

June 9, 2023

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Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
ATTN: CMS-1785-P
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: [CMS-1785-P] Medicare Program; Proposed Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; et al.

Dear Administrator Brooks-LaSure:

The American Geriatrics Society (AGS) greatly appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) Inpatient Prospective Payment Systems (IPPS) Proposed Rule for Calendar Year (CY) 2024 (CMS-1785-P). The 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. The 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. The AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

Geriatricians provide care for older adults, usually over the age of 65, with complicated medical issues and social challenges. The AGS appreciates CMS' support of measure development and promotion of more applicable measures for this patient population. Below, we express our support for the inclusion of the Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the Hospital Inpatient Quality Reporting (IQR) program and share our feedback for consideration in ensuring the measures best address the unique healthcare needs of older adults and reflect what is most relevant and appropriate for this growing population.

The older adult population is projected to increase dramatically in the coming years. According to the U.S. Census Bureau, the number of people age 65 and older is estimated to climb from 61.6 million today to more than 94.7 million by 2060, while those 85 and older is projected to more than double from 7.1 million today to 19 million by 2060.¹ As our aging population increases, so too will the prevalence of diseases disproportionately affecting older people—most notably Alzheimer’s disease and related dementias (including vascular, Lewy body, and frontotemporal dementia)—and the economic burden associated with these diseases. By 2060, for example, the number of people affected by dementia is estimated to reach 12.7 million cases, nearly triple the number in 2021.²

The AGS believes that both the quality and efficiency of care delivered to the increasing number of older Americans with multiple chronic and complex conditions must be improved. Older people with chronic illnesses and complex conditions often do not receive optimal care which reduces overall well-being and contributes to disproportionately high healthcare costs for these individuals. Hospitals are increasingly faced with older patients who have complex medical, physiological, and psychosocial needs that are often inadequately addressed by the current health care infrastructure. As an example, it may be difficult for patients living with Alzheimer’s disease and related dementias (ADRD) to navigate a hospital environment due to effects on cognition and physical function. The management of ADRD demands different approaches to how hospitals have typically treated patients living with ADRD.

There are also challenges in caring for older individuals reflected in current quality measurement efforts, which have typically not been collaborative. Current measures do not incentivize care teams and facilities to coordinate care for older patients nor do they provide the general public with sufficient information on where to seek safe, high-quality geriatrics care. In response to the challenges, the Geriatrics Hospital Measure and the Geriatrics Surgical Measure proposed for inclusion in the CMS Hospital IQR program were created as “programmatically composite” measures that identify clinical frameworks based on evidence-based best practices to provide goal-centered, clinically effective care for older patients. These measures identify high-yield points of intervention for older adults who are admitted to a hospital or emergency department or have a surgical procedure. The measures encourage hospital systems to take into consideration core geriatrics concepts (e.g., cognition, function, goals of care) and work towards improving inpatient care of older adults with both medical and surgical diagnoses as well as patients with multiple medical, psychological, and social needs who are at high risk for adverse events.

While the AGS is concerned that the attestation requirement may be a barrier to significant improvements in reporting practices, we believe the key domains of care outlined for the measures are important issues that warrant greater attention, and these measures are a helpful starting point. Of the eight domains of care, the AGS recommends clarifying the phrase "ensuring quality care for high-risk patients" for greater understanding around the meaning and implications of the phrase. In addition, it is unclear whether the potential hospital designation would be of similar rigor to the American College of Emergency Physicians (ACEP) Geriatric Emergency Department Accreditation (GEDA) or American College of Surgeons (ACS) Geriatrics Surgery Verification (GSV) Program. The AGS supports highlighting hospitals that are providing better care for geriatrics patients, and we believe these measures are an

¹ U.S. Census Bureau International Programs Center. International Database (IDB). Accessed June 5, 2023. <https://www.census.gov/data-1/YEARS=2023,2060&menu=popViz&ageGroup=0>.

² Alzheimer’s Association. 2021 Alzheimer’s Disease Facts and Figures. *Alzheimers Dement*. 2021;17(3):327-406. [doi:10.1002/alz.12328](https://doi.org/10.1002/alz.12328)

important addition to the measurement tools that are available. However, we also believe that a CMS-designation should have more rigorous evidence that includes outcomes-based quality measures.

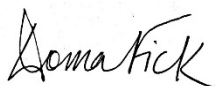
We appreciate that the Geriatrics Hospital Measure and the Geriatrics Surgical Measure put an emphasis on the importance of defining patient and caregiver goals, not only in treatment decision-making, but for long-term health and aligning care with what matters to the patient as well. Geriatrics health professionals focus on the 5Ms of geriatrics: **M**ultimorbidity, **W**hat **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

The AGS believes the team-based approach in the measures encourages hospitals and providers to see older surgical patients as whole, complex individuals who require a multidisciplinary, all-encompassing approach to their care. Studies have shown that models providing coordinated and interdisciplinary geriatrics team-based care can make a critical difference, especially for persons with multiple chronic conditions, by preventing complications and enhancing the quality and efficiency of care provided across the healthcare continuum.

We appreciate the opportunity to share our support and recommendations for the Geriatrics Hospital Measure and Geriatrics Surgical Measure proposed for inclusion in the CMS Hospital IQR program. While a programmatic composite is not typical for CMS programs, these measures may be a building block in improving the of care for older patients with a more holistic approach to create a quality program that better serves the needs of this unique population.

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 M. Fick, PhD, GCNS-BC, AGSF, FGSA, FAAN
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

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://thecanadiangeriatricsociety.wildapricot.org/Geriatric5Ms/>.

⁴ Institute for Healthcare Improvement. Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults. Published July 2020. Accessed June 5, 2023. Available at https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf.