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SUBHEAD

Featuring:

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TRANSCRIPT

Maura Bowen: Okay, I'm going to ask you to think back to 2017, just a few short years ago. That was the year the Malnutrition Quality Collaborative released its National Blueprint, which is a set of guidelines designed to help US-based healthcare practitioners implement quality malnutrition care initiatives for older adults. It was an impactful tool back then, a forward march of sorts. And now, if you fast forward to today, in the state of older adult health, in the context of a global pandemic where guidelines like these are even more critical to patient care. COVID-19, with all its complications, has intensified the disparities in health care, exacerbated social isolation, and placed the malnourished at an even greater risk. So the May 2020 update of the National Blueprint arrived at a critical time.

It was released by Defeat Malnutrition Today, Avalere Health, and a few other multidisciplinary stakeholders to offer a much-needed policy update in the wake of this persistent and confounding virus. You'll find a link to the full report and a summary infographic, and the transcript for this podcast.

I'm Maura Bowen, podcasting for Abbott Nutrition Health Institute. I'm here today with Kristi Mitchell, Senior Vice President of the Center for Healthcare Transformation at Avalere Health, and with Meredith Whitmire, Policy Director for Defeat Malnutrition Today. They're here to discuss some of the blueprint strategies to improve health outcomes for older adults across the continuum of care and acute, post-acute, and community settings. These strategies are aimed at policymakers, organizations, healthcare providers, patients, and caregivers. I should note that Abbott provided support for the blueprint. Kristi and Meredith, thank you so much for joining us today.

Kristi Mitchell: Thank you, Maura, for having us.

Meredith Whitmire: Yes. Thank you.

Maura Bowen: Let's go through some introductions first. Can you both tell us about yourselves and how malnutrition came to be such a focus in your careers?

Kristi Mitchell: That's a great question. I'm a health services researcher by training and have spent my career thinking about the intersection of health policy and data.

More importantly, I thought about how stakeholders, like policymakers, providers, payers, and especially patients, can use data to make strategic decisions. As it relates to how I became involved with malnutrition, it was in response to an inquiry as to whether malnutrition was a priority topic worthy of national focus. After conducting an assessment of the landscape, looking at the guidelines, looking at measures, understanding who were the stakeholders, we were able to really showcase that there is an inherent problem within malnutrition here in the United States. And so, the rest is history.

Meredith Whitmire: I'm a lawyer by training and a policy wonk by nature, I guess you would say. Eight years ago, I started working on older-adult nutrition policy issues. Then, I quickly started to see the need for a greater focus on older-adult malnutrition because a lot of factors go into malnutrition that I was already dealing with, like food insecurity, chronic conditions. It really pointed to the need for something a little more coordinated. So my colleague Bob and I started the coalition five years ago.

Maura Bowen: Wonderful. Thank you for those details. They're super helpful. Let's set the stage a bit. What can you tell us about the organizations involved in this blueprint update, starting with Defeat Malnutrition Today?

Meredith Whitmire: Nutrition Today is a 107-organization and counting, coalition, focused on combating older adult malnutrition. We use legislative and regulatory advocacy to raise awareness among policymakers about this issue and to provide suggested solutions toward a greater focus on detecting and treating malnutrition and also preventing it in the first place.

Maura Bowen: How about Avalere?

Kristi Mitchell: Avalere is a DC-based advisory services firm with a vibrant community of innovative thinkers dedicated to solving the challenges of the healthcare system. Avalere delivers a comprehensive perspective, compelling substance, and creative solutions to help you and anyone else make better business decisions. As an Inovalon company, Avalere prizes insights and strategies driven by robust data to achieve meaningful results.

Maura Bowen: Great. Thank you both for that. What prompted this update to the original national blueprint?

Meredith Whitmire: Well, as you have said, the original blueprint was created three years ago. Well, close to four now. In the meantime, the science has really continued to evolve, and so have the policy decisions

around malnutrition. We felt that it was time to provide an update and just in time to kick off the WHO decade of healthy aging.

Maura Bowen: The blueprint has four goals. I think the first is: improved quality of malnutrition care practices. Number two is, improve access to high-quality malnutrition care and nutrition services. Number three is, generate clinical research on malnutrition quality care, and number four is, advanced public health efforts to improve malnutrition quality care. Can you both say a few quick words about each? Kristi, maybe let's start with the first goal, Improving quality of malnutrition care practices.

