



**ADVOCATING FOR OLDER
ADULT NUTRITION &
QUALITY MEASUREMENT**

June 8, 2022



defeat **malnutrition** today
...vital to healthy aging

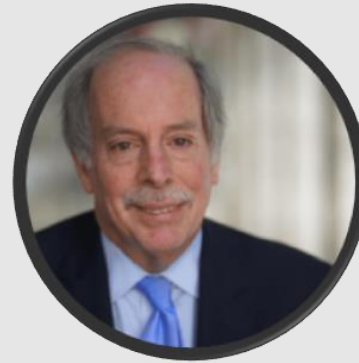


Leaders from the Defeat Malnutrition Today Coalition and the Academy of Nutrition and Dietetics will share specific ways to advance healthy aging by improving the quality of care against malnutrition across the health continuum



6/8/2022

MEET THE TEAM



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National Coordinator
Defeat Malnutrition Today
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Policy Associate
Defeat Malnutrition Today
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Today's Moderator

OBJECTIVES

PROBLEM OF OLDER ADULT MALNUTRITION

Describe the problem of older adult malnutrition and its potential impact on healthy aging and quality of care outcomes

RESOURCES FOR ACTION

Identify resources for action, including a new advocacy toolkit

QUALITY OF CARE GAPS AND MEASURES

Outline gaps in malnutrition quality of care and explain how they can be improved with adoption of the global malnutrition composite score measure in acute-care institutions

IMPROVING COMMUNITY LEVEL ACCESS/INTERVENTION

Identify where further funding and support is needed to help improve malnutrition care access and intervention at the community level

Good nutrition is essential to support healthy aging

PROBLEM OF OLDER ADULT MALNUTRITION

Meredith Ponder Whitmire



MALNUTRITION IS A GLOBAL AND US ISSUE

WHO has declared this the Decade of Healthy Aging (2020-2030)
Sustainability Guidelines: 2030 Agenda to leave no one behind is fully inclusive of older persons



1. Change how we think, feel and act towards age and aging.



2. Ensure that communities foster the abilities of older people.



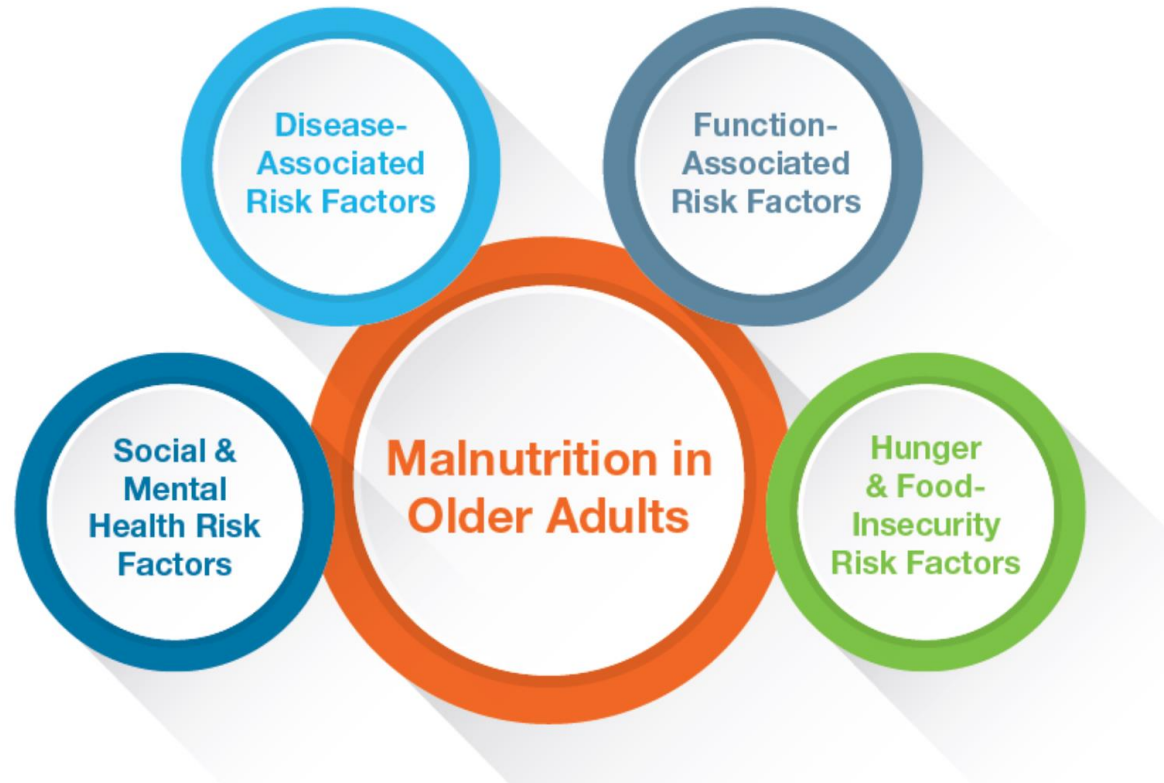
3. Deliver person-centered integrated care and primary health services responsive to older people.



