Problem Statement

The Centers for Disease Control (CDC) defines social determinants of health as the complex, interconnected, and often overlapping structural or societal systems that are responsible for most health inequities. As organizations seek opportunities to improve quality of care and individual health outcomes while reducing overall costs, they are exploring ways to address individual social determinants of health within the context of traditional care, services, and delivery models. Availability of resources to meet daily needs, including good nutrition, is considered critical to prevent and promote good health.1 Although approximately 40% of individuals in the community at any given time are malnourished or at risk of malnutrition,2,3 the number is even higher in the acute and post-acute care setting.4

Malnutrition is defined as a nutrition imbalance, including under-nutrition and over-nutrition, and is estimated to affect 14% of Medicare beneficiaries.4,5 Malnutrition can contribute to a cycle of poor health, including increased risk of chronic disease, frailty, disability, and death.4,5

To date, standards of care, tools, and best practices to address malnutrition have not been systematically adopted across care settings, and coordination amongst medical and non-medical entities to manage individual nutrition needs have been limited. To address this social determinant of health, a limited number of healthcare and community-based providers are developing and testing innovative channels through which they can better identify and care for the nutrition needs of malnourished individuals and at-risk individuals (Figure 1).5

Aim Statement

Identify innovative models being introduced in the hospital, primary care, and community care settings to address nutrition-related social determinants of health through better delivery of high-quality, coordinated care for individuals who are malnourished or at risk of malnutrition and maximizing across different care settings, and evaluate shared learnings across models that can be applied to other settings of care.

Approach

Recognizing the impact of malnutrition on individuals’ ability to prevent, maintain, and restore health, and reaction from the American Medical Association and the Academy of Nutrition and Dietetics, five initiatives are identified that demonstrate how stakeholders across the continuum of care are making improvements in care transitions for malnourished patients that go beyond traditional nutrition counseling. These efforts are highlighted for the key themes and roles represented across each effort to inform potential opportunities to replicate and scale these efforts more broadly across the United States.

Limited Efforts to Address Individuals’ Nutrition Needs Across Care Settings

Findings from the literature review support the provision of nutrition evaluation and treatment to community-based providers. Many efforts involve collaboration between acute- and community-based settings. We performed a literature search to evaluate efforts in all medical settings, including the inpatient, outpatient, and long-term care settings.5

Three Models to Improve Care Coordination

Recognizing the limited efforts to date in identifying, managing, and coordinating care for patients with nutrition needs across care settings, we sought to understand the key elements of these successful local models that identified themselves as implementing care coordination to improve patient nutrition care.

Figure 2. Integration of Malnutrition Care into UNC Medical Center Discharge Process

Figure 3 describes how a primary care physician group is working to better identify and manage patients at risk of malnutrition through improved dietitian training, patient education, referral to dietitians as needed, and the use of technology to identify patients prior to services and support patients at the clinician’s office and once they leave.

Figure 4. Integration of Malnutrition Care into UNC Medical Center Discharge Process

Figure 4 describes how Aetna and Meals on Wheels America have partnered to conduct a pilot among high-risk community-dwelling individuals using volunteers, care coordinators, and technology to rapidly identify and intervene on patients at social concerns that could disrupt an individual’s social-enrichment and other health problems.

Figure 5. Key Elements for Successful Models to Identify and Manage Individuals’ Nutrition Needs

Following review of each of these models, we sought to identify commonalities that enable effective identification and management of individuals’ nutrition needs to help the individual remain in the community setting. We explore the settings of care offered, each model shared similar care components (Figure 4).

Conclusion: Scaling Models Intended to Address Malnutrition and Other Social Determinants of Health

Considering the increasing presentation of patients with lifestyle-related chronic diseases and the growing focus on social determinants, it’s anticipated that the need for nutrition care on physicians, clinicians, and other community support organizations to explore innovative ways to work with nutrition care will continue to increase in the future.6

The three models highlighted here have the potential to be scalable to other healthcare and community-based organizations aiming to address nutrition as a social determinant of health. Specifically, these three models present more targeted approaches to supporting care coordination and care transitions for malnourished patients that go beyond traditional nutrition counseling.

In depth study of these models presents opportunities for healthcare organizations seeking to address malnutrition as a social determinant of health. First, effectively scaling these models will require feasibility and affordability to meet the expectations of and unique needs of the community with which they will implement. Second, scaling such models may require enhanced partnerships within and across care settings and healthcare stakeholders. Furthermore, scaling such models may require rapid access to care, and the use of technology to identify and address malnourished patients, as models in a more targeted fashion and with a consistent approach in different settings and across diverse populations. Moreover, multi-stakeholder partnerships can be leveraged to improve the care transitions for social determinants of health, including nutrition care.

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References


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Avera Health
Medica
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Support provided by dietitians

Figure 1.

Figure 2.

Figure 3.

Figure 4.

Figure 5.

Figure 6.