

February 9, 2018

SUBMITTED ELECTRONICALLY  
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**Re: Recommendation for a New Geriatrics Specialty Measure Set**

Dear PIMMS Quality Measure Support Team:

The American Geriatrics Society (AGS) thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to submit our recommendation to add a new geriatrics specialty measure set for the 2019 performance year of the Merit-based Incentive Payment System (MIPS).

The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners who are devoted to improving the health, independence, and quality of life of all older adults. The AGS 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.

Geriatricians provide care for older adults, usually over the age of 65, with complicated medical and social problems. Of the established 2018 quality measures and those being considered for implementation in 2019, the following 14 measures—listed in no particular order—best address the unique healthcare needs of the geriatric population and reflect the most relevant measures appropriate for the geriatrics specialty.

<b>Measure Title:</b>	<u>Medication Reconciliation Post Discharge</u>
<b>Measure ID:</b>	46
<b>Supporting Rationale:</b>	Medication errors are a large contributor to adverse drug events (ADEs), especially for older adults, who are frequently on multiple medications and see one or more specialists in addition to their primary care provider. Estimates suggest that 46% of medication errors occur on admission or discharge from a hospital. <sup>1</sup> Medication reconciliation post-discharge is an important step to catch potentially harmful omissions or changes in prescribed medications, particularly in this population.

<b>Measure Title:</b>	<u>Care Plan</u>
<b>Measure ID:</b>	47

<sup>1</sup> Pronovost P, Weast B, Schwarz M, et al. Medication reconciliation: a practical tool to reduce the risk of medication errors. *J Crit Care*. 2003 Dec;18(4):201-5.

<b>Supporting Rationale:</b>	Many older adults face questions about medical treatment near the end of life but are not capable of making certain difficult decisions. Advance care planning is a critical tool for helping individuals articulate and document their care values and preferences as they age to ensure that the care they receive matches their wishes. Research has shown that advance care planning improves care and quality of life while increasing satisfaction with the healthcare system and reducing stress, anxiety, and depression for older adults, family caregivers, and other relatives. <sup>2,3</sup>
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<b>Measure Title:</b>	<u>Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older</u>
<b>Measure ID:</b>	48
<b>Supporting Rationale:</b>	Urinary incontinence (UI) is very common in the geriatric population. Prevalence of UI increases with age, affecting 15%–30% of all adults age 65 and older and 60%–70% of long-term care residents. <sup>4</sup> UI significantly impairs quality of life, including emotional well-being, social function, and general health. <sup>4</sup> Treatment options have expanded, however, UI continues to be underreported and undertreated, with many affected individuals failing to report symptom and many providers ignoring the problem entirely. <sup>5</sup> Strategies to increase recognition and reporting of UI are essential.

<b>Measure Title:</b>	<u>Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older</u>
<b>Measure ID:</b>	50
<b>Supporting Rationale:</b>	Refer to “Supporting Rationale” above for measure #48.

<b>Measure Title:</b>	<u>Preventive Care and Screening: Influenza Immunization</u>
<b>Measure ID:</b>	110
<b>Supporting Rationale:</b>	Older adults are at greater risk of serious complications from the flu compared to young, healthy adults because human immune defenses become weaker with age. In recent years, for example, it is estimated that between 71%–85% of seasonal flu-related deaths have occurred in people 65 years and older and between 54%–70% of seasonal flu-related hospitalizations have occurred among people in that age group. <sup>6</sup> Influenza vaccination is

<sup>2</sup> Detering KM, Hancock AD, Reade MC, Silvester W. The impact of Advance Care Planning on end of life care in elderly patients: Randomised controlled trial. *BMJ*. 2010;340:c1345.

<sup>3</sup> Schwartz CE, Wheeler HB, Hammes B, et al. Early intervention in planning end-of-life care with ambulatory geriatric patients: Results of a pilot trial. *Arch Intern Med*. 2002;162(14):1611-1618.

<sup>4</sup> Medina-Walpole A, Pacala JT, Potter JF, eds. *Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine*. 9th ed. New York: American Geriatrics Society; 2016.