Kristi Mitchell: Sure. Nutrition has been referred to as a vital sign of older adult health. Good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes and reduce healthcare costs, and ultimately improve the quality of care overall. As a result, the workgroup created this goal with the intent that quality prevention, identification, and treatment of malnutrition will greatly reduce costs and improve malnutrition-associated outcomes.

Kristi Mitchell: We believe that this is, in fact, foundational. Further, within this goal, we sought to establish a comprehensive set of care standards to be adopted by nutrition professionals, other healthcare providers, and social service personnel in all settings of care. This will lay the foundation to improve malnutrition care and related patient outcomes for older adults.

So ,how will this goal be accomplished? The workgroup outlined a few strategies for consideration. It is important to first identify quality gaps in malnutrition care for older adults and recognize malnutrition as a clinically-relevant and cross-cutting priority to more thoroughly address it in population and chronic disease reports, action plans, and goals across care settings. More specifically, establishing and adopting quality malnutrition care standards, establishing goals to achieve those standards, tracking and reporting malnutrition QI through participation in clinical data registries, and ensuring high-quality transitions of care for malnourished patients. These are strategies to improve practices across all areas of malnutrition care.

Maura Bowen: Excellent information. Thank you. And Meredith, what say you about the second goal, which is, Improve access to high-quality malnutrition care, and nutrition services?

Meredith Whitmire: So, access is key. It's a huge part of what we're working on. You can't have quality malnutrition care without having access to it. We think it's really important to integrate quality malnutrition care in payment and delivery models. We're trying to reduce barriers to high-quality malnutrition care. We are attempting to provide better education and awareness of best practices to healthcare professionals. We are also attempting to enhance access to dieticians and other professionals trained in malnutrition care and also providing better nutrition options in all care settings.

Maura Bowen: Excellent. Thank you, Meredith. Now, Kristi, can you explain the third goal, which is, Generate clinical research on malnutrition quality care?

Kristi Mitchell: I'll try to be brief because it's my favorite topic. Evidence generation is critical to addressing gaps in malnutrition prevention, identification, and treatment. It is a particular interest of mine, as I said. A focus of this evidence generation is to determine the impact on health outcomes of older adults, clinical practices, program delivery, and healthcare expenditure in order to establish a stronger knowledge base for malnutrition prevention, identification, and treatment across all settings.

So, again, I'm interested in: how will this be accomplished? A workgroup proposed that we can evaluate effectiveness and impact of best practices on patient outcomes in clinical practice. This could involve evaluating the availability of ICD codes and delivery systems that support evidence-based malnutrition care, testing the effectiveness of current malnutrition care best practices, and identifying the quality measures that'll improve outcomes and fill care gaps. It can also identify and fill those gaps by conducting and disseminating research. This could include tactics such as focusing on research and high priority co-morbid conditions, like diabetes, cancer, for which malnutrition most negatively affects outcomes. It also includes publishing findings about how care pathways and treatments positively affect cost and health outcomes for these patients. A final strategy to achieve this goal is to track clinically-relevant nutrition health data across the acute, post-acute, and community settings. This was accomplished through implementing electronic data standards to better transfer clinical information related to nutrition across care settings.

Maura Bowen: All right, Meredith. Let's bring it home with the fourth goal, which is Advance public health efforts to improve malnutrition quality care.

Meredith Whitmire: This goal has quite a few components. But this, again, is encouraging the training of healthcare providers and social services on quality malnutrition care, but also educating older adults and caregivers themselves on malnutrition itself and its impact and how to prevent it, treat it, available resources. This is also where educating and raising visibility with policymakers comes in, and integrating these care goals into population health management strategies. Finally, and, frankly, I think the most important, allocating educational resources and financial resources to some of our federally-administered food and nutrition programs because those are really what's keeping older adults at home and in their communities.

Maura Bowen: Well, thanks to you both for walking us through each of those goals. If you keep those four goals in mind, the blueprint really seems to focus on malnutrition and how it disproportionately affects older adults. Why do older adults seem to be so at risk?

