



# **AGE-FRIENDLY PHARMACY: AN INITIATIVE OF THE AMERICAN SOCIETY OF CONSULTANT PHARMACISTS**

**Guide for Recognition of Age-Friendly Pharmacy  
(January 2026)**





## Acknowledgments

This work was made possible by The John A. Hartford Foundation, a private, nonpartisan, national philanthropy dedicated to improving the care of older adults.

The Guide for Recognition of Age-Friendly Pharmacy was developed by the American Society of Consultant Pharmacists (ASCP) in cooperation with The Peter Lamy Center for Drug Therapy and Aging at the University of Maryland School of Pharmacy (UMB). Portions of this guide are adapted from the Institute for Healthcare Improvement's (IHI) Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices, developed as part of the Age-Friendly Health Systems movement in partnership with The John A. Hartford Foundation. The 4Ms Framework (What Matters, Medication, Mentation, and Mobility) is an evidence-based approach to improving care for older adults across the continuum.

IHI leads the Age-Friendly Health Systems movement, which supports health care organizations in reliably delivering 4Ms care in a wide range of settings, including hospitals, outpatient clinics, nursing homes, convenient care, home health, and other community-based settings. Additional implementation guides and resources for these settings are available at [IHI.org/agefriendly](https://www.ihi.org/agefriendly).

ASCP is a nonprofit association of pharmacists and pharmacies that manage medications of older people and the medically complex. ASCP is an international organization with members located in all 50 states, Puerto Rico, and 12 countries. The society's mission is to promote healthy aging by empowering pharmacists with education, resources, and innovative opportunities.

Founded in 1969, ASCP is a 501(c)(6) non-profit organization based in Alexandria, Virginia. The ASCP Foundation is a 501(c)(3) non-profit organization; its purpose is to carry out the charitable – including scientific, literary, and educational – purposes of ASCP.

This Age-Friendly Pharmacy recognition bore out of collaboration with UMB and Community Pharmacy Enhanced Services Network (CPESN). ASCP is thankful to The Alliance for LTC Pharmacy@Home, Community Pharmacy Enhanced Services Network (CPESN), The John A. Hartford Foundation and the Peter Lamy Center on Drug Therapy and Aging at the University of Maryland, School of Pharmacy.

To provide feedback on the Guide, ask questions, share progress, or learn more about Age-Friendly Pharmacy, please send an email to: [agefriendly@ascp.com](mailto:agefriendly@ascp.com).



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## Introduction

This guide is designed to help pharmacy teams prepare for, test, and implement a specific set of evidence-based or evidence-informed age-friendly care practices referred to as the Age-Friendly 4Ms Framework. This guide provides recommendations for how to implement age-friendly pharmacy practices. Worksheets are designed to be practical and easy to use in daily practice.

Any pharmacy can be Age-Friendly. This recognition identifies pharmacies that provide high-quality care for older adults across all care settings and levels of medical complexity.

## Age-Friendly Health Systems

The United States population is aging and becoming increasingly diverse. As of 2020, 1 in 6 people in the US is an older adult — that is, an individual age 65 years or older — with that proportion growing over the preceding 10 years faster than it has in more than a century.<sup>1</sup> From 2010 to 2020, the share of older adults who identify as Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, multiple races, or some other race other than White grew from 15 percent to 23 percent, while the Hispanic or Latino population of older adults increased from nearly 7 to nearly 9 percent.<sup>2</sup> As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while receiving care in the health system. Older adults from historically marginalized communities suffer from disparate treatment that negatively influences health outcomes. To address these challenges, in 2017, The John A. Hartford Foundation (JAHF) 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.

According to our definition, age-friendly care:

