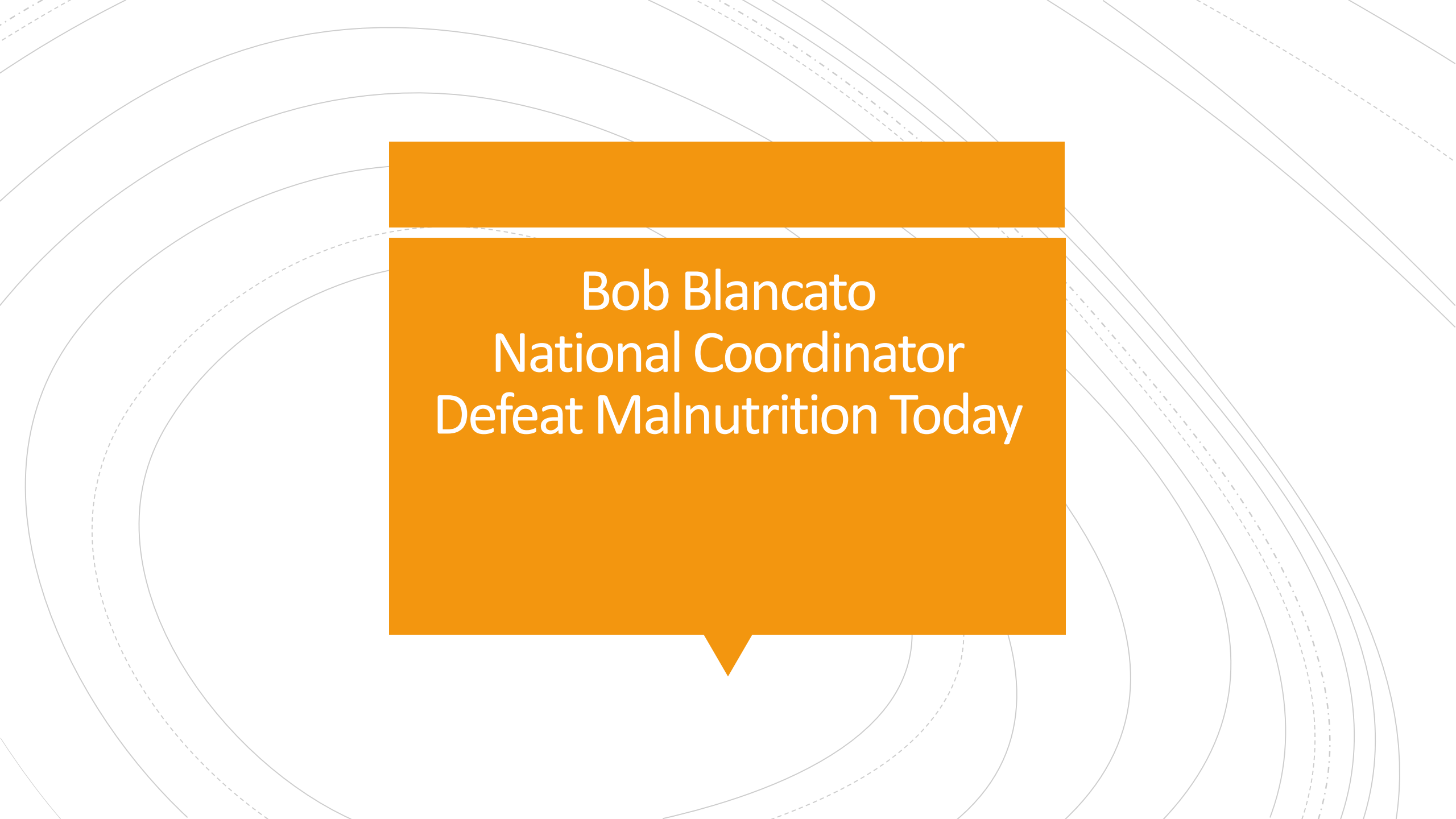


The slide features a large orange oval in the center containing the title and date. The background is white with several thin, light gray curved lines and dashed lines that create a sense of motion and depth. A dark gray curved shape is positioned behind the bottom left of the orange oval.

Malnutrition Awareness Week Briefing

September 25, 2019

The background features a series of concentric, overlapping circles in light gray and white, some solid and some dashed, creating a ripple effect. In the center, there is a large orange callout box with a downward-pointing arrow at its base. The text inside the box is white and centered.

Bob Blancato
National Coordinator
Defeat Malnutrition Today

The background features a series of concentric, overlapping curved lines in shades of light gray and white, creating a sense of depth and movement. A solid orange callout box is positioned in the center, containing white text. The box has a small downward-pointing triangle at its bottom center.

