

February 6, 2026

SUBMITTED ELECTRONICALLY VIA
PIMMSQualityMeasuresSupport@gdit.com

Re: Revisions to the Current 2026 Geriatrics Specialty Measure Set for the Performance Year 2027 for Merit-based Incentive Payment System

Dear Practice Improvement and Measures Management Support (PIMMS) Quality Measures 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 Performance Year (PY) 2027 of the Merit-based Incentive Payment System (MIPS).

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 serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS is an anti-discriminatory organization. We believe in a society where we all are supported by and able to contribute to communities and where bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their care partners. The Society leads efforts to incorporate attention to older adults living with multiple chronic conditions into research^{1,2} and clinical care^{3,4} and is a champion for improving attention to the unique health care needs of older adults in workforce training.^{5,6} We believe that understanding disease across the lifespan⁷ is important to extending healthspan—the time someone lives in generally good health—for all of us as we age.

¹ Advancing Geriatrics Research: AGS/NIA Conference Series. American Geriatrics Society. Accessed January 30, 2026.

<https://www.americangeriatrics.org/programs/advancing-geriatrics-research-agsnia-conference-series>

² The AGS/AGING Learning Collaborative. AGS CoCare. Accessed January 30, 2026.

https://mcresearch.agscocare.org/what_is_the_ags_aging_learning_collaborative

³ American Geriatrics Society Expert Panel on the Care of Older Adults with Multimorbidity. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians. *J Am Geriatr Soc.* 2012;60(10):e1-e25. doi:[10.1111/j.1532-5415.2012.04188.x](https://doi.org/10.1111/j.1532-5415.2012.04188.x)

⁴ McNabney MK, Green AR, Burke M, et al. Complexities of care: common components of models of care in geriatrics. *J Am Geriatr Soc.* 2022;70(7):1960–1972. doi:[10.1111/jgs.17811](https://doi.org/10.1111/jgs.17811)

⁵ American Geriatrics Society. Letters to House and Senate Appropriations Leadership on FY 2026 Funding for Geriatrics Workforce Training Programs. July 14, 2025. Accessed January 30, 2026.

<https://www.americangeriatrics.org/sites/default/files/Letters%20to%20House%20and%20Senate%20Appropriations%20Leadership%20on%20FY%202026%20Funding%20for%20Geriatrics%20Workforce%20Training%20Programs%20%287%2014%2025%29.pdf>

⁶ AGS Advancing Geriatrics in Surgical & Medical Specialties. Special Collection. *J Am Geriatr Soc.* Accessed January 30, 2026.

<https://agsjournals.onlinelibrary.wiley.com/hub/journal/15325415/agsadvancinggeriatrics>

⁷ Inclusion Across the Lifespan in Human Subjects Research. National Institutes of Health. Updated February 27, 2025. Accessed January 30, 2026. <https://grants.nih.gov/policy-and-compliance/policy-topics/inclusion/lifespan>

An important framework for how geriatrics health professionals care for older adults is the Geriatrics 5Ms (see table on the right).⁸ Our members are on the frontlines of caring for older Americans, many of whom are living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial issues. The Geriatrics 5Ms informed the development of the 4Ms of age-friendly care (What Matters, Medications, Mentation, and Mobility) of the Age-Friendly Health Systems movement which seeks to reimagine the 21st century health system so as to provide care that is age-friendly, respects the goals and preferences of older persons, and meaningfully and substantially includes family caregivers in the plan of care.⁹

THE GERIATRICS 5Ms		Geriatrics health professionals focus on these 4Ms...
MULTICOMPLEXITY ...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs	MIND	<ul style="list-style-type: none"> Mentation Dementia Delirium Depression
	MOBILITY	<ul style="list-style-type: none"> Amount of mobility; function Impaired gait and balance Fall injury prevention
	MEDICATIONS	<ul style="list-style-type: none"> Polypharmacy, deprescribing Optimal prescribing Adverse medication effects and medication burden
	WHAT MATTERS MOST	<ul style="list-style-type: none"> Each individual's own meaningful health outcome goals and care preferences

