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NCPA 2025 ANNUAL CONVENTION

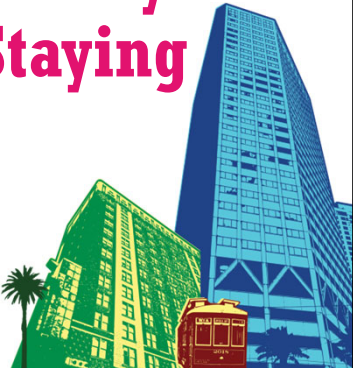


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Advancing Age-Friendly Pharmacy Practice to Support Seniors Staying Independent Longer

➤ **NCPA 2025 Annual Convention and Expo**



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Speaker



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

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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.



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Pharmacist and Technician Learning Objectives

1. **Define** the concepts of an age-friendly pharmacy.
2. **Describe** the 4Ms Framework to optimize care and promote independence for older adults.
3. **Discuss** strategies for interprofessional collaboration to support aging in place.
4. **Identify** resources to address the needs of older adults and their caregivers.



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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

<https://www.goodreads.com/>

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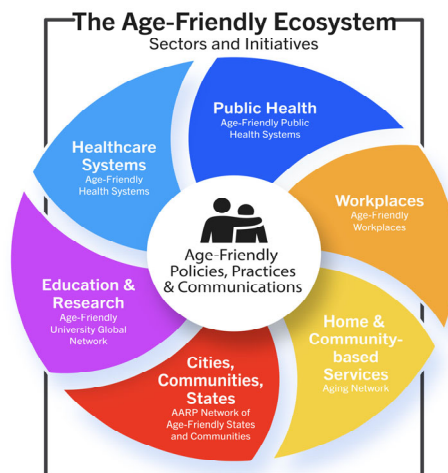
Overview of Age-Friendly Care Initiatives



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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**

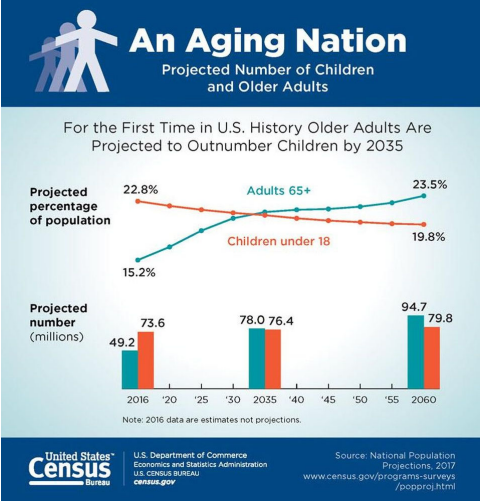


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Factors Impacting the Care of Older Adults

- **Demography:** the number of older adults is projected to double over the next 25 years.
- **Complexity:** Approximately 80% of older adults have at least one chronic disease, and 77% 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.



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

Source: National Center for Biotechnology Information

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Age-Friendly Health Systems (AFHS)

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

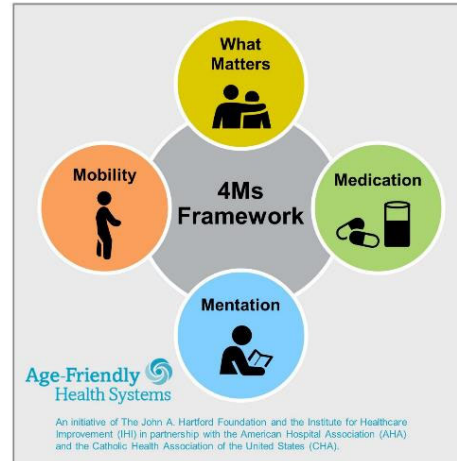
- Guided by an essential set of evidence-based practices (**4Ms**)
- Causes no harm
- Is consistent with **What Matters** to the older adult and their family

