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# Medication Management and the CMS Hospital Measure

*Part 2 of the CMS Hospital Measure Webinar Series*

## Expert Panel Webinar

Monday, July 14, 2025

3–4 pm EST

Moderated by:



**Don Melady, MD, MSc(Ed)**

Professor, University of Toronto

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

GEDC Faculty

# Five Domains to Prioritize Older Adults' Healthcare Needs

**Domain 1:** Eliciting Patient Healthcare Goals

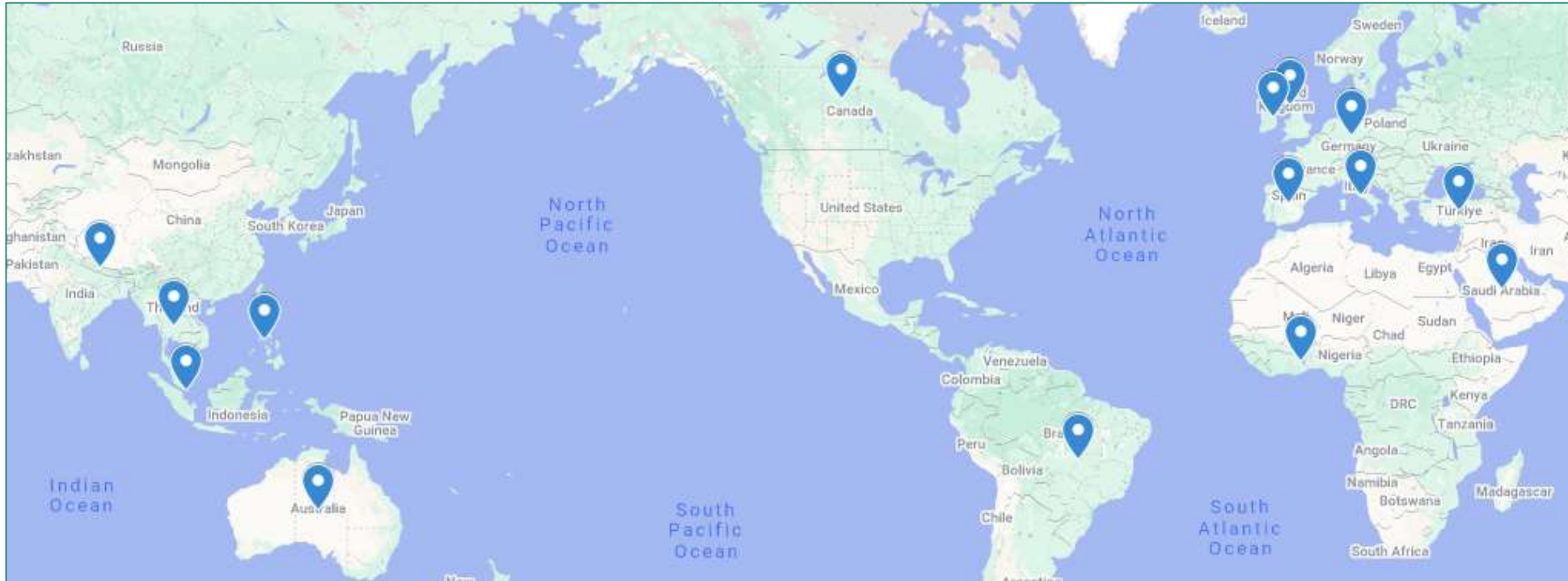
**Domain 2:** Responsible Medication Management

**Domain 3:** Frailty Screening and Intervention

**Domain 4:** Social Vulnerability

**Domain 5:** Age-Friendly Care Leadership

# Global attendance joining us today:



**340 Registrants across 18 Countries**

1. United States
2. Brazil
3. Canada
4. Germany
5. Spain
6. UK
7. Ghana
8. Ireland
9. Australia
10. Italy
11. Nepal
12. Philippines
13. Saudi Arabia
14. Singapore
15. Thailand
16. Turkey

