CMS Age Friendly Structural Measure

A Commitment to What Matters for the Older Adult

- KHA Quality Webinar
- September 16, 2024

Target Zero
Every Person. Every Time.

Centers for Medicare & Medicaid Services (CMS) Final Rule

Age Friendly Structural Measure

Begins: CY 2025 reporting period / FY 2027 payment determination

Medicare Hospital Inpatient Quality Reporting (IQR) Program

Published: Federal Register 08/28/2024

https://federalregister.gov/d/2024-17021

https://govinfo.gov

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Age Friendly Structural Measure

Per CMS

- A pay for reporting program - no outcome measures currently exist
- Provide hospitals flexibility - without being overly prescriptive
- (Future) CMS educational & training materials to support hospitals
  - Vendors
  - QIOs
  - QualityNet website notices
  - Memos & emails

https://federalregister.gov/d/2024-17021

https://govinfo.gov

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Photo Source: Messenger Inquirer

Older Adult

≥65 years old → 100+ years old

Increasing rapidly

American Diabetes Association Professional Practice Committee. 13. Older adults: Standards of Care in Diabetes—2024. Diabetes Care 2024;47(Suppl. 1): S244–S257

CMS Age Friendly Structural Measure

Assesses hospital commitment to improving care for **patients ≥65**

…in the hospital, OR, & ED

Federal Register: 8.28.2024

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CMS Age Friendly Structural Measure

Five attestation domains

Table IX.C.1

Domain 1: Eliciting Patient Healthcare Goals This domain focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care.	**(A)** Established protocols are in place to ensure patient goals related to healthcare (health goals, treatment goals, living wills, identification of healthcare proxies, advance care planning) are obtained/reviewed and documented in the medical record. These goals are updated before major procedures and upon significant changes in clinical status.
Domain 2: Responsible Medication Management This domain aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.	**(A)** Medications are reviewed for the purpose of identifying potentially inappropriate medications (PIMs) for older adults as defined by standard evidence-based guidelines, criteria, or protocols. Review should be undertaken upon admission, before major procedures, and/or upon significant changes in clinical status. Once identified, PIMS should be considered for discontinuation, and/or dose adjustment as indicated.
Domain 3: Frailty Screening and Intervention This domain aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate.	**(A)** Patients are screened for risks regarding mentation, mobility, and malnutrition using validated instruments ideally upon admission, before major procedures, and/or upon significant changes in clinical status. **(B)** Positive screens result in management plans including but not limited to minimizing delirium risks, encouraging early mobility, and implementing nutrition plans where appropriate. These plans should be included in discharge instructions and communicated to post-discharge facilities. **(C)** Data are collected on the rate of falls, decubitus ulcers, and 30-day readmission for patients > 65. These data are stratified by demographic and/or social factors. **(D)** Protocols exist to reduce the risk of emergency department delirium by reducing length of emergency department stay with a goal of transferring a targeted percentage of older patients out of the emergency department within 8 hours of arrival and/or within 3 hours of the decision to admit.
Domain 4: Social Vulnerability This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.	**(A)** Older adults are screened for geriatric specific social vulnerability including social isolation, economic insecurity, limited access to healthcare, caregiver stress, and elder abuse to identify those who may benefit from care plan modification. The assessments are performed on admission and again prior to discharge. **(B)** Positive screens for social vulnerability (including those that identify patients at risk of mistreatment) are addressed through intervention strategies. These strategies should include appropriate referrals and resources for patients upon discharge.
Domain 5: Age-Friendly Care Leadership This domain seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.	**(A)** Our hospital designates a point person and/or interprofessional committee to specifically ensure age friendly care issues are prioritized, including those within this measure. This individual or committee oversees such things as quality related to older patients, identifies opportunities to provide education to staff, and updates hospital leadership on needs related to providing age friendly care. **(B)** Our hospital compiles quality data related to the Age Friendly Hospital measure. These data are stratified by demographic and/or social factors and should be used to drive improvement cycles.

Ten attestation statements

Federal Register: 8.28.2024

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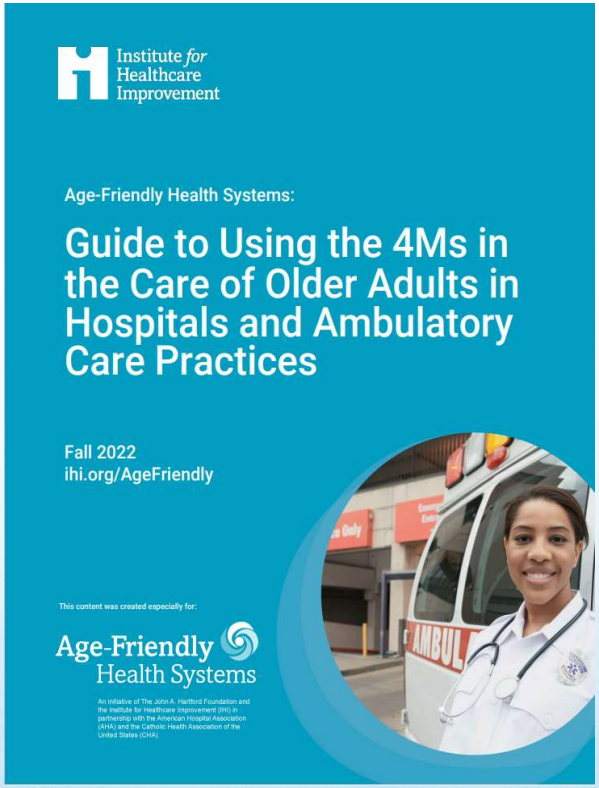
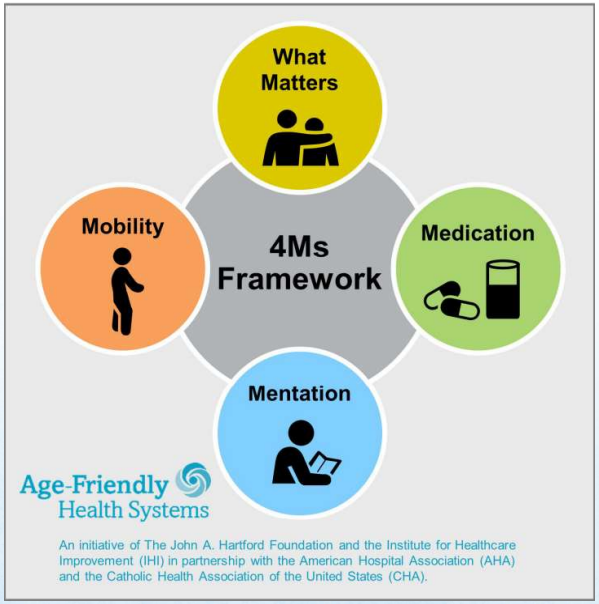
CMS Age Friendly Structural Measure

