

THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA

February 14, 2024

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SHARON GAUTSCHY AAST Central Office 633 N. Saint Clair St., Suite 2600 Chicago, Illinois 60611 sgautschy@aast.org 800-789-4006 toll free 312-202-5252 direct 312-202-5064 fax www.aast.org website Dear Members of the Pre-Rulemaking Measure Review (PRMR) Final MUC Recommendation:

The Board of Managers of the American Association for the Surgery of Trauma want to express our support for the inclusion of the Age Friendly Hospital Measure (MUC 2023-196) 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 caregivers know where to find good care.

The US population is rapidly aging, and the US healthcare 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). 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. One study showed that only 25 percent of patients undergoing high risk surgery had advance care plans documented. 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 healthcare infrastructure. In response to this gap in care, the Age Friendly Hospital Measure was created and built on evidence-based best practices to provide patient-centered, clinically effective care for older patients.

The 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 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 new measure encourages hospital systems to reconceptualize the way they approach care for older patients with multiple medical, psychological, and social needs at highest risk for adverse events. It also 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 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 elements of IHI's Age-Friendly Health Systems program known as the 4Ms (What Matters, Medications, Mentation, Mobility), standards from the Geriatric Emergency Department Accreditation (GEDA) framework developed by 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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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. A hospital designation that displays that the hospital has taken steps to prioritize care for older adults will help geriatric patients and their families confidently search for care that meets their needs.

Sincerely:

Patrick Reilly, MD AAST President