

## GWEP-CC CASE STUDY:

# LOUISIANA GERIATRIC WORKFORCE ENHANCEMENT PROJECT (LA-GWEP)

## About the GWEP-CC

The Geriatrics Workforce Enhancement Program Coordinating Center's (GWEP-CC) Age-Friendly Case Study Series presents a broad range of cases from the Geriatrics Workforce Enhancement Programs (GWEPs) and their primary care partners, focusing on the different elements of their Age-Friendly journey implementing the 4Ms. Case study authors participated in the 2020 and/or the 2023 GWEP-CC Age-Friendly Health Systems Action Community and are recognized by the Institute for Healthcare Improvement (IHI) as either an Age-Friendly Health System Participant (Level-1) or Age-Friendly Health System – Committed to Care Excellence (Level-2).

The GWEP-CC, led by the American Geriatrics Society, is supported by The John A. Hartford Foundation, and serves as a strategic resource for the Health Resources and Services Administration (HRSA)'s GWEP programs.

For more information, please contact [GWEPCC@americangeriatrics.org](mailto:GWEPCC@americangeriatrics.org).

## Our Practice: Who We Are and Whom We Serve

Ochsner Health (OH) is the hub for a 5-year-long Louisiana Geriatric Workforce Enhancement Project (LA-GWEP) to explore initiatives to integrate the 4Ms model into patient care. OH delivers healthcare to the people of Louisiana, Mississippi, and the Gulf South, with a mission to serve, heal, lead, educate, and innovate. The OH team of more than 26,000 employees and 4,500 providers is working to reinvent the future of health and wellness in the region.

In the New Orleans area, 74,000 individuals are  $\geq 60$  years old, and about 1.6 million people in the state of Louisiana are  $\geq 50$  years old. OH served 220,838 unique patients who are  $\geq 65$  years old in the Gulf South in 2022 alone. We are committed to improving the delivery of quality of care to older adults in our footprint.

The 4M model integration took place at OH in New Orleans, Louisiana, within the MedVantage Clinics (MVC) with Dr. KJ Carstarphen and the ambulatory Palliative Care Clinic (PC) with Dr. Erika Diaz-Narvaez. The MVC at OH was developed in 2017 to focus on improving primary care services for medically and socially complex older adults. The average age of

patients at the MVC ranges from 40 to  $>70$  years old, with 67% of patients being  $>70$  years old, and the second most prevalent age range (35%) being 60–69 years old. In the PC, 79% of patients are  $>65$  years old.

Patients in both the MVC and PC cohorts are living with chronic diseases and have multiple comorbidities and high hospital usage patterns. They reside in the community, either at home or in assisted-living facilities. Patients in these clinics are experiencing an improvement in health outcomes, a reduction in hospital admissions, and an increase in advance care planning.

We have been on our age-friendly journey since 2018. With our Level 2 Age-Friendly Health System process, our overarching goal was to streamline the extraction of the 4Ms model (What Matters Most, Medication, Mentation, and Mobility) from Epic electronic health records (EHR) and consolidate the data into one location for ease of use by all team members within OH. We determined that a dot phrase would allow seamless capture of the information for the 4Ms in the chart to be addressed and reviewed at each visit by any team member.

## Creation of the 4M Dot Phrase

Our aim with creating the 4M dot phrase was 2-fold: to efficiently present the 4Ms data in a format that would be accessible to every provider and at a system level at OH, and to ensure utilization of quality data capture and delivery. For this reason, we studied the barriers surrounding 4Ms by reviewing gaps in the data collection process for all 4Ms. We discovered that much of the information needed to cover the concepts of the 4Ms was captured in the Medicare Enhanced Annual Wellness Visit (eAWV); however, the results were not easily retrievable in the EHR.

