Malnutrition Advocacy Training

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Please use chat box for questions
Moderator

Nadine Braunstein PhD, RD, LDN, CDE

Chair
Academy’s Legislative and Public Policy Committee
Objectives

Participants will be able to:

1. Characterize the impact of malnutrition on health care quality.

2. Describe the four proposed malnutrition quality measures.

3. Communicate malnutrition messages to policy makers.
Jeanne Blankenship
MS, RDN

Vice President
Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics
Malnutrition is Common, Yet Often Overlooked

- **36 million** U.S. hospitalizations *per year*\(^1\)
- **15% – 60%** are malnourished\(^2\)
- **3%** are diagnosed with malnutrition\(^2\)
- **4 million – 19 million** cases left undiagnosed and therefore untreated

References:

\(\text{=} \text{1 million hospitalizations}\)
Malnutrition Reduces Overall Health and Contributes to Increased Readmission Rates

MALNUTRITION HAS AN IMPACT ON PATIENT RECOVERY AND METRICS SUCH AS READMISSIONS AND MORTALITY

Malnutrition-associated outcomes include

deforestation of the immune system, impaired wound healing, and muscle wasting\(^1\)

Leads to higher readmissions rate\(^1\) relative to well-nourished patients and increased mortality\(^2\)

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Patients with Malnutrition: Die Sooner and Cost More

- Singapore Hospital population
- 818 total patients
- 235 malnourished
- SGA used to assess nutrition status

<table>
<thead>
<tr>
<th>Non-Malnutr</th>
<th>Malnutr.</th>
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<tbody>
<tr>
<td>Cost of hospitalization for individual patient (SGS), mean ± sd</td>
<td>3707 ± 5541</td>
</tr>
<tr>
<td>Cost of hospitalization for individual patient (SGS), median (range)</td>
<td>1897 (179–70,472)</td>
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Lim et al, Clinical Nutrition, 2012
Malnutrition remains a common and costly healthcare problem.

$157 \text{ Billion}

Disease-related malnutrition (DAM) annually imposes a significant economic burden on our society and our healthcare systems.

$51.3 \text{ Billion}

The total annual burden from DAM borne by the elderly population.

It is critical to quickly identify at-risk patients who can benefit from nutrition intervention.
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
Quality Strategy Implementation Accomplishments and Next Steps

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

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The MQII is rooted in patient-driven nutrition efforts that incorporate patient preferences and risk factors
Malnutrition Electronic Clinical Quality Measures (eCQMs)

- **eMeasure #1**: Completion of a Malnutrition Screening within 24 Hours

- **eMeasure #2**: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening

- **eMeasure #3**: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment

- **eMeasure #4**: Appropriate Documentation of a Malnutrition Diagnosis
**Key Milestones**

**March 2016**
MQII Demonstration Site & Learning Collaborative

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

**September 2016**
Publish eMeasures and Toolkit

**October 2016**
Advance Adoption of Measures

**April 2016**
Solicit Feedback from CMS

**August 2016**
Update Toolkit

**March 2017**
Solicit Feedback from CMS

*NQF Endorsement Timeline TBD
^MUC List – Measures Under Consideration
Advocating for Malnutrition Quality Measures through CMS and NQF Pathways

April 2016

CMS draft Hospital Inpatient Rule
Public Comments Solicited: Recommend CMS include malnutrition measures

June – Sept 2016

CMS selects quality measures for future incentive programs and submits for NQF MAP review.
NQF Solicits Measures for Endorsement*
Academy Submits Measures to CMS for MUC^ List in June and to NQF for endorsement in July.


NQF MAP publishes report to HHS with recommendations for CMS future measures.
Public Comments Solicited: Recommend MAP support malnutrition measures

April 2017

CMS draft Hospital Inpatient Rule
Public Comments Solicited: Recommend CMS include malnutrition measures

August 2017

CMS issues Final Hospital Inpatient Rule
*Target Implementation by October 2017

*NQF Endorsement Timeline TBD
~MAP – Measure Application Partnership
^MUC List – Measures Under Consideration
Malnutrition Advocacy

• **Malnutrition Advocacy Day**
  September 26, 2016 in Washington, D.C.
  • Congressional Briefing
    – 9:30 to 10:30 a.m.
  • Hill Visits
  • ANDPAC Reception
    – 3 -- 5 p.m.

• **Malnutrition In District Meetings**
  September and October 2016
  • Public Policy Panel leaders organize local visits
Malnutrition Advocacy

• **Action Alert Planned**
  – Anticipated launch on 9/13/2016
  – Supports advocacy day and in district meetings
  – PPCs will get approved communication content

• **Social Media**
  – Watch for information in PPWN
Preparing for Meetings

• **Review**
  1. Malnutrition Advocacy Leave Behind Infographic

• **Read**
  1. Malnutrition Care – Preparing for the Next Level of Quality
  2. CMS “Dear Colleague” Letter
  3. ASPEN and Academy Consensus Statement Regarding Malnutrition

• **Act**
  1. Complete the Action Alert
Meeting Agenda

1. Provide an overview of malnutrition
   – Use the leave behind to guide your conversation

2. Summarize the Malnutrition Quality Improvement Initiative
   – Talking points available 9/13
   – Leave a copy of the article

3. Ask for the member of Congress to sign onto the “dear colleague” letter to CMS
   – House and Senate versions
   – Leave a copy of the letter
Advocacy Day in D.C.

• Congressional briefing will provide overview
• Meetings will be scheduled by the coalition
• Groups will include new and seasoned advocates
• Coalition members will represent multiple organizations and professions
• Common “ask”
Advocacy In District

• Complete the Action Alert

• Schedule meetings with members of Congress
  – PPCs will coordinate meetings and track
  – Meetings conduct in September and October

• Follow the meeting outline

• Submit a report to the Academy
  – The report will be sent to the PPCs
Questions?
Live Event CPEU Certificate:
• certificate emailed
• evaluation survey

Recorded Event CPEU Certificate:
Contact pweeden@eatright.org
Thank You!
If you have questions contact:

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