

THE AMERICAN GERIATRICS SOCIETY

AGS Comments to CMS on COPD Outcomes Measures

SUBMIT VIA EMAIL: COPDMEASURES@YALE.EDU · JULY 8, 2011

AGS is the nation's largest membership association of geriatrics healthcare professionals, with nearly 6,000 members. We, and our members, are dedicated to improving the health, independence and quality of life of older people through initiatives in clinical practice, professional and public education, research, and public policy advocacy.

In regards to the two Chronic Obstructive Pulmonary Disease (COPD) measures under development, (all-cause mortality, and all-cause readmission), AGS' comment is directed at the use of the ICD-9-CM codes, in particular 491.22, 493.21, and 493.22.

The use of the above mentioned diagnostic codes could result in a heterogeneous cohort, which may neither have COPD (e.g. as defined by spirometry) nor a COPD exacerbation (e.g. as defined by the cardinal symptoms of sputum purulence and volume, as well as dyspnea). This is of concern to AGS, due to a limitation inherent to the use of ICD-9-CM codes, and may very well increase the likelihood of misdiagnosis among older persons, particularly those with multi-morbid conditions.

We suggest collecting additional historical data, which in turn may indirectly support a diagnosis of COPD (e.g. prior smoking status, chronic bronchitis, bronchodilator use, and spirometry, or actual respiratory symptoms on hospital admission, etc.).

Thank you for allowing the American Geriatrics Society this opportunity to provide feedback on the COPD Outcomes Measures. If you have any questions, please do not hesitate to contact Susie Sherman, Coordinator of Public Affairs & Advocacy at: ssherman@americangeriatrics.org or 212.308.1414.