

December 22, 2023

Partnership for Quality Measurement
505 King Avenue
Columbus, OH 43201

Re: Support for Age-Friendly Hospital Measure (MUC 2023-196) in the CMS Hospital Inpatient Quality Reporting (IQR) Program

Dear Members of the 2023-2024 Pre-Rulemaking Measure Review (PRMR) Committee Hospital Workgroup:

On behalf of the over 84,000 members of the American College of Surgeons (ACS), we appreciate the opportunity to support the inclusion of the Age Friendly Hospital Measure (MUC 2023-196) in the CMS Hospital Inpatient Quality Reporting (IQR) Program. This is a new type of measure, a “programmatically composite” measure that considers the full program of care needed for geriatric patients in the hospital. Developed in partnership with the ACS, the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP), this measure is meant to help build a better, safer environment for older adults and will help patients and caregivers know where to find good care.

The US population is rapidly aging, and the US healthcare system struggles to care for older adults. Based on 2019 US Census data, the 65-and-older population grew by over a third since 2010, and by 2030 this population is estimated to grow to 72 million (20 percent of the total population).^{1,2} Over one third of all inpatient surgeries are performed on individuals over the age of 65, and frailty is associated with poor post-operative outcomes and increased surgical cost of care.^{3,4,5,6} One study showed that only 25 percent of older adults undergoing high risk surgery had advance care plans documented.⁷ This is even more profound for patients of low socioeconomic status.⁸ Hospitals are increasingly faced with older patients who have complex medical, physiological, and psychosocial needs that are often inadequately addressed by the current healthcare infrastructure.

¹ United States Census Bureau. 65 and Older Population Grows Rapidly as Baby Boomers Age. 2020. CB20-99. Accessed December 1, 2023. <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>.

² ProximityOne. Demographic Characteristics of the Population Age 65 & Over. Accessed December 1, 2023. <https://proximityone.com/demographics65up.htm>.

³ Deiner S, Westlake B, Dutton RP. Patterns of Surgical Care and Complications in the Elderly. *J Am Geriatric Soc*. 2014;62(5):829-835. doi: 10.1111/jgs.12794

⁴ Collard RM, Boter H, Schoevers RA, Oude Voshaar RC. Prevalence of frailty in community-dwelling older persons: a systematic review. *J Am Geriatr Soc*. 2012;60(8):1487-1492. doi: 10.1111/j.1532-5415.2012.04054.x

⁵ Nidadavolu LS, Ehrlich AL, Sieber FE, Oh ES. Preoperative Evaluation of the Frail Patient. *Anesth Analg*. 2020;130(6):1493-1503. doi: 10.1213/ANE.0000000000004735

⁶ Wilkes JG, Evans JL, Prato BS, Hess SA, MacGillivray DC, Fitzgerald TL. Frailty Cost: Economic Impact of Frailty in the Elective Surgical Patient. *J Am Coll Surg*. 2019;288(6):861-870. doi: 10.1016/j.jamcollsurg.2019.01.015

⁷ Tang VL, Dillon EC, Yang Y, et al. Advance Care Planning in Older Adults with Multiple Chronic Conditions Undergoing High-Risk Surgery. *JAMA Surg*. 2019;154(3):261-264. doi:10.1001/jamasurg.2018.4647

⁸ Waite KR, Federman AD, McCarthy DM, et al. Literacy and Race as Risk Factors to Low Rates of Advance Directives Among Older Adults. *J Am Geriatric Soc*. 2013; 61(3):403-406. doi: 10.1111/jgs.12134

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To meet the needs of Medicare patients, traditional facility and clinician measures fall short. Current measures fail to incentivize care teams along with facilities to coordinate care for geriatric patients. They also do not provide the public with information on where to seek good, safe geriatric care. What follows is a synopsis of the details that brought forth the programmatic measurement concept. We layout the efforts that bring together the diverse aspects of a care team into quality as a program around the age-friendly needs of patient in facility settings. These details are important so those evaluating the Age Friendly Hospital Measure have a complete understanding of the objective for these patients.