Ensure hospitals reliably implement the **4Ms**





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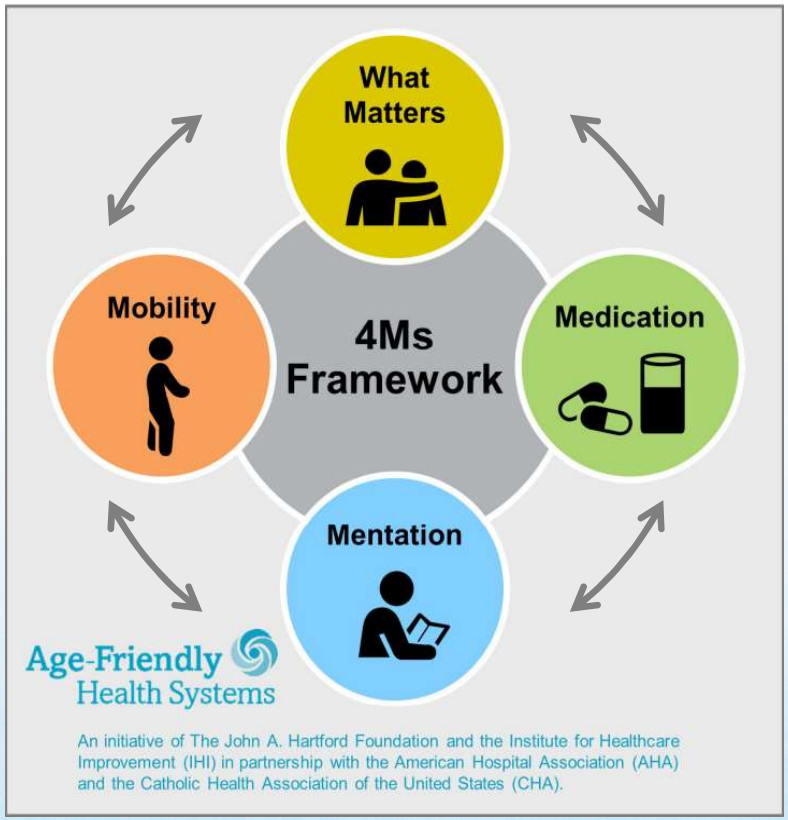
Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (Fall 2022). Institute for Healthcare Improvement (IHI)

A Holistic Bundle



Thus providing <u>evidence-based</u> elements of high-quality care for all older adults

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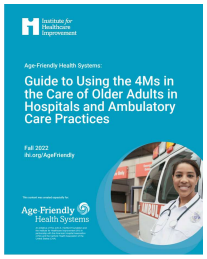
Every Person. **Every Time.**

Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (Fall 2022). Institute for Healthcare Improvement (IHI)



4Ms Driver Diagram

Age-Friendly Health Systems

4Ms

- What Matters
- Medication
- Mentation
- Mobility

Assess

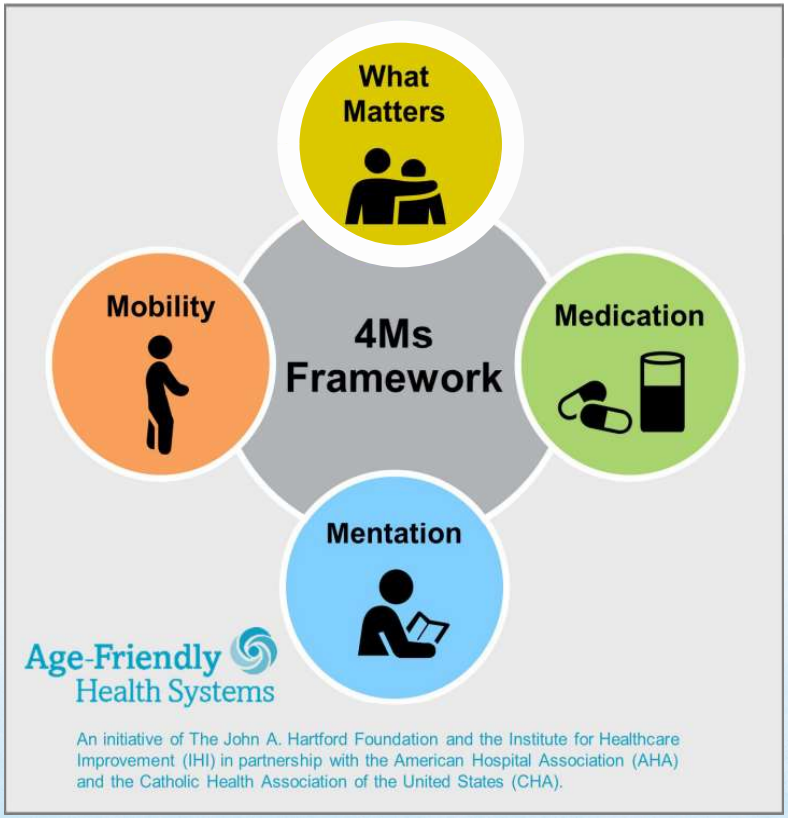
Know about the **4Ms** for each older adult in your care

Act on

Incorporate the **4Ms** into care delivery and document in the care plan

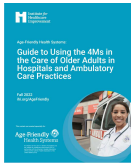
Target Zero
Every Person. Every Time.

Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (Fall 2022). Institute for Healthcare Improvement (IHI)

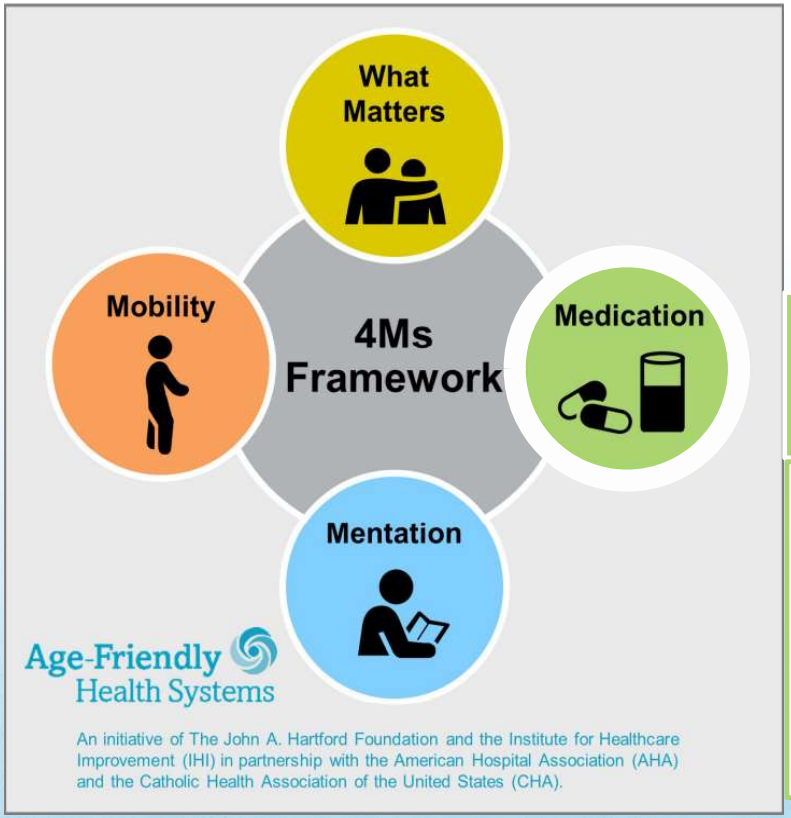


Domain 1
Eliciting Patient Healthcare Goals

Know and align care with each older adult's health outcome goals and care preferences…
not limited to end-of-life care

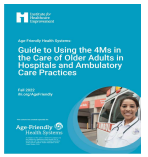


Target Zero
Every Person. Every Time.

