

June 16, 2016

Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8010  
Baltimore, MD 21244

**RE: CMS-1655-P, Medicare Program Proposed Rule: Hospital Inpatient Prospective Payment Systems Rule and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2017 Rates**

Dear Mr. Slavitt:

The DefeatMalnutrition.Today coalition appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed Hospital Inpatient Prospective Payment Systems Rule and the Long-Term Care Hospital Prospective Payment System for FY 2017.

DefeatMalnutrition.Today is a new coalition with members who are committed to defeating older adult malnutrition. Our goals are to:

- Achieve the recognition of malnutrition as a key indicator and vital sign of older adult health
- Work to achieve a greater focus on malnutrition screening and intervention through regulatory and/or legislative change across the nation's health care system

As CMS seeks to improve the health of the U.S. population by supporting proven interventions to deliver higher-quality care,<sup>1</sup> we urge the agency to address malnutrition screening, assessment, diagnosis and intervention in future quality and incentive alignment programs across the care continuum.

Because malnutrition is a potential patient safety issue and an independent risk factor for poor outcomes and increased costs across healthcare settings, the DefeatMalnutrition.Today coalition recommends that:

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<sup>1</sup> CMS Quality Strategy

- CMS address measure gaps by adopting malnutrition-related quality measures(s) in the Hospital Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (VBP) and Long-Term Care Hospital Quality Reporting (LTCHQR) Programs as soon as feasible.
- CMS include nutritional status and a nutrition care plan as necessary health information that is transferred to an individual, a caregiver or provider of services as the agency advances the Impact Quality Measure, Transfer of Health Information for Individuals and care preferences of an individual in the LTCHQR.

Our detailed comments are below.

### **Background on the Malnutrition Problem**

Malnutrition, a nutrition imbalance that affects both overweight and underweight patients, is a common issue in the acute care hospital setting. In earlier rule-making, CMS recognized a number of studies have “shown the prevalence of malnutrition among hospital patients, estimating that anywhere between 20 and 50 percent of hospital inpatients are either malnourished or at risk for malnutrition, depending on the particular patient population and the criteria used to assess these patients.”<sup>2</sup> According to the National Resource Center on Nutrition, Physical Activity and Aging, nearly 35-50 percent of older residents in long-term care facilities are malnourished. Chronic disease increases the risk of malnutrition in older adults. Studies estimate the prevalence of malnutrition in cancer patients is 20-87 percent,<sup>3</sup> in chronic kidney disease is 20-50 percent,<sup>4</sup> and in chronic obstructive pulmonary disease is 19-60 percent.<sup>5</sup> In addition, one of the fastest growing forms of elder abuse is self-neglect, which can be caused by the inability to maintain a proper or any diet, leading to malnutrition.

Because malnutrition in older adults is often linked to economic and social factors, it can lead to more health disparities. According to a report from the Agency for Healthcare Research and Quality, older African Americans have a significantly higher risk of malnutrition (defined as unintentional weight loss) when compared to Caucasians.<sup>6</sup> The Congressional Black Caucus Institute in their 21<sup>st</sup> Century Council 2015 Annual Report noted that “(t)he most benefit will occur when malnutrition care becomes a priority and routine standard of medical care.” One of the steps outlined to accomplish this was “(i)ntegrating malnutrition screening and treatment into the development of evidence-based care models, such as intervention strategies to improve patient care transitions.”

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<sup>2</sup> Barker LA, Gout BS, Crowe TC. Hospital malnutrition: prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health*. 2011; 8(2); 514–527

<sup>3</sup> Kumar NB. Nutritional Management of Cancer Treatment Effects. 2012.

<sup>4</sup> Pupim, L.B. et al. Nutrition and Metabolism in Kidney Disease. *Seminars in Nephrology* 2006;26,134-157.

<sup>5</sup> Hunter AM, et al. The nutritional status of patients with chronic obstructive pulmonary disease. *Am Rev Respir Dis*. 1981;124(4):376–381.

<sup>6</sup> Kane RL et al. Common syndromes in older adults related to primary and secondary prevention. *Evidence Synthesis/Technology Assessment Number 87*. AHRQ Publication NO. 11-05157-EF-1, July 2011.