4. Provide access to long-term care for older people who need it.

DEFEAT MALNUTRITION TODAY. THE NATIONAL BLUEPRINT: ACHIEVING QUALITY MALNUTRITION CARE FOR OLDER ADULTS, 2020 UPDATE. GOVERNMENT ACCOUNTABILITY OFFICE. (2019). NUTRITION ASSISTANCE PROGRAMS: AGENCIES COULD DO MORE TO HELP ADDRESS THE NUTRITION NEEDS OF OLDER ADULTS. [HTTPS://WWW.GAO.GOV/ASSETS/710/702788.PDF](https://www.gao.gov/assets/710/702788.pdf)

OLDER ADULTS ARE UNIQUELY AT RISK



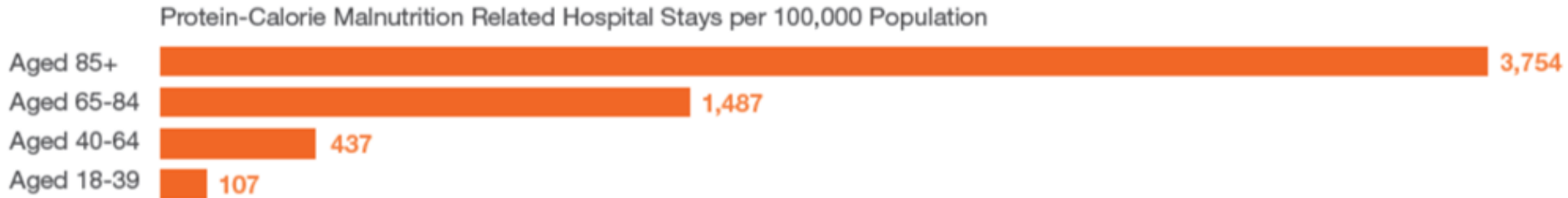
- 2019 Government Accountability Office report highlighted issue
- “older adult nutritional needs can vary with age and many face certain challenges that additional nutritional guidance could help address such as the management of chronic conditions.”

The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update. Accessed March 17, 2022. <https://defeatmalnutrition.today/blueprint>

DEFEAT MALNUTRITION TODAY. THE NATIONAL BLUEPRINT: ACHIEVING QUALITY MALNUTRITION CARE FOR OLDER ADULTS, 2020 UPDATE.
GOVERNMENT ACCOUNTABILITY OFFICE. (2019). NUTRITION ASSISTANCE PROGRAMS: AGENCIES COULD DO MORE TO HELP ADDRESS THE NUTRITION NEEDS OF OLDER ADULTS. [HTTPS://WWW.GAO.GOV/ASSETS/710/702788.PDF](https://www.gao.gov/assets/710/702788.pdf)

ASSOCIATED COSTS

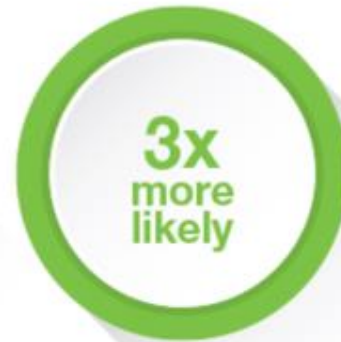
Malnutrition is Highest in Older Adults⁵



Up to 1 out of 2 older adults is either at risk of becoming or is malnourished³



Disease-associated malnutrition in older adults is estimated to cost \$51.3 billion annually⁴



Protein-calorie malnutrition related hospital stays are 3x more likely to result in death⁵

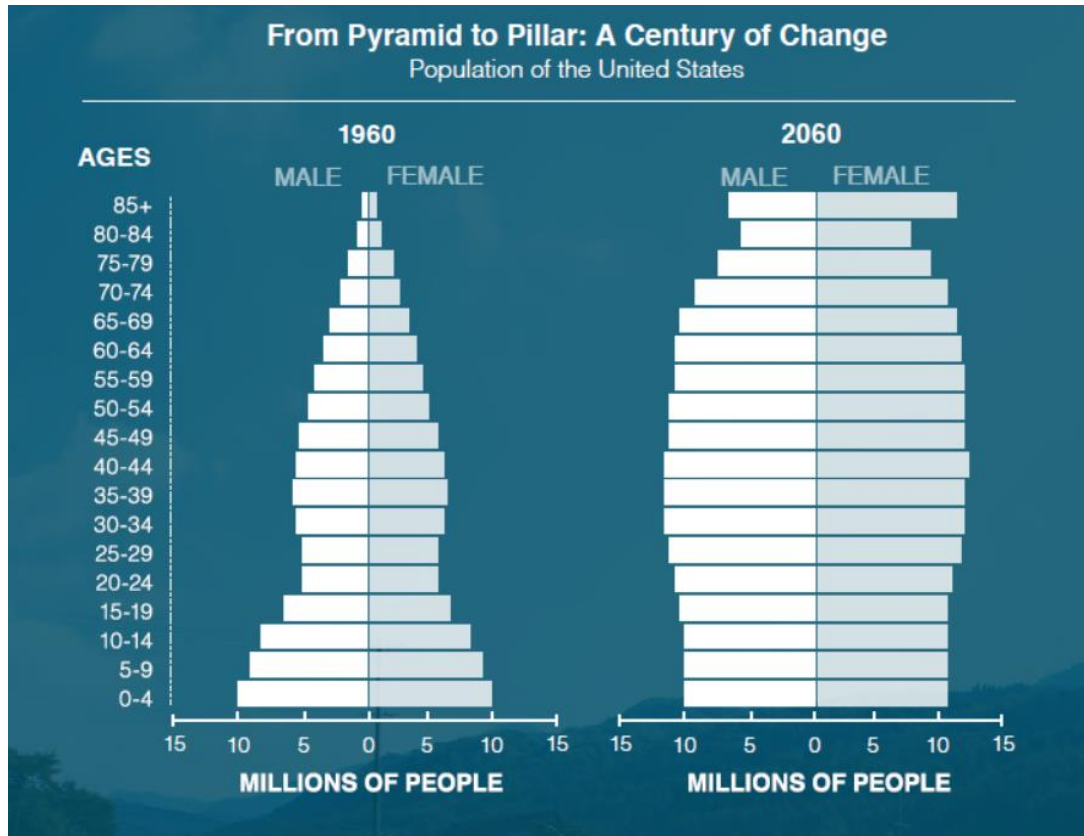


Protein-calorie malnutrition related hospital stays are 2x longer⁵

The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update. Accessed March 17, 2022. <https://defeatmalnutrition.today/blueprint>

