Healthcare Nutrition Council

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Ms. Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: FY 2019 - Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System and Proposed Policy Changes and FY 2019 Rates Proposed Rule - CMS-1694-P

Dear Administrator Verma:

The Healthcare Nutrition Council (HNC)* an association representing the manufacturers of enteral and parenteral nutrition formulas, solutions, supplies and equipment, submits these comments on the Centers for Medicare and Medicaid Services' (CMS) proposed rule, "Medicare Programs: Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates" (CMS-1694-P).

Last year, HNC encouraged CMS to consider adopting four clinically-relevant malnutrition Electronic Clinical Quality Measures (eCQMs) into the Hospital IQR Program. Although we were disappointed that these four malnutrition eCQMs were not adopted, we applaud CMS for recognizing the impact of malnutrition on older adult health and outcomes. Additionally, this year, **we encourage CMS to consider disease-related malnutrition and its impact on healthcare outcomes and costs when implementing the IPPS and LTCH prospective payment system.** HNC understands the potential of appropriate nutrition screening, diagnosis, and access to therapeutic nutrition interventions when indicated to increase patient quality of life, improve outcomes, and reduce the long-term cost of care. It is critically important to invest in the health of our nation's most vulnerable patients and doing so will result in better patient outcomes and lower costs associated with complications in these populations.

Malnutrition Linked to Poor Health Outcomes

It is widely recognized that nutritional status plays a significant role in health outcomes and healthcare costs. Addressing malnutrition is essential to improving overall healthcare and may ultimately reduce the economic burden incurred when caring for the oldest and sickest Americans. Malnutrition generally is defined as "an acute, subacute or chronic state of nutrition, in which varying degrees of over nutrition or undernutrition with or without inflammatory activity have led to a change in body composition and diminished function."[i] Malnutrition has also been defined as a state of nutrition in which a deficiency, excess, or imbalance of energy, protein, and other nutrients cause measurable adverse effects on body function and clinical outcomes.[ii] Disease-related malnutrition can manifest in patients across all spectrums of body mass index, ranging from under to overweight individuals. Malnutrition often is associated with acute and chronic diseases and injury, such as cancer, stroke, chronic obstructive pulmonary disease, heart failure, infection, trauma and surgical procedures. In fact, these diseases and conditions may cause an individual to become malnourished with malassimilation and/or inappropriate provision of nutrients. For over 30 years, large-scale studies have shown that as many as half of hospitalized patients and 35% to 85% of older long-term care residents are undernourished.[iii,iv,v,vi,vii,viii,ix] If unaddressed, malnutrition increases the cost of care and likelihood of poor health outcomes, including increased complications, longer hospitalizations and more readmissions.

For example, malnourished patients are more likely to experience complications, such as pneumonia,[x] pressure ulcers,[xi] nosocomial infections,[xii] and death.[xiii xiv] In addition, malnutrition is a risk factor for other severe clinical events, such as falls[xv] and worse outcomes after surgery or trauma.[xvi] Malnutrition also has negative impacts on patients with specific chronic diseases and conditions, such as stroke,[xvii xviii] and heart failure,[xix] cancer,[xx xxi] and

COPD.[xxii] Malnourished patients, as well as patients at risk for malnutrition, have significantly longer hospitalizations than well-nourished patients and patients not at risk for malnutrition.[xxiii] [xxiv] [xxv]

Additionally, readmission rates, institutionalization and ongoing healthcare services increase in patients suffering from malnutrition. In particular, disease-related malnutrition is a common reason for patients to be readmitted to hospitals.[xxvi] A study published in 2016 found that malnutrition in U.S. hospitalized patients is associated with a more than 50 percent higher rate of readmission within 30 days, compared to patient stays not identified with malnutrition.[xxvii] Another study found that malnourished patients with heart failure were 36 percent more likely to be readmitted to the hospital within 30 days than nourished patients with heart failure.[xxviii] Hospitalized patients at risk of malnutrition are also more likely to be discharged to another facility or require ongoing healthcare services after being discharged from the hospital than patients who are not at risk for malnutrition.[xxix,] [xxx] A retrospective health economic study found that providing oral nutritional supplements to Medicare patients aged 65+ with any primary diagnosis was associated with a 16% reduction in length of stay and a 15.8% cost savings – an average of $3,079 -- per episode.[xxxi]

In efforts to prevent and address malnutrition, healthcare providers must implement appropriate and timely clinical nutrition therapies, which can improve or maintain patients' nutritional status, and result in less morbidity and fewer complications, shorter hospital stays, fewer hospitalizations, reduced hospital readmissions and savings. For example, oral nutritional supplements (ONS) for hospitalized patients are associated with reductions in hospital lengths of stay, admission rates and costs.[xxxii] Additionally, the early usage of parenteral nutrition products in combination with enteral products when enterals alone are not feasible result in many beneficial patient outcomes. The early administration of combined parenteral and enteral nutrition has been shown to decrease intensive care unit (ICU) stays; decrease nosocomial infections and antibiotic use; and lead to shorter duration of mechanical ventilation.[xxxiii] [xxxiv] Lastly, for older adult populations, nutrition therapy products can provide critical nutrition for those with a variety of underlying medical conditions who cannot sustain their nutritional needs through regular diet alone.

