

February 14, 2022

SUBMITTED ELECTRONICALLY VIA
PIMMSQualityMeasuresSupport@gdit.com

Re: Revisions to the Current 2022 Geriatrics Specialty Measure Set for the Performance Year 2023 of the 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) 2023 of the Merit-based Incentive Payment System (MIPS) program.

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. We particularly appreciate that CMS is considering two measures that are focused on the social drivers of health for the 2023 quality measure set and we strongly support inclusion of these measures in the MIPS program.

Geriatricians provide care for older adults, usually over the age of 65, with complicated medical issues and social challenges. The AGS appreciates CMS's 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 2023 best addresses the unique healthcare needs of the geriatric population and reflects the most relevant measures appropriate for the geriatrics specialty.

RECOMMENDATIONS

Of the established 2022 quality measures and those being considered for implementation in 2023, the AGS recommends that CMS add the following seven measures—listed in no particular order—to the existing Geriatrics specialty measure set.

Measure Title:	<u>Falls: Screening for Future Fall Risk</u>
Measure ID:	318
Supporting Rationale:	<p>Falls have a significant impact on older adults on both a biopsychosocial and financial level. One-fourth of older people fall every year, and complications from falls are the leading cause of death from injury for persons 65 years and older.¹ Of these falls, 300,000 older adults are hospitalized every year with hip fractures.² These patients are at higher risk for delirium and subsequent functional decline and dementia. According to several studies, the reported one-year mortality after sustaining a hip fracture in usual care is approximately 14–58 percent, making the first year after fracture vital.³ Falls among older adults are also costly. In 2015, the cost of falls for Medicare and Medicaid was nearly \$38 billion and the total medical cost was \$50 billion.² Falls remain one of the greatest harbingers of poor outcomes in older adults.</p> <p>As detailed in the AGS’s response to the CY 2022 QPP Proposed Rule, given the importance of falls prevention, we request that CMS include Measure #318, Falls: Screening for Future Fall Risk in the Geriatrics specialty measure set. This measure is reported through electronic health record (EHR) and CMS Web Interface reporting mechanisms. It is included in a number of other specialty measure sets and is relevant to our patient population, particularly as CMS removed Measure #154, Falls: Risk Assessment in the CY 2022 QPP Final Rule.</p>

Measure Title:	<u>Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults</u>
Measure ID:	MUC2021-066
Supporting Rationale:	<p>CNS polypharmacy visits more than doubled between 2004-2006 and 2011-2013.⁴ CNS polypharmacy also increases the risk for falls⁵ and cognitive decline.⁶ Considering the increasing prevalence of CNS polypharmacy in older adults⁷ and that falls are a leading cause of serious injuries in older adults leading to hospitalization, nursing home admission, and death,⁸ it is important to carefully monitor the use of multiple medications in older adults.</p> <p>While the AGS recommends that CMS include MUC2021-066 in the Geriatrics specialty measure set, we believe that beneficiaries with Parkinson’s disease should be added to the exclusion criteria.</p>

¹ Burns E, Kakara R. Deaths from Falls Among Persons Aged ≥ 65 Years – United States, 2007-2016. *MMWR Morb Mortal Wkly Rep.* 2018;67:509-514. [doi:10.15585/mmwr.mm6718a1](https://doi.org/10.15585/mmwr.mm6718a1).

² Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *J Am Geriatr Soc.* 2018;66(4):693-698. [doi:10.1111/jgs.15304](https://doi.org/10.1111/jgs.15304).

³ Based on a summary of published mortality rates in patients with hip fractures treated in usual care. Schnell S, Friedman SM, Mendelson DA, Binham KW, Kates SL. The 1-Year Mortality of Patients Treated in a Hip Fracture Program for Elders. *Geriatr Orthop Surg Rehabil.* 2010;1(1):6-14. [doi:10.1177/2151458510378105](https://doi.org/10.1177/2151458510378105).

⁴ Maust DT, Gerlach LB, Gibson A, et al. Trends in CNS-active polypharmacy among older adults seen in outpatient care in the United States. *JAMA Intern Med.* 2017;177(4):583-585. [doi:10.1001/jamainternmed.2016.9225](https://doi.org/10.1001/jamainternmed.2016.9225).

⁵ Hanlon JT, Roudreau RM, Roumani YF, et al. Number and Dosage of Central Nervous System Medications on Recurrent Falls in Community Elders: The Health, Aging and Body Composition Study. *J Gerontol A Biol Sci Med Sci.* 2009;64:482-498. [doi:10.1093/Gerona/gln043](https://doi.org/10.1093/Gerona/gln043).

⁶ Wright RM, Roumani YF, Boudreau R, et al. Impact of Central Nervous System (CNS) Medication Use on Cognition Decline in Community Dwelling Older Adults: Findings from the Health, Aging and Body Composition Study. *J Am Geriatr Soc.* 2009;57(2):243-250. [doi:10.1111/j.1532-5415.2008.02127.x](https://doi.org/10.1111/j.1532-5415.2008.02127.x).

