



MEALS on WHEELS CALIFORNIA
CONFERENCE 2026



AGE-FRIENDLY CLINICAL CARE- THE 4MS AND THE IMPERATIVE OF THE 5TH M

LINDSEY YOURMAN

Associate Clinical Professor

Director of Geriatrics Quality Improvement

Division of Geriatrics, Gerontology, and Palliative Care

University of California, San Diego





Disclosures
No conflicts of interest



OVERVIEW OF AGE-FRIENDLY CLINICAL CARE

- Define Age-Friendly Clinical Care in terms of the “4Ms”
- Support and request “4Ms” care for your clients, loved ones, and yourself
- Identify resources for Age-Friendly Care
- Imperative of a 5th M?



WHAT IS A GERIATRICIAN

Board Certified Internal Medicine
Physician

+

Board Certification in Geriatrics




+

Holistic approach (what matters)

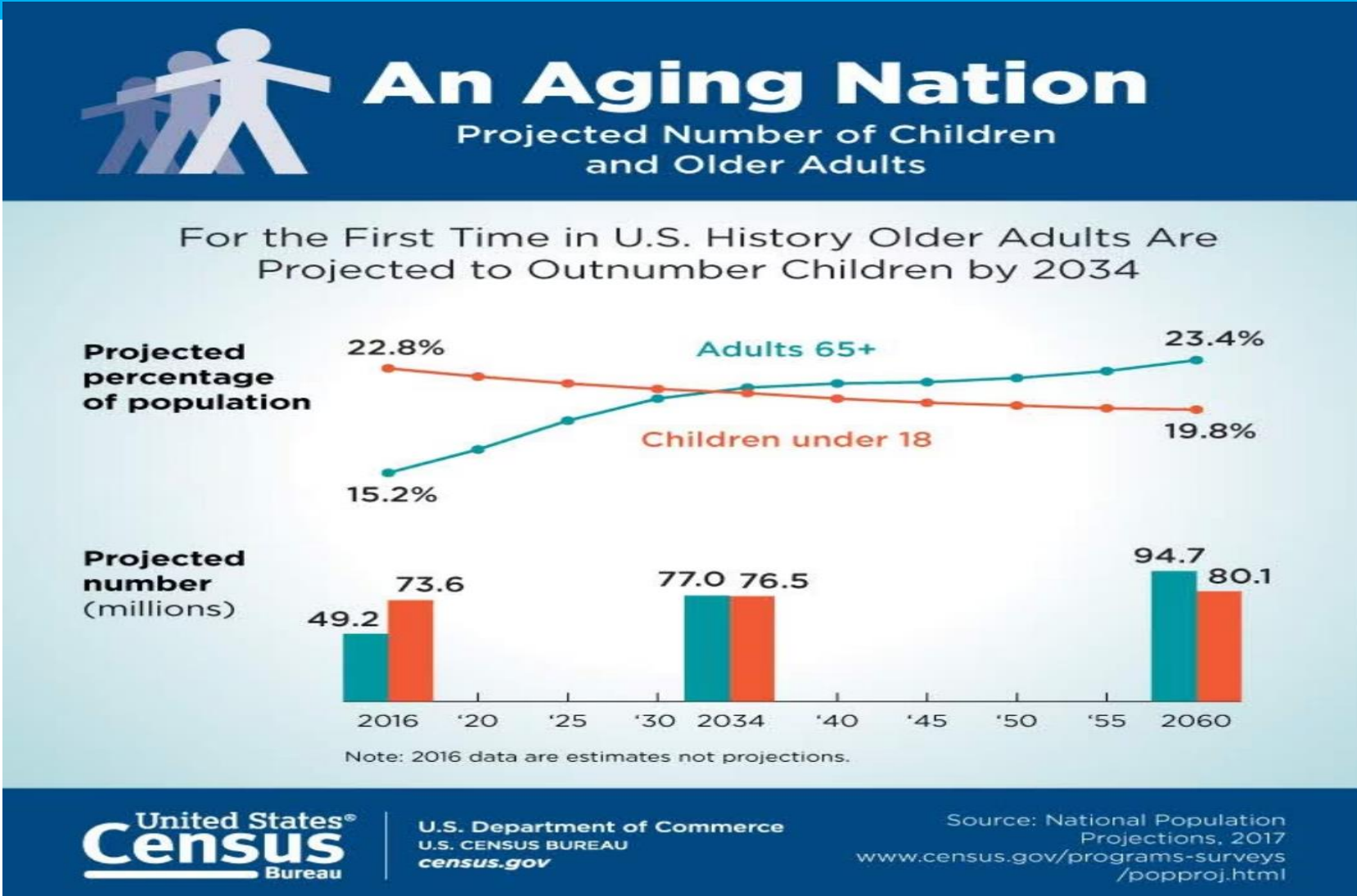
+

F Word

FUNCTION- ACTIVITIES OF DAILY LIVING

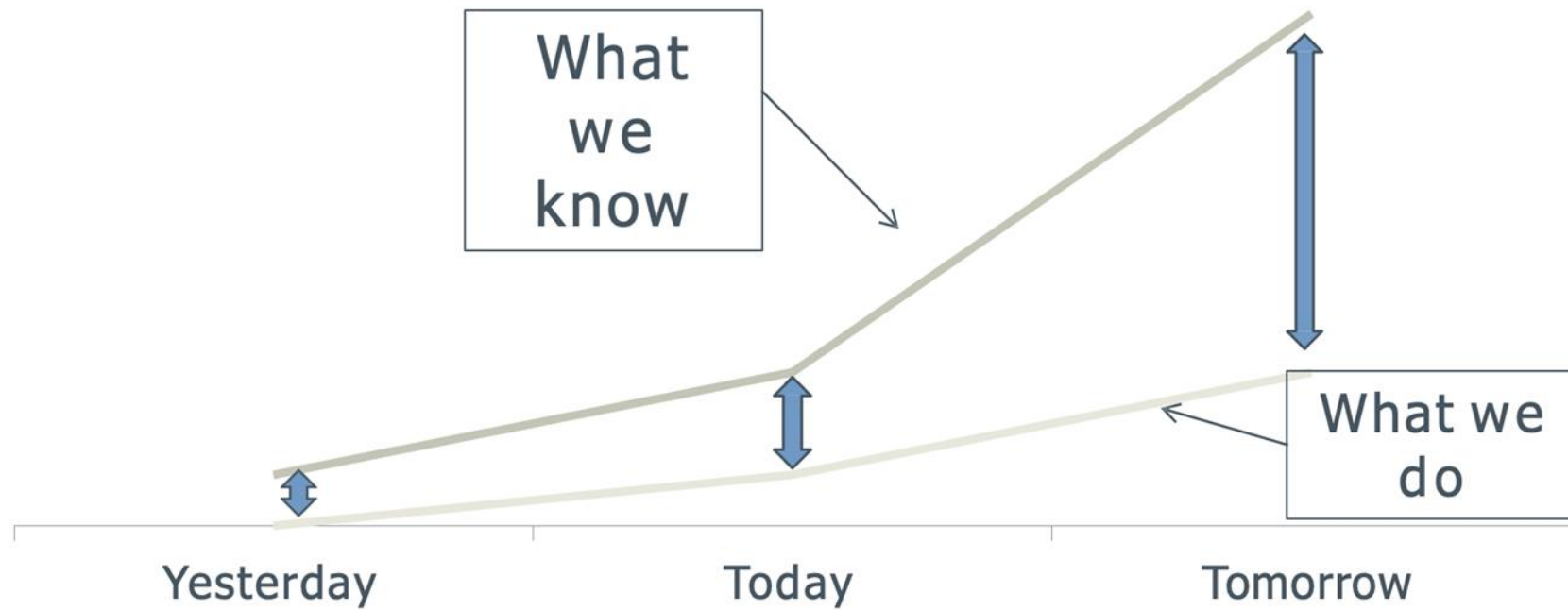
Basic	Instrumental	Advanced
<p>What you needed to get here</p>	<p>What you need to do on the weekend</p>	<p>What you want to do for enjoyment</p>
		 <p>(Muñoz-Neira et al., 2012; Slachevsky et al., 2019)</p>

