defeatmalnutrition.today

...vital to healthy aging

May 3, 2018

Seema Verma
Administrator, Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services, P.O. Box 8010
Baltimore, MD 21244

Submitted electronically at TOHPublicComments@rti.org

RE: Quality measures to satisfy the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) domain of: Transfer of Health Information and Care Preferences When an Individual Transitions - Medication Profile Transferred to Provider / Medication Profile Transferred to Patient

Dear Administrator Verma:

The Defeat Malnutrition Today coalition appreciates the opportunity to comment on the IMPACT Act quality measures related to transfer of health information when individuals transition care settings.

Defeat Malnutrition Today is a coalition with over 75 members who are committed to defeating older adult malnutrition across the continuum of care. This is 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.

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 in 2017 pointed to the increasing body of statistics and health economics data showing the human and economic costs of malnutrition.

We are pleased to see that these measures would include nutritional supplements, vitamins and total parenteral nutrition (TPN) in the electronic health records and medication profile given to providers, patients and patients' caregivers. We advocate that these records should also contain a nutrition care plan when called for by a professional on the patient's care team.

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]

Nutrition in electronic health records

For patients to receive better nutrition care overall, their providers outside the acute care setting must be aware of nutrition decisions made while in hospitals, and vice versa. Including nutritional supplements, vitamins and TPN in the electronic health records and medication profile given to providers, patients and patients' caregivers is an important first step. However, we feel that for patients to receive optimal care, a full nutrition care plan should be included in these discharge records if the patient has one from a professional on his/her care team such as a registered dietitian nutritionist.

Having a nutrition care plan included can help patients, providers and caregivers coordinate food and medication dosages/timing. It can also call attention to special prescribed diets, oral nutrition supplements, and TPN in the patient's care needs, making sure that everyone is aware that the patient needs this care. Medically-tailored diets are increasingly common for older adults with chronic conditions, and a medication profile is a good place to note these special discharge instructions/care needs

---

[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.

because it is likely to be read closely by patients and providers and because they make up such a vital part of a discharge plan. This plan should be carefully documented in records in easy-to-understand language for patients.

We thank you for considering our comments, and please let us know if we can provide you with any further information. You may reach us at info@defeatmalnutrition.today.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today