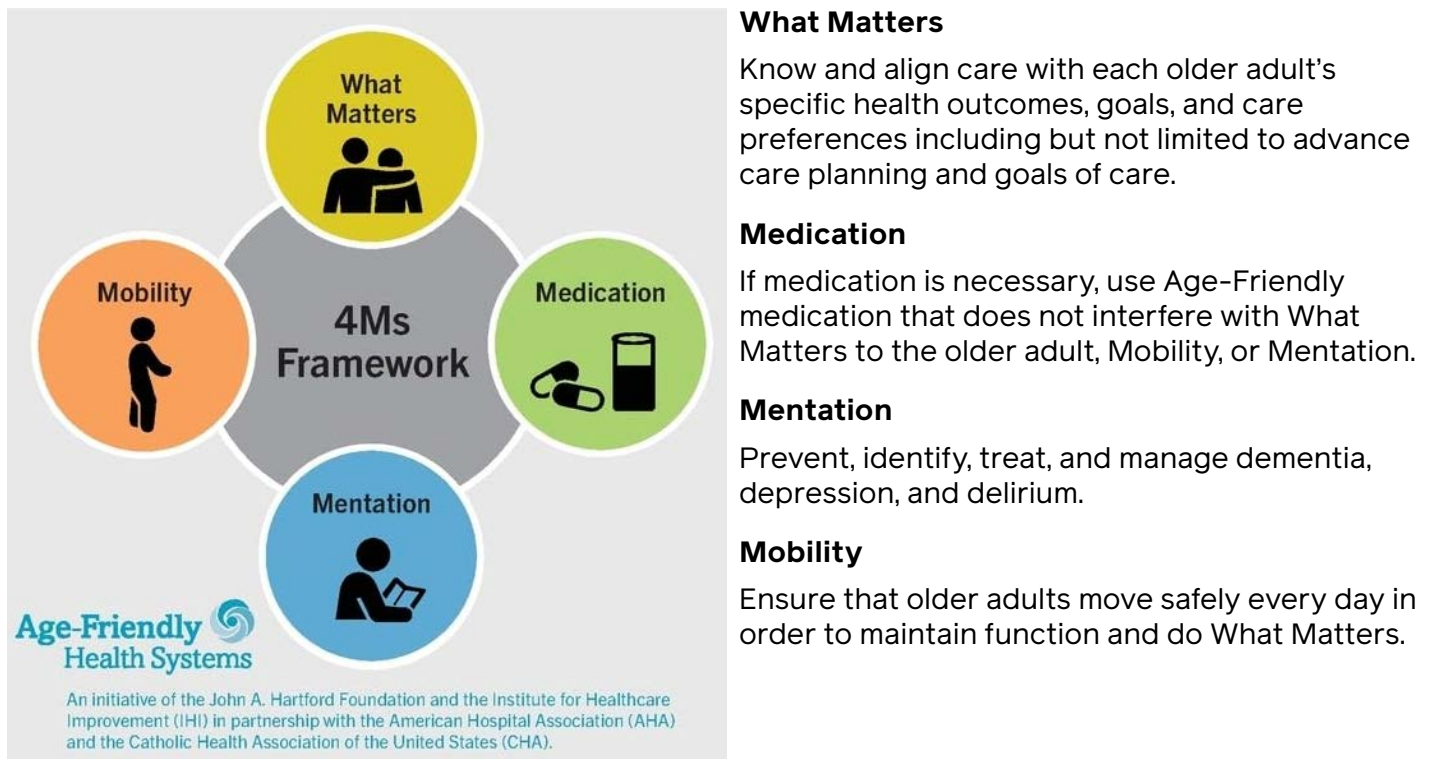
- Follows an essential set of evidence-based practices;
- Causes no harm; and
- Aligns with What Matters to older adults and their care partners.

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Becoming an Age-Friendly Pharmacy entails reliably providing a set of four evidence-based elements of high-quality equitable care, known as the “4Ms,” to older adults in your pharmacy. When implemented together, the 4Ms represent a broad shift by pharmacists and pharmacies to focus on the needs of older adults (see Figure 1). Portions of this guide are adapted from the Institute for Healthcare Improvement’s (IHI) Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices, developed as part of the Age-Friendly Health Systems movement in partnership with The John A. Hartford Foundation. The 4Ms Framework (What Matters, Medication, Mentation, and Mobility) is an evidence-based approach to improving care for older adults across the continuum.

IHI leads the Age-Friendly Health Systems movement, which supports healthcare organizations in reliably delivering 4Ms care in a wide range of settings, including hospitals, outpatient clinics, nursing homes, convenient care, home health, and other community-based settings. Additional implementation guides and resources for these care settings are available at [ihi.org/agefriendly](http://ihi.org/agefriendly).

**Figure 1. 4Ms Framework of an Age-Friendly Health System**



The 4Ms — What Matters, Medication, Mentation, and Mobility — make complex care of older adults more manageable. The 4Ms identify core issues that should drive care and decision making with older adults. The 4Ms organize care and focus on an older adult’s wellness and strengths rather than solely on disease. The 4Ms are relevant regardless of an older adult’s individual disease(s). They apply regardless of the number of functional problems an older adult may have; that person’s cultural, ethnic, or religious background; or their socioeconomic status.<sup>3</sup>



The 4Ms are a framework, not a program, to guide care of older adults wherever and whenever they come into contact with a health system's care and services. The intent is to equitably incorporate the 4Ms into existing care, rather than layering them on top, in order to organize efficient delivery of effective care. This integration is achieved primarily through redeploying existing resources. Many pharmacies may already provide care aligned with one or more the 4Ms for many older adults. New work involves organizing care equitably so that all 4Ms, as a set of evidence-based practices, guide every encounter with every older adult, and when appropriate, their family or other designated care partners.

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## Centers for Medicare & Medicaid Services (CMS) Age-Friendly Hospital Measure

### Domains

Beginning in January 2025, [CMS added an Age-Friendly measure](#) to Inpatient Hospital Quality Reporting requirements.<sup>4</sup> All participating hospitals are required to report on all elements within five domains, depicted below that map to the original AFHS 4Ms framework. Data are being collected and will be made publicly available on Medicare Care Compare.

<b>CMS Age Friendly Measure Domains (from the Federal Register) and the 4Ms</b>	
<b>Domain</b>	<b>Crosswalk to 4Ms</b>
<b>Eliciting patient healthcare goals:</b> This domain focuses on obtaining patients' health-related goals and treatment preferences, which will inform shared decision-making and goal-concordant care.	What Matters
<b>Responsible medication management:</b> This domain aims to optimize medication management by monitoring the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.	Medication
<b>Frailty screening and intervention:</b> This domain aims to screen patients for geriatric issues related to frailty, including cognitive impairment/delirium, physical function/mobility, and malnutrition, for the purpose of early detection and intervention where appropriate.	Mentation, Mobility, and Medication
<b>Social vulnerability:</b> This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.	What Matters, Mentation
<b>Age-friendly care leadership:</b> This domain seeks to ensure consistent quality of care for older adults through the identification of an age-friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.	All 4Ms, including measuring the 4Ms and sustaining 4Ms care

