



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via Partnership for Quality Measurement Portal

Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

February 16, 2024

Re: 2023 Measures Under Consideration 2nd Comment Period for Pre-Rulemaking Measure Review – MUC2023-114 – “Global Malnutrition Composite Score – Final Recommendation”

To Whom It May Concern,

The Healthcare Nutrition Council¹ (HNC) supports CMS’ recognition of the impact of malnutrition health outcomes for adult patients of all ages. Thus, as we have previously commented we support expanding the ages (from 65 years and older to 18 years and older) for the Measure Under Consideration (MUC) MUC2023-114 “Global Malnutrition Composite Score” (GMSC) and the expanded measure’s inclusion in the Hospital Inpatient Quality Reporting Program (Hospital IQR Program) and the Promoting Interoperability Program (PI) set. HNC is an association representing manufacturers 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 to promote patient access to specialized nutrition support products/services for patients of all ages and across the continuum of care.

We are encouraged by the Pre-Rulemaking Review (PRMRP) committee’s recent vote to recommend with conditions the expanded GMCS. Evidence documents malnourished patients experienced up to 5x risk of in-hospital mortality, up to 2x higher hospital costs, up to 2x longer length of stay, and 55% higher readmissions than discharges without malnutrition. 30-day readmissions among non-maternal and non-neonatal inpatient stays related to malnutrition are 25.8% for 18–39-years of age and 26.3% for 40–64 years of age.² The average costs per readmission for patients with malnutrition were found to be 26-34% higher (\$16,900 to \$17,900) compared to those without malnutrition (\$13,400).³ Therefore, expanding the GMCS to all adults age 18 and over will benefit both patients and healthcare systems.

One of the conditions for consideration included in the PRMRP committee report was the addition of hospital-acquired malnutrition and high-risk nutritional practices in screening and assessment. Nutritional deterioration in hospitals is common among previously well-nourished as well as nutritionally compromised patients, with studies reporting that 10%-65% of patients experienced nutritional decline.⁴ It is for this reason that adult nutritional care pathways⁵ recommend rescreening patients during their hospital stay to detect malnutrition, and many hospital inpatient screening policies include rescreening if

¹ HNC members are Abbott Nutrition, Nestle Healthcare Nutrition, and Nutricia North America.

² Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. Last Accessed December 6, 2023. U.S. Agency for Healthcare Research and Quality. Available: https://www.hcup-us.ahrq.gov/reports/HcupMalnutritionHospReport_083018.pdf.

³ 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

⁴ Cass AR, Charlton KE. Prevalence of hospital-acquired malnutrition and modifiable determinants of nutritional deterioration during inpatient admissions: A systematic review of the evidence. *J Hum Nutr Diet.* 2022 Dec;35(6):1043-1058. doi: 10.1111/jhn.13009. Epub 2022 Apr 26. PMID: 35377487; PMCID: PMC9790482.

⁵ “ASPEN Adult Nutrition Care Pathway” *American Society for Parenteral and Enteral Nutrition.* Updated September 14, 2022. https://www.nutritioncare.org/uploadedFiles/Documents/Malnutrition/Adult-Nutrition-Pathway_9.14.22.pdf



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

the initial screen is negative for malnutrition risk to capture patients who may experience a decline in nutrition status or developed malnutrition during their stay.

The current timing of the measure observations in the expanded GMCS does not preclude nutritional screening and assessments that occur later in the hospitalization from counting toward measure performance. Yet, given that the average length of stay at US hospitals is 4.5 days,⁶ it is appropriate that the GMCS measure currently prioritizes the absence of malnutrition or risk of malnutrition on admission. The ability to update the GMCS in the future allows for addressing how to ensure that nutritional status is captured accurately throughout an in-patient stay.

Malnutrition care remains a critical gap area that is associated with multiple poor health outcomes, including hospital readmissions, extended lengths of stay, and quality of life. Malnutrition is also widely recognized as having a significant role in health outcomes and healthcare costs. It is important that CMS and others include robust nutrition measures in its quality reporting programs for adult healthcare, including and especially the IQR Program. HNC therefore offers its strong support for the addition of the Global Malnutrition Composite Score in the Hospital IQR program and PI set expanded to include all adults aged 18 years and over. HNC also encourages all stakeholders to continue advancing other nutritional-related measures for inclusion in CMS and other quality programs, and we stand ready to work with all stakeholders on this important initiative.

HNC thanks CMS for allowing us the opportunity to provide feedback on the inclusion of the expanded GMCS measures. Should you wish to discuss these comments further, please contact Sydni Arnone at sarnone@healthcarenutrition.org.

Sincerely,

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

Robert Rankin
Executive Director

⁶ "Hospital average length of stay by state" *Definitive Healthcare*. June 21, 2023. <https://www.definitivehc.com/resources/healthcare-insights/average-length-of-stay-by-state#:~:text=What%20is%20the%20average%20length,hospital%20patients%20is%204.5%20days>