<sup>5</sup> Vaughan, CP, Markland, AD, Smith, PP, Burgio, KL, Kuchel, GA and the American Geriatrics Society/National Institute on Aging Urinary Incontinence Conference Planning Committee and Faculty. Report and Research Agenda of the American Geriatrics Society and National Institute on Aging Bedside-to-Bench Conference on Urinary Incontinence in Older Adults: A Translational Research Agenda for a Complex Geriatric Syndrome. *J Am Geriatr Soc*. 2017 Dec 4. doi: 10.1111/jgs.15157.

<sup>6</sup> Centers for Disease Control and Prevention. Influenza (Flu) - What You Should Know and Do this Flu Season If You Are 65 Years and Older. <https://www.cdc.gov/flu/about/disease/65over.htm>. Accessed February 2, 2018.

the most effective protection against influenza virus infection, yet data indicates that less than half of all eligible individuals receive an influenza vaccination.<sup>7</sup> Therefore promoting annual influenza vaccination for older adults is especially important.

<b>Measure Title:</b>	<u>Pneumonia Vaccination Status for Older Adults</u>
<b>Measure ID:</b>	111
<b>Supporting Rationale:</b>	Pneumonia is a major cause of mortality among older adults. Each year in the U.S., pneumococcal disease kills thousands of adults, including 16,000 adults 65 years or older. <sup>8</sup> Thousands more end up in the hospital because of pneumococcal disease with severe infections of the lungs (pneumonia), bloodstream (bacteremia), and lining of the brain and spinal cord (meningitis). <sup>8</sup> Vaccines are the best way to prevent pneumococcal disease.

<b>Measure Title:</b>	<u>Documentation of Current Medications in the Medical Record</u>
<b>Measure ID:</b>	130
<b>Supporting Rationale:</b>	As noted above for measure #46, the risk of ADEs increases in older adults. Documentation of current medications in the medical record facilitates both medication review and reconciliation by the provider, which are necessary for reducing ADEs and promoting medication safety.

<b>Measure Title:</b>	<u>Falls: Risk Assessment</u>
<b>Measure ID:</b>	154
<b>Supporting Rationale:</b>	Falls are a major threat to the health and independence of older adults. Each year, more than one out of four older adults aged 65 and older experience a fall. <sup>9</sup> Falls are a leading cause of serious injuries in older adults that can lead to hospitalization, nursing home admission, and even death. <sup>10</sup> Each year, at least 27,000 older adults die as a result of falls. <sup>11</sup> Research demonstrates that falls can be prevented. Several studies, for example, have examined both single risk-factor modification and multifactorial interventions, and have found that they can reduce the risk and incidence of falls in older adults. <sup>12,13</sup>

<sup>7</sup> Centers for Disease Control and Prevention. Influenza (Flu) - Fewer Than Half of Americans Report Having Gotten A Flu Vaccine this Season. <https://www.cdc.gov/flu/news/half-of-americans-received-flu-vaccine.htm>. Accessed February 2, 2018.

<sup>8</sup> Centers for Disease Control and Prevention. CDC Features - Adults: Protect Yourself with Pneumococcal Vaccines. <https://www.cdc.gov/features/adult-pneumococcal/index.html>. Accessed February 2, 2018.

<sup>9</sup> Centers for Disease Control and Prevention. Home and Recreational Safety - Important Facts about Falls. <https://www.cdc.gov/homeandrecreationsafety/falls/adultfalls.html>. Accessed February 6, 2018.

<sup>10</sup> Medina-Walpole A, Pacala JT, Potter JF, eds. Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine. 9th ed. New York: American Geriatrics Society; 2016.

<sup>11</sup> Centers for Disease Control and Prevention. CDC Newsroom – Older Adult Fall Prevention. <https://www.cdc.gov/media/dpk/healthy-living/injury-falls-older-adults/older-adult-falls.html>. Accessed February 7, 2018.

<sup>12</sup> Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, Cumming RG, Rowe BH. Interventions for preventing falls in elderly people. *Cochrane Database Syst Rev.* 2005;(1):CD000340.

<sup>13</sup> Chang JT, Morton SC, Rubenstein LZ, et al. Interventions for the prevention of falls in older adults: systematic review and meta-analysis of randomised clinical trials. *BMJ.* 2004;328(7441):680.