We found missing data elements in the EHR, universal difficulties among providers with accessing eAWVs, challenges with interpreting the data, and lack of consolidation of the 4Ms into an easily accessible location. We assembled an interdisciplinary team that included Epic specialists, eAWV leadership, project management, clinical pharmacy, and dedicated fellows, in addition to the LA-GWEP interdisciplinary team (primary care clinicians, neuropsychology, nursing, and social work). Over the course of 6 months, using a driver of a "Plan, Do, Study, Act" model, we deconstructed our project aim into doable pathways. We found numerous ideas for process change, secondary drivers, and primary drivers. We created doable objectives that could be completed over the span of a year.

The 4Ms data are now in a discrete dot phrase that can be used by any provider at OH. We created the 4MDATA smartphrase in June 2022 (Figure 1). Utilization of this 4M dot phrase and user feedback are the crux of our Level 2 Age-Friendly Health System application.

Figure 1. 4MDATA Smartphrase in Epic EHR

## 4Ms for Medical Decision-Making in Older Adults

Last Completed EAWV: **None**

### **MOBILITY:**

#### **Get Up and Go:**

No flowsheet data found.

#### **Activities of Daily Living:**

No flowsheet data found.

#### **Whisper Test:**

No flowsheet data found.

#### **Disability Status:**

Disability Status

**Are you deaf or do you have serious difficulty hearing?**

**Are you blind or do you have serious difficulty seeing, even when wearing glasses?**

**Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

**Do you have serious difficulty walking or climbing stairs?**

**Do you have difficulty dressing or bathing?**

**Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

### **MENTATION:**

#### **Depression Patient Health Questionnaire:**

Depression Patient Health Questionnaire

**Over the last two weeks how often have you been bothered by little interest or pleasure in doing things**

**Over the last two weeks how often have you been bothered by feeling down, depressed or hopeless**

PHQ-2 Total Score

PHQ-4 Total Score

PHQ-9 Total Score

PHQ-9 Interpretation

Has Dementia Dx: No

#### **Cognitive Function Screening:**

No flowsheet data found.

### **WHAT MATTERS MOST:**

#### **Advance Care Planning** ^

#### **ACP Status:**

Patient has had an ACP conversation

Living Will: No

Power of Attorney: No

LaPOST: No

What is most important right now is to \*\*\*

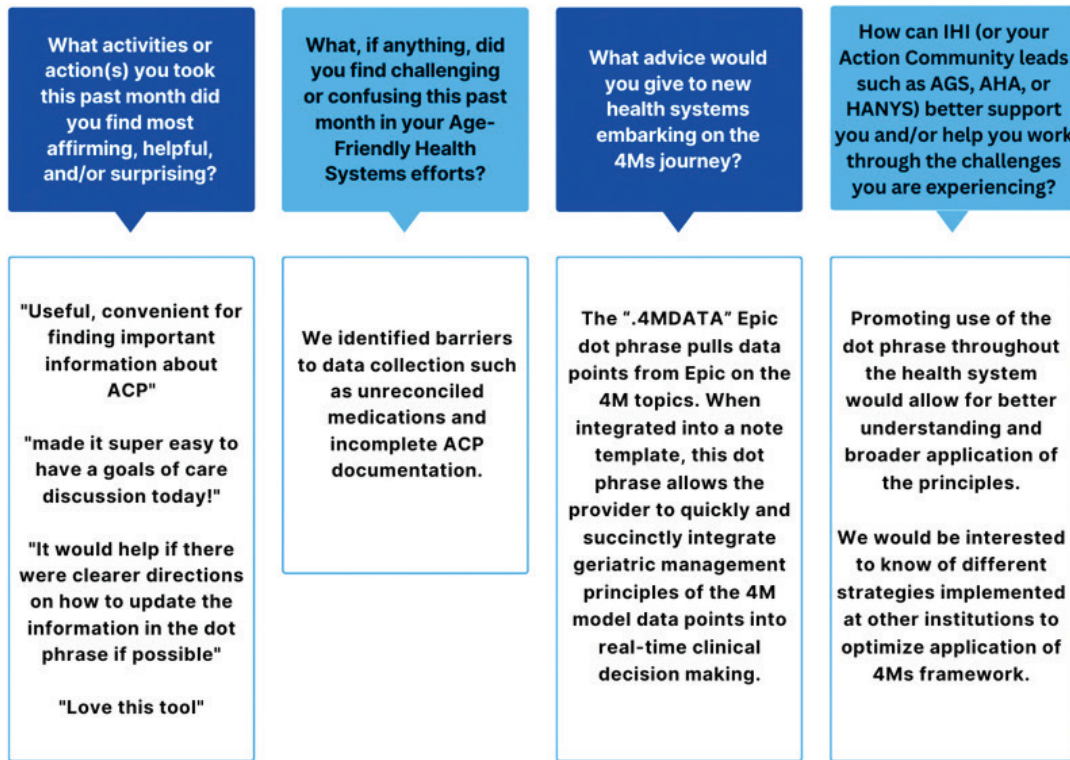
Accordingly, we have decided that the best plan to meet the patient's goals includes \*\*\*