Meredith Whitmire
Policy Director
Defeat Malnutrition Today

Introduction

- Nutrition is the key to healthy aging
- Many common chronic conditions such as hypertension, heart disease, diabetes, and osteoporosis can be effectively prevented and treated with proper nutrition
- Older adults who are not receiving proper meals can also become malnourished and undernourished

Why Older Adult Malnutrition?

1 in 2 older adults at risk

300% increase in healthcare costs for those with poor nutritional status

4 to 6 days longer in the hospital

\$51.3 billion in costs for disease-associated malnutrition in older adults annually

60% of older adults in hospitals may be malnourished

Sec. Azar's Comments

- Now starting to gain more attention from federal officials too
- In a November speech, HHS Sec. Azar said:
 - 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. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—\$42 billion each year in healthcare spending.
 - Naturally, a number of private health providers and payers have already tried addressing this issue: One ACO 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.
- An important statement both in raising awareness about malnutrition and discussing what a nutrition care plan can achieve in savings

defeat**malnutrition**.today

Defeat Malnutrition Today

- We have worked closely with many members of Congress so far this year
 - Senate and House committee staff on the Older Americans Act reauthorization
 - Malnutrition Awareness Week resolution
 - House sign-on letter with Reps. Rodney Davis and Danny Davis to encourage CMS to adopt the malnutrition electronic clinical quality measures
- Have also submitted numerous comments to federal govt, particularly on 2020 Dietary Guidelines and quality measures

Critical Legislative Success: Older Americans Act

- The House passed its OAA reauthorization bill unanimously through the Education and Labor Committee
- This bill includes two new malnutrition provisions that we advocated for
- The bill would add malnutrition screening to the nutrition screening provisions in the Act and add reducing malnutrition to the purposes of the nutrition programs
- Critical to ensure that older adults participating in nutrition programs and other OAA programs are being screened for malnutrition since the risk is so high

