defeat malnutrition today

2019 Policy Agenda Webinar

January 29, 2019
Thank you so much for joining the webinar!

- Going to discuss the policy agenda for Defeat Malnutrition Today for 2019
- Like many agendas, it is subject to change based on events and input over the year
- Joined by representative of a coalition member as well as congressional staff, Administration staff to expand on certain topics
In case you’re unfamiliar with DMT, we started in 2015 with a handful of groups and have grown to over 80 national, state and local member organizations.

Especially pleased to be joined by two health systems: TIRR Memorial Hermann and Trinity Health.

All interested in combatting older adult malnutrition.

Over the past few years, we’ve:

- Held numerous webinars and a Congressional advocacy day
- Submitted comments to CMS and other agencies and departments
- Had meetings with CMS
- Supported malnutrition electronic clinical quality measures
- Participated in national, state and local conferences
- Worked on malnutrition measures and activities in Massachusetts, Ohio, and Virginia that became law
- Released the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults* and a *State Legislative Toolkit*
We’d like to make 2019 another successful year and build on the progress already made.

We’re interested in a few key areas this year:
  • Adoption of electronic clinical quality measures
  • Older Americans Act, due for reauthorization this year
  • Response to the malnutrition GAO study
  • Community care/outpatient transitions

But plan to cover other ground as well.
Top Policy Priorities

- Regulatory
- Legislative
Top Priority: Regulatory

- Malnutrition electronic clinical quality measures (eCQMs) (to be covered later)
- Healthy People 2030 (and other similar initiatives)
- CMS and nutrition coverage in Medicare Advantage
Since our formation, the coalition has been working to have the federal government recognize malnutrition care and reduction of malnutrition as goals/priorities.

Worked on the Healthy People 2020 process but were ultimately unsuccessful in getting malnutrition reduction objectives in as national goals.

However, with new data on malnutrition, we are optimistic that HP 2030 may be different—and the process is happening now.

Submitted malnutrition objectives and comments (on our resource page).

Similar initiatives are happening with other agencies/departments, including with the Surgeon General and in the NIH research agendas.
CMS Coverage of Nutrition Services

- CMS should be releasing the “draft call letter” for Medicare Advantage and Part D any day now (last year released on February 1)
- The draft will specify CMS’ proposals for MA in 2020
- Participated in a meeting with Meals on Wheels America and Aetna at CMS, following a dialogue held by MOWA and Aetna
- Expected to be included is a further expansion of “health-related supplemental benefits” to include more HCBS programs, based on the CHRONIC Care Act’s passage
- Hopeful for nutrition coverage
Top Priority: Legislative

- Funding for FY2020
- 2019 Older Americans Act reauthorization
- Congressional relationship-building
- GAO report release
FY2020 Funding

- FY 2020 funding advocacy starts this spring with the release of the President’s budget proposal (delayed due to shutdown)
- Expect to be working closely with coalition members on funding requests for Older Americans Act nutrition programs, USDA nutrition and research programs, and other important nutrition-related funding
Work on the 2019 OAA reauthorization, with a focus on nutrition
- Some initial thoughts include improved nutrient quality in foods, including commodities in Nutrition Services Incentive Program (NSIP); more focused malnutrition content in nutrition education
- Conduct session at a major nutrition conference on ideas/strategies
- Participate in any activities around reauthorization generated by Administration
Congressional Update: Older Americans Act

- Carrie Hughes, Director of Health Policy and Senior Policy Advisor, House Committee on Education and Labor, U.S. House of Representatives
Further Congressional Activity

- Continue to cultivate existing relationships with staff and members and make new members/staff aware of this issue
  - Work to cultivate more champions in House particularly


- Look for other possible relevant committee or subcommittee activity in both House and Senate; testify and/or submit written testimony

- Work with ASPEN to get further formal Congressional recognition for Malnutrition Awareness Week™ in 2019, possibly in the form of a Senate resolution.