What matters most to patient today is: \*\*\*

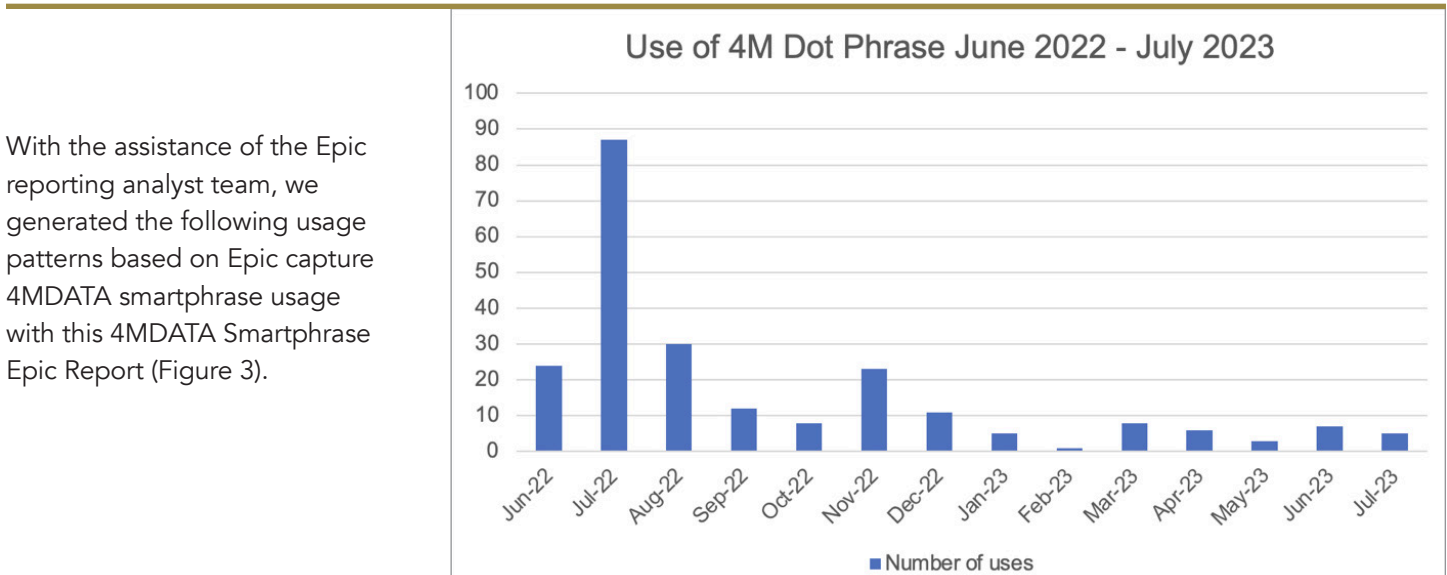
## Phase 2 Process

During the pilot phase of the 4MDATA smartphrase, for 6 months in 2022, 10 internal medicine residents provided feedback on utilization of the dot phrase (4MDATA) Epic EHR tool. Each resident used the smartphrase 1 or 2 times. Of the utilizations, 50% were in the in-patient setting. Per survey data, users found the dot phrase to be helpful for consolidating relevant information and as a real-time decision-making aid. All users (100%) answered that they will use the dot phrase in clinical practice. Verbal feedback revealed users who were previously unaware of the 4Ms framework found the tool to improve their knowledge (Figure 2). We modified the smartphrase based on user feedback.