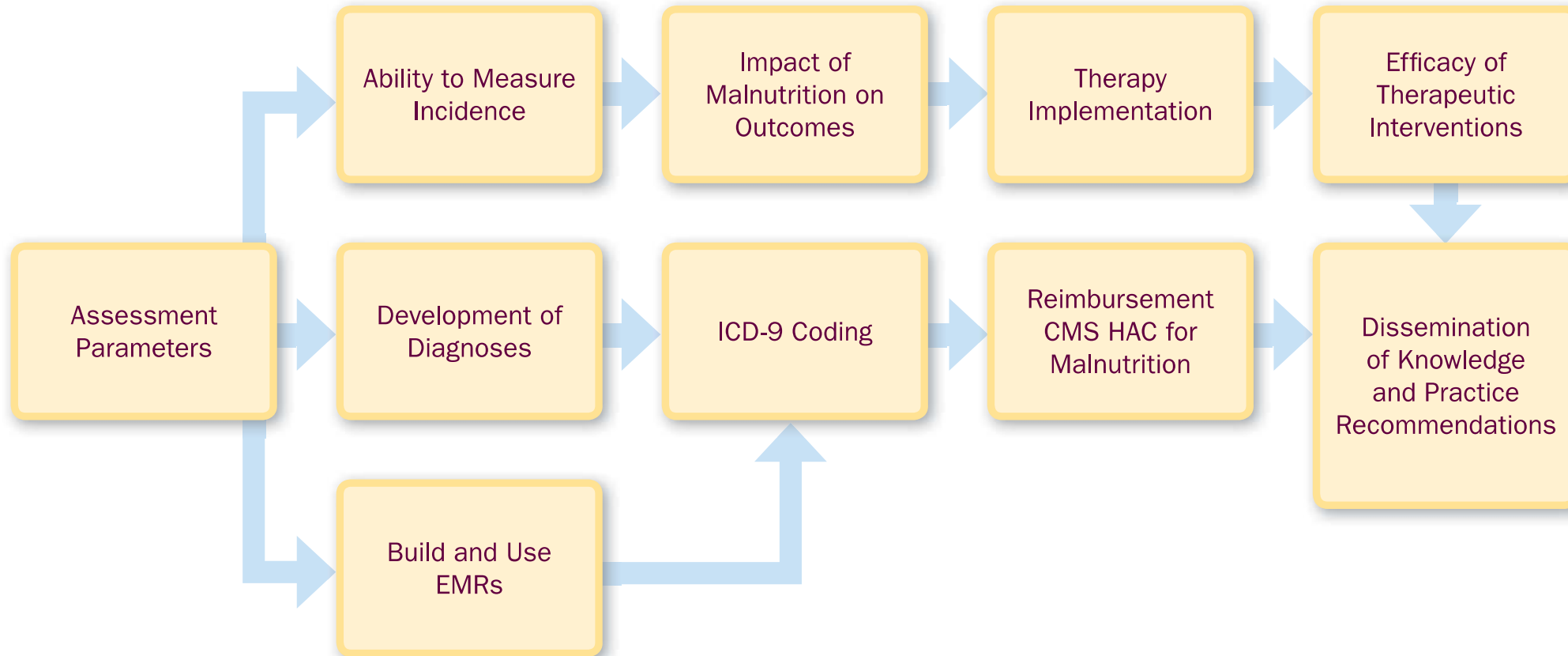
Malnutrition Awareness Week™

Peggi Guenter, PhD, RN, FAAN, FASPEN
Senior Director of Clinical Practice, Quality, and Advocacy
American Society for Parenteral and Enteral Nutrition (ASPEN)
Silver Spring, MD

American Society for Parenteral and Enteral Nutrition (ASPEN)

- ASPEN is dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism.
- Founded in 1976, ASPEN is an **interdisciplinary organization** whose members are involved in the **provision of clinical nutrition therapies, including parenteral and enteral nutrition.**
- With more than 6,500 members from around the world, ASPEN is a community of dietitians, nurses, pharmacists, physicians, scientists, students, and other health professionals from every facet of nutrition support clinical practice, research, and education.

ASPEN's Strategic Approach to Addressing Malnutrition: From Assessment to Policy



ASPEN's Goals Around Malnutrition

1. Raise awareness
2. Advance the science
3. Build infrastructure

ASPEN Malnutrition Awareness Week™

September 23-27, 2019



- Started in 2012 (8th year)
- On the National Health Observances Calendar
- Certificate of Special Recognition from Senator Ben Cardin in 2018
- Week of educational webinars along with other non-CE offerings such as short videos, posters, one-page resources for clinicians and consumers
- Ambassador Program: over 70 national and international organizations signed on. Almost 1 million individuals receive access to education. Partnering with Canada and UK associations this year.
- Website and Toolkit: www.nutritioncare.org/malnutrition

ASK ABOUT YOUR NUTRITION

Good Nutrition Can Help You Prevent Infections, Heal Faster, Feel Stronger



ARE YOU OR YOUR LOVED ONE EXPERIENCING ANY OF THESE?



Unplanned Weight Loss



Loss of Appetite



Not Able to Eat or Only Able to Eat Small Amounts



Feeling Weak or Tired



Swelling or Fluid Accumulation



TALK TO YOUR HEALTHCARE PROVIDER

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Go to nutrilloncare.org/YourNutrition for more



Now available in 4 languages

MALNUTRITION AWARENESS WEEK™
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LOOKS CAN BE DECEIVING.
GET THE FACTS ON MALNUTRITION.
VISIT [NUTRITIONCARE.ORG/MAW](https://www.nutritioncare.org/MAW)

MALNUTRITION AWARENESS WEEK™
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Prevalence and Impact of Malnutrition

Why is this important, particularly at the federal level?

1. Numerous selected studies and populations (20-50% of hospitalized patients)
2. National (Big Data) was needed

Advancing the Science: Prevalence and Impact of Malnutrition

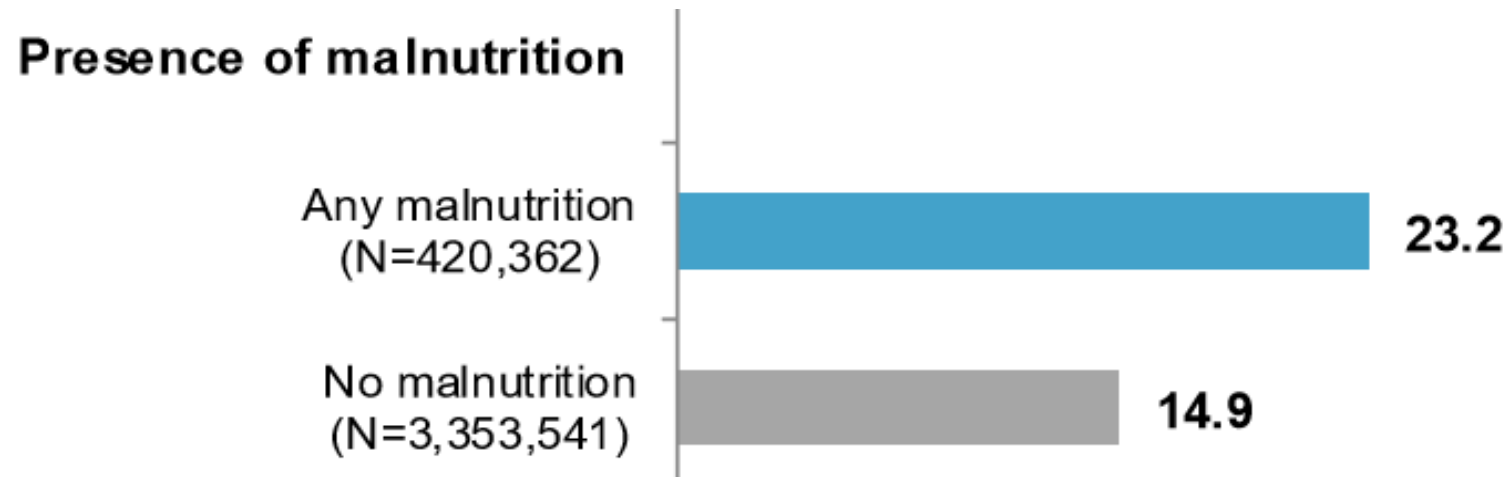
Agency for Healthcare Research and Quality (AHRQ) HCUP Project

