MALNUTRITION QUALITY IMPROVEMENT INITIATIVE

Global Malnutrition Composite Score:

Frequently Asked Questions

Malnutrition Quality Improvement Initiative (MQii) | *November 2023*

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General Global Malnutrition Composite Score Information

1. What is the Global Malnutrition Composite Score?

The Global Malnutrition Composite Score (GMCS) electronic clinical quality measure (eCQM) assesses the percentage of hospitalizations for adults aged 65 years and older at the start of the inpatient encounter, with a length of stay equal to or greater than 24 hours who received optimal inpatient nutrition care during the current inpatient hospitalization. Optimal nutrition care for malnutrition is defined as care appropriate to the patient's level of malnutrition risk and severity. Nutrition care best practices recommend that for each hospitalization, adult inpatients are 1) Screened for malnutrition risk by a nursing professional, registered dietitian (RD), or registered dietitian nutritionist (RDN); 2) Assessed by an RD/RDN to determine overall nutrition status; 3) Receive a malnutrition diagnosis by a physician or qualified healthcare professional, if identified with a moderate or severe malnutrition; and 4) Receive a current nutrition care plan documented by an RD/RDN, if identified with a moderate or severe malnutrition. The GMCS eCQM is constructed of four clinically eligible component measures that are aggregated as an arithmetic average of eligible hospitalizations. Table 1 presents descriptions of the four component measures.

Table 1. Description of the GMCS Component Measures

Component Title	Short Description	Measure Observation Details	Staff Involved
Component Measure 1: Malnutrition Risk Screening	Encounters with Malnutrition Risk Screening and Identified Result	Identifies hospital encounters where a "Malnutrition Risk Screening" was performed with a current identified "Malnutrition Screening Not At Risk Result" or current identified "Malnutrition Screening At Risk Result"	Performed by a nursing professional, RD/RDN
Component Measure 2: Nutrition Assessment	Encounters with Nutrition Assessment and Identified Status	Identifies hospital encounters where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Not or Mildly Malnourished", "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"	Performed by an RD/RDN
Component Measure 3: Malnutrition Diagnosis	Encounters with Malnutrition Diagnosis	Identifies hospital encounters where a current "Malnutrition Diagnosis" was documented where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"	Documented by a physician or other qualified healthcare professional
Component Measure 4: Nutrition Care Plan	Encounters with Nutrition Care Plan	Identifies hospital encounters where a current "Nutrition Care Plan" was performed where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"	Performed by an RD/RDN

Source : https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS986v2.html

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2. How and why was the GMCS developed?

Avalere Health (Avalere), in collaboration with the measure steward, the Academy of Nutrition and Dietetics (Academy), developed the GMCS eCQM as part of the Malnutrition Quality Improvement Initiative (MQii). The MQii is a multistakeholder initiative with a mission to advance evidence-based, high-quality, and patient-driven care and outcomes for hospitalized older adults (aged 65 and older) who are malnourished or at risk for malnutrition. In 2016, Avalere, with guidance from the Academy, first developed, tested, and published a set of four malnutrition-focused quality measures. Upon initial review, the National Quality Forum, and Centers for Medicare & Medicaid Services (CMS) recommended combining the four measures into a single composite measure. The GMCS is the first nutrition-focused quality measure in any CMS payment program. For more information about the GMCS development refer to "Development and Evaluation of a Global Malnutrition Composite Score" in the *Journal of the Academy of Nutrition and Dietetics*.

3. How should hospitals interpret their GMCS result?

The GMCS is an eCQM that is made of four different component measures and a final score calculated as a percentage that ranges from 0 to 100%. Higher scores indicate better performance, and lower scores indicate opportunities for improvement. Hospitals may internally monitor performance of the GMCS and four component measures over time to facilitate quality improvement for patients who are malnourished or at risk of malnourishment.