DEFEAT MALNUTRITION TODAY. THE NATIONAL BLUEPRINT: ACHIEVING QUALITY MALNUTRITION CARE FOR OLDER ADULTS, 2020 UPDATE.

AS OLDER ADULTS GET OLDER



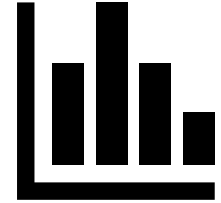
U.S. Census Bureau. From Pyramid to Pillar: A Century of Change, Population of the U.S. Updated October 9 2019. Accessed June 2 2022. <https://www.census.gov/library/visualizations/2018/comm/century-of-change.html>

MALNUTRITION QUALITY OF CARE GAPS

Dana Buelsing Sowards



CARE GAPS



Prevalence of Malnutrition

- The estimated prevalence of malnutrition or its risk at the time of hospital admission ranges from 20% to 50% worldwide.
- However, as few as 5% to 8% of patients in the United States received a documented or coded diagnosis of malnutrition during their hospital stay.

Prevalence in Older Adults

- Malnutrition is present in 30% to 50% of hospitalized patients aged 60 years or older.
- As few as 3.2% of patients identified as high risk have a malnutrition diagnosis documented by medical providers.

McCauley SM, Barrocas A, Malone A. Hospital Nutrition Care Betters Patient Clinical Outcomes and Reduces Costs: The Malnutrition Quality Improvement Initiative Story. *J Acad Nutr Diet.* 2019; 119S2 (9): S11-S14.
Silver HJ, Jones Pratt K, Bruno M, et al. Effectiveness of the Malnutrition Quality Improvement Initiative on Practitioner Malnutrition Knowledge and Screening, Diagnosis, and Timeliness of Malnutrition-Related Care Provided to Older Adults Admitted to a Tertiary Care Facility: A Pilot Study. *J Acad Nutr Diet.* 2018; 118(1): 101-109.

IMPLICATIONS

Findings suggest that malnutrition may be underdiagnosed or under-documented and thus “under the radar” of care in US hospitals, and possibly overshadowed by a focus on acute conditions or high-tech diagnostic and treatment strategies



CONSEQUENCES FOR OLDER ADULTS

- Malnutrition increases risks for complications including:
 - Impaired wound healing
 - Infections
 - Pressure ulcers
 - Loss of strength
 - Increased risk of falls
 - Immune dysfunction
 - Depression
 - Lethargy
- Leads to longer hospital length of stay and hospital readmissions
- Associated with increased risk of mortality



McCauley SM, Barrocas A, Malone A. Hospital Nutrition Care Betters Patient Clinical Outcomes and Reduces Costs: The Malnutrition Quality Improvement Initiative Story. *J Acad Nutr Diet.* 2019; 119S2 (9): S11-S14.
Dorner B, Kriedrich EK. Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings. *J Acad Nutr Diet.* 2018; 118(4): 724-735
McCauley SM, Mitchell K, Heap A. The Malnutrition Quality Improvement Initiative: A Multiyear Partnership Transforms Care. *J Acad Nutr Diet.* 2019; 119S2(9): S18-S24. .

IMPACT ON OLDER ADULTS

- Older adults are vulnerable because of their higher likelihood of having multiple chronic conditions or diseases along with acute illness or need for surgery, impaired functional or cognitive status, or limited food access.



McCauley SM, Barrocas A, Malone A. Hospital Nutrition Care Betters Patient Clinical Outcomes and Reduces Costs: The Malnutrition Quality Improvement Initiative Story. *J Acad Nutr Diet.* 2019; 119S2 (9): S11-S14.

ETIOLOGIES



limited nutrition education in medical schools

inadequate training of hospital providers on nutrition screening and assessment

confusion over best-practice processes for nutrition care

deficits in how malnutrition information is documented and tracked in hospital medical records

lack of awareness when the patient is not eating adequately

McCauley SM, Barrocas A, Malone A. Hospital Nutrition Care Betters Patient Clinical Outcomes and Reduces Costs: The Malnutrition Quality Improvement Initiative Story. *J Acad Nutr Diet.* 2019; 119S2 (9): S11-S14.

WHY ACT?

Studies of nutrition screening effectiveness have demonstrated that both patient health outcomes and hospital economic outcomes are improved when malnutrition is more effectively identified and treated

Appropriate nutrition assessment, intervention, and monitoring and evaluation can play a role in preventing hospital readmissions that are related to malnutrition



McCauley SM, Barrocas A, Malone A. Hospital Nutrition Care Betters Patient Clinical Outcomes and Reduces Costs: The Malnutrition Quality Improvement Initiative Story. *J Acad Nutr Diet.* 2019; 119S2 (9): S11-S14.