Age-Friendly
Health Systems

NCPA
NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

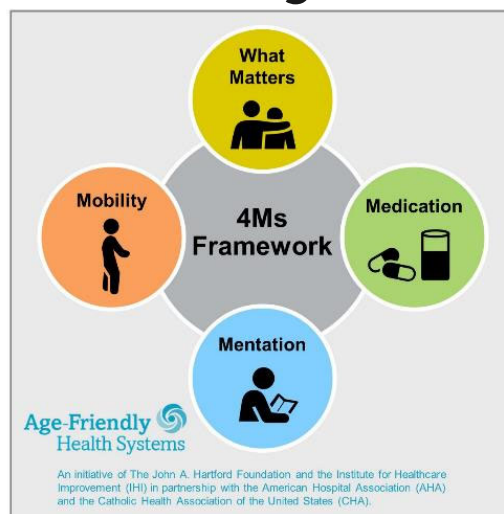
Fulmer, T., Mate, K. S., & Berman, A. (2018). The age-friendly health system imperative. *Journal of the American Geriatrics Society*, 66(1), 22-24.

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



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The 4Ms of Age-Friendly Care



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

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/agefriendly

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Why the 4Ms Framework?

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



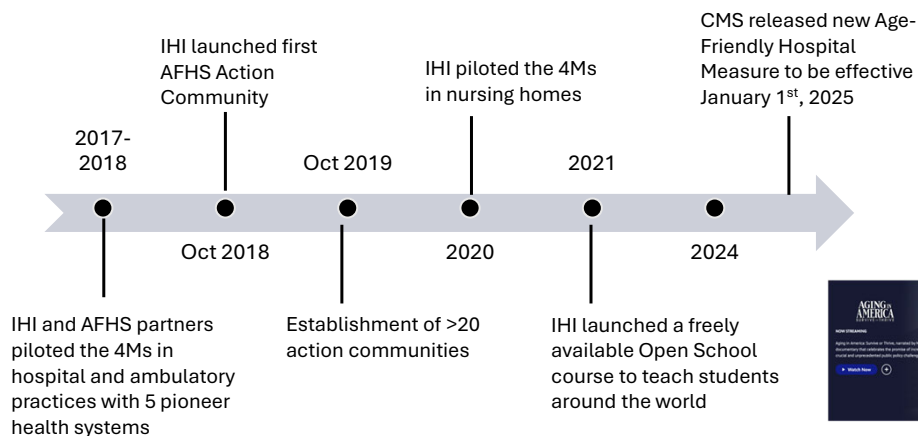
ihi.org/agefriendly

ihi.org/my-health-checklist



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Age-Friendly Health Systems Movement



AFHS = Age-Friendly Health Systems; IHI = Institute for Healthcare Improvement; CMS = Centers for Medicare and Medicaid Services

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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

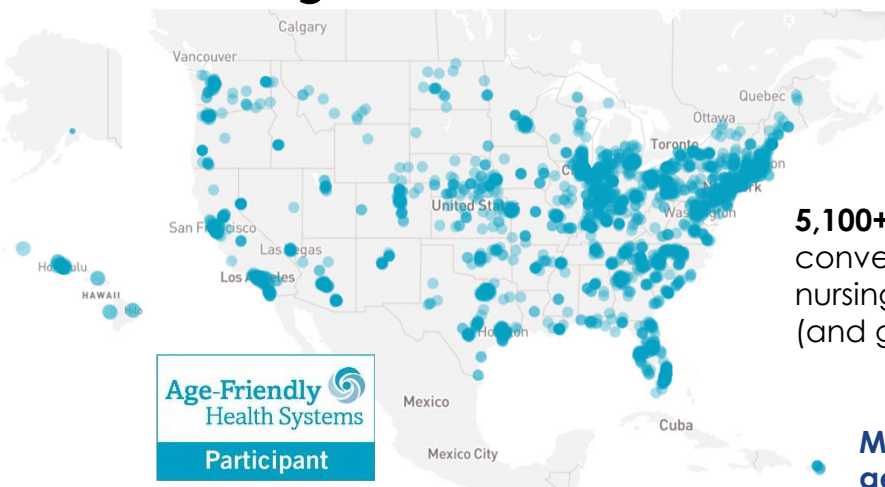
Domain	Crosswalk to 4Ms
Eliciting patient healthcare goals: This domain focuses on obtaining patients' health-related goals and treatment preferences, which will inform shared decision-making and goal-concordant care.	What Matters
Responsible medication management: This domain aims to optimize medication management by monitoring the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.	Medication
Frailty screening and intervention: 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
Social vulnerability: 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
Age-friendly care leadership: 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](#)



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A Growing Movement!