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## Age-Friendly Pharmacy Criteria

Using the 4Ms framework, the American Society of Consultant Pharmacists working with the University of Maryland Peter Lamy Center on Drug Therapy and Aging, and The Alliance for LTC Pharmacy@Home, developed Age-Friendly Pharmacy Criteria.<sup>5</sup> ASCP Age-Friendly Pharmacy is offering participation in Community Pharmacy Enhanced Services Network (CPESN).<sup>6</sup>

The Age-Friendly Pharmacy Criteria shown below specify services and capabilities necessary for providing services to medically complex older adults **in any care setting**, including home. Pharmacies must directly provide services outlined in the five domains or establish arrangements with other partners to augment their core services. For example, a pharmacy may collaborate in order to provide availability of medication 24/7 or intravenous if needed for a patient.

Domain	Age-Friendly Pharmacy Criteria
<p><b>What Matters</b></p> <p><b>Eliciting Patient Healthcare Goals:</b> A process has been developed, adopted and implemented for ensuring that patient goals and treatment preferences are obtained, assessed, acted upon, and documented.</p>	<ul style="list-style-type: none"> <li>• Process established to assess and act on medication appropriateness based on lifestyle, personal goals, comorbidities, and cognitive and physical function.</li> <li>• Process established to assess patient's level of independence in medication administration and adherence</li> <li>• Process in place to document patient's preferred medication packaging and delivery schedule</li> <li>• Provide specialized packaging, i.e., blister pack, patient-preferred days' supply</li> <li>• Process established for compounded medications (e.g., injectable, intravenous, topical)</li> <li>• Supply alternative medication formulations</li> <li>• Provide 24/7 pharmacist access and emergency medication services</li> <li>• Process to provide emergency medication services e.g., skilled nursing facility e-kit, hospice emergency supplies, after-hours emergency procedures</li> <li>• Deliver medications according to the needs of the patient</li> </ul>
<p><b>Medication</b></p> <p><b>Responsible Medication Management:</b> A process has been established for optimizing medication management and assessing for potentially inappropriate medications (PIMs).</p>	<ul style="list-style-type: none"> <li>• Process in place to integrate and act on medication management services, e.g., comprehensive medication review, medication regimen review.</li> <li>• Procedures in place to monitor medications (e.g. remote, digital) as well as address medication issues such as: recalls, new safety warnings, dose limits, drug interactions.</li> <li>• Procedures in place to communicate medication related problems</li> <li>• Procedures in place to provide age-friendly resources and education to older adults and their caregivers about medication management programs, adherence packaging, age-appropriate immunizations, and other programs</li> <li>• Established reporting capabilities for medication utilization trends</li> </ul>
<p><b>Mobility and Mentation</b></p> <p><b>Screening and Intervention:</b> A process has been developed, adopted and implemented to assess for cognitive impairment, mobility, and nutrition</p>	<ul style="list-style-type: none"> <li>• Procedures in place for assessing, documenting, and acting on cognitive status, mobility, and nutrition (e.g., Food is Medicine)</li> <li>• Process in place to integrate screening into medication management practices, e.g., comprehensive medication review, medication regimen review (MRR)</li> </ul>

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Domain	Age-Friendly Pharmacy Criteria
<p>What Matters and Mentation</p> <p><b>Social Vulnerability:</b> A process has been developed, adopted, and implemented to recognize and address social issues that impact older adults.</p>	<ul style="list-style-type: none"> <li>• Social determinants of health (SDoH) screening being incorporated as part of medication management process, e.g., PRAPARE (Patient-Reported Assessment of Social Determinants of Health and Assets and Resilience), (Appendix G)</li> <li>• Programs have been identified as well as procedures to act on SDoH screening (e.g., referral to additional community-based programs)</li> <li>• Referral to appropriate community resources or agencies occurs for older adults suspected of or at risk for mistreatment, e.g., emotional, physical, financial, neglect.</li> </ul>
<p>All 4Ms</p> <p><b>Age-Friendly Care Leadership:</b> Pharmacy has identified a champion and/or team in the pharmacy to ensure compliance with age-friendly care processes.</p>	<ul style="list-style-type: none"> <li>• Evidence of staff training and continued adherence to Age-Friendly 4Ms approach.</li> <li>• Staff are motivated to attain and maintain Age-Friendly designation (Badge).*</li> <li>• Majority (&gt; 50%) of pharmacists are Age-Friendly or board-credentialed geriatric pharmacists*</li> <li>• Designated pharmacist champion of the Age-Friendly process for each pharmacy site (brick and mortar).</li> <li>• Inclusion of older adults and/or caregivers (e.g., nurse at a skilled nursing facility can be considered as caregiver) perspectives to help in Age-Friendly efforts.</li> </ul>
<p>*Criterion is not specified in the CMS Age-Friendly Hospital measure but was added to reinforce the expectation that pharmacists providing services to older people will have undergone Age-Friendly training and demonstrated competency through attainment of the Age-Friendly Pharmacist Badge offered through ASCP.</p>	

Some of the steps that can take the longest are getting the pharmacists recognized as Age-Friendly as this entails 6 hours of “free” continuing pharmacy education through ASCP [learning.ascp.com/cw/catalog](https://learning.ascp.com/cw/catalog), establishing 24/7 medication availability, and establishing contractual relationships, where needed, with pharmacists who can perform comprehensive medication reviews, communicate irregularities to prescribers, and document improvements in medication management for older adults. Planning is encouraged to account for these steps.