The Age Friendly Hospital Measure (MUC 2023-196) is an updated measure that combines two measures previously reviewed by the National Quality Forum's (NQF) Measures Application Partnership (MAP) in 2022: the Geriatrics Hospital Measure (MUC-2022-112) and the Geriatrics Surgical Measure (MUC-2022-032). While the MAP Hospital Workgroups were very supportive of both measures, they conditionally supported the Geriatrics Surgical Measure with mitigating factors: 1) combining the two geriatric measures into a single measure that is less burdensome, or 2) focusing on only one measure. In the 2024 Inpatient Prospective Payment System (IPPS) proposed rule, CMS highlighted the need for a comprehensive measure that addresses the aging population during hospital stays and solicited comments on the measure concept. Based on this feedback, ACS submitted the Age Friendly Hospital Measure that now includes domains which target high-yield points of intervention for older adults—Eliciting Patient Healthcare Goals, Responsible Medication Management, Frailty Screening and Intervention (i.e., Mobility, Mentation, and Malnutrition), Social Vulnerability (social isolation, economic insecurity, ageism, limited access to healthcare, caregiver stress, elder abuse), and Age-Friendly Care Leadership. The new measure encourages hospital systems to reconceptualize the way they approach care for older patients with multiple medical, psychological, and social needs at highest risk for adverse events. It also puts an emphasis on the importance of defining patient (and caregiver) goals not only from the immediate treatment decision, but also for long-term health and aligning care with what the patient values. The measure concept has support across organizations who care for older adults and was recently highlighted in *Health Affairs*.⁹

The Age Friendly Hospital Measure is based on a framework developed by a modified Delphi method, receiving input from over 50 national organizations representing a wide variety of healthcare providers and administrators, healthcare insurers and regulators, and most importantly, patients and caregivers. The multistakeholder group identified a clinical construct based on evidence and best practices that provides goal-centered, clinically effective care for older adult patients. As a result, this programmatic measure consists of structural and process measures which address all six Institute of Medicine domains (safe, effective, patient-centered, timely, efficient, equitable), and is comprehensive across the full spectrum of geriatric care. Surgery, the emergency department (ED), and hospitalization (in general) were targeted because this is where older adults are especially vulnerable. The measure incentivizes hospitals to take an integrated approach to the care of older adults by implementing multiple data-driven modifications to the entire clinical care pathway from the emergency department to the operating room to the inpatient units and beyond.

⁹ Snyder RE, Fulmer T. The Need for Geriatrics Measures. *Health Affairs*. April 14, 2023. Accessed December 1, 2023. <https://www.healthaffairs.org/content/forefront/need-geriatrics-measures>.

The concept behind the programmatic measure is based on several decades of history implementing programs that demonstrably improve patient care provided by the team of providers along with the facility. This approach encourages hospitals and providers to see older patients not as isolated data points to be narrowly focused on, but rather as whole, complex individuals who require a multidisciplinary, all-encompassing approach to their care. It incorporates elements of IHI's Age-Friendly Health Systems program, known as the 4Ms (What Matters, Medications, Mentation, Mobility) and standards from the Geriatric Emergency Department Accreditation (GEDA) framework developed by ACEP. ACEP's GEDA standards improve the care of the geriatric population in the ED and allocate health care resources, optimize admission and readmission rates, decrease iatrogenic complications, and decrease extended length of stay due to complications. There is also a demonstrated cost savings during hospitalization in programs with Geriatric Surgical Pathways (GSPs) which align with ACS Geriatric Surgical Verification (GSV) standards.¹⁰ Ultimately, the Age Friendly program is designed to leverage the team's ability to define a problem and improve. Instead of one measurement area, the entire range of potential problems as described by safe, timely, effective, efficient, equitable and patient-centered (STEEEP) care come together for an age-friendly program.¹¹

The surgical components of the Age Friendly Hospital Measure are based on key elements of the ACS GSV program. Implementing a GSP such as the GSV program has demonstrated a 46 percent decrease in Loss of Independence (LOI) and 19 percent decrease in major complications, and decreased length of stay (LOS) in frail patients.¹² The GSV uses the same four-part model ACS Quality Model, that includes 1. standards, 2. infrastructure, 3. data, and 4. Verification across all ACS quality programs, including Trauma Center Verification Program, the Commission on Cancer (CoC), and the Metabolic and Bariatric Surgery Verification program which have demonstrated improvements in patient care.^{13,14,15,16,17,18,19} The Age Friendly Hospital Measure is the latest iteration of a quality program to address the current public health challenge facing the aging population—the elements of responsibility, accountability, and data-driven improvement are programmatically applied to the latest iteration of our population.