Fitall E, Jones Pratt K, McCauley SM, et al. Improving Malnutrition in Hospitalized Older Adults: The Development, Optimization, and Use of a Supportive Toolkit. *J Acad Nutr Diet.* 2019; 119S2(9): S25-S31.

Dorner B, Kriedrich EK. Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings. *J Acad Nutr Diet.* 2018; 118(4): 724-735.

ACADEMY'S POSITION



- It is the position of the Academy of Nutrition and Dietetics that the quality of life and nutritional status of older adults in long-term care, post-acute care, and other settings can be enhanced by individualized nutrition approaches.
- As part of the interprofessional team, registered dietitian nutritionists (RDNs) assess, evaluate, and recommend appropriate nutrition interventions according to each individual's medical condition, desires, and rights to make health care choices.



You can't manage what
you don't measure.

Peter F. Drucker

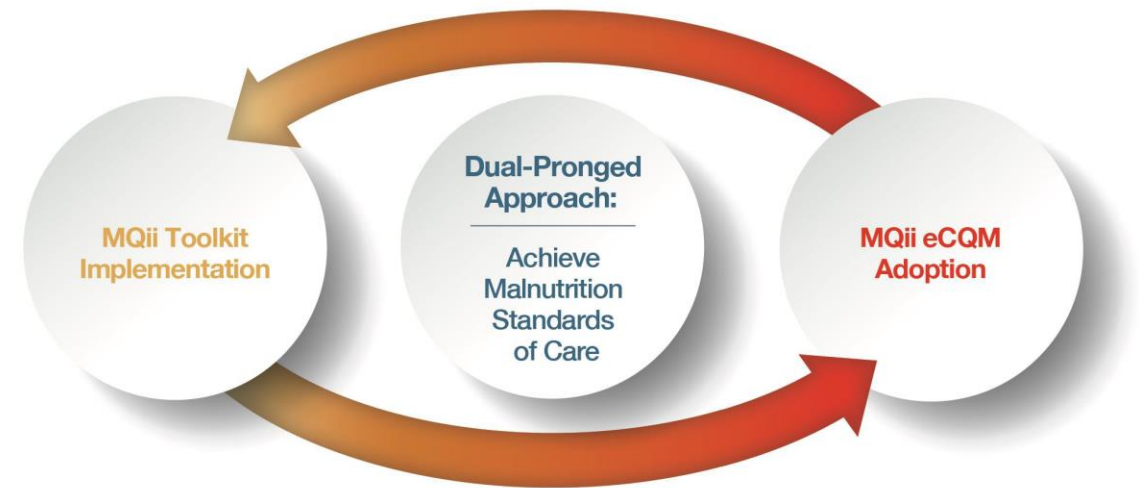
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MALNUTRITION QUALITY IMPROVEMENT INITIATIVE



- Academy of Nutrition and Dietetics, along with Avalere Health and other stakeholders, developed and implemented the Malnutrition Quality Improvement Initiative (MQii), a national nutrition-focused quality improvement initiative.

Dual Pronged Approach



MQII TOOLKIT

- The MQii Toolkit is a guide for identifying and implementing clinical quality improvements for malnutrition care. It is designed to support changes among the care team's clinical knowledge and raise awareness of best practices for optimal nutrition care delivery.



Advancing evidence-based, high-quality, patient-driven care for hospitalized older adults who are malnourished or at-risk of malnutrition

A project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided expert input through a collaborative partnership

Second Edition, 2018

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Complete Toolkit

A comprehensive guide to malnutrition quality improvement intended for printed use.

