

## Comments on CQMC Draft Prioritization Approaches

### 1. General Comments on the Memo

Defeat Malnutrition Today welcomes the opportunity to comment. We strongly recommend that CQMC include measures in a core set that would assess nutrition status for early identification and treatment of malnutrition. Older Americans in particular would benefit from both preventive treatment measures such as malnutrition screening and active measures such as a nutrition care plan.

Older adult malnutrition is a growing crisis in America today. Up to half of all older adults are at risk of malnutrition. For example, in the acute care hospital setting, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.

As called for in the National Blueprint: Achieving Quality Malnutrition Care for Older Adults, high-quality nutrition and malnutrition care for older adults should to be at the “top of the U.S. national agenda as we develop population health strategies to improve health and to deliver consistent quality healthcare at an affordable cost.”

This is because while good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes, and reduce healthcare costs, malnutrition—particularly the lack of adequate protein, calories, and other nutrients needed for tissue maintenance or repair—has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs. Further, the Blueprint notes malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass.

Broadly speaking, there is a general lack of awareness that malnutrition is linked to acute illness, chronic disease, and poor health outcomes. While there are malnutrition standards of care, best practices, and validated screening and diagnostic tools available, these have not been systematically adopted into routine medical care or adopted across care settings.

Our coalition believes that prioritizing nutrition and malnutrition measures as part of a core set would reduce healthcare expenditures and promote patients’ health across a variety of conditions.

### 2. Are there certain areas (e.g. condition, specialty, care setting) where lack of measure alignment is more problematic than others?

Our coalition feels that a lack of measure alignment – and a lack of measures generally – for nutrition and malnutrition is extremely problematic, given the incidence of malnutrition in the older adult population. The lack of measures in this area contribute to healthcare providers not considering nutritional status and needs of patients.

### 3. Are there other approaches to prioritization for new core sets the CQMC should consider?

[did not answer]

#### **4. What approach to prioritization would you recommend?**

Our coalition sees the merit in continuing with option 1, especially because several general nutrition issues could be addressed in this way, malnutrition among them. (And, the impact and approximate cost are similar to those addressed by examples in option 1.)

Option 3 is also appealing, as more patients are seen in community-based settings than in acute care. In nutrition, for example, care coordination by the clinical care team of malnourished and at-risk older adults can often be fragmented due to lack of visibility of clinically relevant malnutrition data and documentation and non-standardization of key malnutrition data elements in electronic health records. Last year, a multi-stakeholder group of health and community leaders and advocates came together for a national [Dialogue](#) to consider opportunities for advancing patient-centered malnutrition care transitions. They identified that all too often, “as patients transition from one point of care to another, their nutrition status is not evaluated, documented, or even included in patient health conversations” and specifically called for integration of nutrition status considerations into existing protocols, pathways, and models to facilitate enhanced care coordination and better outcomes for patients across care settings. Integrating nutrition status considerations into quality measure development and maintenance provides an opportunity to help achieve this.

#### **5. What area do you feel could most benefit from a CQMC core set?**

As previously stated, a lack of measures generally for nutrition and malnutrition is extremely problematic, given the incidence of malnutrition in the older adult population. The lack of measures in this area contribute to healthcare providers not considering nutritional status and needs of patients. Therefore, we would suggest a core set of nutrition measures.