

GWEP-CC CASE STUDY: THE JOURNEY TO AGE-FRIENDLY PRIMARY CARE

About Us

The Geriatrics Workforce Enhancement Program Coordinating Center (GWEP-CC) Case Studies present a broad range of cases drawn by Geriatric Workforce Enhancement Programs (GWEPs) and their primary care partners to take learners through their experiences implementing the 4Ms. Case study authors participated in the 2020 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 the GWEP-CC at GWEPCC@americangeriatrics.org.

Ochsner Health delivers healthcare to the people of Louisiana, Mississippi, and the Gulf South, with a mission to serve, heal, lead, educate and innovate. Ochsner's team of more than 26,000 employees and 4,500 providers are working to reinvent the future of health and wellness in the region.

New Orleans ranks among the lowest locations in the nation for many health markers. The MedVantage Clinics (MVC) at Ochsner Health were developed in 2017 to focus on improving healthcare for geriatric patients, especially those with medically and

socially complex issues. System-wide, 1,300 patients are currently in this cohort and are experiencing an improvement in health outcomes, a reduction in hospital admissions, and an increase in advance care planning.

Ochsner Health is now a hub for a 5-year-long Louisiana Geriatric Workforce Enhancement Project (LA-GWEP) to explore initiatives to integrate the 4Ms model. The MVCs are the foundation of the soon-to-be branded "Ochsner 65+ Clinics" throughout the state in 2022 and will implement the Plan-Do-Study-Act (PDSA) system described below.



Mr. L's Care: A Case Study

"Doc, I don't remember things no more." With a look of fear on his face, Mr. L expressed his worries of memory loss during his primary care provider (PCP) appointment. Other pressing issues included rectal bleeding and hypertension in the setting of an aortic aneurysm from Marfan syndrome. Mr. L. had taken a Mini-Cog test at his Medicare Enhanced Annual Wellness Visit (eAWV) a few months ago, but the results were not easily retrievable in his Epic electronic health record (EHR). The acuity of Mr. L.'s other medical needs took precedence over his subjective and seemingly mild memory loss; therefore, he was referred to neuropsychology for further evaluation of his memory loss.

This scenario demonstrates one of the challenges we have in efficiently accessing data on the 4Ms (What Matters Most, Medication, Mentation, and Mobility). To address the gaps in integrating the 4Ms framework at Ochsner Health, we are proposing a PDSA improvement system that will facilitate use of the 4Ms model and guide our progression from a Level 1 to a Level 2 Age-Friendly Health System.

Our Approach

Much of the information needed to cover the concepts of the 4Ms model is captured in the eAWV for Humana Managed Medicare patients at Ochsner Health. The LA-GWEP is dedicated to the health and well-being of those living with Alzheimer's disease and associated dementias, so we began with a deep dive into Mr. L.'s chart in search of Mentation assessments in the eAWV. We developed the following root cause analysis of the barriers to Mentation assessments in the Epic EHR (Figure 1).

