
Healthcare Nutrition Council

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March 27, 2017

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

Re: Request for Information (RFI) on Pediatric Alternative Payment Model Concepts

Dear Administrator Verma:

The Healthcare Nutrition Council (HNC), representing manufacturers of enteral and parenteral nutrition formulas, parenteral nutritional formulas, supplies, and equipment, submits these comments on the Request for Information (RFI) on pediatric care modeling to improve the health of children and adolescents covered by Medicaid and the Children's Health Insurance Program (CHIP). Investing in the health of our nation's children is critically important, and we applaud the Agency for its attention to ways in which healthcare provided under Medicaid and CHIP may be further improved. Issuance of this RFI and review of stakeholder feedback is an important step to ensuring healthier children in America.

Our primary recommendation to the Centers for Medicare & Medicaid Services (CMS) can be summarized as follows:

Nutrition is fundamental to the successful growth and development of all children. Children suffering from acute and chronic conditions can be particularly at risk for malnutrition which can impact both the course and treatment of their disease as well as their long-term health outcomes. Thus, we urge CMS to include cross-cutting measures related to nutrition and malnutrition in its development of successful alternative and value-based payment model concepts for Medicaid and CHIP.

Good Nutrition's Role in Child Health

The importance of good nutrition begins well before birth. This is underscored in Healthy People 2020's description of the physical determinants of infant and child health: "The cognitive and physical development of infants and children is influenced by the health, nutrition, and behaviors of their mothers during pregnancy and early childhood."¹ Good nutrition continues to play a vital role throughout childhood. The CDC confirms "Healthy eating in childhood and adolescence is important for proper growth and development and to prevent various health conditions."²

CMS also recognizes this, as "Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents" is one of the Pediatric Recommended Core Measures.³ Further, in this RFI, it was identified that "An individual's health needs extend beyond preventive and therapeutic health care services to include access to health-related social supports, and this is especially true during childhood when factors such as sound **nutrition**, safe living environments, responsive adult caregivers, and nurturing social relationships are critical for healthy growth and development."⁴

Increased Risk for Malnutrition with Disease and Hospitalization

While nutrition is viewed as fundamental, what is commonly overlooked is the equally critical role of nutrition during acute and chronic disease, when a child's nutrition needs are often elevated beyond the basic requirements for growth and development. Illness-related factors such as multiple medications and the stress of frequent medical treatments and hospitalizations can influence dietary intake, which further impacts nutritional status. As a result children with acute and chronic conditions are often at increased risk for malnutrition, yet the importance of nutrition is frequently side-lined as medical care takes precedence.

Pediatric malnutrition, is generally defined as “an imbalance between nutrient requirement and intake, resulting in cumulative deficits of energy, protein, or micronutrients that may negatively affect growth, development, and other relevant outcomes.” Unfortunately, disease-related malnutrition is common in hospitalized children but is likely under recognized and inadequately documented.⁵ A special report by the Metha et al. and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Board of Directors reveals that reported rates of disease-related malnutrition range from 6 percent to 51 percent in hospitalized children. However, it is believed that these statistics inaccurately depict the nutritional status of this patient population due to “lack of uniform definitions, heterogeneous nutrition screening practices, and failure to prioritize nutrition as part of patient care.”⁵

Hospitalization and its outcomes are important considerations for children and adolescents enrolled in Medicaid. According to the Healthcare Cost and Utilization Project (HCUP) Statistical Brief, the number of hospital stays for Medicaid insured children increased 33 percent while hospital stays for privately insured children declined 21 percent between 2000 and 2012. In 2012, Medicaid covered 51.6 percent of all nonneonatal and nonmaternal hospital stays for children. HCUP identified respiratory illnesses and digestive illnesses as the top two most common reasons for pediatric hospitalizations accounting for 22 percent and 12 percent of hospital stays, respectively. Illnesses of the nervous system, musculoskeletal system, endocrine, nutritional, and metabolic system, and mental diseases and disorders are also among the top 10 most common reasons for pediatric hospitalization.⁶ Many acute and chronic illnesses which would be classified under these diagnostic categories have important nutritional implications and can contribute to malnutrition through starvation (related to disease or behavior), hypermetabolism, malabsorption, or inability to use/assimilate nutrients.⁶

