



June 15, 2021

Ms. Chiquita Brooks-LaSure
Administrator, Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244

RE: Adopt NQF #3592 Global Malnutrition Composite Score for the Hospital Inpatient Quality Reporting Program as Soon as Feasible

Dear Ms. Brooks-LaSure:

The Alliance of Wound Care Stakeholders (“Alliance”) appreciates the opportunity to submit comments in response to the release of the FY2022 Inpatient Prospective Payment System (IPPS) proposed rule. The Alliance is a nonprofit multidisciplinary trade association representing physician specialty societies, clinical and patient associations whose mission is to promote evidenced-based quality care and access to products and services for people with chronic wounds. One area that is important to our members is the adoption of wound care related quality measures, which is why we are supportive of the Global Malnutrition Composite Score, NQF #3592.

Below we outline our comments advocating for CMS to adopt an existing tested and publicly supported measure that focuses on malnutrition quality of care, NQF #3592 Global Malnutrition Composite Score given the benefits patients, families, caregivers, and the healthcare system at-large. The measure received support for inclusion by the Measures Application Partnership (MAP) pending NQF endorsement which was recommended recently by the respective endorsement committee.

Many studies demonstrate correlations between malnutrition and elevated needs for continued medical interventions, higher costs of care and increased patient safety risks. For example, malnourished hospitalized patients experience slower wound healing, higher risks of infection and longer LOS.^{1,2} Quality Improvement (QI) associated with a 36% increase in malnutrition diagnosis in targeted service lines (13.5% vs 18.4%, p-value<0.001, with the greatest significant increases observed in the general medical (10.8 vs. 16.25, p-value<0.001) and pulmonology (16.8 vs. 24.0, p-value=0.033) units. As many as 45% of patients identified as at malnutrition risk did not receive an RDN assessment, indicating a gap in patient nutrition care in some service lines.³ Malnutrition is a leading cause of morbidity and mortality, especially among older hospitalized adults. Hospitalized patients who are malnourished have a greater risk of complications, falls, pressure ulcers, infections, and readmissions, and experience 4 to 6 days longer length of stay.

We commend CMS for expressing their interest in malnutrition measures in the long-term acute care setting as this is an important step forward. To be successful, long-term care providers would benefit substantially from receiving standardized nutrition care data for malnourished patients. These nutrition care data are generated from providers in the hospital prior to transfer to a long-term care facility. Moreover, they are the

same data measured in the hospital-based malnutrition composite measure. The availability of malnutrition quality measures in both inpatient and long-term care programs will help providers connect the dots and ensure effective transitions of care are in place for critically ill malnourished patients requiring long-term care.

The Alliance of Wound Care Stakeholders supports CMS' efforts to transition to a value-based care system that emphasizes eliminating disparities, tracking measurable outcomes and impact, safeguarding public health, achieving cost savings, and reducing burden. Therefore, our recommendations for elevating malnutrition as a national priority would naturally fit alongside these cross-cutting criteria. We look forward to working with CMS to advance malnutrition quality of care for hospitalized patients across the U.S.

Sincerely,



Marcia Nusgart R.Ph.
Executive Director

¹Barker L, Gout B, Crowe T, et al. Hospital malnutrition: prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health* 2011;8:514–27

²Pratt KJ, et al. Impact of an interdisciplinary malnutrition quality improvement project at a large metropolitan hospital. *BMJ Open Qual.* 2020;9(1)

³Improving Malnutrition Diagnosis at an Academic Medical Center: A Nutrition-focused Quality Improvement Program –Society for Medical Decision-Making Annual Conference 2020