Meredith Whitmire: There's quite a few reasons for that. Most of which are completely natural. For example, when people get older, they may lose muscle mass. They may lose their appetite, and they are more likely to

have some nutrition-related chronic conditions. There's also the issue of food insecurity. A lot of older adults may be food insecure. Social isolation can decrease the likelihood that you're going to be eating regular and nutritious meals. Then, there are, of course, issues like dementia, depression. All of these factors really contribute to the issue of malnutrition in older adults. I think you can see that quite a few of these risk factors just simply aren't present in a younger population.

Maura Bowen: I imagine healthcare professionals face some challenges when they're trying to address malnutrition in older hospitalized patients. Can you speak to some of those challenges for us?

Kristi Mitchell: Sure. While there are malnutrition standards of care, best practices, and even validated screening tools, these have yet to be systematically adopted into routine medical care or even adopted across care settings. We know that routinizing these standard processes will advance our cause. Overall, this is due to several reasons. One, the general lack of knowledge among healthcare professionals that malnutrition is linked to acute illness, chronic disease, and poor health outcomes persists. This lack of knowledge leads to inaction.

Two, the optimal care process is not embedded into clinical workflow. This poses another challenge to standardizing optimal care, when screening, assessing, diagnosing, and establishing a care plan, is not included in the electronic medical record.

Another challenge is a handoff from the acute care setting upon discharge. Currently, there is a need to develop resources to support evidence-based best practices for transitions of care specific to patient risk factors and ensure resources to carry out effective care transitions that are available to providers. Given the lack of interoperability across data systems, the ability to ensure high-quality care across care systems is threatened. Patients would greatly benefit from a stronger data infrastructure to support these transitions of care. And evaluating and disseminating the best practices is a great way for doing so.

Kristi Mitchell: Then, finally, larger policy and system-level changes, such as the adoption of malnutrition quality measures in public and private accountability programs, and then strengthening nutrition/professional workforce, such as through staffing and training, can ultimately help and improve access to quality of care.

Maura Bowen: Kristi, can you also talk about the challenges for professionals in post-acute care and community settings?

Kristi Mitchell: Yeah. Similar to the challenges observed in the inpatient setting, educating older adults and caregivers on malnutrition impact, prevention, treatment, as well as any resources that may be available is critical.

Some of the recommendations outlined in the blueprint include promoting education through home health agencies among older adults and caregivers to complete a nutrition screen with a primary care provider or caregiver. Another one would be tracking clinically relevant malnutrition data in the post-acute care setting. It's also a challenge, but there is a need to allow electronic data standards to support malnutrition screening and management services. There's clearly a call to action to identify innovative solutions for getting that moving along in long-term care settings, skilled nursing facilities, home health.

Then, three, raising visibility among policymakers can also help to better address or mitigate these challenges. So educating legislators and regulators about priority areas for prevention, identification, and treatment of malnutrition, as well as engaging health departments and related agencies, can help raise much-needed awareness and eventually lead to improved malnutrition screening overall.

Maura Bowen: All right. Let me throw out this two-part question. First: What can policymakers do to improve malnutrition care, and, two: How can healthcare professionals raise visibility of malnutrition to influence policy and educate policymakers?

Meredith Whitmire: I think there's a number of things policymakers can do. First of all, and something that we've been working pretty closely on with policymakers, making sure that the dietary guidelines that federal programs have to follow and that are recommended for the general public, making sure that those address older adult needs. Currently, the guidelines really address all adults as a whole, but they don't really call out older adults who have different nutritional needs. They really don't call up people with chronic conditions.

Another thing that can be done: research, just encouraging research, funding research into nutrition issues. The quality measures, which I know Kristi is going to talk about in detail, so I will not get into those, but making sure that there's incentives for quality malnutrition care, funding education campaigns, making sure that the public is aware of malnutrition. Frankly, funding, in general, is probably the most important, whether that is proper Medicare reimbursement for dieticians or whether that's funding for the Older Americans Act Nutrition Programs, and for the USDA nutrition programs like SNAP, like the Commodity Supplemental Food Program, just all of these things that really impact older adults on a day-to-day basis.

For healthcare professionals, I think that they can raise the visibility of malnutrition through research. That's honestly, one of the things that is really missing is a consistent body of research on aspects of nutrition in older adults. That's something that, actually, I think Dietary Guidelines Report recently released; [it] really emphasized was that there isn't enough research to make a lot of specific determinations.

