



West Health Institute
10350 N Torrey Pines Road
La Jolla, CA 92037

16 February 2024

RE: MUC2023-196 Age Friendly Hospital Measure

To Whom it May Concern,

West Health is a family of nonprofit, nonpartisan organizations that combines applied medical research, policy analysis and grantmaking to improve care, lower costs and enhance the aging experience for all Americans. In our daily work, we collaborate with researchers, patients, healthcare providers and health insurers to study, develop and advance scalable, sustainable and more affordable healthcare delivery models that enable individuals to successfully age in place with optimal well-being.

We are grateful for the opportunity to support *MUC2023-196 Age Friendly Hospital Measure* incorporation into the 2025 Hospital Inpatient Prospective Payment Systems (IPPS) proposed rule within the Hospital Inpatient Quality Reporting (IQR) Program. West Health commends the Centers for Medicare & Medicaid Services (CMS) for this important initial step to encourage hospitals to provide high-value care for older patients.

Inclusion of *MUC2023-196 Age Friendly Hospital Measure* into the Hospital IQR Program aligns with West Health's mission to enable access to value-based health services that preserve and protect dignity, quality of life, and independence for older adults. *MUC2023-196 Age Friendly Hospital Measure* will require acute care hospitals to attest whether they meet specifications outlined within five mission-aligned domains:

- Domain 1- Eliciting Patient Healthcare Goals
- Domain 2- Responsible Medication Management
- Domain 3- Frailty Screening and Intervention
- Domain 4- Social Vulnerability
- Domain 5- Age Friendly Care Leadership

The components within each domain are clinical best practice with real-world evidence demonstrating improved care for older adults and reduced healthcare spending.^{i ii iii iv v}

Our medical research organization, the West Health Institute (WHI), conducts collaborative projects with healthcare organizations across the country. Our work with these partners exclusively focuses on the older adult population, providing us with firsthand knowledge about the care of Medicare beneficiaries nationwide. We have seen programs with the types of interventions advocated for in *MUC2023-196 Age Friendly Hospital Measure* positively impact patients and have witnessed that many of the structural elements and processes outlined within the components of this measure are already in place in hospitals across the country. In particular, our collaborations exploring implementation of the Geriatric Emergency Department model demonstrate that formalizing a best practice, such as screening for delirium, into hospital protocol ensures

clinicians are allocated sufficient time and resources to assess patients' needs and provide the appropriate level of care in response.

The expectations outlined within *MUC2023-196 Age Friendly Hospital Measure* will improve quality and should be in place to ensure value-based care for older adults. Medicare beneficiaries have a right to know which hospitals are practicing according to the highest standards of care. The protocols outlined within the five domains are evidence-based best practice, yet implementation is currently hospital dependent. Adoption of *MUC2023-196 Age Friendly Hospital Measure* as part of the Hospital IQR Program will encourage hospitals to implement the programmatic structure and processes required to meet these domains through policies and protocols, thereby incentivizing the domain components to become common practice. Public reporting of this measure on CMS' Care Compare website will ensure consumers have access to information to select high-quality care.

Evidence shows that in the field of healthcare, "what gets measured, gets done."^{vi} *MUC2023-196 Age Friendly Hospital Measure* attestation should result in investments to improve quality across the five domains. The national heterogeneity of practice regarding domain components is precisely why an attestation-based structural measure is an appropriate design. Many of the best-in-class health systems we partner with are already successfully doing much of this work across a variety of settings, from rural and safety-net facilities to large academic medical centers. Incorporation of *MUC2023-196 Age Friendly Hospital Measure* into the Hospital IQR Program will encourage these practices to be adopted across all health systems, not just those performing at the highest level, while simultaneously allowing sufficient flexibility for hospitals to meet the measure requirements.

Sincerely,



Tim Lash
President, West Health Institute

ⁱ Jovevski JJ, Smith CR, Roberts JL, et al. Implementation of a compulsory clinical pharmacist-led medication deprescribing intervention in high-risk seniors in the emergency department. *Acad Emerg Med.* 2023;30(4):410-419. doi:10.1111/acem.14699

ⁱⁱ Dresden SM, Hwang U, Garrido MM, et al. Geriatric Emergency Department Innovations: The Impact of Transitional Care Nurses on 30-day Readmissions for Older Adults. *Acad Emerg Med.* 2020;27(1):43-53. doi:10.1111/acem.13880

ⁱⁱⁱ Haynesworth A, Gilmer TP, Brennan JJ, et al. Clinical and financial outcome impacts of comprehensive geriatric assessment in a level 1 geriatric emergency department. *J Am Geriatr Soc.* 2023;71(9):2704-2714. doi:10.1111/jgs.18468

^{iv} Huded JM, Lee A, Song S, et al. Association of a geriatric emergency department program with healthcare outcomes among veterans. *J Am Geriatr Soc.* 2022; 70(2): 601-608. doi:10.1111/jgs.17572

^v Wang DH, Heidt R. Emergency Department Embedded Palliative Care Service Creates Value for Health Systems. *J Palliat Med.* 2023;26(5):646-652. doi:10.1089/jpm.2022.0245

^{vi} Smith PC, Mossialos E, Papanicolas I, Leatherman S, eds. *Performance Measurement for Health System Improvement: Experiences, Challenges and Prospects.* Cambridge University Press; 2010.