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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:

The John A. Hartford Foundation and our partners 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 “programmatically 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).<sup>1,2</sup> 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.<sup>3,4,5,6</sup> One study showed that only 25 percent of patients undergoing high risk surgery had advance care plans

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<sup>1</sup> 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>.

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

<sup>3</sup> 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

<sup>4</sup> 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

<sup>5</sup> 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

<sup>6</sup> 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

documented.<sup>7</sup> This is even more profound for patients of low socioeconomic status.<sup>8</sup> 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 comments on the measure concept. The measure concept has support across organizations who care for older adults and was recently highlighted in *Health Affairs*.<sup>9</sup>

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.

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<sup>7</sup> 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

<sup>8</sup> 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

<sup>9</sup> 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>.

We 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. We believe 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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Program, The John A. Hartford Foundation



Terry Fulmer, PhD, RN, FAAN, President,  
The John A. Hartford Foundation

### **Partner Organizations**

- The American Geriatrics Society
- Center to Advance Palliative Care (CAPC)
- The Coalition to Transform Advanced Care (C-TAC)
- Gary and Mary West Health Institute
- Gary Epstein-Lubow, MD, Distinguished Medical Scholar, Education Development Center
- The Geriatric Emergency Department Collaborative (GEDC)
- The Institute of Aging at the University of Texas Health Science Center at Houston
- Jennie Chin Hansen, Independent consultant to the Hirsch Philanthropy Partners
- National PACE Association
- Patient Priorities Care Initiative
- Peter Lamy Center on Drug Therapy and Aging, University of Maryland School of Pharmacy
- RRF Foundation for Aging