

# Elevating Malnutrition Care Coordination for Successful Patient Transitions



**I**N 2013, THE ACADEMY OF Nutrition and Dietetics entered into a joint project with Avalere Health to improve quality of care in the United States health care systems by recognizing the unaddressed areas of malnutrition. Avalere Health, an Inovalon Company, is a strategic advisory company whose core purpose is to create innovative solutions to complex health care problems. Together the Academy and Avalere Health embarked on a collaborative journey to advance high-quality, patient-centered care for those malnourished or at risk for malnutrition. Based on the results of subsequent literature reviews, landscape assessments, engagements with key stakeholders, best practices research, and guidance through key technical expert and advisory roles, the Malnutrition Quality Improvement Initiative (MQii) was established in 2015. Support for MQii is provided by Abbott. Objectives include the following:

- create and advance adoption of malnutrition electronic clinical quality measures (eCQMs) “that matter”;
- improve effectiveness and timeliness of malnutrition care through an interprofessional toolkit;
- support availability of tools that can be integrated into electronic health record systems to improve care quality.

Future plans continue in 2018 with the launch of the Learning Health System to facilitate ongoing hospital

adoption and initiate post-acute and primary care adoption of nutrition-focused standards of care and best practices.<sup>1,2</sup>

## MALNUTRITION MEASURES

### Individual eCQMs

The Academy and Avalere Health developed and tested a set of four malnutrition eCQMs throughout the years 2015 and 2016.<sup>3-5</sup> The four eCQMs are as follows:

- completion of a malnutrition screening within 24 hours of admission;
- completion of a nutrition assessment for patients identified as at risk for malnutrition within 24 hours of a malnutrition screening;
- nutrition care plan for patients identified as malnourished after a completed nutrition assessment; and
- appropriate documentation of a malnutrition diagnosis.

The eCQMs help hospitals demonstrate their success in meeting the standards of care and identifying remaining care gaps.

### Composite Measure

A global malnutrition composite score (composite measure) was submitted in June to CMS for the 2018 Measures Under Consideration list for the Hospital Inpatient Quality Reporting Program and the Medicaid and Medicare Electronic Health Record Incentive Program for Eligible Hospitals and Critical Access Hospitals. The composite measure encompasses the components of the previously mentioned four individual malnutrition eCQMs as steps in obtaining a score.

The composite measure of optimal malnutrition care focuses on adults 65 years and older admitted to inpatient service who received care appropriate

to their level of malnutrition risk and/or malnutrition diagnosis, if properly identified. Best practices for malnutrition care recommend that adult inpatients be screened for malnutrition risk, assessed to confirm findings of malnutrition if found to be at risk, and have the proper severity of malnutrition indicated along with a corresponding nutrition care plan that addresses the respective severity of malnutrition. This is the first electronic composite measure to be submitted to CMS programs.

An intent to submit to the National Quality Forum for the composite measure was completed in August. Final composite measure submission will occur in the late 2018 cycle (October–November) for endorsement as assigned to the National Quality Forum Prevention and Population Health Committee.

## MQii TOOLKIT

The MQii Toolkit was developed and tested to advance the use of best practices for malnutrition care in a timely and effective manner. The toolkit is evidence based and intended for use by the interprofessional team (eg, nurses, dietitians, physicians, and patients and caregivers) who engage in providing care for older adult patients at risk for malnutrition or who are malnourished. It includes practical information to achieve optimal nutrition standards of care and to support quality improvement projects. By using the toolkit, hospitals may be able to do the following:

- reduce variation in clinical practice in malnutrition care across different care providers;
- improve clinicians’ knowledge of the importance of malnutrition and best practices for optimal malnutrition care delivery; and
- explore how optimal malnutrition care impacts cost in terms of average length of stay and

*This article was written by Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND, senior director, quality management, and Mujahed Khan, MBA, RDN, LDN, senior manager, quality improvement, Academy of Nutrition and Dietetics, Chicago, IL.*

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<https://doi.org/10.1016/j.jand.2018.07.008>

30-day all-cause readmissions for patients at risk for malnutrition or who are malnourished.

The MQii Toolkit was tested over a 3-month implementation period in 2016 through a multisite demonstration and learning collaborative. The demonstration took place at a single hospital in which staff received hands-on training and support for the project, and extensive data were collected to assess the impact of using the toolkit.<sup>6</sup> In contrast, a five-hospital learning collaborative implemented use of the toolkit and tracked results with limited support to gain understanding of how the toolkit is adopted and used in real-world circumstances.