Meredith Whitmire: I think healthcare professionals can also provide public awareness to those patients and clients that they're serving. Finally, advocacy. J ust general advocacy, depending on what type of healthcare professional we're talking about. If we're talking about dieticians, the Academy of Nutrition and Dietetics has

a really robust advocacy organization. Other professional groups definitely provide advocacy opportunities, as well. Of course, there's also joining the Defeat Malnutrition Today coalition.

Maura Bowen: What do you think, Kristi?

Kristi Mitchell: In a nutshell, I think the key elements that are required are stakeholders, data, and a whole lot of passion. At Avalere, we worked with the academy, the group that Meredith just referred to, to develop and implement the Malnutrition Quality Improvement Initiative. In 2015, we developed, largely in response to the need to assess the quality of care provided by hospitalized patients at risk of malnutrition or who were already malnourished. Through a dual-pronged approach, the MQii supports quality improvement for malnutrition care based on, one, a set of forward, malnutrition focused electronic clinical quality measures. Two, a complimentary MQii toolkit that includes resources guiding the implementation of those QI activities.

Today, there are more than 290 hospitals across the United States focused on advancing the quality of malnutrition among hospitalized older adults. At the beginning of 2020, a set of these measures were adopted by two different qualified clinical data registries for reporting by clinicians, including dieticians, in the merit-based incentive payment system, or MIPS.

Also, following analysis showed that implementation of those individual measures, together with the use of those QI tools, could lead to a reduced 30-day readmission rate, as well as reduced length of stay. We developed and submitted a composite measure based on those four separate individual measures to CMS to eventually be incorporated into CMS's quality payment program. If accepted, this measure would provide comprehensive feedback to those hospitals on the overall quality of care provided to patients at risk for malnutrition or who, in fact, were malnourished.

Maura Bowen: Of course, we know data can play such a key role in any malnutrition quality improvement program. Can you speak to that for a moment?

Kristi Mitchell: Absolutely. You simply cannot improve that which you don't measure. As a result, data are central to being able to track and monitor the care that's being delivered. To that end, it's critical to have a set of standardized measures that will facilitate peer benchmarking across providers. Drawing upon clinicians and physicians' need to always be the best, routinely seeing your data compared to that of your peers often changes behavior, and quickly. Valid, reliable quality measures help accomplish this task.

To date, we've developed and tested these four electronic clinical quality measures, as I mentioned before. What I didn't mention is that these measures reflect malnutrition care process, include completion of a malnutrition screen assessment, nutrition care plan for malnourished patients, and documentation of that diagnosis.

Maura Bowen: With that in mind, what recommendations do the May 2020 National Blueprint updates try to highlight? For instance, how is malnutrition care evolving, and what other changes need to happen to help decrease the prevalence of malnutrition in the older population? I know it's a really broad question, but maybe we could break it down across the four goals if you think that would help.

Meredith Whitmire: I'm not sure that breaking it down actually helps to make that question any less broad. I would say that the recommendations that the updates are trying to highlight, in particular, focus around policy. Whether that is the increase in the use of telehealth since the COVID-19 pandemic started, there's Medicare advantage, which is now allowed to offer non-health-related supplemental benefits that include things like nutrition, whether that's home-delivered meals, nutritional supplements, that kind of thing. That is something that we think is going to have a huge impact on older adults being transitioned from acute care back to home or post-acute care.

We also feel that malnutrition care is evolving through the evolution of the science. That's something that we're also really trying to highlight this time around. We removed some of the references that were older and possibly considered out of date. We added in some of the latest science, for example, recommendations on which screening tool to use. That is a huge subject of debate in the nutrition community.

As far as other changes that need to happen to help decrease the prevalence of malnutrition, I think we've covered quite a few of them already, whether that's adopting quality measures, whether that is working with the data registries. On the patient side, I think that decreased prevalence can also be found through, and I'm going to sound like a broken record, increasing funding for programs that older adults need: whether that's Meals on Wheels, whether that's meals at senior centers post-pandemic, of course, and whether that's things like SNAP benefits. I mean, these are ways that we are getting food to older adults, and that funding, increased funding, increased awareness of these programs is vital.