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## Benefits of Becoming an Age-Friendly Pharmacy

Improving care for older adults with organized, evidence-based care is the principal tenet of being an Age-Friendly Pharmacy. Using the 4Ms framework helps staff to deliver Age-Friendly care more reliably, consistently, and effectively. Nursing homes have reported increased patient/resident satisfaction which can lead to improved quality measure scores. Improvements in patient/client satisfaction scores may contribute to increased business when drawing older people to the pharmacy.

In the process of fulfilling the Age-Friendly domains outlined by CMS and achieving Age-Friendly Pharmacy recognition through ASCP, pharmacies will have the option to join a network that is part of a successful model of reimbursement for clinical pharmacist services through CPESN. Recognition as an Age-Friendly Pharmacy is anticipated to leverage tiered dispensing fees from payers for augmented services beyond community medication dispensing for aging individuals, i.e., The Alliance for LTC Pharmacy@Home (<https://www.pharmacyathome.org>). As the next several million adults age to 65 years and older, as many as 78.2 million adults could become eligible for institutional nursing home services or comparable care at home.<sup>7</sup>

Age-Friendly Pharmacy recognition gives public recognition of pharmacies and pharmacists as accessible, trusted, and healthcare providers responsive to the needs of people as they age.

To obtain the Age-Friendly Pharmacy Recognition pharmacies will:

- Secure an ASCP business membership;
- Attest to achievement of Age-Friendly criteria; and
- Document that > 50% of pharmacists have achieved Age-Friendly recognition (Badge) or are board-certified geriatric pharmacists (BCGP).

The Age-Friendly Pharmacy recognition requires the ability to meet the Age-Friendly Pharmacy Criteria, which includes the capability of delivering long-term care pharmacy at home services. CMS criteria for long-term care pharmacy at home services can be found at: <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/ltcguidance.pdf>



## APPENDICES

### Implementing Age-Friendly Pharmacy Care

A plan for integrating Age-Friendly Pharmacy Care for each patient has a number of steps. We recognize that the approach to meet the criteria can be unique to the pharmacy seeking recognition. The pages that follow correspond to each step and provide templates (worksheets) as a guide your team can use but they are not required should you choose to prepare using a different path or templates.

#### **Step 1/Worksheet 1. Assemble and Prepare the Team; Begin to Outline an Approach (Worksheet in Appendix B)**

- Select a team of pharmacists and pharmacy technicians who will lead the pharmacy in adoption and implementation of Age-Friendly care
- Identify and include 1 -2 patients and/or their caregivers (e.g., nurses of skilled nursing facilities may be considered caregivers) who can participate on the team
- Establish a Champion who will lead the team; good communication skills
- Arrange meeting days, times, and locations to meet based on team member availability (virtual meetings may be more convenient for patients/caregivers)
- Determine how to communicate with patients and/or caregivers about age-friendly care and the 4Ms in order to engage the support of the community

#### **Step 2/Worksheet 2. Support Pharmacist Attainment of Age-Friendly Pharmacist Badge (Worksheet in Appendix C)**

- Educate pharmacy staff about the Age-Friendly Badge and what it means to provide Age-Friendly Pharmacy Care
- Encourage staff to complete requirements for Age-Friendly Pharmacist recognition (Digital Badge through ASCP)

#### **Step 3/Worksheet 3. Review, Discuss, and Understand Current Age-Friendly Goals, Practices, and Workflows in the Pharmacy (Worksheet in Appendix D)**

- Inventory current pharmacy practices to identify areas that will need to be adapted or changed in order to implement Age-Friendly Care
- Describe how the team plans to test, adapt, and implement changed practices going forward

#### **Step 4/Worksheet 4. Sequence the Process: Start with One Patient then Test Process Over Two Days (Worksheet in Appendix E)**

- Start by providing Age-Friendly care to one patient/caregiver
- Refine processes in response to findings
- Test in a few patients/caregivers and refine processes again
- Provide Age-Friendly practices to medically complex or adults 65 years of age and older for two days and document the results
- Reflect, Optimize, and Expand Delivery of Age-Friendly Care
- The team reflects on the two-day experience, identifies and implements improvements in processes
- Create a timeline to expand age-friendly practices for medically complex or patients 65 years and older and/or their caregivers

#### **Step 5/Worksheet 5. Next Steps: Improve and Sustain Consistent Age-Friendly Care (Worksheet in Appendix F)**

- Identify necessary actions to deliver age-friendly care when issues arise
- Monitor on-going contractual relationships to ensure continuity of services

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## Appendix A. Age-Friendly Pharmacy Attestation Form

The form below outlines details of the attestation that pharmacies will complete on-line when applying for Age-Friendly Pharmacy recognition. It may be helpful to print this form for the team to refer to the components in aggregate.