- Sharing op-eds, journal articles, etc. as we write them throughout the year with key staff
Top Practice

Priority

- Nutrition care in the community and in outpatient care transitions
• Collaborating with Gary and Mary West Health Institute to form a subgroup of DMT/Advisory Council on community-based organizations and their role in combatting malnutrition
  • Brenda Schmitthenner and her team have conducted very important work on this project

• We will be examining ways to help CBOs of all kinds in raising awareness of older adult malnutrition

• If you are interested in working with us on this, please let us know
Update on VA Work

- Anne Utech, National Director, Veterans Health Administration Nutrition and Food Services, U.S. Department of Veterans Affairs
Nutrition Care & Policy in VA Primary Care: Veterans Health Administration

Anne Utech PhD, RDN, LD
National Director, Nutrition and Food Services

The views contained here are those of the authors and not necessarily those of the Department or Secretary of Veterans Affairs.
Veterans Health Administration (VHA)

- America’s largest integrated health care system
- 1250 healthcare facilities:
  - 172 Medical Centers
  - 1069 outpatient sites of care
- 9 Million enrolled Veterans

- VHA Nutrition and Food Services (NFS)
  - 8000 federal nutrition staff
  - 1800 dietitians
  - 100 dietetic interns/year
  - 39 Million inpatient meals/year

- www.va.gov/health
- www.nutrition.va.gov
Primary Care (Outpatient) Journey

- 1990’s **Primary Care & electronic medical records**
- 2000’s Increased **nutrition classes & VHA Healthy Teaching Kitchen Programs**
- **2011 Nutrition integration into Patient Aligned Care Teams** (PACT, aka “Patient Centered Medical Home”)
  - **Co-location of RDN with PACT**
  - Open Access Clinics nutrition initiative
  - **Proactive Panel Management**
  - **Primary Care Almanac**
  - >20% telephone care
  - Nutrition screening
  - **Nutrition PACT Protocol**
  - Post-discharge contact requirements
  - Warm hand-offs
  - Many more positive changes!
- 2010’s Increase **nutrition telehealth modalities & nutrition social media outreach**
- **2017 Mandatory patient Self-Referral direct scheduling** for routine Nutrition clinics
VHA Nutrition Policies

• Staffing ratio = 1 RDN : 6000 outpatient Veterans
  https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2977

• Veterans Health Education standards
  https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3143

• Required nutrition programs
  https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2493

• Scheduling requirements

• RDN productivity measured by VHA’s Event Capture System (EHR tool that tracks patient-related time, not just CPTs/HCPCs coding)

• VHA Nutrition strategic goal to identify & code Malnutrition

• Post-discharge contacts & integrated healthcare system for seamless referral to Home Based Primary Care, home telehealth, and other services.
Other Regulatory Items

- Continue to build on National Resource Center on Nutrition and Aging’s work, including NANASP subgrant
- Dietary Guidelines update
- Monitor work of entities such as United States Preventive Task Force, as well as various advisory committees of CMS like APOE and Advisory Committee on Minority Health and the National Rural Health Advisory Council
- Furthering our work with the VA
- ACL working with partners on National Nutrition Month, Older Americans Month, and Malnutrition Awareness Week™
- Further strengthen connections with other federal agencies/departments that could be brought into this effort, such as CDC, SAMHSA, NIH/NIA, NIH/NIDDK, etc.
- Continue sharing op-eds, journal articles, etc. throughout the year with key staff
Other Legislative Items

- Look at possible legislative (or regulatory) activity around the Welcome to Medicare exam and annual wellness visits to include questions on malnutrition
- Explore possibility of Congressional working group on malnutrition and older adults
Renewed hope for Administration action on the eCQMs

DMT sent a letter jointly with the Academy of Nutrition and Dietetics to HHS Sec. Azar

Azar had said in a November speech:

- Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—$42 billion each year in healthcare spending. Naturally, a number of private health providers and payers have already tried addressing this issue: One ACO in Chicago, for instance, began screening high-risk patients for malnutrition, and then supporting them after discharge from the hospital with follow-ups, referrals, and nutrition coupons. The savings were huge: more than $3,800 per patient.
Jeanne Blankenship, Vice President of Policy Initiatives and Advocacy, Academy of Nutrition and Dietetics
• We hope to work more with all of you and hear more from you
• Please email at any time with questions, comments
• We look forward to another fantastic and productive year
Questions?
Comments?

- Check out our website at http://defeatmalnutrition.today
- Email info@defeatmalnutrition.today or mponder@matzblancato.com