AGS appreciates CMS' support of measure development and promotion 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 2027 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:	Gains in Patient Activation Measure (PAM [®]) Scores at 12 Months
Measure ID:	503
Supporting Rationale:	<p>A 2022 study on patient activation among individuals with multimorbidity found that levels of activation were low in patients with multiple chronic conditions and that older age was significantly associated with lower activation scores, highlighting areas for improvement, including consideration of psychosocial factors in patient activation.¹⁰ Although AGS recognizes the previously finalized Gains in PAM[®] Scores at 12 Months measure can track progress and there are benefits of patient activation regardless of health status, as outlined in AGS' comments on the CY 2026 QPP proposed rule, we remain concerned that it may be challenging to use in geriatric medicine given the focus of caring for older adults with medical complexities and living with multiple chronic conditions. We prioritize what matters most to older adults, their families, and other care partners as reflected in the Geriatrics 5Ms. However, due to the comprehensive approach needed in addressing and individualizing care within the context of what matters to the older adult with multimorbidity and the potential accumulation of disease states and medications, it may be difficult for patients to be self-efficacious and keep track of and build the knowledge, skills, and confidence to manage their own health and health care. We are also concerned about the impact of cognitive issues on patient-reported outcome measures as well as the practicality of quantifying progress of self-management within the complicated nature of managing various aspects of multiple chronic conditions. We</p>

⁸ Tinetti M, Huang A, Molnar F. The Geriatrics 5Ms: A new way of communicating what we do. *J Am Geriatr Soc.* 2017;65(9):2115. doi:[10.1111/jgs.14979](https://doi.org/10.1111/jgs.14979)

⁹ Mate KS, Berman A, Laderman M, Kabcenell A, Fulmer T. Creating age-friendly health systems - a vision for better care of older adults. *Healthc.* 2018;6(1):4-6. doi:[10.1016/j.hjdsi.2017.05.005](https://doi.org/10.1016/j.hjdsi.2017.05.005)

¹⁰ Paukkonen L, Oikarinen A, Kähkönen O, Kaakinen P. Patient activation for self-management among adult patients with multimorbidity in primary healthcare settings. *Health Sci Rep.* 2022;5(4):e735. doi:[10.1002/hsr2.735](https://doi.org/10.1002/hsr2.735)

encourage CMS to reconsider the inclusion of the Gains in PAM® Scores at 12 Months measure in the Geriatrics specialty measure set.

Measure Title: Screening for Social Drivers of Health

Measure ID: 487

Supporting Rationale: Multiple chronic conditions often emerge from multiple adverse social and economic circumstances that exacerbate health conditions, leading to morbidity, functional decline, and eventual cascade into the need for institutionalization,^{11,12} as well as higher overall health costs to the system. Data has shown that these drivers result in low-quality care such as frequent emergency department¹³ and hospital use.^{14,15}

While AGS appreciates CMS' efforts to focus on high-priority and outcome-based measures and support the development of such metrics, as detailed in [AGS' comments on the CY 2026 QPP proposed rule](#), we continue to be concerned about the removal of the Screening for Social Drivers of Health measure, a critically important screening tool that can be used to risk stratify, screen early for correlated diseases, and treat aggressively for medical risk factors such as hypertension, diabetes, and mental health needs.¹⁶ For geriatricians who care for older Americans with complex issues and advancing age, the screening items in these measures (e.g., food insecurity, housing instability) are a critical part of their work to add value to a health system and ensure that underlying well-being of older adults with multiple chronic conditions is being met. The proactive and preventative approach via risk stratification can help identify the highest risk group of Medicaid and Medicare patients for future institutionalization and prevent the decline associated with under-recognized burden of illness at younger ages tied to societal and economic factors that impact health. This would support improving overall well-being for individual patients and reducing system costs and aligns with CMS' goal to promote a comprehensive approach to disease prevention and health promotion. AGS urges CMS to reconsider removal of Screening for Social Drivers of Health from the Geriatrics measure set in order to ensure this important reporting that is critical to beneficiary well-being continues as new measures are being developed, such as the Well-Being Signs measure that was included in the 2025 Measures Under Consideration (MUC) list as part of the [Special Roundtable Discussion Measures for consideration on future MUC Lists](#).