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

More information to get involved:
ihi.org/agefriendly

www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Background.aspx

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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

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



AGE-FRIENDLY PHARMACIST CHAMPIONS | 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



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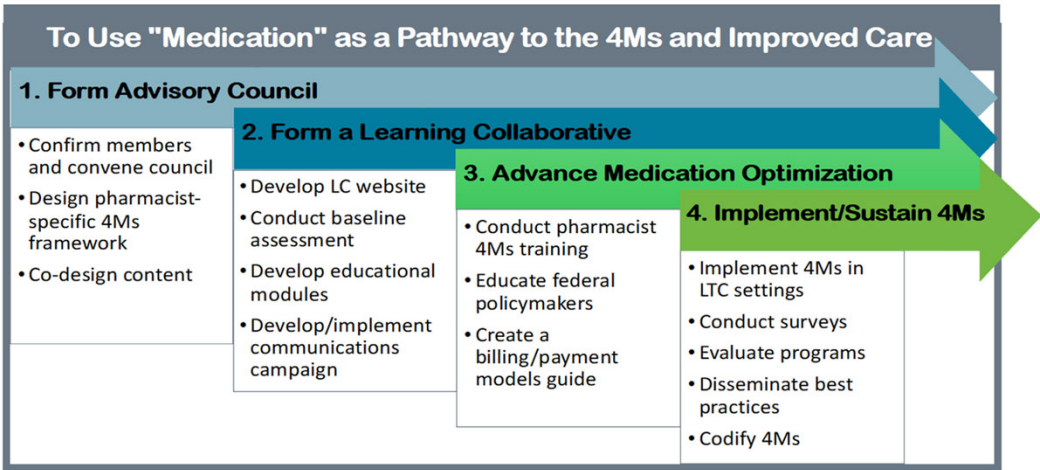
Overarching Goal



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.

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



<https://www.ascp.com/page/agefriendly>

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ASCP Age Friendly Pharmacy Credential

Incorporates three movements:

- **Age Friendly:**
 - Ensuring that patient goals and treatment preferences are obtained
 - Optimizing medication management to avoid inappropriate drugs
 - Screening for cognitive impairment, mobility, and malnutrition
 - Recognizing and addressing social issues that impact older adults
 - Identifying a champion or committee in the hospital to ensure compliance.

The diagram shows three overlapping diamonds arranged in a triangle. The top diamond is purple and contains the text "JAHF Age-Friendly Pharmacy Criteria". The bottom-left diamond is pink and contains the text "Clinical Integrated Network CPESN". The bottom-right diamond is teal and contains the text "LTC @ Home Services". Above the diamonds is the "AGE-FRIENDLY PHARMACIST CHAMPIONS" logo, which consists of two overlapping hearts (one purple, one teal) and the text "AGE-FRIENDLY PHARMACIST CHAMPIONS" to the right.

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ASCP Age Friendly Pharmacy Credential

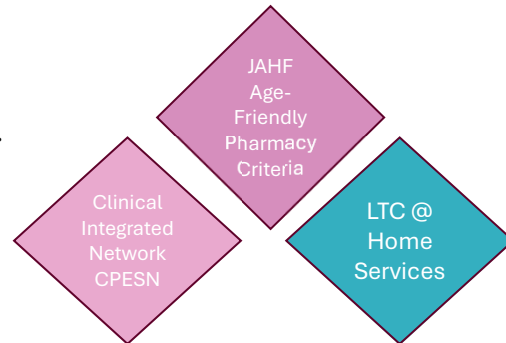


- **LTC @ Home:**

- CMS definition: Inventory, DUR/MRR, Specialized packaging, IV medications, Alternative formulations, 24/7 on call, Delivery, emergency supplies, reporting.

