MALNUTRITION AND OLDER ADULTS: REVIEW OF THE U.S. FEDERAL HEALTH POLICY LANDSCAPE

Defeat Malnutrition Today

January 2017
www.defeatmalnutrition.today

ABSTRACT

Malnutrition is a serious epidemic facing older Americans. Despite the prevalence and seriousness of malnutrition, the term "malnutrition" is not mentioned in enacted or proposed U.S. legislation. While Congress has called attention to the importance of the nutritional habits of older adults, the issue of identifying malnutrition as a specific indicator of health has not been acknowledged. An environmental scan identified several legislative and regulatory comments and reports that have called for action. Malnutrition is a serious public health issue for older Americans and needs to be addressed through policy to ensure an integrated, sustainable approach to promoting better health outcomes. With strong, consistent attention to the issue, the health challenges associated with malnutrition in older adults can be addressed in a preventative and effective way.

1. INTRODUCTION

Malnutrition is a serious epidemic facing older Americans. The prevalence of malnutrition in adults 65 years and older is a growing concern because this health condition often goes undiagnosed and unrecognized, resulting in costly and sometimes fatal health outcomes. Upon admission to a hospital, one in three patients is malnourished and about a third experience declines in nutritional status during their hospital stay, increasing cost of care by up to 300 percent.[1] Malnutrition, which is related to an excessive or imbalanced diet and/or a diet that lacks essential nutrients, can also be tied to clinical conditions that impair the body's absorption and/or use of food. While many factors can impact the health and well-being of older adults, malnutrition is a condition that is linked to increased incidences of falls, hospital admissions and readmissions, chronic disease, co-morbid health conditions, and psychological stress.[2] Yet, malnutrition can be identified (Figure 1) and practical, cost-effective solutions to malnutrition are available.

Figure 1: Malnutrition Screening and Assessment Tools

There have been limitations in clinical settings to adequately identify and describe the extent and degree of malnutrition in older adults. While there are screening and assessment tools currently available, these are not routinely used in clinical settings and are not always validated and reliable in different care settings. Some potential screening tools to identify and assess malnutrition in older adults:

Mini-nutritional assessment (MNA) tool[1]

Malnutrition Screening Tool (MST)[2]

Short Nutritional Assessment Questionnaire (SNAQ)[3]

Malnutrition Universal Screening Tool (MUST)[4]

Nutritional Risk Screening 2002 (NRS-2002)[5]

[1]http://www.mna-elderly.com/forms/mini/mna_mini_english.pdf

[2]http://static.abbottnutrition.com/cms-prod/abbottnutrition.com/img/Malnutrition%20Screening%20Tool_FINAL%20_Professional.pdf

[3]http://www.fightmalnutrition.eu/fight-malnutrition/screening-tools/snaq-tools-in-english/

[4]http://www.bapen.org.uk/pdfs/must/must_full.pdf

[5]http://espen.info/documents/screening.pdf

Of particular concern is protein malnutrition. Age, physical trauma, prolonged bed rest, and the stress of disease, infection, or injury can all increase loss of the body's muscle and protein stores and further increase the risk for malnutrition. Malnutrition takes a physical toll on individuals and families and it can

also have a serious financial impact. The costs associated with malnutrition can be significant: "The annual burden of disease associated malnutrition in U.S. adults 65 years or older is estimated to be $51.3 billion."[3] As the population of older adults 65 continues to grow, the incidence and cost of malnutrition will continue to rise. Practical, cost-effective solutions to malnutrition are available (Figure 2). When not properly addressed, malnutrition can lead to further deterioration of functional abilities, thus making it harder for older adults to recover as well as leading to earlier mortality than if the nutritional risk was addressed.[4] Due to biological and physiological changes in function in older adults,[5] comprehensive nutritional services that address the multiple layers of malnutrition should be incorporated into existing healthcare services.

