

June 9, 2020

Ms. Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1737-P
PO Box 8016
Baltimore, MD 21244-8010

Re: File code CMS-1737-P Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities and Updates to the Value-Based Purchasing Program for Federal Fiscal Year 2021

Dear Administrator Verma:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to provide input on the Centers for Medicare and Medicaid Services’ (CMS’s) Proposed Rule: File code CMS-1737-P Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities and Updates to the Value-Based Purchasing Program for Federal Fiscal Year 2021.

The Academy represents over 107,000 registered dietitian nutritionists (RDNs)¹, nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists. The Academy is the largest association of nutrition and dietetics practitioners in the world committed to accelerating improvements in global health and well-being through food and nutrition. RDNs provide high quality, evidence-based care to residents of skilled nursing facilities (SNFs) and deliver substantial cost-savings to the health care system.

Based on our members’ experience providing care to residents in SNFs under the new Patient Driven Payment Model (PDPM), we offer the following feedback in response to your request under this proposed rule for comments related to the impact of PDPM implementation on providers or patient care.

Increase Points for Malnutrition under Non-Therapy Ancillary (NTA) Comorbidity Scoring

Malnutrition is a prevalent condition impacting a large proportion of older adults in SNFs. Up to 1 out of every 2 older Americans (65 years of age and older) are at risk for malnutrition.² Malnutrition is of

¹ The Academy has approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Kaiser MJ, Bauer JM, Ramsch C, et al. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. J Am Geriatr Soc. 2010;58(9):1734-1738.

specific concern in post-acute care settings. A Congressional Research Service report documented “malnutrition affects 35% to 60% of older residents in long term care facilities and as many as 60% of hospitalized older adult patients in the U.S.”³ In an international study aggregating data from the United States and 11 other developed countries, malnutrition prevalence for older adults was found to be 50% in rehabilitation settings.⁴ This concern only grows as the number of adults aged 65 years and older is expected to make up nearly one quarter of the U.S. population by 2060.⁵

Assessing nutrition status using validated tools in all settings across the continuum of health care is a vital first step in improving the health of Medicare beneficiaries, and our nation as a whole, as noted in *The National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update*.⁶ The importance of malnutrition prevention and identification and intervention of at-risk and malnourished individuals is magnified by malnutrition’s impact on independence, healthy aging, and the severity of medical conditions and disabilities. Considering the profound negative nutritional impact currently being seen in many post-COVID-19 residents, this focus on early identification of malnutrition risk and malnutrition is even more critical now.

Malnutrition drives up health care costs. The estimated cost for disease-associated malnutrition in older adults is \$51.3 billion per year.⁷ It is therefore critical, not only for the health and well-being of older adults, but also for the health and well-being of our health care system, to support early identification and treatment of this potentially costly condition in SNF residents to help improve outcomes and decrease health care spending.

The implementation of the PDPM system has resulted in improvement in capturing malnutrition as a diagnosis and identifying the risk for malnutrition. PDPM shortened the required response time for screening and assessment to support the diagnosis or to request physician review for appropriateness of a diagnosis of malnutrition. This has resulted in improved prompt referral to the RDN for identification of those at risk with malnutrition or those with malnutrition and timely implementation of nutrition interventions. The process starts on admission with standardized nutrition screening tools. However, the RDN must follow the standard of care,⁸ using tools such as Nutrition Focused Physical Exam (NFPE) and the 2012 Academy/ASPEN Consensus Statement⁹ criteria, in diagnosing malnutrition.

³ Dabrowska A. Malnutrition in Older Adults. Available at:

https://www.defeatmalnutrition.today/sites/default/files/documents/CRS_Memo_Malnutrition_in_Older_Adults.pdf. Published March 8, 2017. Accessed June 3, 2020.

⁴ Kaiser MJ, Bauer JM, Ramsch C, et al. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. *J Am Geriatr Soc.* 2010;58(9):1734-1738.

⁵ U.S. Census Bureau. U.S. Census Bureau Projections Show a Slower Growing, Older, More Diverse Nation a Half Century from Now. Available at: <https://www.census.gov/newsroom/releases/archives/population/cb12-243.html>. Published December 12, 2012. Accessed June 3, 2020

⁶ National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update.

<https://www.defeatmalnutrition.today/blueprint> Accessed June 3, 2020.

⁷ Snider JT, Linthicum MT, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN.* 2014;38(2 Suppl):77s-85s.

⁸ Robinson GE, Cryst S. Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Post-Acute and Long-Term Care Nutrition. *J Acad Nutr Diet.* 2018;118(9):1747-1760.

⁹ White JV, Guenter P, Jensen G, Malone A, Schofield M. Consensus statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics recommended for the identification and documentation of adult malnutrition (undernutrition). *J Acad Nutr Diet.* 2012;112(5):730-738.

