



Welcome to Today's Expert Webinar for the 2020
MQii Learning Collaborative:

“Applying MQii Learnings and Leadership to Improve the Landscape of Malnutrition Care”

Tuesday, March 17, 2020

We will get started promptly at
11:00 AM ET
(10:00 AM CT; 9:00 AM MT; 8:00 AM PT)

All phone lines have been muted

The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

Before We Get Started...

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Sharing January MQii ...

MQii
MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE

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Q&A
All (0)

Select a question and then type your answer here. There's a 256-character limit.

Send Send Privately...

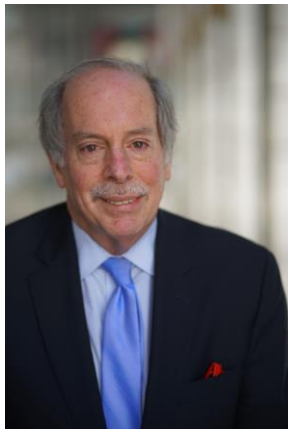


Today's Agenda

Agenda Item	Presenter
Welcome and Introduction	Christina Badaracco, MPH, RD <i>Research Scientist at Avalere Health</i>
Value and Opportunities to Address Malnutrition in the Healthcare System	Bob Blancato, MPA <i>National Coordinator at Elder Justice Coalition and Defeat Malnutrition Today Coalition; Executive Director of National Association of Nutrition and Aging Services Programs</i>
Impact of Learning Collaborative Leadership on Improving Malnutrition Care	Jeanne Blankenship, MS, RDN <i>Vice President of Policy Initiatives and Advocacy at Academy of Nutrition and Dietetics</i>
Questions – 15 mins	



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE



Bob Blancato, MPA

National Coordinator at Elder Justice Coalition and Defeat Malnutrition Today Coalition; Executive Director of National Association of Nutrition and Aging Services Programs

- Review policy updates related to older adult nutrition since 2019
- Explain pertinent changes in insurance coverage that affect nutrition care for older adults
- Present opportunities for dietitians to contribute to these trends

defeat **malnutrition** today

Coalition of over 100 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups

Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work to create policy change toward a greater emphasis on screening, detecting, treating, and preventing malnutrition

Nutrition Policy Developments

Introduction

Several important policy developments in the past few months

GAO report

Older Americans Act reauthorization

Funding for FY 2020–21

And a very recent development

Senior Nutrition and COVID-19

In recognition of the radical impact that the coronavirus will have on senior nutrition programs, Congress is responding

The House on March 13th passed H.R. 6201, the Families First Coronavirus Response Act

It contains \$250 million in emergency funds for senior nutrition programs under the Older Americans Act

Breakdown:

- Home-delivered meals: \$160 million
- Congregate meals: \$80 million
- Native American nutrition programs: \$10 million

Why?

Done to allow local programs to respond to changing dynamics, including:

- Closing of congregate programs and converting those participants into home delivered participants
- Expanded shelf stable and/or frozen meals
- Alternatives to eating in congregate sites such as grab and go meals

Senate expected to act this week and President supports

Why GAO Did This Study

The U.S. population is aging and, by 2030, the U.S. Census Bureau projects that one in five Americans will be 65 or older. Recognizing that adequate nutrition is critical to health, physical ability, and quality of life, the federal government funds various programs to provide nutrition assistance to older adults through meals, food packages, or assistance to purchase food.

This report examines (1) the relationship of older adults' nutrition to health outcomes and the extent to which federal nutrition guidelines address older adults' nutritional needs, (2) nutrition requirements in federal nutrition assistance programs serving older adults and how these requirements are overseen, and (3) challenges program providers face in meeting older adults' nutritional needs. GAO reviewed relevant federal laws, regulations, and guidance and conducted a comprehensive literature search; visited a nongeneralizable group of four states—Arizona, Louisiana, Michigan, and Vermont—and 25 meal and food distribution sites, selected for a high percentage of adults 60 or older, and variations in urban and rural locations, and poverty level; and interviewed officials from HHS, USDA, states, national organizations, and local providers.

What GAO Recommends

GAO is making five recommendations, including that HHS develop a plan to include nutrition guidelines for older adults in a future update, and that HHS and USDA improve oversight of meal programs and provide additional information to meal providers to help them meet older adults' nutritional needs. HHS and USDA generally concurred with our recommendations.

View GAO-20-18. For more information, contact Kathryn A. Larin at (202) 512-7215 or larink@gao.gov.