4. How is the GMCS used in CMS hospital quality reporting?

The GMCS is included in the CMS Hospital Inpatient Quality Reporting Program (Hospital IQR Program) and the Medicare Promoting Interoperability Program as one of three self-selected eCQM for hospital reporting. Among other requirements, the CMS FY 2023 Inpatient Prospective Payment System (IPPS) final rule requires hospitals to report data from all four quarters annually for six eCQMs, including three self-selected eCQMs. The Hospital IQR Program is a voluntary, pay-for-reporting program with hospital performance tied to its Medicare Annual Payment Update (APU). To receive the full Medicare APU for provided inpatient care, hospitals are required to report data to CMS on specific measures for high volume and high-cost health conditions.

5. Can hospitals view their GMCS performance online?

The Hospital IQR Program publicly reports quality of care data on the Medicare Care Compare website under the "Hospitals" section. Refer to the CMS Hospital IQR Program website for additional information on all aspects related to the program's use of the GMCS.

6. Will the GMCS be mandatory for hospitals to report in 2024?

No. The FY 2023 IPPS final rule states that for calendar year (CY) 2024, hospitals participating in the Hospital IQR Program, and the Medicare Promoting Interoperability Program may self-select GMCS as one of three voluntary eCQMs.

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7. Will the GMCS be implemented in other settings of care, such as long-term care or home-based care?

At this time, the GMCS was only tested for implementation in acute care hospitals. However, the GMCS measure principles also apply and may be adapted for other care settings and/or payment programs. Future measures that target optimal nutrition care could be developed, although there are no current plans. For now, the measure developer and steward continue to prioritize supporting hospitals to successfully report this measure, improve the quality of inpatient care for patients that are malnourished or at risk for malnutrition, and improve patient outcomes.

8. What role does the RD/RDN play in GMCS performance for a reporting facility?

The RD/RDN is instrumental in meeting each of the four GMCS component measures as they may perform a malnutrition screening, conduct a nutrition assessment, and identify the nutrition status or nutrition diagnosis, identify the need for a malnutrition diagnosis, and develop a nutrition care plan based on the identified nutrition diagnosis. Further, in the absence of a malnutrition screening or for diagnosis or unit-based order sets, a hospital dietitian referral queues the RD/RDN to conduct a nutrition assessment and identify the nutrition status or diagnosis that may also trigger the need for a malnutrition diagnosis and develop a nutrition care plan based on the identified nutrition assessment status or diagnosis.

Calculating the Global Malnutrition Composite Score

9. How is the GMCS calculated?

The GMCS measure population includes inpatient hospitalizations during the 12-month measurement period for patients aged 65 years and greater with a length of stay of 24 hours and greater. The measure is constructed of four clinically eligible components (also referred to as component measures 1, 2, 3, and 4) that are aggregated as an arithmetic average of eligible hospitalizations. A hospital's performance score is based on three basic calculations: two for each episode (or eligible hospital encounter) and one for aggregate performance (or reporting period). The three calculations include:

A. Total Malnutrition Components Score for an individual episode (or eligible hospital encounter) = Measure Observation 1 + Measure Observation 2 + Measure Observation 3 + Measure Observation 4

- Each measure observation will receive a 1 if it was performed or a 0 if it was not performed. For additional information on the GMCS measurement specifications, reference the Global Malnutrition Composite Specification Manual July 2023 and the eCQM specification published on the eCQI Resource Center.
- For each encounter (i.e., eligible hospital encounter), this result represents the sum of performed measure observations for Population Criteria 1, 2, 3, and 4.

B. Total Malnutrition Composite Score as Percentage for an individual episode (or patient eligible hospital encounter) (i.e., Episode GMCS) =

$$\left(\frac{Total\ Malnutrition\ Components\ Score}{Total\ Malnutrition\ Composite\ Score\ Eligible\ Denominators}\right) \times 100$$

- For each hospitalization, this result represents the sum of performed Measure Observations 1, 2, 3, and 4 divided by the number of clinically eligible denominators or "Total Malnutrition Composite Score Eligible Denominators".
- "Total Malnutrition Composite Score Eligible Denominators" is always 4 except in the following two instances:
    - If a "Malnutrition Risk Screening" was performed AND a "Malnutrition Screening Not At Risk Result" was identified AND "Hospital Dietitian Referral" was not ordered, then the "Total Malnutrition Composite Score Eligible Denominators" is 1.
    - If a "Malnutrition Risk Screening At Risk Result" or a "Hospital Dietitian Referral" are present AND "Nutrition Assessment" was performed AND a "Nutrition Status Not or Mildly Malnourished" was identified, then the "Total Malnutrition Composite Score Eligible Denominators" are 2.