- **Clinically Integrated Network (additional network fee)**

- CPESN network for reimbursement for clinical pharmacist services from payers



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Age Friendly Criteria for Pharmacies

- ASCP business membership
 - Multiple tiers
- Documentation of above Medicare and AF processes
 - Self attest
- Age Friendly metrics
- Majority of pharmacists acknowledged for "Age Friendly" or board certification in geriatrics



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Age Friendly Criteria for Pharmacies

- Process established to assess resident's level of independence in medication administration/compliance/adherence
 - Packaging medications
 - Compounded medications
 - Emergency boxes
- Documented availability of medications 24/7 with delivery frequency for just-in-time medication supplies
- Process established to determine medication appropriateness based on lifestyle, personal goals, comorbidities, and cognitive and physical function



Age Friendly Criteria for Pharmacies

- Pharmacy employs or contracts with a pharmacist tasked with medication management, e.g., MMR
 - Procedures in place to monitor medications (e.g. remote, digital)
- Procedures in place to communicate irregularities to prescribers
- Procedures in place to communicate/educate patients/caregivers:
 - Drug recalls, new safety warnings, dose limits, drug interactions
- Procedures in place for trending, documenting, and maintaining cognitive, functional, and nutritional assessment longitudinally
- Processes in place to integrate screening interventions into medication management processes



Age Friendly Criteria for Pharmacies

- SDoH screening is incorporated as part of intake process, e.g., PRAPARE (Patient-Reported Assessment of Social Determinants of Health and Assets and Resilience), Health-Related Social Needs Screening (HRSN), Social Needs Screening Tool (SNST)
 - A process has been established to triage residents for additional services and support to address SDoH
- SDoH screening is incorporated as part of intake process, e.g., PRAPARE (Patient-Reported Assessment of Social Determinants of Health and Assets and Resilience), Health-Related Social Needs Screening (HRSN), Social Needs Screening Tool (SNST)
 - A process has been established to triage residents for additional services and support to address SDoH



Age Friendly Pharmacy Goals

- ✓ Bonified, national reimbursement for clinical pharmacist services (CIN network)
- ✓ Tiered dispensing fees from payers for additional services for community-dwelling individuals who require them
- ✓ Public recognition of pharmacies and pharmacists as accessible, trusted, and responsive to the needs of people as they age





Interdisciplinary Partnerships Improving Aging in Place



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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

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.

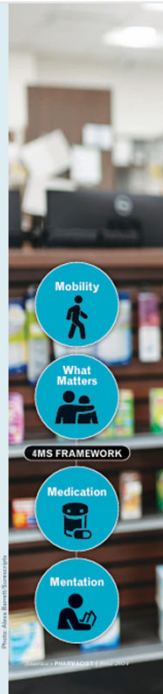
"She needed to go to the hospital; she laid in bed for a week; came out and couldn't walk, couldn't do anything," Kimberly says. "It was very sad to see that as a woman who ruled the roost. She is our matriarch."

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.

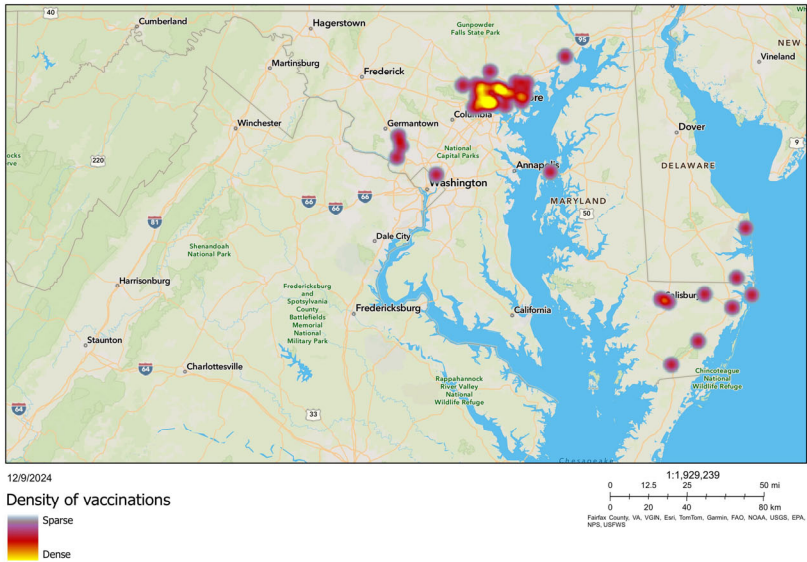
Amina Abubakar, PharmD, owner of Avant Pharmacy & Wellness Center, serves as CEO of Health Gameplan Associates.

