Opening Remarks

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DefeatMalnutrition.Today
Defeat Malnutrition Today: An Overview

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defeatmalnutrition.today
...vital to healthy aging
Coalition Introduction

• What is DefeatMalnutrition.Today? And why the DOT?

• We are a coalition of 37 local, state and national organizations dedicated to fighting senior malnutrition

• The name is actually also our website!
Groups

• Long list, but groups include:
  – Abbott Nutrition
  – Academy of Nutrition and Dietetics
  – Alliance for Aging Research
  – Alzheimer’s Foundation of America
  – American Society of Parenteral and Enteral Nutrition (A.S.P.E.N.)
  – Chautauqua County Office for the Aging
  – Feeding America
  – Generations United
  – God’s Love We Deliver
  – Meals on Wheels America
  – National Association of Nutrition and Aging Services Programs (NANASP)
  – National Council on Aging
  – National Medical Association
  – National Recreation and Park Association
  – Salvation Army
Main Objectives

• Achieving the recognition of malnutrition as a key indicator and vital sign of older adult health

• Working to achieve a greater focus on malnutrition screening and intervention through regulatory and/or legislative change across the nation’s health care system
MALNUTRITION: AN OLDER-ADULT CRISIS

$51.3 Billion
Estimated annual cost of disease-associated malnutrition in older adults in the US¹

Up to 1 out of 2 older adults are at risk for malnutrition³³

Just 3 steps can help improve older-adult malnutrition care

Screen all patients

Assess nutritional status

Intervene with appropriate nutrition

Up to 60% of hospitalized older adults may be malnourished⁴

300%
The increase in healthcare costs that can be attributed to poor nutritional status⁵

4 to 6 days
How long malnutrition increases length of hospital stays¹

Focusing on malnutrition in healthcare helps:
- Decrease healthcare costs⁷
- Improve patient outcomes⁷
- Reduce readmissions
- Support healthy aging
- Improve quality of healthcare

Chronic health conditions lead to increased malnutrition risk

Malnutrition leads to more complications, falls, and readmissions⁶

Support policies across the healthcare system that defeat older-adult malnutrition.

Learn more at www.DefeatMalnutrition.Today

The Challenge of Malnutrition in Older Adults: Approaching the Problem with a Social-Ecological Model

Level 1: Individual
Educate families, patients, and caregivers about malnutrition

Opportunities
- Launch multimedia education platform campaigns
- Establish a Malnutrition Awareness Day or Week
- Host malnutrition education programs in health departments and other local venues

Resources
- Administration on Aging Older Nutrition Program
- Community nutrition services and meal delivery services
- Medicare: nutrition services for senior citizens
- AARP Foundation: senior food security campaigns
- Older Americans Month (OAM) materials
- Older Adults Nutrition Resources
- OASES (Older Adults Self-Empowerment Skills) campaigns
- Older Adults Nutrition Guide

Level 2: Interpersonal
Build routine nutrition screening and malnutrition intervention skills into healthcare professionals’ training, education, and practice

Opportunities
- Incorporate routine nutrition screening and intervention in standards of care for older adults
- Establish nutrition as a key health indicator and target for older adults
- Enhance training and continuing education regarding prevention and nutrition screening and intervention for malnutrition
- Establish competencies in nutrition education for healthcare professionals
- Increase nutrition content in professional licensing and certification exams
- Foster training to improve interactions between healthcare providers and older patients
- Support reimbursement for preventive health services targeting cardiovascular disease

Resources
- Taking Older Adults Out of the Classroom (Turk): nutrition educational resources for healthcare professionals
- Nutrition-related academic and workforce development programs

Level 3: Organizational
Establish systematic nutrition screening and intervention models and standards

Opportunities
- Integrate nutrition screening and intervention into electronic health record templates available to all healthcare professionals
- Define critical indicators for malnutrition screening and intervention
- Use nutrition screening and intervention models and standards
- Include nutrition screening in patient discharge plans as appropriate