- Published HCUP Databrief #210 in Sept. 2016 on 2013 National Inpatient Sample data¹
- Published HCUP Databrief #218 in Dec. 2016 on 2013 readmissions²
- Looking at 2016 NIS and readmissions (published August 2018)³



- In 2016, there were **2.2 million** non-maternal and non-neonatal inpatient stays related to malnutrition, representing **8.1% of the 27.6 million** total non-maternal and non-neonatal stays.
- The most common type of malnutrition was protein-calorie malnutrition with approximately 1.45 million malnutrition-related stays (66.6%).³ **64% had Medicare as payor.**

Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016- Readmission Rates



The **30-day readmission rate** for any cause following an initial hospital stay for non-maternal and non-neonatal patients with malnutrition was 23.2 per 100 index stays, more than **50% higher** than the rate among patients with no malnutrition during the index stay (14.9).³

Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016 AHRQ³

COSTS:

Inpatient stays related to malnutrition accounted for nearly \$49 billion or **12.6% of these costs** while they constituted **only 8.1% of stays** in 2016.

LOS:

Compared with the average length of inpatient stays (**5.0 days**), malnutrition-related inpatient stays for all six types of malnutrition were longer on average, **more than twice as long for protein-calorie malnutrition (11.2 days)**.

MALNOURISHED HOSPITALIZED PATIENTS ARE ASSOCIATED WITH HIGHER COSTS, LONGER STAYS & INCREASED MORTALITY*

2.2 million

hospital stays involved malnutrition in 2016



30-day readmissions are

1.6x higher in patients with malnutrition as compared to patients with no malnutrition



MALNUTRITION IS ASSOCIATED WITH:

Economic Burden



Hospital stays involving malnutrition accounted for

\$49 billion

Human Cost

Protein-calorie malnutrition related stays have

3x higher in-hospital deaths than those without malnutrition



Longer Hospital Stays



Protein-calorie malnutrition related hospital stays were

2x longer

Rate of malnutrition is highest with older adults

Protein-Calorie Malnutrition Related Hospital Stays Per 100,000 Population



UNDERSTAND THE IMPACT OF MALNUTRITION. Learn more at nutritioncare.org/malnutrition

* Barnett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. ONLINE. August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: www.hcup-us.ahrq.gov/reports.jsp

Latest HCUP report on Malnutrition (2016 data- Lag)

Summary

- Malnutrition is prevalent and is associated with higher readmissions, in-hospital deaths, longer lengths of stay, higher discharge to post-acute settings, and higher costs.
- Patients often come in to the hospital malnourished and so this is not just a hospital issue but needs to be addressed in the community.
- When patients are assessed and nutrition intervention is provided, outcomes improve and cost savings are realized.