**Figure 2.** Feedback from 4M Smartphrase Users



**Figure 3.** 4MDATA Smartphrase Epic Report Showing Usage of the 4MDATA Dot Phrase Over One Year



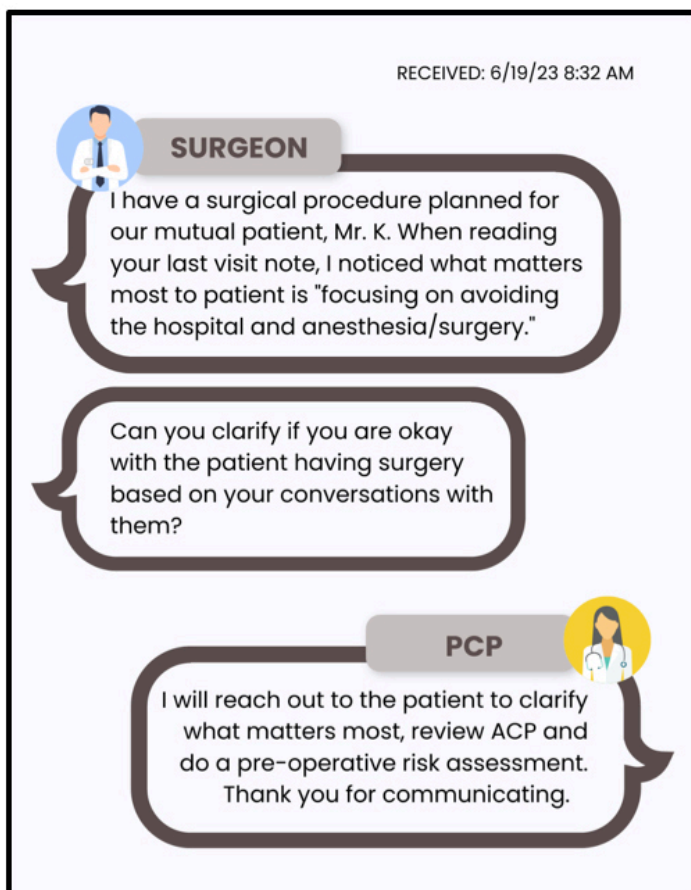
With the assistance of the Epic reporting analyst team, we generated the following usage patterns based on Epic capture 4MDATA smartphrase usage with this 4MDATA Smartphrase Epic Report (Figure 3).

## How We Are Adapting the 4Ms

The 4Ms are now used in almost all the charts of patients at the MVC and PC. Having the data readily available to the healthcare team allow for a more comprehensive review of the patient's current health status. The ability to see the patients' 4Ms data during the visit leads to conversations surrounding advance care planning (ACP), transitions of care, or escalation of care, when appropriate. For example, the section that assesses "what matters most" is a useful tool in initiating conversations about ACP documents. The framework built into the chart allows an organic flow in the visit to discuss ACP.

Below is an adapted Epic direct message conversation that occurred between a primary care physician (PCP) and a surgeon who was preparing to do a procedure on their shared patient. Utilization of the 4M dot phrase in the PCP chronic care note included a discussion with the patient regarding "what matters most," which prompted further conversation and collaboration with the interdisciplinary team and patient before proceeding with surgery (Figure 4).

**Figure 4.** Adapted Epic Conversation Between PCP and Surgeon



## Lessons Learned

We found that many patients at OH did not have an eAWV. Those visits are performed for limited Medicare Advantage insurance plans with shared savings arrangements with OH. For those patients without insurance approved by OH for eAWV, there were no data for many fields in the 4M dot phrase. Of the 220,838 patients at OH who are >65 years old, the 4M dot phrase has the potential for all data fields to be completed for up to 86,792 people, which is 39% of this patient population with selected Medicare Advantage insurance plans. For this reason, the 4M dot phrase may yield many empty data fields (see example in Figure 1). Our hope is that as OH advances to a Level 2 Age-Friendly Health System, we will build flowsheets that facilitate consistent data collection, especially for patients without eAWV data collection encounters.