November 2019

NUTRITION ASSISTANCE PROGRAMS

Agencies Could Do More to Help Address the Nutritional Needs of Older Adults

What GAO Found

Research shows that nutrition can affect the health outcomes of older adults. Federal nutrition guidelines provide broad guidance for healthy populations, but do not focus on the varying nutritional needs of older adults. Department of Health and Human Services (HHS) data show that the majority of older adults have chronic conditions, such as diabetes or heart disease. Research shows that such individuals may have different nutritional needs. As older adults age, they may also face barriers, such as a reduced appetite, impairing their ability to meet their nutritional needs. HHS plans to focus on older adults in a future update to the guidelines, but has not documented a plan for doing so. Documenting such a plan could help ensure guidelines better address the needs of the population.

Of the six federal nutrition assistance programs serving older adults, four have requirements for food that states and localities provide directly to participants, and federal agencies oversee states' monitoring of these requirements. In HHS's and U.S. Department of Agriculture's (USDA) meal programs, states must ensure meals meet requirements. Yet, HHS does not gather information from states, such as approved menus, to confirm this, and localities in two of the four selected states said state monitoring of menus was not occurring. Further, USDA regional officials told GAO they lack information on how meal programs operate at adult day care centers as they primarily focus on other sites for their on-site reviews. Additional monitoring could help HHS and USDA ensure meal programs meet nutritional requirements and help providers meet older adults' varying needs.

Examples of Lunches Served to Older Adults through Nutrition Programs in Selected States



Source: GAO. | GAO-20-18

In the states GAO selected, meal and food providers of the four nutrition programs with nutrition requirements reported various challenges, such as an increased demand for services. Providers in three of the four states reported having waiting lists for services. Providers of HHS and USDA meal programs in all four states also reported challenges tailoring meals to meet certain dietary needs, such as for diabetic or pureed meals. HHS and USDA have provided some information to help address these needs. However, providers and state officials across the four states reported that more information would be useful and could help them better address the varying nutritional needs of older adults.

United States Government Accountability Office

GAO Report

Requested by DMT to Sens. Murray and Casey, who in turn formally asked GAO

GAO spent 18 months on the report, available here:

<https://www.gao.gov/products/gao-20-18>

They interviewed experts and visited 25 meal and food distribution sites in four states (AZ, VT, MI, LA)

One immediate take-away was their recognition of the link between nutrition and health among older adults

GAO Findings

Existing programs do not sufficiently focus on the nutrition needs of all older adults, particularly those with chronic conditions

Nutrition providers are being challenged by the growing demand for medically tailored meals and meals reflecting cultural and religious dietary preferences

Neither the USDA nor HHS/ACL is doing enough oversight and monitoring of meals served

GAO Recommendations



Among its key recommendations beyond more oversight and monitoring:



HHS should develop their plan for the 2025–2030 Dietary Guidelines revisions, which are to focus on older adult nutritional needs



HHS needs a centralized location for information on meeting nutritional needs of older adults



USDA needs to better disseminate existing information on nutrition needs of older adults to Child and Adult Care Food Program (CACFP) providers

Benefits and Outcomes

The benefit of this report will be from the steps that are taken to provide more nutritious meals with federal funds for older adults

The report puts the burden on the federal agencies to do a better job of monitoring

But it also sends a message to Congress that increased funding for key nutrition programs for older adults such as the OAA is needed so that the different nutritional needs of older adults can be better met

- Of particular focus would be having new funding be provided for more medically tailored and culturally diverse meals

What is clear is that investments in senior nutrition provide a great return—better health and allowing older adults to remain out of hospitals and nursing homes

The DMT Response

We held a webinar on the GAO report with more than 200 attendees

We look forward to working with USDA and HHS as well as interested members in Congress on further implementation of the GAO recommendations

Older Americans Act Agreement Reached

The Act's single largest and most successful programs are its nutrition programs which serve congregate and home-delivered meals

The House-Senate agreement known as the "Supporting Older Americans Act of 2020" reaffirms and strengthens the nutrition programs

Agreement is just waiting on President's signature

New Provisions

One of the more significant nutrition improvements in the bill is first-time screening for malnutrition as part of broader nutrition screening

The bill also adds “reducing malnutrition” as a purpose of the nutrition programs