Maura Bowen: So, which of the new recommendations do you think will offer the strongest impact?

Kristi Mitchell: While all the recommendations will hopefully make a strong impact, there are a couple that are even more relevant, given our experience with the COVID-19 pandemic. This pandemic is imposing an unprecedented challenge to healthcare systems worldwide. Older adults who frequently present with multiple chronic comorbidities are more susceptible to COVID-19 and experience more likely negative outcomes in terms of disease severity and mortality. Unfortunately, nutritional status is already poorly considered as a routine part of clinical practice, even in normal times. Indeed, attention to this critical aspect, the health of aging individuals seems dramatically ignored in the acute care units that are totally overwhelmed by the COVID-19 emergency, despite the evidence showing how malnutrition negatively impacts their prognosis and recovery.

Given this fact, I think the following recommendations are critical. One: you should review current patient admission and discharge processes for inclusion of malnutrition and food insecurity screening. Two: establish care pathways for malnutrition, alter settings during this pandemic.

Maura Bowen: All right. You mentioned that older adults are at an even higher risk of malnutrition during COVID-19 pandemic. What has been done so far to help alleviate this increased risk?

Meredith Whitmire: I think this has come from a couple of different angles. First of all, we've been encouraging older adults to use things like online shopping to receive their groceries, as opposed to unsafely going out to the grocery store. Of course, that comes with some technological barriers for some folks, but there are actually some interesting volunteer programs helping to pick up the slack on that front. For many older adults, I would say that some of the senior nutrition programs, like Meals on Wheels, have had a huge impact. A lot of older adults who were receiving meals at senior centers, those congregate meals, are now receiving home-delivered meals or grab and go meals. Just getting, not only the helping meal, but also alleviating some of that isolation that older adults are feeling, being in their homes 24 hours a day. Having that wellness check and having, for example, telephone reassurance calls, those have really gone a long way to help alleviate some of these concerns.

Maura Bowen: What you just said, Meredith, made me think about some of the achievements that we're starting to see and malnutrition policies that are being enforced over the past 10 years, thanks to the National Blueprint. I wondered if you could talk a little bit more about some of those victories.

Meredith Whitmire: Sure. It's been a really exciting few years. I would say that starts off with the Malnutrition Quality Improvement Initiative, which is obviously pre-blueprint, but really laid the groundwork for all of this to happen. There's been a lot of state activity in Massachusetts and Ohio, Virginia, Florida, Connecticut. I can name several others actually with the recognition of Malnutrition Awareness Week. This year there's been action at the federal level. There was a recent government accountability office report released on older adult nutrition and how the government can do better on that front.

here's the qualified clinical data registry, as I've mentioned before, and something that impacts these senior nutrition programs. The Older Americans Act was reauthorized in 2020. It adds malnutrition screening and recognizes malnutrition prevention as part of the purposes of the nutrition program. That was the first time that malnutrition, specifically, had been included in the act. We think it's really critical in raising awareness among some of the nutrition providers. That, in fact, this is something that they are working to combat.

Maura Bowen: With all of that in mind, Kristi, can you tell us a little bit about some of the gains we can expect to see as the latest recommendations start to be implemented?

Kristi Mitchell: Maura, that's such a great question. I expect to see the expansion into the community setting in earnest, given our transition to this new normal, with COVID becoming endemic. I also think that implementing these recommendations will lead to improved health outcomes, including improved recovery, following hospitalizations, decreased rehospitalization, and overall better health for older adults.

Maura Bowen: This is such great information. I really want to thank both of you, Kristi Mitchell, Meredith Whitmire, for your time today. We appreciate all you're doing to help advance the awareness and addressing of malnutrition in this country. Of course, you're welcome on our podcast anytime. I hope you'll join us again.

Kristi Mitchell: Thank you for the opportunity. It was fun.

Meredith Whitmire: Yes. Thank you.

Maura Bowen: For our listeners, thanks for joining us today. Be sure to visit ANHI.org for more nutrition science, education, and resources, including more podcasts, which you can find on ANHI.org, under resources, and then podcasts and videos. You can always click the community link on the ANHI.org home page to find podcasts there as well. Thanks, everyone. Stay healthy and safe.