Importantly, malnutrition may be related to health disparities as well. A 2011 report from the Agency for Healthcare Research and Quality documented that older African Americans have a significantly higher risk of malnutrition (defined as unintentional weight loss) when compared to Caucasians.[6] On July 30, 2015, the National Black Nurses Association (NBNA) released a resolution on nutrition as a vital sign, concluding that older African Americans have increased rates of chronic diseases in America and because chronic disease is often associated with malnutrition, NBNA therefore resolved to "…support the need for direct, culturally competent nursing involvement across the continuum of healthcare in the systematic malnutrition screening and interventions for older adults."[7]

Figure 2: Malnutrition Interventions

Effective interventions to address malnutrition can include:

- Identifying and treating any underlying disease or other cause
- Referring to a registered dietitian nutritionist for an assessment and care plan
- Connecting with social and community supports, including meal delivery and government food programs
- Using oral nutrition supplements—particularly those high in protein--to help rebuild muscle and strength

Given the importance of malnutrition for older adult health, this review investigates the U.S. federal health policy landscape related to malnutrition and older adults, considering how, if at all, the issue is addressed in existing legislation and is reflected in legislative and regulatory comments and reports. The review concludes with a discussion of potential policy actions and recommendations.

2. FEDERAL LEGISLATION

Despite the prevalence and seriousness of malnutrition, the term "malnutrition" is not mentioned in enacted or proposed U.S. legislation, especially in reference to older adults and their wellness. Addressing the nutritional needs of older adults is not a new phenomenon in Congress. Yet, while

Congress has called attention to the importance of the nutritional habits of older adults, the issue of identifying malnutrition as a specific indicator of health has not been acknowledged. Many proposed acts, such as H.R. 2404, the Treat and Reduce Obesity Act of 2915[8] and H.R. 1686, the Preventing Diabetes in Medicare Act of 2015,[9] address the need to include nutrition counseling and education into public services. However in current legislation there are no specific mentions of increasing malnutrition screening and intervention. Some laws address nutritional needs of older adults and could be amended to include malnutrition care.

The Older Americans Act

Existing nutrition services for older adults are funded and authorized through the Older Americans Act, and because funding has not kept pace with the growth in the older adult population, there have been significant cuts in program services nationwide. The lack of the Older Americans Act's specificity around identifying malnutrition as a serious indicator of health should be addressed, given malnutrition's connection to increased incidence of chronic disease, hospital costs, health complications and mortality. Title III-C of the Older Americans Act provides state funding for congregate and home-delivered meals, nutrition screening, education and counseling, and an array of other supportive and health services. However, it does not include specific, validated measures to screen and intervene for malnutrition in older adults, including those in clinical settings.

Medicare

Eighty-two percent of Medicare recipients are older adults,[10] and this legislation, through the Social Security Act, addresses the importance of incorporating nutrition screening into healthcare practices. Yet malnutrition as a specific indicator of health is not mentioned in any legislation related to Medicare coverage.

- Medicare Part B covers preventive screenings and interventions, such as medical nutrition therapy (MNT), which includes an initial nutrition and lifestyle assessment, one-on-one nutritional counseling, and follow-up visits to check on diet progress.[11] However, MNT coverage is limited to only those individuals who have diabetes or kidney disease or have had a kidney transplant in the last 36 months.
- Obesity screening and counseling is also included in Medicare coverage, but not malnutrition screening or counseling.[12] While obesity is more often recognized as an indicator of poor health, malnutrition can still be present, specifically individuals can be overweight or obese but protein deficient and thus at greater risk of medical complications and prolonged recovery.

The Affordable Care Act

The Patient Protection and Affordable Care Act[13] is comprehensive in listing public health initiatives to address nutrition and wellness (diet, exercise, well-being, etc.), but these initiatives do not address the health indicator of malnutrition in any specific sense. Nutrition is mentioned broadly under personalized health advice and counseling services. Nutrition counseling is also mentioned throughout in terms of

wellness. But there are no allowances for malnutrition screening or coverage. In SEC. 4103 – Medicare screenings are increased through the Affordable Care Act including in the annual wellness visit, preventive screenings (diabetes and certain cancers)[14] but malnutrition is not specifically addressed.