# In your ED, what is the most problematic medication among older adults?

**Sedatives, especially benzodiazepines and Z-drugs**

**Antipsychotics, especially haloperidol at high dose**

**All psychotropics when used for dementia symptoms (BPSD)**

Diabetic medications/hypoglycemics

Blood thinners/anticoagulants

Cyclobenzaprine (Flexeril®)

Diphenhydramine (Benadryl®);  
dimenhydrinate (Gravol®)

Digoxin

Parkinson's Disease medications

Opioids, especially dosing issues

[gedcollaborative.com](https://gedcollaborative.com)

## Mission & Vision

A world where all emergency departments provide the highest quality of care for older patients.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

<https://gedcollaborative.com/membership/>

## Membership

Join the ranks of hospitals that are providing the best possible care to older adults in the ED, while helping to define best practices.

### Member Benefits:

- Unlock ED Resources
- Access Tailored Content
- Track your Team's Progress
- Get Individualized Support
- Engage in Consulting Engagements
- Make Global Connections
- Learn about ED Leadership Engagement

**Join the GEDC**

# Meet Your Expert Panel

## What questions do you have for our panelists?

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**Claire Bainbridge, PharmD, BCCCP, BCGP**  
Clinical Pharmacist, Age-Friendly ED,  
UCSF Health



**Liz Goldberg, MD, ScM**  
Associate Professor  
Department of Emergency Medicine  
University of Colorado School of Medicine



**Mitchel Erickson, DNP, MS, BSN, BSc, ACNP-C**  
UCSF Geriatric Age-Friendly ED Consultant  
Acute Care Nurse Practitioner, Division of Geriatrics  
Clinical Professor, UCSF Department of  
Physiological Nursing



**Rachel M. Skains, MD, MSPH**  
Assistant Professor  
Department of Emergency Medicine  
University of Alabama at Birmingham  
Birmingham VA Medical Center, GRECC



**Chris Fan-Lun, BScPhm, ACPR, BCGP**  
Clinical Coordinator – Geriatrics, Palliative Care and General  
Internal Medicine;  
Department of Pharmacy, Sunnybrook Health Sciences Centre  
Practice-Based Researcher, Sunnybrook Research Institute  
Adjunct Lecturer, Leslie Dan Faculty of Pharmacy, University of  
Toronto

# FY25 CMS Age-Friendly Hospitals Measure

	Title	Measure
Domain 2	<b>Responsible Medication Management:</b>	Our hospital reviews medications for the purpose of identifying potentially inappropriate medications (PIMs) for older adults as defined by standard evidence-based guidelines, criteria, or protocols

# Minimizing PIMs in the Geriatric ED: A Care Process Guideline for Medication Review



Geriatric patients aged 75 or older presenting to the emergency department (ED)

ISAR screening tool

ISAR Positive (Score  $\geq 3$ )

ED triage RN enters consult order for pharmacist

Geriatric medication review / reconciliation by ED pharmacist using "AGS Medication Review Note"

Intervention with recommendations for alternate medication, cessation, discontinuation

PCP if patient discharged

Inpatient team if patient admitted

# GEMS-RX

ACEP63 Avoidance of Acute High-Risk Prescriptions in Geriatric Patients at Discharge.



## Measure Description

The percentage of adults 65 years of age and older who were prescribed an Acute High-Risk Medication at discharge.

## Denominator

All patients 65 years of age and older with an ED visit and were discharged.

## Numerator

All patients included in the Denominator, who were prescribed one/more of the acute high-risk medications.