Measure Title: Connection to Community Service Provider

Measure ID: 498

¹¹ Hajek A, Luppia M, Brettschneider C, et al. Correlates of institutionalization among the oldest old - evidence from the multicenter AgeCoDe-AgeQualiDe study. *Int J Geriatr Psychiatry*. 2021;36(7):1095-1102. doi:[10.1002/gps.5548](https://doi.org/10.1002/gps.5548)

¹² Geyskens L, Jeuris A, Deschodt M, et al. Patient-related risk factors for in-hospital functional decline in older adults: a systematic review and meta-analysis. *Age Ageing*. 2022;51(2):1-9. doi:[10.1093/ageing/afac007](https://doi.org/10.1093/ageing/afac007)

¹³ McCarthy ML, Zheng Z, Wilder ME, et al. The influence of social determinants of health on emergency departments visits in a Medicaid sample. *Ann Emerg Med*. 2021;77(5):511-522. doi:[10.1016/j.annemergmed.2020.11.010](https://doi.org/10.1016/j.annemergmed.2020.11.010)

¹⁴ Blalock DV, Maciejewski ML, Zulman DM, et al. Subgroups of high-risk Veterans Affairs patients based on social determinants of health predict risk of future hospitalization. *Med Care*. 2021;59(5):410-417. doi:[10.1097/MLR.0000000000001526](https://doi.org/10.1097/MLR.0000000000001526)

¹⁵ Canterbury M, Figueroa JF, Long CL, et al. Association between self-reported health-related social needs and acute care utilization among older adults enrolled in Medicare Advantage. *JAMA Health Forum*. 2022;3(7):e221874. doi:[10.1001/jamahealthforum.2022.1874](https://doi.org/10.1001/jamahealthforum.2022.1874)

¹⁶ Chang E, Ali R, Seibert J, Berkman ND. Interventions to improve outcomes for high-need, high-cost patients: a systematic review and meta-analysis. *J Gen Intern Med*. 2022;38(1):185-194. doi:[10.1007/s11606-022-07809-6](https://doi.org/10.1007/s11606-022-07809-6)

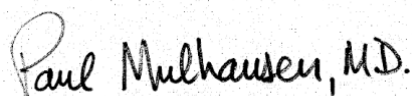
Supporting Rationale:	AGS believes that the Connection to Community Service Provider measure remains a high-priority and would be beneficial to keep in the Geriatrics specialty measure set. Connecting patients with resources, such as a community service provider, is an important step in helping to address positive screens of factors that impact overall health, including nutrition, housing, and social connection, which align with the agency’s focus on wellness and prevention. We urge CMS to reconsider removal of this measure and ensure that the interventions to address these factors be evidence-based and tracked for improving access.
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Measure Title:	<u>Adult COVID-19 Vaccination Status</u>
Measure ID:	508
Supporting Rationale:	We appreciate that CMS is encouraging the discussion of revisions for the Adult Immunization Status measure (Measure #493) for possible implementation of the Adult COVID-19 Vaccination Status in the future. While this pathway is being explored, AGS recommends retaining the Adult COVID-19 Vaccination Status measure given that vaccination is crucial in reducing morbidity and mortality caused by COVID-19 for older adults, particularly those who are at higher risk of poor outcomes. ¹⁷

Measure Title:	<u>CollaboRATE Shared Decision-Making Tool for Ambulatory or Outpatient Surgery Patients (Surgical CollaboRATE OAS-PM)</u>
Measure ID:	MUC2025-023
Supporting Rationale:	AGS believes the Surgical CollaboRATE OAS-PM captures valuable information that is related to age-friendly care and provides patients the opportunity to share whether they are included in the decision-making process and that the care received reflects what matters most to them, aligning with the Geriatrics 5Ms. The measure is also simple to administer and would support care teams in understanding the degree to which they are engaging in shared decision-making, an important part of ensuring care is meaningful and effective for patients, their families, and care partners. We support the addition of this measure in the Geriatrics specialty measure set.

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,



Paul Mulhausen, MD
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

¹⁷ Ioannidis JPA, Pezzullo AM, Cristiano A, Boccia S. Global estimates of lives and life-years saved by covid-19 vaccination during 2020-2024. *JAMA Health Forum*. 2026;6(7):e252223. doi:[10.1001/jamahealthforum.2025.2223](https://doi.org/10.1001/jamahealthforum.2025.2223)