



# Home Sweet Home: How Pharmacists Can Help Seniors Stay Independent Longer

Nicole J. Brandt, PharmD, MBA, BCGP, FASCP

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Professor, University of Maryland Baltimore School of Pharmacy  
Clinical Pharmacist, MedStar Center for Successful Aging

# Disclosure Statement

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

# Learning Objectives

1. Define what it means to be an age-friendly pharmacy.
2. Discuss strategies for working interprofessionally to support older adults aging in place.
3. Identify at least two resources to meet the needs of older adults and those that care for them.

# Speaker



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## Why This Work Matters to Me

"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." – Andrew Carnegie



**RBC DENVER**  
Cardinal Health  
JULY 9-12, 2025

# Overview of Age Friendly Care Initiatives

# The Context: We All Need an Age-Friendly Society

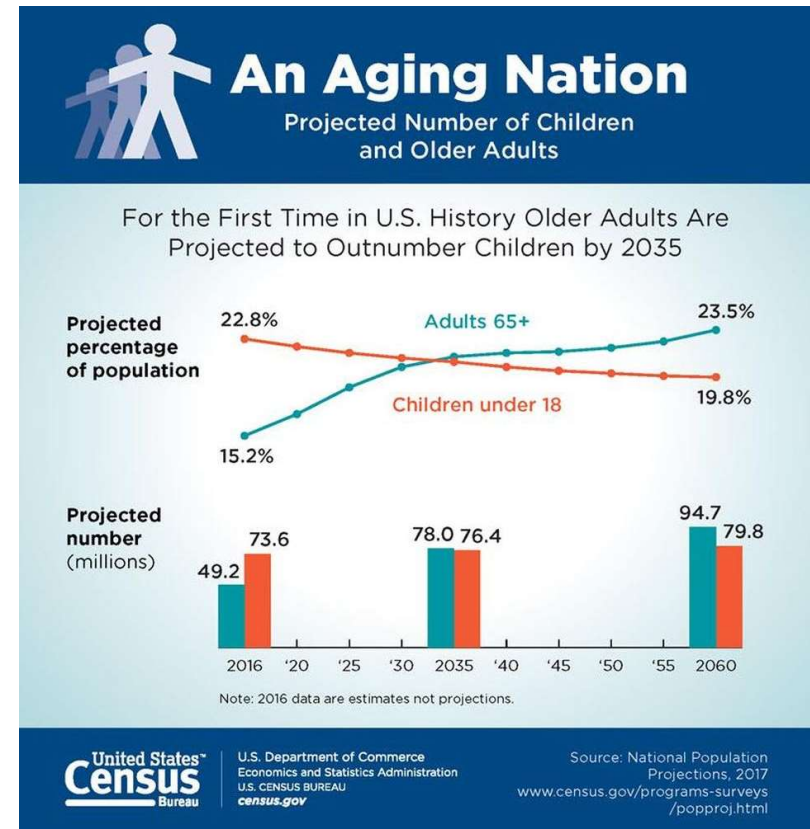
- Longevity is the greatest success story of last century
- As we age, we can make vital contributions and power up communities – with support
- A just society requires us to make all sectors **age-friendly**





# Factors Impacting the Care of Older Adults

- **Demography:** the # of older adults is projected to double over the next 25 years.
- **Complexity:** Approximately 80 percent of older adults have at least one chronic disease, and 77 percent have at least two.
- **Disproportionate Harm:** Older adults have higher rates of health care utilization as compared to other age groups and experience higher rates of health care-related harm, delay, and discoordination.



[The State of Aging and Health in America 2013](#). Atlanta: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013.

["Fact Sheet: Healthy Aging."](#) National Council on Aging; 2016. <https://www.ncoa.org/resources/fact-sheet-healthy-aging/>

Abrams M, Milstein A. NAM Workshop Series on High-Need Patients. National Academy of Medicine; October 2016.

Institute of Medicine Committee on the Future Health Care Workforce for Older Americans. [Retooling for an Aging America: Building the Health Care Workforce](#). Washington, DC: National Academies Press; 2008. 2, Health Status and Health Care Service Utilization.

# Looking Ahead into the Future

## GAPS IN HEALTH CARE FOR AN AGING POPULATION

### **Shortage of geriatricians**

- In 2023 an estimated 36,000 physicians with geriatric training were needed to manage the complex health and social needs of the aging population.
- More than 16,000 students graduate from medical school each year, but only a fraction specialize in geriatrics.
- Only 10 percent of U.S. medical schools make geriatrics a required course.

### **Medicare payment shortfalls**

- Unlike internists or family physicians, geriatricians are almost entirely dependent on Medicare
- There is low Medicare reimbursement for complex, prolonged E/M.
- Medicare does not reimburse for costly interdisciplinary team of specialists necessary to deliver the spectrum medical, psychological, and social services many elderly patients require.

**Long-term care** (nursing homes, home health care, respite care, adult day care, assisted living) – gaps in coverage and quality of staffing/facilities

**Advancement in technology and access to internet is a “super-determinant” of health**

Source: National Center for Biotechnology Information

# Age-Friendly Health Systems (AFHS)

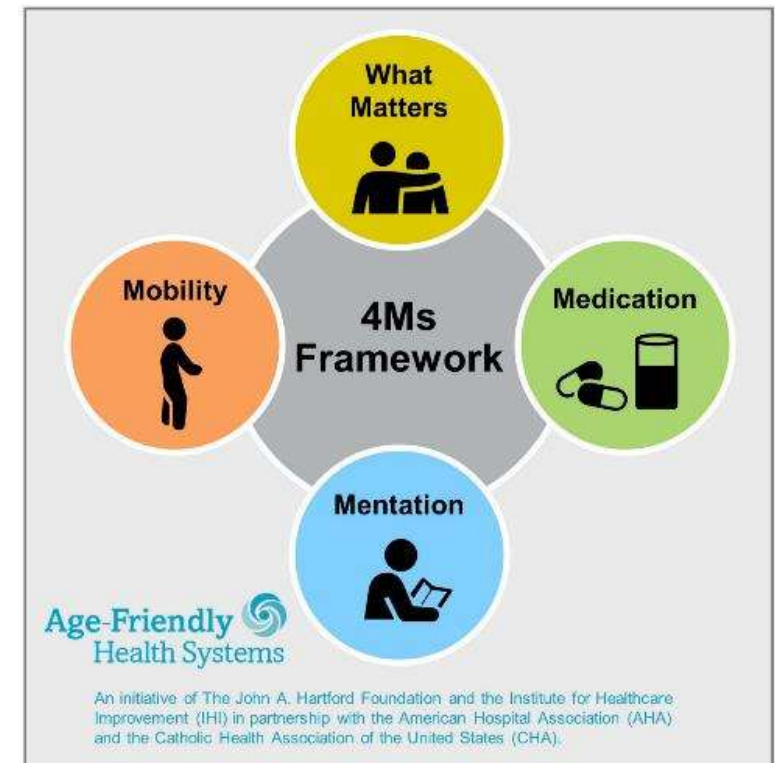
The aim: build a movement so *all care* with older adults is **equitable age-friendly care**:

- Guided by an essential set of evidence-based practices (**4Ms**)
- Causes no harm
- Is consistent with **What Matters** to the older adult and their family