The toolkit's use demonstrated that the introduction of recommended malnutrition quality improvement actions helps hospitals achieve performance goals in nutrition care. In addition, by helping hospitals achieve malnutrition standards of care, the resources provided through this initiative support adoption of malnutrition eQMs by public and private accountability programs in the future to ensure the highest quality of malnutrition care across US hospitals.

### Learning Collaborative

The MQii Learning Collaborative is a community of hospitals and health care systems dedicated to improving malnutrition care and accelerating the dissemination of optimal malnutrition care practices. The goal in 2018 and beyond is to expand participation and further advance hospital and clinician adoption of the MQii Toolkit and eQMs and to generate additional evidence to support adoption of eQMs (age 65+) by CMS.

### CARE COORDINATION

Because patients and their caregivers often do not know how best to manage their health conditions or next phase of recovery and/or change in well-being, care coordination is essential to help them utilize services and understand procedures. Care coordination is an approach to health care in which all of a patient's needs are coordinated with the assistance of a primary point of contact. "Care coordination involves deliberately organizing patient care

activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."<sup>7</sup>

One aspect of care coordination is transitions of care or transitional care. A patient's condition and care needs change during the course of a chronic or acute illness, and therefore a change may be needed in the home environment, physician or specialist, care situation, or setting. This is referred to as transitional care. It may involve several practitioners and service deliveries with comprehensive assessments and defined referrals with continuous monitoring as the patient transfers and progresses within the health care system and settings. "Transitional care encompasses a broad range of services and environments designed to promote the safe and timely passage of patients between levels of health care and across care settings, ie; hospitals, post-acute and long-term care, skilled nursing facilities, rehabilitation, the patient's home, retail and clinics, and primary and specialty care offices."<sup>8</sup>

The MQii program convened its third multi-stakeholder dialogue in March 2018, "Advancing Patient-Centered Malnutrition Care Transitions," and received input on the critical nature of incorporating malnutrition care considerations into transitional care and care delivered in acute, post-acute, and community care settings. Much of the discussion during the dialogue focused on the impact of malnutrition on patient outcomes and continued fragmentation and barriers to patient-centered transitional nutrition care. A pilot program will be established to implement and test a number of the recommendations outlined, with the goal of advancing systematic identification and treatment of patients who are at risk for malnutrition or who are malnourished as they transition across care settings.<sup>9</sup>

Hospital-based teams and community-based clinicians and service providers (eg, primary care group practices, meal providers, and others)

will be engaged to identify best practices in care coordination and integration of patient-centered nutrition care into existing care transition pathways or models. The pilot will aim to ensure interventions and follow-ups for nutrition care are in place when patients are discharged from the hospital. It is essential to recognize the management of a patient's nutrition risk before admission to a hospital and/or as a component of chronic disease management. Other factors to study are identification and dissemination of innovative approaches and tools that close transitional care gaps and accelerate widespread adoption of optimal nutrition care. The pilot will also need to consider multiple infrastructure and environmental barriers.<sup>9</sup>

The dialogue showed that it is equally important for providers, patients, family and caregivers, policy-makers, payers, and others to collaborate on opportunities for integrating optimal nutrition care into national quality and care coordination models and programs. Stakeholders will be encouraged to take steps, individually and with partners, to participate in care protocols for malnutrition prevention, identification, and intervention strategies. The following objectives remain: improve patient outcomes and quality of life, facilitate population health management goals, and reduce the economic and care burden on the health care system.<sup>9</sup>

### FURTHER CONSIDERATIONS AND ENGAGEMENT

As these malnutrition endeavors have unfolded, it can be realized that the journey will carry on with the several work streams identified, each hosting several action items to be accomplished in 2018 and beyond. The Academy's aim is to continue engagement in malnutrition with the registered dietitian nutritionist championing every avenue of intersection between the patient and executed nutrition care for all levels of health care and across care settings. The registered dietitian nutritionist's transformational leadership within this malnutrition focus area will build on quality improvement activities to reduce clinical variation, decrease costs, and sustain effectiveness through patient engagement and best practices. The registered

dietitian nutritionist will work with the nutrition and dietetics team member—the nutrition and dietetics technician, registered—to provide comprehensive assessment, nutrition education, shared decision making, and initiation of self-care with the patient and family caregivers to ensure continuity, coordination, and transition of care.

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### AUTHOR INFORMATION

Address correspondence to: Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND, Academy of Nutrition and Dietetics, 120 S Riverside Plaza, Suite 2190, Chicago, IL 60606-6995. E-mail: [smccauley@eatright.org](mailto:smccauley@eatright.org)

### STATEMENT OF POTENTIAL CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

### FUNDING/SUPPORT

Avalere Health's work on the projects described in this article was funded by Abbott.