3. FEDERAL POLICY LANDSCAPE: KEY FINDINGS

While attention to malnutrition in older adults has not been specifically legislated or regulated, an environmental scan identified several legislative and regulatory comments and reports that have called for action. Since 2009, the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) has hosted Malnutrition Awareness Week™ to raise awareness about the importance of assessing and intervening earlier in healthcare settings to address malnutrition. As a result, several Members of Congress have mentioned malnutrition in their remarks in the *Congressional Record*. Some statements recognize the incidence and impact of malnutrition while others have even recommended standardized malnutrition screening, assessment and intervention for older adults. The following representatives submitted statements in 2015:

- Rep. Marcia L. Fudge (D-Ohio) (September 29, 2015)[15]
- Rep. Joyce Beatty – (D-Ohio) (September 29, 2015)[16]
- Rep. Renee Ellmers – (R-NC) (September 30, 2015)[17]
- Rep. Norma J. Torres – (D-CA) (September 29, 2015)[18]
- Rep. Michelle Lujan Grisham – (D-NM) (October 1, 2015)[19]

In 2016 in the Senate, Sen. Bernie Sanders (I-VT) addressed malnutrition as a serious public health concern by adding his remarks to the *Congressional Record* regarding the reauthorization of the Older Americans Act, citing nutrition as an important component supported by the Act's services:

> "Providing home-delivered meals – Meals on Wheels – for seniors is not only the right thing to do, it makes good economic sense. Why is that? If frail seniors do not get the nutrition they need, they are more likely to fall and break a hip and wind up in the hospital emergency room or in a nursing home. At the end of the day, investing in nutrition which keeps seniors healthy actually saves us money by keeping them out of the hospital."[20]

On July 15, 2014, the United States Senate Committee on Finance held a hearing entitled, "Chronic Illness: Addressing Patients' Unmet Needs," which acknowledged that nutrition is an important contributing factor to the health, well-being and costs of chronically-ill individuals, although malnutrition was not explicitly mentioned[21].

At the 2015 White House Conference on Aging (WHCOA), U.S. Department of Agriculture Secretary Tom Vilsack announced a new proposed rule to "…increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling the Supplemental Nutrition Assistance Program (SNAP) benefits to be used for services that purchase and deliver food to these households."[22] This rule, when finalized, will allow older adults who are unable to shop for their own groceries to have nutritious,

affordable food delivered to their homes, thus eliminating one issue related to malnutrition for these older adults.

Also in 2015, the first U.S. Department of Health and Human Services' Healthy Aging Summit was held in Washington D.C. During this summit Johanna Dwyer, D.Sc., RD, from Tufts University indicated that nutrition must be considered a vital sign since it gives important information about the "… existence of an acute health problem, magnitude of illness or coping, and marker of chronic disease process."[23] The final report of the summit included a summary of Dwyer's presentation which updated the decades earlier Nutritional Screening Initiative and explored why malnutrition screenings so often have gaps and what supports could be used so that malnutrition screening becomes a vital sign.[24]

Another area where there has been recognition of the importance of nutrition research, management and treatment as it relates to the experience of co-morbid diseases is the Interagency Committee on Human Nutrition Research (ICHNR). In 2016, the ICHNR National Nutrition Research Roadmap Subcommittee released a report describing both a short-term and long-term research and resource initiative related to malnutrition:[25]

- Short Term: "Incorporate the examination of food, nutrition, eating, and activity patterns in research on the management of multiple complex co-morbid diseases including the assessment of malnutrition."
- Long Term: "Encourage collection of nutrition and activity-related data within the health care delivery systems for the integration of long-term clinical care information and health information systems with data for disease outcomes including the assessment of malnutrition."

