

# Occupational Therapy's role in Optimizing Health using Age Friendly Healthcare Systems 4Ms Framework: Primary Care and beyond..

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## Age Friend Health Systems:

Health care systems where every day, every individual 65+

- Gets the best care possible;
- Experiences no healthcare-related harms;
- Is satisfied with the health care;
- Realizes optimal value.



## What is the 4Ms Framework?

- Evidence-based approach that guides healthcare professionals in providing high-quality care to older adults.
- Four key areas—What Matters, Medication, Mentation, and Mobility—which should be reviewed annually or when an older adult's health status changes.
- Addressing these elements supports patient-centered care, reduces health disparities, and promotes better health outcomes for the aging population.



Know and align care with older adult's specific health outcome goals and care preferences including end-of-life care



If medication is necessary, using Age-Friendly medication that does not interfere with What Matters, Mobility, or Mentation



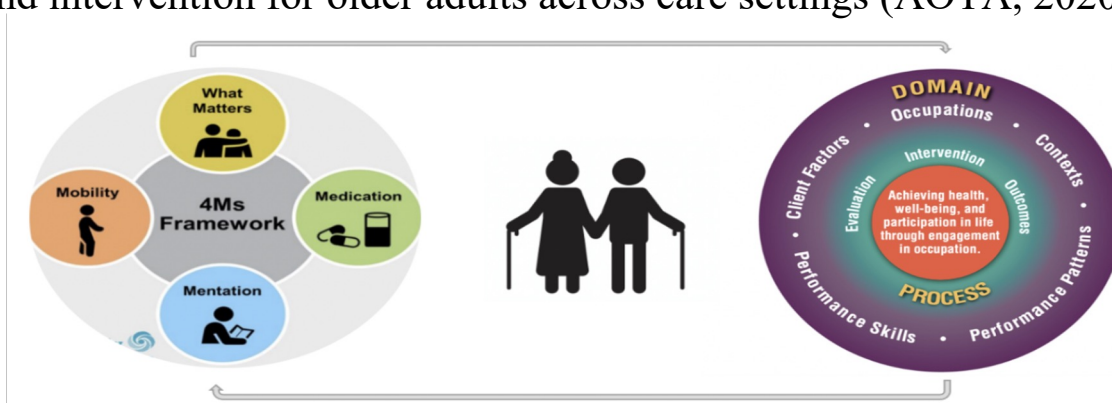
Ensure that each older adult moves safely every day to maintain function and do What Matters.



Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Implication for OT Practice

The 4Ms framework can offer occupational therapists a structured, holistic approach to evaluation and intervention for older adults across care settings (AOTA, 2020).



**What Matters** → Aligns with OT's client-centered values, **Medication** → Considered an occupation within daily routines, **Mentation & Mobility** → Reflect key client factors and influence occupational performance

## What Matters →

- Client-centered care is associated with higher patient satisfaction, improved self-management and function, better treatment adherence, and fewer hospital readmissions.
- During evaluation, OTs use client-centered tools (e.g., Occupational Profile, COPM) to identify *What Matters* and guide age-friendly, outcome-driven interventions

## Medication →

- High demands + age-related changes → risk for nonadherence, poorer outcomes, and hospital admissions.
- OTs utilize assessments (PASS, EFPT) to identify ability to complete medication management, an occupation requiring cognitive skills (planning, organization, executive function, communication) and motor skills (pinching, gripping, reaching). Once understanding ability to management medications OTs can provide interventions to support adherence.

Assessments	4 M's Addressed		
	Mobility	Mentation	Medication
Allen Cognitive Level Screen		X	
Executive Function Performance Test (EFPT)		X	X
Four-Stage Balance Test	X		
MOCA		X	
Non-standardized performance analysis*	X	X	
Performance Assessment of Self-Care Skills (PASS)		X	X
Sensory and Neuromuscular Screens	X		
The Kohlman Evaluation of Living Skills (KELS)		X	X
Timed Up and Go Test	X		

Interventions
Fall Prevention
Durable Medical Equipment Recs
Home Safety Assessment
Cognitive Strategies
Physical Activity Recs
Pain Management
Health Management
Referral to outpatient or home health
Caregiver Education
Medication Management
Self management action plan
Range of Motion
Mindfulness training
Meditation
Transfer training
Body Mechanic Training
Sleep Hygiene