Malnutrition Linked to Increased Health Costs

Disease-related malnutrition, particularly when not diagnosed and treated, increases the cost of care due to the factors described above: increased morbidity, complications, mortality, readmissions, longer hospitalizations, continued institutionalizations and ongoing healthcare services. The economic burden of malnutrition across care settings in the United States was estimated at $157 billion in 2014. Malnutrition costs associated with older adults aged 65 years and older who are the most at risk of malnutrition and largely depend on Medicare are estimated at $51.3 billion annually.[xxxv] However, this figure likely underestimates the total burden of disease-related malnutrition given the diagnosis gap in hospitalized patients.[xxxvi]

The existing literature provides a wealth of data supporting the association between malnutrition and increased morbidity, complications, hospitalizations, and readmissions. For example, malnourished patients and patients with nutrition related or metabolic issues are frequently readmitted to the hospital.[xxxvii] [xxxviii] Studies have demonstrated that readmissions are 24-55% more costly than initial admissions and account for 25 percent of Medicare expenditures.[xxxix] Data from 2013 showed that 30-day hospital readmission rates for all causes (other than maternal or neonatal) were more than 50 percent higher for patients with malnutrition. Rates of readmission were found to be highest among adults aged 18-64 years, those paid by Medicaid and those residing in metropolitan areas. Further, the average costs per readmission for patients with malnutrition were found to be 26-34 percent higher ($16,900 to $17,900) for patients with malnutrition compared to those without malnutrition ($13,400).[xl]

Additionally, research shows that despite the high prevalence of malnutrition, gaps remain in efforts to identify and treat malnutrition based on a nutrition assessment, presenting a significant opportunity for improvement. Registered dietitian nutritionists (RDNs) in the U.S. are experienced in completing nutrition assessments to properly identify patients' nutritional status and develop plans of care that adequately match the patients' nutrition needs. Existing guidelines also recommend nutrition assessments as a best practice and new evidence has highlighted the importance of these assessments for patients at-risk of malnutrition.[xli] [xlii] [xliii] [xliv] For example, the Joint Commission acknowledged the importance of completing a nutrition assessment for at-risk patients by including the practice in their Provision of Care standards (PC.01.02.01, EP 2) for hospital evaluation.[xlv] Their

inclusion of this in the Provision of Care standards further supports the fact that appropriate implementation and documentation of the nutrition assessment drives optimal malnutrition care.

Lastly, despite the impact on overall health and the prevalence of malnutrition among hospitalized patients, a patient's nutritional status is often not evaluated or diagnosed in a timely manner. In a recent study conducted by the Agency for Healthcare Research and Quality using the Healthcare Cost and Utilization Project database, only about 7 percent of hospitalized patients are diagnosed with malnutrition.[xlvi] With as many as half of hospitalized patients and 35 to 85% of older long-term care residents undernourished, the extremely low number of diagnosis for malnutrition represents a diagnosis gap that needs to be addressed. While this diagnosis gap for malnutrition care is concerning, it represents an opportunity for CMS to improve overall patient care and outcomes through ensuring effective screening, diagnosis and malnutrition care when appropriate.

Conclusion

Addressing malnutrition is necessary to reduce hospital-acquired conditions, lower healthcare costs and improve the health and well-being of vulnerable patients. As nutritional status contributes to morbidity, mortality, and economic burden associated with diseases and disorders, **HNC urges CMS to prioritize policies and initiatives that identify and treat malnutrition, encourages proper nutrition and the development of cost-effective nutrition therapy products, and ensures access through adequate coverage and payment policies for nutrition therapy products.** These policies include malnutrition screenings, timely diagnoses of malnourished patients, and use of therapeutic diets and nutrition therapy products for patients. As noted by numerous studies described above, adequate nutrition leads to lower medical costs, fewer readmissions, and overall improved patient outcomes. HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system. Thank you for the opportunity to comment on the Medicare Program proposed rule. If you have any questions or would like additional information, please contact me at ncayce@kellencompany.com or 202-207-1126.

Sincerely,

Nadia Cayce, Ph.D
Executive Director
Healthcare Nutrition Council

***About HNC:** The Healthcare Nutrition Council (HNC) is an organization representing the manufacturers of enteral nutrition formulas, parenteral nutrition solutions, supplies and equipment. HNC member companies are Abbott Nutrition, B. Braun Medical, Nestlé Health Science and Nutricia North America. We are committed to improving health by advancing policies that address and raise awareness of nutrition and its impact on patient outcomes and healthcare costs. This includes promoting nutritional screenings, diagnoses, assessments and appropriate and timely nutrition clinical interventions while protecting patients' access to specialized nutrition support products and services throughout the continuum of care. For more information on HNC, please visit https://healthcarenutrition.org.*

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