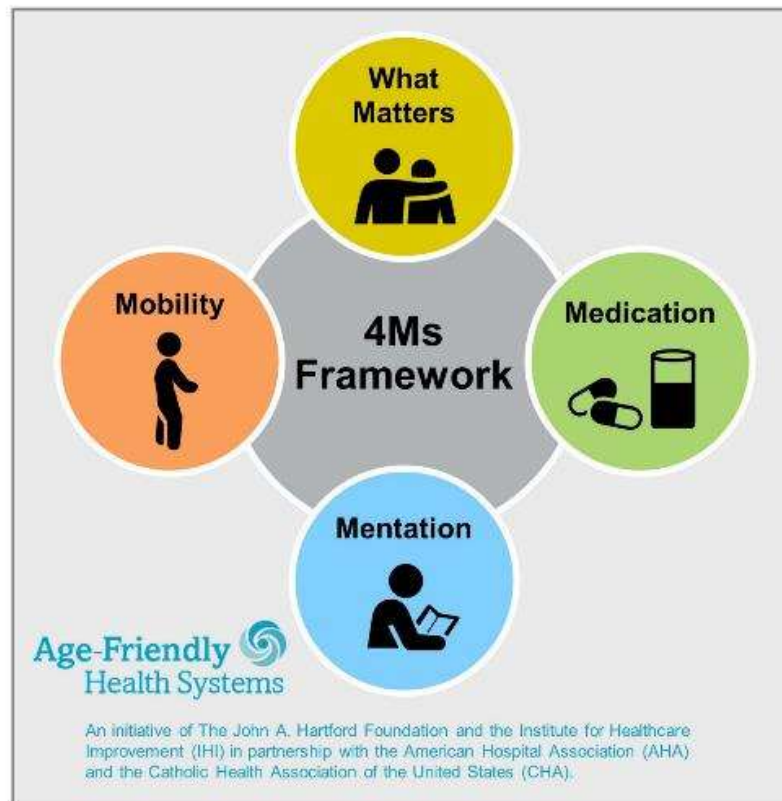


Fulmer, T., Mate, K. S., & Berman, A. (2018). The age-friendly health system imperative. *Journal of the American Geriatrics Society*, 66(1), 22-24.

Accessed at: [www.urban.org/sites/default/files/2024-08/Creating\\_Age\\_Friendly\\_Health\\_Systems\\_The\\_Role\\_of\\_the\\_Hartford\\_Foundation\\_and\\_Lessons\\_for\\_Issue\\_Based\\_Movements.pdf](http://www.urban.org/sites/default/files/2024-08/Creating_Age_Friendly_Health_Systems_The_Role_of_the_Hartford_Foundation_and_Lessons_for_Issue_Based_Movements.pdf)



# The 4Ms of Age-Friendly Care



For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

[IHI.org/agefriendly](http://ihi.org/agefriendly)

# Why the 4Ms Framework?

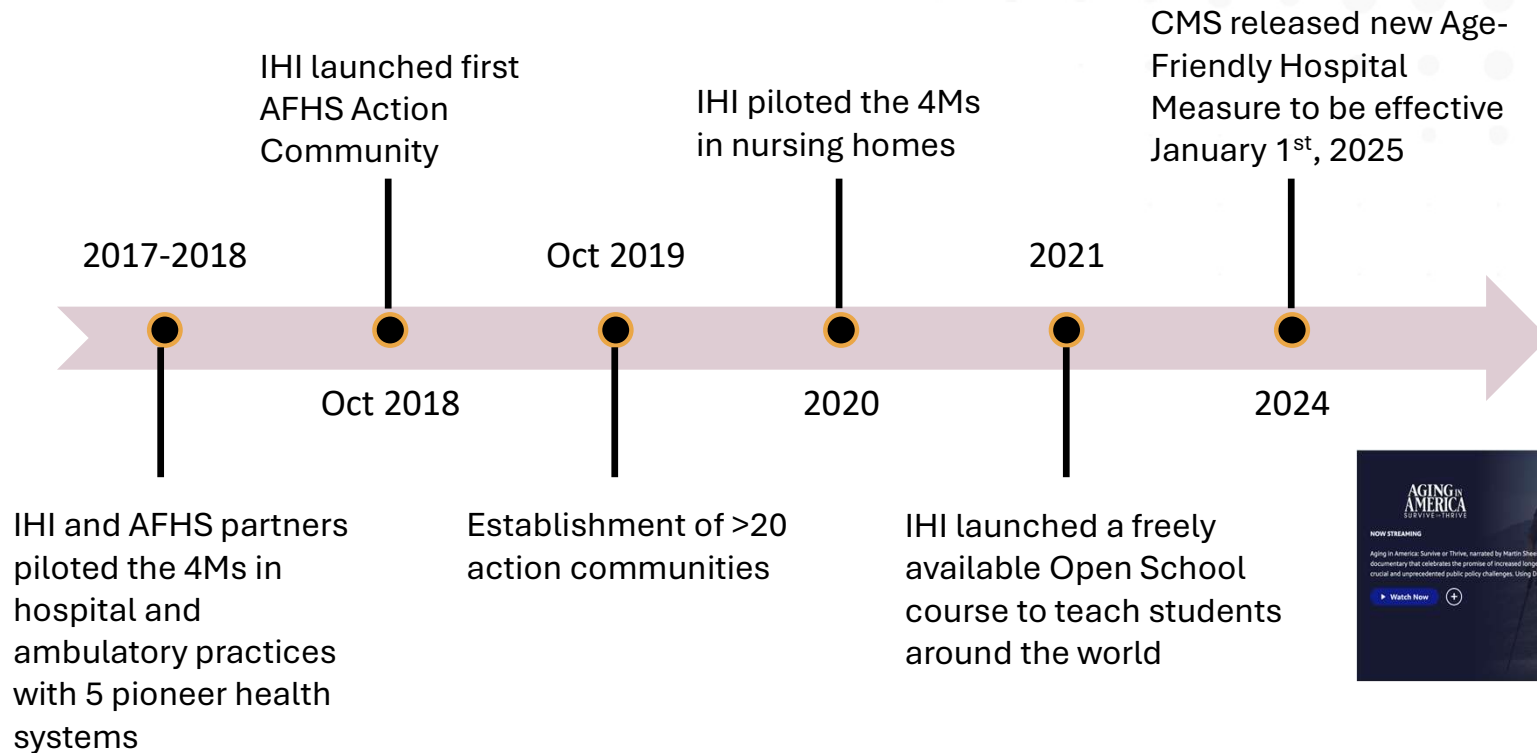
- Represents core health issues for older adults
- Builds on strong evidence base
- Simplifies, reduces implementation and measurement burden on systems while increasing effect
- Components are synergistic and reinforce one another



[ihi.org/agefriendly](https://ihi.org/agefriendly)  
[ihi.org/my-health-checklist](https://ihi.org/my-health-checklist)



# Age-Friendly Health Systems Movement





# CMS Age-Friendly Hospital Measure

- FY2025 Hospital Inpatient Quality Reporting Program (pay-for-reporting)
- All participating hospitals required to report on all elements within 5 domains:
- Data collected will be publicly available on Medicare Care Compare
- Age-Friendly Health Systems and related initiatives can help hospitals meet measure