### AGE-FRIENDLY PHARMACY ATTESTATION FORM

Date of Completion: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Address of Pharmacy: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_ Owner of Pharmacy/Lead: \_\_\_\_\_

Pharmacy Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Corporation: \_\_\_\_\_ City, State of Corporation: \_\_\_\_\_  
(if pertinent)

Key Contact at Pharmacy: _____ (if different than Owner/Lead)	
Phone Number: _____	Email Address: _____

### Adherence to Age-Friendly Pharmacy Criteria

For each statement below, please indicate whether or not your pharmacy is adherent to the attestation statement. Please select Pending in instances where efforts may be underway to establish the practice outlined in the attestation statement but have not yet been achieved. Pharmacies have a 120-day period in which to complete adherence to the statements.



Domain	Attestation Statements	No	Pending*	Yes
<p><b>What Matters</b></p> <p><b>1: Eliciting Patient Healthcare Goals</b></p> <p>A process has been developed, adopted, and implemented to ensure that patient goals and treatment preferences are obtained, assessed, acted upon, and documented.</p>	<p>A) Established protocols are in place to ensure patient goals related to healthcare are documented</p> <p><input type="checkbox"/> process established to assess medication appropriateness based on lifestyle, personal goals, comorbidities, and cognitive function and mobility,</p> <p><input type="checkbox"/> process established to assess and act on patient's/resident's level of independence in medication administration and adherence,</p> <p><input type="checkbox"/> process in place to document patient's preferred medication packaging and delivery schedule</p> <p><input type="checkbox"/> provide 24/7 pharmacist access and emergency medication services</p> <p><input type="checkbox"/> specialized packaging available, i.e., blister pack, patient preferred days' supply</p> <p><input type="checkbox"/> process for compounded medications (e.g., injectable, intravenous, topical)</p> <p><input type="checkbox"/> process to provide emergency medication services, e.g., skilled nursing facility e-kit, hospice emergency supplies, after-hours emergency procedures</p> <p><input type="checkbox"/> ability to supply alternate medication formulations</p> <p><input type="checkbox"/> deliver medications according to the needs of the patient</p> <p><input type="checkbox"/> These goals are updated upon significant changes in clinical status.</p>			
<p><b>Medication</b></p> <p><b>2: Responsible Medication Management</b></p> <p>A process has been established to optimize medication management and assess for potentially inappropriate medications (PIMs).</p>	<p>A) Medications are optimized</p> <p><input type="checkbox"/> pharmacy obtains and maintains inventory needed by patients</p> <p><input type="checkbox"/> pharmacy employs or contracts with a pharmacist tasked with medication management, e.g., comprehensive medication management, medication regimen review (MRR).</p> <p><input type="checkbox"/> procedures are in place to monitor medications (e.g., remote, digital) as well as address medication management issues such as drug recalls, new safety warnings, dosage limits, and drug interactions.</p> <p><input type="checkbox"/> procedures are in place to communicate medication-related problems to prescribers.</p> <p><input type="checkbox"/> procedures are in place to provide age-friendly resources and education to older adults and their caregivers about medication management programs, adherence packaging, age-appropriate immunizations, and other programs</p> <p><input type="checkbox"/> pharmacy has established reporting capabilities for medication utilization trends</p>			
<p><b>Mentation, Mobility</b></p> <p><b>3: Screening and Intervention</b></p> <p>A process has been developed, adopted and implemented to screen and act on cognition and mobility impairment, and nutrition.</p>	<p>(A) Patients are screened for cognitive impairment, mobility concerns, and nutrition (e.g., Food is Medicine)</p> <p><input type="checkbox"/> procedures are in place to assess, act on, and document cognition, mobility, and nutrition.</p> <p><input type="checkbox"/> processes are in place to integrate screening into medication management practices (e.g., comprehensive medication review, medication regimen review (MRR)).</p>			

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Domain	Attestation Statements	No	Pending*	Yes
<p><b>What Matters, Mentation</b></p> <p><b>4: Social Vulnerability</b> A process has been developed, adopted, and implemented to recognize and address social issues that impact older adults</p>	<p>(A) Older adults are screened for geriatric specific social vulnerability using a validated tool, e.g., PRAPARE  <input type="checkbox"/> social determinants of health (SDoH) screening is incorporated as part of medication management.  <input type="checkbox"/> programs have been identified as well as procedures to act on SDoH screening, e.g., referral to additional community-based services.</p> <p>(B) Positive screens for social vulnerability (including those that identify patients at risk of mistreatment) are  <input type="checkbox"/> referred to appropriate agencies.</p>			
<p><b>All 4Ms</b></p> <p><b>5: Age-Friendly Care Leadership</b> Pharmacy has identified a champion and/or team in the pharmacy to ensure compliance with age-friendly care processes.</p>	<p>(A) Our pharmacy demonstrates  <input type="checkbox"/> evidence of staff training and continued adherence to age-friendly pharmacy 4Ms approach.  <input type="checkbox"/> staff is motivated to attain and maintain Age-Friendly designation (Badge)*  <input type="checkbox"/> designated pharmacist champion of the Age-Friendly process.  <input type="checkbox"/> inclusion of older adults and/or caregivers (e.g., nurse at a skilled nursing facility can be considered a caregiver) perspectives to help in Age-Friendly efforts.  <input type="checkbox"/> greater than 50% of pharmacists have attained age-friendly recognition or are board-credentialed geriatric pharmacists.            Total number of employed pharmacists _____ (last 6 months)            Provide the names of recognized Age-Friendly or board-credentialed geriatric pharmacists.</p> <hr/> <hr/> <hr/> <hr/>			

Modified for application to age-friendly pharmacy recognition, March 10, 2025. Developed by Marlys Sandve McDevitt, MSN, CRNP, Luminis Health Institute for Healthy Aging and Evelyn Ivy W. Mwangi, MBChB, MPH, CMD, FACP, Geriatric Hospitalist, Luminis Health, Clinical Assistant Professor, Department of Medicine, GWU School of Medicine and Health Sciences.