Completing a validated malnutrition screening tool is just the start of the process. Findings must be communicated to the physician and individualized interventions put in place.

Early identification and treatment of residents with malnutrition or at risk for malnutrition results in improved outcomes through a decrease in morbidity and ultimately, not only having a desired financial impact through the reduction of the cost associated with otherwise-prolonged treatments, but also improving the quality of life of those residing in these communities. Based on the experience of member experts working in this field, we believe 1 to 1.5 hours of staff time (including RDNs, therapists, nurses, physicians, CNAs and food service supervisors) is required at the beginning of a SNF stay to confirm malnutrition risk/diagnosis and to put an individualized treatment plan in place. Once a resident is identified to be at risk for or have a diagnosis of malnutrition, the resources needed to care for the resident throughout their SNF stay remain significantly higher than those of other residents with similar diagnoses and comorbidities who are not being treated for malnutrition/malnutrition risk. **The Academy therefore recommends NTA morbidity scoring for malnutrition be increased to at least 2 points.**

Incorporate Malnutrition Electronic Clinical Quality Measures in the Skilled Nursing Facility Quality Reporting Program (SNF QRP)

While the proposed rules do not include any updates to the SNF QRP, **the Academy urges CMS to include the following malnutrition electronic clinical quality measures (eCQMs) as part of the Academy Malnutrition Quality Improvement Initiative (MQii)¹⁰ into this program:**

- 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

Through regulatory initiatives, CMS has already noted their intent to align quality measures across all care settings. Adoption of the malnutrition eCQMs provides an important opportunity to address malnutrition beyond the hospital, as described in *The National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update*,¹¹ and to make sure care is delivered safely, effectively, equitably, and timely. As noted in this report: “Studies show that malnutrition, as a contributing factor to post-hospital syndrome, can increase a patient’s risk for a 30-day readmission, often for reasons other than the original diagnosis.¹² Malnutrition is a patient safety risk, as those who are malnourished are more likely to experience a healthcare-acquired condition. Malnutrition is linked

¹⁰ <https://www.eatrightpro.org/practice/quality-management/quality-improvement/malnutrition-quality-improvement-initiative>. Accessed June 8, 2020.

¹¹ National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update. <https://www.defeatmalnutrition.today/blueprint> Accessed June 3, 2020.

¹² National Quality Forum. NQF-Endorsed Measures for Person-and Family-Centered Care: Phase 2. Washington, DC: The National Quality Forum; 2016.

to increased rates of mortality, increased incidence of healthcare-acquired pressure ulcers, immune suppression and increased infection rates, delayed wound healing, decreased respiratory and cardiac function, muscle wasting and functional loss increasing the risk of falls, longer length of hospital stay, higher readmission rates, and higher treatment costs.”¹³¹⁴¹⁵¹⁶¹⁷

Thank you for your consideration of the Academy’s comments to the Proposed Rule: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities and Updates to the Value-Based Purchasing Program for Federal Fiscal Year 2021. Please do not hesitate to contact Jeanne Blankenship by phone at 312-899-1730 or by email at jblankenship@eatright.org or Marsha Schofield at 312-899-1762 or by email at mschofield@eatright.org with any questions or requests for additional information. The Academy looks forward to continued opportunities to work with CMS to design a health care delivery and payment system that improves the health of the nation and meets the needs of all stakeholders.

Sincerely,



Jeanne Blankenship, MS, RDN
Vice President, Policy Initiatives & Advocacy
Academy of Nutrition and Dietetics



Marsha Schofield, MS, RD, LD, FAND
Senior Director, Governance
Academy of Nutrition and Dietetics

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- ¹³ Tappenden KA, Quatrara B, Parkhurst ML, Malone AM, Fanjiang G, Ziegler TR. Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *J Acad Nutr Diet.* 2013;113(9):1219-1237.
- ¹⁴ Ishida Y, Maeda K, Nonogaki T, et al. Malnutrition at Admission Predicts In-Hospital Falls in Hospitalized Older Adults. *Nutrients.* 2020;12(2).
- ¹⁵ Sharma Y, Miller M, Kaambwa B, et al. Malnutrition and its association with readmission and death within 7 days and 8–180 days postdischarge in older patients: a prospective observational study. *BMJ Open.* 2017;7.
- ¹⁶ Lee JH, Hutzler LH, Shulman BS, Karia RJ, Egol KA. Does Risk for Malnutrition in Patients Presenting with Fractures Predict Lower Quality Measures? *J Orthop Trauma.* 2015;29(8):373-378.
- ¹⁷ Zellner HK, Moss OA, Peterson SJ, et al. Differences in Respiratory Muscle Strength Measures in Well-Nourished and Malnourished Hospitalized Patients. *J Acad Nutr Diet.* 2019;119(5):831-839.