

# Oklahoma Dementia Care Network

University of Oklahoma Health Sciences Center, Section of Geriatrics



## GWEP-CC CASE STUDY: THE JOURNEY TO AGE-FRIENDLY PRIMARY CARE

### About Us

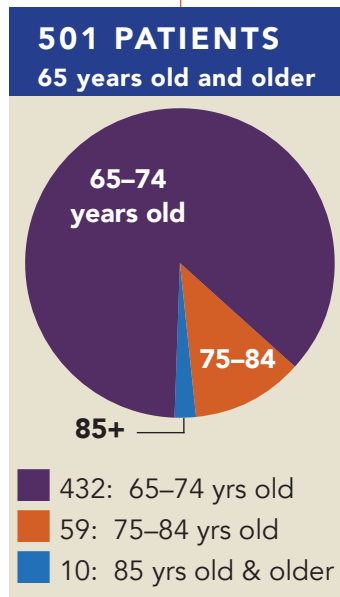
The Geriatrics Workforce Enhancement Program Coordinating Center (GWEP-CC) Case Studies present a broad range of cases drawn by Geriatric Workforce Enhancement Programs (GWEPs) and their primary care partners to take learners through their experiences implementing the 4Ms. Case study authors participated in the 2020 GWEP-CC Age-Friendly Health Systems Action Community and are recognized by the Institute for Healthcare Improvement (IHI) as either an Age-Friendly Health System Participant (Level-1) or Age-Friendly Health System – Committed to Care Excellence (Level-2).

The GWEP-CC, led by the American Geriatrics Society, is supported by The John A. Hartford Foundation, and serves as a strategic resource for the Health Resources and Services Administration (HRSA)'s GWEP programs.

For more information, please contact the GWEP-CC at [GWEPCC@americangeriatrics.org](mailto:GWEPCC@americangeriatrics.org).

The **Oklahoma Dementia Care Network** is a statewide collaborative effort focused on building healthcare workforce capacity to improve outcomes for persons living with Alzheimer's disease and related dementias. Our specific objectives are to:

- Build a stakeholders advisory council to develop partnerships across the state focused on improving health outcomes for persons living with dementia (PLWD)
- Train primary care providers and trainees to assess and address the care needs of PLWD, using the 4Ms framework.
- Transform primary care practices and nursing homes to become age- and dementia-friendly health systems.
- Deliver community-based education and training to nursing home direct care workers,



community health workers, community health representatives serving Tribal Nations, and PLWD and their family caregivers to improve health outcomes for older adults living with dementia.

Anticipated outcomes include the following:

- A robust academic-community-tribal network of collaborating dementia care partners
- A primary care provider workforce better prepared to care for PLWD
- Increased access to age- and dementia-friendly certified health systems
- Greater dementia expertise in the direct care workforce, including family caregivers, dementia-certified community health workers, nursing home staff, and career technology system health graduates

## How We Are Adopting the 4Ms

In February 2020, the age-friendly transformation began for a one physician, rural primary care clinic serving communities in western Oklahoma with a diverse patient population, including Hispanic and Native American communities. The clinic received regular support from a dedicated quality improvement practice facilitator, who provided education on the 4Ms and discussed current workflows and how to adapt them to incorporate 4Ms care. Facilitation visits were conducted in-person (when possible), virtually, and by telephone at least monthly with clinicians and staff. A major barrier soon became evident: the practice needed increased capacity to document, track, and report 4Ms progress in the electronic health record (EHR) and in their data registry.

**What Matters:** Advance care planning documents were being scanned into a folder and were not measurable or reportable without chart abstraction. No questions were being asked or captured regarding the healthcare goals that were most important to the patient.

**Medication:** Comprehensive medication review and evidenced-based tapering regimens to reduce the use of high-risk medications in older adults were already in the current workflow.

**Mentation:** The Mini-Cog was being used to screen for cognitive impairment; however, the screening results were not being captured or reported in a structured way in the EHR. Again, results were being scanned or otherwise put into the body of the encounter note.

**Mobility:** Screening for fall risk was being performed with the John Hopkins-Highest Level of Mobility (JH-HLM) in a stand-alone EHR template. Results were also scanned or put into the body of the encounter note.