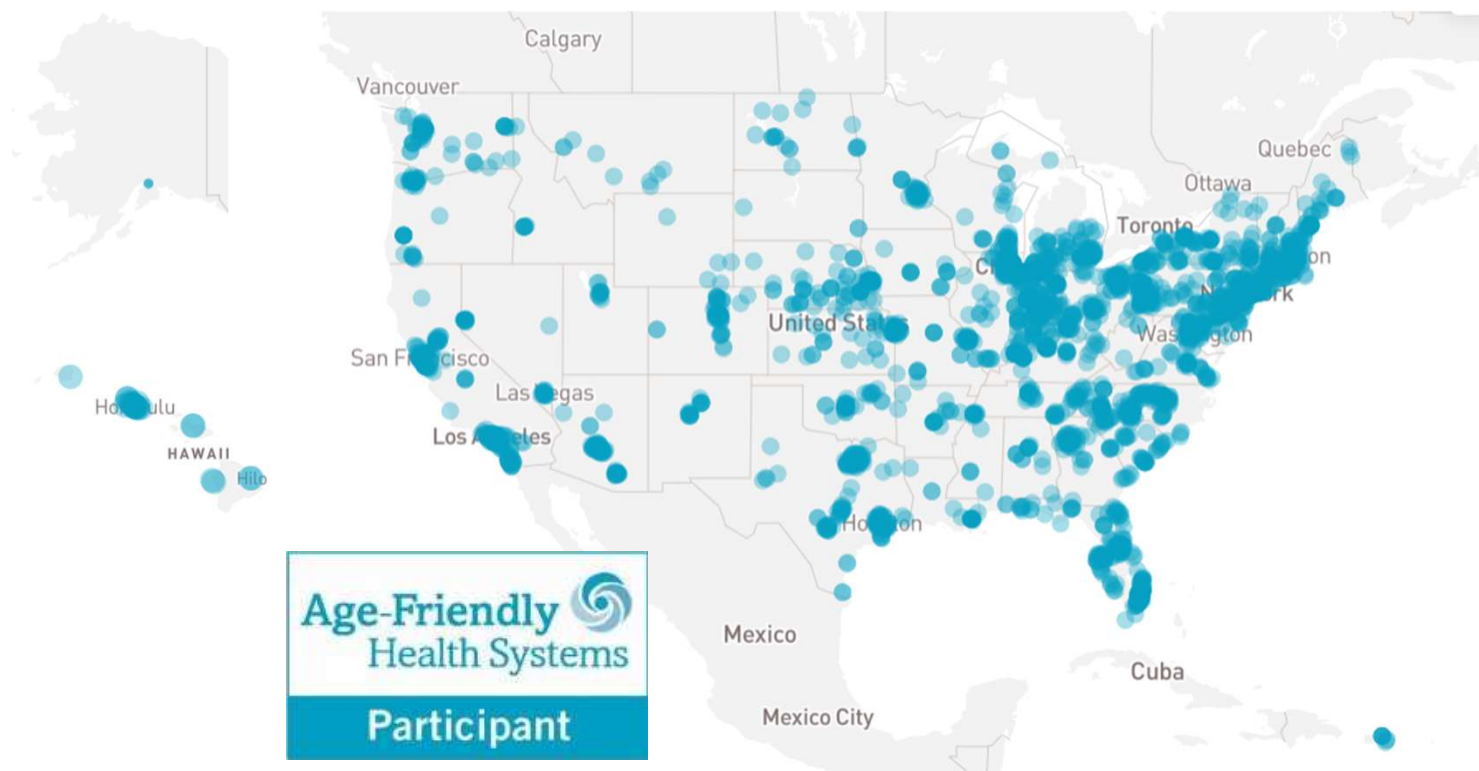


CMS Age Friendly Measure domains (from the [Federal Register](#)) and the 4Ms

Domain	Crosswalk to 4Ms
<b>Eliciting patient healthcare goals:</b> This domain focuses on obtaining patients' health-related goals and treatment preferences, which will inform shared decision-making and goal-concordant care.	What Matters
<b>Responsible medication management:</b> This domain aims to optimize medication management by monitoring the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.	Medication
<b>Frailty screening and intervention:</b> This domain aims to screen patients for geriatric issues related to frailty, including cognitive impairment/delirium, physical function/mobility, and malnutrition, for the purpose of early detection and intervention where appropriate.	Mentation, Mobility, and Medication
<b>Social vulnerability:</b> This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.	What Matters, Mentation
<b>Age-friendly care leadership:</b> This domain seeks to ensure consistent quality of care for older adults through the identification of an age-friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.	All 4Ms, including measuring the 4Ms and sustaining 4Ms care

[Age-Friendly Health Systems Resources and News | Institute for Healthcare Improvement](#)

# A Growing Movement!



**5,100+** hospitals,  
practices, convenient care  
clinics and nursing homes  
(and growing globally)

**As of April 2025**

**Join the Movement!**

[ihl.org/agefriendly](https://www.ihl.org/agefriendly)

# Approach

## Workflow

1. **Assess:** Know about the 4Ms for each older adult in your care

### **Medications:**

1. **Review for high-risk medication use.**
2. **Identify for Potentially inappropriate medications for older adults**

2. **Act On:** Incorporate the 4Ms into the plan of care

### **Medications:**

1. **Avoid or deprescribe the high-risk medications**
2. **If the older adult takes one or more of the medications listed:**
  - ✓ **discuss any concerns the patient may have,**
  - ✓ **assess for adverse effects, &**
  - ✓ **discuss deprescribing with the older adult.**

## Resources:

1. Guides to Using the 4Ms in Care of Older Adults: Hospital, Ambulatory and Convenient Care Nursing Home
2. 2023 American Geriatrics Society (AGS) Beer's Criteria
3. US Deprescribing Research Network



# Implementation Example of Scaling and Sustaining Workforce Transformation for Pharmacists: Leveraging Pharmacists as Age-Friendly 4Ms Champions



AGE-FRIENDLY PHARMACIST CHAMPIONS | #PHARMACIST4MS | [www.ascp.com/page/agefriendly](https://www.ascp.com/page/agefriendly)

The [Bridge Podcast- Transforming Age-Friendly Care](#)

The PATIENTS Program, a program at the University of Maryland School of Pharmacy, centers on Patient-Centered Outcomes Research (PCOR) in order to improve patient care. In a May 2025 episode of the Bridge podcast, they hosted Dr. Brandt as their guest to discuss Age-Friendly patient care during Older Americans Month

Funded by:



