

Overview

Banner Health created its Healthy Together Care Partnership program in 2013 to provide patient-centered care to high-risk and vulnerable older adult patients. Six years later, the HTCP team joined the American Hospital Association’s Age-Friendly Health Systems Action Community. That is when the Healthy Together Care Partnership, or HTCP, began its journey of embedding age-friendly care into practice. As a result, patient and provider satisfaction scores for patients who receive age-friendly care have increased, and costs have decreased. Promising outcomes related to emergency utilization also have been reported. The team is now working to spread its model for adopting age-friendly approaches throughout the health system.

Modeled on home-based primary care, HTCP serves Banner Health’s adult, dual-eligible Medicaid and Medicare populations by providing evidence-based, high-touch, multidisciplinary care. This care includes in-home comprehensive health assessments, comprehensive medication management assessments, and short-term community-based case management.

Banner Health is a large, nonprofit health care system with 28 acute care hospitals and several other health facilities, including urgent care clinics, outpatient clinics, and specialty practices. The health system is based in Phoenix with locations throughout Arizona, Wyoming, Colorado and



Nebraska. “Making health care easier, so life can be better” is the mission and way of practice for Banner Health.

Approach

Based in Tucson, HTCP has a team of eight: a program manager, nurse practitioner, clinical pharmacist, nurse case manager, behavioral health case manager and three population health specialists. While the number of HTCP participants varies, the average ranges from 800 to 900, with each case manager assigned approximately 250 patients. Participants who receive an assessment are assigned a level of care based on their needs:

- no enrollment;
- care coordination that requires no more than four interventions;
- low level of care in which the case manager provides more than four brief interventions;
- medium level of care that warrants occasional home and provider visits; or
- high level of care in which the HTCP team co-manages the patient with the primary care physician or specialty providers or all.

In fall 2019, HTCP joined the Age-Friendly Health Systems Action Community led by the AHA, and in April 2020

Demographic Cohort Breakdown of Healthy Together Care Partnership Program, Age 65+

Age Group	Number of Patients
65–74 years old	289
75–84 years old	93
85 and over	25
Total of 65+ patients	407

Level of Care Assigned to Patients Who Received Age-Friendly Care

Level of Care	Number of Patients
Assessment only	55
Care coordination	26
Low level	51
Medium level	84
High level	7
Total number of patients	223

achieved recognition as an Age-Friendly Care Participant Committed to Care Excellence. As HTCP started embedding age-friendly care into practice, the team engaged in a Plan-Do-Study-Act (PDSA) model of implementation.

The Age-Friendly Health Systems' evidence-based approach focuses on the 4Ms Framework — what matters, medications, mentation and mobility. At the start of its participation in the Action Community, the HTCP already was providing care that included assessments in areas of the 4Ms, such as the Mini-Mental State Examination; Montreal Cognitive Assessment; Patient Health Questionnaires 2 and 9; fall risk assessment; and comprehensive medication management assessment. Thus HTCP was well positioned to formally adopt the 4Ms.

Given the program's strong patient-centered approach caring for a high-risk, vulnerable population, the optimal areas of focus were "what matters most" and "mentation." The strategies implemented included adding "What matters most to you?" to the Comprehensive Health Assessment template and educating each patient about how to assess and maintain healthy mentation. Additionally, the team enhanced its focus on mobility by incorporating the Timed Up and Go (TUG) mobility assessment into home visits and recommending home safety evaluations if the TUG score or fall risk score indicated concerns for safe ambulation.

Outcomes

As the return on investment posits, the expectations are for lower costs and high patient and provider satisfaction scores for patients who receive age-friendly care. Initial data for emergency department utilization indicate a positive

difference between individuals who received age-friendly care and those who did not.

Emergency Department Utilization Comparison Table

Number of patients age 65+ in HTCP cohort	407 patients
Number of patients age 65+ who utilized the ED/inpatient department	111 patients = 27%
Of the 111 patients, how many received a CHA or AWW?	31 patients = 28%
Of the 111 patients, how many did not receive a CHA or AWW?	80 patients = 72%

Date range for data points: July 1, 2019 – July 31, 2020. CHA is Comprehensive Health Assessment. AWW is Annual Wellness Visit.

Results from those who responded to the Healthy Together Satisfaction Survey trend positive as well, indicating the overall positive impact of age-friendly care.

Satisfaction Survey Results, n = 18

Satisfaction	Health Management	Health Status
83% likely to recommend Healthy Together program	83% improved understanding of health/medical condition	78% health improved
100% very satisfied	100% better able to manage health	

Anecdotally, the most telling story of satisfaction involves 65-year-old patient Mona, who is being treated for lung cancer. Mona was enrolled in HTCP in spring 2019, at which time her health goal was to continue her treatment. When the HTCP team completed her Annual Wellness Visit for 2020, they asked what mattered most to her. Her answer was to see her grandchildren graduate, which meant she had to remain in Tucson to continue her current cancer treatment regimen. The barrier was that her landlord was selling his home, and Mona no longer had a place to live.



The HTCP case manager worked closely with Mona to help her secure a new, safe and affordable residence. What helped Mona was having a safe place to live. “For the first time in my life, I feel at home,” she said. Mona has completed her lung cancer treatment and is now able to visit her grandchildren.

Next Steps

The process of incorporating age-friendly care strategies into practice was seamless, as the Banner HTCP leadership allowed the team to complete its own Strengths/Weaknesses/Opportunities/Threats (SWOT) analysis and design a workflow that best fits into the scope of practice. HTCP’s collaborative interdisciplinary model of engagement swiftly facilitated brainstorming, trainings and developing the team’s age-friendly case process.

The HTCP team also has collaborated with members of the emergency department at Banner Health’s medical center in Phoenix to incorporate age-friendly care approaches. In addition, HTCP is hosting a presentation on age-friendly care to foster collaboration with primary care clinics. The goal is to serve as a model for adopting age-friendly approaches throughout the health system.

Additionally, early in the course of implementing age-friendly care, HTCP contacted Banner’s IT department to explore documenting the 4Ms in a manner that was readily accessible to multiple departments and reportable for statistical analysis. References to age-friendly care are found in various points of documentation, including the Comprehensive Health Assessment report style; medication optimization recommendations report style; assessment results for the Patient Health Questionnaires 2 and 9, Montreal Cognitive Assessment (MoCA), and Cerner Fall Risk Assessment; case manager notes; and in the Cerner PowerPoint messaging system. These next steps for

HTCP include not only expanding outreach to other hospital departments about age-friendly care, but also increasing focus on managing data and making the case for return on investment.

Lessons Learned

Changes in implementing age-friendly care within the HTCP program were minimal. But challenges remain in spreading the model in an organized and lasting manner.

When the COVID-19 pandemic began, HTCP faced new challenges, as did health care organizations nationwide. In April 2020, the HTCP team decided to conduct telehealth Annual Wellness Visits in place of in-home assessments, to minimize health risks to patients and staff. Age-friendly case management was provided over the phone.


At the one-year mark of engaging with the Age-Friendly Health Systems initiative, HTCP reflected upon its achievements and lessons learned. Adopting the 4Ms framework was successful, though data analysis and the case for return on investment require further work. HTCP strongly recommends hospitals and health systems have a dedicated resource to collect data and conduct analysis, operationalize data points from the start and collect “before” and “after” data immediately. Understanding the return on investment is important, so that when speaking with others about the model, the financial aspect supports the argument for implementation.

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