C. Aggregate Total Malnutrition Components Score as Percentage for a reporting period =

$$\frac{(\sum Total\ Malnutrition\ Components\ Score\ as\ Percentage)}{\#\ Eligible\ Hospitalizations\ in\ the\ Reporting\ Period}$$

- For the reporting facility, this calculation averages the performance of each "Total Malnutrition Composite Score as Percentage" across all eligible hospitalizations during the measurement period.
- For a list of GMCS clinical scenarios, which details the four component measures, data elements, eligible denominators, and performance calculations, please refer to Combinations of Measure Observations and Total Composite Score as Percentage.

10. Can the same patient be reflected in a GMCS performance score multiple times due to multiple admissions in one year?

Yes. Patients are reflected in GMCS performance for each eligible encounter (or episode) that meets the measure population (i.e., inpatient hospitalizations during the measurement period for patients aged 65 years and greater at the start of the inpatient encounter with a length of stay of 24 hours and greater).

11. What information is used to calculate the GMCS?

Fifteen data elements are used to calculate the GMCS (Table 2), all readily available in electronic health records (EHRs). Of those 15 elements, five are used to calculate other eCQMs, leaving 10 elements unique to the GMCS. Table 2 depicts several linked data elements, meaning they are collected simultaneously.

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Table 2. GMCS Data Elements

GMCS Data Element & Attributes*	#1 Screen	#2 Assess	#3 Diagnose	#4 Care Plan
Encounter Type+	√	√	√	√
Inpatient Admission Time+	√	√	√	√
Inpatient Discharge Time+	√	√	√	√
Date of Birth+	√	√	√	√
Completed Malnutrition Risk Screening	√	√		
Completed Malnutrition Risk Screening Time Stamp	√	√		
Completed Malnutrition Risk Screening Result	√	√		
Hospital Dietitian Referral		√		
Completed Nutrition Assessment		√	√	√
Completed Nutrition Assessment Time Stamp		√	√	√
Completed Nutrition Assessment Result			√	√
Documented Malnutrition Diagnosis+			√	
Completed Malnutrition Diagnosis Time Stamp			√	
Completed Nutrition Care Plan				√
Completed Nutrition Care Plan Time Stamp				√

*All GMCS data elements are readily available in an EHR
+Data elements used in other eCQMs
Linked data elements

For additional details about the GMCS data elements, refer to the GMCS specification manual.

12. Is there a resource that can be used that lists all the possible combinations of measure observation results and the expected total malnutrition composite score in percentage?

Yes. Some of the possible combinations, see the document Combinations of Measure Observations and Total Composite Score as Percentage.

13. How is performance affected if, in an eligible encounter, a hospitalized patient was identified as at risk for malnutrition from a current malnutrition risk screening, but the patient is discharged from the hospital before a nutrition assessment, malnutrition diagnosis, and nutrition care plan are performed?

If a patient has a qualifying encounter and has a completed "Malnutrition Risk Screening" with a current identified "Malnutrition Screening At Risk Result", the Measure Observation 1 score is 1, and the "Total Malnutrition Composite Score Eligible Denominators" equals 4. For that eligible hospitalization, the Total Malnutrition Components Score at the encounter level is 1 out of 4 and the “Total Malnutrition Composite Score as Percentage” is 25%.

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14. How is the episode GMCS performance calculation impacted when an RD/RDN nutrition diagnosis differs from that of the physician and other qualified eligible provider?