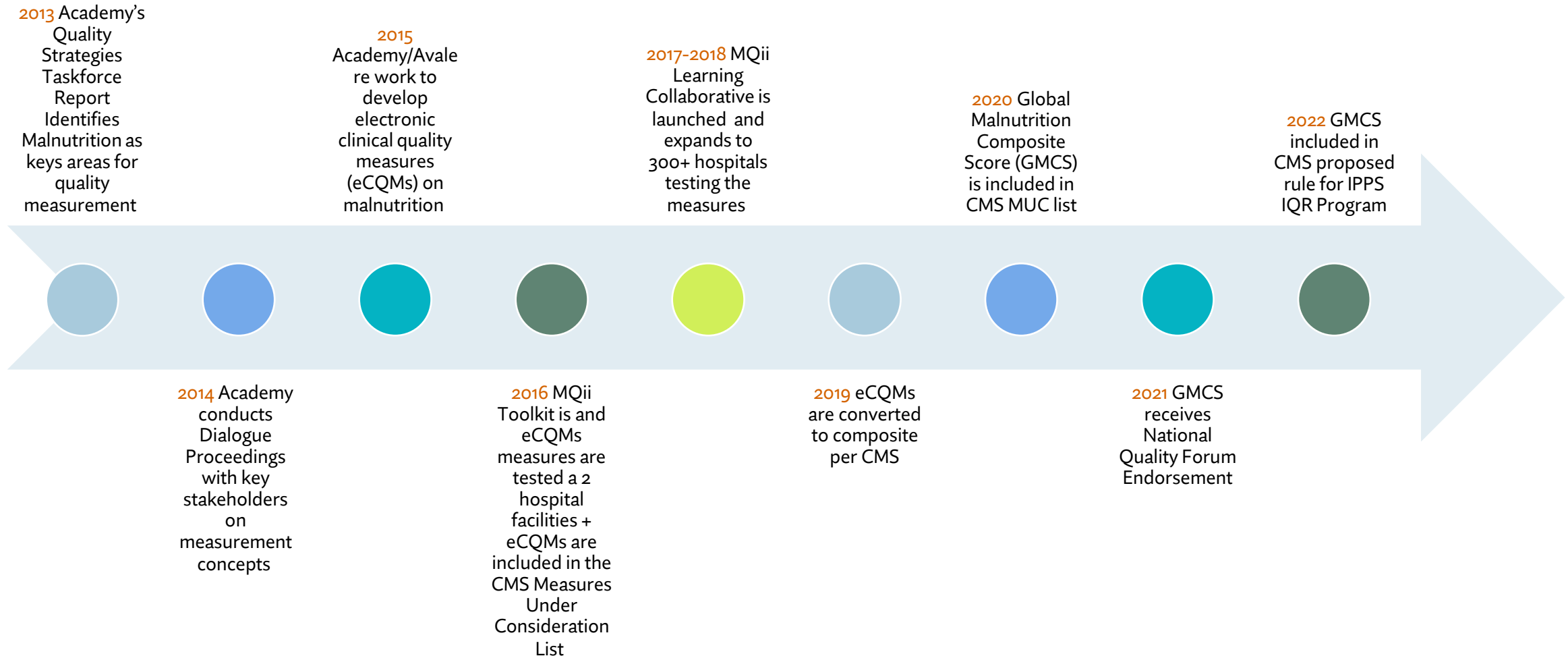
MALNUTRITION QUALITY OF CARE MEASURES

Mujahed Khan



HISTORY OF MEASURES DEVELOPMENT

Measurement Development Timeline



LEARN MORE

Development and Evaluation of a Global Malnutrition Composite Score

QUALITY MEASURES PROLIFERATED in the late 1990s and early 2000s and were first tied to financial performance incentives with the establishment of quality reporting programs for hospitals and then physicians.¹ Quality measurement has since expanded to virtually all provider areas of health care in the United States. Despite this growth, one area where a major deficit persists has been nutrition care. This article outlines the process pursued by the Academy of Nutrition and Dietetics (Academy) and Avalere Health (Avalere) to develop the first of its kind electronically specified composite measure addressing malnutrition care for hospitalized adults.

QUALITY MEASUREMENT IN MALNUTRITION CARE

In the United States, national surveillance data from 2016 indicates that as many as 8% of hospitalized adults have a diagnosis of malnutrition.² However, previous studies suggest that malnutrition and malnutrition risk may actually be found in as many as 20% to 50% of hospitalized patients, indicating a significant gap in the identification of malnutrition.³ Malnutrition is a critical predictor for inpatient adverse outcomes given its association with 30-day readmissions, length of stay (LOS), complications, and mortality.^{4,5} Despite this major gap in identification, no public quality reporting programs include performance measures focused on nutrition care or malnutrition.

Driven by the consistent and expanding evidence of the high prevalence of malnutrition in hospitalized patients across the United States, the Academy, along with Avalere and other stakeholders, developed and implemented the Malnutrition Quality Improvement Initiative (MQII). The MQII was established largely in response to the need for assessment quality of care provided to hospitalized patients who are malnourished or at risk of malnutrition.⁶ Through a dual-pronged approach, the MQII supports quality improvement (QI) for malnutrition care based on a set of four malnutrition-focused electronic clinical quality measures and a complementary MQII Toolkit that includes resources guiding implementation of QI activities.^{6,7} A multistakeholder collaboration identified measure gaps in malnutrition care, which were translated into a set of individual electronic clinical quality measures (eCQMs). As part of the measure evaluation process, a technical expert panel had also been convened to weigh in on the initial measure concepts from both a clinical and technical perspective regarding data feasibility. These eCQMs were subsequently piloted at a large hospital in the Midwest, and the testing results demonstrated that the measures were usable for identifying key improvement areas in malnutrition care related to identifying risk, assessing for clinical malnutrition, developing the appropriate care plan, and ensuring the diagnosis of malnutrition is documented to support follow up care.⁸ The individual eCQMs that were tested are outlined in Figure 1.

The initial pilot testing of these novel malnutrition-focused eCQMs demonstrated that it was feasible to collect the data from existing hospital electronic health record systems, and that the measures met minimum reliability and validity testing requirements as established by expert consensus.⁹ Subsequently, the tested measures were adopted by a national learning collaborative of hospitals all implementing the principles of the MQII. A group of 27 US hospitals reported use of the four eCQMs to guide various QI projects focused on improving care provided to hospitalized patients who are malnourished or at risk of malnutrition.¹⁰ The participating collaborative hospitals reported changes in measure performance based on implementation of cyclical quality improvement initiatives at their respective institutions. With this new aggregate data, multivariate analyses were conducted to identify the relationships between performance on these implemented eCQMs with patient outcomes of 30-day readmission and LOS. The study results concluded that the measures could be successfully implemented in a cohort of diverse hospitals in the United States. Furthermore, the study demonstrated that when supported by QI tools, the hospitals were able to see meaningful improvements in measure performance. In addition, the multivariate analysis demonstrated that all four measures were significantly associated with outcomes of 30-day readmissions and patient LOS.¹⁰

THE GLOBAL MALNUTRITION COMPOSITE SCORE

These initial studies were crucial in establishing the evidentiary basis for

PRACTICE APPLICATIONS
Professional Practice

Journal of the Academy of Nutrition and Dietetics

ELSEVIER

Abbott

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JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS 251