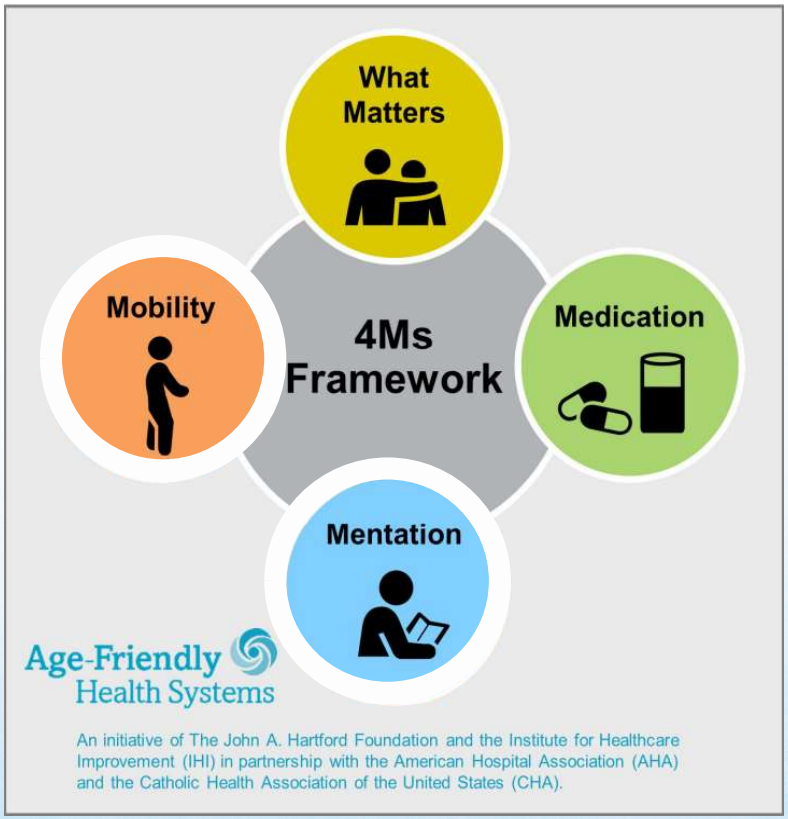


Domain 2
Responsible Medication Management

<u>If necessary</u>, use medication that does not interfere with **What Matters, Mobility**, or **Mentation**



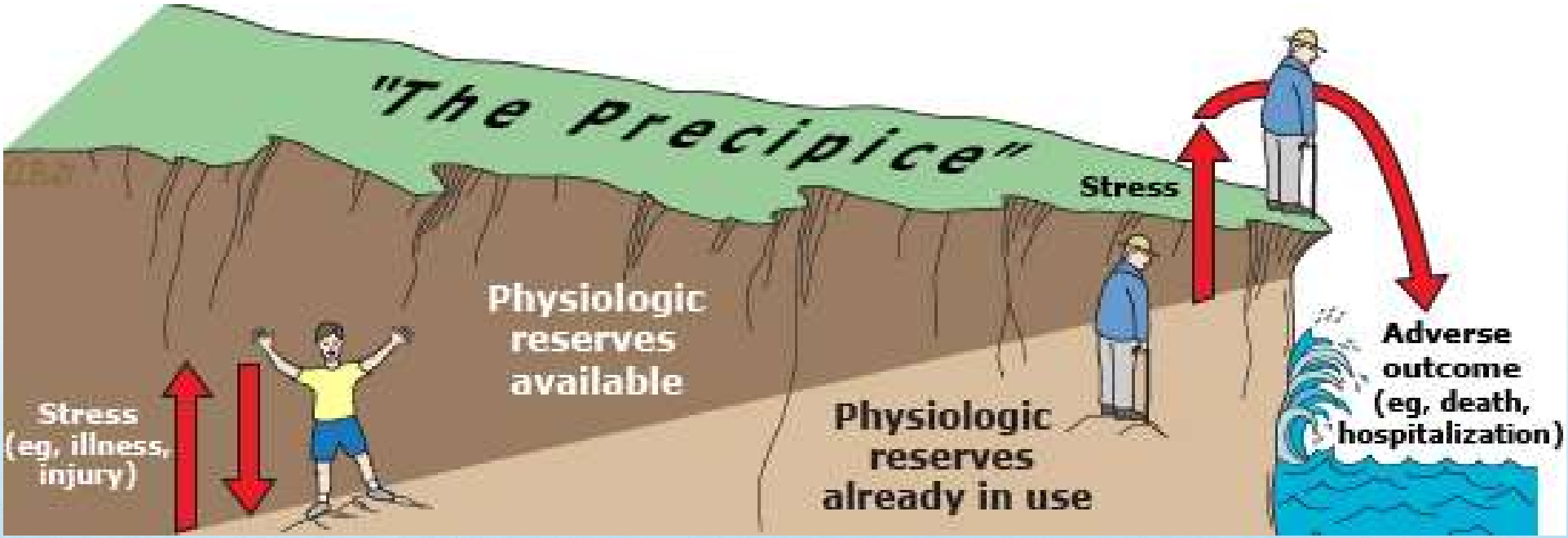
Domain 3
Frailty Screening
& Intervention



Target Zero
Every Person. Every Time.

Frailty

An increased risk of poor outcomes due to physiologic **vulnerability** to stress



Hospital management of older adults. Author Melissa Mattison, MD, **SFHM.** Literature review current through: Jan 2016. | This topic last updated: Jun 15, 2015. UpToDate. Accessed February 7, 2016
Taffet GE. Physiology of Aging. In: Cassel CK, Leipzig, RM; Cohen HJ et al (eds). Geriatric Medicine: An Evidence-Based Approach, 4th ed. New York, Springer, 2003

Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia,** they cannot do personal care without help.

"physical" frailty

"physical" frailty

"cognitive" frailty

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Taffet GE. Physiology of Aging. In: Cassel CK, Leipzig, RM; Cohen HJ et al (eds). Geriatric Medicine: An Evidence-Based Approach, 4th ed. New York, Springer, 2003

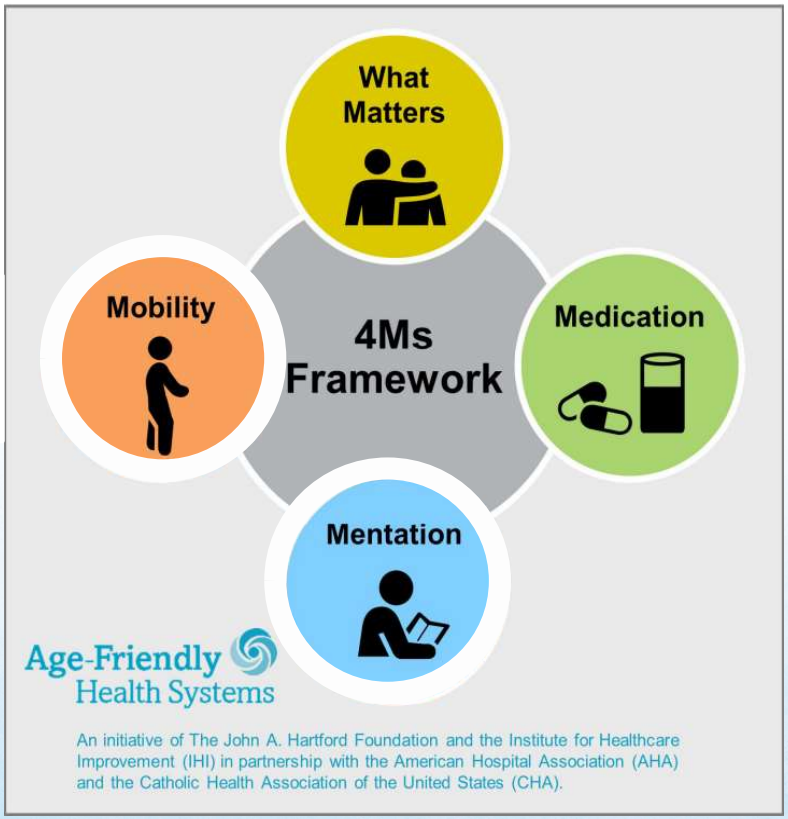
Adapted from: Athanase Benetos. Circulation Research. Hypertension Management in Older and Frail Older Patients, Volume: 124, Issue: 7, Pages: 1045-1060, DOI: (10.1161/CIRCRESAHA.118.313236)