Resources
- Centers for Medicare and Medicaid Services
- NCIO: National Council on Impact of Older Adults
- National Quality Center: Nutrition Screening and Malnutrition Interventions
- AHA’s Preventing Malnutrition Initiative

Level 4: Community
Engage independent organizations, local jurisdictions, and states

Opportunities
- Incorporate nutrition screening and intervention into state healthcare quality indicators
- Use models, especially those related to healthcare quality conditions and requirements
- Implement a malnutrition-related quality measure set in public and private accountability programs, including Value-Based Purchasing, Medicaid Shared Savings, Medicare Advantage
- Develop a multi-pronged care coordination program for healthcare systems
- Include nutrition screening and intervention into federal performance requirements and quality improvement programs
- Expire the Medicare and Medicaid reimbursement system to include malnutrition intervention

Resources
- National Institutes on Malnutrition
- National Malnutrition Task Force
- Medicaides for older adults
- Medicare for better nutrition screening

Level 5: Policy
Make nutrition screening and intervention a policy priority

Opportunities
- Address nutrition and health goals
- Address barriers to nutrition education and prevention in older adults
- Address malnutrition and obesity jointly in state and national agendas
- Address nutrition requirements for older adults

Resources
- Affordable Care Act
- Medicare: nutrition screening and intervention models
- Older Americans Act (OAA) medication
- Nutrition Screening Initiative
- Older Americans Act (OAA) on nutrition

Insurance coverage
- Cover nutrition screening and intervention as covered services
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Insurance coverage
- Medicare: nutrition screening and intervention as covered services
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Malnutrition: The New Senior Crisis

09/30/2015 01:03 pm ET | Updated Sep 30, 2015

This week, September 28-October 2, 2015, is Malnutrition Awareness Week. It is an opportunity to spotlight a growing but under-recognized problem facing older adults in America: the hidden epidemic of malnutrition. What is malnutrition? Simply stated, it means poor nutrition. It is related to an excessive or imbalanced diet, a diet that lacks essential nutrients, or it can be tied to clinical conditions that impair the body’s absorption or use of food.
Other Coalition Initiatives

• Objective submission to Healthy People 2020 – new objectives measuring older adult malnutrition
• Comment submission to CMS – including nutrition and malnutrition in the new discharge planning rules
Other Coalition Initiatives

• Comment submission to the Senate Finance Committee’s Chronic Care Working Group – including nutrition and malnutrition in Medicare/Medicare Advantage chronic care reform measures
Other Coalition Initiatives

• Meeting with CMS to discuss clinical quality measures around malnutrition

• Submission of testimony to House and Senate Appropriations in support of Older Americans Act nutrition programs

• Presentations at American Society on Aging, Gerontological Society of America
What You Can Do

• Visit our website! Get armed with info
• Keep doing what you’re doing BUT ALSO...
• Take part in local, state and national advocacy initiatives around nutrition, through DM.T and other groups
• Talk to your local, state and national leaders about the importance of nutrition and the problem of malnutrition
Thank you!

Meredith Ponder
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U.S. Rep. Michelle Lujan Grisham (NM-01)
American Society for Parenteral and Enteral Nutrition: Malnutrition Initiatives

Kris M. Mogensen, MS, RD, LDN, CNSC
Team Leader Dietitian
Brigham and Women’s Hospital, Boston, MA
Incoming Chair, Malnutrition Committee
American Society for Parenteral and Enteral Nutrition
Learning Objectives

1. Describe A.S.P.E.N’s goals regarding malnutrition.
2. Define the issue of disease-related malnutrition and research on outcomes.
3. Outline A.S.P.E.N’s outreach and resources.
American Society for Parenteral and Enteral Nutrition (A.S.P.E.N)

- **Mission**: A.S.P.E.N is dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism.
- A.S.P.E.N is an interdisciplinary organization whose members are involved in the provision of clinical nutrition therapies, including parenteral and enteral nutrition.
- With more than 6,400 members from around the world, A.S.P.E.N is a community of dietitians, nurses, pharmacists, physicians, scientists, students, and other health professionals from every facet of nutrition support clinical practice, research, and education.
A.S.P.E.N’s Malnutrition Goals

