

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

Attn: Centers for Medicare & Medicaid Services, Department of Health and Human Services

February 16, 2024

Mass General Brigham's health care system includes five nationally ranked hospitals, including two world-renowned academic medical centers, Massachusetts General Hospital and Brigham and Women's Hospital, as well as community hospitals, rural and critical access hospitals, and specialty hospitals. We bring our heritage of academic medicine to the patient care delivered at all the hospitals in our network.

The Mass General Brigham (MGB) Geriatrics Clinical Quality Collaborative is an interdisciplinary group that brings together geriatricians, physicians, nurses, physical therapists, and other leaders throughout the system to share best practices and collaborate to optimize care for older adults.

The MGB Geriatrics Clinical Quality Collaborative endorsed the Geriatrics Hospital Measure and the Geriatrics Surgical Measure in June 2023, as well as the updated measure in December 2023. We now write to express our continued support for the inclusion of the Age Friendly Hospital Measure (MUC 2023-196) in the CMS Hospital Inpatient Quality Reporting (IQR) Program.

The US population is rapidly aging, and the US health care system struggles to care for older adults. 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. The need for geriatrics-focused care is becoming the rule rather than the exception, and hospital systems and external agencies need to acknowledge that reality.

The shortcomings in caring for older individuals are also reflected in current quality measurement efforts, which are disjointed and siloed in nature. 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. One of the greatest challenges is that those with added geriatrics expertise and training do not receive additional support. Geriatrics training is rarely incentivized. Furthermore, in some institutions there is a lack of fully funded graduate medical education (GME) training positions. In practice, there is a lack of recognition and resources for this fundamental aspect of care delivery. In the spirit of diversity, equity, and inclusion efforts, this lack of recognition and resources brings about a question of differential care delivery.

The Age Friendly Hospital Measure was updated to combine the previously reviewed Geriatrics Hospital Measure and the Geriatrics Surgical Measures. CMS has highlighted a need for a comprehensive measure that addresses the aging population during hospital stays. This measure identifies high-yield points of intervention for older adults who are admitted to a hospital, an emergency department, or have a surgical procedure and encourage hospital systems to reconceptualize the way they approach their older patients with multiple medical, psychological, and social needs at highest risk for adverse events. Surgery, the emergency department, and hospitalization (in general) were targeted because this is where older adults are especially vulnerable.

Importantly, the measure puts an emphasis on the importance of defining patient (and caregiver) goals not only from the immediate treatment decision but also for long-term health and aligning care with what the patient values. The measure drives teams to transparently portray their quality and seek to continuously improve. They also can provide the public with information that reflects a care delivery team where the hospital and the related specialties are wired together in a meaningful way.

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 adult 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. The measure was developed through collaboration of the American College of Surgeons (ACS), the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP). It incorporates essential elements of IHI's Age-Friendly Health Systems program known as the 4Ms (What Matters, Medications, Mentation, Mobility), standards from ACEP's Geriatric Emergency Department Accreditation (GEDA) framework, and ACS Geriatric Surgical Verification (GSV) standards.

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

Several of our MGB hospitals have implemented or are currently working to implement IHI Age-Friendly, ACS GSV, and GEDA programs. Benefits have included increased prioritization of initiatives aimed at improving the health and clinical care of older adults, improved communication between clinical staff, and improved outcomes for patients, families, and

caregivers. By embedding geriatrics experts within the development and implementation of these programs, we have seen benefits translate into real-life outcomes.

The MGB Geriatrics Clinical Quality Collaborative appreciates the opportunity to share our continued support for the Age Friendly Hospital Measure for inclusion in the CMS Hospital IQR program. While a programmatic composite is not typical for CMS programs, these measures are 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. This is in keeping with the CMS national strategy for a Universal Foundation of quality measures. The MGB Geriatrics Clinical Quality Collaborative also suggests adding age-appropriate measures to the Universal Foundations, as many of the adult measures are not appropriate for frail elders. We believe these measures will help build a better, safer environment for the geriatric patient and will help patients and caregivers know where to get good care that is in line with their values.

Sincerely,

The Mass General Brigham Geriatrics Clinical Quality Collaborative