What Matters Most: The Defining Principle for Age-Friendly Health Systems, Patient Priorities Care & Whole Health

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The Shared Vision

A future where VA health care reliably delivers the care that *Matters Most.*

- **Age-Friendly Health Systems (AFHS)** reliably use the 4Ms – What Matters, Medication, Mentation, and Mobility – to improve and customize care according to What Matters to older Veterans.

- **Patient Priorities Care (PPC)** is a proven “Age-Friendly” approach to operationalize what matters into actionable goals to guide treatment.

- **Whole Health** is an approach to health care that empowers and equips people to take charge of their health and well-being and to live their life to the fullest.

  A person-centered focus on what matters to you...

  ... rather than what is the matter with you.
The 4Ms of an Age-Friendly Health System

**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.
Case Study: Mrs. B

Mrs. B is a 75 year-old woman with multiple chronic conditions including Atrial Fibrillation, Diabetes, Hypertension, Arthritis. She often presents to her PCP, endocrinologist, pulmonologist, or cardiologist with varying symptoms including fatigue, pain, dyspnea, and urinary frequency. Dr. T, her PCP, is not sure how to balance her competing conditions and symptoms. She is also uncertain if some of her treatments are helping Mrs. B, and wonders if some may be causing more burden and harm than benefit.
Uncertain benefit:
- Not in clinical trials informing disease guidelines
- May have less benefit than trials suggest (competing conditions)
- What outcome defines benefit?

Unintentional harm:
- 1 in 3 older adults with MCCs receive 1 guideline-recommended drug that harms a coexisting condition
problems Patient Priorities Care addresses:

Care for Older Adults with Multiple Conditions

Not always aligned with what matters most:

- Vary in outcome goals:
  - Maintain function despite ↓ survival: 42%
  - Symptom relief: 32%
  - Live longer regardless of function: 27%
- Vary in care willing & able to receive (perceived treatment burden)

Burdensome:

- 2 hours per day on healthcare tasks
- ½ day per health encounter (office visits, diagnostic testing, procedure)
Care Can Be Frustrating for Clinicians

- Uncertainty means no right or best answer
- Conflicting recommendations from colleagues who focus on a different diseases
- Patients don’t do what we want
  - Clinician thinks patient not adherent
  - Patient thinks “I can’t do this” or “this won’t help me do what’s important”
“You need (fill in treatment) for your (fill in disease).”

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“Knowing your health conditions, your overall health, and what matters most to you, I suggest we try (fill in care option).”

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IDENTIFY HEALTH PRIORITIES

- Values (What Matters most to the patient)
- Actionable, specific, realistic health outcome goals
- Health care preferences (which care the patient finds helpful and which burdensome) and any tradeoffs
- “One Thing” - the health goal the patient most wants to address to help achieve what Matters most

ALIGN CARE WITH HEALTH PRIORITIES

Consider if current and potential care is:

- Consistent with health outcome goals including patient’s “One Thing”?
- Consistent with care preferences?

Use the patient’s priorities:

- As the focus for communication with the patient
- As the goal for serial trials to start, stop or continue interventions
- To prioritize care decisions, especially where differing perspectives exist

Update components as needed
Identifying Values (What Matters Most)

- **Connecting**
  - Family and Friends
  - Community
  - Spirituality

- **Managing Health**
  - Health and symptoms
  - Quality of life

- **Functioning**
  - Dignity
  - Independence

- **Enjoying Life**
  - Productivity
  - Personal Growth
  - Recreation

Values
Connecting
Family, Friends & Coworkers
Community/Surroundings
Spirituality/Spirit & Soul

Managing
Health
Health and symptoms/Food & Drink, Moving the Body, Recharge
Quality of life/Spirit & Soul, Power of the Mind

Enjoying Life
Productivity
Personal Growth/Personal Development, Spirit & Soul
Recreation/Recharge, Food & Drink, Power of the Mind

Functioning
Dignity - Independence
Moving the Body
Personal Development
Recharge
Surroundings

