

# Better Integration of Malnutrition Care into Care Transitions Is Necessary /

## Nutrition Health of US Population

Malnutrition, defined as a nutrition imbalance including under-nutrition and over-nutrition, is a pervasive, but often under-diagnosed, condition in the United States. This prevalence is exacerbated among those who are already ill: chronic diseases such as diabetes, cancer, and gastrointestinal, pulmonary, heart, and chronic kidney disease and their treatments can result in changes in nutrient intake and ability to use nutrients, which can lead to malnutrition.

## Malnutrition Prevalence Across Care Settings



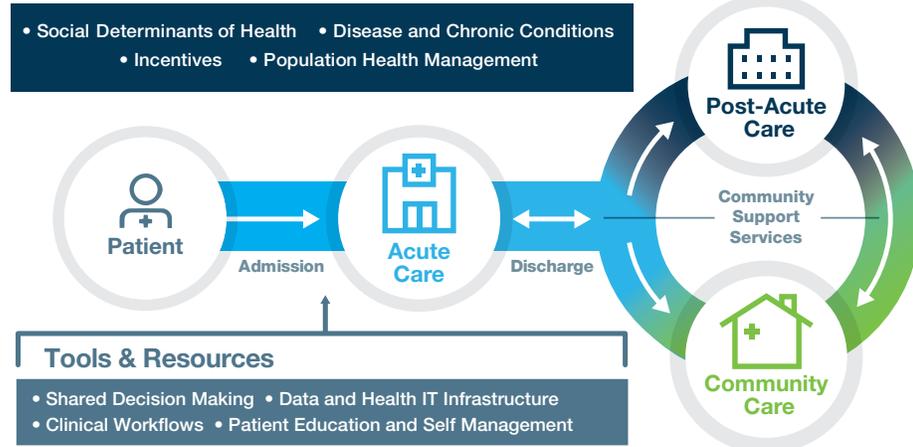
More than 40% of patients age 50+ are not getting the right amount of protein each day<sup>5</sup>

70% of adults are overweight or have obesity<sup>6</sup>

## Existing Patient Care Transitions Pathway

Too often, as patients transition from one point of care to another, their nutrition status is not evaluated, documented, or even included in patient health conversations. Lack of evaluation and management can result in negative health and financial outcomes as malnourished adults have been found to utilize more health services with more visits to physicians, hospitals, and emergency rooms.

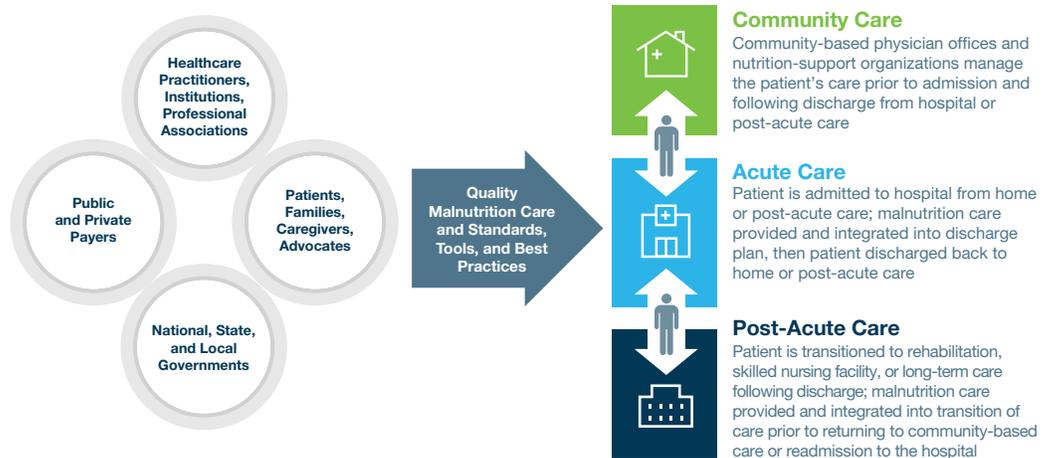
### Determinants of Patient Experience and Outcomes Across Settings of Care



**KEY TAKEAWAY: Nutrition Status Is Missing**

## Recommendations to Integrate Malnutrition Care into Care Transitions

In March 2018, a multi-stakeholder group of health and community leaders and advocates came together in a national Dialogue, “Advancing Patient-Centered Malnutrition Care Transitions,” to focus on developing real-world solutions to better integrate nutrition risk identification and care into existing care transition pathways and accountable care models.



