
CONFERENCE ABSTRACT

Can a US age-friendly health systems framework be relevant to the Australian rural health context?

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Introduction: Hospital and health care is multifaceted, fragmented, busy and expensive. As we age, our health needs become more complex, entwined with our broader social and community needs. Today, older people suffer a disproportionate amount of harm in the health system, often in ways unrelated to their illnesses.

The Institute for Healthcare Improvement (IHI) developed an age-friendly health system 4Ms Framework. The 4Ms—What Matters, Medication, Mentation, and Mobility—are the core issues that drive all care and decision making with older people.

The Better Care Victoria (BCV) Building an Age-Friendly Indigo Health System project aims to develop an age-friendly approach to the care of older people in rural communities based on the IHI 4Ms Framework.

Theory/Methods: The first stage of the project was to assess whether the IHI 4Ms Framework can be generalized to Australian rural health conditions through an independent, integrative review of rural health research and a review by clinical experts, including older people.

Results: Twenty-four articles addressing the review criteria were identified, and data extracted. Articles were assessed against the NHMRC Levels of Evidence hierarchy. The articles were diverse in their settings, populations of interest and models of care. The outcomes identified for older adults were also wide-ranging. Evidence existed for all four elements of the 4M model within the rural geriatric care literature. Importantly, other evidence, not an immediate 'logical' fit with the model, was also identified.

Sixteen clinical experts, including hospital, community and residential aged care health professionals and older people, convened to review the relevance, generalisability and feasibility of the 4Ms Framework and the integrative review.

Discussions: The IHI 4Ms Framework is a relevant, concise approach to synthesis common elements in rural health research. Overall, clinical experts provided good support for the model with the additions recommended through the iterative review. However, there were a low number of studies undertaken in rural settings. Such studies were of a low-level evidence. Importantly, there was little evidence relating to actual views of older adults regarding their health care needs.

Conclusions (comprising key findings): The IHI 4Ms Framework provides a suitable approach to the care of older people in rural settings with minor adjustments to the interventions within '

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mentation'. The next stage of the project is to assess current models of evidence-based care against the draft Age-Friendly Indigo framework.

Limitations: The scarcity of rural health research is both a limitation and of concern. Rural clinical practice is often not evaluated, limiting the availability of evidence for existing clinical practice.

Suggestions for future research: Further research in rural health care is essential. It must clearly define rurality. It is also essential to undertake research on the health and social care needs and preferences of older people, carers and family.