Malnutrition

Mobility

Mentation

Domain 3
Frailty Screening & Intervention

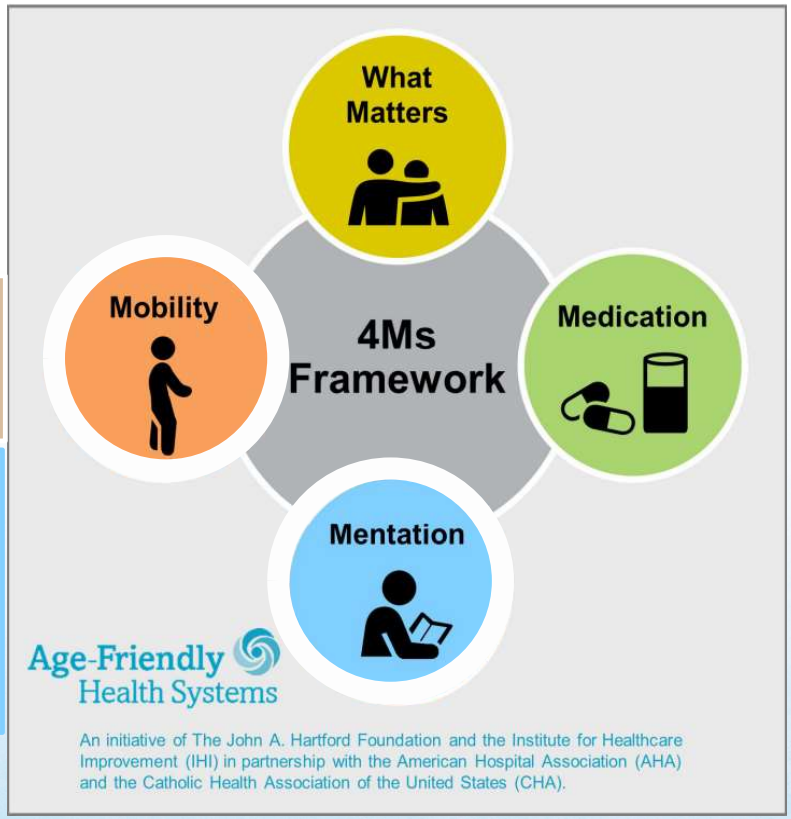


Target Zero
Every Person. Every Time.

Domain 3
Frailty Screening & Intervention

Mentation

Prevent, treat, & manage dementia, depression, & delirium

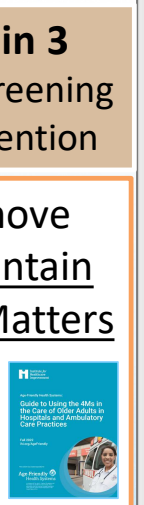


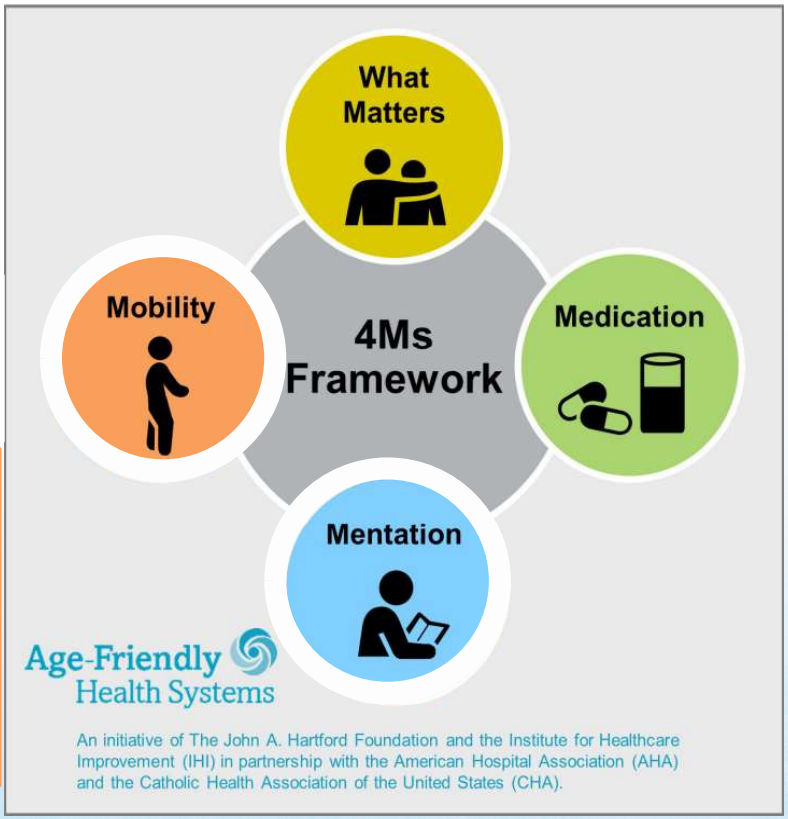
Target Zero
Every Person. Every Time.

Domain 3
Frailty Screening & Intervention

Mobility

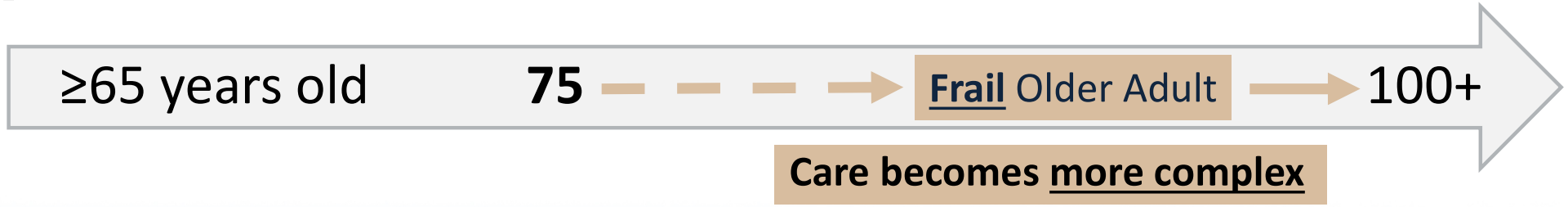
Ensure older adults move safely every day to maintain function and do What Matters





Target Zero
Every Person. Every Time.