1. Raise awareness

2. Advance the science

3. Build infrastructure
Raising Awareness: Education

- Malnutrition Awareness Week™ started in 2012
  - On the National Health Observances Calendar
  - Week of educational webinars and chat forums
  - Now have a Supporter Program where 13 national and international organizations signed on and they received access to those educational offerings
  - National Council on Aging (NCOA) hosted a twitter chat that was planned specifically for Malnutrition Awareness Week™

- Published an article in American Nurse Today

- A.S.P.E.N. Website and Malnutrition Toolkit
  www.nutritioncare.org/malnutrition
ASK ABOUT YOUR NUTRITION

Are you or your loved one experiencing any of these?

- UNPLANNED WEIGHT LOSS?
- LOSS OF APPETITE?
- NOT ABLE TO EAT OR ONLY ABLE TO EAT SMALL AMOUNTS?
- FEELING WEAK OR TIRED?
- SWELLING OR FLUID ACCUMULATION?

If you or your loved one have any of these problems, ask about your nutrition! Nutrition is important to your recovery and has been shown to promote positive outcomes. Ask if you can be evaluated by a registered dietitian or nutrition support clinician.
Raising Awareness: Legislation

- Legislative efforts at the state level are raising awareness and pushing the issue into the public forum.
- 7 states thus far: TX, FL, GA, LA, MA, OH, NM have resolutions, some simply recognizing Malnutrition Awareness Week™ while others are pushing for malnutrition commissions to address the issue, particularly in older adults.
- At the Federal level, during Malnutrition Awareness Week™, 5 Congressman recognized the week, the malnutrition issue, and hunger.
- A.S.P.E.N. leaders are also testifying and submitting written documents supporting these state efforts.
Raising Awareness: Coalition Building

- A.S.P.E.N recently joined defeat Malnutrition.today!
- With this coalition and in conjunction with the Healthcare Nutrition Council, A.S.P.E.N helped draft and submit two new objectives on malnutrition to the Healthy People 2020 initiative.
Advancing the Science: Definitions

A.S.P.E.N. in partnerships, is creating definitions, characteristics and marker tools for malnutrition in both adult and pediatric populations.

We define malnutrition as “An acute, subacute or chronic state of nutrition, in which a combination of varying degrees of overnutrition or undernutrition with or without inflammatory activity have led to a change in body composition and diminished function.” (adapted from Soeters PB, et al. A rational approach to nutritional assessment. Clin Nutr 2008; 27:706–716.)


Advancing the Science: Prevalence and Impact


Advancing the Science: Prevalence and Impact

Malnutrition Diagnoses in Hospitalized Patients: United States, HCUP data 2010

Patients with a coded malnutrition diagnosis were:

• Significantly older
• Had a significantly longer length of stay
• Higher hospital costs
• More often discharged to home care
• Five times more likely to die in the hospital, than those without a coded diagnosis of malnutrition.

Advancing the Science: Prevalence and Impact

• AHRQ HCUP Project
  – A.S.P.E.N. and AHRQ met in early 2016
  – Plan to evaluate 2014 HCUP data for:
    • Malnutrition and high-volume diagnoses and procedures
    • Malnutrition and readmissions
  – Target is publication of an HCUP Databrief by Malnutrition Awareness Week 2016
Advancing the Science: Clinical Processes

  – Screening is being done
  – Assessment, diagnosis, care planning, and transition of care are varied, often lacking, and need structure and resources to complete.
Building Infrastructure: Clinical Processes
Building Infrastructure: Accreditation

- Petitioned the Joint Commission to make Optimal Nutrition Care a National Patient Safety Goal
- Meeting of the Joint Commission Patient Safety Advisory Council November 12, 2015
- Nutrition remains on their list to consider
- If made a NPSG, would most likely develop additional standards and programs
Building Infrastructure: Accreditation

