AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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SUBMITTED ELECTRONICALLY VIA
PIMMSQualityMeasuresSupport@gdit.com

Re: Revisions to the Geriatrics Specialty Measure Set for the Performance Year 2025 for Merit-based Incentive Payment System

Dear Practice Improvement and Measures Management Support (PIMMS) Quality Measure Support Team:

The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit our recommendations to the Centers for Medicare and Medicaid Services (CMS) for revisions to the existing Geriatrics specialty measure set for the Quality Performance Category for the Performance Year (PY) 2025 for the Merit-based Incentive Payment System (MIPS) program.

AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our 6,000+ physician and non-physician practitioners (NPPs) are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons.

AGS' vision is a nation where we can all have a fair and equitable opportunity to contribute to our communities and maintain our health, safety, and independence as we age. AGS believes in a just society – one where we all are supported by and able to contribute to communities and where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. We believe discriminatory policies—especially when they are perpetuated across the healthspan and lifespan—can have a negative impact on public health for us all. AGS strongly supports the steps CMS is taking to address inequities, including steps to eliminate avoidable differences in health outcomes, as well as consider and mitigate against unintended consequences of policy changes.

Geriatricians and other geriatrics health professionals care for older adults many of whom are living with complicated medical issues and social challenges. AGS appreciates CMS' support of measure development and promotion of ways to develop new, more applicable measures for this patient population. Below, we offer our recommendations to ensure that the Geriatrics specialty measure set proposed for PY 2025 best addresses the unique healthcare needs of older adults and reflects the quality metrics that we believe are most appropriate for measuring care for all of us as we age.

RECOMMENDATIONS

Measure Title:	Preventive Care and Wellness (composite)
Measure ID:	497

Supporting Rationale:	AGS does not support this measure that was finalized for addition to the Geriatrics specialty set in PY 2024. While we agree that clinicians should be actively engaging in addressing preventive care and wellness to support overall patient health, a composite measure that groups seven sub-categories of wide-ranging areas of health, may not be conducive to encouraging adherence to the individual preventive care activities covered in the measure or appropriately account for the unique circumstances of older adults that may make certain preventive measures inappropriate. The composite measure approach may pose challenges for providers to perform well on the measure overall or understand areas within the measure in need of improvement if there is variability in performance on the sub-measures. For example, if a clinician does poorly on the pneumococcal vaccination measure, they would know that they need to address pneumovax, whereas if the clinician does poorly on the composite measure as a whole, they would need to figure out what particular aspects of the measure they need to address. This may lead to lost information and categorizes any clinician who may be doing poorly in one area of preventive care with clinicians who may be doing poorly in multiple or all areas. In circumstances where a multitude of factors directly impact medical decision-making, including time to benefit, health trajectory, self-defined quality of life preference, and person-centered goals that are focused on what matters to the person, a composite measure could result in clinicians and older adults not being able to consider each element within the context of that individual's situation. Older adults are heterogeneous, and although the denominator discusses frailty, it is not clear whether a typical outpatient setting is able to track this well. Furthermore, not all older adults may qualify for or would benefit from particular preventive measures if they are living with multiple chronic conditions. Considering the unique needs of older adults, particularly those with medical complexities, AGS recommends that each item from the composite score be considered separately until there is more clarity on the impacts of implementing a composite measure on the quality of care that is provided to older adults. If CMS proceeds with implementation, the measure should contain appropriate exclusions so that there is not a penalty incurred for addressing the unique healthcare needs of this population, particularly those with multiple chronic conditions. Due to the comprehensive approach needed in addressing and individualizing care within the context of what matters to the older adult, AGS recommends reconsideration of adding this measure to the Geriatrics specialty set. If the composite measure does move forward, AGS is concerned that the Body Mass Index (BMI) sub-measure parameters may not be appropriate for use in older adults. Observational studies suggest that older adults with BMI in the 27-32 range are at lowest risk of adverse outcomes. According to Javed et al., higher BMI classification may be a protective for older adults in terms of mortality.[1]

[1] Javed AA, Aljied R, Allison DJ, Anderson LN, Ma J, Raina P. Body mass index and all-cause mortality in older adults: A scoping review of observational studies. *Obes Rev.* 2020;21(8):e13035. doi:10.1111/obr.13035

Measure Title:	Connection to Community Service Provider
Measure ID:	498
Supporting Rationale:	AGS supports the Connection to Community Service Provider as a high priority measure and appreciates CMS' continued attention to social drivers of health (SDOH). This measure is an important step in helping to address health equity concerns. At the same time, there are important factors to consider in determining the reliability and effectiveness of the measure. For example, the denominator excludes patients who explicitly decline to be connected to a community service provider. This may lead to significant variability of the measure and impact reliability. Further, due to a lack of resources, a patient experiencing any of the five health-related social need (HRSN) domains may not be connected with a community service provider in time (i.e., within 60 days after screening) or have that encounter properly documented for inclusion in the measurement. AGS recommends that the interventions to address HRSN be evidence-based and tracked for improving access.

