

The American Geriatrics Society
Comments to the National Quality Forum
Draft Report of PAC/LTC Work Group, Measure Applications Partnership (MAP)

Overall

The American Geriatrics Society supports the work of the MAP and believes this document serves as a positive first step. We see this as an opportunity to drive better quality and new ways of looking at costs (patient-focused episodes of care across settings or home health episodes ending in admissions). An important recommendation however, is that the document more clearly outline a definition of 'case mix' when comparing different entities on costs and outcomes. That will be an essential step in comparing entities that provide care. Additionally, we offer some additional recommendations that we feel would further enhance this effort.

Priority Areas for Measurement

AGS believes that the report should incorporate a measure which addresses provider or clinician engagement, to serve the high risk population that geriatrics health professionals work with. We recommend a measure which supports clinicians to be present at a facility as opposed to telephonic care. Strong collaboration with clinicians will help to eliminate avoidable events such as hospitalization.

Additionally, goals of care and shared decisions regarding next steps of care and determining points of contact and family satisfaction must involve the clinicians in a strongly engaged way. This should apply to both home care and institutional long-term care.

Core Set of Measure Concepts

Generally, AGS is supportive of the measure concepts outlined in the draft report. While implementation of these standards will likely improve the quality of care provided, facility size and other factors may make meeting these standards difficult for some well-meaning facilities. Additionally, we support those concepts that were considered important, but not adopted as core, outlined in the draft report.

Path Forward

We have outlined below, several points that we urge the work group to consider as it works on its final report.

- 1) It will be important to clarify exclusion criteria for many of these proposed elements, especially when taking into consideration the rising frail, multi-morbid population in long term care facilities.
- 2) We encourage the work group to continue to hone in on those points that are palliative in overall focus but not specifically in hospice, or those with very advanced illness.
- 3) An important issue to contemplate is regarding measures that rely on self-reporting. The large dementia burden of this population, which may not be diagnosed, should be taken into account.

