

January 31, 2025

SUBMITTED ELECTRONICALLY VIA
PIMMSQualityMeasuresSupport@gdit.com

Re: Revisions to the Current 2025 Geriatrics Specialty Measure Set for the Performance Year 2026 for Merit-based Incentive Payment System

Dear Practice Improvement and Measures Management Support (PIMMS) Quality Measures 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 Performance Year (PY) 2026 of the Merit-based Incentive Payment System (MIPS) program.

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.

AGS' vision is a nation where we can all have a fair and equitable opportunity to contribute to our communities and maintain our health, safety, and independence as we age. AGS believes in a society 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. We believe discriminatory policies—especially when they are perpetuated across the healthspan and lifespan—can have a negative impact on public health for us all.

Geriatricians and other geriatrics health professionals care for older adults many of whom are living with complicated medical issues and social challenges. AGS appreciates CMS' 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 2026 best addresses the unique healthcare needs of older adults and reflects the quality metrics that we believe are most appropriate for measuring care for all of us as we age.

RECOMMENDATIONS

Measure Title:	<u>Ambulatory Palliative Care Patients' Experience of Feeling Heard and Understood</u>
Measure ID:	495

Supporting Rationale:	<p>AGS greatly appreciates CMS’ efforts to include measures that apply a person-centered approach to prioritize peoples’ health concerns from their own perspectives and provide the opportunity for patients to feel heard and understood, a key goal and benefit of palliative care as well as geriatrics. Geriatrics health professionals focus on the 5Ms of geriatrics: Multimorbidity, What Matters, Medication, Mentation, and Mobility.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</p> <p>We also appreciate that the measure expands on the traditional definition of palliative care from focusing on end-of-life care to include palliating symptoms of chronic disease. While all patients receiving geriatrics care do not require palliative treatment, geriatricians are able to support managing palliative symptoms, particularly as palliative care consultation is not easily accessible to all patients in some parts of the United States.</p> <p>Although AGS previously recommended that the measure exclusions include diagnoses of cognitive impairment, dementia, and Alzheimer’s disease to take into consideration patients who may not be able to appropriately respond to the survey, we recognize that the measure includes an exclusion for surveys filled out by proxies and an exception for patients who do not respond to the questions.</p> <p>AGS agrees with CMS to include the Ambulatory Palliative Care Patients’ Experience of Feeling Heard and Understood measure in the Geriatrics specialty set to help facilitate active participation from patients in defining an outcome of the palliative care received.</p>
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Measure Title:	<u>Gains in Patient Activation Measure (PAM®) Scores at 12 Months</u>
Measure ID:	503
Supporting Rationale:	<p>A 2022 study on patient activation among individuals with multimorbidity found that levels of activation were low in patients with multiple chronic conditions and that older age was significantly associated with lower activation scores highlighting areas for improvement, including consideration of psychosocial factors in patient activation.³ AGS appreciates CMS’ rationale to include the Gains in PAM® Scores at 12 Months measure in the Geriatrics specialty set for its use through the continuum of care and addressing chronic conditions and outcomes. However, we remain concerned that the</p>

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://thecanadiangeriatricsociety.wildapricot.org/Geriatric5Ms/>. Accessed January 24, 2025.

² Institute for Healthcare Improvement. Age-Friendly Health Systems: Measures Guide. July 2020. Accessed January 24, 2025. https://www.ihl.org/sites/default/files/2023-09/IHIAgeFriendlyHealthSystems_MeasuresGuide.pdf

³ Paukkonen L, Oikarinen A, Kähkönen O, Kaakinen P. Patient activation for self-management among adult patients with multimorbidity in primary healthcare settings. *Health Sci Rep.* 2022;5(4):e735. doi:[10.1002/hsr2.735](https://doi.org/10.1002/hsr2.735)

measure may pose challenges for geriatricians who often treat older patients with medical complexities and multimorbidity. As detailed in [AGS' comments on the CY 2025 QPP Proposed Rule](#), we are particularly concerned about the practicality of quantifying progress of self-management within the complicated nature of managing various aspects of health care with multimorbid patients. Due to the complexity in addressing and individualizing care within the context of what matters to the older adult with multimorbidity and potential accumulation of disease states and medications, it may be more difficult for older patients with multiple chronic conditions to be self-efficacious and keep track of and build the knowledge, skills, and confidence to manage their own health and health care.

Furthermore, the measure does not provide guidance on follow-up or action plans to implement to try and improve low activation scores. Considering that most geriatricians are aware of which patients are less activated without a PAM[®] score, the practical utility of this measure in the Geriatrics measure set is unclear without specific plans to address the contributing factors of low scores. AGS believes the measure may be improved with the inclusion of action steps to help identify opportunities to improve outcomes and encourage systems to explore programs such as Chronic Disease Self-Management interventions within their catchment areas.

While we recognize that geriatricians are not required to adopt this measure, for the reasons above, we ask that CMS reconsider the addition of Gains in PAM[®] Scores at 12 Months in the Geriatrics specialty measure set.

Measure Title:	<u>Adult COVID-19 Vaccination Status</u>
Measure ID:	508
Supporting Rationale:	AGS believes that staying current with immunization recommendations is especially important for adults who are ages 65 and older because they are at increased risk of severe complications from vaccine-preventable illnesses. We support the inclusion of the Adult COVID-19 Vaccination Status measure in the Geriatrics specialty set given the importance of vaccination to reduce morbidity and mortality caused by COVID-19, particularly for older adults as well as the recent adoption by the Centers for Disease Control and Prevention (CDC) of the recommendations made by the Advisory Committee on Immunization Practices (ACIP) on COVID-19 vaccination for individuals who are ages 65 and older. ⁴

Measure Title:	<u>Breast Cancer Screening</u>
Measure ID:	MUC2024-049
Supporting Rationale:	AGS is pleased to continue to support the Breast Cancer Screening measure, and we recommend its inclusion in the Geriatrics specialty set. We believe this measure strives

⁴ Roper LE, Godfrey M, Link-Gelles R, et al. Use of additional doses of 2024–2025 COVID-19 vaccine for adults aged ≥65 years and persons aged ≥6 months with moderate or severe immunocompromise: recommendations of the Advisory Committee on Immunization Practices — United States, 2024. *MMWR*. 2024;73(49):1118-1123. doi:[10.15585/mmwr.mm7349a2](https://doi.org/10.15585/mmwr.mm7349a2)

to incentivize more cost-effective imaging modalities and discourage excessive and frequent follow-up that may be superfluous.

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,



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President



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