



## Call for Action for Malnutrition Policy

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**T**HE OLDER AMERICANS ACT IS anticipated to be reauthorized in the 116th Congress. The law provides critical services, including congregate and home-delivered nutrition services to older adults who might otherwise be at risk of malnutrition. The prevention of malnutrition, a growing concern particularly in older adult populations, would save taxpayer dollars and more importantly, improve health care quality. Identifying and treating malnutrition is more than increasing access to food or addressing food insecurity that warrants the attention of health care providers and our nation's policymakers.

Malnutrition, most simply defined as any nutrition imbalance,<sup>1</sup> is a serious medical condition that is underdetected, undertreated, or not treated<sup>2</sup> and requires more than a visual assessment to diagnose.<sup>3</sup> Although the definition appears simplistic, the diagnosis of malnutrition requires a comprehensive nutrition assessment by a registered dietitian nutritionist (RDN) as part of interdisciplinary health care and should not be limited to acute care settings. A January 2019 study by the American Society for Parenteral and Enteral Nutrition<sup>1</sup> found that one in three hospitalized patients are at risk of malnutrition. Malnutrition can increase the length of a hospital stay by 4 to 6 days. And, up to one in two older adults is malnourished or is at risk of becoming malnourished. A striking 300% increase in health care costs can be attributed to poor nutritional status.<sup>1</sup>

Malnutrition has received significant attention in recent months, sparked by comments made by US Department of Health and Human Services (HHS) Secretary Alex Azar, who said in a November 2018 speech before the Hatch Foundation for Civility and

Solutions, "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."<sup>4</sup> He added that malnutrition is responsible for \$42 billion each year in health care spending.<sup>4</sup>

As hospitals and health care providers look for ways to improve health care quality and maximize incentivized reimbursement, some are turning to malnutrition and implementing solutions to optimize both outcomes and the bottom line. Secretary Azar described an example in his comments, stating "One [accountable care organization] in Chicago for instance began screening high-risk patients for malnutrition and then supporting them after discharge from the hospital with follow-ups, referrals, and nutrition coupons. The savings were huge: More than \$3,800 per patient."<sup>4</sup>

The program Secretary Azar described is participating in the Malnutrition Quality Improvement Initiative (MQii), a joint project of the Academy of Nutrition and Dietetics and Avalere Health that is increasing awareness and calling on all health care providers to treat malnutrition. The initiative, with more than 250 hospitals voluntarily participating nationwide, is using a standardized toolkit to implement four electronic malnutrition quality measures that have been pending before the Centers for Medicare and Medicaid Services (CMS) since before Secretary Azar's arrival. The four measures are<sup>5</sup>:

- screening acute care patients for malnutrition risk,
- further assessing patients determined to be at risk for malnutrition,
- a nutrition care plan for those patients diagnosed with malnutrition, and
- documentation of a malnutrition diagnosis when appropriate.

The hospitals participating in MQii are on the front lines of optimizing patient care; however, additional steps are needed to ensure that once discharged, the plan for improving nutritional status and resolving malnutrition continues despite whether the patient transfers to another care setting or returns home.

One anticipated outcome of MQii is relevant and useful data being collected in participating sites across the United States that will provide meaningful and new insight to malnutrition and the effectiveness of interventions. Although data spanning several decades exist and large health delivery systems are seeing the value of addressing malnutrition, CMS did not include the newly constructed Global Malnutrition Composite score in the 2019 Measures under Consideration List for inclusion in Inpatient Quality Reporting.<sup>6</sup> In order to strengthen the rationale for the proposed measure, the Academy of Nutrition and Dietetics has initiated a study to validate the Malnutrition Clinical Characteristics, a recommended set of criteria used to diagnose malnutrition in adults and children who are hospitalized, and to determine the relationship between malnutrition and patient medical outcomes. The study, with 60 adult and 60 pediatric sites, will also look at the amount and level of RDN-led care necessary to improve patient medical outcomes. This information could provide justification for increased inpatient staffing and reimbursement for malnutrition treatment.

Collecting data is vital, as are patient and care giver engagement, provider education, and federal policy changes. Leading the opportunity for health policy changes is timely adoption of the malnutrition quality measures by CMS. This is a crucial step to ensuring acute care providers screen for malnutrition and integrate treatment to reduce its costly and often deadly association with chronic diseases such as cancer, diabetes, and renal disease.

The Welcome to Medicare exam and Medicare annual wellness visits could

also be improved by including validated screening questions related to malnutrition and food insecurity. Once malnutrition is suspected, referral to an RDN must be achievable within Medicare for both traditional fee-for-service and Medicare Advantage beneficiaries. It should not require hospitalization for a malnourished or at-risk senior to receive quality care.

When crafting nutrition policy, Congress should build on recommendations expected later in the year from a Government Accountability Office report requested by Sen Patty Murray (D, Washington) and Sen Bob Casey (D, Pennsylvania) to investigate the nutrient quality of foods being provided from federal funds for older adults. Nutrition standards for programs that serve seniors should be based on scientific evidence such as the Dietary Guidelines for Americans and should consider differences in adults aged 80 to 90 years and older, compared with those who are entering their senior years.

Congress should also look for opportunities in the pending reauthorization of the Older Americans Act to address the prevention and treatment of malnutrition. A reauthorization could add malnutrition education to the nutrition education already required by the act. Congress could also have nutrition programs perform validated malnutrition screenings on program participants who are identified as

at risk during the intake assessments already required by the Act. Finally, funding for nutrition education and assessment should not be in competition with that used to provide in congregate and home delivered meal programs. The Older Americans Act should further encourage direct communication and collaboration between CMS and the Administration on Community Living. The two entities should seek to identify ways to best serve beneficiaries and to maximize resources, including unique solutions to the delivery of home-based care by RDNs who serve as a bridge between community-based interventions and Medicare.

Given the important role that the HHS Healthy People agenda plays in establishing public health goals by state and local governments, a malnutrition objective is both timely and relevant. Targeting seniors at a minimum and developing a measure would encourage the development of new and innovative programs designed to reduce prevalence and would facilitate federal, state, and private funding streams.

The start of a new Congressional session is always an opportunity to spotlight issues that afford the opportunity to improve the health of the nation. We hope leaders from both parties can work in a bipartisan manner to pass legislation and adopt

Spotlight on Malnutrition Month is in September. Further resources on malnutrition can be found at [www.eatright.org/malnutrition](http://www.eatright.org/malnutrition).

rules that will work to defeat malnutrition today.

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#### STATEMENT OF POTENTIAL CONFLICT OF INTEREST

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