The Joint Commission Journal on Quality and Patient Safety

Forum

Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal

Peggi Guenter, PhD, RN, FAAN; Gordon Jensen, MD, PhD, FASPEN; Vihas Patel, MD, FACS, CNSC; Sarah Miller, PharmD, BCNSP; Kris M. Mogensen, MS, RD, LDN, CNSC; Ainsley Malone, MS, RD, CNSC, FAND; Mark Corkins, MD, SPR, CNSC, FAAP; Cindy Hamilton, MS, RD; Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, FASPEN

Published October 2015
Building Infrastructure: Accreditation

Outlined Three Priority Actions

1. Each Clinician on the Interdisciplinary Care Team Should Participate in the Execution of the Nutrition Care Plan.

2. Develop Systems to Quickly Diagnose All Malnourished Patients and Those at Risk.


Additional 12 Specific Actions
Feed Your Patient:
A.S.P.E.N.‘s Malnutrition Resource Center

This robust website was created specifically for you and your patients. It includes:

- The newly developed Nutrition Care Pathways provide you with best practices in nutrition care from admission to discharge.

- Resources for healthcare clinicians, clinical managers, and administrators, such as the Malnutrition Toolkit.

- Resources for consumers, patients, and caregivers, such as the Ask About Your Nutrition Posters.
Improve Patient Outcomes:
A.S.P.E.N.’s Step-by-Step Guide to Addressing Malnutrition

A.S.P.E.N.’s Step-by-Step Guide to Addressing Malnutrition gives you and your nutrition care team the resources and tools to identify, document, code, and treat this condition.

The guide will help you:
• Implement an optimal nutrition care plan
• Measure the quality of your team’s efforts
• Improve the value to your patient
Malnutrition Awareness Week™
2016

• September 26-30th, 2016
• Three Webinar, One Chat with the Experts
• Supporter Program is Open
• http://www.nutritioncare.org/maw/
Becky Blum, RN

Coordinator of Aging Services/
Senior Nutrition Director

Chautauqua County Office for the Aging
Jeanne Blankenship, MS RDN
Vice President, Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics
Malnutrition is a Quality Issue

- Lack of consistent screening with a validated tool
- Lack of diagnosis compared to published estimates
- Lack of treatment of those identified as malnutrition
- Lack of monitoring of status

= poor quality care
Developing malnutrition quality measures for inclusion in CMS quality programs

2013
Proposal and approval to develop quality measures

2014
Established as a measure steward with NQF

2015
Established Collaborations to develop and test eMeasures

2016
Submit eMeasures to CMS and NQF

2017
Target for inclusion in CMS Quality Program

Project support provided by Abbott and Avalere Health
What is the Malnutrition Quality Improvement Initiative (MQII)?

**MQII Objectives**

- Develop malnutrition **quality measures** “that matter”
- Improve malnutrition care with an interdisciplinary care team **roadmap (toolkit)**
- Advance tools that can be integrated into **EHR systems** to improve care quality

The MQII is focused on older adults (ages 65 and older) given the significant impact malnutrition has on this patient population and the opportunity to improve care among these patients.
The MQII Offers a Solution to Enhance the Quality of Malnutrition Care

Malnutrition Care Workflow

Screening
Nutrition screening using a validated tool for all patients age 65 years and older with a hospital admission

Assessment
Nutrition assessment using a validated tool for all patients identified as at-risk for malnutrition

Diagnosis
Documentation of nutrition diagnosis for all patients identified as malnourished

Treatment
Establishment and implementation of a nutrition treatment plan for all patients identified as malnourished or at-risk for malnutrition

Monitoring & Evaluation
Implementation of processes, including discharge planning, that support ongoing monitoring of patients identified as malnourished or at-risk for malnutrition

The MQII is rooted in patient-driven nutrition efforts that incorporate patient preferences and risk factors
The MQII is Comprised of Two Core Project Components that Have Multi-Stakeholder Support