CONTEXT: WE ARE AGING

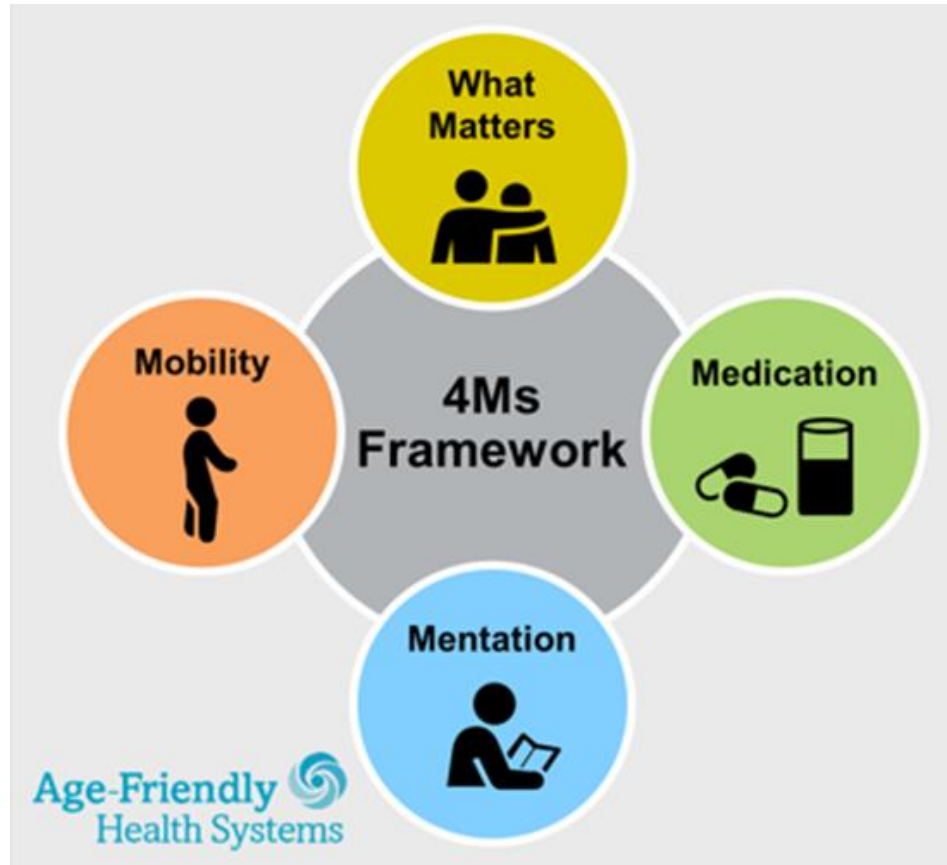


NEEDS: NATIONAL GAPS IN AGE-FRIENDLY CARE

The Know-Do Gap



AGE-FRIENDLY CLINICAL CARE: THE 4MS



Age-Friendly Clinical Care aims to:

- Follow an essential set of evidence-based practices
- Cause no harm
- Align with what Matters with each older adult and their family