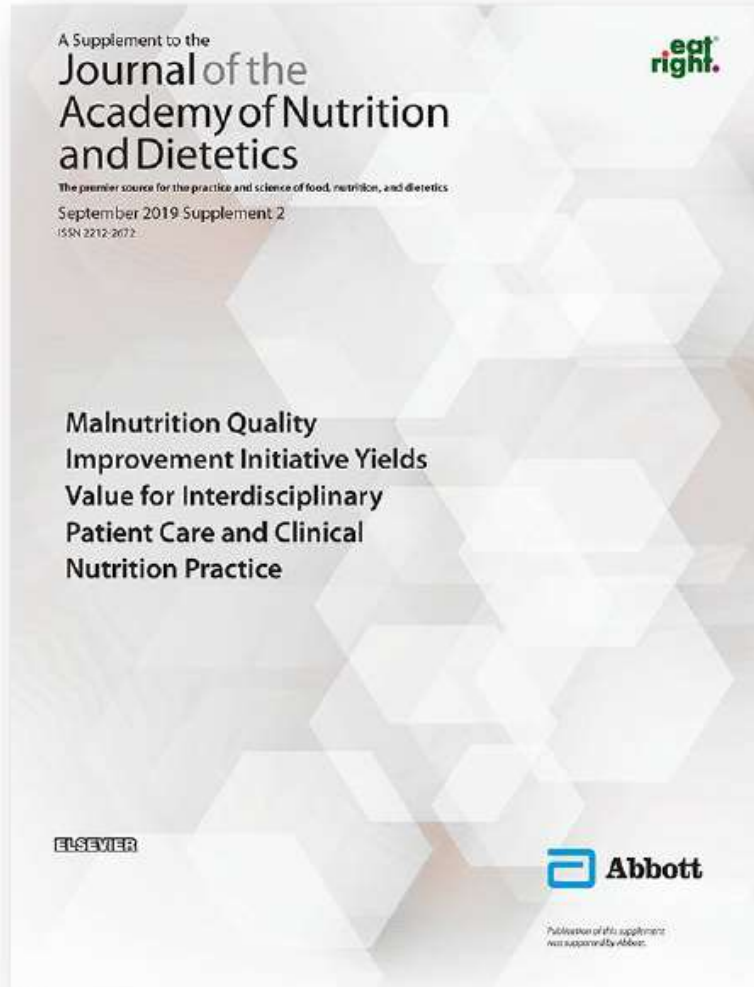
References

1. Weiss AJ, Fingar KR, Barrett ML, et al. Characteristics of Hospital Stays Involving Malnutrition, 2013. HCUP Statistical Brief #210. September 2016. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital Stays2013.pdf>.
2. Fingar KR, Weiss AJ, Barrett ML, et al. All-Cause Readmissions Following Hospital Stays for Patients With Malnutrition, 2013. HCUP Statistical Brief #218. December 2016. Agency for Healthcare Research and Quality, Rockville, MD.
3. Barrett ML, Bailey MK, Owens PL. *Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016*. August 30, 2018. U.S. Agency for Healthcare Research and Quality. Available: www.hcupus.ahrq.gov/reports.jsp.

Advocating for Malnutrition: The Link to Quality Care

Jeanne Blankenship, MS RDN
Vice President, Policy Initiatives and Advocacy

September 2019 *Journal Supplement*



A Total of 88 Supplement Authors!

8 Articles with 37 authors focused on:

- Background and Information
- Public Policy
- MQii Toolkit
- eCQMs Pilot Program
- Practice Applications
- Clinical Leadership

