



ABSOLUTE SCOOP

DID YOU KNOW?

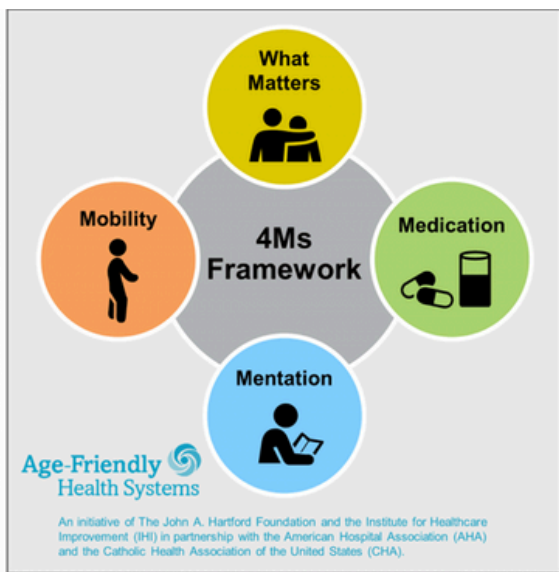
The Age-Friendly Health Systems (AFHS) initiative aims to create a healthcare environment where all care for older adults is safe and aligned with what matters to them and their families.

THE 4 M'S OF AGE-FRIENDLY CARE

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Over the next 25 years, the population of older adults is expected to double with nearly 80 percent managing at least one chronic disease and 77 percent living with two or more. Compared to other age groups, older adults have higher healthcare utilization rates and face increased risks of medication-related harm and care coordination challenges. The Age-Friendly Health Systems (AFHS) initiative aims to create a healthcare environment where all care for older adults is safe and aligned with what matters to them and their families. Grounded in the 4M's framework—What Matters, Medication, Mentation, and Mobility—AFHS encourages integration of these principles into patient assessments, care delivery, and documentation. Additionally, medication optimization plays a critical role ensuring treatment is managed from initiation to follow-up with ongoing evaluation and support. This movement is designed to extend to all healthcare settings, promoting better outcomes and enhancing quality of life for older adults.



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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.

What Matters:

"What matters" is the core principle of the AFHS initiative focusing on aligning care with older adults' specific health goals and personal preferences across all care settings. This ongoing communication between older adults, caregivers, and the care team ensures that health-related decisions reflect individual values and changing needs occurring at different points in life such as annual visits, major life events, chronic disease management, inpatient visits, and changes in health status. By identifying, understanding, documenting, and integrating what matters most, care becomes more meaningful, patient-centered, and in alignment at any stage of life.

Medication:

According to the NHANES Study, individuals over 40 years account for most cases of polypharmacy with the highest prevalence among those 65 years and older. Polypharmacy is the use of five or more medications simultaneously and continues to rise over time. The CDC Medication Safety Program highlights that adults 65 years and older visit emergency departments twice as often as younger individuals due to adverse drug events from mismanaged medication regimens. By integrating the 4M's into care, some of these challenges can be overcome along with enhancing safety, optimizing medication use, and improving overall quality of life for older adults.



Mentation:

Transitions of care, changes in health and decline in functional independence may negatively impact a senior's mentation and quality of life. Depression is often underdiagnosed in nursing home residents and easily attributed to other conditions. In the older adult, loneliness and social isolation are associated with an increased risk of depression. Caregivers and family can prioritize social connectedness, encourage physical activity and notify healthcare providers of new or concerning changes in mentation. The presence of depression in older adults may present atypically with symptoms such as a decrease in interest for activities, decline in energy, difficulty concentrating or making decisions, and an increase in general physical discomfort and digestive complaints being more prevalent than isolated sadness.

Mobility:

Mobility is the ability to move oneself independently, with the aid of an assistive device, or transportation in order to maintain quality of life. Mobility impairments can lead to restricted access to different life spaces and have significant health consequences, such as higher rates of institutionalization, mortality, and increased risk of falls. While many falls are non-fatal, they can significantly impact an older adult's health and quality of life. Pharmacists can support mobility in older adults and help prevent falls by identifying falls related risk factors. Modifiable risk factors are often assessed by therapists to improve muscle weakness, enhance gait impairments, and remove any home hazards that present a risk to patients. While collaborating with the care team, pharmacists play a fundamental role in reviewing and adjusting medications, especially those that affect mobility.

In examining the aging population and the increasing complexity of chronic disease management, the Age-Friendly Health Systems initiative offers an alternative approach to caring for the older adult. By embedding the 4Ms (What Matters, Medication, Mentation, and Mobility) into healthcare delivery, health systems can move toward proactive, person-centered care. This framework not only addresses the clinical and functional needs of older adults but also takes into account their values, preferences, and experiences. As healthcare systems evolve, the utilization of age-friendly principles across care settings aims to improve outcomes, reduce harm, and enhance the quality of life for older adults.

References: Available upon request

Jokes available upon request, email: absolutepharmacy@abshealth.com

About the Authors



Courtney Myers is one of the Consultant Pharmacists at Absolute Pharmacy. She joined the team in 2014, starting in operations and moving into consulting. She earned her Board Certification in Geriatrics as well as earning a certification in Antimicrobial Stewardship through the Infectious Disease Society of America (IDSA). She is a graduate of Ohio Northern University Raabe College of Pharmacy where she obtained her doctorate in pharmacy and minor in public health. Courtney serves as District 14 Trustee for the Ohio Pharmacist Association and a member for American Society of Consultant Pharmacy (ASCP). Outside of work, Courtney enjoys spending time with her 4 kids and husband. When she is not chasing her kids, she enjoys cooking, gardening, traveling, and feeding her cows marshmallows.



Kristen F. Sobota, PharmD, BCPS, BCGP is a 2006 graduate of the West Virginia University School of Pharmacy. She completed her PGY-1 residency training at The Ohio State University (OSU) College of Pharmacy in 2007. Kelly R. Kroustos, PharmD, CDP is a 2007 graduate of The OSU College of Pharmacy. She completed her PGY-1 residency training at The OSU College of Pharmacy in 2008. Kristen and Kelly are both Professors of Pharmacy Practice at the Ohio Northern University (ONU) Raabe College of Pharmacy and teach in the Pediatrics, Pregnancy, and Geriatrics Module. They are co-advisors to the ONU American Society of Consultant Pharmacists (ASCP) Student Chapter, which has been awarded by both the University and College for its' outreach efforts in the community. They have helped develop and implement numerous senior-focused service learning experiences for their students that include falls prevention, fidget blankets, music therapy, helping older adults search for health information online, Neuroboxing for individuals with Parkinson's disease, and Santa-for-Seniors. They are involved with the Ohio Department of Health's Falls Prevention Coalition, in which they were recently awarded the "2024 Promising Practice Award." They have been presenters for ASCP, the National Council on Aging, the Ohio Department of Aging, the Ohio Pharmacists Association, and several senior citizens centers and Matter of Balance programs in Ohio.