The John A. Hartford Foundation



American Hospital Association®



AGE-FRIENDLY CLINICAL CARE: THE 4MS

Age-Friendly Health Systems

4Ms:
What Matters, Medication,
Mentation, Mobility

Assess

Know about the 4Ms
for each older adult
in your care

Act On

Incorporate the 4Ms into
the plan of care

WHAT MATTERS MOST



Assess each older adult's specific health outcome goals and care preferences

Act on and align care plan accordingly

MY WHAT MATTERS MOST

My What
MATTERS
Most



WHAT MATTERS MOST - IMPORTANCE



Why What MATTERS Most is What Matters Most

For older adults

- Varies and we are the experts in ourselves

For health care professionals

- Connect with patient reduce burnout
- Increased engagement in the plan of care

For health systems

- Prioritize what people want and decrease costly care that people don't want

WHAT MATTERS - ASSESS

Guiding Questions: Understanding Life Context and Priorities

- What is important to you today?
- What brings you joy? What makes you happy? What makes life worth living?
- What do you worry about?
- What are some goals you hope to achieve in the next six months or before your next birthday?
- What would make tomorrow a really great day for you?
- What else would you like us to know about you?
- How do you learn best? For example, listening to someone, reading materials, watching a video.

WHAT MATTERS – ACT ON

Advance Care Planning



<https://prepareforyourcare.org/en/welcome>

Current Care Planning



[Myhealthpriorities.org](https://myhealthpriorities.org)

MEDICATIONS



Assess if medication is necessary

Act on by using Age-Friendly medication choices and doses that do not interfere with what Matters most

MEDICATIONS - IMPORTANCE



Polypharmacy

- Adverse drug events cause ~30% of hospital admissions in elders
- Drug-drug and drug-disease interactions
- Prescribing cascades
- Malnutrition

MEDICATIONS – DRUG-NUTRIENT INTERACTIONS

MEDICATION	REDUCED NUTRIENT AVAILABILITY
Antacids	Vitamin B12, folate, iron
Broad-spectrum antibiotics	Vitamin K
Colchicine	Vitamin B12
Digoxin	Zinc
Diuretics	Zinc, magnesium, vitamin B6, potassium, copper
Laxatives	Calcium, vitamins A, B2, B12, D, E, K
Levodopa	Vitamin B6
Proton Pump Inhibitors	Calcium, iron, magnesium, vitamins B12, C
Salicylates	Vitamin C, folate
Trimethoprim	Folate

MEDICATIONS – ASSESS AND ACT ON

1. Make sure each medication we take is necessary



2. Ask about risks of each medication and when to stop



MOBILITY



Assess for mobility limitations, such as difficulty getting up from a chair, unstable walking, trouble bending over

Act on by ensuring older adults can move to maintain function and do what Matters most (requires nutrition)

MOBILITY – ASSESS

Stay Independent
Learn more about fall prevention.



STEADI
Stopping Elderly Accidents,
Deaths & Injuries

Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011: 42(6)493-499). Adapted with permission of the authors.

MOBILITY – ASSESS



STEADI—Older Adult Fall Prevention



Home Safety Checklist

FLOORS

- Clear pathways of furniture and clutter
- Coil or tape wires and cords to the wall
- Secure rugs and carpets to the floor with double-sided tape (or remove)
- Do not use floor wax
- Remove low chairs that are difficult to sit in and get out of easily

STAIRS AND STEPS

- Keep objects off the stairs
- Fix broken or uneven steps
- Fix loose handrails, or put in new ones on both sides of the stairs
- Install an overhead light and light switch at the top and bottom of the stairs
- Apply reflective tape to the bottom and top of the stairs

KITCHEN

- Keep things you use often on the lower shelves (about waist high)
- Keep a Vial of Life or current list of health information on your fridge in the event of an emergency
- Never use a chair as a step stool

BEDROOM

- Adjust bed height to a comfortable position

LIGHTING

- Place a lamp close to the bed where it's easy to reach
- Install a nightlight so you can see where you're walking (some nightlights go on by themselves after dark)
- Replace burnt out light bulbs

CLOTHING/ACCESSORIES

- Wear shoes that have a thin, non-slip sole
- Wear pants and dresses that have been hemmed so they don't touch the floor
- Carry a mobile or portable phone with you at all times
- Consider an emergency response system

BATHROOMS

- Put a non-slip rubber mat on the floor of the tub or shower
- Install grab bars next to and inside the tub, and next to the toilet
- Consider using a raised toilet seat, padded shower seat, and/or handheld shower head