Malnutrition is a patient safety risk, as those who are malnourished are more likely to experience a healthcare acquired condition. An indication of the growing awareness of the importance of malnutrition as a safety issue, malnutrition is one of the five patient safety risk areas represented in the 2015 Leapfrog Group Hospital Survey. Malnutrition is linked to increased rates of morbidity, increased incidence of healthcare acquired pressure ulcers and infections, falls, delayed wound healing, and decreased respiratory and cardiac function, poorer outcomes for chronic lung diseases, increased risk of cardiovascular and gastrointestinal disorders, reduced physical function, and development of nosocomial infections. In an epidemiologic analysis of 887,189 major surgery cases drawn from the Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS), malnutrition was associated with an increased risk of severe events. Patients with malnutrition were four times more likely to develop pressure ulcers, two times more likely to develop surgical site infections, 16 times more likely to develop intravascular device infections, and five times more likely to develop catheter-associated urinary tract infections.<sup>7</sup> Because of the link between malnutrition and healthcare-acquired infections, there has been a recent call for healthcare policy change to address the issue.<sup>8</sup>

Identifying patients who are malnourished or at-risk of malnutrition is vital because, in addition to poor clinical and health outcomes, it can increase healthcare resource utilization and costs. Research documents malnourished older adults make more visits to physicians, hospitals and emergency rooms. Malnourished or at-risk patients can continue to worsen through an inpatient stay, which may also lead to increased costs. Generally, care transition programs are limited in their inclusion of nutrition-specific recommendations and practices. Studies show that malnutrition, as a contributing factor to post-hospital syndrome can increase a patient's risk for a 30-day readmission, often for reasons other than the original diagnosis.<sup>9</sup>

Malnutrition care is an important part of patient-centered care. According to a recent survey by the National Academy on an Aging Society, "Americans are aware that malnutrition can impact older adult health and independence, and they want to learn more about how to identify and treat this problem." Further, a report on the survey quotes Vice Admiral Vivek Murthy, MD, MBA, U.S. Surgeon General's statement at the 2015 White House Conference on Aging, where he explained "The way to build the foundation for a stronger America is to create a culture of prevention that has three pillars to it—strong and healthy nutrition...physical activity, and...emotional and mental well-being. We have to build and support and sustain those pillars if we want to create a culture of prevention."<sup>10</sup>

Coalition members are working to educate diverse groups of older adults and family members about the issue of malnutrition, including developing materials such as bi-lingual videos and implementing an older adult community program on helping prevent malnutrition. Several

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<sup>7</sup> Dougherty D, et al. Nutrition care given new importance in JCAHO standards. *Nutr Clin Pract.* 1995; 10(1): 26-31

<sup>8</sup> Godamunne K, et al. Malnutrition and healthcare-acquired infections: the need for policy change in an evolving healthcare landscape. *J Hosp Infect.* 2016;93(1);9-11.

<sup>9</sup> Krumholz HM. Post-hospital syndrome – An acquired, transient condition of generalized risk. *N Engl J Med.* 2013; 368(2):100-102

<sup>10</sup> National Academy for an Aging Society, The Gerontological Society of America: What we know and can do about malnutrition. Profiles of an Aging Society. 2015.

states have introduced legislation to create a Malnutrition Prevention Commission to study malnutrition among older adults. Ohio's legislation specifies the Commission will "Identify models for integrating the value of malnutrition care into health care quality evaluations across health care payment models."<sup>11</sup>

### **Malnutrition is Preventable**

While malnutrition is a prevalent and potentially costly problem, it is also preventable. Effective and timely screening is essential to help providers make accurate diagnoses and early nutrition interventions have been shown to substantially reduce readmission rates,<sup>12,13,14</sup> as well as complication rates, length of stay, cost of care, and in some cases, mortality.<sup>15</sup>

Nutrition intervention is a low-risk, low-cost clinical strategy to help improve the quality of hospital care and care transitions. Prompt nutrition intervention can significantly improve patient outcomes, with:

- 28% decrease in avoidable readmissions<sup>16</sup>,
- 25% reduction in pressure ulcer incidence<sup>17</sup>,
- 14% fewer overall complications<sup>18</sup>,
- Reduced average length of stay of approximately 2 days<sup>19,20</sup>
- Decreased mortality<sup>21,22,23,24,25,26</sup> and
- Improved quality of life.<sup>27,28,29,30,31,32</sup>

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<sup>11</sup> Ohio Senate Bill 245, a Bill to Create the Malnutrition Prevention to Study Malnutrition Among Older Adults, introduced in the 131<sup>st</sup> General Assembly 2015-2016 Session.

