

Leveraging Nutrition to Create Meaningful Change to Combat New CMS Penalties

The Alliance to Advance Patient Nutrition has established the *Alliance Grants for Nutritional Leadership*, the first interdisciplinary grants focused on improving patient outcomes through nutrition interventions in hospitals. These new grants respond to major changes in Medicare and Medicaid programs through implementation of the Patient Protection and Affordable Care Act (ACA) where malnutrition plays a role.

[Read more](#) about the Alliance Grants for Nutritional Leadership.



RESEARCH SPOTLIGHT

A new study in the *Journal of Parenteral and Enteral Nutrition (JPEN)* examining the economic burden of disease-associated malnutrition puts the annual cost to the U.S. health system at \$156.7 billion, or \$508 per U.S. resident.

[Read more about this study.](#)

NEW ALLIANCE DEVELOPMENTS



[Learn more](#) about ways in which the Alliance and its partner organizations are focusing on malnutrition in patients.

NUTRITION IN THE NEWS

[Study finds new hospital screening tool helps find more children at nutritional risk](#), *Science Daily*

A letter to the editor in response to a front page article on food presentation for older adults emphasizes the importance of using all tools available to ensure that older adults receive proper nutrition.

FEATURE STORY



- **Leveraging Nutrition to Create**
- **Meaningful Change to Combat**
- **New CMS Penalties**

The Alliance to Advance Patient Nutrition has established the *Alliance Grants for Nutritional Leadership*, the first interdisciplinary grants focused on improving patient outcomes through nutrition interventions in hospitals. These new grants respond to major changes in Medicare and Medicaid programs through implementation of the Patient Protection and Affordable Care Act (ACA) where malnutrition plays a role.

Because the adverse outcomes associated with hospital-based malnutrition are substantial and place a significant burden on the healthcare system, the new Alliance grants are especially timely now that the Centers for Medicare & Medicaid Services (CMS) has instituted policies that fine hospitals with high rates of 30-day readmissions, a national problem that costs the Medicare program approximately \$26 billion a year. During the upcoming year, CMS plans to penalize a record number of hospitals – 2,160 – for their high readmissions, an increase of 433 hospitals over 2013.

Intended to build the knowledge base of hospitalists, nurses, registered dietitian nutritionists and other health professionals, the *Alliance Grants for Nutritional Leadership* will put into practice the Nutrition Care Model, introduced by the Alliance in 2013, to drive systems change. Specifically, the Nutrition Care Model advances six key areas of improvement: institutional culture, clinical roles, recognition and diagnosis of malnutrition, implementation of nutrition interventions, creation of nutrition care plans, and incorporation of nutrition into discharge plans.

With these principles as the foundation, a central requirement of the grants program is that applicants incorporate at least three of the principles of the Nutrition Care Model into their projects. The projects must also be designed to demonstrate initiative and a leadership role in creating a widespread focus on addressing malnutrition, show an effective collaboration among members of an interdisciplinary care team and produce measurable outcome improvements (such as a 20 percent increase in patients screened for malnutrition at admission), among other criteria.

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FEATURE STORY *continued*

“Instituting effective nutrition practices in hospitals is needed to improve outcomes and the quality of patient care,” said Kelly Tappenden, PhD, RDN, FASPEN, Alliance representative from the Academy of Nutrition and Dietetics, who also serves as a professor in the Department of Food Science and Human Nutrition at the University of Illinois at Urbana Champaign (UIUC). “Fostering the knowledge, experience and appreciation for nutrition as a standard of care among clinicians is clearly an important step in this direction.”

Grant applications will be accepted on a rolling basis with awards announced quarterly (January, April, July and October). Examples of projects that could receive grant funding include the creation of nutrition templates for Electronic Health Record systems, incorporating nutrition into Transition of Care standards, and the implementation of best-practice protocols that can be replicated in both large and small institutions.

[Learn more about the Alliance Grants for Nutritional Leadership.](#)



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RESEARCH SPOTLIGHT

A new study in the *Journal of Parenteral and Enteral Nutrition (JPEN)* examining the economic burden of disease-associated malnutrition (DAM) puts the annual cost to the U.S. health system at \$156.7 billion, or \$508 per U.S. resident.

Published in the September 23, 2014 edition of JPEN, the study – *Economic Burden of Community-Based Disease-Associated Malnutrition in the United States* – measured the impact of DAM across eight common diseases in terms of direct medical costs, quality-adjusted life years lost, and mortality, concluding that nearly 80 percent of these costs were due to poor outcomes and quality of life years lost. The eight diseases used to develop these estimates are: breast cancer, chronic obstructive pulmonary disease (COPD), colorectal cancer, coronary heart disease, dementia, depression, musculoskeletal disorders and stroke.

