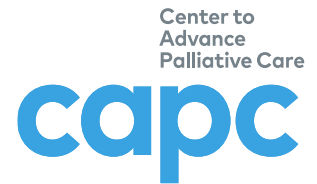


December 19, 2023



Re: Support for the Age Friendly Hospital Measure (MUC2023-196) in the CMS Hospital Inpatient Quality Reporting (IQR) Program

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To Whom It May Concern:

The Center to Advance Palliative Care (CAPC) is a national organization dedicated to ensuring that all persons living with serious illness have access to high-quality care that addresses their symptoms and stresses, including access to specialty palliative care services. A strong and consistent evidence base indicates that palliative care – delivered from the point of diagnosis, before a patient is at the end of life – [improves quality of life](#), [reduces caregiver and clinician burden](#), and [reduces avoidable utilization and spending](#).

We write to express our support for the inclusion of the Age Friendly Hospital Measure in the CMS Hospital Inpatient Quality Reporting (IQR) Program. This is a new type of measure, a “programmatic composite” measure, that considers the full program of care needed for geriatric patients. It was developed by the American College of Surgeons (ACS), the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP) and is designed to assure Medicare that the conditions surrounding frailty in the geriatric population are brought into focus, and that patients and their families can find high quality care.

According to current analyses being conducted, as much as 80 percent of Medicare hospitalizations are for beneficiaries with serious illness diagnoses, and yet most hospitals do not have the requisite processes and capabilities to ensure high-quality care for this population. Indeed, [surveys of seriously ill patients and their family caregivers](#) have found that the US health care system itself is exacerbating their struggles, and can contribute to physical, emotional, and financial suffering.

The shortcomings in caring for older individuals are also reflected in current quality measurement efforts, which are disjointed and siloed. Current measures fail to incentivize care teams and facilities to coordinate care for geriatric patients and don’t provide the public with information on where to seek good, safe geriatrics care.

In response to this gap in care, the Geriatrics Hospital Measure and the Geriatrics Surgical Measure were created as “programmatic composite” measures that identify clinical frameworks based on evidence-based best practices to provide goal-centered, clinically effective care for older patients. Based on feedback from the National Quality Forum’s Measures Application Partnership (MAP), ACS submitted a new single combined measure, the Age-Friendly Hospital Measure. The new streamlined measure now includes domains which target high-yield points of intervention for older adults—Eliciting Patient Healthcare Goal, 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), Age-Friendly Care Leadership. Importantly, the measures put an emphasis on the importance of defining patient and caregiver goals for both the immediate treatment decision and the long-term health and aligning care with what the patient values – [one of the proven methods to improve care quality](#) for those facing serious illness.

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 surgical 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 Geriatrics Emergency Department Accreditation (GEDA) framework developed by the American College of Emergency Physicians (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. The programmatic approach is modeled after ACS quality programs, which lead to demonstrable improvements in patient outcomes across a broad range of populations.

Components of the Age-Friendly Hospital Measure have been implemented nationally, demonstrating feasibility and usability of the measure(s). As of February 2023, there are over 3,400 sites of care that participate in IHI's Age-Friendly Health Systems and GEDA verified programs across 470 sites. ACS currently has thousands of delivery systems participating in programs with measures that follow the same framework as the Geriatrics Surgery Measure—over sixty hospitals participate in the ACS GSV program, and components of the GSV programs are in more than 500 ACS verified Trauma centers, and 1,500 Commission on Cancer sites, to name a few. The GSV pilot program completed in eight hospitals [demonstrated that all GSV standards could be feasibly implemented](#) across differing environments with varying resources.

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Thank you for the opportunity to submit these comments. Please do not hesitate to contact me or Stacie Sinclair, Associate Director of Policy (Stacie.Sinclair@mssm.edu) if we can provide any further assistance.

Sincerely,



Allison Silvers
Chief, Health Care Transformation