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SUBMITTED ELECTRONICALLY VIA
PIMMSQualityMeasuresSupport@gdit.com

Re: Revisions to the Current 2019 Geriatrics Specialty Measure Set for the Quality Performance Category

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 recommendations for revisions to the existing Geriatrics specialty measure set for the Quality performance category for the 2020 program year of the Merit-based Incentive Payment System ("MIPS") program.

The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners ("NPPs") who are devoted to improving the health, independence, and quality of life of all older adults. The AGS provides leadership to healthcare professionals, policymakers, 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. The AGS greatly appreciates CMS's support of measure development and promoting ways to develop new, more applicable measures for this patient population, such as finalizing the addition of the Geriatrics specialty measure set in the Quality Payment Program ("QPP") Final Rule for Calendar Year ("CY") 2019. Below we offer our recommendations to ensure that the Geriatrics specialty measure set proposed for the 2020 program year 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 2019 quality measures and those being considered for implementation in 2020, **the AGS recommends that CMS add the following five measures – listed in no particular order – to the existing Geriatrics specialty measure set.**

Measure ID:	048
Measure Title:	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

Supporting Rationale:	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.[1] UI significantly impairs quality of life, including emotional well-being, social function, and general health.[1] 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.[2] Strategies to increase recognition and reporting of UI are essential. Further, as detailed in the AGS's response to the CY 2019 QPP Proposed Rule, Measure 048 and Measure 050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older – which is currently included in the Geriatrics specialty measure set – go hand-in-hand because interventions to increase UI screenings (as measured by 048) results in higher numbers of women receiving UI treatment (as measured by 050). Having Measure 050 without Measure 048 undermines the purpose of improving outcomes for women with UI. For these reasons, CMS should include Measure 048 as well.

Measure ID:	154
Measure Title:	Falls: Risk Assessment
Supporting Rationale:	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.[3] Falls are a leading cause of serious injuries in older adults that can lead to hospitalization, nursing home admission, and even death.[4] Each year, at least 27,000 older adults die as a result of falls.[5] 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.[6,7]

Measure ID:	155
Measure Title:	Falls: Plan of Care
Supporting Rationale:	Refer to "Supporting Rationale" above for Measure 154.

[1] 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.
[2] 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.
[3] Centers for Disease Control and Prevention. Home and Recreational Safety - Important Facts about Falls. https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html. Accessed February 6, 2018.
[4] 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.
[5] 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.
[6] 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.
[7] 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.

Measure ID:	MUC2018-038
Measure Title:	International Prostate Symptom Score (IPSS) or American Urological Association Symptom Index (AUA-SI) change 6-12 months after diagnosis of Benign Prostatic Hyperplasia
Supporting Rationale:	Benign prostatic hyperplasia (BPH) is the most common prostate disease in men over the age of 50. More than 50% of men over age 60 and more than 90% of men over the age of 85 have BPH.[8] This makes it one of the most common health problems for older men. It is associated with bothersome lower urinary tract symptoms (LUTS) that affect quality of life by interfering with normal daily activities and sleep patterns.[8] Assessing BPH severity using clinical tools like the IPSS and AUA-SI is important because it guides management decisions. While the AGS recommends that CMS include MUC2018-038 in the Geriatrics specialty measure set, we suggest adding "Advance Dementia" to the exclusion criteria. In the denominator, we recommend changing the timeframe from 6-12 months to 3-12 months.

Measure ID:	MUC2018-063
Measure Title:	Functional Status Change for Patients with Neck Impairments
Supporting Rationale:	Functional status is a critically important outcome for older adults, especially those with multiple chronic conditions (MCC). Routine assessment of a person's physical function is critical to understanding changes in their ability to perform daily tasks and to identify signs of early decline.[9] Prevention of decline in functional status has the potential to increase quality of life and decrease emotional, social, and financial costs.[10,11] The AGS notes that there is a lack of meaningful functional status measures in the QPP. Despite its importance, functional status remains a big gap in the data collected, resulting in a big gap in quality measures.[12]

The AGS supports the inclusion of the measures in the existing Geriatrics specialty measure set. We do, however, want to draw your attention to concerns our members have raised regarding Measure 046: Medication Reconciliation Post Discharge. We are concerned that the large caregiver burden required of this measure may lead to slow or little adoption. There is also concern that the cumbersome specifications will lead to inaccurate data on the record.

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[8] Harper GM, Lyons WL, Potter JF, eds. Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine. 10th ed. New York: American Geriatrics Society; 2019.
[9] Rich E, Lipson D, Libersky J, Parchman M. Coordinating Care for Adults With Complex Care Needs in the Patient-Centered Medical Home: Challenges and Solutions. White Paper (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I/HHSA29032005T). AHRQ Publication No. 12-0010-EF. Rockville, MD: Agency for Healthcare Research and Quality. January 2012.
[10] Gill TM, Baker DI, Gottschalk M, Peduzzi PN, Allore H, Byers A. A Program to Prevent Functional Decline In Physically Frail, Elderly Persons Who Live At Home. *N Engl J Med*. 2002;347(14), 1068-1074.
[11] Caplan GA, Williams AJ, Daly B, Abraham K. A Randomized, Controlled Trial of Comprehensive Geriatric Assessment and Multidisciplinary Intervention After Discharge of Elderly from the Emergency Department – The DEED II Study. *J Am Geriatr Soc*. 2004;52(9), 1417-1423.
[12] Wald HL, Ramaswamy R, Perskin MH, Roberts L, Bogaisky M, Suen W, Mikhailovich A. The Case for Mobility Assessment in Hospitalized Older Adults: American Geriatrics Society White Paper Executive Summary. *J Am Geriatr Soc*. 2019;67: 11-16.

Thank you for your attention to these comments. Please contact Anna Mikhailovich at 212-308-1414 or amikhailovich@americangeriatrics.org if you have any questions.

Sincerely,

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