OUTDOORS

- Repair cracks and gaps in the sidewalk or driveway
- Trim shrubbery along paths to the door

MOBILITY – ACT ON



National Institute on Aging Videos for home exercises



Call Area Agency on Aging
1-800-510-2020 for resources
(transportation, fall alerts, community fall prevention programs)

Example of local programs in San Diego County



EVIDENCE-BASED FALL PREVENTION PROGRAMS

TAI CHI

Involves slow, controlled movements to improve balance, stability, and coordination
To learn more, call 858.495.5500 | HealthierLiving.HHSA@sdcounty.ca.gov

A MATTER OF BALANCE

Helps reduce fear of falling by coaching participants on how to view falls as controllable
To learn more, call 858.626.6160

BINGOCIZE

Incorporates exercise, nutrition, and fall prevention within the game of bingo
To learn more, call 858.626.6160

MOBILITY – ACT ON

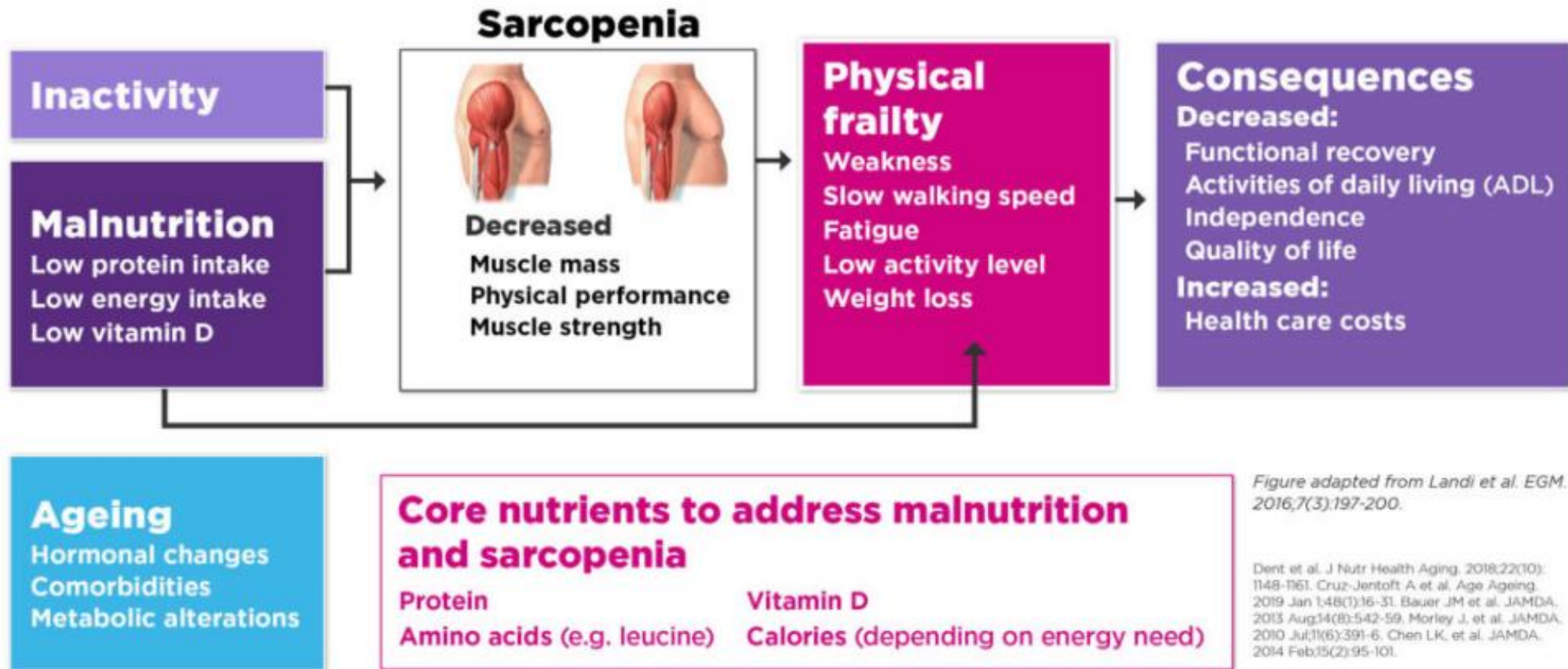


Figure adapted from Landi et al. EGM. 2016;7(3):197-200.

