PALLIATIVE CARE IS ESSENTIAL FOR AGE-FRIENDLY CARE FOR OLDER ADULTS WITH SERIOUS ILLNESS

Position from the Center to Advance Palliative Care (CAPC)

Palliative care is essential to the goals and measures of Age-Friendly Health Systems, far beyond documenting goals of care. This paper explores why and how health care organizations can deploy palliative care teams and training initiatives to optimize Age-Friendly care.

Palliative Care's Role in the 4Ms of Age-Friendly Care: What Matters, Medication, Mentation, and Mobility

Age-Friendly Health Systems (AFHS) is a national movement created by The John A. Hartford Foundation and the Institute for Healthcare Improvement—in partnership with the American Hospital Association, the Catholic Health Association, and leading geriatrics experts—to ensure that the U.S. health care system is capable of meeting the needs of older adults. Emphasizing person-centered care and the prevention of harm, AFHS promotes value for patients, caregivers, clinicians, and organizations with its "4Ms Framework"—what **M**atters, **M**edications, **M**obility, and **M**entation. As of April 2026, over 5,900 health care organizations have been recognized for their efforts to deliver Age-Friendly care, and many more are working toward this goal.[1] For the subset of older adults who are living with serious illness, palliative care is an essential component of Age-Friendly care.

With that same emphasis on person-centeredness and prevention of harm, palliative care delivers health care for older adults with serious illness that:

- → Elicits and aligns care with what **M**atters to the patient and their caregivers
- → Optimizes **M**edications to reflect patient priorities
- → Mitigates **M**obility issues caused by serious illness or treatments
- → Supports **M**entation through medication review and pre-procedural decision-making to avoid delirium

Palliative care teams and workflows align with Age-Friendly Health Systems to help achieve AFHS Level 1 and Level 2 recognitions.[2] Specifically, palliative care delivers Age-Friendly care in the following ways:

Age-Friendly Framework Domain	Age-Friendly Health System IHI Recommended Actions for Hospitals[3]	The Role of Palliative Care for Older Adults with Serious Illness
What Matters	• Ask about goals and care preferences, and document it • Align the care plan with those goals and preferences • Document the preferred support person or caregiver	• Enhanced communication with patients and family caregivers to explain what to expect with the illness, and to elicit their goals and preferences considering that • Expert navigation of family conflict or concerns • Advocate for changes to the care plan based on patient goals and preferences, including changes to treatment or discharge plans • Support for treating clinicians in eliciting and aligning with patient goals • Communication to elicit caregiver needs and concerns; facilitation of plans to address those needs
Medication	• Review all medications and document high-risk medical use • Deprescribe, adjust doses, and avoid high-risk medications	• Expert communication to explain tradeoffs and elicit patient priorities in the context of medication review • Support dosing adjustments and deprescribing in line with patient preferences, including mitigating the risk of delirium • Expert management of pain and other distressing symptoms
Mobility	• Screen for mobility limitations and falls • Ensure early, frequent, and safe mobility	• Assessment to identify pain, other distressing symptoms, and psychological factors that interfere with mobility

		• Facilitation of care plan adjustments to mitigate factors such as pain that limit mobility • Shared decision-making with patients and caregivers related to procedures or treatments that carry a risk of loss of mobility and independence
Mentation	• Screen for delirium on a set schedule (at least every 12 hours inpatient) and upon any change in function or behavior • Ensure sufficient oral hydration • Orient to time, place, and situation • Ensure accessibility to personal adaptive equipment and hearing/vision devices • Prevent sleep interruptions, and use non-pharmacological interventions to support sleep	• Expert assessment to identify depression, anxiety, and emotional needs that affect brain health • Pain management reduces delirium[4] • Psychological and spiritual services to address those needs • Shared decision-making with patients and caregivers related to procedures or treatments that carry a risk to cognition • Medication review to reduce the risk of delirium

In a recent interview, the leaders of a Veteran Health Administration AFHS-recognized palliative care program[2] noted that skilled palliative care clinicians are in the best position not only to clarify What Matters to older adults with serious illness, but also to ensure that all care delivered supports the patient's goals. Moreover, the expertise of the interprofessional palliative care team is critical to improving both mobility and mentation, reducing the physical, psychological, and existential suffering that can affect physical activity and treatment adherence for older adults with serious illness. Given the time pressures and fragmentation of care in many hospitals and health systems, palliative care teams are often the only clinicians with the training and capacity to effectively identify and act on these interwoven issues.

