February 16, 2024

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 90,000 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 Centers for Medicare & Medicaid Services (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 in the hospital. The measure was developed in partnership with the ACS, the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP), to help build a better, safer environment for older adults and support patients and caregivers when seeking where to find good care.

In 2022, the ACS, ACEP, and IHI submitted two measures to the National Quality Forum's (NQF) Measures Application Partnership (MAP): 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. Based on this feedback, ACS submitted the updated Age Friendly Hospital Measure that includes domains that are more streamlined and 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.

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Feedback on the PRMR process

Beginning in 2023, the MUC review process transitioned from the NQF MAP to Battelle and was re-named the Pre-Rulemaking Measure Review (PRMR) process. The new process, like the past, included hearing sessions, public comment periods, and the PRMR Hospital Recommendation Group Meeting. One major difference between the MAP and the PRMR processes is the threshold set for recommendation committee voting. Similar to previous years, the recommendation committee can vote to "recommend," "recommend with conditions," or "do not recommend" a measure to CMS for future inclusion in a CMS quality reporting program. In the past, for the committee's vote to reach consensus and a recommendation to be passed on to CMS, the threshold was set at 60 percent of the vote. However, beginning in 2023-2024, the consensus threshold was raised significantly, so a measure would need 75 percent of the vote in a category for a recommendation to be made. As a result of this adjustment, twenty measures, including the Age Friendly Hospital Measure, reviewed through the PRMR process did not receive a final recommendation. For example, the Age Friendly Hospital Measure received 16 votes for recommendation of the measure, resulting in a 73.68 percent vote to recommend the measure. However, this decision did not reach consensus with the new 75 percent threshold for consensus. Only two measures received enough votes to reach consensus in the "recommend" category. Given this, we ask why the change in threshold was made, and how CMS will move forward with measures that did not reach consensus?

From the ACS perspective, the increase in threshold is arbitrary and should be reconsidered to be fit for purpose. We appreciate setting high standards, but when the bar for change is set too high it can be a barrier to the desired change. The nation is currently struggling to align incentives with the right thing to do for the patient—and to get us there, meaningful change is needed. We need innovation in the quality measure space by thinking outside the typical way we do things. To ACS, the high threshold appears to be a manifestation of the resistance to change.

We also disagree with the decision to combine the votes in the "recommend" and "recommend with conditions" categories to meet the consensus threshold. We feel that these categories should be weighted in a way that prioritizes measures that receive the majority of votes in the recommendation category. There should be a distinction between measures that are primarily recommended and those that received mitigating factors to the recommendation status. Finally, we seek clarity on Battelle's process. When reviewing the final recommendations, there is a wide range of reasons why a measure is not recommended; do CMS and Battelle take into consideration these issues, such as philosophical concerns versus issues with validity and/or feasibility?

Response to Committee comments

During the 2023-2024 PRMR Hospital Recommendation Committee Meeting, the Age Friendly Hospital Measure received broad support from the committee. The committee recognized the value of the measure for patients and their caregivers and its ability to advance patient-centered, age friendly care in the facility setting. Comments by a committee member also supported the structure of the measure, stating that the measure will push hospitals to focus on geriatric care and will benefit public reporting efforts. Within the discussion, committee members highlighted additional philosophical concerns with

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structural measures and three issues with the measure: (1) the lack of specificity to elderly patients; (2) the validity of the attestations; and (3) the value of reporting performance scores separately instead of or in addition to combining the domains into one score. Our responses to these issues are as follows.

(1) ***lack of specificity to elderly patients***

The Committee discussed why the domains—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—were selected for this population and why they were selected for age friendly care. Some committee members stated that the areas addressed by these domains are important to all patients, not only elderly patients. While we understand that actions such as managing medications, screening for frailty, and understanding patient goals should be done in care for all populations, there is evidence they are not regularly occurring in care for elderly patients. 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. This measure was developed to highlight the specific needs of elderly patients and help hospitals begin to build care teams, processes, and structures that will result in better care in this population.

Furthermore, traditional facility and clinician measures have fallen short in meeting the needs of elderly patients. 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. These domains were selected because evidence shows that understanding patient goals, screening for frailty and social vulnerability, and managing medications and post-operative delirium are essential to achieving good outcomes in this vulnerable population.

