



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

September 27, 2019

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

Re: CMS-1715-P; Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B 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, 84 Fed. Reg. 40,482 (Aug. 14, 2019).

Dear Administrator Verma:

On behalf of the Healthcare Nutrition Council (HNC), we are writing in response to the proposed updates to the Quality Payment Program for Calendar Year 2020. HNC is an association representing manufacturersⁱ of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), parenteral nutrition (PN) formulas, supplies and equipment. Our mission is to improve health by advancing policies that address and raise awareness of nutrition and its impact on patient outcomes and healthcare costs. Our organization aims to promote nutritional screening, diagnosis, assessment, appropriate and timely clinical nutrition interventions, as well as patient access to specialized enteral and parenteral nutrition products and services throughout the continuum of care.

In line with our mission, HNC is providing recommendations below pertaining to malnutrition and the Quality Payment Program (QPP). HNC agrees with and supports CMS' efforts to more closely align quality measures used in the Merit-Based Incentive Payment System (MIPS) with the modern practice of medicine and meaningful measures of quality and outcomes for patients. In this light and as detailed below, HNC recommends CMS adopt several electronic clinical quality measures (eCQMs) related to malnutrition that will both improve quality of care and reward clinicians for enhanced attention to vital nutrition-related clinical factors.

I. Background on the Importance of Addressing Malnutrition

In several comment letters to CMS this year, HNC has detailed the importance of nutritional status for both health outcomes and controlling costs. We refer CMS to those previous comments for a more robust illustration of the connection between nutritional status and quality and value of care. However, HNC would like to remind CMS of some of the most

pressing concerns related to nutritional status. Specifically, robust evidence demonstrates that malnutrition increases the cost of care and likelihood of poor health outcomes. For example, malnourished patients are more likely to experience complications, such as pneumonia,ⁱⁱ pressure ulcers,ⁱⁱⁱ nosocomial infections,^{iv} and death.^v In addition, malnutrition is a risk factor for other severe clinical events, such as falls^{vi} and worse outcomes after surgery or trauma.^{vii} 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.^{viii}

Beyond just the effect on utilization and outcomes, malnutrition has an outsized effect on overall cost of care. Malnutrition costs associated with adults aged 65 years and older are estimated at \$51.3 billion annually.^{ix} However, this figure likely underestimates the total burden of disease-related malnutrition given the diagnosis gap in hospitalized patients.^x In addition, malnourished patients and patients with nutrition-related or metabolic issues are frequently readmitted to the hospital.^{xi} 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).^{xii}

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.^{xiii} With as many as half of hospitalized patients and 35-85% of older long-term care residents undernourished, the extremely low number of diagnosis for malnutrition represents a screening and diagnosis gap that needs to be addressed.

Based on the aforementioned evidence, it is essential that CMS make nutritional status a key component in both its reimbursement policies and its efforts to improve the quality and value of care delivery. Therefore, HNC strongly urges CMS to adopt its below recommendations to continue to encourage clinicians to focus on nutritional status in order to improve quality and reduce costs.

II. HNC Recommends CMS Adopt Four Electronic Clinical Quality Measures (eCQMs) as Quality Measures in MIPS and Adopt a Specialty Measure Set for Nutrition Professionals

HNC commends CMS efforts to improve MIPS by reducing provider burden and reward clinicians that focus on consequential elements of patient care. **Given the far-reaching role of nutritional status in patient outcomes and value of care, we encourage CMS to adopt the following four eCQMs related to nutritional status.**

- **NQF #3087/MUC16-294: Completion of a Malnutrition Screening within 24 hours of Admission**



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- **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**

These four measures have been thoroughly evaluated and tested in the hospital setting for inpatients. In addition, the Academy of Nutrition and Dietetics (AND) has re-specified these four eCQMs for use in the outpatient setting and submitted them for potential use in the MIPS through a qualified clinical data registry. Therefore, HNC recommends CMS include these measures for use by clinicians when treating potentially nutritionally compromised patients.

CMS has also expressed interest in creating a specialty measure set in MIPS for registered dietitian nutritionists (RDNs). For all of the aforementioned reasons, **HNC recommends CMS move forward with creating a specialty set for RDNs**. The creation of a specialty measure set for these important clinicians will ease the burden and complexity of MIPS for RDNs, consistent with CMS' stated goals, and will also encourage more RDNs to participate in MIPS.

To conclude, HNC recommends CMS adopt the aforementioned four eCQMs as quality measures in MIPS. In addition, HNC urges CMS to create a specialty measure set for RDNs who participate in MIPS.

Malnutrition continues to be a crucial component in reducing hospital-acquired conditions, lowering healthcare costs and improving the health and well-being of vulnerable Medicare beneficiaries. **HNC urges CMS to continue prioritize policies and initiatives that identify and treat malnutrition, encourages proper nutrition and the development of cost-effective enteral and parenteral nutrition products, and ensures access through adequate coverage and payment policies for enteral and parenteral nutrition products**. HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system. If you have any questions or would like additional information, please contact Jonathan Gold [via email](#) or at 202-860-1004.

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin". The signature is written in a cursive, flowing style.

Robert Rankin
Executive Director
Healthcare Nutrition Council

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- ⁱ HNC members are Abbott Nutrition, B. Braun Medical Inc., Nestle Healthcare Nutrition, and Nutricia North America.
- ⁱⁱ Callahan CM, Wolinsky FD. Hospitalization for pneumonia among older adults. *J Gerontol.* 1996; 51A:M276-M282.
- ⁱⁱⁱ Mechanick JI. Practical aspects of nutritional support for wound-healing patients. *Am J Surg.* 2004;188:52S-56S.
- ^{iv} Schneider SM, Veyres P, Pivot X, et al. Malnutrition is an independent factor associated with nosocomial infections. *Br J Nutr.* 2004; 92:105-111.
- ^v Correia MI, Waitzberg DL. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. *Clin Nutr.* 2003;22:235-239.
- ^{vi} Meijers JMM, Halfens RJG, Neyens JCL, et al. Predicting falls in elderly receiving home care: the role of malnutrition and impaired mobility. *J Nutr Health Aging;* 2012; 16: 654-658.
- ^{vii} Marik PE and Flemmer M. Immunonutrition in the surgical patient. *Minerva Anestesiologica.* 2012; 78: 336-342.
- ^{viii} Chima CS, Barco K, Dewitt ML, et al. Relationship of nutritional status to length of stay, hospital costs, and discharge status of patients hospitalized in the medicine service. *J Am Diet Assoc.* 1997; 97: 975-978.
- ^{ix} Snider J, et al: Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenteral Enteral Nutr.* 2014;38:55-165.
- ^x Snider JT, Linthicum MT, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenter Enteral Nutr.* 2014; 38 (Suppl 2): 77S-85S.
- ^{xi} Braunschweig C, Gomez S, Sheean PM. Impact of declines in nutritional status on outcomes in adult patients hospitalized for more than 7 days. *J Am Diet Assoc.* 2000;100:1316-1322.
- ^{xxii} Fingar K, Weiss A, Barrett M, Elixhauser A, Steiner C, Guenter P, and Hise Brown M. All-Cause Readmissions Following Hospital Stays for Patients with Malnutrition, 2013. *HCUP Statistical Brief #218.* 2018. 1-18.