December 15, 2023

Partnership for Quality Measurement
505 King Avenue
Columbus, OH 43201

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

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

Along with the John Hartford Foundation and their partners I write to express 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, which considers the full program of care needed for geriatric patients in the hospital. Developed in partnership with the American College of Surgeons (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 their family caregivers know where to find best care.

The US population is rapidly aging, and the US health care 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 patients 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 health care infrastructure. In response to this gap in care, the Age-Friendly measure was created and built on evidence-based best practices to provide-centered, clinically effective care for older patients.

The Age-Friendly Hospital measure is an updated measure that combines two measures previously reviewed by the National Quality Forum's 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 Geriatric Surgical Measure with mitigating factors: 1) combining the two geriatrics measures into a single measure that is less burdensome, or 2) focusing on only one measure. In the 2024 IPPS proposed rule, CMS highlights the need for a comprehensive measure that addresses the aging population during hospital stays and solicited

[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

comments on the measure concept. The measure concept has support across organizations who care for older adults and was recently highlighted in *Health Affairs*.[9]

Based on this feedback, 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), 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 who are at highest risk for adverse events. It also puts an emphasis on the importance of defining patient and family caregiver goals not only from the immediate treatment decision, but also for long-term health and aligning care with what the patient values.

The concept behind the programmatic measure is based on several decades of history implementing programs that demonstrably improve patient care provided by the clinical team along with the facility. The Age-Friendly Hospital Measure incorporates The John A. Hartford Foundation and the IHI's Age-Friendly Health Systems' framework known as the 4Ms (What Matters, Medication, Mentation, Mobility), standards from the Geriatric Emergency Department Accreditation (GEDA) criteria developed from guidelines endorsed by the American Geriatrics Society, the Emergency Nurses Association, the Society for Academic Emergency Medicine and the American College of Emergency Physicians (ACEP), and ACS Geriatric Surgical Verification (GSV) standards. The programmatic approach is modeled after ACS quality programs, which lead to demonstrable improvements in patient outcomes across a broad range of populations.

I appreciate the opportunity to share our strong support for the Age-Friendly Hospital measure for inclusion in the CMS Hospital IQR program. The measure is a critical piece in the optimization of care for older patients using a holistic approach to create a quality program that better serves the needs of this unique population. I know these measures will help build a better, safer environment for the geriatric patient, and when the information is shared publicly, it will help patients and caregivers know where to get best care that is in line with their values.

Sincerely,

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[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.

Additional Background

Developed in partnership with the ACS, IHI, and ACEP, the Age-Friendly Hospital Measure is meant to assure Medicare that the conditions surrounding frailty in the geriatric population are brought into focus and that geriatric patients and their families know where to find good care.

The Age-Friendly Hospital Measure was developed with the Modified Delphi method, receiving input from more than fifty organizations, including the ACS. The multistakeholder group identified a clinical construct based on evidence and best practices that provides goal-centered, clinically effective care for older 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, and hospitalization (in general) were targeted because this is where older adults are especially vulnerable.

Evidence in the Literature

ACEP's GEDA standards improve the care of the older adult 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 surgical components of the Age-Friendly measure use the four-part ACS Quality Model, which includes 1) standards, 2) infrastructure, 3) data, and 4) verification. Programs with Geriatrics Surgical Pathways (GSPs) have demonstrated a reduction in the loss of independence (LOI) in patients greater than 65, decrease in major complications in patients greater than 65, and a decreased length of stay in frail patients.[10] There is also a demonstrated cost savings during hospitalization in programs with GSPs which align with ACS-GSV standards.[10, 11]

Additionally, the most recognized of the ACS programs are the Trauma Center Verification Program, the Commission on Cancer (CoC), and the Metabolic and Bariatric Surgery Verification program. Evidence in peer-reviewed literature demonstrates that mortality in verified trauma centers is statistically lower than in non-verified centers; bariatric surgical care in verified bariatric centers (MBSAQIP – Metabolic and Bariatric Surgical Quality Improvement Program) has lower mortality, lower costs, lower complications, and lower failure-to-rescue (FTR); and breast cancer care is statistically superior in verified breast cancer centers.[12,13,14,15,16,17,18]

[10] 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

[11] 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

[12] 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

[13] 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

[14] 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

[15] Baidwan NK, Bachiashvili 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.

[16] 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

[17] 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

[18] 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