(2) ***the validity of the attestations***

Some members of the committee questioned the efficacy and validity of structural attestation measures, stating that outcome measures would be preferred. In response to these concerns, Donabedian has taught us we cannot rely only on outcome measures—especially for one specific event at one time. Focusing on individual outcomes, such as falls, in a silo encourages hospitals to identify what they need to do to prevent one specific outcome. The Age Friendly Hospital Measure addresses that deficiency by outlining the critical areas and calling for system-level attestation rather than measures applied to every patient for every instance of care. This measure drives hospitals to first implement the constellation of process with the appropriate structures necessary to provide good care to older patients. After putting the measure in place, overall care and cost of care improve substantially because it synthesizes the full program necessary to help hospitals achieve better care for this population. The Centers for Disease Control (CDC) refers to systems thinking in its presentation, "An Introduction to Thinking in Systems," which aligns with the concept behind programmatic measures.[1] To effect change, we need the structure,

[1] Centers for Disease Control and Prevention. An Introduction to Thinking in Systems. YouTube. Published January 7, 2019. Accessed February 13, 2024. https://www.youtube.com/watch?v=Tbz1JsCGwbQ.

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process, and outcomes to come together. It is not enough to have them measured separately—it is their interactions and interrelatedness that will drive improvement resulting in fewer unintended consequences and ultimately result in the change we seek.

The IQR Program includes other attestation measures that are intended to increase awareness around priority areas with broad needs. As facilities become comfortable with the implementation of the necessary structures and processes, subsequent outcome measures that align with the program will be developed. This measure 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 good care that is in line with their values, as well as motivate hospitals to accurately portray their efforts.

(3) ***the value of reporting performance scores separately instead of or in addition to combining the domains into one score***

The ACS seeks clarity on this comment. Does the committee question the benefits of combining the domains into one score (as specified) versus reporting the performance scores separately? All items are attestation within the measure, so all domains would have a yes/no response. If this would be helpful for patients or caregivers seeking hospitals who are "Age Friendly," the attestation domains could be described in detail so that the public understands what standards have been met. Additionally, as described above, once hospitals have implemented the domains in the Age Friendly Hospital Measure, outcome measures that align with the program can be implemented.

Public Support for the Age Friendly Hospital Measure

The Age Friendly Hospital Measure has received broad support since the concept of geriatrics-focused programmatic measures was first introduced in 2022. Support for the measure has continued to grow as the measure was refined and streamlined into its current version. Most stakeholders understand that hospitals are struggling to optimize care for elderly patients and are extremely supportive of the measure's intent to shine a light on the needs of this patient population. This is highlighted in an article published in *Health Affairs* that describes support for the measure across organizations who care for older adults.[2] CMS has also made geriatric care a priority and has been supportive of the measure concept through all stages of development.

Over the last two years the ACS submitted sign on letters to the 2022 NQF MAP review of the Geriatrics measures, a request for information (RFI) in the 2024 Inpatient Prospective Payment System (IPPS) proposed rule where CMS highlighted the need for a comprehensive measure that addresses the aging population during hospital stays, and the 2023 PRMR public comment. The measure has received diverse support with signatories representing hospital systems, patient advocacy groups, clinical quality collaborative, geriatric nursing groups, professional medical societies, and more. Details of each letter are described below.

- The sign on letter to 2022 NQF MAP in support of the Geriatrics Surgical and Geriatrics Hospital measures included signatures from 9 organizations.

[2] 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.

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- A sign on letter to the 2024 IPPS proposed rule RFI discussing the need for a comprehensive measure focused on geriatric care included signatures from 12 supporting organizations.
- A sign on letter to the 2023 PRMR public comment included signatures from 16 organizations that supported the implementation of the measure in the Hospital IQR.

During the 2023 PRMR public comment period, CMS 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. In addition to support for the intent of the measure, comments also supported elements of the measure that screen for malnutrition and social vulnerabilities in older adults and its holistic nature. One commenter stated that the measure will "prepare hospitals for the changing demographics and needs of an increasingly aging population… An age-friendly reframing will benefit not only the patients but also families, caregivers and health systems with improved outcomes and patient-centered care."

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. If you have any questions about our comments, please contact Jill Sage, Chief of Quality Affairs, at jsage@facs.org.

Sincerely,

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

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