<sup>12</sup> Brugler L, DiPrinzio MJ, Bernstein L. The five-year evolution of a malnutrition treatment program in a community hospital. *Jt Comm J Qual Improv.* 1999;25(4):191-206

<sup>13</sup> Gariballa S, Forster S, Walters S, Powers H. A randomized, double blind, placebo-controlled trial of nutritional supplementation during acute illness. *Am J Med.* 2006;119(8):693-699

<sup>14</sup> Philipson TJ, Snider JT, Lakdawalla DN, Stryckman B, Goldman DP. Impact of oral nutritional supplementation on hospital outcomes. *Am J Manag Care.* 2013;19(2):121-128

<sup>15</sup> Tappenden KA et al. Critical role of nutrition in improving quality of care: an interdisciplinary call to action to address adult hospital malnutrition. *JPEN J Parenter Enteral Nutr.* 2013 Jul;37(4):482-97

<sup>16</sup> Gariballa S, et al. A randomized, double-blind, placebo-controlled trial of nutritional supplementation during acute illness. *Am J Med* 2006;119(8):693-699.

<sup>17</sup> Stratton RJ et al. Enteral nutritional support in prevention and treatment of pressure ulcers: a systematic review and meta-analysis. *Ageing Res Rev.* 2005;4(3):422-450.

<sup>18</sup> Milne AC, et al. Protein and energy supplementation in elderly people at risk from malnutrition. *Cochrane Database Syst Rev.* 2009 Apr 15(2):CD003288.

<sup>19</sup> Brugler L, et al. The five-year evolution of a malnutrition treatment program in a community hospital. *Jt Comm J Qual Improv,* 1999 Apr; 25(4):191-206

<sup>20</sup> Smith PE, et al. High-quality nutritional interventions reduce costs. *Healthcare Financial Management* 1997;51:66-69.

<sup>21</sup> Austrums E, et al. Postoperative enteral stimulation by gut feeding improves outcomes in severe acute pancreatitis. *Nutrition* 2003; 19:487-491.

<sup>22</sup> Akner G, et al. Treatment of protein-energy malnutrition in chronic nonmalignant disorders. *Am J Clin Nutr* 2001;74:6.

<sup>23</sup> Potter J, et al. Routine protein energy supplementation in adults: systematic review. *Br Med J* 1998;317:495-501.

<sup>24</sup> Potter JM, et al. Protein energy supplements in unwell elderly patients – a randomized controlled trial. *JPEN J Parenter Enteral Nutr* 2001;25:323-329.

<sup>25</sup> Delmi M, et al. Dietary supplementation in elderly patients with fractured neck of the femur. *Lancet* 1990;335:1013-1016.

<sup>26</sup> Lacson E, et al. Outcomes associated with intradialytic oral nutritional supplements in patients undergoing maintenance hemodialysis: a quality improvement report. *Am J Kidney Dis.* 2012.

## **Recommendation for Malnutrition Quality Measures for Future Hospital IQR and VBP Programs**

Early identification of Medicare beneficiaries at risk for malnutrition, prompt nutrition intervention and implementation of an effective care transition plan for patients diagnosed as malnourished or at risk of malnutrition are critical to help reduce morbidity, mortality, and costs. Despite guidelines and standards, there are variations in malnutrition care that can negatively impact time to nutrition intervention and care coordination.

While people may be at-risk or become malnourished in any setting, the trigger of a hospitalization can exacerbate and accelerate malnutrition and the risk of malnutrition. Hospitalization provides an opportunity for immediate intervention by the care team with timely (1) screening, assessment, diagnosis and nutrition intervention; (2) execution of nutrition care plan upon admission through discharge; and (3) care coordination to home or other post-acute care sites.<sup>33</sup>

### ***De Novo Malnutrition eQMs for CMS Consideration for IQR and VBP***

The Academy of Nutrition and Dietetics has partnered with Avalere Health and a Technical Expert Panel to develop de novo malnutrition electronic clinical quality measures (eQMs) following the CMS Blueprint for Measure Development. The eQMs will also be submitted to the CMS Measures Under Consideration (MUC) List in July 2016.<sup>34</sup> To support quality improvement and implementation of optimal malnutrition care the Malnutrition Quality Improvement Initiative (MQII) has developed a multi-disciplinary toolkit that will be available later this year.<sup>35</sup> DefeatMalnutrition.Today appreciates CMS' consideration to adopt this malnutrition measure set as soon as feasible for subsequent Hospital IQR and VBP programs.