The following response assumes that the patient has a qualifying encounter and has a completed "Malnutrition Risk Screening" with a current identified "Malnutrition Screening at Risk Result" and is based on the clinical eligibility of the "Total Malnutrition Composite Score Eligible Denominators" as discussed in question #8:

- If the RD/RDN documents a nutrition assessment status or nutrition diagnosis of "Not Malnourished or Mildly Malnourished", then the then the physician's or other qualified healthcare professional's malnutrition diagnosis is not included towards the final calculation, the "Total Malnutrition Composite Score Eligible Denominators" is 2 and the "Total Malnutrition Composite Score" as a percentage will be 100%.
- If the RD/RDN documents a nutrition assessment status or nutrition diagnosis of "Moderate/Severely Malnourished", the physician or other qualified eligible provider's documented malnutrition diagnosis is included towards completion of the Component Measure 3, only if it is one of the Diagnosis Codes listed below on Table 3. In this case, both measure observations 2 (i.e., nutrition assessment) and component measure 3 (i.e., malnutrition diagnosis) will each receive a 1 for use in the episode GMCS performance calculation. The "Total Malnutrition Composite Score Eligible Denominators" is 4. The "Total Malnutrition Composite Score" will depend based on the completion or not of Component Measure 4, "Nutrition Care Plan".

Table 3. Malnutrition Diagnosis Codes Counted Toward Completion of Component Measure 3.

Descriptor	Code System	Code
Moderate protein energy malnutrition (disorder)	SNOMEDCT	190606006
Deficiency of macronutrients (disorder)	SNOMEDCT	238107002
Deficiency of micronutrients (disorder)	SNOMEDCT	238111008
Malnutrition (calorie) (disorder)	SNOMEDCT	272588001
Disorder of hyperalimentation (disorder)	SNOMEDCT	302872003
Starvation-related malnutrition (disorder)	SNOMEDCT	441951000124102
Acute disease or injury-related malnutrition (disorder)	SNOMEDCT	441961000124100
Chronic disease-related malnutrition (disorder)	SNOMEDCT	441971000124107
Undernutrition (disorder)	SNOMEDCT	65404009
Nutritional deficiency disorder (disorder)	SNOMEDCT	70241007
Unspecified severe protein-calorie malnutrition	ICD10CM	E43
Moderate protein-calorie malnutrition	ICD10CM	E44.0
Retarded development following protein-calorie malnutrition	ICD10CM	E45
Unspecified protein-calorie malnutrition	ICD10CM	E46
Starvation, initial encounter	ICD10CM	T73.0XXA
Starvation, subsequent encounter	ICD10CM	T73.0XXD
Starvation, sequela	ICD10CM	T73.0XXS

For additional information on the score calculations, please see the document Combinations of Measure Observations and Total Composite Score as Percentage.

15. What is the role of a Hospital Dietitian Referral in calculating performance for the episode?

A Hospital Dietitian Referral has multiple functions in calculating performance for the episode:

- Queues the RD/RDN to conduct a nutrition assessment and identify the nutrition status (i.e., component measure 2).
- When the identified nutrition assessment status or result is Not or Mildly Malnourished, the "Total Malnutrition Composite Score Eligible Denominator" is 2 and the calculation for the "Total Malnutrition Components Score" (numerator) does not include Component Measure 3 and 4.
- When the identified nutrition assessment status or result is Moderately or Severely Malnourished, the "Total Malnutrition Composite Score Eligible Denominators are 4" and the calculation for the "Total Malnutrition Components Score" (numerator) includes Component Measure 3 ("Malnutrition Diagnosis") and 4 ("Nutrition Care Plan").
- Triggers the RD/RDN to determine if a malnutrition risk screening was performed (i.e., component measure 1). If it was not, the RD/RDN may perform the malnutrition risk screening.

Components of the Global Malnutrition Composite Score

16. Do specific tools need to be used for completing the malnutrition risk screening and nutrition assessment?

No, the GMCS does not require the use of specific malnutrition risk screening or nutrition assessment tools. However, clinicians are encouraged to use valid and reliable tools for accurate and reproducible results.

17. Does a "Hospital Dietitian Referral" substitute for a completed malnutrition risk screening?

No. A "Hospital Dietitian Referral" order from a physician or other qualified healthcare professional during the current hospitalization makes the patient eligible for measure component 2 ("Nutrition Assessment"). Even when a Hospital Dietitian Referral is ordered, a "Malnutrition Risk Screening" must be performed and a result must be identified (i.e., component measure 1).