Palliative Care Capabilities Can Improve Performance on the Medicare Age-Friendly Care Measure

Thanks to efforts by the John A. Hartford Foundation and other advocates for older adults, Age-Friendly care has strong federal support, including the inclusion of an Age-Friendly Hospital Measure in the Medicare Hospital Inpatient Quality Reporting Program[5]. Hospitals who fail to meet the Age-Friendly requirements are financially penalized, and the penalties can be significant. Palliative care specialists and skills directly impact a hospital's ability to meet required Age-Friendly structures and processes:

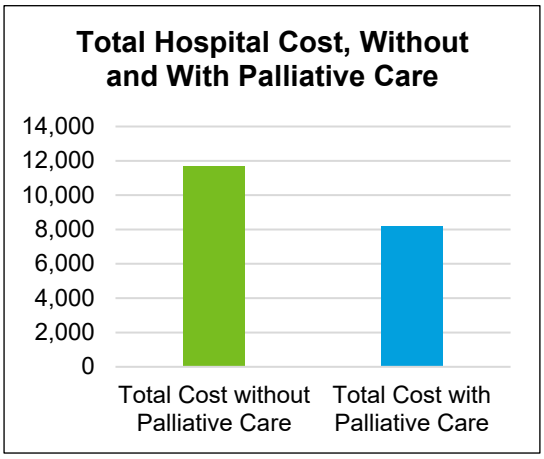
	CMS Age-Friendly Hospital Measure	The Role of Palliative Care for Older Adults with Serious Illness
1A	Has protocols to obtain patient goals of care and document in medical record	Clarifying goals of care Making care plan recommendations in accordance with patient goals
2A	Reviews medications to identify potentially inappropriate meds	Support patient decision-making on medication tradeoffs that affect quality of life, including mentation
3A	Screens patients for risks	Screening patients for symptom burden and unmet psychological and social needs
3B	Positive screens lead to care management plans (minimizing delirium, encouraging mobility, nutrition plans)	Pain and symptom management, along with psychosocial and spiritual support
3C	Collects and reviews data on falls, PUs, and 30-day readmissions, stratified for QI	N/A
3D	Protocols to reduce ED delirium by reducing LOS (goal to transfer targeted % within 8 hours of arrival)	Recognizing and rapidly responding to pain and symptom distress, a dominant contributor to delirium and altered mental status. [4,6]
4A	Screens patients for vulnerability (abuse, isolation, social needs, CG burden)	Screening and attention to social needs and caregiver distress, in the context of serious illness
4B	Positive screens lead to intervention strategies	Psychological, spiritual, and social support for both patient and caregiver
5A	Designated person or committee responsible for Age-Friendly care	N/A
5B	Collects and reviews data on these domains, stratified for QI	N/A

Age-Friendly Business Outcomes are Enhanced with Palliative Care

Not only do federal and state policies incentivize Age-Friendly health care, but hospital and health care economics must also be considered. For example, the IHI “Business Case for Becoming an Age-Friendly Health System” points to opportunities to reduce ICU and hospital length of stay, avoiding penalties for adverse events, and capturing add-on revenue for advance care planning conversations.[7] The Veterans Health Administration has joined the Age-Friendly Health Systems initiative and have reported improvements in rehospitalizations and ED visits.[8,9] Reduced costs, shorter stays, and lower

readmissions have also been found in academic medical centers where the 4M's have been integrated into care plans for older patients.[10]

Integrating palliative care into Age-Friendly initiatives for older adults with serious illness should accelerate utilization outcomes. On average, palliative care inpatient consultations are associated with reductions in direct costs of $3,200 to $4,800 per stay, largely driven by reductions in total length of stay.[11,12] Deploying palliative care specialists to the Emergency Department (which ensures the earliest impact of goals of care conversations and care plan modifications to prevent delirium) can reduce length of stay by more than one full day, and lead to over $9,000 in cost avoidance per patient. [13]



For most hospitals, spending is concentrated in their older adult patients with serious illness. The combination of Age-Friendly hospital care with the added layer of specialty palliative care can optimize quality and person-centeredness while ensuring cost-effectiveness, making a compelling value case for mandatory inclusion of palliative care.

Palliative Care Skills Training Help Clinicians Understand and Apply Best Practices in Age-Friendly Care

Palliative care knowledge and skills are integral to success as an Age-Friendly Health System or hospital, so much so that the Center to Advance Palliative Care (CAPC) has created an Age-Friendly health care clinical training curriculum teaching palliative care skills and approaches across the 4Ms. Clinicians who complete the full curriculum earn a credential designating their competency in Age-Friendly health care.

Since it launched in 2023, a total of 513 clinicians from across disciplines and more than 15 specialties have earned this designation, and the curriculum continues to be the top choice for hospital educators. Substantial or very substantial knowledge increased by 48% pre- vs. post-completion, while 60% of learners state that the content will "very strongly" impact their clinical practice.

Recommended Actions

AFHS is a widely used approach to improving health outcomes in older adults, increasingly adopted by hospitals, ambulatory care providers, and federal and state policymakers. Given the essential role of palliative care in Age-Friendly care and the strong quality and business case for integrating palliative care into Age-Friendly structures and processes, CAPC recommends the following actions:

→ Hospital leaders should include their palliative care leaders in planning and executing quality improvement initiatives in Age-Friendly care

→ AHFS leaders can disseminate guidance on how best to deploy palliative care teams to advance Age-Friendly care across settings

→ Hospitals should strengthen their clinical staff's communication and pain/symptom management skills through organization-wide training initiatives

→ CMS can consider an additional inpatient hospital quality reporting measure, or an additional domain on the Age-Friendly measure, requiring hospital to attest to providing an interdisciplinary palliative care team that meets minimum standards

→ Additional states can replicate the requirement for AFHS designation as new Master Plans for Aging are defined and implemented.

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