



**Prevent
Blindness**

Our Vision Is Vision.

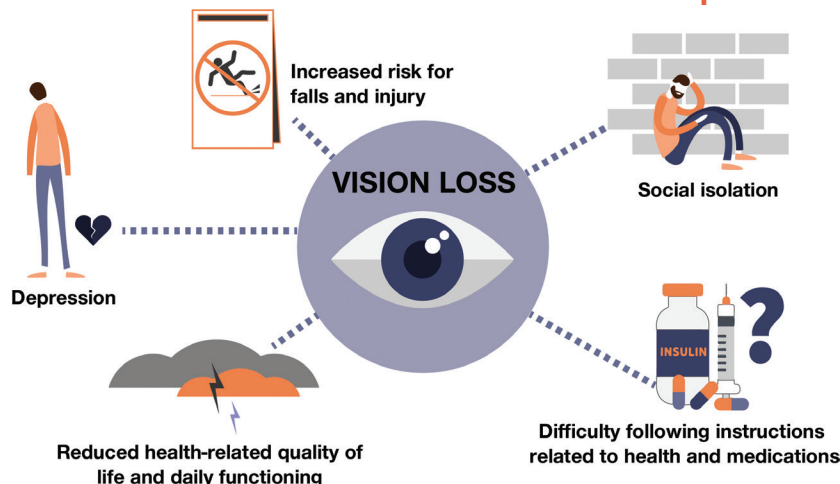
Integrating Visual Function and Ocular Health into the 4Ms Framework of Age-Friendly Health Systems

The Growing Impact of Vision Impairment

Eye disorders and vision loss are among the costliest, yet most preventable, conditions in the United States, costing \$168 billion in direct medical costs in 2019. It is estimated a full 96% of vision impairment and loss is avoidable. Without significant planning and intervention, research suggest national expenditures could rise to as much as \$717 billion by the year 2050, due in large part to the aging of the U.S. population.¹

Loss of vision—whether it happens suddenly or over time— can have a major impact on one’s mental and emotional health given its significant role in interpersonal connection, engaging in hobbies or interests, independently managing one’s daily activities, maintaining independence, and remaining physically active. Older adults may face a compounding risk in health status stemming from inability to adapt mentally and emotionally to changes in vision, leading to distress, anxiety, or depression that may cause them to disengage from physical activity (which could lead to chronic illness) and social isolation.²

Vision loss can lead to adverse health consequences²:



1 in every 11 adults age 65 or older is blind or visually impaired³



Age-Friendly Health Systems⁵:

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), set a bold vision to build a social movement so that all care with older adults is age-friendly care, which follows an essential set of evidence-based practices, causes no harm, and aligns with what matters to the older adult and their family caregivers, which follows an essential set of evidence-based practices, causes no harm, and aligns with what matters to the older adult and their family caregivers.

Age-Friendly Health Systems

4Ms:
What Matters, Medication,
Mentation, Mobility

Assess

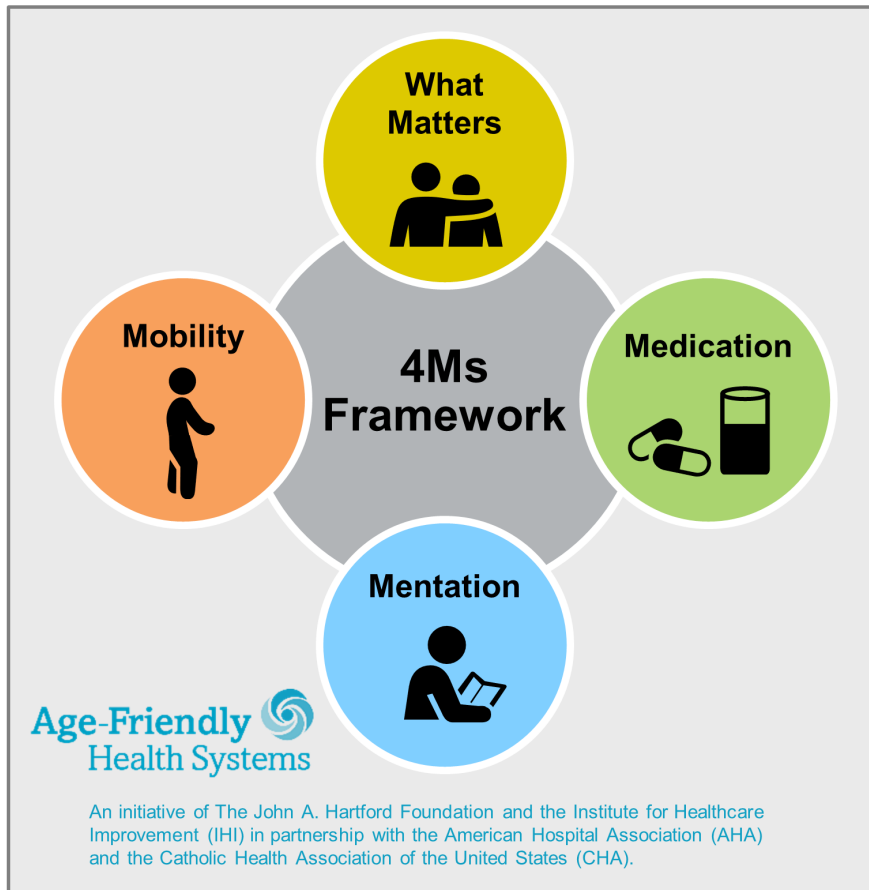
Know about the 4Ms for each older adult in your care