18. Where are the data elements used to calculate GMCS components documented in an EHR?

The location of each component in the EHR varies by institution. The locations of the data elements, best practices for documentation, and potential changes to EHR build will be organization specific. We encourage you to work closely with your organization's information technology staff to ensure the data elements corresponding to each component are assigned to the correct location.

19. Are Nutrition and Dietetic Technicians, Registered (NDTRs), eligible to complete any component measures for the "Malnutrition Risk Screening", "Nutrition Assessment", or "Nutrition Care Plan"?

Currently, NDTRs are not included in the eligible provider list for any component. Numerous requests to include other qualified professionals (NDTRs, Certified Dietary Managers or CDMs, etc.) as eligible clinicians to complete the nutrition screening described in Measure Observation 1 have been received. After a detailed

review, it was concluded that the eligible clinical professionals allowed to complete nutrition screening will vary based on state and local guidance as well as hospital-specific policies. The measure steward and developer will work diligently to address this in the Annual Update process for 2024.

20. Why is a diagnosis of mild malnutrition not included in the measure as a way to include Measure Observations 3 and 4?

The GMCS encourages the use of evidence-based and validated malnutrition risk screening and assessment tools to help ensure the delivery of best practices and high quality nutrition care. There are currently no validated criteria to diagnose mild malnutrition in adults. Therefore, this diagnosis is not included in the composite score for component measures 3 and 4.

21. Who can document the medical diagnosis of malnutrition?

Any physician or other qualified healthcare professional, as defined by CMS, can document the medical diagnosis of malnutrition to earn one point for component measure 3.

22. Why does it only include 65+ year olds?

There is a large body of evidence demonstrating the higher prevalence of malnutrition among older hospitalized patients. Further, CMS provides payment for Medicare patients, who are mostly 65 years old and greater. Therefore, CMS payment programs include a substantial focus on the provision of care for older adults. Future updates to the measure may include an age expansion.

23. Does a malnutrition diagnosis during the admission, and prior to the screening and assessment, count towards Component Measure 3: Malnutrition Diagnosis?

Yes, as long as it is during the same encounter (admission) that is being considered for the calculation. Once the Malnutrition Diagnosis by a physician or qualified healthcare professional is in the EHR, it will count towards completion of Component Measure 3: Malnutrition Diagnosis, as long as it is during the same measurement period or encounter. However, it's important to note that for this component to be included in the calculation, Component Measure 1: Malnutrition Risk Screening must yield a result of "At Risk." If the result is not "At Risk," a referral to a Hospital Dietitian should be ordered. Furthermore, Component Measure 2: Nutrition Assessment must have a result of "Moderate or Severe Malnutrition" for Component Measure 3 to be included in the calculation.

Reporting on the Global Malnutrition Composite Score

24. When can hospitals report the GMCS as an eCQM for the Hospital IQR Program and Medicare Promoting Interoperability Program reporting?

The GMCS is a new quality measure that will be available for CY 2024 reporting period for fiscal year (FY) 2026 payment determination for hospitals participating in the Hospital IQR Program and Medicare Promoting Interoperability Programs. Data will be submitted once for the whole calendar year. For additional information on the Hospital IQR Program data submission process, refer to the QualityNet website under the Resources tab.

For additional information on the Medicare Promoting Interoperability Program, please visit their website.

25. How should hospitals support implementation of the GMCS in their EHRs?

The GMCS eCQM is specified for use in EHRs. The machine-readable specifications are available on the Electronic Clinical Quality Improvement (eCQI) Resource Center. To support GMCS implementation into a hospital EHR, refer to the following resources for the GMCS on the eCQI Resource Center:

- **XML-Based Specifications:** you can find a CMS986v2.zip, including an XML document in Health Quality Measure Format (HQMF), which is a standards-based representation of quality measures as electronic documents.
- **Human-Readable Specifications:** CMS986v2.html is a Hypertext Markup Language (HTML) document that allows the human readable header content and XML-based specifications to be viewed in a web browser.
- **Value Set Codes Inventory:** CMS986v2 Value Sets are the National Library of Medicine (NLM) value sets published in the Value Set Authority Center (VSAC) used to calculate performance for the GMCS. This includes a downloadable Excel spreadsheet of all GMCS value sets, including value set concepts, all codes, and coding descriptors. Additional content includes applicable measure information, value set developers, object identifiers, descriptive names, revision dates, code systems, and code system versions.