THE MQII DEMONSTRATION, LEARNING COLLABORATIVE AND ELECTRONIC CLINICAL QUALITY MEASURE (ECQM) EFFORTS ARE GROUNDED IN MULTI-STAKEHOLDER INPUT

Advisory Committee

Technical Expert Panel

MQII Demonstration and Learning Collaborative

MQII eCQM Development

CMS
Malnutrition Electronic Clinical Quality Measures (eCQMs)

- **eMeasure #1**: Completion of a Malnutrition Screening within 24 Hours
- **eMeasure #2**: Patients At-Risk for Malnutrition who Received a Diet Order Within 24 Hours of a Malnutrition Screening
- **eMeasure #3**: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- **eMeasure #4**: Appropriate Documentation of a Malnutrition Diagnosis
Demonstration Site: Will serve as the primary site; will receiving training and support in implementation

Learning Collaborative Sites: Group of sites that will use the toolkit with limited support to understand implementation in a real-world setting

Participants will have access to the Toolkit and associated resources via a web-based portal, where they will be able to share experiences and best practices with one another.
Key Milestones

March 2016
MQII Demonstration Site & Learning Collaborative

April 2016
Solicit Feedback from CMS

June 2016
Submit eMeasures to NQF for Endorsement*
Submit eMeasures to CMS for MUC^ List

August 2016
Update Toolkit

September 2016
Publish eMeasures and Toolkit

October 2016
Advance Adoption of Measures

March 2017
Solicit Feedback from CMS

*NQF Endorsement Timeline TBD
^MUC List – Measures Under Consideration
Preventing Senior Malnutrition: A Community Perspective

Lisa Zullig, MS, RDN, CSG, CDN
Director of Nutrition Services
God’s Love We Deliver
The mission of God’s Love We Deliver is to improve the health and well-being of men, women and children living with serious illnesses by alleviating hunger and malnutrition.

We are dedicated to cooking and delivering the specific, nutritious meals a client’s severe illness and treatment so urgently require.
Mission in Action

• 1.5 million individually tailored meals delivered this year to 6,252 people
• 17+ million meals since our founding in 1985
• Deliveries in all 5 boroughs of New York City, Westchester and Nassau counties and in Hudson County, NJ
• 5,800 meals prepared and delivered each weekday
Our Clients

• An aging clientele
  – (63% are 60+)

• Over 200 diagnoses; 90%
  report more than 1 chronic
  illness

• Diverse communities
  – Multilingual approach
Medically Tailored Meals

- Referred by medical providers
- Tailored by Registered Dietitians Nutritionists
- Unique meal plans
- RDNs provide Medical Nutrition Therapy and education
- Follow client through trajectory of illness
- No preservatives or additives

Meal Modifications

- High Fiber/Low Cholesterol (Heart Disease)
- Renal (Kidney Disease)
- Low Sugar (Diabetic)
- Vegetarian
- Acid/Bland (Digestive)
- Soft Minced Pureed (Cancer/Dementia)
- No Shellfish/No Nuts etc. (Allergies)

All are low sodium
High Risk, High Need, High Cost
The Food is Medicine Coalition

Access to Food and Nutrition Services for Severely Ill Individuals Achieves the Triple Aim of National Healthcare Reform

- Better Health Outcomes
- Improved Patient Satisfaction
- Lower Cost of Care
GOAL: Incorporate medically tailored food and nutrition services into healthcare for people living with serious illness

The Affordable Care Act for People Living with Severe Illness
Federally Mandated
State Implemented

Ryan White for PLWH
Federally Mandated
Locally Implemented
Special Population: Senior Nutrition Policy

Recommendations:
Expand Medicare coverage for Medical Nutrition Therapy and Home Delivered Meals

- Allow ESRD beneficiaries to choose a Medicare Advantage (MA) plan
- Allow MA plans to adapt benefits to meet needs of chronically ill
- Expand MNT benefits beyond narrow scope
Thank you!

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Closing Remarks

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