The National Academies of Sciences Health and Medicine Division, formerly the Institute of Medicine, has held several workshops in recent years that focus on nutrition and older adults. Their 2012 workshop on *Nutrition and Healthy Aging in the Community* included several presentations that referenced malnutrition, including one by Heather Keller, PhD, RD who profiled the work of the Canadian Malnutrition Task Force and commented that both the U.S. and Canada "experience the same problems with transitional care."[26] Their 2015 workshop on *Meeting the Dietary Needs of Older Adults* included a number of references to the issue of malnutrition. A presentation by Robert Blancato concluded that "actions to promote healthy aging must focus on the triple threat to older adults: hunger, food insecurity, and malnutrition."[27]

4. DISCUSSION: POLICY OPPORTUNITIES TO ADDRESS MALNUTRITION IN OLDER ADULTS

Malnutrition could be further addressed, identified, and treated through routine adoption of simple screening and intervention tools. Systematic malnutrition screening and intervention should be added to existing healthcare policies. While many key health indicators have been implemented in prevention policies for older adults, malnutrition care is a gap area. This can be addressed through federal and state health goals, such as through the Healthy People 2030 goals under development. There have been many different bills proposed that address wellness in older Americans; however, these bills do not discuss

malnutrition. Most of these bills are pending and/or have been sent to various committees. There are multiple opportunities to add malnutrition language to bills such as:

- S.1574 – CARE Act[28]
- H.R. 1686 – Preventing Diabetes in Medicare Act of 2015[29]
- H.R. 263 – Adult Day Center Enhancement Act[30]
- H.R. 1383 – Medicare Adult Day Services Act of 2015[31]

Malnutrition-related quality measures represent another policy gap area. Electronic clinical quality measures (eCQMs) are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and quality of health care services provided by clinicians and hospitals. Currently there are no malnutrition-related quality measures in public or private accountability programs. The Malnutrition Quality Improvement Initiative, led by the Academy of Nutrition and Dietetics and Avalere Health, has developed the first malnutrition electronic clinical quality measures to advance timely and coordinated malnutrition screening, assessment and intervention upon admission through discharge for hospitalized older adults. The electronic clinical quality measures have been submitted to the Centers for Medicare & Medicaid Services for their Measures Under Consideration (MUC) List and to the National Quality Forum for endorsement review.[32]

Improving the care delivered to malnourished patients is a concern shared by many stakeholders who have urged the Centers for Medicare & Medicaid Services to:

- 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.
- 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 Long-Term Care Hospital Quality Reporting Programs.[33]
- Include malnutrition-related quality measures in the standardized patient assessment data required for cross-setting quality comparison by the Improving Medicare Post-Acute Care Transformation Act of 2014 (the IMPACT Act).[34]
- Include nutritional status and malnutrition care in the proposed new “standard design” for discharge planning requirements for hospitals and home health agencies and update Centers for Medicare & Medicaid Services discharge materials to include information helpful in screening and intervening for malnutrition.

The Centers for Medicare & Medicaid Services specifically acknowledged the importance of addressing malnutrition in comments they put forth with their final rule to grant diet order privileges for dietitians.[35] Thus, there is a potential that they may equally recognize the need to address malnutrition through policies related to cross-setting quality measures.

5. CONCLUSION

Malnutrition is a serious public health issue for older Americans, and needs to be addressed through policy to ensure an integrated, sustainable approach to promoting better health outcomes. While some causes of malnutrition will always be present in older adults, there are many ways to combat the prevalence of this health concern. With strong, consistent attention to the issue, the health challenges associated with malnutrition in older adults can be addressed in a preventative and effective way.[36] The screenings, assessments, diagnoses, care plans, and interventions involved in malnutrition care all contribute to a low-risk and low-cost solution to help improve the quality of clinical care.[37] Expanding the proposed policies for Medicare beneficiaries, to include systematic malnutrition care as well as nutrition social services, will help ensure that older adults—particularly those with chronic disease--have access to the same level of quality care across the healthcare continuum.[38]

REFERENCES

[1] White House Conference on Aging, "Nutrition = Solutions to Healthy Aging and Long-Term Services and Supports," National Listening Session (2015). Accessed October 2016. http://www.eatrightpro.org/resource/career/professional-development/distance-learning/nutrition-healthy-aging-and-long-term-services-and-supports.