Dent et al. J Nutr Health Aging. 2018;22(10): 1148-1161. Cruz-Jentoft A et al. Age Ageing. 2019 Jan 1;48(1):16-31. Bauer JM et al. JAMDA. 2013 Aug;14(8):542-59. Morley J, et al. JAMDA. 2010 Jul;11(6):391-6. Chen LK, et al. JAMDA. 2014 Feb;15(2):95-101.

MENTATION (MIND)



Assess brain health and identify delirium, depression, and dementia

Act on to prevent and manage delirium, depression, and dementia across the continuum of care

MIND - ASSESS

Dementia

Observe: gradually (over months) forgetting important dates, decreased judgment, asking the same questions over and over

Ask: do you or others think that you are having trouble remembering things?

Validated screens: Mini-Cog, AD8

Depression

Observe: no longer enjoy prior activities, feeling guilty or worthless, frequent tearfulness

Ask: are you feeling down, depressed, or hopeless?

Validated screens: PHQ-2, PHQ-9, Geriatric Depression Scale

Delirium

Observe: sudden and fluctuating confusion (over hours or days), hallucinations

Ask: please tell me the day of the week

Validated screens: UB-2, 4AT, CAM

MIND – ACT ON

Important to diagnose and distinguish between dementia, depression, and delirium because they all have different treatments!!!

Dementia	Depression	Delirium
<ul style="list-style-type: none">• Caregiver training• Community resources• Advance care planning• Treat nutritional deficiencies• Acetylcholinesterase inhibitors, Anti-amyloid medications	<ul style="list-style-type: none">• Therapy• Increase socialization and meaningful activities• Anti-depressants (Pseudodementia may go away)	<ul style="list-style-type: none">• Notify clinical team, baseline and time course are key• Treat underlying medical cause (pain, constipation, infection, metabolic, stroke)

MIND – ACT ON

Connect client to community-based resources

<https://www.sdalzheimersproject.org/content/alzheimers/en/resources.html>



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected



Get Connected

MALNUTRITION!!!



A 5th M?!!!



Grady Health in Atlanta, Georgia has adapted the 4Ms to add a new “M”

Assess for food insecurity and physical signs of weight loss, loss of muscle mass, and diminished hand grip strength

Act on by connecting with Area Agency on Aging and community-based programs like Meals on Wheels!

Sample of Evidence for a 5th M “Malnutrition”

- Common Sense
- Bradlee ML, Mustafa J, Singer MR, et al. High-protein foods and physical activity protect against age-related muscle loss and functional decline. *J Gerontol A Biol Sci Med Sci*. 2017;73(1):88–94. <https://doi.org/10.1093/gerona/glx070>
- ChooseMyPlate. <https://www.myplate.gov/tip-sheet/healthy-eating-older-adults>
- Clegg ME, Williams EA. Optimizing nutrition in older people. *Maturitas*. 2018;112:34–38. <https://doi.org/10.1016/j.maturitas.2018.04.001>
- Klimova B, Valis M. Nutritional interventions as beneficial strategies to delay cognitive decline in healthy older individuals. *Nutrients*. 2018;10(7):905–915. <https://doi.org/10.3390/nu10070905>
- Wilson KO. Community food environments and healthy food access among older adults: a review of the evidence for the Senior Farmers’ Market Nutrition Program (SFMNP) *Social Work Health Care*. 2017;56:227–243. <https://doi.org/10.1080/00981389.2016.1265631>
- Yannakoulia M, Ntanasi E, Anastasiou CA, et al. Frailty and nutrition: from epidemiological and clinical evidence to potential mechanisms. *Metabolism*. 2017;68:64–76. <https://doi.org/10.1016/j.metabol.2016.12.005>

