



June 8, 2023

**Re: Support for Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the CMS Hospital Inpatient Quality Reporting (IQR) Program**

**File code CMS-1785-P**

**Attn: Centers for Medicare & Medicaid Services, US Department of Health and Human Services**

We write to express our strong support for inclusion of the Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the CMS Hospital Inpatient Quality Reporting (IQR) Program. These measures are a “programmatic composite” measure, which considers the full program of care needed for hospital patients who are age 65 and older. Developed by the American College of Surgeons (ACS), the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians (ACEP), these measures are designed to help build a better, safer, more age-friendly environment for geriatric hospital patients and will help patients and caregivers know where to get high-quality care that is in line with their values.

The U.S. population is aging rapidly and the health care system has a tremendous shortage of health professionals trained in providing geriatric care. Almost 96 percent of Medicare beneficiaries are age 65 or older. The number of older Americans ages 65 and older will more than double over the next 40 years, reaching more than 80 million by 2040. Age is the biggest risk factor for Alzheimer’s disease and related dementias (ADRD); today, more than a third of people age 85 or older have Alzheimer’s dementia. The number of Americans ages 85 and older will nearly quadruple by 2040. Fifty-four percent of Medicare beneficiaries diagnosed with ADRD have five or more chronic conditions, making their care difficult to manage.

Hospitals are increasingly faced with older patients who have complex medical, physiological, and psychosocial needs that often are inadequately addressed by the current health care infrastructure. In particular, patients living with ADRD have extraordinary difficulty navigating a hospital environment. Because of the effects of ADRD on the mind, including behavioral complications and progressive loss of capacity to participate in care or decision-making, the devastating impacts on caregivers, and the scope of disease management beyond medical issues, the management of ADRD demands different approaches to how hospitals customarily have treated patients living with ADRD.

The shortcomings in caring for older individuals also are reflected in current quality measurement efforts, which are disjointed and siloed in nature. Current measures fail to incentivize care teams and facilities to coordinate care for geriatric patients and do not provide the public with information on where to seek good, safe geriatrics care.

We agree strongly with CMS that these measures align with CMS' National Quality Strategy goal to “embed quality into the care journey,” by taking a person-centered approach to ensure a smoother care journey for a patient population that often has complex needs. We specifically support the inclusion of “cognition and delirium” as one of the key domains to be measured by both the geriatrics surgery measure and a geriatrics hospital measure.

Too many hospital patients with ADRD are not treated as whole individuals. By explicitly requiring hospitals to report on how many patients receive cognitive screens, we hope to increase the number of people who receive equitable, timely, accurate, compassionate, and actionable (ETACA) detection and diagnosis. Each of the domains listed in the proposed rule would greatly improve the care delivered to hospital patients 65 years and older through patient-centered competencies aimed at achieving quality of care and safety for older adults. If adopted, these measures would be mandatory and would enable people living with dementia and their caregivers to choose hospitals that have demonstrated effectiveness in treating older patients.

Vitaly, the measures put an emphasis on the importance of defining hospital patient (and caregiver) goals not only from the immediate treatment decision but also for long-term health and aligning care with what the patient values. The measures drive teams to portray transparently their quality and seek to improve continuously. The measures also can provide the public with information that reflects a care delivery team where the hospital and the related specialties are collaborating in a meaningful way.

We appreciate the opportunity to share our support for the Geriatrics Hospital Measure and Geriatrics Surgery Measure for inclusion in the CMS Hospital IQR program. We applaud CMS for proposing that the Geriatrics Hospital Measure be one of only three structural measures that have been proposed so far. While a programmatic composite is not typical for CMS programs, these measures are a critical piece in optimizing care for older patients by using a holistic approach to create a quality program that better serves the needs of Medicare beneficiaries, especially those living with dementia.

For questions or additional information, please contact LEAD Coalition<sup>1</sup> executive director Ian Kremer at [ikremer@leadcoalition.org](mailto:ikremer@leadcoalition.org).

Sincerely,

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Alzheimer's Disease Resource Center, Inc.  
Alzheimer's Drug Discovery Foundation  
Alzheimer's Foundation of America  
Alzheimer's Los Angeles  
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American Association for Geriatric Psychiatry  
American Academy of Neurology  
American Brain Coalition  
American College of Preventive Medicine (ACPM)  
American Federation for Aging Research (AFAR)  
American Medical Women's Association  
American Neurological Association  
American Society of Consultant Pharmacists (ASCP)  
American Society on Aging  
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National Association of Activity Professionals

National Association of Chronic Disease Directors

National Association of Social Workers (NASW)

National Association of State Long-Term Care Ombudsman Programs (NASOP)

National Caucus and Center on Black Aged, Inc. (NCBA)

National Certification Council for Activity Professionals

National Consumer Voice for Quality Long-Term Care

National Down Syndrome Society

National Hartford Center of Gerontological Nursing Excellence

National Minority Quality Forum

National Task Group on Intellectual Disabilities and Dementia Practices

NFL Neurological Center

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Patients Rising Now

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Texas Rare Alliance

The Association for Frontotemporal Degeneration

TimeSlips Creative Storytelling, Inc.

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*\* Affiliations of individual researchers are for identification purposes only and do not necessarily represent the endorsement of affiliated institutions.*

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<sup>i</sup> The LEAD Coalition (Leaders Engaged on Alzheimer's Disease <http://www.leadcoalition.org/>) is a diverse national coalition of member organizations including patient advocacy and voluntary health non-profits, philanthropies and foundations, trade and professional associations, academic research and clinical institutions, and home and residential care providers, large health systems, and biotechnology and pharmaceutical companies. The LEAD Coalition works collaboratively to focus the nation's strategic attention on dementia in all its causes -- including Alzheimer's disease, vascular disease, Lewy body dementia, and frontotemporal degeneration -- and to accelerate transformational progress in detection and diagnosis, care and support, and research leading to prevention, effective treatment, and eventual cure. One or more participants may have a financial interest in the subjects addressed.