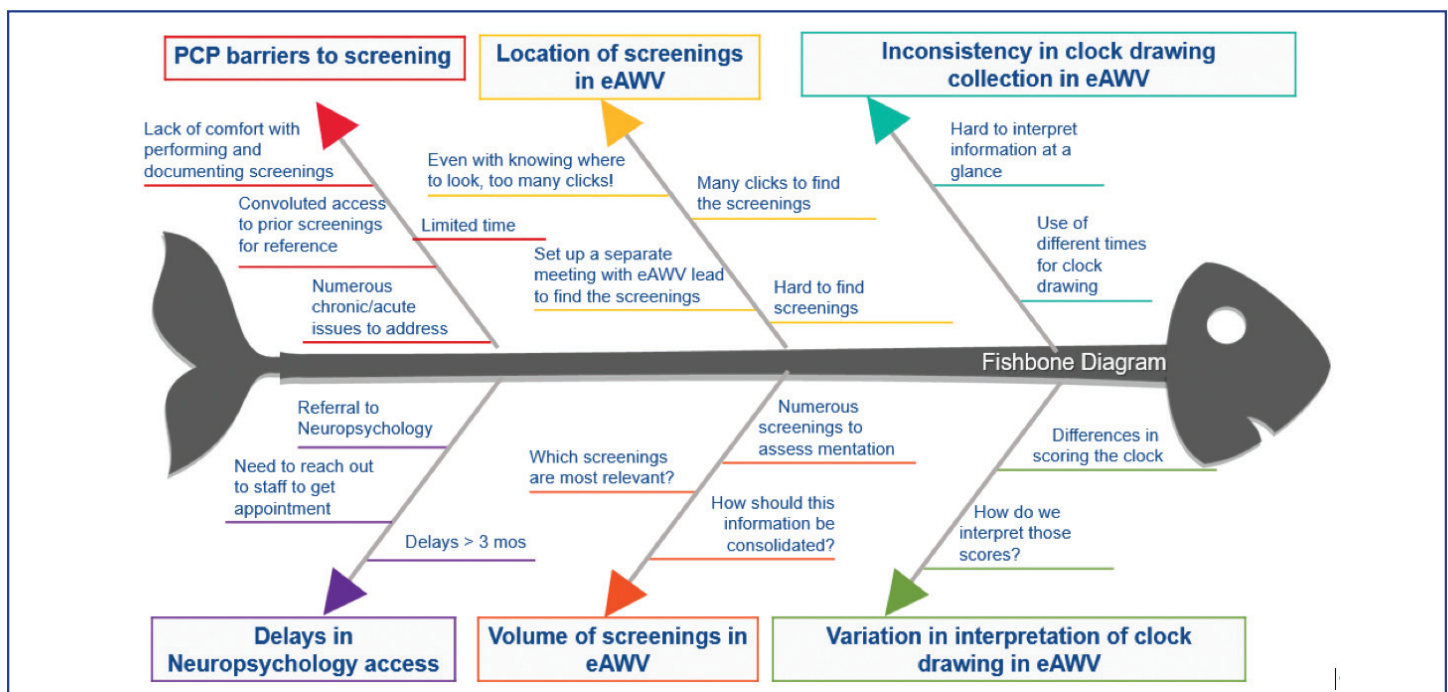


Figure 1. Root cause analysis of barriers to assessing Mentation

The next step in this process of change was a chart review of all patients under the Humana Medicare Advantage Plan who were seen by one MVC PCP (Dr. Carstarphen, Senior Physician Lead) over the course of one week. We looked for the presence of an eAWV encounter within the same calendar year as the office visit, and then examined those eAWVs for consistency in documentation of the Mentation assessments. We found that data collection and reporting varied (Figure 2).

Patient	eAWV Completed?	PHQ2	Mini-Cog	Word Recall	Clock	Visual impairment?	Clock Drawing	Clock Time	Correct time?	Clock Score	Correct Scoring for Clock Drawing?
1	Yes	Yes	Yes	3	No	No	no picture	n/a	n/a	1	Unknown
2	Yes	Yes	Yes	3	Yes	n/a	picture	11:10	Yes	2	Yes
3	No										
4	No										
5	No										
6	No										
7	No										
8	No										
9	No										
10	No										
11	Yes	Yes	No	No	No	No	no picture	n/a	n/a	n/a	n/a
12	Yes	Yes	Yes	3	Yes	No	no picture	n/a	n/a	2	Unknown
13	No										
14	No										
15	No										
16	No										
17	No										
18	No										
19	Yes	Yes	Yes	3	Yes	No	no picture	n/a	n/a	1	Unknown
20	No										
21	Yes	Yes	Yes	3	Yes	No	picture	11:10	Yes	1	Yes
22	Yes	Yes	No	No	No	No	no picture	n/a	n/a	n/a	n/a
23	Yes	Yes	Yes	3	3	n/a	picture	8:10	No	3	No

Figure 2. Variance in reporting of Mentation assessments in eAWVs

To further understand barriers to integrating the 4Ms, we performed a review of gaps in the data collection process for all 4Ms. We found missing data elements in Epic EHRs, pain points with accessing eAWVs, challenges with interpreting the data, and lack of consolidation of the 4Ms into an easily accessible location.

What Matters Most – At a basic level, providers should know exactly what motivates the patient to get up in the morning. Is it to read or watch TV quietly at home, play with grandchildren, or travel the world? Aligning this knowledge with the clinical understanding of whether the patient has a life-limiting or serious illness can aid clinicians in choosing what topics to include when creating a care plan.