### **Long-Term Care Hospital Quality Reporting Measures Under Consideration for Future Years**

We appreciate the opportunity to comment on quality measures and measure concepts under consideration for future years for Long Term Care Hospital Quality Reporting. Malnutrition is not only a patient safety risk for hospitalized patients, it can negatively impact patient

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<sup>27</sup> Stratton RJ, et al. Are oral nutritional supplements of benefit to patients in the community? Findings from a systematic review. *Curr Opin Clin Nutr Metab Care* 2000;3:311-315.

<sup>28</sup> Davidson W, et al. Weight stabilization is associated with improved survival duration and quality of life in unresectable pancreatic cancer. *J Clin Nutr* 2004;22:239-247.

<sup>29</sup> Moses AW, et al. Reduced total energy expenditure and physical activity in cachectic patients with pancreatic cancer can be modulated by an energy and protein dense oral supplement enriched with n-3 fatty acids. *Br J Cancer* 2004;90:996-1002.

<sup>30</sup> Moses A, et al. An experimental nutrition supplement enriched with n-3 fatty acids and antioxidants is associated with an increased physical activity level in patients with pancreatic cancer cachexia. *Clin Nutr* 2001;20(suppl3):S21.

<sup>31</sup> Payette H, et al. Benefits of Nutritional Supplementation in Free-living, Frail, Undernourished Elderly People. *J Am Diet Assoc* 2002;102:1088-1095.

<sup>32</sup> Isenring EA, et al. Nutrition intervention is beneficial in oncology outpatients receiving radiotherapy to the gastrointestinal or head and neck area. *Br J Cancer* 2004;91:447-452.

<sup>33</sup> Tappenden K, et al. Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *JPEN J Parenter Enteral Nutr*. 2013 Jul;37(4):482-97.

<sup>34</sup> McCauley, Malnutrition Care: Preparing for the Next Level of Quality; *Journal of the Academy of Nutrition and Dietetics*, May 2016, [http://www.andjrnl.org/article/S2212-2672\(16\)30012-0/fulltext](http://www.andjrnl.org/article/S2212-2672(16)30012-0/fulltext)

<sup>35</sup> Id.

outcomes in any healthcare setting. The Coalition supports the proposed Impact Act Measure “Transfer of Health Information and care preferences when an individual transitions” and recommends CMS include nutritional status and a nutrition care plan in this transfer of health information for patients, caregivers and medical providers.

In previous rule-making CMS agreed that malnutrition is an important quality measure concept for the LTCH setting.<sup>36</sup> **We recommend that CMS adopt a malnutrition-related quality measure in the LTCH QRP as soon as feasible.** Early identification of Medicare beneficiaries at risk for malnutrition, prompt nutrition intervention and implementation of an effective care transition plan for patients diagnosed as malnourished or at risk of malnutrition are critical to improve outcomes and patient safety by reducing complications such as infections, falls, and pressure ulcers.

### **Addressing Malnutrition as a National Goal**

Nutritional status is a key indicator and vital sign of older adult health. The DefeatMalnutrition.Today coalition supports the recent call for a national goal<sup>37</sup> to address disease-related malnutrition in hospitalized patients to improve patient outcomes by reducing morbidity, mortality, and costs.

As a first step we ask CMS to advance timely clinical interventions by adopting a disease-related malnutrition measure set in the Hospital IQR, VBP and LTCHQR as soon as feasible.

We appreciate your consideration of our comments. Please feel free to contact us at [\*\*info@defeatmalnutrition.today\*\*](mailto:info@defeatmalnutrition.today) if you have any questions or if you need any additional information.

Sincerely,

DefeatMalnutrition.Today

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<sup>36</sup> CMS-1632-F; Federal Register/Vol.80, No 158/Aug 17, 2015; 49748.

<sup>37</sup> Guenter P, et al. Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal. Jt Comm J Qual Patient Saf., 2015 Oct;41(10):469-73.