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The premier source for the practice and science of food, nutrition, and dietetics
September 2019 Supplement 2
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Malnutrition Quality Improvement Initiative Yields Value for Interdisciplinary Patient Care and Clinical Nutrition Practice

ELSEVIER

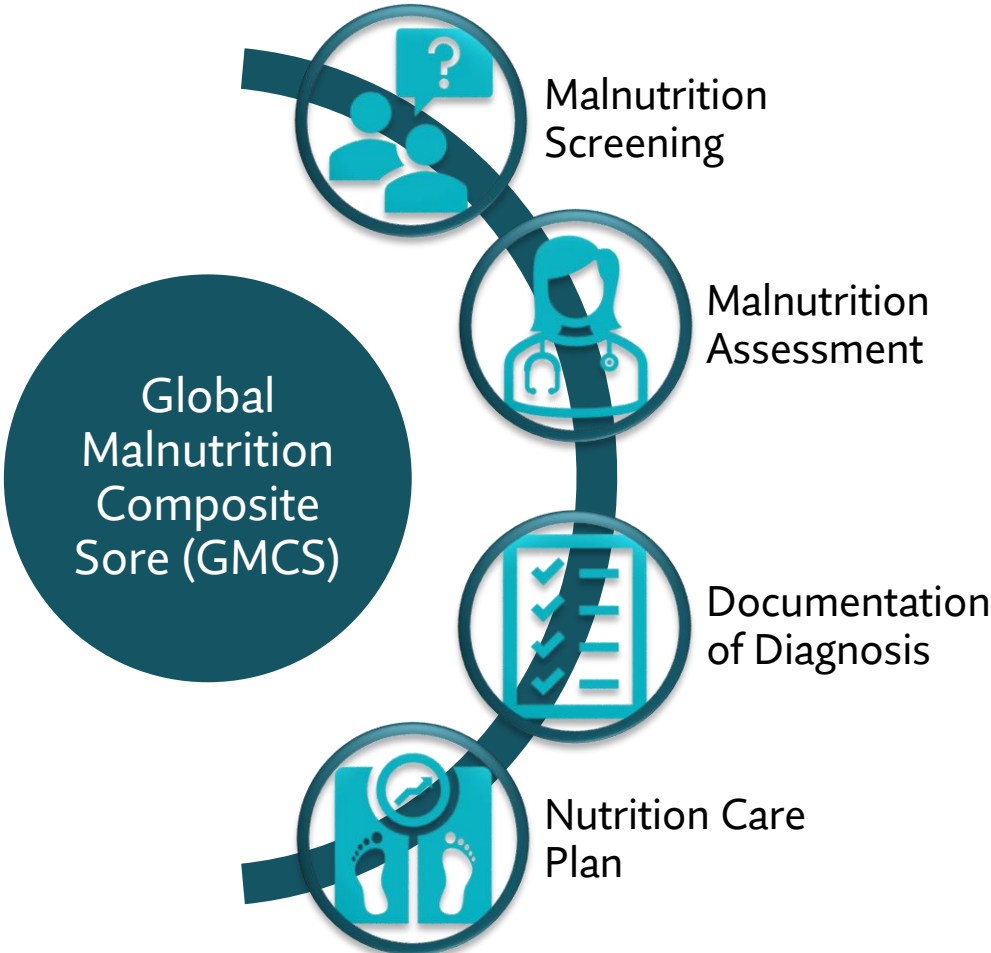
Abbott

Publishment of this supplement was supported by Abbott.

[https://www.jandonline.org/article/S2212-2672\(21\)00075-7/fulltext](https://www.jandonline.org/article/S2212-2672(21)00075-7/fulltext)

GLOBAL MALNUTRITION COMPOSITE SCORE (GMCS)

GMCS a summation of component measures



Valladares AF, McCauley SM, Khan M, D’Andrea C, Kilgore K, Mitchell K. Development and Evaluation of a Global Malnutrition Composite Score. *J Acad Nutr Diet.* 2022; 122(2): 254-258.

NATIONAL QUALITY FORUM ENDORSEMENT

Extensively reviewed by the following NQF Groups

- Prevention and Population Health Committee
- MAP Hospital Workgroup
- Rural Health Workgroup
- MAP Coordinating Committee
- Consensus Standards Approval Committee (CSAC)

Inclusion for 2 Programs:

- Hospital Inpatient Quality Reporting Program **AND**
- Medicare and the Medicaid Promoting Interoperability Programs for Eligible Hospitals and Critical Access Hospitals

GLOBAL MALNUTRITION COMPOSITE SCORE – NQF ID – 3592E; ENDORSED MEANING “BEST IN CLASS”!