26. Is there a monetary cost to implementers for reporting eCQM performance data to the Hospital IQR or Medicare Promoting Interoperability Programs?

CMS does not charge hospitals to report performance data for any eCQM, including GMCS. However, some hospitals do partner with outside or third-party organizations or vendors to build or customize hospital EHRs, generate performance reports, map data elements needed to calculate an eCQM, and sometimes report performance for the hospital. Costs would be associated with these third-party instances.

27. Because the GMCS is an eCQM, will the criteria from the four components be automatically extracted from the hospital's EHR?

No. The eCQM data elements and logic mapped into an EHR are not automatically extracted or pulled from a hospital EHR. Rather, performance data are abstracted or pushed by hospitals or third-party vendors for submission to CMS based on reporting requirements. Subsection (d) hospitals paid by Medicare under the IPPS must meet all the Hospital IQR Program requirements to avoid a reduction in their APU. For the Hospital IQR Program requirements for participation and data submission refer to the QualityNet website under Resources > Payment Determination.

28. If a hospital does not self-select the GMCS as one of its voluntary eCQMs, will the hospital's payment determination be affected by its performance on the GMCS?

Performance on the GMCS will not affect hospitals' payments whether they self-select to report on the GMCS or not. A hospital's payment is based upon submitting the correct data in accordance with the mandatory timeline for the mandatory and self-selected measures. Failure to submit a data set by its corresponding due date results in failure to meet the Hospital IQR Program requirements, thereby resulting in a payment reduction.

29. When and how often do hospitals decide which eCQMs to select?

Hospitals select measures to report each calendar year. New voluntary and mandatory measures in hospital payment programs (including IQR) may change each year because measures can be added, updated, or retired. Additionally, some that are originally voluntary later become mandatory. There are many factors that inform hospitals' decisions about which measures to report (such as alignment with a hospital's overall strategy and awareness of measures for which they perform well) and these are presented in the resources at the end of this document.

30. What gaps in nutrition care for malnutrition may still exist even after implementing the GMCS? How can credentialed practitioners help to improve that gap?

Reporting on the GMCS does not necessarily imply high performance or comprehensive nutrition care for patients with malnutrition in the hospital. Therefore, implementing quality improvement (QI) processes prior to reporting on the measure can help to optimize performance. Following the steps presented in the MQii Toolkit can help inform the causes of gaps in care and offer steps to fill them.

31. What steps can hospitals take in 2023 to prepare for reporting the GMCS in 2024?

Hospitals and health systems can prepare in 2023 for reporting on the GMCS in 2024 by first implementing the recommended care workflow using the following steps:

1) Start with QI and confirm optimal care processes are in place: While implementing malnutrition QI is an important step underpinning the GMCS components, reporting on the measure to CMS is a distinct process. Consult our Quick Start Guide to initiate malnutrition QI programs and share the manual with your quality and information technology (IT) teams as needed to prepare for data collection and reporting in CY 2024.
2) Engage your leadership: Your hospital needs to have processes and reporting infrastructure in place to report on the GMCS. A variety of stakeholders must be involved in this decision-making. You should first determine the right points of contact in your hospital (e.g., hospital administrators, quality improvement leaders) to advocate for reporting on the GMCS. They may include (but are not limited to): clinical teams (including a champion), quality leaders, IT staff, administrators, and EHR vendors. You may use existing presentations for your own education and to gain support:
    - Brief overview presentation about the GMCS reporting opportunity
    - Full educational presentation about the GMCS reporting opportunity
    - Audience-specific educational presentation about the GMCS reporting opportunity with indications for subsets of slides to use for certain audiences (e.g., hospital administrators, quality teams, etc.)
3) Stay informed about GMCS-related materials and trainings
    - Attend upcoming trainings to learn more about the reporting opportunity, as shared on CDR's GMCS page
    - Review the webinar recordings and tools in the Resources section of this document
    - Prepare for necessary training of your hospital staff to document completion of the steps of the nutrition care workflow in your EHR appropriately to prepare for data collection and reporting in CY 2024

32. What information for the GMCS is publicly reported?

Hospitals participating in the Hospital IQR Program are required to display quality data for public viewing on the Care Compare website. Prior to the public release of data, hospitals are given the opportunity to review their data during a 30-day preview period via the Hospital Quality Reporting (HQR) Secure Portal. For these hospitals, CMS will publicly report eCQM results beginning with CY 2021 reported data.