Effective Clinical Care Process



## Denominator Exclusions

- Seizure disorder
- Rapid eye movement sleep disorder
- Ethanol withdrawal
- Benzodiazepine withdrawal
- Severe generalized anxiety disorder
- End-of-life care
- Allergic Reactions
- Dermatitis
- ED Visit for prescription refill

## Denominator Exceptions

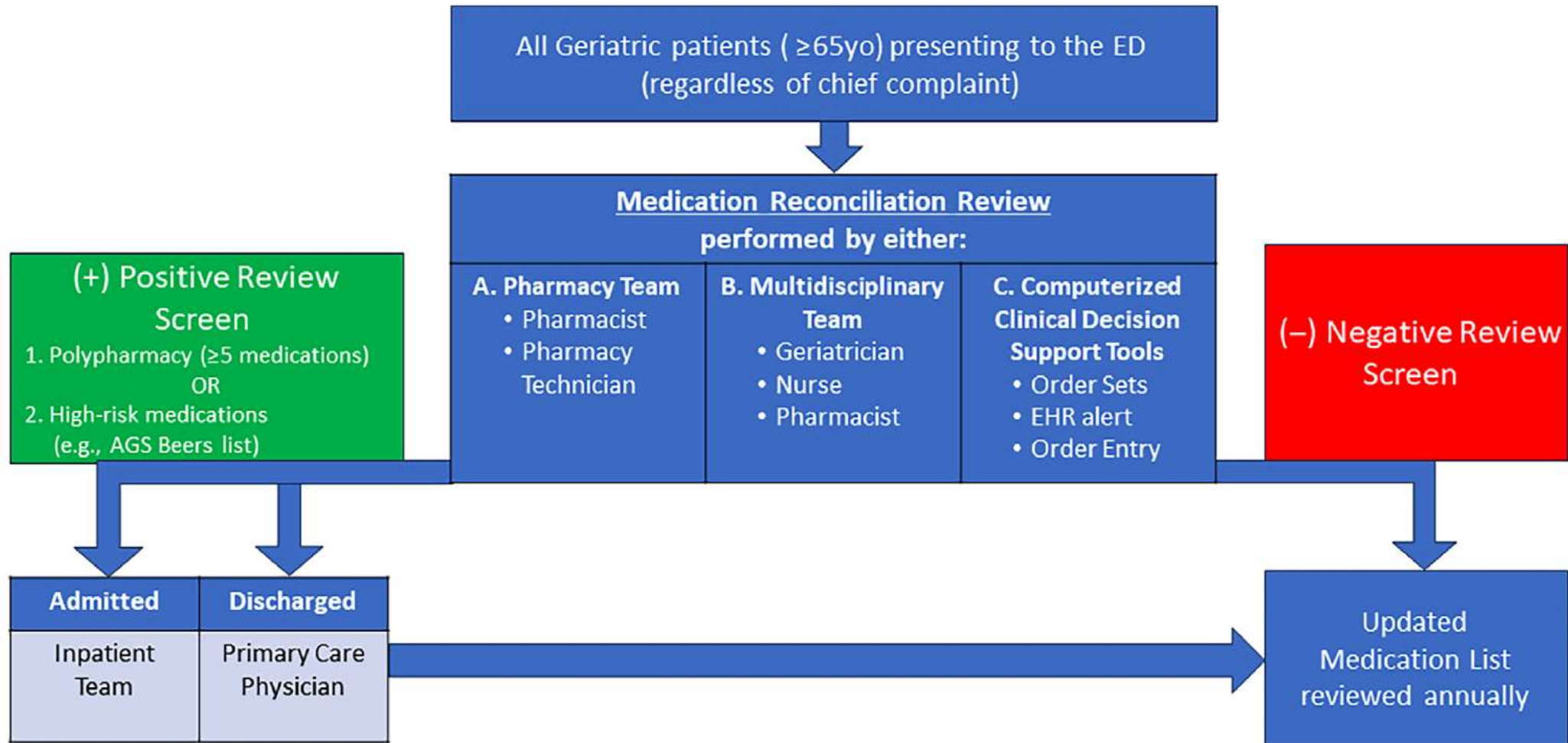
None

**Table 3.** Alternatives and exclusions for medications included in the GEMS-Rx High-Risk Prescription List for Avoidance Among Older Patients at ED Discharge.