24 Abstracts with 51 authors focused on:

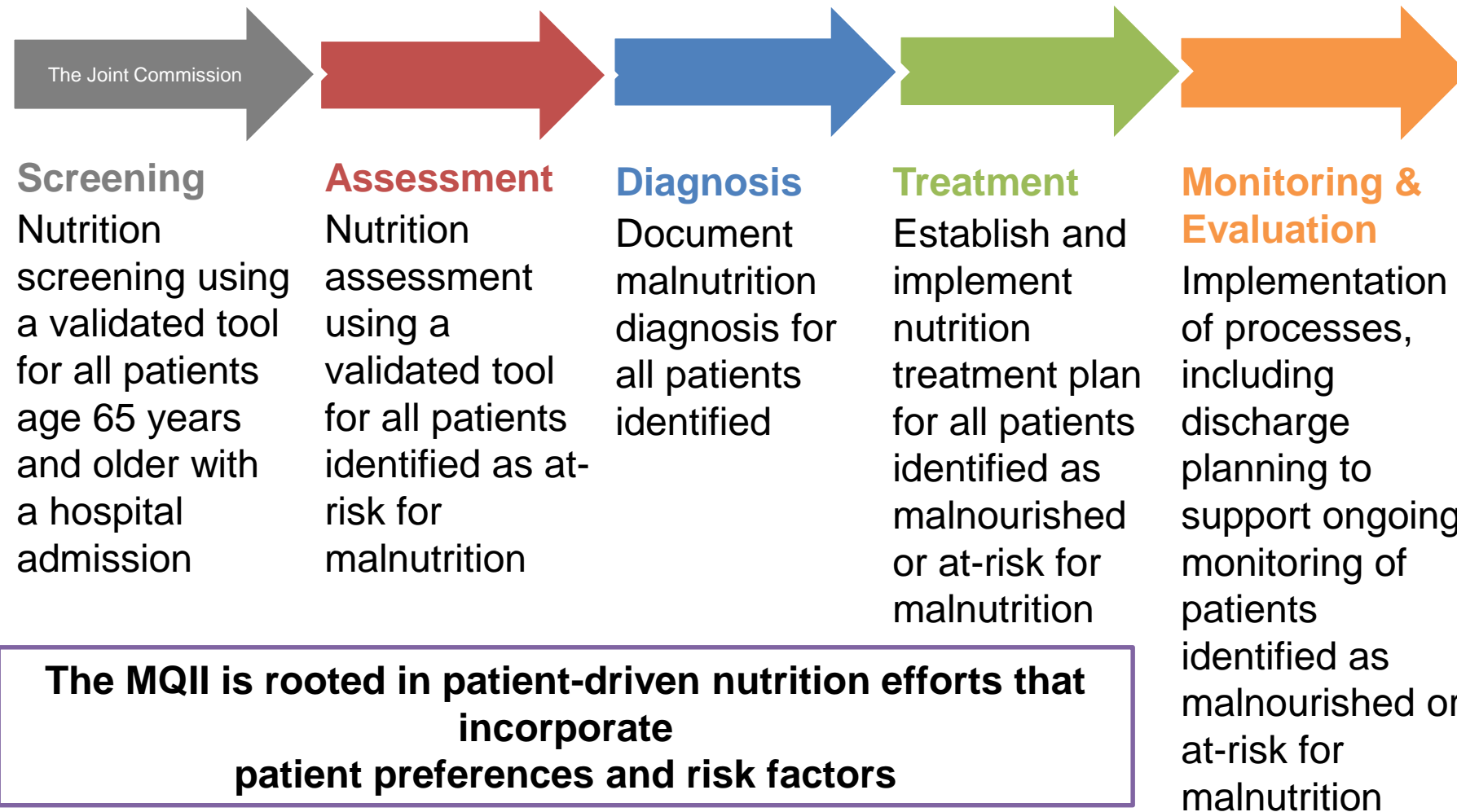
- Data Integration and Process Outcomes Results - **12**
- Interdisciplinary Team Engagement and Key Learnings - **5**
- Research Outcomes Results – **7**

Objectives

- Develop malnutrition **quality measures** “that matter”
- Improve malnutrition care with an interdisciplinary care team **roadmap (toolkit)**
- Advance tools that can be integrated into **EHR systems** to improve care quality

The MQII is focused on older adults (ages 65 and older) given the significant impact malnutrition has on this patient population and the opportunity to improve care among these patients

