

Age-Friendly Care in Senior Living

Increasingly, organizations are embracing age-friendly care, using the Age-Friendly Model and the 4Ms Framework (What Matters, Mentation, Mobility, and Medications) to support more consistent, person-centered care for older adults.

This approach reflects the needs of residents with more complex clinical profiles while addressing everyday challenges in medication management, administration, and coordination across roles.

Age-friendly care approaches, supported by pharmacists, can also play a role in preventing avoidable ER visits and hospitalizations, which often result from medication errors and adverse events.

The Age-Friendly Story

[Age-Friendly Health Systems](#) is 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 Catholic Health Association of the United States (CHA). The Age-Friendly Systems follow an essential set of evidence-based practices and efforts designed to ensure high-quality, evidence-based care that involves both the needs and preferences of older adults.

The 4Ms Framework is at the heart of age-friendly care. **What Matters** involves understanding the patient's goals and preferences. **Medication** means ensuring appropriate medication management that minimizes risks and maximizes benefits. **Mentation** addresses the individual's cognitive health and mental well-being. **Mobility** involves supporting physical health and mobility to enhance quality of life. The World Health Organization (WHO) also promotes the age-friendly concept via its [Global Network for Age-friendly Cities and Communities](#). This consists of 1,300-plus cities and communities "working to improve their physical and social environments to become better places to grow old."

Pharmacists and Age-Friendly Care

"Pharmacists are instrumental in providing age-friendly care. Medication, one of the pillars, can dramatically impact those looking to age in place, and medications have a strong relationship to what matters, mentation, and mobility," said Courtney Myers, PharmD, BCGP, FASCP, an independent consultant pharmacist.

Additionally, medication optimization is key to addressing what patients want, Myers suggested. "What I have heard in interviewing some of my patients is they don't want to take more medications. They want to maintain the level of independence that they have, depending on the setting that they're in, and they want to continue doing the fun activities that they genuinely enjoy. They often say they're tired of taking so many medications," she said.



Age-Friendly Care in Senior Living, Cont.

Age-Friendly Care in Action

Last year, the American Society of Consultant Pharmacists (ASCP) introduced the Age-Friendly Badge to recognize pharmacists who have completed training on the 4Ms Framework. To earn the badge, pharmacists must complete a series of educational modules that cover the principles of age-friendly care, how to implement the 4Ms Framework into practice, and how to advance this care through practical applications.

A series of case studies published in *The Senior Care Pharmacist* documented how the 4Ms Framework can be used to support improved outcomes and quality of life for older adults:

- In [What Matters Most: An Example of Implementing Patient Priorities Care](#), the care team worked to reach target goals based on what mattered most to the patient and identified several possible interventions to help her reach her goals. The authors concluded that offering a variety of possible interventions and actions using the 4Ms helped involve the patient in their health care and enabled them to see the pharmacist and care team as partners in addressing what mattered most to them.
- An [Age-Friendly Approach to Medication Optimization](#) provided an interprofessional framework for optimizing a patient's medication regimen, using 4Ms-based assessment as a guide. The care team prioritized recommendations for eliminating unnecessary or inappropriate medications, with the authors concluding, "After identifying high-risk and potentially inappropriate medications, employing the 4Ms framework helped to further refine the treatment plan and support the patient's goals."
- In [Age-Friendly Approaches to Managing Mentation, A Delirium Case Review](#), an interdisciplinary team saw a patient who developed acute confusion and functional decline post-surgery. The authors highlighted how a team-based approach "is the most effective way to achieve goals. For example, physical therapy can improve mobility, pharmacy can review the medication regimen, nursing staff can conduct screenings and plan nonpharmacologic strategies to prevent complications, and the medical team can manage the underlying causes."
- [The Pharmacist's Role in Age-Friendly Mobility](#) described a team approach that included the involvement of the pharmacist, physical therapist, occupational therapist, and speech-language pathologist to identify range of motion restrictions and medication risks. The authors noted, "By optimizing medications, the risk of cognitive decline was mitigated, and the resident was able to think more clearly and with less confusion."

Age-friendly care is increasingly embedded in efforts to manage the health of older adults and address their needs and those of their caregivers. The case studies demonstrate how consultant pharmacists support the implementation of age-friendly care and the 4Ms Framework as part of an interdisciplinary team. However, many of these concepts are not new, as person-centered care has long emphasized each resident's health issues, medication regimens, lifestyle, and preferences.

Age-Friendly Care in Senior Living, Cont.

Ultimately, age-friendly care is increasingly embedded in efforts to manage the health of older adults and address the needs and concerns of their caregivers. The case studies presented demonstrate the value of the consultant pharmacist's role in successfully implementing age-friendly care and the 4Ms Framework. However, many of these concepts are not new to pharmacists, as these professionals have long practiced person-centered care that considers each resident's health issues, medication regimens, lifestyle, and preferences.

How This is Applied in Practice

These examples highlight how the 4Ms Framework is applied through coordinated, team-based care that includes pharmacy, nursing, therapy, and other disciplines.



Interested in how these approaches can be applied in your community?

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