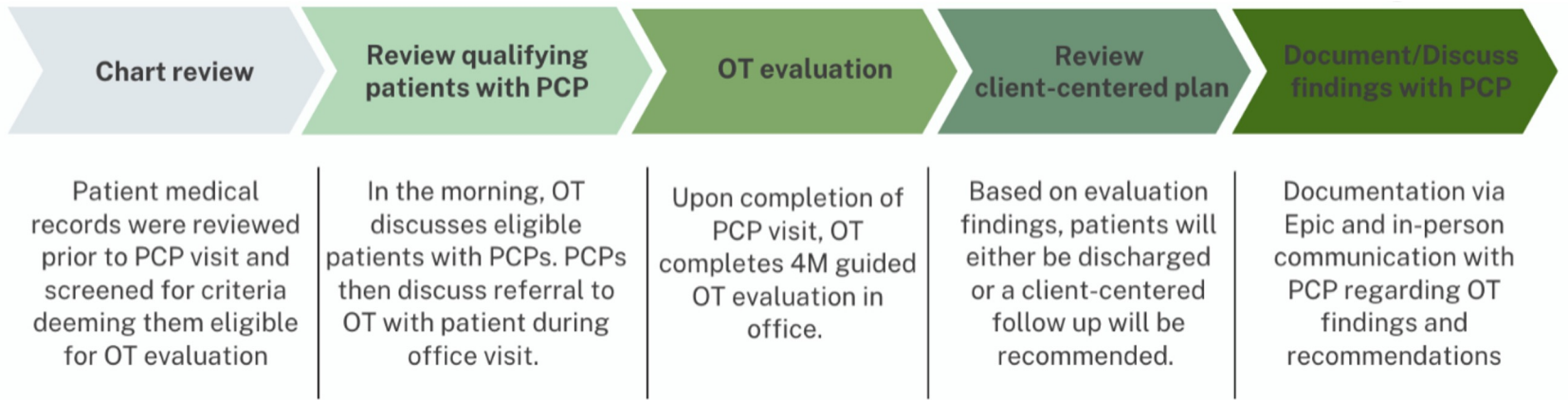
## Mentation →

- Interventions targeting functional cognition improve safety and health management, leading to reduced hospital admissions and better individual and population health.
- OTs assess functional cognition through observation of daily tasks (e.g., medication management, bill paying, meal prep) to identify cognitive barriers and recommend supports, strategies, or adaptive equipment to help patients safely engage in what matters.

## Mobility →

- Maintaining mobility supports well-being and participation in daily activities for older adults. Limited mobility increases the risk of falls, which are the leading cause of injury death, resulting in over 3.4 million hospital visits and 41,000 deaths annually.
- OTs assess mobility by examining underlying client factors in ecologically relevant environments, allowing for personalized interventions that help patients safely participate in the functional tasks and activities that matter to them

# Implementation of 4Ms in Primary Care Occupational Therapy Practice for Older Adults



## Referral Criteria:

- **What Matters:** The Patient reports limitations in daily life, either identified in the chart review or during the primary care visit.
- **Medication:** The Patient is taking more than five medications.
- **Mentation:** No cognitive assessment within the past year.
- **Mobility:** The Patient experienced a fall in the past year.
- **Combined Criteria:** Patient was hospitalized within the past year (addressing Mobility, Medication, and Mentation).

## Evaluation Documentation Template:

- **What Matters:** Patient's desired health outcome goals.
- **Reason for seeking services:** Relevant occupational history, roles, interests, and values.
- **Contextual Factors:** Environment setup, supports
- **Self-reported occupational performance:** Strengths, barriers, and satisfaction in all areas of occupation, ensuring the following were addressed due to their proximal relevance to the 4Ms:
  - **ADLs:**
    - **Functional Mobility:**
    - **Fall Risk Screening:**
      - Have you fallen in the past year?
      - Are you afraid of falling?
      - Do you feel unsteady when standing or walking?
      - *(Answering 'yes' to one or more questions indicated a fall risk)*
  - **Instrumental Activities of Daily Living**
    - **Functional mobility:**
  - **Health Management:**
    - **Medication Management**
  - **Social Participation and Social Supports:**

## Clinician feedback

- "Immediacy of evals and brief intervention in real time"
- "Another perspective on patients needs and how to prevent decline/falls/ frailty"
- "Detailed evaluations that picked out things that I was not aware of"

## References