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



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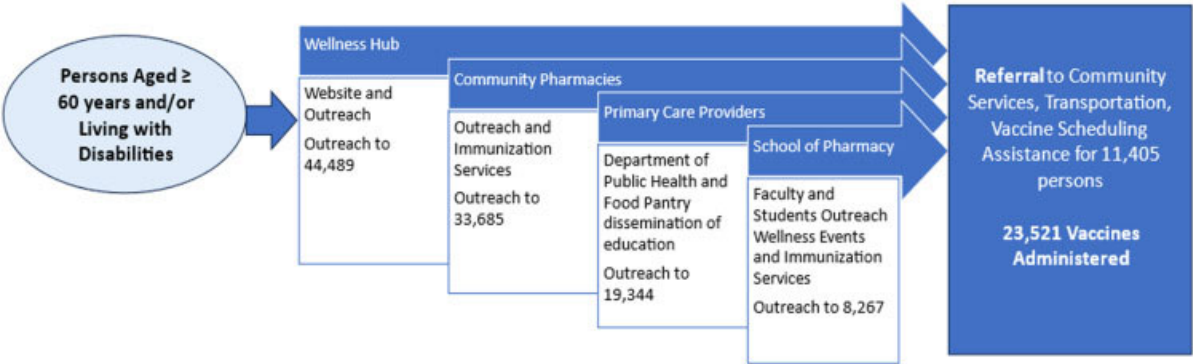
ArcGIS: Vaccination Efforts in the State of MD



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.

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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.



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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 problem 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) ^a	
Indication	102 (13.2)
Unnecessary medication therapy	28 (27.4)
Needs additional medication therapy	74 (61.7)
Effectiveness	129 (16.7)
Ineffective medication	20 (22.5)
Dosage too low	79 (61.2)
Needs additional monitoring	21 (16.3)
Safety ^b	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)

^aMedication 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.

^bSafety 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.



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Resources

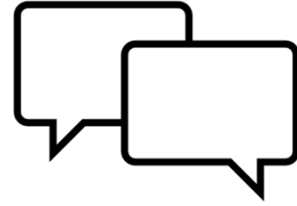
AGE-FRIENDLY PHARMACIST CHAMPIONS |
www.ascp.com/page/agefriendly



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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/>



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My Health Checklist

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

AARP Video



My Health Checklist

A guide to help you prepare for your medical appointment

Name

Date

Age-Friendly Health Systems

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,

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How can providers use the resource? Some examples

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



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How can providers use the resource? Some examples

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)

Personally share it with staff/internally: Lunch and learn, grand rounds, etc.



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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?

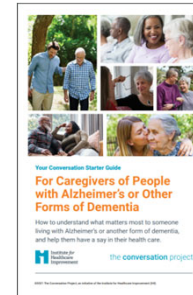
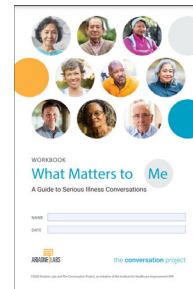
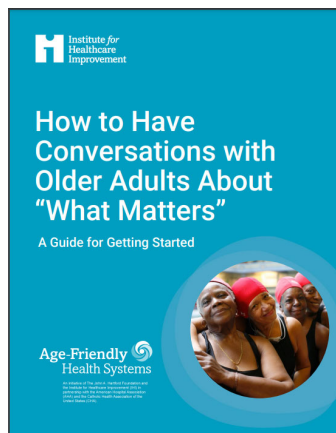
With whom can I share this information (e.g., team members, referrals)?

How can I remember what I learned in this conversation when I talk with this person next?



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Other Resources



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

And more on www.theconversationproject.org

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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.



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Contact Information

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