Discussions about whether the patient’s health is declining, number of specialists seen in the last year, and frequency of hospitalizations and emergency department

visits can provide information on how to align what matters most with end-of-life care goals via advance care planning (ACP). This includes, but is not limited to, selecting a power of attorney, completing an advance directive, and discussing code status. After these tasks have been completed, the ACP should be reviewed for accuracy. Care plans can then be formulated that integrate the patient’s goals into medical decision-making.

These discussions are ideally conducted at a PCP appointment during a period of stable health, but they can occur at any time during a patient’s care trajectory. ACP documents are provided with informational resources at each eAWV appointment with a nurse practitioner and later at visits with the PCP. For many patients, this ACP information is not gathered because of provider time constraints and provider’s discomfort with the process. Having ACP documentation presented in an easy-to-review format

will aid the process for addressing what matters most to ensure that the current care plan is in alignment with the ACP documents on file.

Medication – A priority during each eAWV and PCP ambulatory visit is conducting a medication review to confirm the medications that the patient is currently taking and those that should be discontinued. At present, there is no system to flag medications that could increase adverse events (eg, falls, orthostatic hypotension, delirium), and the AGS-Beers Criteria® for potentially inappropriate medications is not integrated into the Epic EHR. Currently, high-risk medications are identified manually by the PCP or pharmacist, a time-consuming process that is prone to error because of the lack of standardization.

Mentation – Patients are screened for depression and memory loss during the eAWV. To assess for depression, the Patient Health Questionnaire-2 (PHQ-2) is used first as a screening tool, and, if positive, the PHQ-9 is then administered. Functional and cognitive status assessments are conducted to evaluate for memory loss. This includes the Mini-Cog, which is composed of the three-word recall and the clock-drawing test. If the patient has visual impairment, then the WORLD spelling test replaces the clock-drawing test.

These tests are usually performed during the eAWV, but data collection methods have been inconsistent. For example, the time recited to the patient for the clock drawing should be “10 minutes past 11”, but this has not been uniform; therefore, interpretation of this test by a chart reviewer is difficult. A consistent barrier to extracting accurate information via the eAWV screening protocol is that these data are buried in the chart and difficult to retrieve. For other barriers, see Figures 1 and 2.

Mobility – Several tools in the eAWV are used to assess the patient’s mobility, including the Timed Up and Go Test and the National Health and Nutrition Enhancement Survey physical activity assessment. Patients are also asked about their ability to complete activities of daily living, any recent history of falls to evaluate for fall risk, as well as their living situation to make sure appropriate mobility accommodations are in place. Additionally, the whisper test is used for a rudimentary hearing screening and questions are asked to provide a preliminary assessment of visual impairment.

These screenings clarify whether there are mobility concerns; however, the results are not consolidated in an easy to locate or interpretable manner in the eAWV.

Lessons Learned

Although most of the information for clinical decision-making within the 4Ms model is in the EHR, we learned that it is neither easily accessible nor organized in a way to make clinical decision-making efficient. Therefore, integrating the 4Ms model into a care plan is labor intensive. Barriers include extracting the 4Ms data from the Epic EHR, collecting the data consistently by every eAWV provider, and organizing/consolidating the data into one location for reference. Ideally, the 4Ms information would be quickly retrievable for placement into a clinic note to help all providers integrate this critical information into the patient’s care plan.

Understanding the barriers surrounding 4Ms and subsequently addressing those with our proposed driver model will be initiated with the PDSA methodology. We will pilot the project in one MVC (led by Dr. Carstarphen). Once these methods are standardized and deemed effective, they will be expanded to the Ochsner 65+ Clinics, and then to all providers at Ochsner Health.

Next Steps

Based on our observational data, we created a driver model for next steps in integrating the 4Ms model into Ochsner Health (Figure 3). Our overarching goal is to streamline the extraction of the 4Ms data from Epic EHRs and consolidate it into one location with a dot phrase.

To accomplish this goal, we will need to assemble an interdisciplinary team that includes Epic EHR specialists, eAWV leadership, project management, clinical pharmacy, and dedicated fellows, in addition to the LA-GWEP interdisciplinary team (PCPs, neuropsychology, nursing, and social work). In terms of specific steps, we will begin a six-month process improvement initiative aimed at addressing the incremental improvements opportunities highlighted above. Beginning in early 2022, we will use the proven PDSA methodology, staffing each PDSA step with an optimal team of thought leaders that will include three LA-GWEP medical fellows. The fellows will be recently-graduated physicians from the University of Queensland-Ochsner Clinical School, who will work on a full-time basis from January 2022 – May 2022 on deconstructing this PDSA into more manageable smaller projects to facilitate integration of the 4Ms model into our care plans.