\*Pharmacies attesting to the criteria as “pending” have up to 120 days to fulfill the requirement. Failure to fulfill the criterion will lead to denial of Age-Friendly Pharmacy Recognition. Pharmacies are encouraged to provide an explanation or rationale for their approach to fulfilling criteria, if appropriate.



**Appendix B. Step 1/Worksheet 1. Assemble and Prepare the Team; Outline an Approach**

Teams that include certain roles or functions are most likely to succeed. Pharmacy technicians and patients and/or caregivers (e.g., nurses in skilled nursing facilities may be considered caregivers) should always be included on the team. Patients and/or caregivers do not have to attend all team meetings but should be available when establishing the approach and when results from testing are available.

Role	Name	Contact Info (phone, email)	Best Day(s)/ Time(s) to Meet	Best Location to Meet, including Virtual
Champion (Lead)				
Pharmacy Director/Owner				
Pharmacist(s)				
Technician(s)				
Prescriber				
Patient				
Caregiver				
Other				

**Arrange Days, Times, and Locations for the Team to Meet**

**Because of the desire to integrate the observations and recommendations of individuals that work outside the pharmacy or live in the community, virtual meetings should be considered to accommodate everyone's availability.**

Proposed Day of the Week for Meetings/Times: \_\_\_\_\_

Locations (plus Virtual, e.g., Zoom, Teams): \_\_\_\_\_

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## Appendix B. Step 1/Worksheet 1. Assemble and Prepare the Team, page 2

Responsibilities of Team Members	
Team Members	Role(s)
Champion (Lead)	This person champions, authorizes, and supports team activities, as well as engages senior leaders and other groups within the pharmacy to remove barriers and support implementation efforts. This person coaches pharmacists to complete the steps for becoming an Age-Friendly Pharmacist.
Pharmacy Director/Owner	This person makes and communicates the decision to become an Age-Friendly Pharmacy to staff and facilitates the efforts of the Champion by ensuring necessary resources are provided to the Team. They may need to make or approve accommodations in scheduling for meeting and planning time.
Pharmacist(s)	These individuals inform the team of current practices and inventory gaps that will be addressed to qualify as an Age-Friendly Pharmacy. They should have open lines of communication with other pharmacists and technicians in the pharmacy.
Technician(s)	Technicians are often the individuals who communicate directly with patients and/or caregivers and nursing home staff or other consumers. They contribute essential knowledge regarding workflow and What Matters to patients.
Prescriber	At least one influential prescriber should be included on the team, preferably an individual who provides care to older adults in the community and nursing homes. Their expectations regarding the provision of care to their patients can significantly strengthen the likelihood of successful implementation.
Older Adult Patient/Caregiver	Older adults and caregivers bring critical expertise to any improvement team. They have a different experience with the pharmacy than prescribers and can often identify key issues. For patients in skilled nursing facilities, nurses may be considered caregivers.
Other(s)	Individuals in contractual relationships with the pharmacy to provide comprehensive medication reviews, medication optimization, drug use evaluation and other clinical services should be represented on the team. If the pharmacy uses a courier service for medication delivery or an on-call pharmacy for after-hours provision of medications should be represented on the team to ensure that resulting workflow changes can be accommodated. Students, pharmacy interns, and other ancillary personnel often augment care delivery of several pharmacy employees. Clients, such as nursing home administrators, or nurse managers should be included on teams when services will be delivered to post-acute and long-term care facilities.

### Communication Approaches: Getting the Word Out

“We wish we would have taken more opportunity to let people know about the journey we were starting. It could have helped us get stronger buy-in earlier on.” – Nursing Home Administrator

Communicating about the team's work to implement Age-Friendly care for patients is a good way to get buy-in from the staff and build awareness among staff who will be engaged in this work going forward.