SUMMARY – AGE-FRIENDLY CLINICAL CARE

The 4Ms of an Age-Friendly Health System are an essential set of **evidence-based practices** that include:

- What **Matters Most**
- **Medications**
- **Mobility**
- **Mentation (Mind)**
- **Malnutrition!!!**

The goal of an Age-Friendly Health System is to assess and act on **all of the 4Ms** reliably for **every older adult at every encounter** and ensure care is geared towards **what Matters most** to each older adult

Age-Friendly Clinical Care Resources

[Institute for Healthcare Improvement](#) Age Friendly Clinical Healthcare Movement

[TWO PAGE CHECKLIST SUMMARY to help clients achieve Age-Friendly Clinical Care](#) from the John A. Hartford Foundation

What MATTERS M

[PrepareForYourCare Advance Directives](#) easy to read, multiple languages

[My Health Priorities website](#) to help an older person articulate what Matters Most to their clinicians

[Vial of Life](#) helps patient make important medical info available to emergency personnel

MEDICATIONS M

[Beers High Risk Medications](#)

MOBILITY M

[CDC STEADI Initiative for safe mobility](#)

MENTATION M

[Alzheimer's Association](#)

AGE-FRIENDLY CARE: It's About What Matters to You



The
John A. Hartford
Foundation

GETTING BETTER CARE FOR YOU

YOU are the expert on what matters for your health. Learn how to improve your health by talking with your doctor about the 4Ms – what Matters, Medication, Mentation and Mobility – a set of essential aspects of your care.

WHAT MATTERS:

As you age, your needs might change. It's important for you to share your concerns, goals, wishes, needs and experiences with all of your health care providers.

What You Can Do

- ✓ Tell your care team about the things that matter to you.
- ✓ Make a list of questions to ask at each health care visit.
- ✓ Talk with your family and providers about your wishes for care at the end of life.

MEDICATION:

You might take many medicines now, which can mean more side effects. Some drugs affect us in new ways as we age, too.

What You Can Do

- ✓ Talk with your medical provider about any side effects that you experience.
- ✓ Ask your care team to assess how your medicines interact with each other.
- ✓ Tell your providers about any over-the-counter medicine or natural remedies you take.

MENTATION:

Older adults are at risk for dementia (problems with thinking, memory, and reasoning), depression (ongoing sadness or loss of interest) and delirium (sudden confusion), but there are steps you can take to lower your risk.

What You Can Do

- ✓ Tell your medical provider if you notice any changes in your memory or mood.
- ✓ Get screened for dementia and depression each year.
- ✓ If you become confused suddenly, get help right away. Sudden confusion (delirium) is a medical emergency.

MOBILITY:

It's important to think about how to get around safely as we get older. Staying active helps you maintain your health and independence.

What You Can Do

- ✓ Talk with your care providers about how you get around at home or go from place to place. Tell them about what's working and what's not.
- ✓ Ask about how you can improve strength, flexibility, and balance.
- ✓ Check your home for objects you can trip on or missing handrails that can cause falls.

THE 4MS HELP YOU GET AGE-FRIENDLY CARE

Age-friendly care is health care that addresses your unique needs and wants. It can help you enjoy a better quality of life.

It is care that is safe and based on the 4Ms, an essential set of care elements that research shows are the most important things to pay attention to as we get older.

For more information and resources, visit: johnahartford.org/agefriendly

QUESTIONS



Of the 4Ms that we discussed, which would bring you the most joy to assess and act on for your clients? Ideas?

What Matters

- assessing, encouraging, connecting

Medications

- noting side effects, pill boxes

Mobility

- home safety optimization
- transportation for socialization

Mentation (Mind)

- noting changes, connecting to Alzheimer's Association

"All of us, at some time or other, need help. Whether we're giving or receiving help, each one of us has something valuable to bring to this world. That's one of the things that connects us as neighbors--in our own way, each one of us is a giver and a receiver."

~Fred Rogers