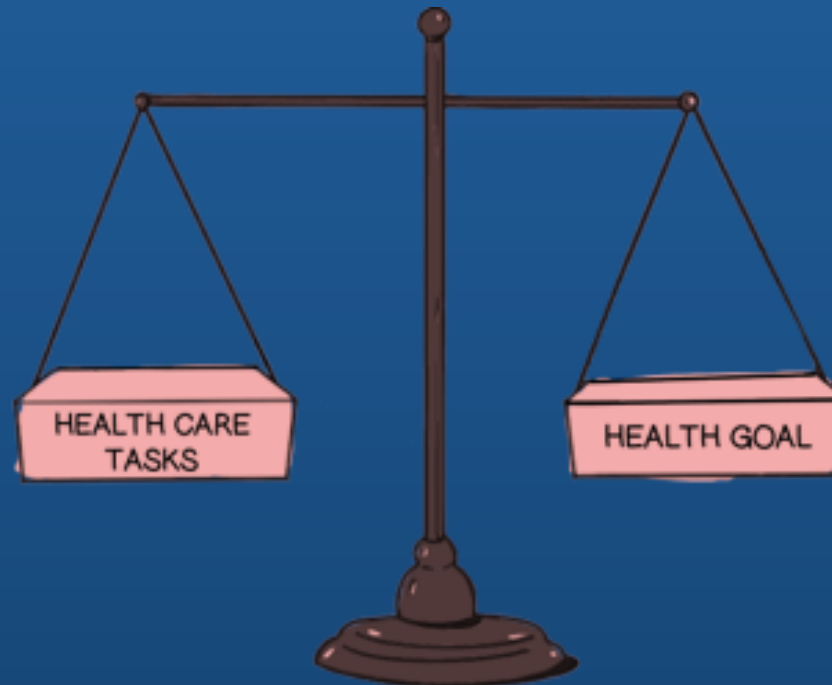
4. Functioning

- What kinds of actions are you able to do to take care of yourself?
- How do you feel about asking for/accepting help?
- In what ways do your health conditions/symptoms/treatments limit your ability to take care of yourself?
- How important is it to you to do activities of daily living (such as bathing, dressing) on your own?
- Are there any medical interventions you'd like to avoid?
- As things progress, how much would you be willing to go through for the possibility of more time?



Translating Values into Goals and Decision-Making

- “I’m hearing [value] is really important to you? Did I get that right?”
- “Seems like [burdensome symptom/problem] is getting in the way of you doing [healthcare goal].”
- “Is it okay if I share how [intervention] may help us getting closer to [healthcare goal]?”



Troubleshooting

- Explore understanding.
- Educate where appropriate.
- Consider alternatives.
- Base risk of future events on priorities.
- When in doubt, acknowledge emotion first.

Troubleshooting

- Explore understanding.

“It seems like you don’t want [intervention], even though it may help with achieving your [goal]. What’s giving you pause?”

“Maybe we can figure out how to make it easier or less bothersome to you to make it more likely to achieve [goal].”

- Educate where appropriate.
- Consider alternatives.
- Base risk of future events on priorities.
- When in doubt, acknowledge emotion first.

Troubleshooting

- Explore understanding.
- Educate where appropriate.

“I understand that [bothersome symptom] is preventing you from [goal]. It’s unlikely that [intervention] is the reason you are feeling [symptom]. There are some other reasons that may be causing [symptom]. Is it okay if we discuss some of those possibilities?”

- Consider alternatives.
- Base risk of future events on priorities.
- When in doubt, acknowledge emotion first.

Troubleshooting

- Explore understanding.
- Educate where appropriate.
- Consider alternatives.

“I worry that we may not be able to achieve [goal]. I wonder what other ways we can fulfill [value]?”

- Base risk of future events on priorities.
- When in doubt, acknowledge emotion first.

Troubleshooting

- Explore understanding.
- Educate where appropriate.
- Consider alternatives.
- Base risk of future events on priorities.

“I understand how meaningful it is for you to be able to [goal]. I worry that [possible adverse outcome] may interfere with your ability to do that.”

- When in doubt, acknowledge emotion first.

Troubleshooting

- Explore understanding.
- Educate where appropriate.
- Consider alternatives.
- Base risk of future events on priorities.
- When in doubt, acknowledge emotion first.

N = NAME the emotion

U = UNDERSTAND the emotion

R = RESPECT the emotion

S = SUPPORT the patient

E = EXPLORE the emotion

“This sounds very frustrating.”

“Thank you for sharing this with me. It helps me understand what you’re going through.”

“I can see how much effort you’ve been putting in.”

“I will be here with you every step of the way.”

“Tell me more...”

Troubleshooting

- Explore understanding.
- Explore where there is hesitancy around engagement with recommendations.
- Educate where appropriate.
- Consider alternatives.
- Base risk of future events on priorities.
- When in doubt, acknowledge emotion first.

When should I be having these conversations?

At any time!

Strongly consider in primary care if patient...

- has a serious medical condition
- Has a planned procedure/surgery
- Had a recent hospitalization
- Has expressed interest in talking about goals of care
- Has an upcoming transition in care
- Before consulting palliative care



What about code status?

- Ask about preferences in the context of the most likely decompensation for this patient.
- Based on values and goals, consider giving a recommendation (after asking permission).

“One treatment we should talk about is CPR or cardiopulmonary resuscitation. What have you heard about CPR before?”

“Tell me what you’re hoping for with CPR.”

“Some people like to know the chances of surviving after CPR and its risks, or what life might be like afterward. Some people have spiritual questions related to these decisions. What about you?”

Thank you!

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