⁷ Wastesson JW, Morin L, Tan ECK, Johnell K. An update on the clinical consequences of polypharmacy in older adults: a narrative review. *Expert Opinion on Drug Safety.* 2018;17(12):1185-1196. [doi:10.1080/14740338.2018.1546841](https://doi.org/10.1080/14740338.2018.1546841).

⁸ 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.

Measure Title:	<u>Kidney Health Evaluation</u>
Measure ID:	MUC2021-090
Supporting Rationale:	Adults over 60 years of age are more likely to develop kidney disease and more than 50 percent of older adults over the age of 75 are believed to have kidney disease. ⁹ Given that renal function declines with age, it will be helpful to understand the presence of any impairment and the change in function as we age. ¹⁰

Measure Title:	<u>Clinician-Level and Clinician Group- Level Total Hip Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance</u>
Measure ID:	MUC2021-107
Supporting Rationale:	The measure allows patients to be active participants in defining the outcome of a surgeon or a surgical practice. We believe it may be applicable for geriatricians who are a part of surgical teams and drive engagement of geriatricians in co-management of total hip and knee arthroplasty. The measure supports appropriate expectation setting by the surgical team, ability of the surgical team to know the expectation of the patient and deliver on that, and ultimately the experience of the patient with respect to function, pain, and post-operative life following the elective procedure. Adjustments would be necessary with respect to response rate, level or severity of illness, and the level of risk of the surgery. Level of reporting is also an important consideration given that physician reporting may be more laborious with the smaller sample size than hospital level reporting.

Measure Title:	<u>Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy</u>
Measure ID:	MUC2021-127
Supporting Rationale:	Treatments that have been effective in reducing the disease progression rate of chronic kidney disease include ACE inhibitors and ARB therapy, ¹¹ which are important in managing hypertension and proteinuria in chronic kidney disease, ¹² but have been underutilized by older adults. ¹³ Considering the high burden of cardiovascular morbidity and mortality in patients with chronic kidney disease, ¹⁴ the fact that kidney function decreases in the normal aging process, and that patients over the age of 60 have a greater likelihood of resistant hypertension, ¹⁵ the AGS believes there is value in better understanding utilization of these therapies in the Medicare population and encouraging their appropriate use.

Measure Title:	<u>Screen Positive Rate for Social Drivers of Health</u>
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⁹ National Kidney Foundation. Aging and Kidney Disease. Accessed February 7, 2022. Available at https://www.kidney.org/news/monthly/wkd_aging.

¹⁰ Baba M, Shimbo T, Horio M, et al. Longitudinal Study of the Decline in Renal Function in Healthy Subjects. *Plos One*. 2015;10(6):e0129036. doi:10.1371/journal.pone.0129036.

¹¹ WinkelMayer WC, Fischer MA, Schneeweiss S, Wang PS, Levin R, Avorn J. Underuse of ACE Inhibitors and Angiotensin II Receptor Blockers in Elderly Patients with Diabetes. *Am J Kidney Dis*. 2005;46(6):1080-1087. doi:10.1053/j.ajkd.2005.08.018.

¹² Murphy DP, Drawz PE, Foley RN. Trends in Angiotensin-Converting Enzyme Inhibitor and Angiotensin II Receptor Blocker Use among Those with Impaired Kidney Function in the United States. *JASN*. 2019;30:1314-1321. doi:10.1681/ASN.2018100971.

¹³ Pappoe LS, WinkelMayer WC. ACE inhibitor and angiotensin II type 1 receptor antagonist therapies in elderly patients with diabetes mellitus: are they underutilized?. *Drugs Aging*. 2010;27(2):87-94. doi:10.2165/11316430-000000000-00000.

¹⁴ Wright J, Hutchison A. Cardiovascular disease in patients with chronic kidney disease. *Vasc Health Risk Manag*. 2009;5:713-722. doi:10.2147/vhrm.s6206.

¹⁵ Rossignol P, Massay ZA, Azizi M, et al. The double challenge of resistant hypertension and chronic kidney disease. *The Lancet*. 2015;386(10003):1588-1598. doi:10.1016/S0140-6736(15)00418-3.

Measure ID:	MUC2021-134
Supporting Rationale:	The AGS is pleased to see CMS considering measures that screen for social drivers of health and strongly supports the inclusion of this measure in the Geriatrics specialty measure set for MIPS. This measure will be particularly important for the frail and palliative populations. In order to ameliorate disparities and inequities, it will be critical to address the full spectrum of social drivers of health, including housing, food security, transportation, and social isolation. ¹⁶

Measure Title:	<u>Screening for Social Drivers of Health</u>
Measure ID:	MUC2021-136
Supporting Rationale:	Refer to “Supporting Rationale” above for measure MUC2021-134.

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,



Peter Hollmann, MD
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

¹⁶ Fulmer T, Reuben DB, Auerbach J, Fick DM, Galambos C, Johnson KS. Actualizing Better Health and Health Care for Older Adults. *Health Affairs*. 2021;40(2):219-225. [doi:10.1377/hlthaff.2020.01470](https://doi.org/10.1377/hlthaff.2020.01470).