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General Assessment Series

Best Practices in Nursing Care to Older Adults

Age-Friendly Health Systems: The 4Ms

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WHY: The 4Ms framework, which is the backbone for developing age-friendly health systems: What Matters, Mobility, Medication, and Mentation—was developed to translate evidence-based geriatric models into actionable, age-friendly care across health systems. As the number of older adults with complex needs increases, implementing the 4Ms supports safer, more effective, and more reliable care and has been associated with improvements in utilization, costs, and patient-centered outcomes. As the population of older adults with complex care needs grows, health systems must adapt to reduce preventable harm and mortality during healthcare encounters. The 4Ms were developed by geriatric researchers, clinicians, and health system leaders and then refined by the Institute for Healthcare Improvement (IHI), which took existing evidence-based models and refined them into four core features—the 4Ms—to provide clinicians with practical interventions and clear action steps for caring for older adults (Fulmer, Mate, & Berman, 2018).

BEST TOOL: The 4Ms address the gap between the evidence-based models of health care for older adults and the care that our health system puts into practice. The 4Ms include:

1. **What Matters:** Know and act on each older adult's specific health outcome goals and care preferences.
    - Asking what matters has been associated with lower inpatient use, fewer ICU stays, increased hospice use, and higher patient satisfaction (Agency for Healthcare Research and Quality [AHRQ], 2013). This approach also returns meaningful time to patients (Haas et al., 2018).

2. **Mobility:** Maintain mobility and function; prevent and treat complications of immobility.
    - Mobility-focused care has been linked to reductions in direct, indirect, and total hospital costs (Klein, Mulkey, Bena, & Albert, 2015). A 2024 Northwell Health study across eight hospitals found that when all four Ms were assessed, 83% had a documented act-on for Mobility; mean length of stay was 11.8 days and 30-day readmission was 10.2% (Northwell Health, 2024).

3. **Medication:** Optimize medication use to reduce harm and burden, focusing on medications that affect mobility, mentation, and what matters.
    - Assessing medications reduces potentially inappropriate medications (PIMs). Deprescribing interventions need stronger patient-centered design and outcome assessment to promote age-friendly medication practices (Wang et al., 2022).

4. **Mentation**: Prevent, identify, and manage delirium, dementia, and depression.
    - Cognitive assessment , especially for delirium has been embedded in the 2025 CMS Age-Friendly hospital measure within the Patient Vulnerability domain—the first federal payment policy to formalize Mentation-aligned screening requirements (Adler-Milstein et al., 2025).

TARGET POPULATION: The 4Ms are appropriate for healthy and frail older adults across the continuum of care, including ambulatory, inpatient, post-acute, and long-term care settings. Some practitioners say age-friendly care is good care for everyone.

VALIDITY AND RELIABILITY: The 4Ms are increasingly recognized as a reliable and valid framework for assessing and guiding care of older adults across care settings and provider types. Consumers and clinicians are adopting the 4Ms as a tool to structure clinical encounters and decisions (Fick & Fulmer, 2026; Howe et al., 2025).

STRENGTHS AND LIMITATIONS:

Strengths:

- Evidence-informed, systematically refined by geriatric experts.
- Applicable across clinical settings and easily integrated into workflows.
- Associated with positive outcomes in participating health systems.

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Limitations:

- Continued need for rigorous, patient-centered research on implementation strategies (e.g., deprescribing trials).
- Variable uptake across institutions; measurement and reporting standards continue to evolve.
- Longitudinal and large-scale outcome data remain limited for some interventions.

IMPLEMENTATION AND IMPACT: Early adopters report system-level improvements in care processes and selected outcomes; as of summer 2026, nearly 6,000 health settings have been recognized for age-friendly care. Ongoing policy changes (e.g., CMS measures) and growing implementation research are likely to further embed the 4Ms into standard practice.

MORE ON THE TOPIC:

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