Prevention and Population Health

NQF ID	Measure Title	Measure Steward/ Developer	Standing Committee Recommendation	CSAC Voting Result	CSAC Decision
3592e	Global Malnutrition Composite Score	Academy of Nutrition and Dietetics/Avalere Health, LLC	Recommended for endorsement	Uphold the Standing Committee’s recommendation: 12 Do not uphold the recommendation at this time; instead, return the measure back to the Standing Committee: 0	Endorsed

The Consensus Standards Approval Committee (CSAC) Voting Results and Decisions for Fall 2020 Measures: https://www.qualityforum.org/About_NQF/CSAC/Meetings/2021_CSAC_Meetings.aspx

GMCS CMS ADVANCEMENT

Included in 2020 CMS MUC List

- GMCS published in CMS Measures Under Consideration List
- [CMS Pre-Rulemaking web site](#)
- [CMS Press Release](#)

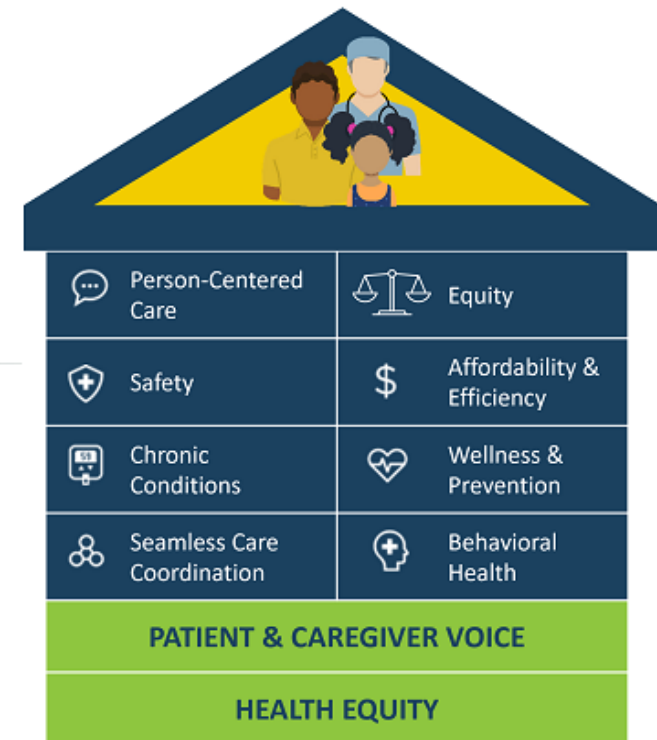
Included in 2022 Proposed Rule

- GMCS published in the CMS Proposed Rule for inpatient and long-term hospitals
- Hospitals can self-select beginning with the calendar year 2024 reporting period and fiscal year 2026 payment determination

BENEFITS TO REPORTING THE GMCS

- Malnutrition is closely connected with chronic and infectious conditions, addressing malnutrition reduces disease incidence and improve outcomes
- Ensures delivery of care that is appropriate based on acuity of patients' conditions and patient-centered
- Directly addresses CMS' priorities and initiatives including advancing health equity, addressing SDOH, and disease prevention

Building Value-Based Care & Promoting Health Equity



COMMENT PERIOD NOW OPEN

Support GMCS through comments

- Public comment on the proposed rule now open through June 17, 2022
- Comment in support of the measure here:
<https://www.regulations.gov/commenton/CMS-2022-0074-0001>

Learn more: [eCQI Resource Center](#)

The screenshot shows the eCQI Resource Center interface. At the top, there are navigation menus for eQMs, dQMs, Resources, About, and Log in. A search bar is located on the right. Below the navigation is a prominent orange button labeled "Find an eCQM". The main heading is "Global Malnutrition Composite Score", with a link to "Receive updates on this topic". Two tabs are visible: "Measure Information" (selected) and "Specifications and Data Elements". The "Measure Information" tab displays a table with the following details:

Measure Information	
CMS Measure ID	CMS986v1
Short Name	GMCS
NQF #	3592e
Measure Description	This measure assesses the percentage of hospitalizations for adults aged 65 years and older prior to the start of the measurement period with a length of stay equal to or greater than 24 hours who received optimal malnutrition care during the current inpatient hospitalizations where care performed was appropriate to the patient's level of malnutrition risk and severity. Malnutrition care best practices recommend that for each hospitalization, adult inpatients are screened for malnutrition risk, assessed to confirm findings of malnutrition risk, and if identified with a "moderate" or "severe" malnutrition status in the current performed malnutrition assessment, receive a current "moderate" or "severe" malnutrition diagnosis and have a current nutrition care plan performed.



IMPROVING COMMUNITY LEVEL ACCESS & INTERVENTION

Bob Blancato

EXAMPLE FROM ROUNDTABLE

- Developing the appropriate care plan:
- Case Study: Memorial Hermann Health System
- 6 Community Resource Centers
- Opportunity for hospitals and nutrition programs to work together



Avalere Health, Academy of Nutrition and Dietetics. National Minority Quality Forum. Roundtable Proceedings: Advancing Health Equity Through Malnutrition Quality Measurement. April 2022
<https://avalere.com/wp-content/uploads/2022/04/MQii-Roundtable-2022.pdf>. Accessed June 7, 2022.

DEFEAT MALNUTRITION TODAY. THE NATIONAL BLUEPRINT: ACHIEVING QUALITY MALNUTRITION CARE FOR OLDER ADULTS, 2020 UPDATE.

WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION, AND HEALTH

- Purpose “of developing a roadmap to end hunger and improve nutrition by 2030”
- First since 1969
- 1969 conference led to nationwide expansion of Food Stamps and the National School Lunch Program; creation of Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



HIGHLIGHTED IN CONGRESSIONAL HEARING ON HEALTHY AGING

- Bi-partisan turnout
- Many questions about nutrition
- Malnutrition highlighted



IMPACT IN NEXT DIETARY GUIDELINES FOR AMERICA



- 2019 Government Accountability Office report highlighted lack of older adult focus:
 - “HHS officials said that when they lead the 2025-2030 Dietary Guidelines update, they intend to include a focus on nutritional guidance for older adults”



OPPORTUNITY AT CONFERENCE IN ROME

- Representing NANASP
- Private Sector Advisor to the United Nations Economic Commission
- connected to the Decade of Healthy Aging (2020-2030) as designated by the World Health Organization



MALNUTRITION FOCUS IN ACL

- Nutrition and Aging Resource Center
- National Survey of Older Americans Act Participants
 - Will include Malnutrition and Food Insecurity questions this year
- Recent request for feedback on updating the regulations, or detailed rules that outline how to implement the Older Americans Act



FOOD INSECURITY RESOURCES

We have compiled resources to support you and your colleagues in integrating food insecurity screening and interventions into your nutrition care process.

[LEARN MORE](#)



The MQii is designed to help your organization improve malnutrition care and subsequently achieve better outcomes.

[MALNUTRITION MATTERS](#)

[STARTING QI](#)

[ABOUT MQii](#)

[MIPS IMPROVEMENT ACTIVITY](#)

[NEWS](#)

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RESOURCES FOR ACTION

Laura Borth

MQii In Your Healthcare Facility

Tools to assess your readiness for malnutrition quality improvement (QI), assemble your team, implement your QI project, and manage data

The Malnutrition Quality Improvement Initiative (MQii) is designed to help your organization improve malnutrition care and achieve better outcomes. The

**Better
Outcomes**

PARTICIPANT TOOLS

MQii Learning Collaborative

[REGISTER](#)

[LOG IN](#)

The 2022 Learning Collaborative brings together leading hospitals and health systems across the U.S. to support acceleration and dissemination of malnutrition best practices for hospitalized patients. [Learn more.](#)

MQii Toolkit

ACADEMY OF NUTRITION AND DIETETICS

Topics

Continuing Professional Education +

Quality Management +

Dietetics Resources -

Chronic Disease and Wellness

Clinical Malnutrition

Inclusion, Diversity, Equity and Access

Food Security and Sustainability

Foodservice

Global Food and Nutrition Resource Hub

Nutrition Informatics

Post-Acute, Long-

Clinical Malnutrition

Registered dietitian nutritionists have the opportunity and responsibility to be at the forefront of prevention and treatment of malnutrition. Poor nutritional status is often referred to as clinical malnutrition or undernutrition and applies to individuals who are overweight and underweight.

The evidence-based tools and resources below allow actions to improve and implement professional screening and assessing, diagnosing and providing a care plan for treating individuals with or at risk of food insecurity and malnutrition across the healthcare continuum.

Malnutrition Quality Improvement Initiative

The [Malnutrition Quality Improvement Initiative](#) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who collaborate to provide guidance and expertise for the prevention and treatment of malnutrition. The Academy of Nutrition and Dietetics and Abbott support the MQII. The Academy of Nutrition and Dietetics works together with MQII partners and engages stakeholders to discuss malnutrition quality improvement strategies, to share best practices and care transitions documented in our [Dialogue Proceedings](#), and to discuss malnutrition and health equity issues documented in our [Roundtable Proceedings](#). The primary goal is to advance evidence-based, high-quality, patient-driven care for hospitalized older adults who are malnourished or at-risk for malnutrition.

To accomplish its objectives, the MQII designed key tools for real-world application, a [MQII Toolkit](#) and a set of four [electronic clinical quality measures](#), or eCQMs. These tools mutually support one another in guiding hospitals and organizations with malnutrition quality improvement to achieve better health outcomes. The MQII Toolkit provides practical, interdisciplinary tools and resources to support hospitals in establishing best practices and adopt the eCQMs to evaluate their success in meeting the standards of care. Find out the what, who, when, why and how on eCQMs by reviewing the [FAQs](#).

The [MQII Learning Collaborative](#) is a community of clinicians committed to improving patient and malnutrition care in hospitals and health systems across the US. The MQII Learning Collaborative was established in 2016 and continues today with more than 200 hospitals in 28 states participating. These hospitals

<https://www.eatrightpro.org/practice/practice-e-resources/clinical-malnutrition>

National Blueprint: Achieving Quality Malnutrition Care for Older Adults

Up to one out of every two older Americans is at risk for malnutrition, yet there is a gap in the delivery of malnutrition care for older adults. The Defeat Malnutrition Today coalition has worked with other partners to release the *National Blueprint for Quality Malnutrition Care for Older Adults, 2020 Update*.

Older adult malnutrition persists as a growing crisis in America today and is exacerbated by global health pandemics, racial and ethnic health disparities, and social isolation. The updated *Blueprint* outlines potential actions to improve health outcomes for older adults by addressing malnutrition care across the continuum of acute, post-acute, and community settings. The update also provides suggested strategies for policymakers, organizations, healthcare providers, patients and caregivers to address malnutrition.

DEFEAT MALNUTRITION TODAY

<https://www.defeatmalnutrition.today/resources>

SUMMARY

Quality malnutrition care starts in the hospital, where the US Centers for Medicare & Medicaid Services should adopt the Global Malnutrition Composite Score measure to help identify acute-care institutions that provide timely and effective malnutrition care

At the community level, increased funding and support for nutrition programs are needed to help reduce malnutrition and increase access to care in vulnerable populations



THANK YOU



For further information:

- [Defeatmalnutrition.today](https://www.defeatmalnutrition.today)
- [Eatright.org](https://www.eatright.org)
- [Malnutritionquality.org](https://www.malnutritionquality.org)
- [ahn.org](https://www.ahn.org)