Measure Title:	ESRD Dialysis Patient Life Goals Survey
Measure ID:	MUC2023-138
Supporting Rationale:	AGS supports the End-Stage Renal Disease (ESRD) Dialysis Patient Life Goals Survey (PaLS) measure and believes that this is a critically important area. There are many patients who do not appreciate that dialysis is life support, and that being on dialysis, particularly if they have multiple chronic conditions, means greater risk for serious complications, including death. Unlike younger patients with ESRD, many older adults living with kidney disease are also living with other comorbidities. This can mean that older patients may have dramatically different goals than younger people living with kidney disease. AGS recommends that CMS stratify this measure by comorbidities and if that is not practical, to stratify by age. While AGS is concerned that a Likert scale may not capture the quality of care in goal discussions, we believe the PaLS measure is a helpful starting point. We encourage continued work to develop more nuanced and robust measures of the quality of these discussions, beyond the mere occurrence of such discussions.

Measure Title:	Screen Positive Rate for Social Drivers of Health (SDOH)
Measure ID:	MUC2023-156
Supporting Rationale:	AGS is pleased to continue to support the Screen Positive Rate for Social Drivers of Health measure. In order to ameliorate disparities and inequities, we believe it will be

	important to address the full spectrum of social drivers of health, including housing, food security, transportation, and social isolation.[2]

Measure Title:	Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance
Measure ID:	MUC2023-172
Supporting Rationale:	AGS prioritizes what matters most to older adults, their families, and other care partners. We appreciate that this measure supports older adults to be active participants in their own care. The measure would be helpful in addressing the consequences of poor information sharing with older adults following procedures. For example, currently in the state of New York, some post-procedure information is shared with patients via a 10-page printout that patients typically do not read or may not understand. This often leaves ambulatory care health care professionals in the position of having to address the sequelae of inadequate education regarding post-procedure recovery. AGS is concerned, however, that this score may not adequately represent the patient experience of older adults. For example, the older population may face greater technical difficulties in completing the survey electronically within the specified time and may have to rely on their caregivers to do so.

Measure Title:	CAHPS® Hospice Survey
Measure ID:	MUC2023-183, 191*, 192*
Supporting Rationale:	Geriatrics health professionals focus on the 5Ms of geriatrics: **M**ultimorbidity, What **M**atters, **M**edication, **M**entation, and **M**obility.[3] Multimorbidity describes the older person who has more complex needs often due to multiple chronic conditions, frailty, and/or complex psychosocial needs. What Matters, Medication, Mentation, and Mobility describe the four main areas where geriatrics health professionals focus their clinical attention and form the basis for the age-friendly health systems framework that is focused on ensuring that all older people have access to this type of coordinated care, while also making sure personal needs, values, and preferences are at the heart of that care.[4] AGS supports the CAHPS® Hospice Survey measure and believes it captures important aspects of care quality, including the care experiences and preferences of the older adults and their primary care partner(s).

[2] Fulmer F, Reuben DB, Auerbach J, Fick DM, Galambos C, Johnson KS. Actualizing better health and health care for older adults. *Health Affairs.* 2021;40(2). doi:10.1377/hlthaff.2020.01470

[3] Adapted by the American Geriatrics Society (AGS) with permission from "The public launch of the Geriatric 5Ms" [on-line] by F. Molnar and available from the Canadian Geriatrics Society (CGS) at https://thecanadiangeriatricssociety.wildapricot.org/Geriatric5Ms/

[4] Institute for Healthcare Improvement. Age-Friendly Health Systems: Measures Guide. Published July 2020. Accessed January 2024. https://www.ihi.org/sites/default/files/2023-09/IHIAgeFriendlyHealthSystems_MeasuresGuide.pdf

Measure Title:	Age-Friendly Hospital Measure
Measure ID:	MUC2023-196
Supporting Rationale:	AGS supports and appreciates the inclusion of the Age-Friendly Hospital measure as part of the Measures Under Consideration and believes that high-quality, person-centered, affordable, and age-friendly care as we grow older is critically important. We understand that this is a combined measure of the Geriatrics Hospital Measure and Geriatrics Surgical Measure previously reviewed by the National Quality Forum's Measures Application Partnership in 2022. AGS remains concerned that attestation without quantitative metrics will not lead to quantifiable improvements in quality of care and patient outcomes. However, we believe that requiring clinicians to self-report is an important step forward in terms of raising awareness on important issues and is, therefore, a helpful starting point. The measure would provide hospitals the opportunity to plan and address the various domains included in the measure as well as submit that data for review as a part of efforts to improve quality of care for older adults undergoing surgery. AGS recommends that CMS should continue to work with stakeholders on development of quantifiable metrics to inform quality measures that are data driven.

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Thank you for taking the time to review our feedback and recommendations. For additional information or if you have any questions, please do not hesitate to contact, Anna Kim at akim@americangeriatrics.org.

Sincerely,

Donna Fick

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