<b>Measure Title:</b>	<u>Falls: Plan of Care</u>
<b>Measure ID:</b>	155
<b>Supporting Rationale:</b>	Refer to “Supporting Rationale” above for measure #154.

<b>Measure Title:</b>	<u>Use of High-Risk Medications in the Elderly</u>
<b>Measure ID:</b>	238
<b>Supporting Rationale:</b>	Physiologic changes associated with the aging process dramatically affect the appropriateness of certain medications for older adults. Certain medications may be inappropriate because they are ineffective, or because they pose an unnecessarily high risk to older persons while a safer alternative is available. <sup>14</sup> Avoiding potentially inappropriate medication use in older adults is one strategy to decrease the risk of ADEs.

<b>Measure Title:</b>	<u>Dementia: Cognitive Assessment</u>
<b>Measure ID:</b>	281
<b>Supporting Rationale:</b>	Dementia is a common geriatric syndrome that affects an estimated 4–5 million older adults in the U.S. and has a large social and economic impact on patients, families, and government programs. <sup>15</sup> Nevertheless, measurable cognitive abilities remain throughout the course of dementia. Initial and ongoing assessments of cognition are fundamental to properly manage patients with dementia.

<b>Measure Title:</b>	<u>Depression Remission at Twelve Months</u>
<b>Measure ID:</b>	370
<b>Supporting Rationale:</b>	Depression in older adults is also common and associated with impaired functioning, increased healthcare utilization, and increased risk of mortality. <sup>16</sup> Depression is underdiagnosed and often untreated, even when diagnosed. Studies have demonstrated that both pharmacotherapy and psychotherapy can benefit older patients. <sup>17</sup>

<b>Measure Title:</b>	<u>Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life</u>
<b>Measure ID:</b>	455
<b>Supporting Rationale:</b>	Most patients express a preference to die at home surrounded by family and familiar surroundings, rather than in a medical setting. <sup>18</sup> However, in 2014, 14.7% of U.S. deaths

<sup>14</sup> American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2015;63(11):2227-46.

<sup>15</sup> Plassman BL, Langa KM, Fisher GG, et al. Prevalence of dementia in the United States: the aging, demographics, and memory study. *Neuroepidemiology.* 2007;29(1-2):125-132.

<sup>16</sup> Taylor WD. Depression in the elderly. *N Engl J Med.* 2014;371(13):1228-36.

<sup>17</sup> Unützer J. Late-life depression. *N Engl J Med.* 2007;357(22):2269-76.

<sup>18</sup> Brazil K, Howell D, Bedard M, Krueger P, Heidebrecht C. Preferences for place of care and place of death among informal caregivers of the terminally ill. *Palliat Med.* 2005;19(6):492-9.

<b>Rationale:</b>	occurred in the ICU. <sup>19</sup> The geographic variation in rates of ICU care suggests that a multifaceted approach could alter the proportion of older adults admitted to the ICU in the last 30 days of life.
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<b>Measure Title:</b>	<u>Zoster (Shingles) Vaccination</u>
<b>Measure ID:</b>	MUC17 - 310
<b>Supporting Rationale:</b>	The incidence of shingles increases with age, as do complications of the disease. Postherpetic neuralgia (PHN) is the most common complication of shingles. Older adults are more likely to have PHN and longer lasting and more severe pain. <sup>20</sup> The only way to reduce the risk of developing shingles and its possible complications is to get vaccinated.

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Thank you for the opportunity to submit this recommendation. We would be pleased to answer any questions you may have. Please contact Anna Mikhailovich, [amikhailovich@americangeriatrics.org](mailto:amikhailovich@americangeriatrics.org).

Sincerely,



**Debra Saliba, MD, MPH, AGSF**  
President



**Nancy E. Lundebjerg, MPA**  
Chief Executive Officer

<sup>19</sup> The Dartmouth Atlas of Health Care. Data by Topic - Percent of Deaths Associated With ICU Admission. <http://www.dartmouthatlas.org/data/table.aspx?ind=14>. Accessed on February 6, 2018.

<sup>20</sup> Centers for Disease Control and Prevention. Shingles (Herpes Zoster). Shingles Surveillance. <https://www.cdc.gov/shingles/surveillance.html>. Accessed on February 7, 2018.