defeat malnutrition today

September 27, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attn: CMS-1715-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: File Code **CMS-1715-P**; Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B for Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

Dear Administrator Verma:

Defeat Malnutrition Today appreciates the opportunity to comment on **CMS-1715-P.** We comment specifically on the Quality Payment Program (QPP) and its opportunities for the expansion of quality care for patients.

Defeat Malnutrition Today is a coalition with over 90 members who are committed to defeating older adult malnutrition across the continuum of care. We are 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.

DMT acknowledges the administrative and reporting burden faced by providers across quality reporting programs. Providers are burdened with numerous reporting requirements which may not all be related to their scope of practice nor linked to better patient care and clinical outcomes. We welcome improvements to the existing QPP that emphasize simplicity, value for participating clinicians and patients, and alignment across programs.

As CMS considers emphasizing measure topics that are cross-cutting and support cross-program alignment for participants in the QPP, the importance of nutritional status and nutrition care for malnourished older adult patients should be a major consideration for future program enhancements.

In response to the CMS-1715-P proposed rule, we recommend that CMS adopt the currently available malnutrition electronic clinical quality measures as part of the Quality Payment Program for all Merit-based Incentive Payment System (MIPS)-eligible clinicians.

Malnutrition Is a Growing Concern

Older adult malnutrition is a growing crisis in America today. Up to half of all older adults are at risk of malnutrition. For example, in the acute care hospital setting, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.[1,2,3,4,5]

As called for in the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*, 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 while good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes, and reduce healthcare costs, malnutrition—particularly the lack of adequate protein, calories, and other nutrients needed for tissue maintenance or repair—has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs.

CMS has long recognized malnutrition's negative impact on patient outcomes and barriers to quality malnutrition patient care.[6,7,8,9,10] In previous regulations, CMS has stated that "malnutrition is associated with many adverse outcomes," that "there is an opportunity for hospitals to improve nutrition screening and assessment," and that "there is often a disconnect between screening for malnutrition and documentation of a diagnosis of malnutrition, which is necessary for appropriate follow-up after hospital discharge."

Though malnutrition can lead to negative health outcomes and increased healthcare costs, patients' nutritional statuses are rarely managed properly as they transition across care settings. Further, as individuals age, their health needs become more complex and intertwined with chronic disease, social determinants of health (e.g. access to transportation and housing), and nutrition. These individuals with complex care needs are more likely to experience malnutrition concerns in an outpatient setting.

Inpatient Malnutrition eCQMs Already Exist

There are four malnutrition-focused electronic clinical quality measures (eCQMs) available that have been tested and validated in the hospital inpatient setting. They could be further reviewed by CMS to incorporate higher-quality malnutrition care across care settings. These four measures have already been successfully implemented in a nationwide hospital collaborative of 269 hospitals, the Malnutrition

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[1] 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.

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

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

[4] 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.

[5] 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.

[6] Fed Register Vol. 77, No. 170, August 31, 2012.

[7] Fed Register Vol. 78, No. 26, February 2013.

[8] Fed Register Vol. 79, No. 91, May 12, 2014.

[9] Fed Register Vol. 80, No. 136, July 16, 2015.

[10] Fed Register Vol. 81, No. 162, August 22, 2016.

Quality Improvement Initiative, to promote better assessment and management of patients' nutritional status. These four eCQMs directly support an evidence-based approach that provides the foundation for optimal nutrition care for those at risk of malnutrition or already malnourished.

The four malnutrition-focused eCQMs are:

- NQF #3087/MUC16-294: Completion of a Malnutrition Screening within 24 hours of Admission
- NQF #3088/MUC16-296: Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- NQF #3089/MUC16-372: Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
- NQF #3090/MUC16-344: Appropriate Documentation of a Malnutrition Diagnosis

This multi-step nutrition care process facilitates the identification, diagnosis, and treatment of patients who are found to be malnourished or are at-risk of malnutrition.

Malnutrition eCQMs Could Also Be Used in Outpatient Settings

We believe that, given the critical influence of nutritional status on various important patient outcomes, screening for malnutrition risk and identification of malnutrition followed by subsequent nutrition intervention is crucial in outpatient settings as well. To address this area of concern, the existing inpatient malnutrition-focused eCQMs have been re-specified for use in the outpatient setting. These outpatient eCQMs were submitted for potential use in the Merit-based Incentive Payment System (MIPS) through a qualified clinical data registry for reporting by eligible clinicians in 2020.

We recommend CMS consider inclusion of these malnutrition measures for nutritionally compromised patients in the outpatient setting. We believe this inclusion is necessary to adequately address the significant health and cost burden associated with malnutrition.

Thank you for continuing to recognize the value of nutrition services, and please let us know if we can provide you with any further information. You may reach our Policy Director Meredith Whitmire at mponder@matzblancato.com.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today