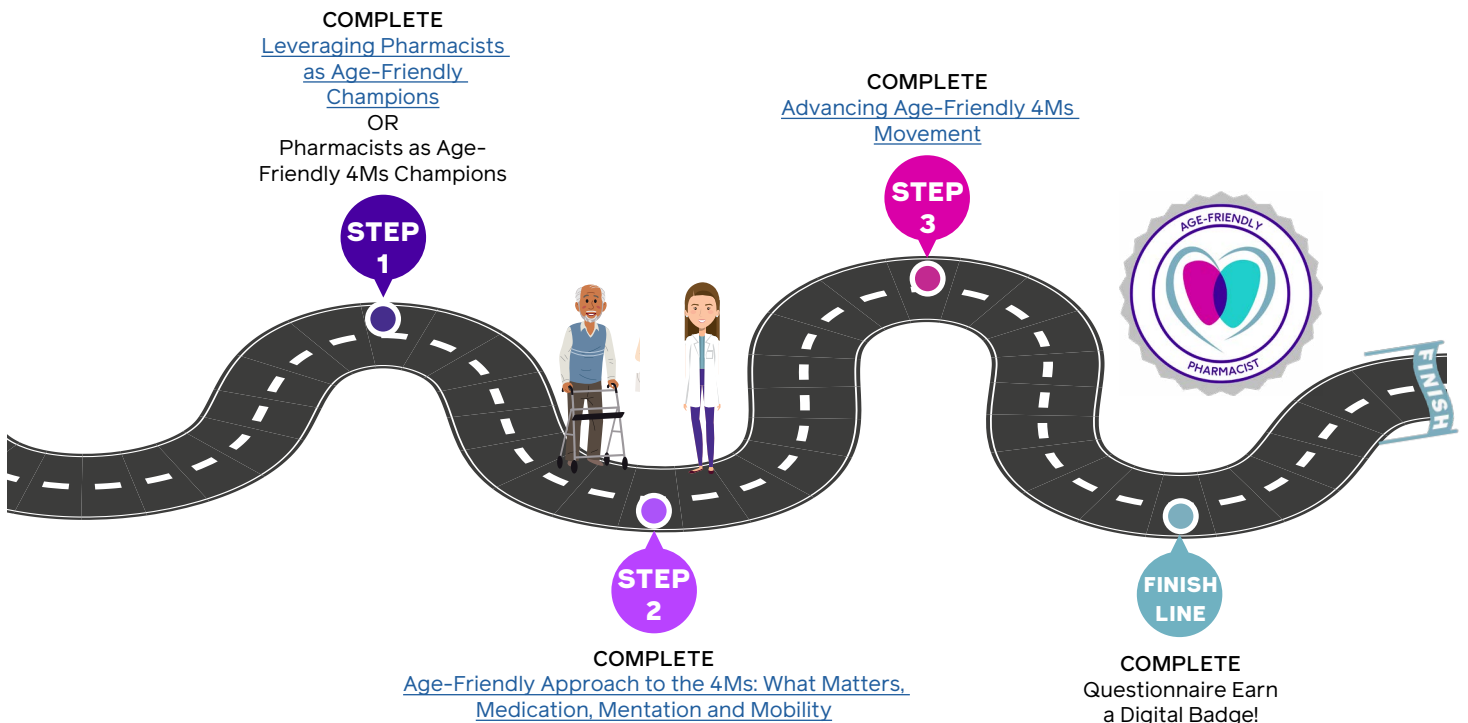
#### Approaches to Communicate about this Work

- Share meeting slides or handouts/notes
- Identify speakers that can share stories about the effectiveness and benefits of providing Age-Friendly Pharmacy Care
- Have a patient, resident, or caregiver discuss what matters most to them and how the pharmacy can help to ensure positive experiences
- Invite other staff members to join meetings as time permits (everyone should feel a part of the process)



## Appendix C: Step 2/Worksheet 2. Support Pharmacist Attainment of Age-Friendly Badge

To help older adults and those who care for them navigate the complexities of managing medications and how they affect what matters to them, their mentation and mobility, this initiative will incorporate the expertise of long-term care pharmacies and pharmacists who specialize in the care of older adults into the [Age-Friendly Health Systems](#) movement. Funding from [The John A. Hartford Foundation](#) supports the [American Society of Consultant Pharmacists](#) (ASCP) to educate and foster pharmacy champions in the Age-Friendly Health Systems 4Ms Framework. ASCP will partner with the [Peter Lamy Center on Drug Therapy and Aging](#) to champion age-friendly care and optimal medication management.



Age-Friendly Pharmacist Champions #Pharmacists4Ms [www.ascp.com/agefriendly](http://www.ascp.com/agefriendly)

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## Appendix D: Step 3/Worksheet 3. Review, Discuss, and Understand Current Age-Friendly Goals, Practices, and Workflows in the Pharmacy

In order to understand changes in pharmacy practices and workflows that may need to change to facilitate provision of Age-Friendly Pharmacy Care, it may be helpful to evaluate the Age-Friendly Pharmacy Measures and service requirements and compare them to what is the current practice in the pharmacy. For example, if a pharmacy has a delivery service, but only between the hours of 9 am and 7 pm, they may need to coordinate extended hours with their current driver/courier or contract with an after-hours courier for deliveries of medication between the hours of 7 pm and 9 am the next morning. Pharmacy team members may find it useful to complete the worksheet below and to identify how they will provide service solutions for gaps in their current workflow processes.

Capability	Process in Place Currently Y/N	Proposed Solution	Responsible Party
Business Membership with ASCP			
<b>Ensure that patient goals and treatment preferences are obtained</b>			
Assess and document patient's capability for independent medication administration, preferred packaging, and delivery requirements			
Provide specialized packaging, e.g., blister pack, patient preferred days' supply			
Process for compounded medications (e.g., injectable, intravenous, topical)			
Supply alternative medication formulations			
Provide 24/7 pharmacist access and emergency medication services			
Deliver medications according to the needs of the patient			
<b>Optimize medication management to avoid inappropriate medications</b>			
Obtain and maintain inventory needed by patients			
Conduct medication management, e.g., medication regimen review (MRR) or comprehensive medication management, or contract with a pharmacist tasked with these functions			
Monitor medications remotely			
Communicate medication irregularities to prescribers			

