## Executive Summary /

**Advancing Health Equity Through Malnutrition Quality Measurement** 



eat<sup>\*</sup> Academy of Nutrition right• and Dietetics



NATIONAL Minority Quality Forum

## **Executive Summary** /

Malnutrition places an immense burden on the healthcare system and poses significant risks to patient health outcomes, hospital performance, and broader community health. A major risk factor behind the clinical presentation of malnutrition is food insecurity, which is "the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."<sup>1</sup> Food insecurity may be influenced by a number of factors, including income, employment, race/ethnicity, and disability.<sup>2</sup>

Despite substantial awareness of the burden of malnutrition, rates of diagnosis and identification of malnutrition are low, leaving many malnourished patients potentially undiagnosed and untreated. Malnutrition affects more than 30% of hospitalized patients,<sup>3</sup> but only 9% of discharged patients had a coded malnutrition diagnosis in 2018.<sup>4</sup> Patients require resources or assistance related to nutrition after discharge, but without adequate connections to community-based organizations (CBOs) and programs, patients' needs may not be met—presenting a missed opportunity to improve their health. This phenomenon is magnified in underserved communities, contributing to even larger health disparities.

Improving screening for and identification of malnourished patients in the acute care setting should be followed by developing appropriate interventions to address both malnutrition and food insecurity in culturally appropriate ways beyond the hospital and these should be coordinated effectively. Such strategies can serve to avoid preventable complications, reduce overall costs, and address health equity.

The Malnutrition Quality Improvement Initiative<sup>•</sup> (MQii) aims to advance evidence-based, high-quality, patient-driven care for those who are malnourished or at risk of being malnourished. The initiative includes a Learning Collaborative in which participating health systems and hospitals implement quality improvement initiatives around identifying and treating malnutrition. Many track performance based on quality measures and use performance data to further their efforts. Over the years, work across the initiative has expanded and is increasingly focused on continuity of care and addressing needs in the community setting.

To advance the work of MQii Learning Collaborative health systems and other facilities tackling these issues, a multi-stakeholder group of healthcare leaders and national experts came together for a Roundtable titled "Advancing Health Equity Through Malnutrition Quality Measurement" on March 3, 2022, to discuss connections between health equity, hospital malnutrition care, and food insecurity. Their directive was to identify and share solutions that can be readily implemented or replicated.

Prior to the Roundtable, national experts in the field of malnutrition and food security were interviewed to gather baseline information about factors that drive nutrition-related disparities, existing barriers to addressing malnutrition, and potential roles for hospitals in identifying and treating food insecurity. Those findings served as the framing context for discussion that took place during the Roundtable. Additionally, representatives from MQii Learning Collaborative members, Novant Health New Hanover Regional Medical Center and Memorial Hermann Health System, shared their organizations' approaches to address malnutrition and food insecurity by engaging with patients and community partners.

## References

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<sup>\*</sup> The MQii is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provide guidance and expertise through a collaborative partnership. The Academy of Nutrition and Dietetics provides resources and services to support the MQii. General support is provided by Abbott.

These efforts, and the understanding of existing barriers and challenges that the healthcare system faces when treating malnutrition, brought the Roundtable participants to discuss how solutions could be expanded. Participants focused on pathways to manage and address malnutrition, food insecurity, and health disparities across transitions of care while leveraging malnutrition composite measure performance data, hospital and community partnerships, and relevant experts all working toward the same goal. The conversation made it clear that these pathways and proposed solutions would require coordinated and collaborative efforts from all stakeholders. Solutions that participants considered to be top priorities for action are presented in the figure below.

## Top Ranked Solutions to Address Food Insecurity and Malnutrition Proposed by Roundtable Participants

盦	Implement value-based payment models to align incentives to screen for and address nutrition-related social needs and conditions	$(\mathbf{f})$	Increase access to RDNs to address patients' nutrition-related needs across care settings (e.g., pass the Medical Nutrition Therapy Act)	$( \mathbf{f} )$	Improve availability and quality of nutrition care outside of the hospital—particularly in primary care to address nutrition needs before they worsen
•	Collect data on standardized measures to inform the effectiveness of nutrition interventions	<b>III</b>	Generate evidence about the ROI of nutrition interventions and share findings broadly to support expansion or replication	盦	Incorporate the Global Malnutrition Composite Score into a federal quality reporting program (e.g., Hospital IQR Program)
		$( \mathbf{f} )$	Provide support to hospitals to employ a full-time care coordinator, social worker, or other similar role, to connect patients to community resources and coordinate hand-offs		

The discussion led to creation of a roadmap to advance malnutrition care and reduce food insecurity. This roadmap reflects all solutions proposed by the experts in attendance and actionable tactics for different stakeholders groups. Roadmap solutions and tactics fall into 4 categories:

- Policy actions
- Evidence generation
- Strategic engagement
- Holistic care coordination

These further represent programs, processes, and other approaches that have been successful in certain settings and could be implemented more broadly across healthcare and/or community health settings. Following this Roundtable, the MQii will continue to advance this work by disseminating these proceedings, continuing to support Learning Collaborative hospitals and health systems, continuing to leverage quality measure data to generate evidence, and supporting the broader adoption of malnutrition quality measures. This document and included roadmap will guide key stakeholders to be a part of comprehensive efforts to come together to advance health equity among underserved populations.

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