The study also found that 16 percent of the annual burden of DAM is attributable to deaths and the rest (about 4 percent) is due to the direct medical costs of treating DAM. Of the eight disease states, COPD and depression were associated with the highest costs overall; however, the highest cost per malnourished individual was in patients with colorectal cancer and coronary heart disease.

In the paper, the study authors conclude: “Community-based DAM is an important problem that exacts a large toll on U.S. society. We recommend that medical providers and healthcare institutions work to identify, treat, and prevent DAM, using existing strategies such as establishing protocols for malnutrition screening and offering nutrition interventions for those affected or at risk.”

[Read more about this study.](#)



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NEW ALLIANCE DEVELOPMENTS



A few weeks ago at the [Food & Nutrition Conference & Expo \(FNCE\)](#) Kelly Tappenden, clinical representative in the Alliance for the Academy of Nutrition and Dietetics, moderated an education session regarding cost and patient outcomes related to malnutrition.

In the session, titled “Medical Nutrition Therapy’s Impact on Hospital Economics and Patient Outcomes”, Dr. Jamie Partridge, director of health economics and outcomes research at Abbott Nutrition, provided the panel session attendees with an in-depth look at the scientific research available regarding the connection between improved clinical and economic outcomes and nutrition intervention. As part of her presentation, Dr. Partridge profiled [a recent study that evaluated Medicare patients 65 and older, who were hospitalized with a primary diagnosis of COPD.](#) The study found that when older patients with COPD received nutrition treatment in the hospital, it reduced their length of stay by 1.88 days (21.5%) and total hospital costs by \$1,570 (12.5%) on average, compared to those who did not receive nutrition treatment. When looking at the likelihood of readmission within 30 days, the patients who received nutrition treatment had a reduction of 13.1%. As of October 1, 2014 Medicare has raised its maximum penalty for hospitals that have too many patients readmitted within 30-days and has now added patients with COPD as an additional medical condition to face penalties for high 30-day readmissions.

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NEW ALLIANCE DEVELOPMENTS *continued*

Additionally, Jennifer Wooley, MS, RD, CNSC, clinical nutrition manager at University of Michigan Health System, emphasized the importance of early nutrition intervention, the benefits to patient outcomes and other hospital quality measures, and working with a variety of healthcare professionals for successful integration of nutrition intervention in overall patient's treatment and discharge plan to address malnutrition in the hospital setting.

Wooley discussed the need for utilizing a validated nutrition screening tool, such as Malnutrition Screening Tool (MST), to identify patients who are at risk for or with malnutrition. A recent study in [Nutrition Clinical Practice](#) indicated less than 40 percent of those surveyed use a validated nutrition screening tool in their hospital. Wooley's presentation highlighted malnutrition as an independent predictor of poor clinical outcomes and underscored the benefit of nutrition intervention in improving patient outcomes and important quality measures, such as reduction in complications, pressure ulcers, falls, length of hospital stay, readmission rates.

To achieve the successful integration of nutrition intervention from the hospital to post-discharge, interdisciplinary collaboration is critical to ensure that malnutrition is identified and reimbursed appropriately. Wooley noted that last year her system recouped an additional \$800,000 in reimbursement from better identification and coding of malnutrition in their patients.



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NUTRITION IN THE NEWS

[Study finds new hospital screening tool helps find more children at nutritional risk](#), *Science Daily*

A study examining nutrition screening tools for pediatric inpatients finds that the new Pediatric Nutrition Screening Tool (PNST) identified 37.6 percent of patients as being at nutritional risk, whereas the existing pediatric Subjective Global Nutrition Assessment (SGNA) identified 34.2 percent.

Published in the *Journal of Parenteral and Enteral Nutrition* (JPEN), the study examined the ability of the new Pediatric Nutrition Screening Tool (PNST) developed in Australia to detect nutritional issues in hospitalized children, who are at greater risk for problems with their immune systems, physical and cognitive development, and clinical outcomes than adults. Tested in three hospitals in Australia, the PNST was found to be more effective than the existing pediatric nutrition assessment tool and also effective in identifying hospitalized children with a low Body Mass Index (BMI). However, the study found neither the PNST or the SGNA are highly effective in detecting pediatric patients whose growth is stunted due to malnutrition or are overweight.

The PNST is a four-question survey that can be administered quickly and simply upon hospital admission and requires no additional personnel training, demonstrating its ease of use. However, the study authors suggest further research is needed to independently validate the new tool's efficacy and to refine it for more effective use.



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