My Values

Power of the Mind
Energy & Flexibility
Surroundings
Physical & Emotional
Spirit & Soul
Growing & Connecting
Personal Development
Personal Life & Work Life
Food & Drink
Nourishing & Feeding
Recharge
Sleep & Refresh

Mindful
Awareness
Me
Community
Prevention & Treatment
Complementary Approaches

Connecting Family, Friends & Coworkers
Community/Surroundings
Spirituality/Spirit & Soul

Managing Health
Health and symptoms/Food & Drink, Moving the Body, Recharge
Quality of life/Spirit & Soul, Power of the Mind

Enjoying Life
Productivity
Personal Growth/Personal Development, Spirit & Soul
Recreation/Recharge, Food & Drink, Power of the Mind

Functioning
Dignity - Independence
Moving the Body
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My Values

Power of the Mind
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Mindful
Awareness
Me
Community
Prevention & Treatment
Complementary Approaches
What Matters Most provides direction

- Our values give our lives direction
- Goals are how we live our values
  - Like destinations plotted in the direction of what matter most
- Preferences tell us if a journey is worth taking
What matters to you?

• What makes a good day good?
• Who are the most important people in your life? What do you like to do together?
• What is most important to you about taking care of yourself?
• What do you hope your healthcare can do for you?
Table 3. Treatment Regimen Based on Clinical Practice Guidelines for a Hypothetical 79-Year-Old Woman With Hypertension, Diabetes Mellitus, Osteoporosis, Osteoarthropathy COPD

<table>
<thead>
<tr>
<th>Time</th>
<th>Medications†</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 AM</td>
<td>Ipratropium metered dose inhaler 70 mg/wk of alendronate</td>
<td>Check feet&lt;br&gt; Sit upright for 30 min on day when alendronate is taken&lt;br&gt; Check blood sugar</td>
</tr>
<tr>
<td>8:00 AM</td>
<td>500 mg of calcium and 200 IU of vitamin D&lt;br&gt; 12.5 mg of hydrochlorothiazide&lt;br&gt; 40 mg of lisinopril&lt;br&gt; 10 mg of glyburide&lt;br&gt; 81 mg of aspirin&lt;br&gt; 850 mg of metformin&lt;br&gt; 250 mg of naproxen&lt;br&gt; 20 mg of omeprazole</td>
<td>Eat breakfast&lt;br&gt; 2.4 g/d of sodium&lt;br&gt; 90 mmol/d of potassium&lt;br&gt; Low intake of dietary saturated fat&lt;br&gt; Adequate intake of magnesium and&lt;br&gt; Medical nutrition therapy for diabetes DASH†</td>
</tr>
<tr>
<td>12:00 PM</td>
<td>Eat lunch&lt;br&gt; 2.4 g/d of sodium&lt;br&gt; 90 mmol/d of potassium&lt;br&gt; Low intake of dietary saturated fat&lt;br&gt; Adequate intake of magnesium and&lt;br&gt; Medical nutrition therapy for diabetes DASH†</td>
<td></td>
</tr>
<tr>
<td>1:00 PM</td>
<td>Ipratropium metered dose inhaler 500 mg of calcium and 200 IU of vitamin D</td>
<td></td>
</tr>
<tr>
<td>7:00 PM</td>
<td>Ipratropium metered dose inhaler 850 mg of metformin&lt;br&gt; 500 mg of calcium and 200 IU of vitamin D&lt;br&gt; 40 mg of lovastatin&lt;br&gt; 250 mg of naproxen</td>
<td>Eat dinner&lt;br&gt; 2.4 g/d of sodium&lt;br&gt; 90 mmol/d of potassium&lt;br&gt; Low intake of dietary saturated fat&lt;br&gt; Adequate intake of magnesium and&lt;br&gt; Medical nutrition therapy for diabetes DASH†</td>
</tr>
<tr>
<td>11:00 PM</td>
<td>Ipratropium metered dose inhaler 200 mg of calcium and 200 IU of vitamin D</td>
<td></td>
</tr>
</tbody>
</table>