Therapeutic Class	Alternatives	Exclusions <sup>a</sup>
Barbiturates	For epilepsy, use other anticonvulsants (eg, lamotrigine, levetiracetam). <sup>46-48</sup> For agitation, treat pain first with acetaminophen then low-dose opioid. <sup>49,74,75</sup> For severe agitation, use low-dose second-generation antipsychotic (eg, olanzapine, risperidone, quetiapine [Lewy body dementia]). <sup>49-51</sup>	For seizures disorders, benzodiazepine or ethanol withdrawal, barbiturates are acceptable to use. <sup>52-56</sup>
Benzodiazepines	For epilepsy, use other anticonvulsants (eg, lamotrigine, levetiracetam). <sup>46-48</sup> For agitation, treat pain first with acetaminophen then low-dose opioid. <sup>49,74,75</sup> For severe agitation, use nonpharmacologic approach then low-dose second-generation antipsychotic (eg, olanzapine, risperidone, quetiapine [Lewy body dementia]). <sup>49-51</sup>	For seizure disorders, benzodiazepine or ethanol withdrawal, severe generalized anxiety disorder, and end of life, benzodiazepines are acceptable to use. <sup>52-54,57,58</sup>
First-Generation Antihistamines	For allergies, use intranasal saline <sup>59,60</sup> or steroid (eg, fluticasone, beclomethasone) <sup>61</sup> , topical antihistamines (eg, azelastine) <sup>62</sup> , or second-generation antihistamines (eg, fexofenadine, loratadine). <sup>40,63</sup> For vertigo, use short-term steroids and canalith repositioning maneuvers. <sup>37,38</sup>	For allergic reactions, first-generation antihistamines are acceptable to use. <sup>43</sup>
Metoclopramide	For nausea, use ondansetron. <sup>64-66</sup>	For gastroparesis, metoclopramide is acceptable to use. <sup>44,45,67</sup>
First-Generation Antipsychotics	Second-generation antipsychotics (eg, olanzapine, risperidone, quetiapine, aripiprazole, ziprasidone). <sup>49-51</sup>	
Nonbenzodiazepine, Benzodiazepine Receptor Agonist Hypnotics (Z-drugs)	For insomnia, use melatonin, ramelteon, doxepin ( $\leq 3$ mg). <sup>68-70</sup> For anxiety, use mirtazapine, buspirone, serotonin-norepinephrine reuptake inhibitor (serotonin and norepinephrine reuptake inhibitor, eg, duloxetine, venlafaxine, desvenlafaxine). <sup>71,72</sup>	
Skeletal Muscle Relaxants	Treat musculoskeletal pain first with nonpharmacologic agents (eg, heat, ice, massage) then with Tylenol, short-course NSAIDs, lidocaine patch, diclofenac gel. <sup>74,75</sup>	
Sulfonylureas	Metformin, long-acting insulin (eg, glargine). <sup>73</sup>	

<sup>a</sup>Exclusion criteria: valid indications to prescribe potentially inappropriate medications at ED discharge for older adults.

# Minimizing PIMs in the Geriatric ED



**FIGURE 2** Medication management among older adults in the emergency department.

# Take away points: Chris Fan-Lun

1. Medication reconciliation and medication review are **foundational** care processes.
2. Reduce potentially inappropriate medication use.
3. **Interdisciplinary** collaboration in the ED enhances medication safety outcomes.
4. Use the new GEDC Medication Management Toolkit to achieve these 3 things.

## Take away points: Claire Bainbridge and Mitchel Erickson

1. Medication reconciliation needs to include medication management **challenges** to be an important component as an accurate medication list.
2. The use of **music** as an intervention tool in the ED for behavioral expression management can avoid restraint and psychoactive medication interventions.
3. Using **CODE DICE** as an early preventative strategy to identify older adults with delirium or dementia behavior risks.