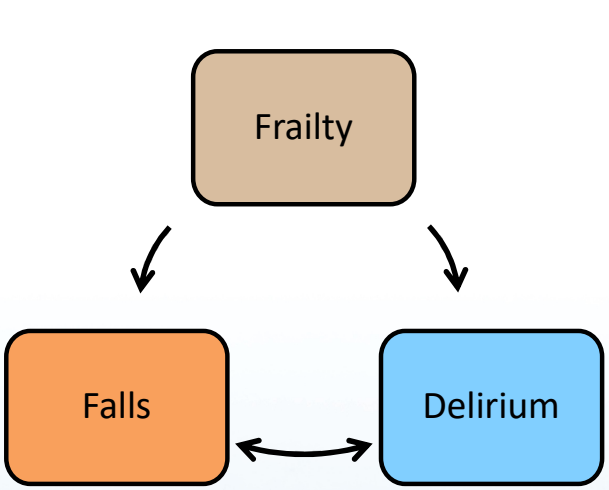
Older Adult

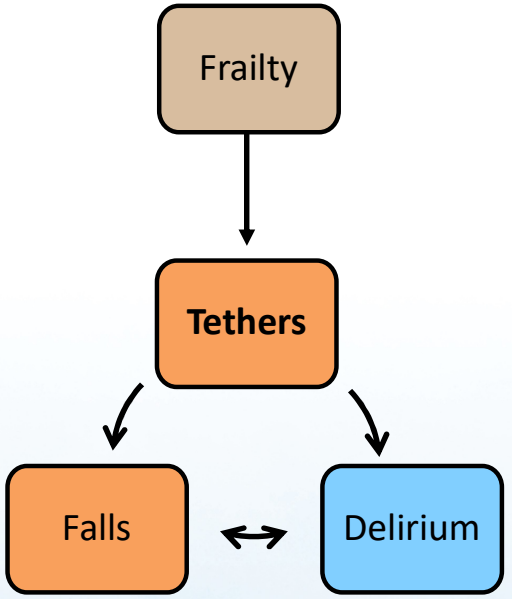


Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (Fall 2022). Institute for Healthcare Improvement (IHI)

Target Zero
Every Person. Every Time.

Hospitals are not prepared for this complexity





Substantially increased risk of falls and delirium

Frailty in elderly people. Andrew Clegg et. al. Lancet 2013; 381: 752-762
Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults (Fall 2022). Institute for Healthcare Improvement (IHI)

Target Zero
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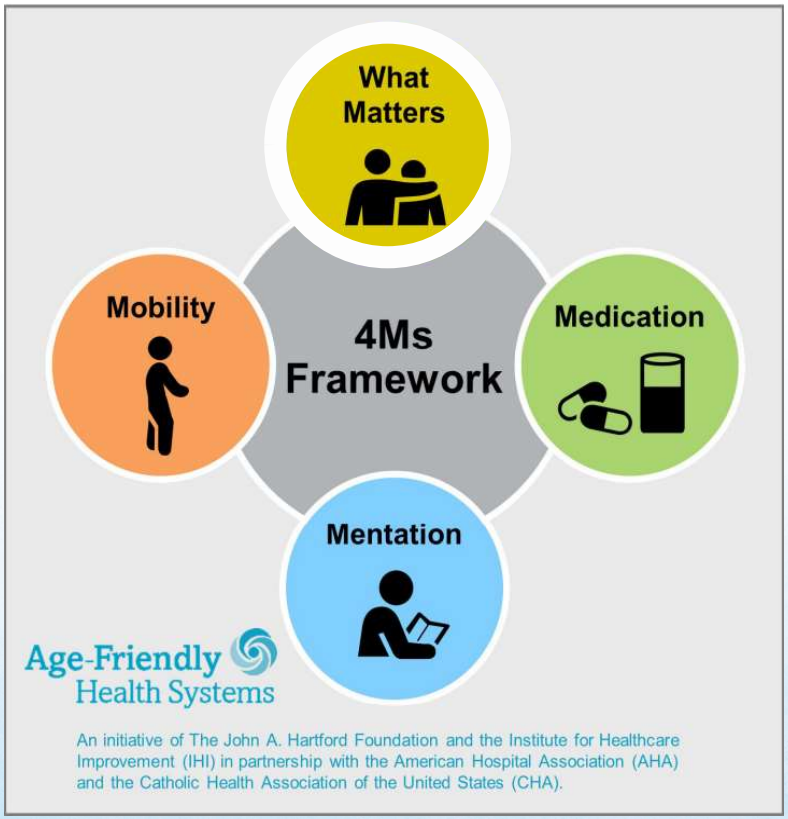
Domain 4
Social
Vulnerability



Target Zero
Every Person. Every Time.