As needed: Albuterol metered dose inhaler

Abbreviations: ADA, American Diabetes Association; COPD, chronic obstructive pulmonary disease.
Approaches to Stop Hypertension
*Clinical practice guidelines used: (1) Joint National Committee on Prevention, Detection, Evaluation, High Blood Pressure VII.[26] (2) AHA[27]; glycemic control is recommended; however, specific doses are not specified. The American College of Rheumatology[28]; recent evidence about the safety and appness of glucocorticosteroids, particularly in individuals with comorbid cardiovascular disease, led to the list of medication options, although they are discussed in the reviewed clinical practice guidelines. Osteoporosis Foundation[29]; this regimen assumes dietary intake of 200 IU of Vitamin D. (6) National Blood Institute and World Health Organization.[30]† Taken orally unless otherwise indicated. The medication complexity score of the regimen for this patient is 14, with 19 doses of medications per day, assuming 2 as needed doses of albuterol metered dose inhaler.‡DASH and ADA dietary guidelines may be synthesized, but the help of a registered dietitian is recommended. Fat foods containing carbohydrate from whole grains, fruits, vegetables, and low-fat intake of more than 20% of total daily energy; lower protein intake to about 10% of total daily calories if present. Limit intake of saturated fat (<10% of total daily energy) and dietary cholesterol (<300 mg). Intake of transsaturated fatty acids. Eat 2 to 3 servings of fish per week. Intake of polyunsaturated about 10% of total daily energy.

Exploring helpful or burdensome care

“What health care tasks do you find helpful?”
Personalized Values for Mrs. B

I want to...

- Spend time with family, watching grandchildren (Connection)
- Volunteer at the library (Enjoyment)
- Be able to lift items with her hands and walk (Functioning)
Getting to **The One Thing**

- **The One Thing** is the thing that the patient most wants to focus on first so that they can achieve their health goal – what matters most to the patient.
- Can be a **symptom, health problem or burdensome task** that most interferes with the patient’s healthcare goal.

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“I want to spend less time in the bathroom so that I can continue to watch my grandkids.” (Mrs. B)

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The one thing (the patient) wants to focus on is ____ so that she/he can _____ more often or more easily.
what we know so far...

Patient priorities aligned care is effective

Compared with usual care, PPC is associated with...

- Focus on patient’s goals
- ↓ Unwanted care
  - Medications stopped (2-3x less)
  - Tests ordered (~30% fewer)
  - Self-management added (30% fewer)
- ↓ Treatment burden (TBQ; p=0.04)

Tinetti, et al. JAMA Int Med, 2019
PPC Mentoring Partnership Sites

✓ National adoption of Patient Priorities Care across VA since FY19

✓ Geriatric care settings:
  • Geri PACT - outpatient care
  • Home-based Primary Care
  • Community Living Centers

✓ Interprofessional facilitators to ask What Matters

✓ Preferred framework for doing Age-Friendly What Matters
Current Age-Friendly Sites

Diffusion Marketplace (va.gov)
Health Systems Recognized by IHI | IHI - Institute for Healthcare Improvement
Age-Friendly Action Community

Action Communities provide a series of monthly webinars and coaching calls to accelerate adoption of the 4Ms

• Recruitment: July 1st through Sept 30th
• Action Community dates: October 2022 through April 2023
• All care settings are welcome!
Age-Friendly, PPC and the WHS
Thank you

✓ Implementation resources:
  • Values Conversation Starters
  • https://myhealthpriorities.org
  • Aligning Care pocket card
  • Decisional Guidance Tool

✓ Online training resources
  • www.patientprioritiescare.org

✓ Learn more about Age-Friendly
  • Diffusion Marketplace (va.gov)
  • What Is an Age-Friendly Health System? | IHI - Institute for Healthcare Improvement

✓ Contact us if interested in PPC training or implementation:
  • Katherine.ritchey2@va.gov
  • Kiefer@bcm.edu