Act On

Incorporate the 4Ms into the plan of care

There are two key drivers of age-friendly care: knowing about the 4Ms for each older adult in your care (“assess”), and incorporating the 4Ms into the plan of care accordingly (“act on”) Both are supported by documentation and communication across settings and disciplines.

4Ms Framework: Not a Program, But a Shift in Care⁵



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Graphic files and guidance at ihi.org/AgeFriendly

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.

Considerations

Integrating ocular health and visual functioning questions into the 4Ms framework can make a big difference towards preventing falls and supporting safe mobility and independence. The main vision-related concerns in the aging population include: cataract, dry eye, age related macular degeneration, glaucoma and diabetic eye disease.

The 4Ms Framework is not a program, but a shift in how we provide care to older adults.

- The 4Ms are implemented together (i.e., all 4Ms as a set of evidence-based elements of high-quality care for older adults).
- Your system probably practices at least a few of the 4Ms in some places, at some times. Engage existing champions for each of the 4Ms. Build on what you already do and spread it across your system.
- The 4Ms are practiced reliably (i.e., for all older adults, in all settings and across settings, in every interaction).

There are a few key questions primary healthcare providers can ask their patients to help maintain ocular health and visual goals to maximize quality of life.

Questions to Ask

What Matters

- Are your eyes comfortable?
- Can you read comfortably, look at family pictures/cards/letters, watch TV, other?
- What would you like to see better? Where are you having trouble?
- What is your history of eye care?

Medication

- Are you using any eye drops? Can you take the drops yourself or do you need to have assistance?
- Do you take any other medication for your eye condition?
- Are you able to read the labels on your medication bottle?
- When did you last have your prescription checked?
- Do you wear glasses that help you to see the medication bottle better?
- *Beware: some medications may cause visual/ocular side effects

Mentation

- Are you able to see what you would like to see?
- Are you noticing more problems seeing the things you would like to see, while driving, on the computer, using your phone, seeing the food on your dinner plate, etc?

Mobility

- How is your vision affecting your ability to be safely and independently mobile around your home, work, or elsewhere?
- Do you have a fear of falling due to your vision?
- How often have you tripped or fell because you could not see?
- Are you able to drive, or does your vision prevent you from driving?

Accommodations to consider
Hospital and Ambulatory care settings
Readers (OTC plus lenses)
Magnifiers, consider electronic desktop magnifier in library/common room of care facility
Selection of large print items: Clock, books, signature guide, felt tips pens, bold line paper, mirror magnifier
Provide preservative free AT
Bruders' masks – for visual hygiene
Eye Lid wipes – for visual hygiene

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 2. National Academies of Sciences, Engineering, and Medicine Making Eye Health a Population Health Imperative: Vision for Tomorrow. The National Academies Press: Washington, DC, USA, 2016 (pgs. 271, 231, 111, 1, 32, xviii).
 3. Prevent Blindness (2012). Vision Problems in the US website. <http://www.visionproblemsus.org/>. Accessed March 20, 2020.
 4. Whitson HE, Cousins SW, Burchett BM, Hybels CF, Pieper CF and Cohen HJ. (2007). The Combined Effect of Visual Impairment and Cognitive Impairment on Disability in Older People. Journal of the American Geriatrics Society, 55: 885-891. doi:10.1111/j.1532-5415.2007.01093.
 5. Institute for Healthcare Improvement (2019). Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults.