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...vital to healthy aging

January 25, 2018

John R. Graham
Acting Assistant Secretary for Planning and Evaluation, Room 415F
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

RE: Request for Information, Promoting Healthcare Choice and Competition Across the United States

Dear Acting Assistant Secretary Graham,

We appreciate the opportunity to comment on the ASPE Request for Information (RFI) for Executive Order 13813, "Promoting Healthcare Choice and Competition Across the United States."

As a coalition of more than 65 organizations dedicated to combatting older adult malnutrition, we agree that we should have a healthcare system that provides high-quality care at affordable prices for the American people.

We believe that the Administration should consider adding the flexibility for both Original Medicare and Medicare Advantage's supplemental benefits to include more meals for older adults who are diagnosed as malnourished, at risk of malnutrition, and/or who have a chronic disease. The current restrictions on this prevent seniors from being able to access the true care they need.

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. The *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*[1] released earlier this year pointed to the increasing body of statistics and health economics data showing the human and economic costs of malnutrition. With Medicare spending projected to rise at a higher rate than overall health spending, we appreciate the urgency to secure the future of "healthy aging," and we believe it starts with attention to nutrition.

The malnutrition problem

Malnutrition, a nutrition imbalance that affects both overweight and underweight patients, is unfortunately a common issue across all care settings. In the acute care hospital setting, it is estimated

[1] The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults. Washington, DC: Avalere and Defeat Malnutrition Today. March 2017. Available at http://defeatmalnutrition.today/sites/default/files/documents/MQC_Blueprint_web.pdf. Accessed November 20, 2017.

that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.[2][3][4][5][6] Chronic disease increases the risk of malnutrition in older adults. Studies estimate the prevalence of malnutrition in cancer patients is 30-87 percent,[7] in chronic kidney disease is 20-50 percent,[8] and in chronic obstructive pulmonary disease is 19-60 percent.[9]

Further, malnutrition can cause adverse and costly outcomes. Research documents that malnourished older adults make more visits to physicians, hospitals, and emergency rooms. The nutritional status of malnourished patients can continue to worsen throughout an inpatient stay, which may lead to further increased costs. Studies show that malnutrition, as a contributing factor to post-hospital syndrome, can increase a patient's risk for a 30-day readmission, often for reasons other than the original diagnosis.[10] For example, 45% of patients who fall in the hospital have malnutrition; costs for falls overall to Medicare totaled $31 billion in 2015.[11][12]

The business case for this model

Because malnutrition is so costly to the healthcare system and so harmful to patients, treating and preventing older adult malnutrition should be a top priority for Medicare.

Currently, home-delivered meals are only available on a limited basis to Original Medicare and Medicare Advantage beneficiaries and are restricted to those with very specific underlying medical needs for a defined time-period. However, programs such as Medicare's PACE (Program of All-Inclusive Care for the Elderly) and certain Medicaid waivers fund home-delivered meals for more beneficiaries for longer periods of time (up to 30 days). Such programs complement existing community programs including the Older Americans Act home-delivered meals programs (also known as "Meals on Wheels"), which may not have adequate funding to meet the needs of all older adults requiring specialized post-hospital diets.

Further, these home-delivered meals programs generally have been shown to improve health outcomes for older adults, ultimately saving Medicare money.[13] Disease-associated malnutrition in older adults directly

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

[4] Christensen KS, Gstundtner KM. Hospital-wide screening improves basis for nutrition intervention. J Am Diet Assoc.1985;85(6):704-706.

[5] 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.

[6] 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.

[7] Kumar NB. Nutritional Management of Cancer Treatment Effects.2012.

[8] Pupim, L.B. et al. Nutrition and Metabolism in Kidney Disease. Seminars in Nephrology 2006;26,134-157.

[9] Hunter AM, et al. The nutritional status of patients with chronic obstructive pulmonary disease. Am Rev Respir Dis. 1981;124(4):376–381.

[10] Krumholz HM. Post-hospital syndrome – An acquired, transient condition of generalized risk. N Engl J Med. 2013; 368(2):100-102.

[11] Bauer JD, et al. Nutritional status of patients who have fallen in an acute care setting. J Hum Nutr Diet. 2007;20:558-564.

[12] Burns EB, Stevens JA, Lee RL. The direct costs of fatal and non-fatal falls among older adults—United States. J Safety Res 2016:58.

[13] Campbell A et al. Does Participation in Home-delivered Meals Programs Improve Outcomes for Older Adults?: Results of a Systematic Review. J Nutr Gerontol Geriatr. 2015 Apr-Jun; 34(2): 124–167.

costs our healthcare system $51.3 billion annually; poor nutritional status raises healthcare costs 300 percent.[14] By spending a small amount on these meals now, we can prevent future increases in cost that ripple across the entire system, driving up prices on all healthcare products.

Thank you for the opportunity to comment on this RFI. If you would like to follow up on these comments, please contact Meredith Ponder Whitmire at mponder@matzblancato.com.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today

[14] Defeat Malnutrition Today. http://defeatmalnutrition.today/sites/default/files/documents/CMKT_15_00385a_Malnutrition_Info_Graphic_OnePage_Update_FA.pdf, Accessed November 17, 2017.