In sum, we believe that integrating the 4Ms into care plans for older adults will facilitate improved and more meaningful care to patients who have memory concerns like those of Mr. L., which is what **Matters Most** to all of us.

What Will Drive Your Change?

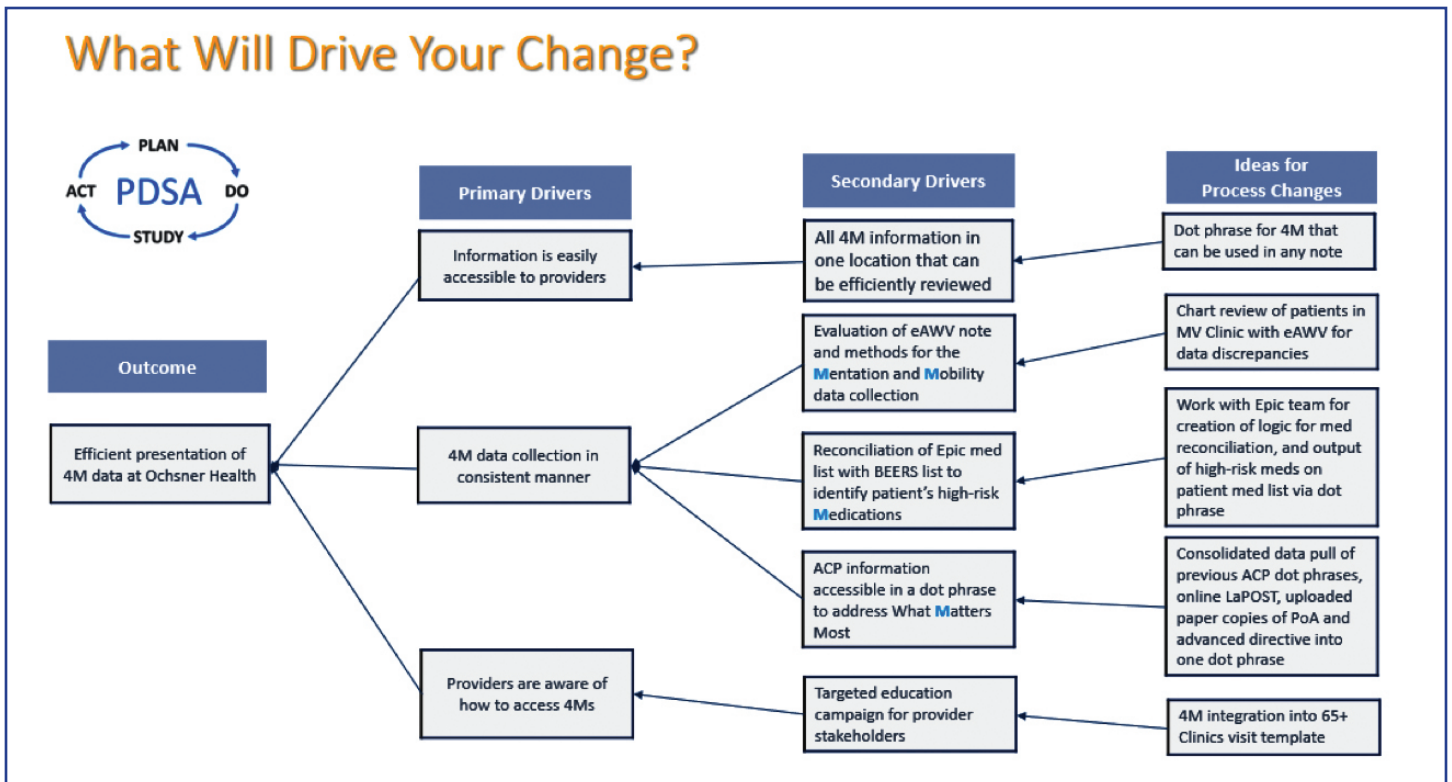


Figure 3. Driver diagram of goals and next steps for 4M model integration

REFERENCE

- Medicare Wellness Visits. Feb 2021. MIn Education Tool. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html> (accessed Oct 21, 2021).

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