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CMS takes a significant step forward to help end elder malnutrition

By **Bob Blancato**

Currently, up to one in two older adults is malnourished or at risk for malnutrition. Yet, malnutrition is not systematically screened for, assessed, diagnosed or treated in the U.S. healthcare system.

As 2019 ended and the World Health Organization's *Decade of Healthy Aging* began (learn more at *tinyurl.com/wdat74f*), a significant achievement was reached that is worthy of recognition and attention. For the first time, the Centers for Medicare & Medicaid Services (CMS) approved multiple malnutrition-specific clinical quality measures for a CMS quality management program.

Clinical quality measures are tools that help to measure and track the quality of healthcare services provided by healthcare professionals and institutions. Evaluating and reporting quality measures help to ensure America's healthcare system is delivering effective, safe, efficient, patient-centered, equitable and timely care.

CMS annually updates the clinical quality measures approved for its programs. Effective Jan. 1, 2020, CMS approved including malnutrition clinical quality measures in two Qualified Clinical Data Registries, the Premier Clinician Performance Registry and the U.S. Wound Registry (see Table 1 on page 12).

The CMS Quality Management Program—and Why It Matters

CMS' value-based programs reward healthcare providers with incentive payments for the quality of care they deliver to Medicare beneficiaries. These programs are part of CMS' larger quality strategy to reform how healthcare is delivered and paid for in the United States.

One example of a CMS value-based program is the Merit-based Incentive Payment System (MIPS), which is used by physicians and outpatient healthcare providers who do not report through a healthcare system or a large group quality management program. Starting in 2020, outpatient providers reporting through MIPS can choose to report on the CMS-approved malnutrition clinical quality measures; a focus on malnutrition could help to improve patient quality of care because, as documented in a recent U.S. Government Accountability Office report, "barriers to older adults' meeting nutritional needs may negatively affect their health outcomes."

CMS value-based programs are rapidly pushing the U.S. healthcare system toward paying providers based on the quality, rather than the quantity, of patient care. For CMS, this shift is occurring quickly; Trump Administration officials have announced a goal that by 2025, 100 percent of Medicare fee-for-service beneficiaries will be included in value-based payment programs.

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Qualified Clinical Data Registries (QCDR) are approved by CMS to collect data on behalf of clinicians, with the goal of improving healthcare quality. QCDR organizations may include specialty societies, regional health collaboratives, large health systems or software vendors working in collaboration with one of these medical entities. QCDRs can be used to report quality data, practice improvement data and electronic health record use data that are more specific to the quality care goals of the organization or society. CMS may also approve measures in a QCDR for Merit-based incentive Payment System reporting by eligible providers.

Effective Jan. 1, 2020, the following malnutrition-related measures are included in the CMS-approved Premier and U.S. Wound QCDRs. In addition, two measures in each Registry are approved by CMS for MIPS reporting.

Table 1. New Malnutrition Measures in Qualified Clinical Data Registries*

	Premier Clinician Performance Registry	U.S. Wound Registry
Measure #1	**Measure Title:** Completion of a Screening for Malnutrition Risk and Referral to an RDN for At-Risk Patients	**Measure Title:** Completion of a Screening for Malnutrition Risk and Referral to an RDN for At-Risk Patients
Measure #2	**Measure Title:** Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/ Interventions by an RDN**	**Measure Title:** Assessment of Nutritionally At-Risk Patients for Malnutrition and Development of Nutrition Recommendations/ Interventions by an RDN**
Measure #3	**Measure Title:** Appropriate Documentation of Malnutrition Diagnosis**	**Measure Title:** Obtaining Preoperative Nutritional Recommendations from an RDN in Nutritionally At-Risk Surgical Patients**
Measure #4	**Measure Title:** Nutritional Care Plan Communicated to Post-Discharge Provider	**Measure Title:** Appropriate Documentation of Malnutrition Diagnosis

**Source: Adapted from Appendix in The Malnutrition Quality Collaborative, National Blueprint: Achieving Quality Malnutrition Care for Older Adults (Revised). Washington, D.C.: Avalere and Defeat Malnutrition Today. 2020, in press. **Indicates measures approved by CMS for MIPS reporting*

Over the past few years, CMS has continued to expand the list of healthcare providers covered under CMS value-based programs. Registered Dietitian Nutritionists (RDN) providing outpatient care to Medicare beneficiaries are among the six newly added groups who, beginning this year, are required to report on quality measures. Thus, the recent approval of malnutrition clinical quality measures in two Qualified Clinical Data Registries is timely for RDNs who must now choose specific clinical quality measures on which to report.

The malnutrition clinical quality measures also are appropriate for other practitioners to report through MIPS. For example, primary care clinicians who are part of the Premier Clinician Performance Registry and-or U.S. Wound Registry could report on the diagnosis and preoperative nutritional recommendations quality measures. The diagnosis of malnutrition then links to implementing effective nutrition interventions, including nutrition education, congregate and home-delivered meals, and oral nutrition supplements.

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A value-based approach to care can promote better health team collaboration and coordination, encourage healthier habits and proactive care, improve patient outcomes and reduce costs. These benefits are good for elders and their families: they can help improve quality of life and boost overall satisfaction with medical care. For example, patients would realize that it is poor nutrition that is causing them to lose weight, muscle and strength. Healthcare providers who identify malnutrition and recommend interventions frequently find their patients are relieved to hear that the diagnosis is malnutrition, that it is treatable and that community resources and supportive services are available.

Where Do We Go from Here?

CMS value-based programs include programs for hospitals and other institutions, but currently there are no CMS-approved malnutrition measures available for reporting in those settings, even though CMS has recognized malnutrition care as a gap area. The Academy of Nutrition and Dietetics and Avalere Health (a healthcare advisory services firm) developed the malnutrition clinical quality measures to address disparities in existing malnutrition care and to impact health outcomes. They offer similar hospital-based clinical quality measures and an open-access toolkit through the Malnutrition Quality Improvement Initiative (MQii) (available at *tinyurl.com/qpxvlda*).

To date, more than 290 hospitals nationwide have joined an MQii Learning Collaborative and have demonstrated the value of the malnutrition clinical quality measures in leading data-driven approaches to identify and treat malnutrition. The time has come for CMS to take the next step and approve malnutrition clinical quality measures in its hospital quality programs. This move will continue to advance evidence-based, high-quality malnutrition care for older adults, and also provide a better opportunity to promote healthy aging in this new decade and beyond. ■

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