

The CMS Age Friendly Hospital Measure

*ACS GSV Program: Your Solution for Improving
Care for Older Adults*

September 17, 2024



/The Aging Population Needs to be Addressed

- The population in the United States is expanding and aging.
 - In the last decade, older adults reached **55.8 million people** or 16.8% of the total population.
 - Older adults have substantially more chronic conditions, require more care, have increased complexities, and have higher healthcare utilization.
- Older adults have **worse outcomes** – many of which are likely **preventable** with better care.



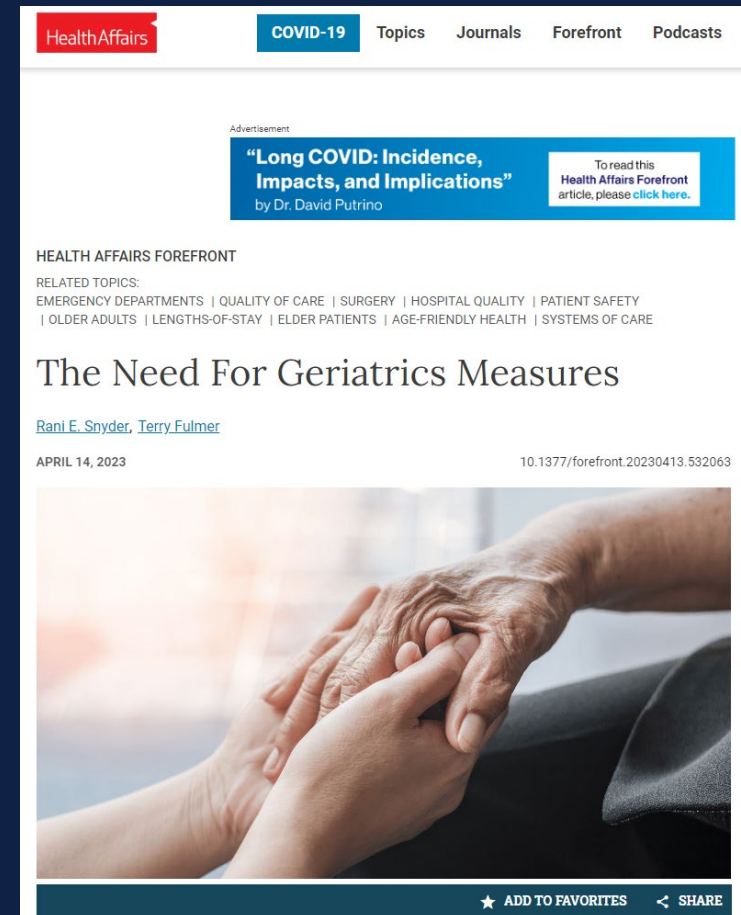
/Today's Agenda

1. Share important details about the Age Friendly Hospital Measure
 - *Jill Sage, MPH, Chief of Quality Affairs*
2. The Solution: GSV
 - *Clifford Y. Ko, MD, MS, MSHS, FACS, Director of the ACS Division of Research and Optimal Patient Care*
3. Questions and Answers:
 - *ACS Quality Team Members*
 - *Sarah Valek, RN, MSN, MBA, Manager, Clinical Quality Resources*
 - *Kat Christensen, GSV Program Manager*

/The Aging Population is a Priority for the Department of Health and Human Services

“Ensuring that every American can age with dignity has been a priority... and is at the core of our work at HHS.”

–HHS Secretary Xavier Becerra



The screenshot shows a webpage from Health Affairs Forefront. At the top, there is a navigation bar with 'HealthAffairs' in a red box, 'COVID-19' in a blue box, and links for 'Topics', 'Journals', 'Forefront', and 'Podcasts'. Below the navigation bar is an advertisement for a 'Long COVID: Incidence, Impacts, and Implications' article by Dr. David Putrino. The main content area features the title 'HEALTH AFFAIRS FOREFRONT' and a list of related topics including 'EMERGENCY DEPARTMENTS', 'QUALITY OF CARE', 'SURGERY', 'HOSPITAL QUALITY', 'PATIENT SAFETY', 'OLDER ADULTS', 'LENGTHS-OF-STAY', 'ELDER PATIENTS', 'AGE-FRIENDLY HEALTH', and 'SYSTEMS OF CARE'. The article title is 'The Need For Geriatrics Measures' by Rani E. Snyder and Terry Fulmer, dated April 14, 2023. Below the title is a photograph of an elderly person's hand being held by a younger person's hand. At the bottom of the article, there are buttons for 'ADD TO FAVORITES' and 'SHARE'.



Introducing the Age Friendly Hospital Measure

- **What:** The Centers for Medicare & Medicaid Services finalized the new **Age Friendly Hospital Measure on August 1, 2024** for the CMS Inpatient Quality Reporting Program.
- **Why:** This geriatric measure is being implemented to improve the health care for older adults.
- **The measure is based on quality standards developed previously by the ACS** to improve the care and outcome of older adult patients.

/Introducing the Age Friendly Hospital Measure

The new measure will evaluate hospitals' progress toward improving care for patients aged 65 and above in the inpatient hospital setting, including hospital departments, operating rooms, and emergency departments, etc.