Malnutrition Care Workflow

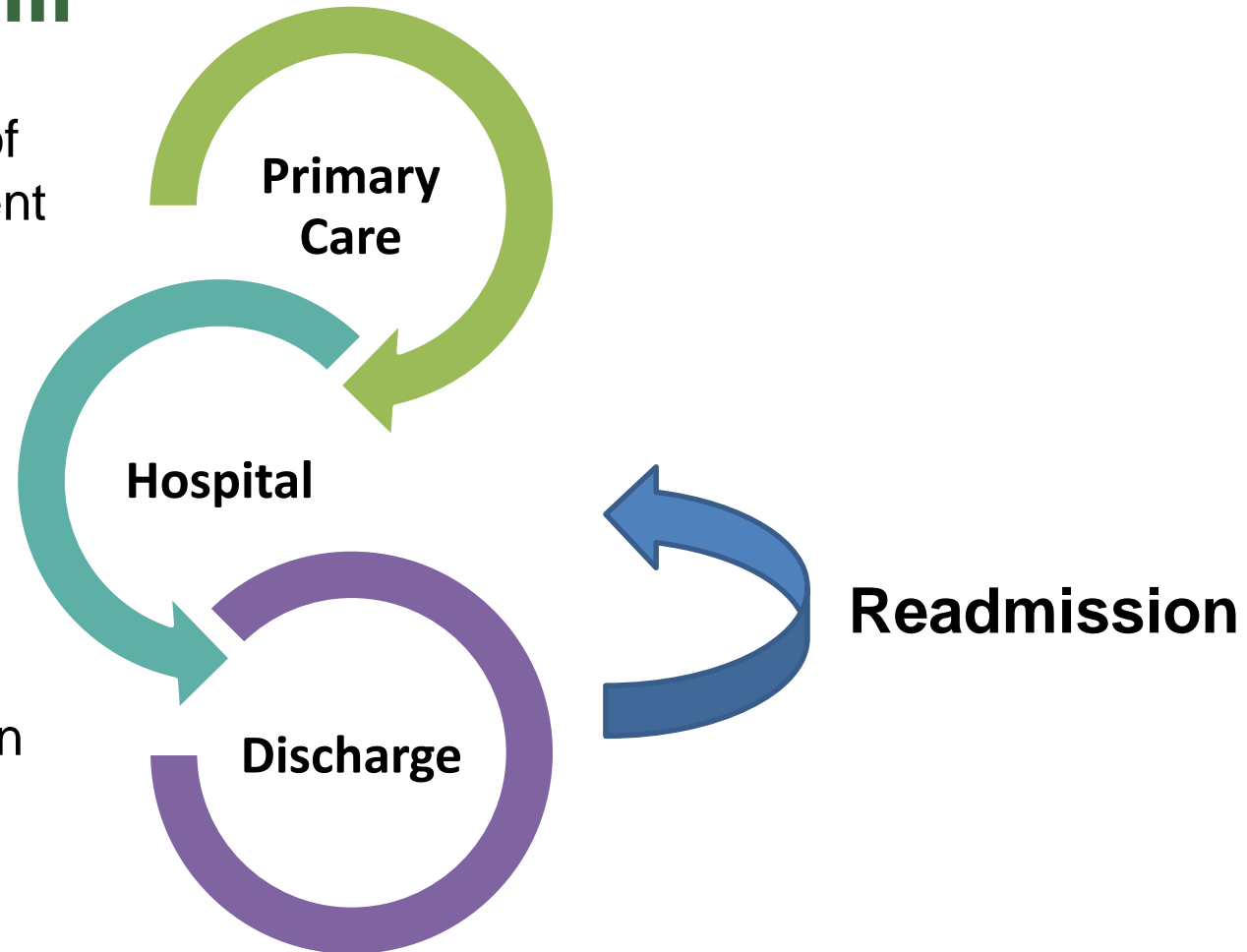


Care Continuum

Primary Care: lack of screening, assessment and intervention

Hospital nutrition services: “bundled” payment

Discharge: disruption of care plan, lack of resolution



- **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

*Measures were submitted to the National Quality Forum (NQF) for potential endorsement and to CMS for adoption into the HIQR – Hospital Inpatient Quality Reporting

For more information: www.eatrightpro.org/eMeasures and www.eatrightpro.org/malnutrition

Current Efforts

NQF and CMS - Composite Measure

- The Academy and Avalere continue developing and testing a malnutrition composite measure - the Global Malnutrition Composite Score to:
 - Assess the performance of clinicians across the four malnutrition care steps
 - Help further establish the link between better malnutrition care and patient outcomes

Malnutrition Composite Measure

$$= \sqrt[4]{M1 \times M2 \times (0.5M3 + 0.5M4)^2}$$

Malnutrition Quality Improvement

MQii
MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

START YOUR JOURNEY HERE

- Why Malnutrition Matters?
- Assess Your Readiness
- Identify Malnutrition QI Opportunities
- Access the MQii Toolkit
- Electronic Clinical Quality Measures (eCQMs)
- MQii Tools & Resources

Are Your Patients Receiving Optimal Nutrition Care?

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

What is My Role?

- PHYSICIAN +
- DIETITIAN +
- NURSE +
- QUALITY LEADER +
- HOSPITAL EXECUTIVE +
- PHARMACIST & CARE TEAM +
- PATIENT ADVOCATE +

defeatmalnutrition.today
...vital to healthy aging

Interested in joining other providers working to improve malnutrition quality of care?

