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

THE AMERICAN GERIATRICS SOCIETY
40 FULTON STREET, SUITE 809
NEW YORK, NEW YORK 10038
212.308.1414 TEL
www.americangeriatrics.org

February 13, 2023

SUBMITTED ELECTRONICALLY VIA
PIMMSQualityMeasuresSupport@gdit.com

Re: Revisions to the Current 2023 Geriatrics Specialty Measure Set for the Performance Year 2024 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) 2024 for 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.

We applaud CMS's ongoing efforts to directly address issues of health equity, including improvements to the Medicare payment policy to reduce inequities and consideration of ways to incorporate health equity into the QPP. In our statement on discrimination, the AGS opposes discrimination or disparate treatment of any kind in any healthcare setting because of age, ancestry, cultural background, disability, ethnic origin, gender, gender identity, immigration status, nationality, marital and/or familial status, primary language, race, religion, socioeconomic status, and/or sexual orientation. We believe such discriminatory policies—especially when they are perpetuated across the healthspan and lifespan—can have a negative impact on public health for us all. The AGS strongly supports the steps CMS is taking to address inequities, including steps to eliminate avoidable differences in health outcomes, and consider and mitigate against unintended consequences of policy changes.

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 2024 best addresses the unique healthcare needs of the geriatrics population and reflects the most relevant measures appropriate for the geriatrics specialty.

RECOMMENDATIONS

Of the 2023 MIPS quality measures, the AGS recommends that CMS revise the following measures to the existing Geriatrics specialty measure set.

Measure Title:	Preventive Care and Screening: Screening for Depression and Follow-up Plan
Measure ID:	134
Supporting Rationale:	Geriatrics health professionals focus on the 5Ms of geriatrics: **M**ultimorbidity, What **M**atters, **M**edication, **M**entation, and **M**obility.[1] 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.[2] The AGS supports the addition of the Preventive Care and Screening: Screening for Depression and Follow-up Plan measure (Measure #134). We appreciate that it is aligned with the 5Ms of geriatrics given that it provides the opportunity to tailor the care provided to older adults and allows geriatrics health professionals to focus on the whole person. In addition, the AGS believes it is important to take into consideration the impact of the measure with an equity lens. Nearly 96 percent of counties in the United States have a workforce shortage of psychiatrists[3] and many rural counties do not have practicing providers for mental health treatment.[4] While the screening component of the measure may support increased screening of depression across different populations, the resources that are available and provided as part of a follow-up plan for depression may vary widely based on access to specialists (i.e., behavioral health) and/or connections in the community.

Measure Title:	Preventive Care and Screening: Tobacco Use: Screening and Cessation Interventions
Measure ID:	226
Supporting Rationale:	Nearly 10 percent of older adults who are Medicare beneficiaries smoke regularly[5] and diseases related to tobacco use accounts approximately nine percent of Medicare

[1] 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/.

[2] Institute for Healthcare Improvement. Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults. Published July 2020. Available at https://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf.

[3] Moore BJ, Stocks C, Owens PL. Trends in emergency department visits, 2006– 2014. HCUP Statistical Brief #227. Rockville, MD: Agency for Healthcare Research and Quality, 2017.

[4] Fairchild RM, Ferng-Kuo SF, Laws S, Rahmouni H, Hardesty D. Telehealth decreases rural emergency department wait times for behavioral health patients in a group of critical access hospitals. *Telemed E-Health.* 2019;25(12):1154-1164. doi:10.1089/tmj.2018.0227