[2] Defeat Malnutrition Today Coalition, "White Paper for Healthy People 2020 – New Objectives," Letter to Office of Disease Prevention and Health Promotion, Fall 2015. Accessed October 2016, http://defeatmalnutrition.today/files/5914/4802/7754/HP_2020_Objectives_Letter_from_DMT_Coalition.pdf.

[3] The Gerontological Society of America National Academy on an Aging Society, "Profiles of an Aging Society," 2015. Accessed October 13 2016. https://www.geron.org/images/gsa/malnutrition/malnutritionprofile.pdf.

[4] Kathryn N. Porter Starr, Shelley R. McDonald, and Connie W. Bales, "Nutritional Vulnerability in Older Adults: A Continuum of Concerns," *Current Nutrition Reports*, 4(2) (2015): 176–184, doi: http://doi.org/10.1007/s13668-015-0118-6.

[5] Tanvir Ahmed and Nadim Haboubi, "Assessment and management of nutrition in older people and its importance to health," *Clinical Interventions in Aging* 5 (2010):207-216, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920201/.

[6] U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, *Common syndromes in older adults related to primary and secondary prevention*, by Robert L. Kane, Kristine M.C. Talley, Tatyana Shamliyan, and James T. Pacala, AHRQ Publication NO. 11-05157-EF-1 (Evidence Synthesis/Technology Assessment Number 87). Rockville, MD 2011. https://www.ncbi.nlm.nih.gov/books/NBK62074/.

[7] National Black Nurses Association, "Nutrition as a Vital Sign," Resolution July 2015. Accessed October 2016. http://www.nbna.org/files/NBNA%20Resolution%20-%20Nutrition%20as%20a%20Vital%20Sign.pdf.

[8] Treat and Reduce Obesity Act of 2015, H.R. 2404, 114 Cong.

[9] Preventing Diabetes in Medicare Act of 2015, H.R. 1686, 114 Cong.

[10] Tricia Neuman, Juliette Cubanski, Jennifer Huang, and Anthony Damico, "The Rising Cost of Living Longer: Analysis of Medicare Spending by Age for Beneficiaries in Traditional Medicare," The Henry J. Kaiser Family Foundation, January 14, 2015, http://kff.org/medicare/report/the-rising-cost-of-living-longer-analysis-of-medicare-spending-by-age-for-beneficiaries-in-traditional-medicare/.

[11] "Nutrition therapy services (medical)," Centers for Medicare & Medicaid Services, 2015. https://www.medicare.gov/coverage/nutrition-therapy-services.html.

[12] "Health education & wellness programs," Centers for Medicare & Medicaid Services, 2015. https://www.medicare.gov/coverage/health-education-and-wellness-programs.html.

[13] *The Patient Protection and Affordable Care Act of 2010.* Public Law 111-148, 124 Stat. 119 (2010). http://purl.access.gpo.gov/GPO/LPS124425.

[14] Marsha Mercer, "Is Your Medicare Safe?," *AARP Bulletin*, January/February 2014, http://www.aarp.org/health/medicare-insurance/info-12-2013/medicare-and-affordable-care-act.html.

[15] U.S. House of Representatives. *Congressional Record* Extension of Remarks. Recognizing Malnutrition Awareness Week, E1404, October 1, 2015, https://www.congress.gov/crec/2015/10/01/CREC-2015-10-01-pt1-PgE1402.pdf.