An additional challenge was that we received conditional acceptance of our Level 2 status in March 2023 due to limitations of the "what matters most" section of the 4M dot phrase. Our original 4M dot phrase included a drop-down menu for the patients' options for "what matters most": "What is most important right now is to focus on: (drop down menu --> spending time at home, avoiding the hospital, remaining as independent as possible, symptom/pain control, quality of life even if it means sacrificing a little time, extending life as long as possible even if it means sacrificing quality, curative/life-prolongation, improvement in condition."

We received this response from the Institute on Healthcare Improvement: "The What Matters question should be an open-ended question that tailors what matters most to the patient. The first question listed would be accepted as an open-ended rather than a drop-down menu." In April 2023, we removed the drop-down option and changed to required free text as a response. After collecting this 4Ms data again in an open-ended manner for the past 3 months, we learned that what truly matters most to patients can change at each appointment—and it often has nothing to do with routine healthcare! It could be the pain they are experiencing in the moment of the appointment or wanting to maintain function to be able to attend an anticipated future event. Collecting these data on more than one occasion has provided a pleasant and refreshing look at the desires of patients on an individual level.

Before starting an age-friendly journey, we recommend discussing ways in which the 4Ms data

is already being collected in the EHR and working in an interdisciplinary manner with your EHR team to pull those data into a centralized location. We preferred a 4M dot phrase to a dashboard, because navigating a dashboard can be cumbersome and time consuming to access and navigate. If the 4M dot phrase is added to a note template, there is no additional work for the provider to import the data. It is also a method of communication through the patient's chart surrounding the 4Ms in that encounter. We also recommend that once the method of data delivery has been implemented, creating a simple method for user feedback is important. We embedded a RedCap survey link into the dot phrase so that when an end-user clicked that link, a feedback questionnaire would appear.

## Next Steps

We found that the output of the Epic report vastly underrepresented the true usage of the 4M dot phrase. We believe that the way the Epic report extracted the data did not capture the usage of embedded 4M DATA smartphrases into note templates. To investigate this theory, we performed chart reviews on 6 MVC clinic days in July and counted the usage of ".4M DATA" within the signed notes. This yielded 50 usages. To see which of the visits were recorded by the extraction tool, we compared this with the data from the "July 23" section (Figure 3) using patient medical record numbers. None of the usages were captured by the extraction tool (Table 1). We plan to continue this

quality improvement work in the next phase of this project.

Our end-user feedback data suggest the dot phrase as an efficient tool for Epic EHR users at OH to improve care for older adults because of its ability to consolidate information and aid in real-time medical decision making. Once we receive Level 2 Age-Friendly Health System status, the next phase of our "Plan, Do, Study, Act" model includes continuing the quality improvement process by improving the data collection strategies with OH, then introducing the 4M dot phrase across all disciplines at OH through Ochsner Learning Network training. We will continue to assess the usefulness of the 4M dot phrase in various clinical settings through our feedback link, as well as make improvements as needed.

**Table 1.** 4M DATA Smartphrase Usage Based on Individual Chart Review in Epic for Date Range

Date	4M DATA Smartphrase Used in MVC Note	4M DATA Smartphrase Usage Report in Epic
7/3/2023	7	0
7/5/2023	6	0
7/7/2023	11	0
7/11/2023	10	0
7/12/2023	7	0
7/14/2023	9	0

## References

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Harris PA, Taylor R, Thielke R, et al. Research electronic data capture (REDCap) – a metadata-driven methodology and workflow process for providing translational research informatics support. *J Biomed Inform*. 2009;42(2):377–381.

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## ABOUT THE AUTHORS

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