The measure has five domains:

- 1. Eliciting Patient Healthcare Goals:** Ensures patient health-related goals and treatment preferences are obtained to inform shared decision-making.
- 2. Responsible Medication Management:** Optimizes medication management by monitoring pharmacological records to avoid inappropriate drugs for older adults.
- 3. Frailty Screening and Intervention:** Screens for cognitive impairment (including delirium), mobility, and malnutrition, allowing for early detection and intervention.
- 4. Social Vulnerability:** Recognizes and addresses social issues impacting older adults as part of the care plan such as social isolation, economic insecurity, ageism, caregiver stress, limited access to healthcare and elder abuse.
- 5. Age-Friendly Care Leadership:** Identifies an age-friendly champion or committee in the hospital to ensure compliance with all components of the measure.

/ 10 Individual Items (within the Domains) Comprise The Measure

Domains	Attestation Details
Eliciting Patient Healthcare Goals	<ul style="list-style-type: none"> ✓ Health/treatment goals, living wills and identification of healthcare proxies are obtained/reviewed and documented in the medical record. Goals are updated before major procedures and upon significant changes in clinical status.
Responsible Medication Management	<ul style="list-style-type: none"> ✓ Review potentially inappropriate medications (PIMs) upon admission, before major procedures, and/or upon significant changes in clinical status. PIMS should be considered for discontinuation, and/or dose adjustment.
Frailty Screening and Intervention	<ul style="list-style-type: none"> ✓ Screenings for risks using validated instruments ideally upon admission, before major procedures, and/or upon significant changes in clinical status. ✓ Positive screens result in management plans that should be included in discharge instructions and communicated to post-discharge facilities. ✓ Data are collected on the rate of falls, decubitus ulcers, and 30-day readmission for patients > 65. ✓ Protocols reduce the risk of emergency department delirium by reducing length of emergency department stay. Goal of transferring a targeted percentage of patients out of the emergency department within 8 hours of arrival and/or within 3 hours of the decision to admit.
Social Vulnerability	<ul style="list-style-type: none"> ✓ Screenings for social isolation, economic insecurity, limited access to healthcare, caregiver stress, and elder abuse. Assessments are performed on admission and prior to discharge. ✓ Positive screens for social vulnerability are addressed through intervention strategies and should include appropriate referrals and resources for patients upon discharge.
Age-Friendly Care Leadership	<ul style="list-style-type: none"> ✓ Hospital designates a point person and/or interprofessional committee to ensure age friendly care issues are prioritized. Oversees quality related to older patients, identifies opportunities to provide education to staff, and updates hospital leadership on needs ✓ Hospital compiles quality data that is stratified by demographic and/or social factors to improve care.

/ Important Details About the Measure

- **Mandatory:** Within the CMS Inpatient Quality Reporting Program the measure is mandatory. All hospitals that don't meet participation requirements **could face significant financial penalties.**
- **Period:** Hospitals must attest to the entire measure for the 2025 calendar year, **January 1, 2025 through December 31, 2025**
- **Public Reporting:** CMS will publicly report the results on the **CMS Care Compare website.**
- *(Of note: All measures in the current CMS Hospital **Pay-for-Performance** Program started initially in the IQR program, so an iteration of this measure might very well be a performance measure in the future)*



The ACS has a Solution: **The GSV**

/GSV: Compliant. Cost-effective. Caring.

- The GSV Program has been specifically designed to help hospitals **comply with the CMS Age Friendly Hospital Measure**.
- The GSV Program gives your hospital all the tools you need to **meet all five CMS domains** of the Age Friendly Hospital Measure.
- The GSV Program requires **little to no additional resources** to purchase or hire.
- In addition to complying with regulation; case studies show the GSV Program **improves patient outcomes, reduces costs, and increases surgical capacity (i.e., revenue)**.



/ These 6 Standards Help Hospitals Meet the New CMS Requirements

1

Age-Friendly Care
Leadership

2

Treatment and
Overall Health
Goals

3

Geriatric
Vulnerability
Screens

4

**Management
Plan** for Patients
with Positive
Geriatric
Vulnerability
Screens

5

Age-Friendly-
Specific
**Postoperative
Protocol**

6

Data **Review**

/ Important priorities are achieved in the GSV Program



Patient-centered care,
always



Better medication management for all patients
(including opiates)



Fewer complications,
better outcomes



Decreased delirium risk
after surgery

GERIATRIC
SURGERY VERIFICATION

\$164 B

estimated annual
cost of delirium
in the U.S.

>\$20K

average cumulative cost
per patient of treating
postoperative delirium

/Delirium is a Problem, and an Opportunity

- Delirium occurs in at least 1 in 4 older adult patients.
- GSV has been shown to reduce postoperative delirium – which shortens hospital stays, reduces complications, and reduces readmissions.
- Less delirium can lead to increases in bed space for increased access (e.g., more elective surgeries).



The GSV “Checks Off” Surgery from Your “To Do” List

The CMS Age Friendly Measure is for the hospital. Surgery is often **one of the most difficult areas** in the hospital to implement change.

The ACS developed the GSV Program to achieve compliance for Surgery using a proven ACS strategy, simplified 6 standards, and support tools.

GSV Program studies show decreased complications that lead to reduced **expenses** and increased hospital bed and resource availability which improves access and **potential revenue**.

The Program helps hospitals meet every requirement in the measure.

It effectively “checks off” Surgery from the “to do” list for the hospital measure.



Next Steps to Join the GSV Program
and Achieve Compliance

/Just 2 Steps

Apply online; complete participation agreement

Virtual site visit to review standards compliance and conduct interviews with program staff

A report is provided to the hospital with site visit findings

Fill Out the *Application*

Site Visit

Hospital completes Pre-Review Questionnaire (PRQ) to evaluate compliance with standards

Site visit date is scheduled

Site visit findings are reviewed by GSV Program clinical peer reviewers

/How ACS Can Help Hospitals

Start the Process



Questions?



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