

December 23, 2011

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Marilyn B. Tavenner, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-3224-P  
P.O. Box 8010  
Baltimore, MD 21244-8010

**Re: Medicare and Medicaid Programs; Reform of Hospital and Critical Access Hospital Conditions of Participation; Proposed Rule (CMS-3224-P)**

Dear Ms. Tavenner:

The American Geriatrics Society (AGS) greatly appreciates the opportunity to comment on several important aspects of the proposed rule on the *Reform of Hospital and Critical Access Hospital Conditions of Participation (CMS-3224-P)*.

The AGS is a not-for-profit organization comprised of over 6,000 health professionals who are devoted to improving the health, independence and quality of life of all older people. The Society provides leadership to healthcare professionals, policy makers and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. Our vision for the future is that every older American will receive high quality patient-centered care. We believe that one avenue for achieving this vision will be to increase the number of healthcare professionals employing the principles of geriatric medicine when caring for older persons by supporting the expansion of geriatric education in all applicable health professions, and promoting the development of systems of care and practice redesign that facilitates the provision of coordinated, interdisciplinary care across treatment settings. Although the proposed rule makes great strides towards achieving this vision in many places, important questions remain unanswered. While we support many aspects of the proposed rule, a brief summary of our comments and concerns is set forth below.

**Support for Graduate Medical Education**

In the next two decades the number of Americans who are 65 and older – and eligible for Medicare – will nearly double. The nation's aging baby boomers will be unlike the generations of older adults before them. They are expected to live longer than their predecessors and to have more chronic and complex health conditions. The 20% of Medicare beneficiaries who have five or more chronic conditions currently account for roughly 70% of Medicare spending. Care tailored to these patients' needs – the kind of coordinated care that geriatrics healthcare professionals provide – could improve outcomes and cost-effectiveness. Yet our nation faces a severe and growing shortage of professionals with the skills and training to meet the unique healthcare needs of older adults.

As noted in the proposed rule, Medicare's conditions of participation are intended "**to protect patient health and safety and to ensure that quality care is furnished** to all patients in Medicare-participating

hospitals.” Dr. Berwick’s commentary from the November 9, 2011 issue of the Journal of the American Medical Association (JAMA) also notes that the proposed rule will be an important vehicle to increase patient-centered care by improving patient hand-offs and coordination of care between settings. Coordination of care across settings and utilization of an interdisciplinary care team built around the needs of an individual patient are foundational principles of the training received by geriatricians.

AGS believes that the entire healthcare workforce should be competent to care for older adults as called for by the Institute of Medicine in its 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*. We believe that the graduate medical education (GME) system is one avenue for achieving this goal. This past year, several agencies, advisory bodies, and foundations (including AHRQ, MedPAC, COGME, and the Macy Foundation) expressed concern that the training provided by the GME system is not adequately preparing residents to provide high quality care to older patients. Among other issues, these groups have noted that recipients of GME dollars are not required to account to Medicare for the training that is supported by this program. Furthermore, reports indicate that the current mix of physician specialists is failing to meet the complex needs of our current population.

While the AGS appreciates the agency’s efforts to remove and revise obsolete, unnecessary, or burdensome provisions, we believe that improvements in quality or efficiency of care will not be fully realized without a concomitant commitment to insuring that GME training programs are preparing the healthcare workforce to meet the unique challenges of an aging population.

Given the explicit focus that the Centers for Medicare and Medicaid Innovations is placing on workforce preparedness in its call for proposals under the Innovations Challenge, we believe that it is particularly important for CMS to address how GME dollars can be leveraged to ensure the competency of the workforce. The reality is that the transformation of the healthcare delivery system that is envisioned in the Affordable Care Act will require a parallel transformation in how we prepare the workforce.

### **Interdisciplinary Care Planning**

AGS appreciates the agency’s proposed revision to the hospital nursing services requirements in recognition of the fact that interdisciplinary care plans (ICPs) optimize “the involvement of the various healthcare disciplines . . . to identify and document patient treatment goals and objectives, interventions, and progress in meeting those goals and objectives.” Geriatric training emphasizes this same interdisciplinary approach to medicine and care coordination. While the geriatrician often serves as the “point person,” each member of the geriatrics team is a skilled health professional that plays an important role in the proper care and assessment of an older patient.

Older patients with four or more chronic conditions are 99% more likely to be admitted to the hospital for “ambulatory-sensitive conditions.” Care provided by geriatric health care professionals working in a team environment has been shown to reduce those common and costly conditions, such as falls, polypharmacy, and delirium, that are often preventable with appropriate care. Numerous studies have also shown that an interdisciplinary team providing ongoing geriatric care coordination and management can lower emergency room visits and hospital stays. Fortunately, interdisciplinary team training programs, such as the Geriatrics Interdisciplinary Team Training curriculum that has been developed and tested by the John A. Hartford Foundation, are easily implemented across various health care settings.

Residency training programs that emphasize geriatrics and interdisciplinary team training are also showing positive results in changing the culture of institutional residency training. For instance, the Chief Resident

Immersion Training program (CRIT, funded by the Donald W. Reynolds and John A. Hartford Foundation) has been conducted at 16 institutions nationwide. It has been extremely successful at implementing collaborative geriatrics care across disciplines and increasing chief residents' teaching and leadership skills. This program fosters collaboration among disciplines in the management of complex older patients by bringing chief residents and faculty members together for an intensive two and a half day retreat focused on:

- Incorporating geriatric principles into chief resident teaching and administrative roles.
- Developing chief resident teaching and leadership skills with a focus on the care of complex older patients.
- Enhancing leadership and teaching skills that are necessary for a successful term as chief resident.
- Enhancing chief residents' ability to collaborate with other disciplines in the management of complex older patients.
- Developing an "achievable" project for chief residents focused on a geriatrics issue that can be carried out during their Chief Residency year.

The CRIT program focuses on chief residents because of the key roles that they play in the quality of patient care, medical student and resident training, mediating concerns across disciplines, and communicating with patients and families. The program helps institutions to meet the Accreditation Council for Graduate Medical Education (ACGME) requirements related to the six core competencies that are common to all residency and fellowship training programs (e.g., practice-based learning and improvement, systems-based practice). It is a relatively low cost intervention with a proven track record that is ready for wider diffusion.

AGS is very supportive of CMS proposals that improve the education and training of all physicians and those that increase access to preventive services and improve quality of care. We would be happy to serve as a resource for CMS if additional data or information is needed as CMS moves toward its goals in these areas.

### **Medical Staff Issues**

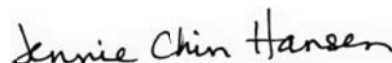
We appreciate the agency's efforts to expand access to care and expedite treatment for patients by allowing Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), and other allied health professionals to be admitted to a hospital's medical staff. We believe that these practitioners are critical members of an interdisciplinary care team for geriatric patients. There are administrative synergies to bringing hospital credentialing processes together for APRNs, PAs, and other allied health professionals together with the medical staff credentialing processes. It will allow hospitals to more effectively monitor and meet workforce needs in order to meet their missions. It also will help to remove barriers for non-physician practitioners so that they may fully participate in medical staff governance activities. This should create a significant expansion in access to care. We anticipate that allowing a variety of professionals to participate on a facility's medical staff will likely enhance that facility's patient-centered approach to providing care.

Please do not hesitate to contact us at (202) 308-1414 if we can provide additional information or assistance.

Sincerely,



**Barbara Resnick, PhD, CRNP**  
President



**Jennie Chin Hansen, RN, MS, FAAN**  
Chief Executive Officer