Malnutrition Awareness Week Briefing

September 25, 2019
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Defeat Malnutrition Today
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Policy Director
Defeat Malnutrition Today
Nutrition is the key to healthy aging

Many common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis can be effectively prevented and treated with proper nutrition

Older adults who are not receiving proper meals can also become malnourished and undernourished
Why Older Adult Malnutrition?

- 1 in 2 older adults at risk
- 300% increase in healthcare costs for those with poor nutritional status
- 4 to 6 days longer in the hospital
- $51.3 billion in costs for disease-associated malnutrition in older adults annually
- 60% of older adults in hospitals may be malnourished
Sec. Azar’s Comments

- Now starting to gain more attention from federal officials too
- In a November speech, HHS Sec. Azar said:
  - 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.
- An important statement both in raising awareness about malnutrition and discussing what a nutrition care plan can achieve in savings
defeatmalnutrition.today
We have worked closely with many members of Congress so far this year:

- Senate and House committee staff on the Older Americans Act reauthorization
- Malnutrition Awareness Week resolution
- House sign-on letter with Reps. Rodney Davis and Danny Davis to encourage CMS to adopt the malnutrition electronic clinical quality measures

Have also submitted numerous comments to federal govt, particularly on 2020 Dietary Guidelines and quality measures.
The House passed its OAA reauthorization bill unanimously through the Education and Labor Committee.

This bill includes two new malnutrition provisions that we advocated for.

The bill would add malnutrition screening to the nutrition screening provisions in the Act and add reducing malnutrition to the purposes of the nutrition programs.

Critical to ensure that older adults participating in nutrition programs and other OAA programs are being screened for malnutrition since the risk is so high.
Malnutrition Awareness Week™

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American Society for Parenteral and Enteral Nutrition (ASPEN)
Silver Spring, MD
American Society for Parenteral and Enteral Nutrition (ASPEN)

• ASPEN is dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism.

• Founded in 1976, ASPEN is an interdisciplinary organization whose members are involved in the provision of clinical nutrition therapies, including parenteral and enteral nutrition.

• With more than 6,500 members from around the world, ASPEN 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.
ASPEN’s Strategic Approach to Addressing Malnutrition: From Assessment to Policy

1. Ability to Measure Incidence
2. Impact of Malnutrition on Outcomes
3. Therapy Implementation
4. Efficacy of Therapeutic Interventions
5. Development of Diagnoses
6. ICD-9 Coding
7. Reimbursement CMS HAC for Malnutrition
8. Dissemination of Knowledge and Practice Recommendations
9. Assessment Parameters
10. Build and Use EMRs
ASPEN’s Goals Around Malnutrition

1. Raise awareness
2. Advance the science
3. Build infrastructure
ASPEN Malnutrition Awareness Week™
September 23-27, 2019

• Started in 2012 (8th year)
• On the National Health Observances Calendar
• Certificate of Special Recognition from Senator Ben Cardin in 2018
• Week of educational webinars along with other non-CE offerings such as short videos, posters, one-page resources for clinicians and consumers
• Ambassador Program: over 70 national and international organizations signed on. Almost 1 million individuals receive access to education. Partnering with Canada and UK associations this year.
• Website and Toolkit: www.nutritioncare.org/malnutrition
ASK ABOUT YOUR NUTRITION

Good Nutrition Can Help You Prevent Infections, Heal Faster, Feel Stronger

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

TALK TO YOUR HEALTHCARE PROVIDER

Go to nutritioncare.org/YourNutrition for more
LOOKS CAN BE DECEIVING.
GET THE FACTS ON MALNUTRITION.
VISIT NUTRITIONCARE.ORG/MAW
Prevalence and Impact of Malnutrition

Why is this important, particularly at the federal level?

1. Numerous selected studies and populations (20-50% of hospitalized patients)

2. National (Big Data) was needed
Advancing the Science: Prevalence and Impact of Malnutrition

Agency for Healthcare Research and Quality (AHRQ) HCUP Project

- Published HCUP Databrief #210 in Sept. 2016 on 2013 National Inpatient Sample data\(^1\)
- Published HCUP Databrief #218 in Dec. 2016 on 2013 readmissions\(^2\)
- Looking at 2016 NIS and readmissions (published August 2018)\(^3\)
• In 2016, there were 2.2 million non-maternal and non-neonatal inpatient stays related to malnutrition, representing 8.1% of the 27.6 million total non-maternal and non-neonatal stays.

• The most common type of malnutrition was protein-calorie malnutrition with approximately 1.45 million malnutrition-related stays (66.6%). 64% had Medicare as payor.
The 30-day readmission rate for any cause following an initial hospital stay for non-maternal and non-neonatal patients with malnutrition was 23.2 per 100 index stays, more than 50% higher than the rate among patients with no malnutrition during the index stay (14.9).³
Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016 AHRQ³

COSTS:
Inpatient stays related to malnutrition accounted for nearly $49 billion or 12.6% of these costs while they constituted only 8.1% of stays in 2016.

