

No Wrong Floor on the Elevator: A Vision for the VA as an Age-Friendly Health System

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Background: The Age-Friendly Health Systems Initiative is a quality improvement movement led by the Institute for Healthcare Improvement and supported by the John A. Hartford Foundation to improve care for older adults. The US Department of Veterans Affairs (VA) has set a goal to become the largest integrated Age-Friendly Health System in the United States.

Observations: As the veteran population ages, delivering Age-Friendly care is an urgent priority. VA clinicians should apply the 4Ms of the Age-Friendly Health Systems Initiative: Mobility, Mentation, Medications, and What Matters.

Conclusions: No matter which floor a veteran exits on a VA elevator, they should expect to receive Age-Friendly care that will meet their needs as they age.

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One morning I stepped into the elevator in the lobby of the US Department of Veterans Affairs (VA) medical center where I work, holding a cup of coffee, joining another staffer, a middle-aged man, wearing a veteran's pin on his employee badge. An older veteran slowly approached the elevator doors, shuffling with each step, and since he was at the front of the elevator, he cheerfully bellowed "Which floor?" as he offered to push the button for us.

"What's on 12?" he asked in a jovial voice. I smiled. "Aging research," referring to the Geriatrics Research Education and Clinical Center where I work.¹

"I definitely need that—I forgot where I'm going!" he joked, his fingers hovering over the elevator buttons.

As we reached his floor, the doors opened, he waved with a smile and unsteadily made his way out of the elevator and down the hall to his appointment. As the elevator doors closed behind him, the other staffer turned to me and said with a shrug, "That'll be me one day," as he got off at the next floor.





When I got off the elevator and walked toward my office, I reflected on the care that I as a geriatrician and we at the VA hope to provide to aging veterans, now and in the future: Age-Friendly care. Age-Friendly means the compassionate care that we want for those who have served our country, for our loved ones, and for ourselves as we age. Age-Friendly means person-centered, evidence-based care that as we grow older will help us to address challenges that may come with older age, such as falls, cognitive impairment, and polypharmacy. Too often the health care system remains focused on the chief concern

or on a clinician's specialty and may not focus on those important areas where we can potentially intervene to support aging veterans.

The VA has set a goal to become the largest Age-Friendly Health System (AFHS) in the country.² Led by the Institute for Healthcare Improvement and funded by the John A. Hartford Foundation, the Age-Friendly Health Systems Initiative aims to help clinicians and care settings "follow an essential set of evidence-based practices; cause no harm; and align with what matters to the older adult and their family caregivers."³ An AFHS cares for older adults with attention to the 4Ms—What Matters, Mobility, Mentation, and Medications.⁴ Specifically, in an AFHS, older adults are asked what matters to them so we can align their health care with their goals; clinicians evaluate veterans for safe mobility and fall risk reduction, cognitive impairment and mood disorders, and identify and avoid high-risk medications.⁵ In an AFHS, the 4Ms are practiced as a set, reliably, across settings, so that there should be no wrong door or wrong floor for an older veteran to receive Age-Friendly care within the VA health care system.⁶

I thought of the veteran with the sense of humor getting off the elevator and wondered whether the clinician seeing him would have training in some of the many VA resources available for delivering Age-Friendly care (Table). Would they notice the slow gait speed, a poor prognostic marker that may indicate frailty, but often modifiable when addressed?⁷ Perhaps they would see the difficulty he had getting up from a chair in the waiting room, or

TABLE Age-Friendly Care at the VA: Examples of Tools to Implement the 4Ms

4Ms	Focus	Non-VA tools/programs	VA tools/programs
	Safe mobility Falls risk reduction Maximizing function	CDC STEADI ²¹ NIH Go4Life ²²	Gerofit ⁹ STRIDE ²³ Live Long Walk Strong ²⁴
	Dementia Depression, PTSD Delirium Substance use	AGS Co-CARE/HELP for delirium ²⁵	STAR-VA for dementia ²⁶ VA mental health resources ¹⁶
	Underprescribing Deprescribing High-risk medications	AGS Beers Criteria ¹¹ Deprescribing.org ²⁷	EQUIPPED ¹⁷ VIONE ¹³
	Advance care planning Goal-concordant care	Patient Priorities Care ²⁸ The Conversation Project ²⁹ Serious Illness Conversation Guide ³⁰ PREPARE for Your Care ³¹	Life Sustaining Treatment Program ¹⁵ My Life My Story ¹⁶ Whole Health ¹⁷ What Matters Most Tool ¹⁷

Abbreviations: AFHS, Age-Friendly Health System; AGS, American Geriatrics Society; CDC, Centers for Disease Control and Prevention; EQUIPPED, Enhancing Quality of Prescribing Practices for Older Veterans Discharged from the Emergency Department; HELP, Hospital Elder Life Program; NIH, National Institutes of Health; PTSD, posttraumatic stress disorder; STAR, Staff Training in Assisted Living Residences; STEADI, Stopping Elderly Accidental Deaths and Injuries; STRIDE, assisted early mobility for hospitalized older veterans; VA, US Department of Veterans Affairs; VIONE, vital, important, optional, not indicated, every medication has an indication. Images courtesy Institute for Healthcare Improvement.

climbing on to the examination room table. To address **Mobility**, the clinician might reach out to the primary care practitioner, or refer the patient to one of the many excellent VA mobility or rehabilitation medicine programs such as Live Long Walk Strong or Gerofit.^{8,9} In the **Mentation** domain, the veteran joked about forgetfulness, but given the high prevalence of cognitive impairment among older veterans, perhaps the clinician would notice missed refills or repetitive questions and perform a cognitive assessment, or consult with the geriatrics or neurology memory clinic if abnormal.¹⁰ For **Medications**, a clinician trained in Age-Friendly principles would recognize and avoid or deprescribe high-risk medications, such as those on the American Geriatrics Society Beers Criteria, or use a VA tool for optimizing medications such as VIONE.¹¹⁻¹³ And for **What Matters**, the clinician could ask veterans what their goals are, using programs such as Whole Health, Patient Priorities Care, the VA Life Sustaining Treatment Initiative, or My Life My Story to learn about the patient as a person and align care with goals.¹⁴⁻¹⁷ Working with an interprofessional team, the clinician could connect veterans with the tools needed to support them as they age.

Too often our health care system and

health professions education have left clinicians unprepared to care for older adults using an Age-Friendly framework; rather, we have been trained in problem-based or disease-based care that can miss the forest for the trees in an older adult living with multiple chronic conditions and/or frailty. We may focus on providing evidence-based care for individual medical conditions while neglecting the often practical interventions that can help an older person age in place by focusing on what matters, supporting safe mobility, addressing cognition and mood, and optimizing medications.¹⁸

The vision of the VA as the largest AFHS in America is urgently needed; nearly half of the veteran population is aged 65 ≥ years, compared with 16% of the general population.¹⁹ Building on the VA's legacy of creativity and innovation in geriatrics, and the VA's goal of being a high reliability organization, becoming an AFHS will ensure that for that older veteran stepping off that elevator there is no wrong floor, and no wrong door to receive the Age-Friendly care he deserves and that we all hope for as we age.^{1,5,19,20}

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Disclaimer

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