**US Economic Burden of Disease-Associated Malnutrition Is Estimated to be \$157 Billion Annually**

<sup>1</sup> Barker LA, Gout BS, Crowe TC. Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. *Int J Environ Res Public Health*. 2011;8:514-527.  
<sup>2</sup> National Resource Center on Nutrition Physical Activity and Aging. Malnutrition and Older Americans.  
<sup>3</sup> Guigoz Y. The Mini Nutritional Assessment (MNA) review of the literature—What does it tell us? *J Nutr Health Aging*. 2006;10:466-487.  
<sup>4</sup> Snider JT, Linthicum MT, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. *JPEN J Parenter Enteral Nutr*. 2014;38(2 Suppl):77S-85S.  
<sup>5</sup> Estimated (Age-Adjusted) Percentage of US Adults with Overweight and Obesity by Sex. 2013-2014 NHANES data.  
<sup>6</sup> NHANES data from 2007-2008.

# Recommendations to Advance Malnutrition Care as Patients Transition Across Care Settings /

Clinicians, community and social service providers, patients and caregivers, payers, and policymakers can take action to address care gaps using key recommendations identified during the Dialogue. By partnering to (1) support systematic nutrition screening and care, (2) provide better education and shared decision making, and (3) improve data infrastructure to capture and share critical nutrition information, stakeholders can facilitate enhanced care coordination and better outcomes for patients across care settings.



## Screening & Nutritional Care

- Integrate nutrition status considerations into existing protocols, pathways, and models (e.g., disease-specific protocols and pathways, transitional care models)
- Adopt and disseminate existing guidelines and protocols that recommend actions for optimal nutrition care (i.e., population health)
- Implement systematic screening in post-acute and community settings using existing standardized malnutrition screening tools (Appendix 4)
- Align incentives (e.g., policy and financial) with malnutrition care delivery beyond the hospital (i.e., community setting) to improve prevention, identification, and management
- Engage and empower community-based clinicians and providers (e.g., retail pharmacists, home health workers, social workers, meal delivery organizations\*, behavioral health counselors) to help patients achieve nutrition goals
- Educate clinicians and social service providers about the impact of malnutrition/poor nutrition, their role in identifying it (including when and how to screen for malnutrition, as well as available tools and interventions such as medical nutrition therapy), and the importance of nutrition interventions
- Educate payers on the impact of poor nutrition/malnutrition on patient outcomes and healthcare costs and the value of nutrition care coverage

## Patient Education & Shared Decision Making

- Expand the use of shared decision making and education tools and create new tools as needed to engage patients/families/caregivers in discussions about nutrition care and better inform clinicians in clinical and community settings on nutrition information
- Deliver information to patients/families/ caregivers in a way that is sensitive to their understanding of malnutrition, culture, and health literacy

- Educate patients/families/caregivers on how to discuss nutrition goals with patients' doctors and care providers
- Educate patients/families/caregivers on how to support nutrition-related needs (e.g., preparing meals, coordinating food with medication management, providing oral nutrition supplements, changing tube feeding)
- Partner with community-based organizations (e.g., Area Agencies on Aging and other providers) to raise broader population understanding of malnutrition and its impacts on patient health

## Data Infrastructure

- Adopt standardized malnutrition terminology and clinical standards in electronic health records (EHRs) to improve malnutrition risk identification and data transfer across care settings
- Generate evidence and publish data reflecting the impact of nutrition status on clinically relevant outcomes in post-acute and community settings (e.g., admissions/readmissions, activities of daily living, quality of life)
- Expand the use of tools (e.g., alerts, hard stops) and visibility of nutrition information in EHRs to enhance nutrition-related decisions and communicate nutrition information to relevant clinicians
- Conduct informatics skill training for dietitians and other healthcare professionals supporting patients' nutrition needs
- Identify mechanisms to share relevant social determinant-related data with clinicians and providers in a manner that is compliant with regulatory requirements and supports patient/family/caregivers' ability to maintain/improve patients' nutrition status
- Create and adopt new technologies focused on malnutrition prevention and intervention (e.g., apps, wearables)

\* This category encompasses clinical associations, clinical member organizations, social workers, mental healthcare providers, and other clinical/community and social service providers.  
 † This category encompasses patients and caregivers, as well as representatives of patients (e.g., patient advocacy groups, Patient and Family Advisory Councils).  
 ‡ Meal delivery includes home-delivered as well as congregate meals.