LOS:
Compared with the average length of inpatient stays (5.0 days), malnutrition-related inpatient stays for all six types of malnutrition were longer on average, more than twice as long for protein-calorie malnutrition (11.2 days).
MALNOURISHED HOSPITALIZED PATIENTS ARE ASSOCIATED WITH HIGHER COSTS, LONGER STAYS & INCREASED MORTALITY*

2.2 million hospital stays involved malnutrition in 2016

30-day readmissions are 1.6X higher in patients with malnutrition as compared to patients with no malnutrition

MALNUTRITION IS ASSOCIATED WITH:

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<th>Economic Burden</th>
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<td>Hospital stays involving malnutrition accounted for $49 billion</td>
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<tr>
<th>Human Cost</th>
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<tr>
<td>Protein-calorie malnutrition related stays have 3X higher in-hospital deaths than those without malnutrition</td>
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<tr>
<th>Longer Hospital Stays</th>
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<td>Protein-calorie malnutrition related hospital stays were 2X longer</td>
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Rate of malnutrition is highest with older adults

<table>
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<tr>
<th>Aged 85+</th>
<th>Aged 65-74</th>
<th>Aged 40-64</th>
<th>Aged 18-39</th>
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<td>3,754</td>
<td>1,487</td>
<td>437</td>
<td>107</td>
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UNDERSTAND THE IMPACT OF MALNUTRITION. Learn more at nutritioncare.org/malnutrition

Latest HCUP report on Malnutrition (2016 data- Lag)
Summary

• Malnutrition is prevalent and is associated with higher readmissions, in-hospital deaths, longer lengths of stay, higher discharge to post-acute settings, and higher costs.

• Patients often come in to the hospital malnourished and so this is not just a hospital issue but needs to be addressed in the community.

• When patients are assessed and nutrition intervention is provided, outcomes improve and cost savings are realized.
References


Advocating for Malnutrition: The Link to Quality Care

Jeanne Blankenship, MS RDN
Vice President, Policy Initiatives and Advocacy
September 2019 Journal Supplement

A Total of 88 Supplement Authors!

8 Articles with 37 authors focused on:
• Background and Information
• Public Policy
• MQii Toolkit
• eCQMs Pilot Program
• Practice Applications
• Clinical Leadership

24 Abstracts with 51 authors focused on:
• Data Integration and Process Outcomes Results - 12
• Interdisciplinary Team Engagement and Key Learnings - 5
• Research Outcomes Results – 7
Malnutrition Quality Improvement Initiative

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

Project funded in collaboration with Abbott and Avalere
MQII: a Solution to Enhance Quality 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
Document malnutrition diagnosis for all patients identified

Treatment
Establish and implement nutrition treatment plan for all patients identified as malnourished or at-risk for malnutrition

Monitoring & Evaluation
Implementation of processes, including discharge planning to 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
Malnutrition and Health Care

**Care Continuum**

**Primary Care:** lack of screening, assessment and intervention

**Hospital nutrition services:** “bundled” payment

**Discharge:** disruption of care plan, lack of resolution

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Malnutrition Electronic Clinical Quality Measures (eCQMs)

- **NQF #3087 / MUC16-294**: Completion of a Malnutrition Screening within 24 Hours of Admission
- **NQF #3088 / MUC16-296**: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 Hours of a Malnutrition Screening
- **NQF #3089 / MUC16-372**: Nutrition Care Plan for Patients Identified as Malnourished After a Completed Nutrition Assessment
- **NQF #3090 / MUC16-344**: Appropriate Documentation of a Malnutrition Diagnosis

*Measures were submitted to the National Quality Forum (NQF) for potential endorsement and to CMS for adoption into the HIQR – Hospital Inpatient Quality Reporting
For more information: [www.eatrightpro.org/eMeasures](http://www.eatrightpro.org/eMeasures) and [www.eatrightpro.org/malnutrition](http://www.eatrightpro.org/malnutrition)
NQF and CMS - Composite Measure

- The Academy and Avalere continue developing and testing a malnutrition composite measure - the Global Malnutrition Composite Score to:
  - Assess the performance of clinicians across the four malnutrition care steps
  - Help further establish the link between better malnutrition care and patient outcomes

Malnutrition Composite Measure

\[ = \sqrt{M1 \times M2 \times (0.5M3 + 0.5M4)^2} \]
Malnutrition Quality Improvement

Available at MQii.Today
Learning Collaboratives

265 Sites and Growing

- States with ≥1 Enrolled Participant
- States with >1 Participant Completing Enrollment
Ripple Effect

MQii Impacting other Outreach
Hospital Improvement Innovation Network

- [http://www.hret-hiin.org/topics/malnutrition.shtml](http://www.hret-hiin.org/topics/malnutrition.shtml)
Academy Partnership with 2 QCDRs

- What is a Qualified Clinical Data Registry (QCDR)?
  - Collects medical or clinical data from clinicians and reports it to CMS on their behalf
  - Submits both non-MIPS measures as well as MIPS quality measures (MIPS: Merit-based Incentive Payment System)

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<td>Nutrition Care Plan Documented for Patients with Findings of Malnutrition</td>
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<td>Appropriate Documentation of Malnutrition Diagnosis</td>
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Thank You

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What You Can Do

- Support the House Older Americans Act malnutrition language for inclusion in the Senate bill
- Support the Senate malnutrition resolution
- Educate yourselves and your offices further about malnutrition and its impact on your constituents
- Check out defeatmalnutrition.today for more resources!
Questions?
Thank You!