[5] Shadel WG, Elliott MN, Haas AC, et al. Clinician advice to quit smoking among seniors. *Prev Med*. 2015;70:83–89. doi:10.1016/j.ypmed.2014.11.020

	expenditures.[6] Though the AGS is supportive of the Preventive Care and Screening: Tobacco Use: Screening and Cessation Interventions measure (Measure #226) for older adults, we are concerned that it is overly complicated and may be a source of confusion for providers. Specifically, the language related to Submission Criteria 3: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE AND, IF IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION, OR IDENTIFIED AS A TOBACCO NON-USER, needs clarification. As an example, the measure can be interpreted as an attempt to go beyond screening and offering a tobacco cessation intervention OR the offering of the opportunity to receive the intervention. The AGS believes it is important to consider the availability and accessibility of resources for tobacco cessation interventions (e.g., nicotine replacement therapy (NRT)) particularly as behavioral counseling in combination with the US Food and Drug Administration (FDA)-approved cessation medications increase the likelihood of successful tobacco use cessation.[7] For example, Bernstein et al. found that there are racial and socioeconomic differences in the access to nicotine replacement therapy in pharmacies in New York City where NRTs were more available in neighborhoods that were predominantly White and NRT costs were nearly $4.00 more per package in neighborhoods that were of lower socioeconomic status.[8] The availability and cost of smoking cessation products may be a considerable barrier in accessing products that are crucial to treatment, particularly for those who cannot achieve successful cessation without the supports of a product.

Measure Title:	Kidney Health Evaluation
Measure ID:	488
Supporting Rationale:	The AGS supports the Kidney Health Evaluation measure (Measure #488) for older adults with diabetes. However, considering that there is strong evidence the current definition of chronic kidney disease (CKD) leads to overdiagnosis and identifies older adults as having CKD even though they do not have an increased risk for adverse outcome,[9,10,11] the AGS is concerned about the overdiagnosis, overestimation of the burden of CKD, and unnecessary interventions in the general population of older adults

[6] Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. *Am J Prev Med*. 2015;48(3):326–333. doi:10.1016/j.amepre.2014.10.012.
[7] US. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2020. Available at https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/index.html.
[8] Bernstein et al. Disparities in Access to Over-the-Counter Nicotine Replacement Products in New York City Pharmacies. *Am J Public Health*. 2009;99(9):1699-1704. doi:10.2105/AJPH.2008.149260
[9] O'Hare AM, Rodriguez RA, Rule AD. Overdiagnosis of chronic kidney disease in older adults—an inconvenient truth. *JAMA Intern Med*. 2021;181(10):1366-1368. doi:10.1001/jamainternmed.2021.4823
[10] Liu P, Quinn RR, Lam NN, et al. Accounting for age in the definition of chronic kidney disease. *JAMA Intern Med*. 2021;181(10):1359-1366. doi:10.1001/jamainternmed.2021.4813
[11] Delanaye P, Jager KJ, Bökenkamp A, et al. CKD: a call for an age-adapted definition. *J Am Soc Nephrol*. 2019;30(10):1785-1805. doi:10.1681/ASN.2019030238

	without diabetes. We recommend the consideration of the impact of the measure on older adults without diabetes.

Measure Title:	Adult Immunization Status
Measure ID:	493
Supporting Rationale:	The AGS is concerned about the Adult Immunization Status measure (Measure #493), which includes immunizations for influenza, tetanus and diphtheria (Td) and Tetanus, Diphtheria, Pertussis (Tdap), zoster, and pneumococcal, due to the financial barriers for Medicare beneficiaries. Presently, the immunizations for tetanus and diphtheria (Td) and Tdap, zoster, and pneumococcal are not covered by Medicare. Given the substantial copayments of the immunizations, particularly for the zoster vaccine, many older adults choose not to receive the vaccination. The AGS recommends that CMS ensure the affordability of immunizations for Medicare beneficiaries as well as appropriate payment for providers. Further, as detailed in AGS's response to the CY 2023 QPP Proposed Rule, we have some concerns about the applicability and practicality of the proposed Adult Immunization Status measure. The AGS believes provider access to state immunization registry data is uneven at best with some states charging providers for access to such data for their patients. We urge CMS to clarify that eligible clinicians and groups may satisfy this measure by documenting patient-reported immunization status, in lieu of data from the patient's electronic medical record or a state registry.

***

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,

Michael Harper, MD
President

Nancy E. Lundebjerg, MPA
Chief Executive Officer