The  
John A. Hartford  
Foundation

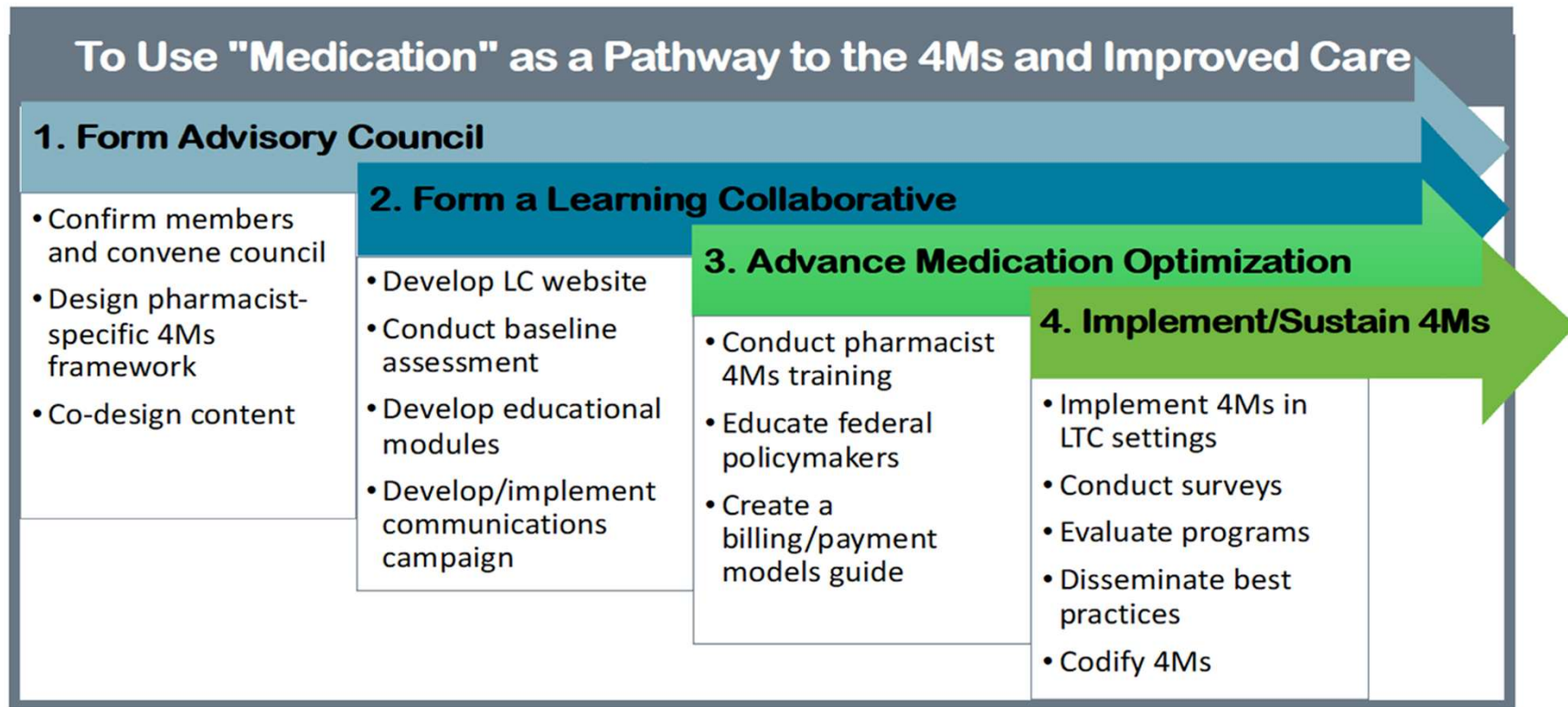
# Overarching Goal



To train 2,500 pharmacists and 950 long-term care pharmacies, with at least 250 pharmacies earning ASCP Age-Friendly national recognition with the goal to bring age-friendly care and the 4Ms into LTC settings to improve the care of older adults and the lives of family caregivers.



# Objectives of the 3 Year John A Hartford Foundation Grant (January 2024 – Dec 31, 2026)





# Assessing Pharmacists' Readiness for Age-Friendly Care: A Needs Assessment Survey

Yu-Hua Fu,<sup>1,2</sup> Jing Wu,<sup>3</sup> Barbara Zarowitz,<sup>2</sup> Christine R. Valeriani,<sup>1</sup> Dagmara P. Zajac,<sup>3</sup> Lynn Poore,<sup>3</sup> Avra L. Thomas,<sup>3</sup>  
Chad Worz,<sup>3</sup> Nicole Brandt,<sup>1,2</sup> Catherine E. Cooke<sup>1,2</sup>

<sup>1</sup>Department of Practice, Sciences and Health Outcomes Research, University of Maryland Baltimore School of Pharmacy, Baltimore, MD, USA; <sup>2</sup>Peter Lamy Center on Drug Therapy and Aging, University of Maryland Baltimore School of Pharmacy, Baltimore, MD, USA; <sup>3</sup>American Society of Consultant Pharmacists (ASCP), Alexandria, VA, USA



## BACKGROUND

**Age-Friendly Health Systems (AFHS) 4Ms framework<sup>1,2</sup>**—What Matters, Medication, Mentation, and Mobility, — has been shown to improve health outcomes for older adults. Pharmacists are well-positioned to champion the 4Ms and support collaborative, interprofessional care for older adults.

## OBJECTIVE

To assess pharmacists' familiarity with and confidence in assessing the 4Ms concepts, and to identify training and educational needs.

## METHODS

**Study design:** cross-sectional need assessment survey.  
**Respondents:** members of American Society of Consultant Pharmacists (ASCP), a professional association of pharmacists managing medication for older adults.  
**Data collection:** April 13, 2024, to July 15, 2024.  
**Survey distribution:** survey shared via email and at 4 regional meetings.  
**Survey sections:** participant characteristics, familiarity with AFHS, and awareness and implementation of the 4Ms (38 questions).  
**Data analysis:** Descriptive analyses were conducted. Likert scale responses on comfort level with assessing the 4Ms were categorized as comfortable (scores 4–5) or less/not comfortable (scores 1–3).

## CONCLUSIONS

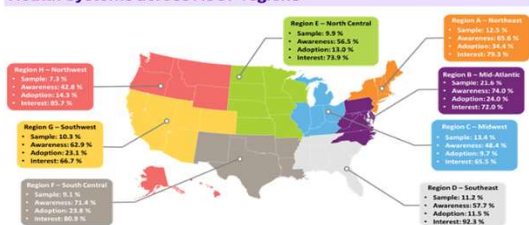
Based on participants' comfort levels and frequency in assessing the 4Ms, educational efforts should focus on strengthening proficiency in "Mobility" and "Mentation" assessments, as well as promoting the integration of the set of 4Ms as a framework to person-centered care. Regional variation in awareness and facility adoption suggests that regional implementation strategies for the 4Ms may be promising. Ongoing research is needed to inform individual-, facility-, and pharmacy-level factors that influence the adoption of the 4Ms in pharmacy practice.

This study is funded by



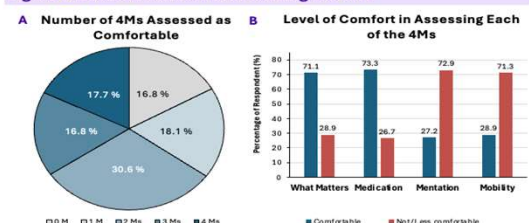
## RESULTS

**Figure 1. Awareness, adoption, and interest of the Age-Friendly Health Systems across ASCP regions**

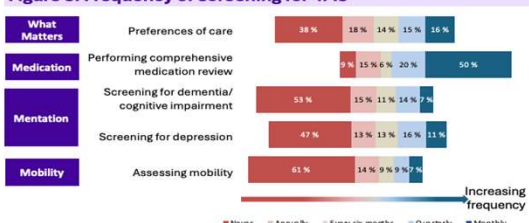


Each regional box shows the sample percentage, reported AFHS awareness, facility adoption, and interest in learning more.