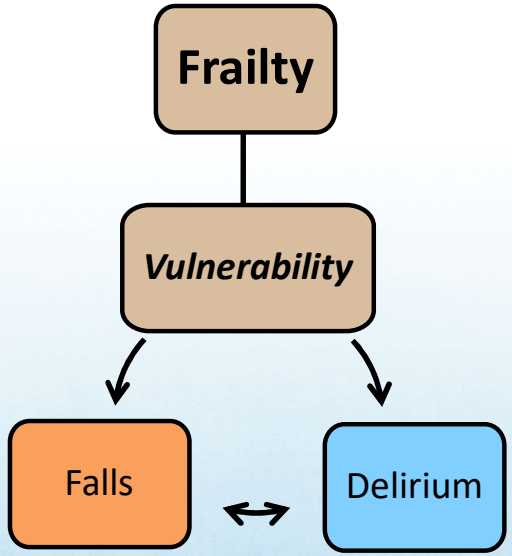
Vulnerability *Holistic*

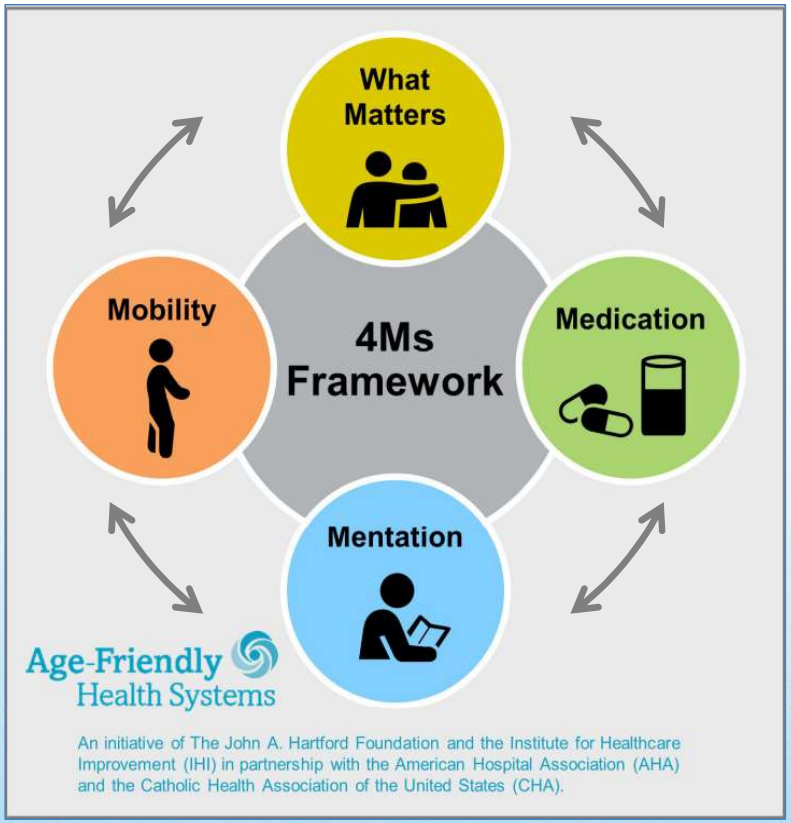
Social *Vulnerability*

Physical *Vulnerability*

Nutritional *Vulnerability*

Cognitive *Vulnerability*



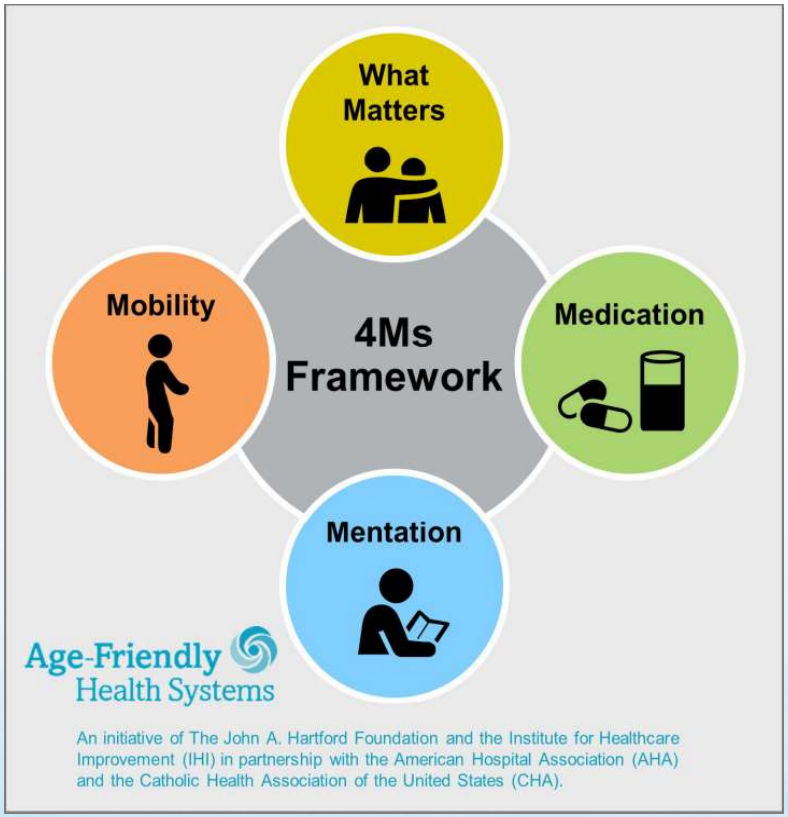


Interventions for Frailty Among Older Adults with Cardiovascular Disease. JACC State of the Art Review. Ijaz et al. J. Am Coll Cardiol 2022; 79:482-503)

Domain 5

Age Friendly Care Leadership

(Commitment)



Target Zero
Every Person. Every Time.

Domain 5
Age Friendly Care Leadership
(Commitment)

Domain 4
Social
Vulnerability

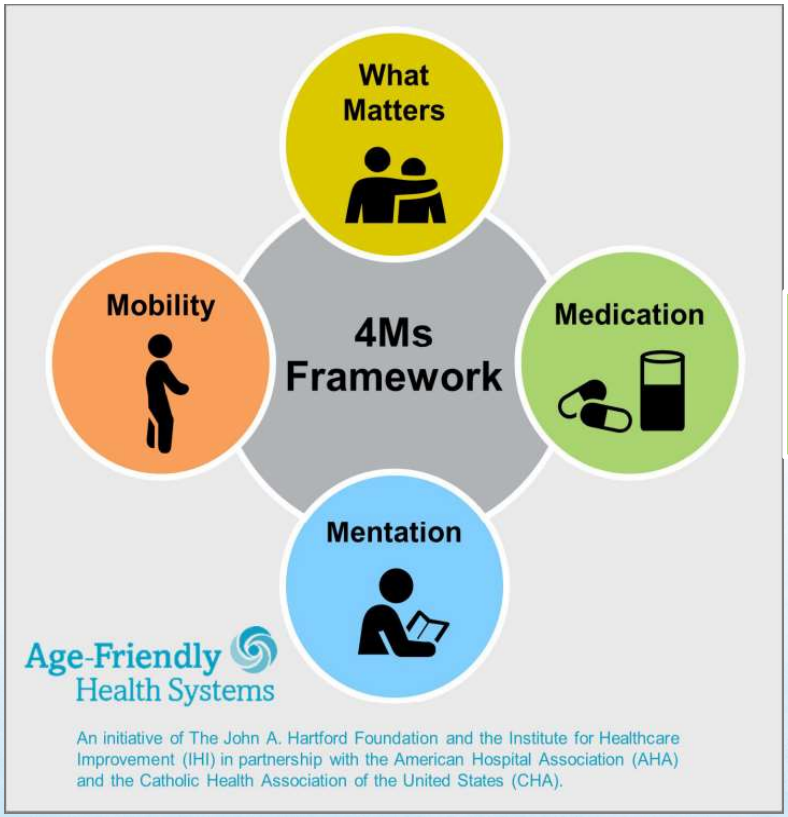
Domain 1
Eliciting Patient
Healthcare Goals

Malnutrition

Mobility

Mentation

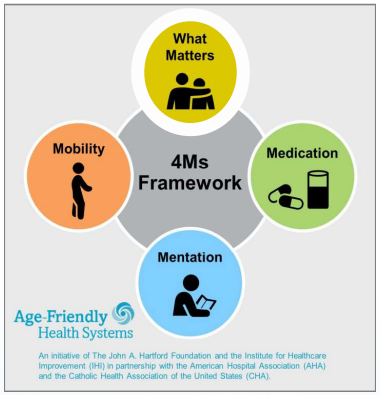
Domain 3
Frailty Screening
& Intervention



Domain 2
Responsible Medication
Management

Target Zero
Every Person. Every Time.

Domain 1: Eliciting Patient Healthcare Goals



Obtain patients' health-related goals and treatment preferences which will inform shared decision making and goal-concordant care.

Target Zero
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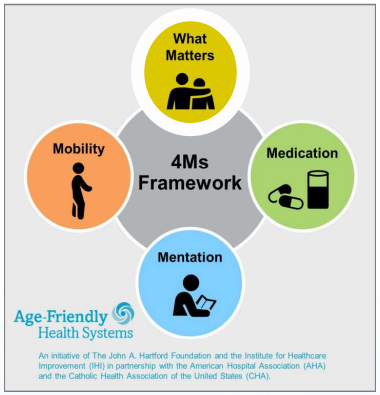
Domain 1: Attestation Statement A



A) Established protocols are in place to ensure patient healthcare goals are <u>obtained</u>, <u>reviewed</u> and <u>documented</u> in the medical record

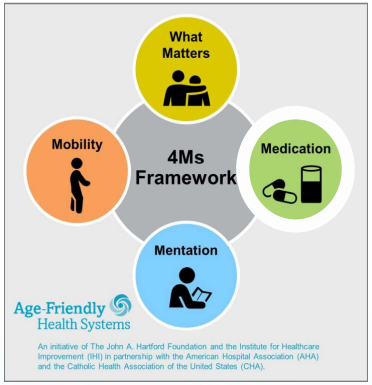
- ❑ Health goals
- ❑ Treatment goals
- ❑ Living wills
- ❑ Identification proxies
- ❑ Advance care planning (ACP)

These goals are <u>updated</u>…

- ✓ Before major procedures and…
- ✓ Upon significant changes in clinical status

Target Zero
Every Person. Every Time.