Components of the Age Friendly Hospital Measure have been implemented nationally, demonstrating feasibility and usability of the measure. As of 2023, over 3400 sites of care participate in IHI's Age-Friendly Health Systems recognition in the movement, and GEDA

¹⁰ Ehrlich AL, Owodunni OP, Mostales JC, et al. Implementation of a Multispecialty Geriatric Surgery Pathway Reduces Inpatient Cost for Frail Patients. *Ann Surg.* 2023;278(4):e726-e732. doi: 10.1097/SLA.0000000000005902

¹¹ Mangum CD. Journey to STEEEP healthcare: A focus on systems through a patient's experience. *Curr Probl Pediatr Adolesc Health Care.* 2023;53(8):101461. doi: 10.1016/j.cppeds.2023.101461

¹² Ehrlich AL, Owodunni OP, Mostales JC, et al. Early Outcomes Following Implementation of a Multispecialty Geriatric Surgery Pathway. *Ann Surg.* 2023;277(6):e1254-e1261. doi: 10.1097/SLA.0000000000005567

¹³ MacKenzie EJ, Rivara FP, Jurkovich GJ, et al. A National Evaluation of the Effect of Trauma-Center Care on Mortality. *N Engl J Med.* 2006;354(4):366-378. doi: 10.1056/NEJMsa052049

¹⁴ Nguyen NT, Nguyen B, Nguyen VQ, Ziogas A, Hohmann S, Stamos MJ. Outcomes of Bariatric Surgery Performed at Accredited vs. Nonaccredited Centers. *J Am Coll Surg.* 2012;215(4):467-474. doi: 10.1016/j.jamcollsurg.2012.05.032

¹⁵ Morton JM, Garg T, Nguyen N. Does hospital accreditation impact bariatric surgery safety? *Ann Surg.* 2014;260(3):504-508. doi: 10.1097/SLA.0000000000000891

¹⁶ Baidwan NK, Bachiasvili V, Mehta T. A meta-analysis of bariatric surgery-related outcomes in accredited versus unaccredited hospitals in the United States. *Clin Obes.* 2020;10(1):e12348. doi: 10.1111/cob.12348.

¹⁷ Berger ER, Wang CE, Kaufman CS, et al. National Accreditation Program for Breast Centers Demonstrates Improved Compliance with Post-Mastectomy Radiation Therapy Quality Measure. *J Am Coll Surg.* 2017;224(3):236-244. doi: 10.1016/j.jamcollsurg.2016.11.006

¹⁸ Miller ME, Bleicher RJ, Kaufman CS, et al. Impact on Breast Center Accreditation on Compliance with Breast Quality Performance Measures at Commission on Cancer-Accredited Centers. *Ann Surg Oncol.* 2019;26(5):1202-1211. doi: 10.1245/s10434-018-07108-7

¹⁹ Winchester DP. The National Accreditation Program for Breast Centers: quality improvement through standard setting. *Surg Oncol Clin N Am.* 2011; 20(3):581-586. doi: 10.1016/j.soc.2011.01.011

verified programs are across 470 sites. ACS currently has thousands of delivery systems participating in programs with measures that follow the same framework as the Age Friendly Hospital Measure—over 60 hospitals participate in the ACS GSV program, and components of the GSV programs are in more than 500 ACS verified Trauma centers and 1500 CoC sites, to name a few. The GSV program has also been successfully implemented in multiple rural hospitals, showing that it is feasible to meet these standards in various care settings.

The ACS appreciates the opportunity to share our support for the Age Friendly Hospital Measure and its inclusion in the CMS Hospital IQR program. The measure is a critical piece in the optimization of care for older patients by using a holistic approach to create a quality program that better serves the needs of this unique population. We believe this measure will help build a better, safer environment for the geriatric patient and when the information is shared publicly will help patients and caregivers know where to get good care that is in line with their values. A hospital designation that displays that the hospital has taken steps to prioritize care for older adults will help geriatric patients and their families confidently search for care that meets their needs.

Sincerely,



Patricia L. Turner, MD, MBA, FACS
Executive Director and CEO