**Figure 2. Level of comfort in assessing the 4Ms**



**Figure 3. Frequency of screening for 4Ms**



## REFERENCES

1. The John A. Hartford Foundation. Age-Friendly Health Systems Initiative. <https://www.johnahartford.org/grants-strategies/current-strategies/age-friendly/age-friendly-health-systems-initiative>.
2. Institute for HealthCare Improvement. Age-Friendly Health Systems. <https://www.ihc.org/networks/initiatives/age-friendly-health-systems>.
3. Everbach G. Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). Med Internet Res 2004;6:e34.

The survey had a view rate of 11.3% (398/3,522), with a participation rate of 58.3% (232/398)<sup>3</sup>. Of 232 respondents, 51.7% practiced in post-acute and long-term care settings (Table 1). While 62.1% were aware of the AFHS initiative, only 20% reported facility-level involvement (Figure 1). Only 17.7% of respondents were comfortable assessing the set of 4Ms (Figure 2A). Comfort in assessing each of the 4Ms varied: "Medication" (73.3%), "What Matters" (71.1%), "Mobility" (28.9%) and "Mentation" (27.2%) (Figure 2B). A sizable percentage of participants had never assessed "Mobility" (61%) or "Mentation" (47% for depression; 53% for dementia) (Figure 3).

**Table 1. Characteristics of 232 respondents, 6.6% (232 / 3,522) of ASCP membership**

Characteristic	n (%)
<b>Gender</b>	
Male	59 (25.4)
Female	154 (66.4)
Not specified/ missing	19 (8.4)
<b>Race and ethnicity</b>	
White	166 (71.6)
Black or African American	13 (5.6)
Hispanic or Latino	5 (2.2)
Asian	15 (6.5)
Other	5 (2.2)
Not specified/ missing	28 (12.1)
<b>Years in practice</b>	
Student	1 (0.4)
1-6 years	14 (6.0)
7-13 years	31 (13.4)
14-20 years	31 (13.4)
> 20 years	145 (62.5)
Missing	10 (4.4)
<b>Practice setting/ facility</b>	
Acute care and hospital settings	68 (29.3)
Ambulatory and outpatient settings	139 (59.9)
Post-acute, long-term and residential care	120 (51.7)
Home and community-based services	58 (25.0)
Specialized and unique settings	68 (29.3)
Other	19 (8.2)
Missing	10 (4.3)

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# Steps to Earning a Digital Badge

## Step 1

- Complete Leveraging Pharmacists as Age-Friendly Champions  
OR Pharmacists as Age-Friendly 4Ms Champions

## Step 2

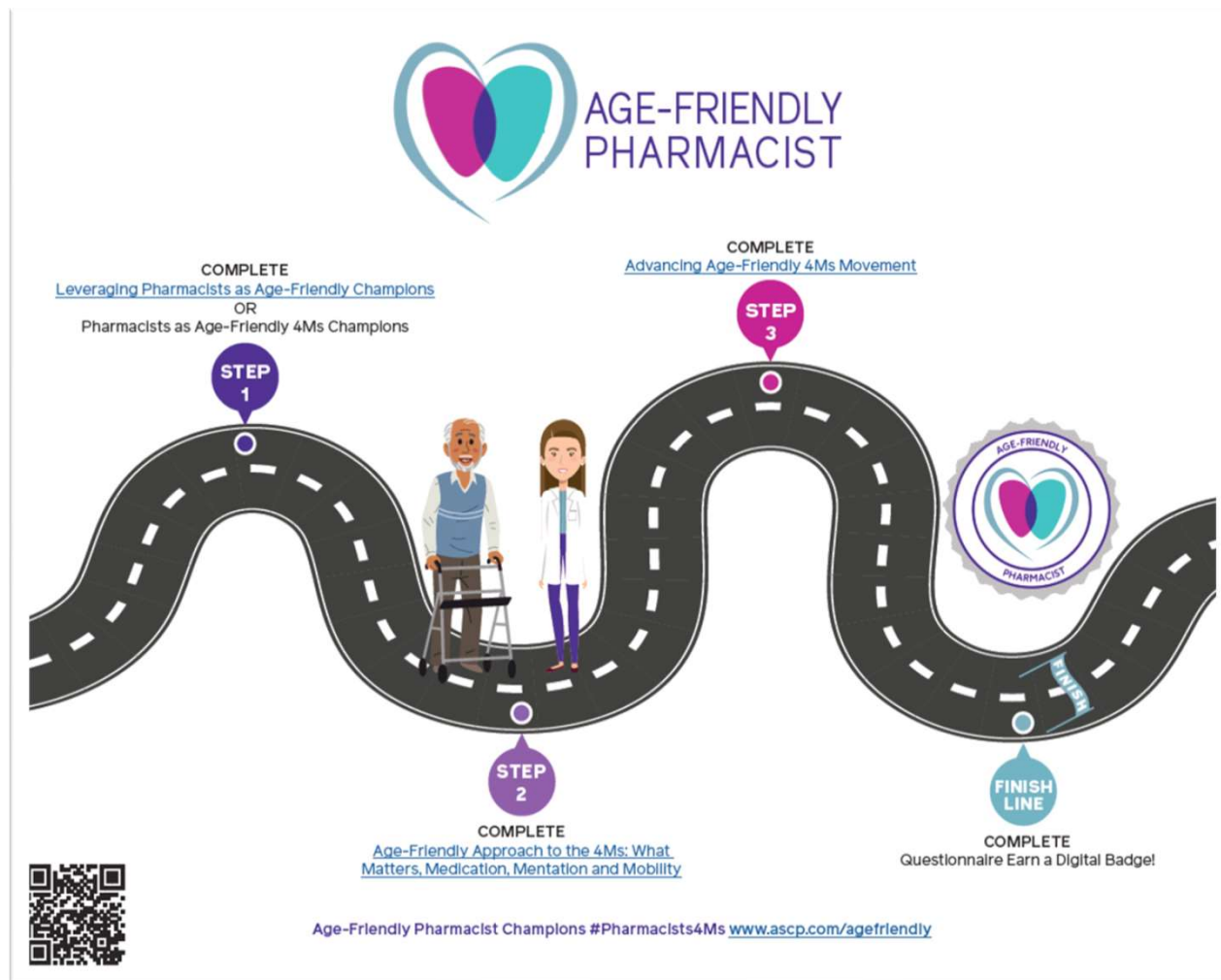
- Complete Age-Friendly Approach to the 4Ms: What Matters, Medication, Mentation and Mobility

## Step 3

- Complete Advancing Age-Friendly 4Ms Movement

## Step 4

- Complete questionnaire and earn a digital badge! (Launched March 17, 2025)



# Interdisciplinary Partnerships Improving Aging in Place

# Highlights from Avant Pharmacy & Wellness Center in Charlotte, NC.

Served as an initial pilot location for a program called Health Game Plan.

An integrative and innovative care model of CPESN® USA PPC (Physiatry-Pharmacy Collaborative@Home).

Currently, there are 10 pharmacies within five states (NJ, NC, SC, MO, MS).

**Learn how they leveraged technology and adopted the 4Ms in their care model.**

[https://ncpa.org/sites/default/files/2024-05/APJUNE24\\_The4Ms.pdf](https://ncpa.org/sites/default/files/2024-05/APJUNE24_The4Ms.pdf)

## Engaging **THE 4Ms** model

**Pharmacist-physician collaborative improves outcomes for both senior patients and the bottom line**

by Chris Linville

Kimberly Varner, PharmD, shares a story about her grandmother, who was 91 years old and had recently lost her husband of 61 years. A retired pharmacist, her health began flagging.