Domain 2: Responsible Medication Management



- Optimize medication management through monitoring of the pharmacological record for drugs that may be inappropriate in older adults due to increased risk of harm

Potentially Inappropriate Medications (PIMs)

Target Zero
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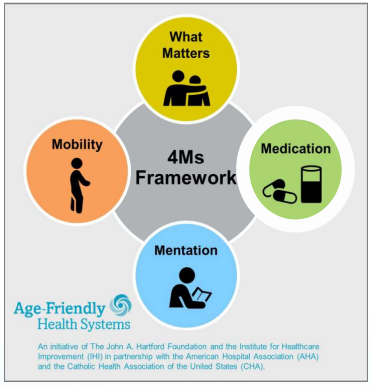
Domain 2: Attestation Statement A



- A) Meds are reviewed for the purpose of identifying PIMs for older adults as defined by standard evidence-based guidelines, criteria, or protocols

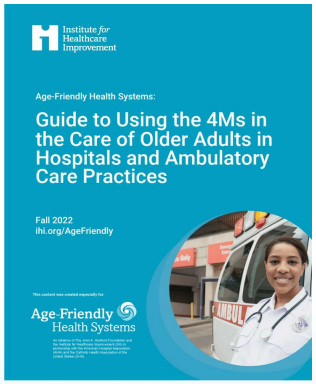
PIMs should be considered for:

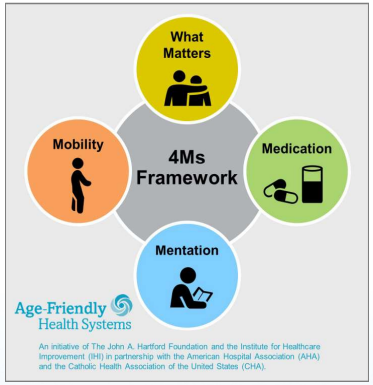
- ❑ discontinuation and/or
- ❑ dose adjustment

- ✓ upon admission,
- ✓ before major procedures, and/or…
- ✓ upon significant changes in clinical status

Target Zero
Every Person. Every Time.

Per IHI





If necessary, use medication that does not interfere with **What Matters**, **Mobility**, or **Mentation**

PIMs

AGS BEERS CRITERIA® 2023

- Benzodiazepines
- Opioids
- Highly anticholinergic meds
  - example: Benadryl
- All sedatives & sleep med (Rx & OTC)
  - example: Tylenol PM
- Muscle relaxants
- Tricyclic antidepressants
- Antipsychotics
- Mood Stabilizers

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Domain 3: Frailty Screening & Intervention

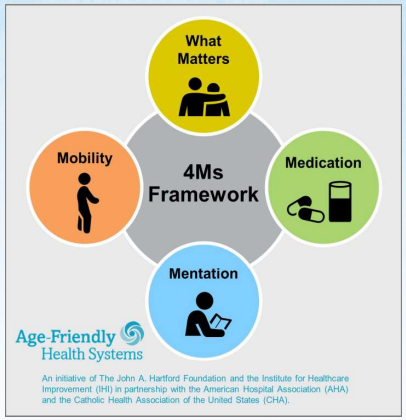
Screen patients for geriatric issues related to frailty for the purpose of early detection and intervention where appropriate, including…

- ❑ cognitive impairment / delirium,
- ❑ physical function / mobility, and…
- ❑ malnutrition

Malnutrition

Mobility

Mentation



Domain 3: Frailty Attestation Statement A

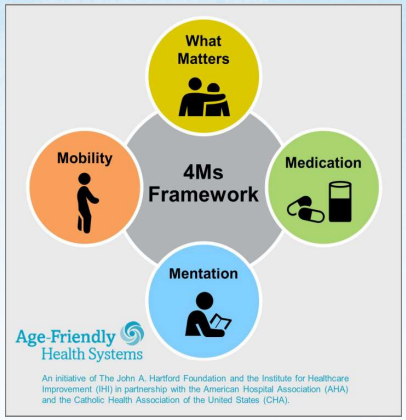
A) Patients are screened for risks regarding mentation, mobility, and malnutrition using validated instruments ideally…

- ✓ upon admission
- ✓ before major procedures
- ✓ and/or upon significant changes in clinical status

Malnutrition

Mobility

Mentation



Domain 3: Frailty Attestation Statement B

B) Positive screens result in management plans including but not limited to…

- ❑ minimizing **delirium** risks,
- ❑ encouraging **early mobility**, and
- ❑ implementing **nutrition** plans where appropriate

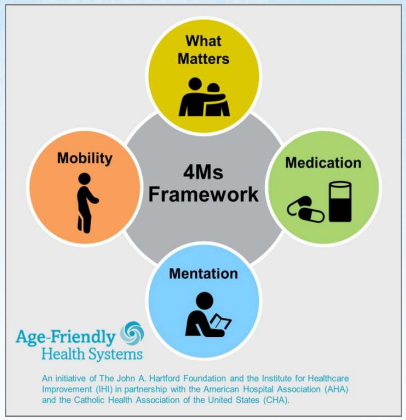
These plans should be:

- ✓ included in discharge instructions and
- ✓ communicated to post-discharge facilities

Malnutrition

Mobility

Mentation



Domain 3: Frailty Attestation Statement C

C) Data are collected on rate of…

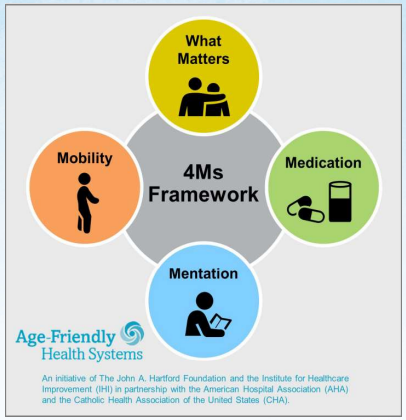
- ❑ falls,
- ❑ HAPIs (pressure ulcers*), and…
- ❑ 30-day readmissions

- for patients ≥65
- Data are <u>stratified</u> by demographic and/or social factors

Malnutrition

Mobility

Mentation



*The Federal Register uses the term decubitus ulcers

Domain 3: Frailty Attestation Statement D

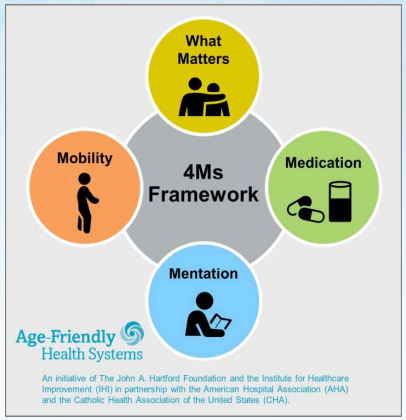
D) Protocols exist to reduce the risk of ED delirium by reducing length of ED stay with a goal of transferring a targeted percentage of older patients out of the ED within…

- 8 hours of arrival and/or…
- 3 hours of decision to admit

Malnutrition

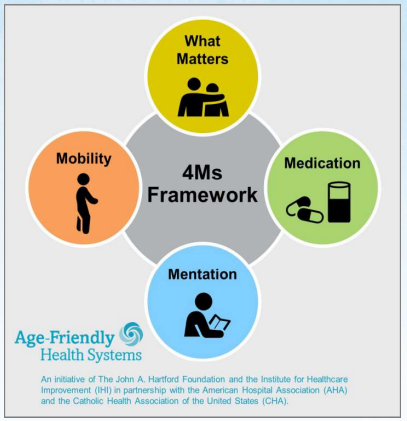
Mobility

Mentation



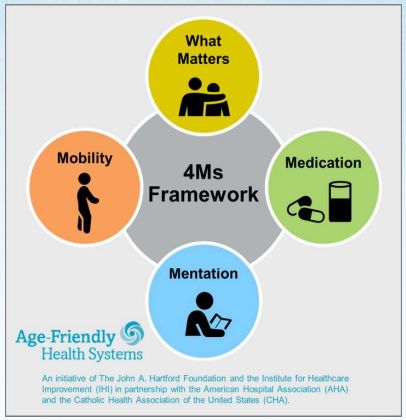
Domain 4: Social Vulnerability

Ensure hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.



