

February 14, 2024  
Partnership for Quality Measurement  
505 King Avenue  
Columbus, OH 43201

## RE: 2024 Hospital Measure Under Consideration Final Recommendations

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

On behalf of our nearly 40,000 members, the American College of Emergency Physicians (ACEP) appreciates the opportunity to comment on the 2024 Hospital Measure Under Consideration Final Recommendations. Our comments pertain specifically to MUC023-196, the Age Friendly Hospital Measure, which reached a 73.68 percent vote for recommendation.

Developed in partnership with the American College of Surgeons (ACS), the Institute for Healthcare Improvement (IHI), and ACEP, the Age Friendly Hospital Measure is an initial strategic step to promote system thinking and cross-specialty actions that are essential for care coordination and collaboration between geriatricians and geriatric-based specialty care. It addresses high-priority areas for older patients using evidence-based process measures and the associated structural foundations necessary to support these clinical processes, including incorporation of IHI's Age-Friendly Health Systems program known as the 4Ms (What Matters, Medications, Mentation, and Mobility), standards from ACEP's Geriatric Emergency Department Accreditation (GEDA) framework, and ACS Geriatric Surgical Verification (GSV) standards.

The measure centers on the care of older adults in a facility, focusing on surgery, the emergency department (ED), and hospitalization (in general). These areas were targeted because this is where older adults are especially vulnerable: more than 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>1,2,3,4</sup> 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 pathway from the ED to the operating room to inpatient units and beyond.

Components of the Age Friendly Hospital Measure have been implemented nationally,

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#### WASHINGTON, DC OFFICE

901 New York Ave, NW  
Suite 515E  
Washington DC 20001-4432

202-728-0610  
800-320-0610  
www.acep.org

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<sup>1</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>2</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>3</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>4</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

demonstrating feasibility and usability of the measure. As of 2023, more than 3400 sites of care participate in IHI's Age-Friendly Health Systems recognition in the movement, and 470 sites feature GEDA-verified programs. ACS currently has thousands of delivery systems participating in programs with measures that follow the same framework as the Age Friendly Hospital Measure—more than 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. The GSV program has also been successfully implemented in multiple rural hospitals, demonstrating that it is feasible to meet these standards across a wide variety of care settings.

### **History of Age-Friendly Measure Revisions and Reviews**

CMS has highlighted the need for a comprehensive measure that addresses the aging population during hospital stays. To support this effort, the Agency solicited comments on the measure concept in the 2024 Inpatient Prospective Payment System (IPPS) proposed rule.

In congruence with CMS' interest in measures that address the aging population, 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's) Measures Application Partnership (MAP) in 2022: the Geriatrics Hospital Measure (MUC-2022-112) and the Geriatrics Surgical Measure (MUC-2022-032). The MAP Hospital Workgroups were very supportive of both measures and 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.

Based on feedback received from the 2022 MUC process and FY 2024 IPPS proposed rule public comment, ACS, in collaboration with IHI and ACEP, developed the Age Friendly Hospital Measure to streamline the previous measures and reduce burden. The measure 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 measure encourages hospital systems to rethink how they approach care for older patients with multiple medical, psychological, and social needs at highest risk for adverse events. It also emphasizes the importance of defining patient (and caregiver) goals.

The measure concept has received broad support across organizations who care for older adults and was recently highlighted in [Health Affairs](#). During the first round of PRMR comments, the Committee received a total of 25 public comments on the Age Friendly Hospital Measure, with 20 comments in support of the measure and four in opposition. The ACS also submitted a sign-on letter that included signatures from 16 organizations that supported the implementation of the measure in the Hospital IQR.

We strongly encourage the Committee Hospital Workgroup to reconsider endorsing the Age Friendly Hospital Measure for recommendation. We appreciate the opportunity to provide comments. If you have any questions, please contact Erin Grossmann, ACEP's Manager of Regulatory and External Affairs, at [egrossmann@acep.org](mailto:egrossmann@acep.org).

Sincerely,



Aisha T. Terry, MD, MPH, FACEP  
ACEP President