Despite the uncertainty of the COVID-19 pandemic, new workflows were created and adopted in June 2020 to accommodate a newly developed 4Ms EHR template (Figure 1). The new template was designed to capture the presence of advance care planning documents, to

indicate a healthcare proxy, and to document that “what matters most” questions were being asked and answers recorded. In addition, the template captured screening results for the Mini-Cog, the JH-HLM, and an opioid risk tool (to screen for medication misuse).

The new template encompassed all 4Ms, creating a “one-stop shop” for documenting Age-Friendly patient care and an opportunity to easily address all 4Ms during clinical encounters.

One of the new workflows implemented was to send “PrepareForYourCare.org” documents to patients before their Annual Wellness Visit, either using the patient portal or by mail. This gave patients time to prepare advance care planning documents and think about their responses before the clinic visit. This increased awareness of advance care planning and set the stage for a conversation during the Annual Wellness Visit.

In addition, an internal workflow was created to ensure that caregivers of PLWD were contacted by telephone and, with their consent, referred to the Alzheimer’s Association. The Alzheimer’s Association Oklahoma Chapter then provided the family with an individualized telephone care consultation to tailor support resources and community referrals to the specific needs of the patient-caregiver dyad.

The screenshot displays three overlapping windows from an EHR system. The first window, titled 'Level 1: GWEP (Geriatrics Workforce Enhance...)', contains a checklist with items like 'Fall Risk Assessment', 'Advance Care Plan / Advance Directive', 'Opioid Risk Assessment (SOAPP®-R)', and 'Dementia: Cognitive Assessment (Mini-Cog)'. The second window, 'Level 2: Dementia: Cognitive Assessment (Mini-Cog)', shows a list of assessment items including 'Word Recall', 'Clock Draw', and 'Score'. The third window, 'Level 3: Score', is a simple form with a list of checkboxes numbered 1 through 5, where checkbox 3 is checked. Below these windows, a portion of the patient's medical record is visible, showing a diagnosis of 'G30.0 Alzheimer's disease with early onset' and a list of 'Meds Prescribed'.

**Figure 1.**  
Age-Friendly  
Documentation  
Template with  
Tiered Levels

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## Next Steps

Incorporating age-friendly care strategies into practice through this facilitation model currently continues at 3 other primary care clinics partnering with the Oklahoma GWEP. Marketing tools, including patient handouts and posters explaining age-friendly care, are being used within participating clinic sites to generate awareness of 4Ms care among patients and providers. Four sites have attained Institute for Healthcare Improvement Level 2 (Committed to Care Excellence) Age-Friendly Recognition and 1 site is working toward Level 1 recognition.

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## Lessons Learned

- Teamwork makes the dream work! This practice overcame challenges with COVID-19 and adopted a novel strategy for EHR documentation to achieve Institute for Healthcare Improvement Level 2 (Committed to Care Excellence) Age-Friendly Recognition.
- Every life positively impacted is a goal achieved. Small scale change can have big impacts.

When the COVID-19 pandemic began, this small rural practice faced new challenges, as did all health care organizations nationwide. In April 2020, this practice struggled to stay open and meet financial obligations because patients were avoiding routine medical care, with some turning to telehealth visits instead. In fact, telehealth grew to over 25% of patient encounters. The clinic continued to use the new 4Ms workflows put in place despite these challenges.

After 18 months of engaging with the age-friendly initiative, practice members reflected on their achievements and lessons learned. Despite the challenges of the pandemic, this one-provider, rural practice was able to achieve Level 2 Age-Friendly Recognition. The 4Ms framework had been successfully adopted, although data analysis continues to be a challenge. The clinic EHR and data registry vendors are separate, independent entities. Pulling codes generated from the new age-friendly EHR template into the separate data registry required programming that proved more difficult than anticipated.



The urgency of being able to accurately report on these MIPS measures for an independent rural practice was not as high a priority for the data registry vendor as it was for our GWEP team. This hindered accurate reporting between the documentation occurring and the MIPS measures reported from the registry. Thus, chart abstraction was necessary to ensure proper timely reporting of the age-friendly care being delivered, which may hinder sustainability.

As the Oklahoma GWEP expands the number of participating clinic sites over the next 3 years, lessons learned will help other primary care practices, especially in rural communities, foster age-friendly initiatives and ultimately improve health outcomes of older Oklahomans, particularly those living with dementia.



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