# Take away points: Liz Goldberg

1. Effective strategies exist to identify patients who will **most benefit** from medication management, for example, those presenting with a fall.
2. **EQUIPPED** is a successful strategy to enhance clinician prescribing for older ED patients.
3. Adding pharmacists to the Geri ED care team is **cost- and care-effective intervention.**

# Take away points: Rachel Skains

1. Geriatric ED Care Process: A practical, pharmacist-led medication review **workflow**—triggered by ISAR screening—can be embedded into ED practice to identify and address PIMs in older adults proactively.
2. GEMS-RX: **Clinical decision support** tools integrated into ED workflows can meaningfully reduce PIM prescribing, demonstrating a scalable, evidence-based strategy for safer geriatric care.
3. GED **Guidelines 2.0**: ED-based medication safety programs—including pharmacist interventions, geriatric consults, and CDS tools—consistently improve ordering, prescribing, and deprescribing practices, reinforcing the importance of interdisciplinary models in geriatric medication management.



## Q & A


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Ask your questions  
in the chat!

We will try to get to everyone

# CMS & Medication Resources

## NEW TOOLKIT Medication Management

 TOOLKIT

JUNE 24, 2025

### Responsible Medication Management

MEDICATION MANAGEMENT

 BLOG

JUNE 16, 2025

### Medication Reconciliation and Comprehensive Medication Review

MEDICATION MANAGEMENT

 TOOLKIT

MARCH 28, 2024

### Preparing your Emergency Department for Patients on Amyloid-Targeting Therapy

COGNITIVE IMPAIRMENT DEMENTIA  
MEDICATION MANAGEMENT

### CMS Age Friendly Hospital Measure

Resources for Emergency Departments

Share on   

On August 1, 2024, the Centers for Medicare & Medicaid Services (CMS) released the [Age-Friendly Hospital Measure](#) that will take effect January 1, 2025. The measure, developed in collaboration with the [American College of Surgeons \(ACS\)](#), the [Institute for Healthcare Improvement \(IHI\)](#), and the [Academy of Emergency Physicians \(ACEP\)](#), aims to improve older adult patient care and outcomes.

The Age-Friendly Hospital Measure targets five domains to prioritize older adults' healthcare needs:

1. Meeting patient healthcare goals
2. Responsible medication management
3. Proactive screening and intervention
4. Social vulnerability
5. Age-friendly care leadership

The emergency department (ED) plays an important role in ensuring your hospital meets the Age-Friendly Hospital Measure. Below we highlight key resources relevant to each domain from our resource library and our collaborators.

<https://gedcollaborative.com/resource/medication-management/medication-reconciliation-and-comprehensive-medication-review/>

<https://gedcollaborative.com/article/cms-hospital-measure-resources-for-eds/>

<https://gedcollaborative.com/resource/preparing-your-emergency-department/>

<https://gedcollaborative.com/resource/medication-management/responsible-medication-management/>

# GEDC Consulting Services

## IMPROVE GERIATRIC CARE AND OUTCOMES

- The GEDC Team will work with your site and health system leaders to create a consulting engagement package that will help your ED or health system reach its goals.

## AGE-FRIENDLY GUIDELINES SUPPORT

- The GEDC offers specialized Consulting Services to help your site or system meet its unique needs.
  - Achieving GED accreditation or leveling up to achieve Level 1 or 2 status
  - Excelling on the CMS Age-friendly Guidelines
  - Your hospital or system's needs, challenges, or goals for geriatric care



<https://gedcollaborative.com/consulting-and-services/>



OUR NEXT GEDC  
EXPERT PANEL WEBINAR

# What Matters: Eliciting Patient Healthcare Goals and the CMS Hospital Measure

Part 3 of the CMS Hospital Measure Webinar Series

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October 27, 2025  
3pm EST

Register Now

<https://gedcollaborative.com/resource/what-matters-eliciting-patient-healthcare-goals-and-the-cms-hospital-measure/>





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institute