LEARN MORE >>

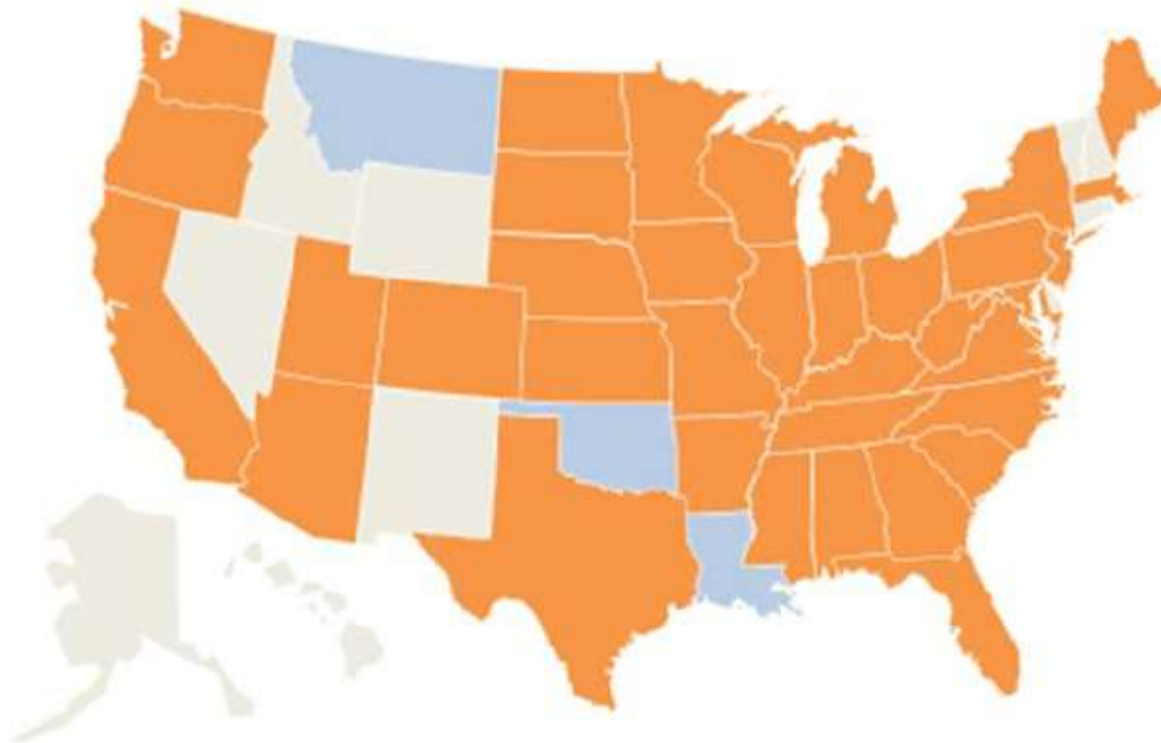
Learning Collaborative Participant Experiences

"Anybody can do this whether this is your first journey into quality or not. The MQii provides the framework to walk you through the process and teach the necessary and important steps. I wish I had MQii years ago to help me get to where we are now."



Click [here](#) to view all Learning Collaborative participant quotes.

Available at [MQii.Today](https://www.mqii.today)

Learning Collaboratives



265 Sites and Growing

-  = States with ≥ 1 Enrolled Participant
-  = States with >1 Participant Completing Enrollment

MQii Impacting other Outreach Hospital Improvement Innovation Network

- <http://www.hret-hiin.org/topics/malnutrition.shtml>
- <http://www.hret-hiin.org/resources/display/malnutrition-quality-improvement-initiative-mqiitoolkit>



2017 UPDATE

PREVENTING MALNUTRITION

>>>



AMERICAN HOSPITAL ASSOCIATION
Advancing Health in America

Engage

- Join Our HIIN
- Physicians
- LISTSERV@
- UP Campaign
- WHYIMHIIN Selfie Statements


MALNUTRITION CHANGE PACKAGE

PART 2: MEASUREMENT

Resource: <http://www.eatrightpro.org/resource/practice/quality-management/quality-improvement/malnutrition-quality-improvement-initiative>

A key component to making patient care safer in your hospital is to track your progress toward improvement. This section outlines the suggested process and outcome measures that you could be collecting and submitting data as part of HRET HIIN. Collecting these monthly data points at your hospital will guide your quality improvement efforts as part of the Plan-Do-Study-Act (PDSA) process. Tracking your data in this manner will provide valuable information needed to study your

Hospital Improvement Innovation Network



Home About Topics Data Events Resources Search...

HOME / RESOURCES

Malnutrition Quality Improvement Initiative (MQii) Toolkit


Published: April 21, 2017

Topic: Malnutrition | Resource type: Toolkit

The MQii toolkit is a guide for identifying and implementing clinical quality improvements for malnutrition. Please click the link below to view or download this resource.

Topics: No filter
Resource Type: No filter
Date Published: No filter
Keyword Search:

- What is a Qualified Clinical Data Registry (QCDR)?
 - Collects medical or clinical data from clinicians and reports it to CMS on their behalf
 - Submits both non-MIPS measures as well as MIPS quality measures (MIPS: Merit-based Incentive Payment System)



Inpatient Measures

- Completion of a Malnutrition Screening within 24 hours of Admission
- Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment
- Appropriate Documentation of a Malnutrition Diagnosis



Outpatient Measures

- Completion of a Screening for Malnutrition Risk and Follow-Up Referral for Those At-Risk
- Nutrition Assessment Completed for Patients At-Risk of Malnutrition
- Nutrition Care Plan Documented for Patients with Findings of Malnutrition
- Appropriate Documentation of Malnutrition Diagnosis

Thank You

jblankenship@eatright.org
312-899-1730



What You Can Do

- Support the House Older Americans Act malnutrition language for inclusion in the Senate bill
- Support the Senate malnutrition resolution
- Educate yourselves and your offices further about malnutrition and its impact on your constituents
- Check out defeatmalnutrition.today for more resources!



Questions?





Thank You!