"She needed to go to the hospital; she laid in bed for a week; came out and couldn't walk, couldn't do anything," Kimberly says. "It was very sad to see that as a woman who ruled the roost. She is our matriarch."

It just so happened that around the same time, a program called Health Gameplan was being launched, with Avant Pharmacy & Wellness Center in Charlotte, N.C., serving as an initial pilot location. It is an integrative and innovative care model of CPESN® USA PPC (Physiatry Pharmacy Collaborative@Home), a new CPESN Special Purpose Network open to CPESN network pharmacies. It is anchored around

local community pharmacies to deliver chronic disease rehabilitation to at-risk patients at the pharmacy or in their homes. Community pharmacists collaborate with physiatrists – physicians trained to lead rehabilitative care for patients disabled by chronic disease, disorder, or injury – to help patients manage medications, maximize functional capacity, and improve quality of life, as defined by the patient. Through the collaborative, the pharmacies are able to provide support to their patients who are engaged in the program with compensation for their work.

Amina Abubakar, PharmD, owner of Avant Pharmacy & Wellness Center, serves as CEO of Health Gameplan Associates.

"Working closely with a physiatrist to address physical, emotional, and cognitive frailty echoes deeply with my personal life as I care for my

Mobility



What Matters



4MS FRAMEWORK

Medication



Mentation

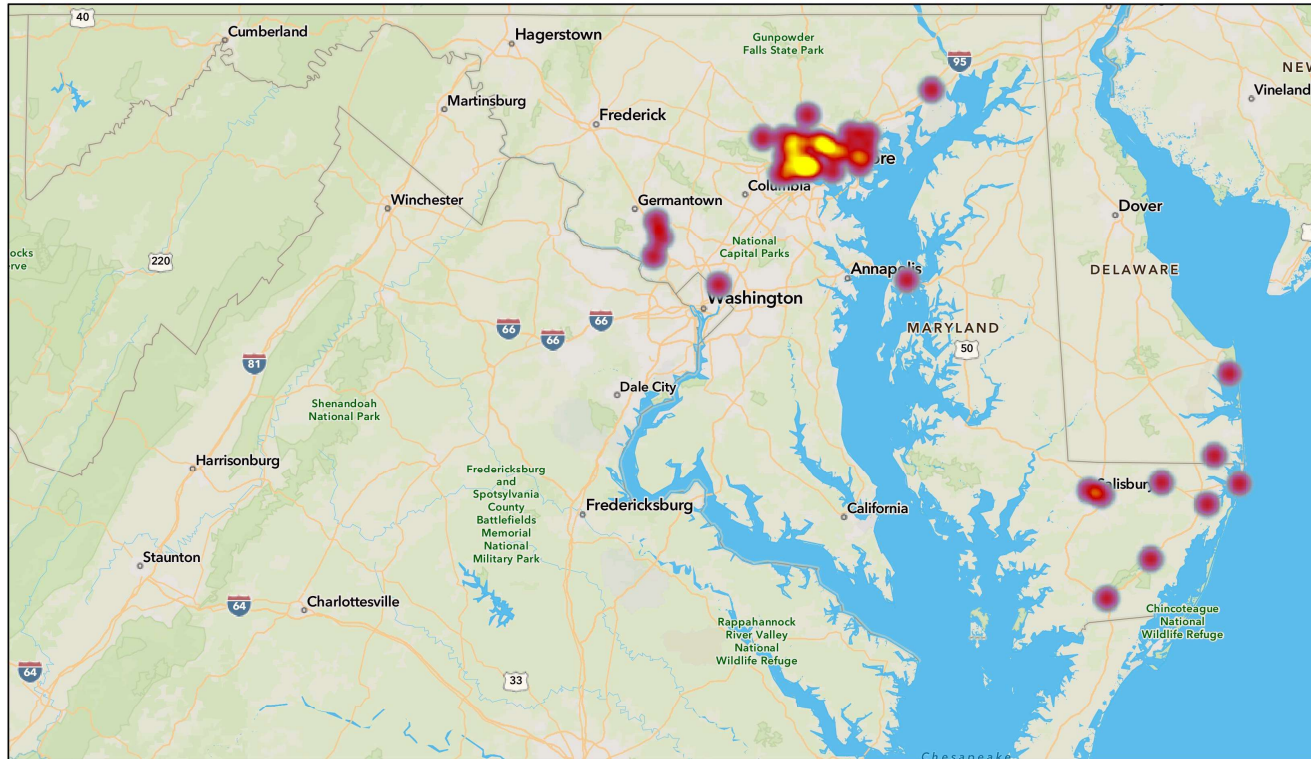


Photo: Amina Abubakar/Summit

Journal of PHARMACY & PHARMACY PRACTICE

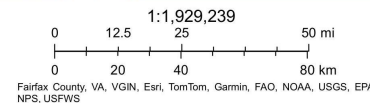


# ArcGIS: Vaccination Efforts in the State of MD

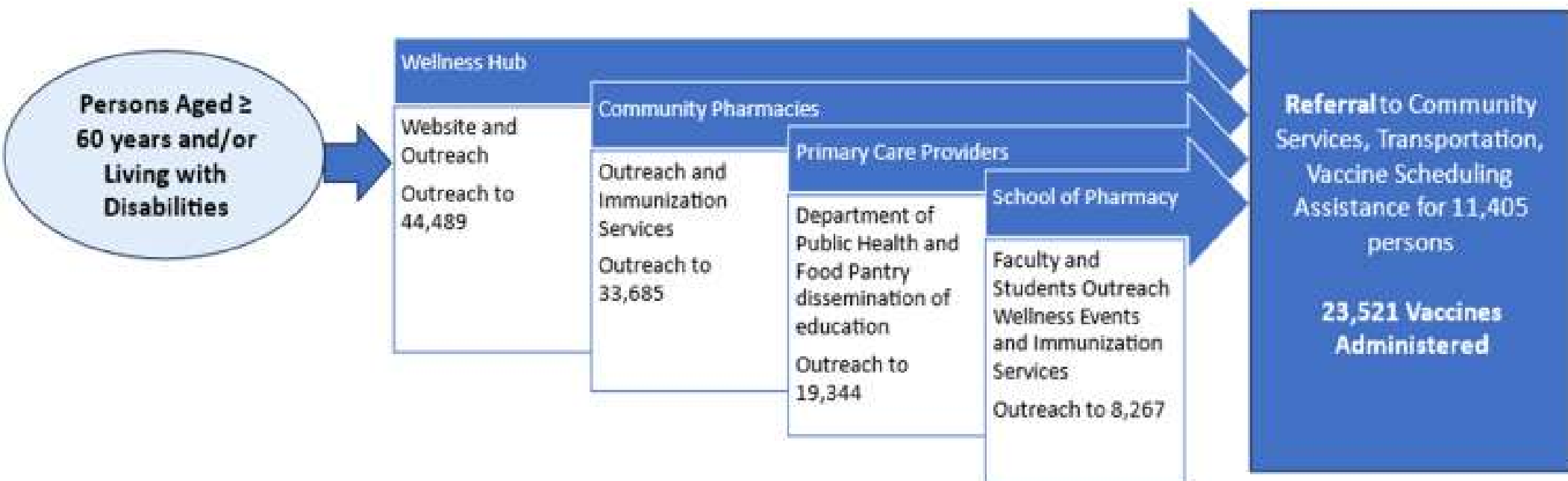


12/9/2024

Density of vaccinations



Brandt NJ, Hindman FM, Layson-Wolf C, Brandt S, Zarowitz BJ. Expanding vaccination access in underserved communities across Maryland through a collaborative approach. J Am Pharm Assoc (2003). 2025 Mar 21:102389. doi: 10.1016/j.japh.2025.102389. Epub ahead of print. PMID: 40122343.



