

defeat **malnutrition** today

March 4, 2022

Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Docket No. CMS-2022-0021-0001, Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies (Advance Notice)

Submitted electronically at Regulations.gov

Dear Ms. Brooks-LaSure,

Defeat Malnutrition Today (DMT)* appreciates the opportunity to comment on **CMS-2022-0021**, the CY 2023 Advance Notice for MA plans. We comment specifically on the importance of adopting MA performance measures that address older adult malnutrition.

In the Advance Notice, CMS states it is considering developing a performance measure around whether a MA organization has used a standardized screening tool to screen its enrollees for food insecurity and other health-related social needs. CMS also requests feedback on a National Committee for Quality Assurance (NCQA) measure under development to screen for food, housing and transportation needs and refer those who screen positive to further interventions.

Defeat Malnutrition Today strongly supports screening MA beneficiaries for nutrition security, which continues to be a challenge for older Americans. As CMS previously stated in the CY2022 Physician Fee Schedule proposed rule in 2021, “Estimates indicate that the number of food insecure people in the United States increased from 35.2 million people (1 in 9 people) in 2019 to 45 million people (1 in 7 people) in 2020. Older adults are particularly at risk because of low income, mobility issues, dementia, and other factors such as social isolation.”

Defeat Malnutrition Today strongly supports referrals of those identified by food insecurity and other social determinants of health screenings to be referred to the appropriate professionals. This can improve older adult’s access to needed care and follow-up services in a timely and efficient manner.

¹Whitmire, M., Arensberg, M. B., Ashbrook, A., & Blancato, R. (2021). Nutrition-related policy fundamentals for supporting older adults in the community during a pandemic: Lessons from covid-19. *Journal of Elder Policy*, 1(3). <https://doi.org/10.18278/jep.1.3.9>

**Defeat Malnutrition Today is a coalition of over 100 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations 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.*

Given that food insecurity is a risk factor for malnutrition and malnutrition is associated with serious health consequences among older individuals, we urge CMS to prioritize measures focusing on *malnutrition care* in addition to food insecurity for Medicare beneficiaries enrolled in MA plans.¹

Up to half of all older adults are at risk of malnutrition. In the acute care hospital setting, for example, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.^{1,2} As called for in the [National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update](#), high-quality nutrition and malnutrition care for older adults should 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 malnutrition has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs.

CMS itself in previous regulations has long recognized the prevalence of malnutrition and its negative impact on patient safety, clinical outcomes, and barriers to quality patient care. More recent data has also been published to bolster the importance of early identification of malnutrition and demonstrate that the problem, if left unaddressed, has significant impacts on outcomes.^{3,4,5}

The Global Malnutrition Composite Score, which would address malnutrition in the hospital, has previously received support for inclusion in the Hospital Inpatient Quality Reporting (IQR) Program by the Measures Application Partnership (MAP) and was endorsed by the National Quality Forum. It summarizes the key steps that already should exist in the nutrition care workflow in an acute care setting (malnutrition screening, assessment, diagnosis, and development of a care plan) and which should be a regular part of all hospital care. A similar performance measure could and should be adopted for MA plans.

Health disparities exist, especially for our nation’s minority older adult population, and poor diet and lack of access to healthy foods have been key contributors to those disparities.⁷ Thus we agree with CMS that making nutritional status an appropriate focus of quality measures will not only help improve patient health outcomes, it will also advance multiple health equity priorities.

² 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.

³ Bistran BR, Blackburn GL, Hallowell E, Heddle R. Protein status of general surgical patients. *JAMA*. 1974;230(6):858-860.

⁴ Valladares AF, Kilgore KM, Partridge J, et al. How a Malnutrition Quality Improvement Initiative Furthers Malnutrition Measurement and Care: Results From a Hospital Learning Collaborative. *JPEN J Parenter Enteral Nutr*. 2021 Feb;45(2):366-371.

⁵ Pratt KJ, Hernandez B, Blancato R, et al. 2020. “Impact of an Interdisciplinary Malnutrition Quality Improvement Project at a Large Metropolitan Hospital.” *BMJ Open Quality* 9 (1). <https://doi.org/10.1136/bmjopen-2019-000735>.

⁶ Danis K, Kline M, Munson M, et al. 2019. “Identifying and Managing Malnourished Hospitalized Patients Utilizing the Malnutrition Quality Improvement Initiative: The UPMC Experience.” *Journal of the Academy of Nutrition and Dietetics* 119 (9 Suppl 2): S40–43. <https://doi.org/10.1016/j.jand.2019.05.020>.

⁷ Dawson, M, Blancato, B. To advance health equity, measure hospital malnutrition care: Health affairs forefront. *Health Affairs*. (2021, October 6). Retrieved March 3, 2022, from <https://www.healthaffairs.org/doi/10.1377/forefront.20210930.667648/full/>

Thank you for considering our comments. Please let us know if we can provide you with any further information. You may reach me at rblancato@matzblancato.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bob Blancato".

Bob Blancato
National Coordinator
Defeat Malnutrition Today