

Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Slavitt:

Malnutrition, a nutrition imbalance that affects both overweight and underweight individuals, is a significant health problem afflicting millions of older Americans. Up to 60 percent of older adults admitted to the hospital are already malnourished or are at risk of malnutrition. In addition, nearly 35-50 percent of older residents in long term care facilities are malnourished. The estimated annual cost of disease-associated malnutrition in older adults in the US is \$51.3 billion.

While malnutrition is a prevalent and potentially costly problem, it is also preventable. Effective and timely screening and assessment are essential to help providers make accurate medical diagnoses. Early nutrition interventions and discharge planning have been shown to substantially reduce readmission rates. Malnutrition intervention is a low-risk and low-cost solution to help improve the quality of clinical care and care transitions. Prompt nutrition assessment and intervention can significantly improve patient outcomes, with:

- 28 percent decrease in avoidable readmissions
- 25 percent reduction in pressure ulcer incidence
- 4 percent fewer overall complications
- Reduced average length of stay of approximately two days
- Improved quality of life
- Decreased mortality

We applaud CMS for the Agency work to date advancing policies for improvement of beneficiary access to nutrition care. We urge the Agency to take the next step to ensure high quality, timely and coordinated care by formally adopting a malnutrition quality measure set into value-based quality incentive programs. This can start with the adoption of four new electronic clinical quality measures (eQMs) recently submitted by the Academy of Nutrition and Dietetics (Academy) through the 2016 pre-rulemaking process for the Hospital In-Patient Quality Reporting Program. These new eQMs align with CMS priorities to address clinical variations in care, improve patient outcomes, decrease costs, and reduce burden of data collection for providers.

The following four eQMs have been proposed:

1. Completion of a Malnutrition Screening within 24 hours of Admission
2. Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
3. Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
4. Appropriate Documentation of a Malnutrition Diagnosis

We request that CMS adopt these proposed malnutrition quality measures now in the 2016-2017 Pre-Rulemaking Process for the Hospital Inpatient Quality Reporting Program. We encourage CMS to work with the Academy and Defeat Malnutrition Today Coalition to implement malnutrition care metrics across CMS value-based quality incentive programs.