Brandt NJ, Hindman FM, Layson-Wolf C, Brandt S, Zarowitz BJ. Expanding vaccination access in underserved communities across Maryland through a collaborative approach. *J Am Pharm Assoc* (2003). 2025 Mar 21:102389. doi: 10.1016/j.japh.2025.102389. Epub ahead of print. PMID: 40122343.



## Impact of an Area Agency on Aging Pharmacist-led Community Care Transition Initiative

- **Objectives:** This study aimed to compare 30-day hospital readmissions between participants and nonparticipants and describe medication therapy problems (MTPs) and barriers to care, self-management, and social needs among participants.
- **Practice description:** The Michigan Region VII Area Agency on Aging (AAA) Community Care Transition Initiative (CCTI) for rural older adults after hospitalization.
- **Practice innovation:** Eligible AAA CCTI participants were identified by an AAA community health worker (CHW) trained as a pharmacy technician.

Participants' medication therapy problems (MTPs) and needs identified in the pharmacist telehealth comprehensive medication review (n = 477)

Characteristics	n (%)
Pharmacist identified problems in visit	
Yes	363 (76.1)
No	114 (23.9)
MTPs identified per visit, mean (SD), range (n = 363)	2.1 (1.38), 0–14
Medication-related needs (N = 773) <sup>a</sup>	
Indication	102 (13.2)
Unnecessary medication therapy	28 (27.4)
Needs additional medication therapy	74 (61.7)
Effectiveness	129 (16.7)
Ineffective medication	29 (22.5)
Dosage too low	79 (61.2)
Needs additional monitoring	21 (16.3)
Safety <sup>b</sup>	247 (32.0)
Adverse medication event	205 (83.0)
Dosage too high	19 (7.7)
Needs additional monitoring	26 (10.5)
Adherence	295 (38.2)
Adherence	278 (94.2)
Cost	17 (5.8)

<sup>a</sup>Medication therapy problems (MTPs) were categorized into medication-related needs and need subcategories (e.g., adverse medication event, dosage too high, or need additional monitoring) using the Pharmacy Quality Alliance MTP Categorization Framework.

<sup>b</sup>Safety MTPs had more than one medication-related need subcategory categorized.

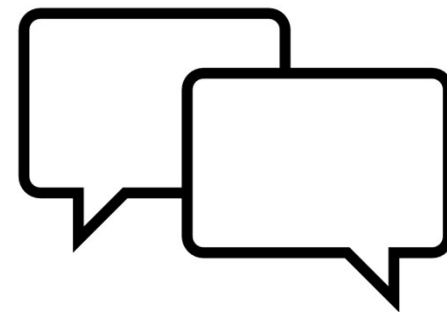
Coe AB, Rowell BE, Whittaker PA, Ross AT, Nguyen KTL, Bergman N, Farris KB. Impact of an Area Agency on Aging pharmacist-led Community Care Transition Initiative. J Am Pharm Assoc (2003). 2023 Jul-Aug;63(4):1230-1236.e1.

# Resources

AGE-FRIENDLY PHARMACIST CHAMPIONS | #PHARMACISTS4MS |  
[www.ascp.com/page/agefriendly](http://www.ascp.com/page/agefriendly)



## What staff and older adults want



- What brings **staff** the greatest satisfaction in their jobs is being able to deliver ideal patient experiences.
  - **Older adults** want collaboration, kindness, and respect from their care team. And, to be active participants in their care.
- 
- Massachusetts Coalition for Serious Illness Care consumer experience and messaging research, 2019 and 2020–2021.  
<http://maseriouscare.org/research>
  - Locock L, Graham C, King J, et al. Understanding how front-line staff use patient experience data for service improvement: an exploratory case study evaluation. Southampton (UK): NIHR Journals Library; 2020 Mar. (Health Services and Delivery Research, No. 8.13.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554766/>



# My Health Checklist

<https://www.ihl.org/my-health-checklist>



## My Health Checklist

A guide to help you prepare for your medical appointment

Name

Date



An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the American Geriatrics Society (AGS).

This work was made possible by The John A. Hartford Foundation.

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**This guide is designed to help you get ready for your medical appointment.**

It's meant especially for older adults.


First, it will help you think about different aspects of your health and living well. Then it will help you identify the most important questions or concerns you want to talk about with your provider. A provider is a doctor, nurse practitioner, primary care practitioner (PCP), etc.

Being prepared for your appointment can help you get the care that's right for you. You are part of the team. You can have a say in your care.


**This guide focuses on four areas that can help you think about your health.**




**What Matters**  
to you in  
your life



**Medication**  
you may take



**Your Mind**  
and sense of  
well-being



**Your Mobility**

**The 4Ms**

For each of the 4Ms, we'll ask you about your situation now, what's going well, and what could be better. Then you can write down any questions you have or things you want to share with your provider.

2 Age-Friendly Health Systems

**NCPA**  
NATIONAL COMMUNITY  
PHARMACISTS ASSOCIATION



## What Matters

Think about what is most important to you and what you enjoy most. This can help you think about what's most important for your health.

- 1 **Your situation now** • What are the most important things in your life right now? Have there been any health or life changes since your last appointment?

**SOME** Being regularly in touch with the people I care about •  
**IDEAS** Adjusting to retirement • Experiencing grief or regret •  
Feeling anxious or worried

- 2 **What's going well?** What activities do you like to do?

**SOME** Play music • Watch sports • My job • Visit my  
**IDEAS** grandchildren • Involved in my community

- 1 **What could be better?** Is anything getting in the way of what you like to do?

**SOME** Trouble sleeping • Taking care of a sick relative •  
**IDEAS** Low energy • Harder to get around • Bladder  
control issues • Hard to get healthy food •  
Trouble hearing conversations

- 2 **What do you want your provider to know about you?**

**SOME** Who I'm responsible for • Any goals for the year •  
**IDEAS** Who I live with • Who or what in my life makes me  
feel better • Who or what makes me feel worse





## Medication

If needed, medication can be an important part of your health. It's important to make sure it's working well.

Some medication affects us differently as we age. It may interact with other medication or with food, sometimes negatively. We might want to start or stop taking it, or try a different dose.

- 1 **Your situation now** • What medications do you take regularly (if any)? What medications do you take only when needed? Include vitamins and supplements, prescriptions, over-the-counter medications, and herbal remedies.

**SOME IDEAS** Calcium • Heart medicine • Inhaler (when my allergies act up) • Diabetes medicine • Daily aspirin

- 2 **What's going well?** Are your medications helping you reach your goals?

**SOME IDEAS** More active • Better appetite • Sleeping better

### NOTE

Always talk with your provider before starting or stopping a medication or changing how much you take.