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Capability	Process in Place Currently Y/N	Proposed Solution	Responsible Party
Communicate with/educate patients and/or caregivers			
Provide reporting capabilities regarding medication utilization trends			
Perform drug recalls, disseminate new safety warnings, dosage limits, and drug interactions			
<b>Ensure that a process is in place to screen and intervene on cognitive or mobility impairment, and nutrition</b>			
Screening for cognitive impairment, mobility impairment, and nutrition			
Acting on findings of cognitive impairment, mobility impairment and nutrition			
<b>Ensure that a process is in place to recognize and address social issues that impact older adults</b>			
Screening for social issues that impact What Matters and Mentation			
Programs and procedures have been identified to act on social issues			
Referral to appropriate community resources or agencies for people suspected of or at risk for mistreatment, e.g., Elder Abuse			
<b>Ensure compliance with all 4Ms</b>			
A champion or team is established in the pharmacy to ensure compliance with 4Ms			
<b>Ensure staff provide Age-Friendly Pharmacy services</b>			
Greater than 50% of pharmacists have attained Age-Friendly recognition or are board-certified geriatric pharmacists			



## Appendix E: Step 4/Worksheet 4. Interactive Learning and Improvement of the Process: Start with One Patient then Test Process Over Two Days

Select one patient and/or caregiver (e.g., nurse in a skilled nursing facility may be considered a caregiver) to apply the Age-Friendly Pharmacy practices and assess what went well and what the Team will focus on for improvement. Use information from the following worksheet to summarize the experience. At the next Team meeting, process steps can be modified to improve the efficiency or outcomes associated with each component of the Age-Friendly Pharmacy Care processes.

Patient ID Number	
Why was this person selected?	
Which components of Age-Friendly Pharmacy Practice did this person receive?	
What went well?	
What issues (if any) were encountered and how were they resolved?	
What practices need to change for future older adults?	
Does the entire pharmacy staff know this person's preferences and goals of care?	
Does the entire pharmacy staff know how this person wants to receive their medications?	
Are any of this person's medications compounded or intravenous?	
Were this person's medications considered appropriate or were there potentially inappropriate medications (PIMs) identified? How were PIMs resolved and communicated?	
Did a pharmacy staff member conduct medication management or was it conducted by a contracted (external) pharmacist?	
Were any SDoH identified that needed to be resolved? How were they handled?	
Was the person referred for community social services?	

After refining pharmacy procedures in response to the experience gained with one patient/resident and/or caregiver, the Team should select two days (they can be separated or together) to provide Age-Friendly practices to adults 65 years of age and older. Note that all procedures associated with Age-Friendly Pharmacy Care do not have to be performed/delivered at the same time. For example, medication regimen review with resolution of identified PIMs may occur monthly rather than daily. The Team should document what works well and where further improvements may be needed to deliver Age-Friendly Pharmacy Care.

Pharmacies can consider scaling up Age-Friendly services by starting with an individual pharmacist and then adding in additional staff that will be involved in providing Age-Friendly services.

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## Appendix F: Step 5/Worksheet 5. Next Steps: Improve and Sustain Consistent Age-Friendly Care

One of the keys to success in delivering Age-Friendly Pharmacy Care is being able to identify actions as may become needed to address issues that arise. The pharmacy should designate an individual who can assume responsibility for decision-making regarding issues that can arise so they can be handled efficiently without interrupting or slowing other aspects of the pharmacy workflow.

As the pharmacy begins offering Age-Friendly services to larger numbers of their patients/residents and/or caregivers, it may be helpful to have contact information of key partners readily available or displayed for pharmacy staff. You may want to use the worksheet that follows to list key contacts and their roles in Age-Friendly Pharmacy Care.

Capability	Name of Person Responsible	Company Name	Telephone Number	Address
In-Pharmacy Age-Friendly Pharmacy Lead				
Delivery (Courier) Service				
After-Hours Delivery (Courier) Service				
Compounding Pharmacy				
Medication Management				
Other				

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## **Appendix G: Screening Tools for Cognition, Mobility, Nutrition, and Social Determinants of Health**

Some recommended screening tools for cognition, mobility, nutrition, and social determinants of health are provided for pharmacies to use in screening older adults. These tools are not considered prescriptive but have been recommended by the Institute for Healthcare Improvement at: [https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Guide-Nursing-Homes\\_March28-2022.pdf](https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Guide-Nursing-Homes_March28-2022.pdf).

### **Cognition**

#### **A. Dementia Detection**

1. [Standardized Mini-Cog®](#)
2. [Saint Louis University Mental Status \(SLUMS\) Exam](#)
3. [Montreal Cognitive Assessment \(MoCA\)](#)

#### **B. Delirium Detection**

1. [Ultra-Brief 2-item Screener \(UB-2\)](#)
2. [CAM and its variations](#)

#### **C. Depression Detection**

1. [Patient Health Questionnaire – 2 \(PHQ-2\)](#)
2. [Patient Health Questionnaire – 9 \(PHQ-9\)](#)
3. [Geriatric Depression Scale \(GDS\)](#)

### **Mobility**

1. [Timed Up and Go \(TUG\)](#)
2. [Stopping Elderly Accidents, Deaths & Injuries \(STEAR\)](#)

### **Nutrition**

1. [Mini Nutritional Assessment \(MNA®\)](#)

### **Social Determinants of Health**

1. [Protocol for Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#)
2. [Health-Related Social Needs Screening \(HRSN\)](#)
3. [Social Needs Screening Tool \(SNST\) References](#)

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