Domain 4: Attestation Statement A

A) Older adults are screened for geriatric specific social vulnerability to identify those who may benefit from care plan modification



including…

- ❑ social isolation,
- ❑ economic insecurity,
- ❑ limited access to healthcare,
- ❑ caregiver stress, and…
- ❑ elder abuse

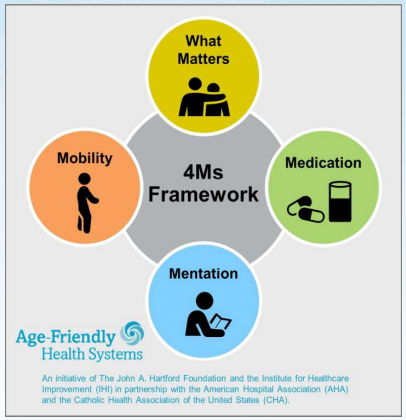
The assessments are performed:

- ✓ <u>on admission</u>
- ✓ and again <u>prior to discharge</u>

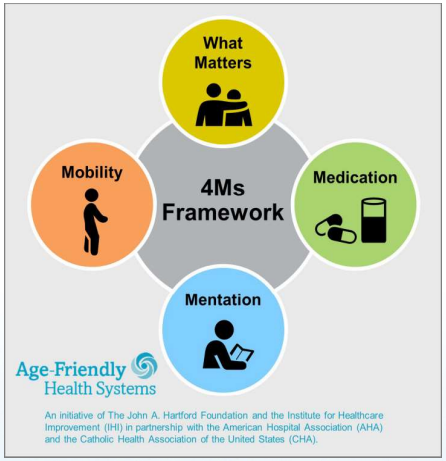
Domain 4: Attestation Statement B

B) Positive screens for social vulnerability are addressed through intervention strategies.

- ✓ These strategies should include:
  - ✓ appropriate referrals and
  - ✓ resources for patients upon discharge
  - ✓ including those that identify patients **at risk of mistreatment**



Domain 5: Age-Friendly Care Leadership



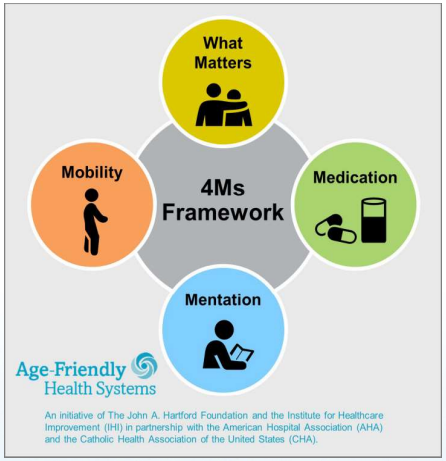
- Ensure consistent quality of care for older adults through identification of an **age friendly champion and/or interprofessional committee** tasked with ensuring compliance with all components of this measure.

Age Friendly **Champion**

and / or

Age Friendly Interprofessional **Committee**

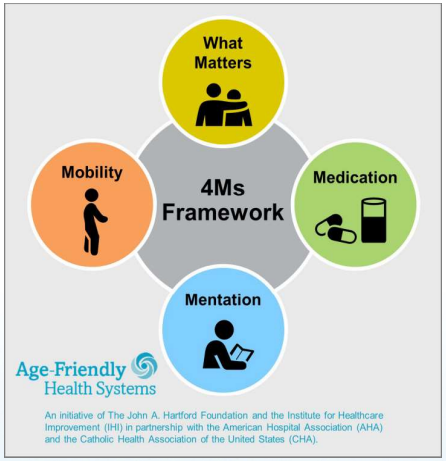
Domain 5: Leadership Attestation Statement A



A) Our hospital designates a point person and/or interprofessional committee to specifically ensure age friendly care issues are prioritized, including those within this measure.

- This individual or committee oversees such things as:
  - ❑ quality related to older patients,
  - ❑ identifies opportunities to provide education to staff, and…
  - ❑ update hospital leadership on needs related to providing age friendly care

Domain 5: Leadership Attestation Statement B



B) Our hospital compiles quality data related to the Age Friendly Hospital measure.

- ❑ These data are <u>stratified</u> by demographic and/or social factors and…
- ❑ should be used to drive improvement cycles

Domain 5
Age Friendly Care Leadership
(Commitment)

Domain 4
Social
Vulnerability

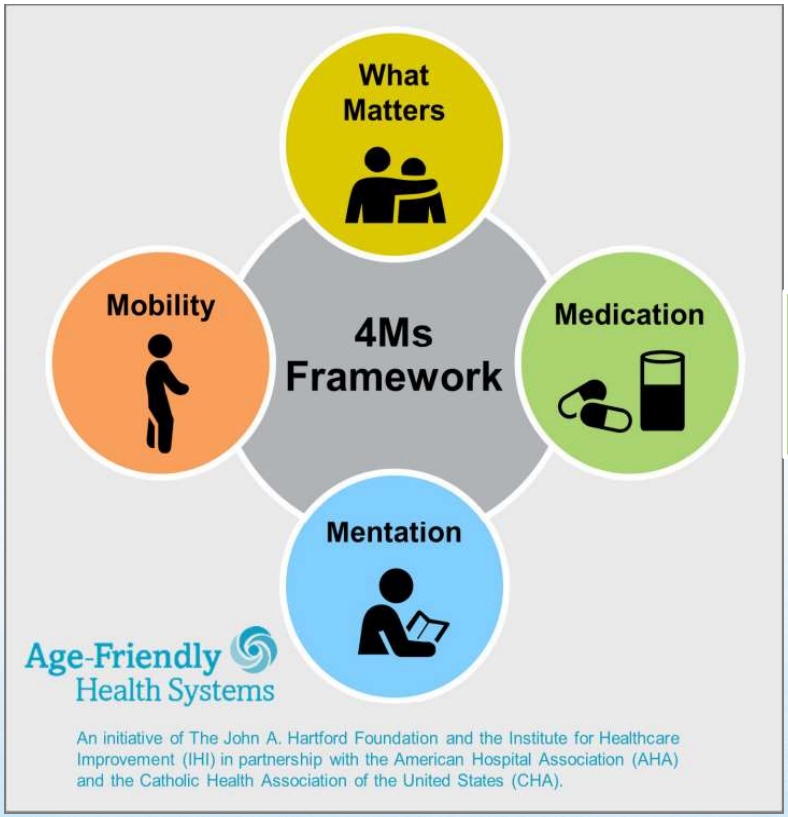
Domain 1
Eliciting Patient
Healthcare Goals

Malnutrition

Mobility

Mentation

Domain 3
Frailty Screening
& Intervention



Domain 2
Responsible Medication
Management

Target Zero
Every Person. Every Time.

Photo Source: Messenger Inquirer

Thank you!

Bill Bryant, MD FAAFP CPPS CPHQ

Chief Quality & Patient Safety Officer

Owensboro Health

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Target Zero
Every Person. Every Time.