- 1 **What could be better?** Are your medications causing any problems?

**SOME IDEAS** Tired all the time • Medicine costs too much • Not sure if medicine is working • Feeling dizzy or nauseated • Bad reaction to medicine • Hard to keep track of what to take and when

- 2 **What questions or concerns do you have for your provider?**

**SOME IDEAS** I can't afford to pay for my medicines • Do I still need all of these medicines? • Should we check my cholesterol/blood pressure? • Who can I call if I have questions? • Are my vaccines up to date?





## Mind

This is about your mood and your sense of well-being.  
It's also about your mental ability, including your memory.

Use the scales below to think about your situation now.  
There are no right or wrong answers.

### 1 Your situation now

How happy do you feel on most days?



How much do you worry about changes in your memory?



If applicable, how much do people near you worry about changes in your memory?



Do you want to add anything about your answers?  
Have you noticed any changes in your mood or memory?

**SOME** Feeling happier • Worrying more or feeling anxious •  
**IDEAS** Forgetting words • Forgetting where I'm going —  
getting lost

### 2 What's going well?

**SOME** Doing well at work • Excited to see my grandchild •  
**IDEAS** When I feel upset, I have someone I can call •  
Started volunteering

### 3 What could be better?

**SOME** Feeling down most days • Trouble focusing • Want to  
**IDEAS** spend more time with people • Overwhelmed with tasks •  
Feeling lonely • Relationships and intimacy

### 4 What questions or concerns do you have for your provider?

**SOME** Sometimes I forget things — does that mean I have a  
**IDEAS** health problem? • I'm feeling anxious that I won't have  
the help I need



## Mobility

Mobility is about how you move and get around. This includes everything from exercising to getting around the house to going places.

- 2 **Your situation now** • How do you move around at home? How do you get from place to place?

**SOME IDEAS** At home... I go for walks • On my feet a lot • I use a cane at times • I do physical therapy • I use a wheelchair

Getting around... I take the bus • My friend and I drive to errands together • I walk • There's no transportation for me

- 3 **What's going well?**

**SOME IDEAS** My home is comfortable to move around in • I regularly do exercise videos • My foot pain is better • I walk my dog

- 1 **What could be better?** Does anything limit you?

**SOME IDEAS** Trouble breathing when I walk • Feel unsteady when I shower • I've tripped and had a couple of falls • I don't want to drive at night • It's hard to carry my laundry to the machine • Hard to reach higher shelves lately • My back pain means I don't want to exercise

- 1 **What questions or concerns do you have for your provider?**

**SOME IDEAS** I've had shoulder pain for a long time — what should we do about it? • Need a way to get groceries • What changes could make it safer to move around in my home? • What activities are safe for me? • What if I can't live in my house anymore?

## Next Steps

1 **Look back over all of your answers.**

Write up to 3 of your most important questions or concerns for your provider.

1.

2.

3.

**SOME** How can I reduce my knee pain? • Can I take a test to  
**IDEAS** check my memory? • How can I get stronger?

2 **You may want to talk your answers over with someone else**  
— a family member, a friend, or another person. If you want,  
you can ask them to come with you to your appointment.

Their name:

3 **Your answers may change over time.** You can come back  
to this guide any time to update your answers and write  
down more questions for your provider.

**Bring your questions (and this guide) to your next appointment.** Talking about the things that matter to you helps them understand you better. Then together you can choose the kind of care that's right for you.

To start the conversation, you might say: "I have a couple of things that are really important to me. Can we talk about them?" It's okay to ask questions more than once if the answer isn't clear.

# How can providers use the resource? Some examples

- **Personally**

- **Share it with staff/internally:** Lunch and learn, Grand rounds, etc.

- **Direct to older adults:**

- Inpatient care:** hard copies in discharge packets, prep for next appt

- Outpatient:** in GP offices, annual Medicare or wellness visit materials, in specialist office, minute clinics

- Long-term care settings:** someone living with serious illness, or relatively healthy needing assistance with ADLs

- Home care:** in advance of home visits

- Electronic communications:** Newsletter, other email send outs, patient portals

- **Direct to community groups:**

- Co- host an event in the community**

- Tap into special DAYS/months:** What Matters to You (#WMTY) Day, National Healthcare Decisions Day (#NHDD)

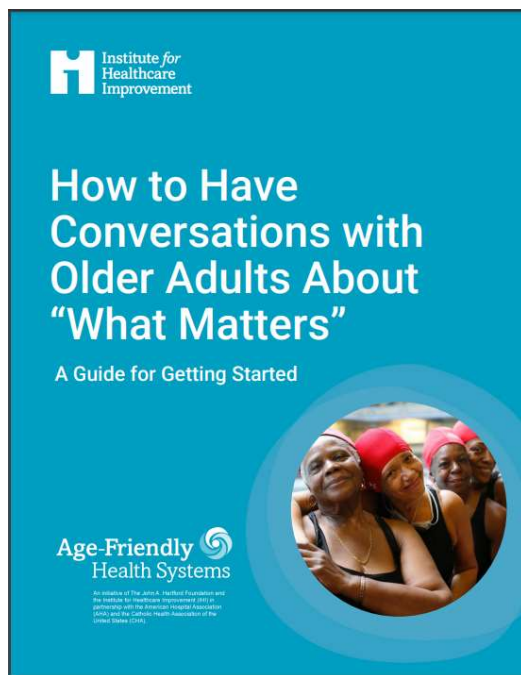
# Using My Health Checklist to Align Care with What Matters

- Starts with asking and listening
- Then ask yourself:
  - What** can I do in this appointment to address these goals and integrate What Matters into the care plan?
  - With whom** can I share this information (e.g., team members, referrals)?
  - How** can I remember what I learned in this conversation when I talk with this person next?

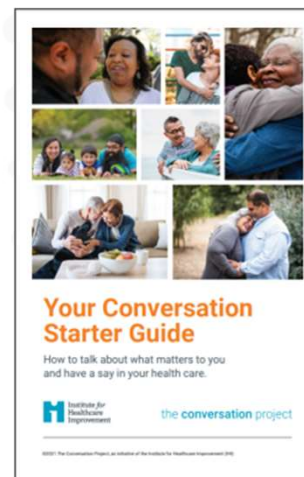
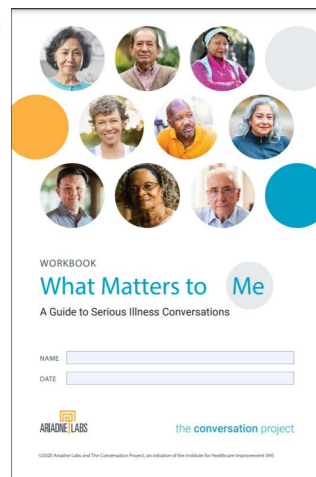




# Other Resources



<https://www.ihl.org/age-friendly-health-systems-resources-and-news>



And more on [www.theconversationproject.org](http://www.theconversationproject.org)



# Key Take Aways

- ✓ **Age-Friendly Care Initiatives** are needed to help older adults age in place.
- ✓ **Interprofessional and value-based models of care** will need to continue to evolve to include pharmacies and pharmacists.
- ✓ **Collaboration, technology, and policy** must align to sustain an Age-Friendly workforce.





# Questions?

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