defeat malnutrition today

June 24, 2019

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
P.O. Box 8013
Baltimore, MD 21244-1850

Re: **CMS 1716-P**; Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Rule, April 3, 2019

Dear Administrator Verma,

Defeat Malnutrition Today appreciates the opportunity to comment on **CMS 1716-P.** We comment specifically on changes to the malnutrition ICD-10 codes (E43 and E44.0) and the quality measure proposals for the Hospital Inpatient Quality Reporting Program and the Long-Term Care Hospital Quality Reporting Program.

Defeat Malnutrition Today is a coalition with over 90 members who are committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the common goals of achieving the recognition of malnutrition as a key indicator and vital sign of health risk for older adults and working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.

In response to the CMS 1716-P proposals, we recommend that CMS:

- Delay proposed changes to the malnutrition ICD-10 codes in the Hospital Inpatient Prospective Payment System until additional data analysis can be conducted to support proposed changes;
- Include malnutrition-related electronic clinical quality measures (eCQMs) in both the Hospital Inpatient Quality Reporting Program and in the Long-Term Care Hospital Quality Reporting Program to improve clinical outcomes of malnourished and nutritionally at-risk Medicare beneficiaries;

Background

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.[1][2][3][4][5]

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. The *Blueprint* was developed with input from a variety of sectors, including representatives from nonprofit organizations, state governments, professional organizations, and healthcare associations.

In recent comments from U.S. Department of Health and Human Services (HHS) Secretary Alex Azar to the Hatch Foundation for Civility and Solutions on November 14, 2018, he stated:

> Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—$42 billion each year in healthcare spending.

In other words, malnutrition is pervasive, costly, and causes patients to feel worse and heal slower; however, it has not yet been addressed by a systematic, consistent approach throughout the healthcare system.

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[1] 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.
[2] Bistrian BR, Blackburn GL, Hallowell E, Heddle R. Protein status of general surgical patients. JAMA. 1974;230(6):858-860.
[3] Christensen KS, Gstundtner KM. Hospital-wide screening improves basis for nutrition intervention. J Am Diet Assoc.1985;85(6):704-706.
[4] Lim SL, Ong KC, Chan YH, et al. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. Clin Nutr. 2012;31(3)345-350.
[5] Somanchi M, Tao X, Mullin GE. The facilitated early enteral and dietary management effectiveness trial in hospitalized patients with malnutrition. JPEN J Parenter Enteral Nutr. 2011;35(2):209-216.

Delay Proposed Changes to the Malnutrition ICD-10 Codes in the Hospital Inpatient Prospective Payment System

It is critical that hospital payment is aligned with the severity of a disease so patients have access to quality care and interventions recommended by their physicians. We support our nutrition clinical society members' recommendation (Academy of Nutrition and Dietetics, American Society of Parenteral and Enteral Nutrition, and American Society for Nutrition) that CMS delay proposed changes to E43 and E44.0 until further analysis can be conducted to support the proposed downgrade of E43 Unspecified Severe Protein Calorie Malnutrition from a major complication and comorbidity (MCC) to a complication or comorbidity (CC) and the upgrade of E44.0 Moderate Malnutrition from a "CC" to a "MCC."

As noted by our member societies, the proposed downgrade of E43 to a "CC" from a "MCC" and the upgrade of E44.0 from a "CC" to a "MCC" is inconsistent within the malnutrition diagnostic code "family." Downgrading E43 to a "CC" would render it equal to E44.1 or mild malnutrition, reflecting inconsistency within the diagnosis code set. In addition, E43, "unspecified severe malnutrition," is the only diagnostic ICD-10 code to indicate severe malnutrition. If the rationale to downgrade E43 to a "CC" includes the lack of specificity with E43, it is important to remember there is no other ICD-10 severe malnutrition code. Further, more analysis is needed to confirm that the resources required to treat a patient with severe malnutrition diagnosis are less than those required to treat a patient diagnosed with moderate malnutrition.

Include Malnutrition eCQMs in the Hospital Inpatient Quality Reporting Program

Malnutrition measures have already been submitted to CMS for the Medicare Hospital Inpatient Quality Reporting Program:

- NQF #3087/MUC16-294: Completion of a Malnutrition Screening within 24 hours of Admission
- NQF #3088/MUC16-296: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- NQF #3089/MUC16-372: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
- NQF #3090/MUC16-344: Appropriate Documentation of a Malnutrition Diagnosis

While there has been a limit on CMS adoption of new quality measures, we commend the Agency for recognizing the malnutrition quality measures in its final rule on Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals/Quality Reporting Requirements for FY2018, and commenting that "We agree that a systematic approach to quality improvement is essential and could include increasing awareness of malnutrition and improving management of nutrition in hospitals. We acknowledge the benefits and need for inclusion of malnutrition

measures, as outlined by the commenters, and will consider the feasibility of implementing these measures in the Hospital IQR Program in the future." However, Defeat Malnutrition Today believes that time has come and that the Agency should begin to consider their feasibility now.

Include Malnutrition eCQMs in Long-Term Care Hospital Quality Reporting Program

Malnutrition is not just a patient safety risk for patients in acute care hospitals; it can negatively impact patient outcomes in any healthcare setting. 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 for malnutrition are all critical to improve outcomes and patient safety. These interventions reduce complications which can lead to readmissions, including infections, falls, and pressure ulcers in acute and post-acute care settings.

There are variations in care that can negatively impact time to nutrition intervention in post-acute care settings including long-term care hospitals. For this reason we recommend CMS include the aforementioned malnutrition eCQMs in the Long-Term Care Hospital Quality Reporting Program.

Thank you for recognizing the value of nutrition services, and please let us know if we can provide you with any further information. You may reach our Policy Director Meredith Whitmire at mponder@matzblancato.com.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today