33. If a hospital doesn't select to report the GMCS for the upcoming year, does malnutrition-related documentation still matter?

Yes, malnutrition-related documentation always matters. Large-scale research and prevalence studies are conducted based on extractable data in the EHR and billing claims data that rely on this documentation. To inform which medical conditions and diseases are most likely to be associated with malnutrition and which interventions are most likely to prevent or treat malnutrition, the malnutrition diagnosis must be documented and translated to medical codes for the billing claim forms. Other aspects of the care process can also inform this evidence generation. Further, many other conditions that are measured through other eCQMs are also influenced by nutrition status, so malnutrition QI informed by this documentation can help performance on those measures, as well.

Implementing Malnutrition Quality Improvement

34. What resources are available to support the importance and need for implementing malnutrition QI?

There are many resources on the MQii website and the Commission on Dietetic Registration's website to support healthcare practitioners and their hospitals in implementing malnutrition QI. Of note, the MQii Toolkit is a guide for identifying and implementing clinical quality improvements for nutrition care. It is designed to support changes among the care team's clinical knowledge and raise awareness of best practices for optimal nutrition care delivery. Implementing QI and ensuring recommended clinical processes are followed will provide a foundation for hospitals to track and report performance on the GMCS. In addition, the Commission on Dietetic Registration (CDR) conducts several educational sessions related to the GMCS per year and will soon be offering an educational program to support credentialed practitioners in promoting and implementing the measure in their facilities. For additional information, visit www.cdrnet.org/GMCS or email quality@eatright.org.

35. What trends should hospitals monitor to best understand and target QI efforts?

Hospitals should monitor their GMCS overall result and their performance on the individual GMCS components to best understand where to target QI efforts. Additional variables such as social risk factors that can affect nutrition status should also be monitored to identify potential care disparities for targeting QI toward the goal of advancing health equity.

36. Where can I find the GMCS technical specifications and how often is the GMCS updated?

Specifications can be found in the specification manual on the GMCS website as well as in the eCQI Resource Center. The documentation is typically updated annually (and published during the summer) to reflect any changes to the GMCS. Avalere, the Academy, and CDR make updates on an annual basis as requested by CMS in accordance with the process required of all measures included in their payment programs. For additional details on the Annual Update process for 2024, refer to the eCQI Resource Center.

Resources

37. Where can I find more information or ask questions about the GMCS?

For more information and resources regarding the GMCS, visit the following pages:

- The MQii GMCS webpage at https://malnutritionquality.org/gmcs-for-iqr/
- The CDR GMCS page at https://www.cdrnet.org/GMCS
- The ASPEN Malnutrition Solution Center at https://www.nutritioncare.org/malnutrition/
- The CMS eCQI Resource Center at https://ecqi.healthit.gov/ecqm/eh/2024/cms0986v2

Please submit questions or comments regarding the standards and/or code system versions used in the upcoming eCQM updates for 2024 reporting/performance period to the eCQM Issue Tracker.
For questions regarding your hospital's implementation of the GMCS in your EHR system, contact your hospital's administrator or EHR vendor, as appropriate.
For questions regarding the GMCS clinical care pathway and practice, email quality@eatright.org. For questions regarding the GMCS measure components and specifications, email malnutritionquality@avalere.com.

Recent Webinar Recordings

- Quarterly Spotlights on Malnutrition
- ASPEN Malnutrition webinar recording

Tools and Guides

- ASPEN's GMCS practice tool

38. If I have feedback or recommendations for future Annual Updates of the GMCS, where can I share them?

Anyone can submit JIRA tickets asking questions or recommending changes to any measure during the Annual Update period.