Malnutrition Linked to Poor Health Outcomes

Malnutrition--when not diagnosed and treated--impacts more than growth and development. It also increases the cost of care and likelihood of poor health outcomes, including increased complications, longer hospitalizations, more readmissions, and increased mortality. In one recent prospective study of 400 Pediatric Intensive Care Unit patients on the effect of malnutrition on mortality, severe malnutrition was identified as independently associated with higher mortality even among patients with similar pediatric risk of mortality scores.⁷ In the pediatric population, diagnosing and treating malnutrition is especially important to ensure that children have the opportunity for a timely recovery and are able to grow and thrive following diagnosis and treatment, particularly when they suffer from complex or multiple chronic conditions. Between 2004 and 2009, children with multiple chronic conditions were more likely to be covered by Medicaid than were those without a chronic condition.⁸

The focus on the important role of nutrition in child health should not be lost because a child is ill. Therefore, to reduce complications, promote shorter hospital stays, decrease hospitalizations, reduced hospital readmissions and health care savings, it is critical to monitor for disease-related malnutrition and ensure timely diagnosis and treatment with appropriate clinical nutrition therapies that will improve or maintain children’s nutritional status and overall health.


Including Malnutrition in Successful Alternative Payment Model Concepts

HNC proposes that just as there is a pediatric core measure for nutrition and healthy children, there should be a pediatric core measure or measures for malnutrition for children diagnosed with acute or chronic conditions. HNC has previously commented on “Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees” urging CMS to promote quality measures that identify untreated malnutrition and implement policies and procedures that encourage malnutrition screening, assessment, diagnosis, and appropriate nutrition intervention including the provision of oral nutrition supplements, enteral or parenteral nutrition. While these previous comments were directed toward adult and geriatric populations, the concepts of malnutrition screening, assessment, diagnosis, and intervention are applicable to pediatric populations as well. This is because whether among pediatric or adult patients, it is widely recognized that nutritional status plays a significant role in health outcomes and healthcare costs.

As CMS continues to consider ways to improve the health of children and adolescents covered by Medicaid and CHIP, we urge the prioritization of prevention, diagnosis, and treatment of malnutrition that includes access to appropriate clinical nutrition therapies across the continuum of care. Diagnosis and treatment of malnutrition in this population will result in better growth and development, improved outcomes, increased quality of life, higher quality of care and, ultimately, lower healthcare costs.

Thank you for the opportunity to comment on this RFI. If you have any questions or would like additional information, please contact me at ngardner@kellencompany.com or 202-207-1116.

Sincerely,



Nicholas Gardner
Executive Director
Healthcare Nutrition Council

References:

1. "Maternal, Infant, and Child Health," Healthy People 2020, Accessed: March 23, 2017. Available: <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>
2. "Childhood Nutrition Facts," Centers for Disease Control and Prevention, Accessed March 23, 2017. Available: <https://www.cdc.gov/healthyschools/nutrition/facts.htm>
3. "2014 Clinical Quality Measures (CQMs) Pediatric Recommended Core Measures, The Centers for Medicare & Medicaid Services, Accessed: March 23, 2017. Available [:https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/2014_cqm_pediatricrecommended_cores_etable.pdf](https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/downloads/2014_cqm_pediatricrecommended_cores_etable.pdf)
4. "Center for Medicare and Medicaid Innovation Request for Information on Pediatric Alternative Payment Model Concepts," The Centers for Medicare & Medicaid Services, Accessed March 23, 2017. Available: <https://innovation.cms.gov/Files/x/pediatricapm-rfi.pdf>
5. Mehta NM, Corkins MR, Lyman B, et al. Defining Pediatric Malnutrition: A Paradigm Shift Toward Etiology-Related Definitions. *J Parenter Enteral Nutr.* 2013; 37(4): 460-481.
6. Witt WP (Truven Health Analytics), Weiss AJ (Truven Health Analytics), Elixhauser A (AHRQ). Overview of Hospital Stays for Children in the United States, 2012. HCUP Statistical Brief #187. December 2014. Agency for Healthcare Research and Quality, Rockville, MD. Accessed March 10, 2017. Available: <http://www.hcupus.ahrq.gov/reports/statbriefs/sb187-Hospital-Stays-Children-2012.pdf>.
7. Nangalu R, Pooni PA, Bhargav S, Singh H. Impact of malnutrition on pediatric risk of mortality score and outcome in Pediatric Intensive Care Unit. *Indian J Crit Care Med.* 2016 Jul; 20(7): 385–390. doi: 10.4103/0972-5229.186218
8. Berry JG, Hall M, Hall DE, et al. Inpatient growth and resource use in 28 children's hospitals. *JAMA Pediatrics.* 2013;167(2):170–7.