

What age-friendly care means for older adults

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As people get older, healthcare can become more complicated. One person may see several physicians, take multiple medications and manage conditions that affect everyday activities.

That can make it harder to answer a basic question: Is all this care helping the person live the life that matters most to them?

Age-friendly care is designed to help patients, families, physicians and other health professionals answer that question. The Age-Friendly Health Systems initiative organizes care around four essential areas known as the 4M's:

- What Matters.
- Medication.
- Mentation.
- Mobility.

The framework is designed so these four areas are considered together to allow for [healthy aging](#). It is not limited to geriatric care or one type of medical visit. It can guide care in physician offices, emergency departments, hospitals and other settings.

At Northwell Health, the 4M's have become a road map for caring for older adults throughout the health system. The approach is intended to move beyond treating individual diseases and instead consider the whole person.

"Age-friendly care fundamentally is multidisciplinary care," said Maria Carney, MD, SVP and President of Glen Cove Hospital. A geriatrician, Dr. Carney has helped lead Northwell

Health's age-friendly work. [Northwell Health](#) is part of the [AMA Health System Member Program](#), which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

Here is what physicians at Northwell want patients and caregivers to know about each of the 4Ms—and how they can take a more active role in their care.

Start with what matters to you

Treating a health condition is important. But the treatment plan should also account for what a patient hopes to accomplish. That is the idea behind “What Matters.”

“Patients and their family members have a really important role to advocate and share what is most important to them because everyone is different,” Dr. Carney said.

That priority could be attending a grandchild's graduation, remaining independent at home or being comfortable during a serious illness. It may also change over time.

Dr. Carney recalled caring for a woman with [heart failure](#), [dementia](#) and [arthritis](#) who had an aide at home whom she trusted. If the woman stayed in the hospital one more day, the aide would be reassigned.

Getting home quickly mattered greatly to the patient and her daughter. To help, Dr. Carney worked with the patient's cardiologist to develop a plan that allowed her to leave the hospital and receive appropriate follow-up.

It is an example of why patients and caregivers should tell their care team what matters rather than assuming physicians already know.

Northwell has also incorporated these conversations into hospital care. At Glen Cove Hospital, for example, goals-of-care conversations can begin in the emergency department instead of waiting until several days into a hospitalization.

Before an appointment, patients may want to consider these questions:

- What am I hoping this treatment will allow me to do?

- What am I most worried about losing?
- What does a good outcome look like to me?

Answering these questions can help patients share what matters most to them to help guide treatment plans with their doctor and care team.

Bring every medication you take

Medication becomes especially important when someone receives prescriptions from several physicians. A medication that helps one condition may affect balance, thinking or another medical problem. Over-the-counter medicines and [dietary supplements](#) also need to be part of the conversation.

“Bring all your medicines and supplements to your doctor's appointments,” Dr. Carney emphasized, noting that can mean maintaining an updated medication list or, when practical, bringing medication containers so the care team knows exactly what the patient takes.

Patients should also be candid about how they are taking those medicines. A medical record may show that a medication was prescribed, but it may not show that the patient stopped taking it, changed when they take it or experiences side effects.

Penny Stern, MD, MPH, chief of preventive and lifestyle medicine at Northwell Health's Katz Institute for Women's Health, also reviews supplements and over-the-counter products with patients.

This is important because sometimes patients may assume that a product sold without a prescription is automatically safe, Dr. Stern noted. But supplements and over-the-counter medicines may have effects of their own or interact with prescribed medications.

“Since the production of so many of them are not overseen by any competent authority, the patient may not know exactly what they are getting,” she explained. “And just because they see something advertised in the media does not make it safe for them.”

Medication review can also uncover connections to another M. Dr. Carney described a patient who sought care after a fall. A medication review found that the patient was taking a benzodiazepine, which can [contribute to fall risk](#) in some patients. The care team was able to discuss tapering the medication.

It is important to note, though, that patients should talk with their physician or pharmacist before stopping or changing a prescribed medication.

Speak up about thinking changes

The word “mentation” may be less familiar than the other M’s. It refers to important aspects of brain and emotional health, including memory, thinking, mood and delirium, which is a sudden change in attention or thinking that can occur during an illness or hospitalization.

A gradual change in a person’s ability to perform familiar tasks also deserves attention. Dr. Carney recalled evaluating someone who had worked as an accountant but was beginning to have difficulty paying bills. That represented an important change in the person’s usual level of functioning.

When families notice those changes, Dr. Carney cautions against immediately attributing them to getting older.

“I never assume it’s normal,” she said.

Changes in memory or functioning can have many possible causes. Mood also matters. [Depression](#), illness, medications and other factors can also affect how someone thinks and functions.

Family members can be especially helpful because they may recognize changes that are difficult to see during a brief medical visit. Patients or caregivers who notice a change in memory, thinking, mood or behavior should raise it with a physician so the change can be appropriately evaluated.

Think beyond walking

When people hear “mobility,” they may think about whether a person can walk. But age-friendly care takes a broader view.

Mobility also includes whether someone can safely get out of bed, bathe, use the bathroom, shop, move around the community and perform other everyday activities.

“It’s not only walking. People think mobility is walking. It’s how are they getting around? How are they functioning?” said Tobe Banc, MD, medical director of Northwell’s Institute for Healthy Aging.

Maintaining mobility may involve [physical activity](#), but it can also include identifying ways to make daily life safer. For example, a patient may benefit from discussing a cane or walker, grab bars, fall prevention, physical therapy or other support with the appropriate health professional.

Dr. Banc said one question she considers when families are deciding whether someone can safely remain at home is straightforward: If there were a fire, would that person be able to get out?

Mobility is ultimately about helping people remain as safe, active and independent as possible while accounting for their health and abilities.

Bring caregivers into your care

Age-friendly care also recognizes that patients often do not navigate complex health needs alone. Family members, friends and other caregivers may schedule appointments, manage medications, provide transportation or help with daily care.

Northwell has made family caregivers one of the priorities of its Institute for Healthy Aging. Health system leaders have also sought input from older adults and family caregivers through focus groups as they develop programs and services.

Patients decide who they want involved in their medical care, but when a trusted caregiver is involved, that person can help ask questions, remember instructions and communicate changes at home.

Dr. Carney also recommends that adults consider naming a healthcare proxy—the person they want to speak on their behalf if they cannot make or communicate medical decisions themselves. The terminology and requirements vary by state.

The important part is talking with that person before a crisis arises, so they understand the patient's goals and preferences.

What to do next

Before the next medical appointment or hospital visit, patients and caregivers can take a few practical steps:

- **Write down what matters most.** Consider your goals, concerns and questions before the visit.
- **Update your medication list.** Include prescriptions, over-the-counter medicines, vitamins and supplements.
- **Mention changes.** Tell your care team about changes in memory, mood, balance, mobility or ability to perform everyday activities.
- **Bring support when appropriate.** A trusted caregiver can help ask questions and understand the care plan.
- **Ask for clarification.** If instructions or medication changes are unclear, ask the care team to explain them again.

The 4M's are interconnected. Medication can affect mentation and mobility. Changes in mobility can threaten independence. And all decisions should ultimately be guided by what matters most to the patient.

Age-friendly care offers patients and health professionals a way to bring those pieces together because medical care supports not only health, but the life a patient wants to keep living.