[16]U.S. House of Representatives. *Congressional Record* Extension of Remarks. Recognizing Malnutrition Awareness Week, E1390, September 29, 2015, https://www.congress.gov/crec/2015/09/29/CREC-2015-09-29-pt1-PgE1390.pdf.
[17] U.S. House of Representatives. *Congressional Record* Extension of Remarks. Malnutrition Awareness Week, E1402, October 1, 2015, https://www.congress.gov/crec/2015/09/30/CREC-2015-09-30-pt1-PgE1394-2.pdf.
[18] U.S. House of Representatives. *Congressional Record* Extension of Remarks. In Recognition of the Malnutrition Epidemic, E1389, September 29, 2015, https://www.congress.gov/crec/2015/09/29/CREC-2015-09-29-pt1-PgE1389.pdf.
[19] U.S. House of Representatives. *Congressional Record* Extension of Remarks. Hunger and Malnutrition, E1407, October 1, 2015, https://www.congress.gov/crec/2015/10/01/CREC-2015-10-01-pt1-PgE1407-6.pdf.
[20] U.S. Senate. *Congressional Record* Extension of Remarks. Older Americans Act, S5206, July 21, 2015, https://www.congress.gov/crec/2015/07/21/CREC-2015-07-21-pt1-PgS5206-3.pdf.
[21] U.S. Congress, Senate Committee on Finance, *Bipartisan Chronic Care Working Group Policy Options Document* (December 2015). http://www.finance.senate.gov/imo/media/doc/CCWG%20Policy%20Options%20Paper1.pdf.
[22] White House Conference on Aging, *White House Conference on Aging Final Report* (2015), http://www.whitehouseconferenceonaging.gov/2015-WHCOA-Final-Report.pdf.
[23]U.S. Department of Health, Office of Disease Prevention and Health Promotion, "Healthy Aging Summit Summary of Proceedings," (July 2015), Washington DC, https://www.healthypeople.gov/sites/default/files/HAS_Summary_of_Proceedings.pdf.
[24] Healthy Aging Summit Summary of Proceedings, 2015.
[25] Interagency Committee on Human Nutrition Research, "National Nutrition Research Roadmap 2016-2021: Advancing Nutrition Research to Improve and Sustain Health," Washington, DC, 2016, *https://fnic.nal.usda.gov/sites/fnic.nal.usda.gov/files/uploads/2016-03-30-%20ICHNR%20NNRR%20(2).pdf*
[26] National Academies of Sciences Health and Medicine Division, "Nutrition and Healthy Aging in the Community," March 20, 2012, http://nationalacademies.org/hmd/reports/2012/nutrition-and-healthy-aging-in-the-community.aspx
[27] National Academies of Sciences Health and Medicine Division, "Meeting the Dietary Needs of Older Adults," July 14, 2016, http://www.nationalacademies.org/hmd/Reports/2016/meeting-the-dietary-needs-of-older-adults-ws.aspx
[28] Older Americans Community Access Revitalization and Education Act (CARE Act), S.1574 , 114 Cong.
[29]Preventing Diabetes in Medicare Act of 201, H.R. 1686. 114 Cong.
[30] Adult Day Center Enhancement Act, H.R. 263, 114 Cong.
[31] Medicare Adult Day Services Act of 2015. H.R.1383, 114 Cong.
[32] Academy of Nutrition and Dietetics and Avalere Health, "Malnutrition Quality Improvement Initiative," October 2016, http://mqii.defeatmalnutrition.today.
[33] Sharon M. McCauley, "Malnutrition Care: Preparing for the Next Level of Quality," *Journal of the Academy of Nutrition and Dietetics* 116, no. 5 (2016): 852-855, doi: http://dx.doi.org/10.1016/j.jand.2016.03.010.
[34] IMPACT Act of 2014, P.L. 113-185.
[35] 42 C.F.R. § 482.28
[36]Kathryn N. Porter, Shelley R. McDonald, and Connie W. Bales, "Nutritional Vulnerability in Older Adults: A Continuum of Concerns," *Current Nutrition Reports* 4, no. 2 (2015):176-184, doi: 10.1007/s13668-015-0118-6.
[37] Defeat Malnutrition Today Coalition, "Letter to Senate Finance Committee Re: Bipartisan Chronic Care Working Group Policy Options Document," 2016, http://defeatmalnutrition.today/files/8714/5435/2277/Final_Revised_Senate_CCWG_Comments_from_DefeatMalnutrition.Today.pdf.

This paper is a brief reference paper commissioned by the Defeat Malnutrition Today coalition to provide an overview of the current policy landscape, including legislation or regulations, pertaining to malnutrition and older adults in the U.S.