These provisions came about from strong advocacy led by our DMT



Program	FY19 Final	FY20 Final
Older Americans Act Programs (HHS-ACL)		
Title III-C Nutrition Total	\$906.7 million	\$936.7 million
<i>Congregate Nutrition Program</i>	\$495 million	\$510 million
<i>Home-Delivered Nutrition Program</i>	\$251 million	\$266 million
<i>Nutrition Services Incentive Program</i>	\$160.7 million	\$160.7 million
Title VI Native Americans Nutrition/Supportive Services	\$34.2 million	\$34.7 million
Block Grants/USDA		
Social Services Block Grant (HHS-ACF)	\$1.7 billion	\$1.7 billion
Community Services Block Grant (HHS-ACF)	\$725 million	\$740 million
Community Development Block Grant (HUD)	\$3.3 billion	\$3.4 billion
Commodity Supplemental Food Program (USDA)	\$222.8 million	\$245 million

Funding for Federal Nutrition Programs Serving Older Adults

FY 2021 Funding

Attention must immediately turn to FY 2021, which begins in October

House is already writing its appropriations bills, with Senate soon to follow

Room for increases is limited this year because of budget agreement from last year

However, still need to make as strong an ask as possible

Will be advocating for increases to all the programs on the previous slide

Asking you to help us make this case

New Coverage Decisions

Medicare Advantage Changes

Last year, CMS issued a final “call letter” for Medicare Advantage for the 2020 plan year

Final call letter provided examples of new supplemental benefits that could be covered for chronically ill, including:

- “Meals furnished to the enrollee beyond a limited basis, transportation for non-medical needs... and benefits to address social needs”
- Meals provided in a congregate setting and programs providing food and produce
- Clarified that ACL-funded programs are eligible for contracting with plans

Remains to be seen how many plans take advantage of this and offer these benefits this year and beyond

Post-ACA Dietetics Coverage

Medicare also covers personal nutritional counseling for people with diabetes or kidney disease

- Pays for three hours of dietary counseling during the first year the benefit is used and two hours in subsequent years
- Doctors can appeal for additional therapy if necessary
- Academy has been working to get more conditions covered through the Treat and Reduce Obesity Act

Congress approved the benefit in 2002, and under the Affordable Care Act (ACA), the counseling has been available without out-of-pocket costs to Medicare beneficiaries since 2011

Why So Few?

However, only 100,000 Medicare beneficiaries got the counseling in 2017 (even though there are approximately 15 million eligible beneficiaries)

Physicians and other health care professionals are likely unaware of the existence of this benefit and the positive results it could generate

Also may not know registered dietitian nutritionists and other nutrition professionals for referral purposes—patients must be referred through a physician

Other Nutrition Provisions in the ACA

The ACA has also improved access to preventive services for the general patient population

Nutrition counseling is now widely covered by many insurance plans

It is possible to obtain reimbursement for services including “healthy diet counseling” and “obesity screening and counseling”

What's Next?

What Does 2020 Have in Store?

DMT will continue with its stated mission of working to end older adult malnutrition through legislative and regulatory policy changes

This will include:

- Final work on passage of the OAA, followed by implementation of its malnutrition provisions
- Work to implement the recommendations of the GAO
- Work to achieve funding increases in key nutrition programs for older adults
- Work for passage of the Senate resolution on Malnutrition Awareness Week
- Ongoing work with CMS on adopting quality measures

Conclusions

Lots of opportunities out there for RDNs and other nutrition professionals, both in day-to-day work and in advocacy

Consider joining DMT through your hospital or health system or as an individual

Use our materials to raise the issue of older adult malnutrition with federal, state, and local legislators

Participate in National Nutrition Month this month and in Malnutrition Awareness Week in October

Consider some of the opportunities outlined here to connect your patients or healthcare facilities to programs and resources to support malnourished and at-risk older adults

Help us with advocacy when we reach out!

Resources

Join our coalition! Info is on the Defeat Malnutrition Today website on how to join as an individual or an organization:

<http://defeatmalnutrition.today>

GAO Report:

<https://www.gao.gov/products/GAO-20-18>

DMT press statement on report:

<http://bit.ly/dmt-gao-release>

rblancato@matzblancato.com





MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE



Jeanne Blankenship, MS, RDN
Vice President of Policy Initiatives and
Advocacy at Academy of Nutrition and
Dietetics

- Review role of MQii and Learning Collaborative members in effecting change
- Describe value of generating evidence for policy decisions
- Review opportunities to use and report on malnutrition quality measures

Food Security in the United States

Food Insecurity – 11.8%

Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways

Prevalence of food insecurity is highest among single women with children, Black non-Hispanics, and Hispanics and those with incomes less than 185% of the poverty level

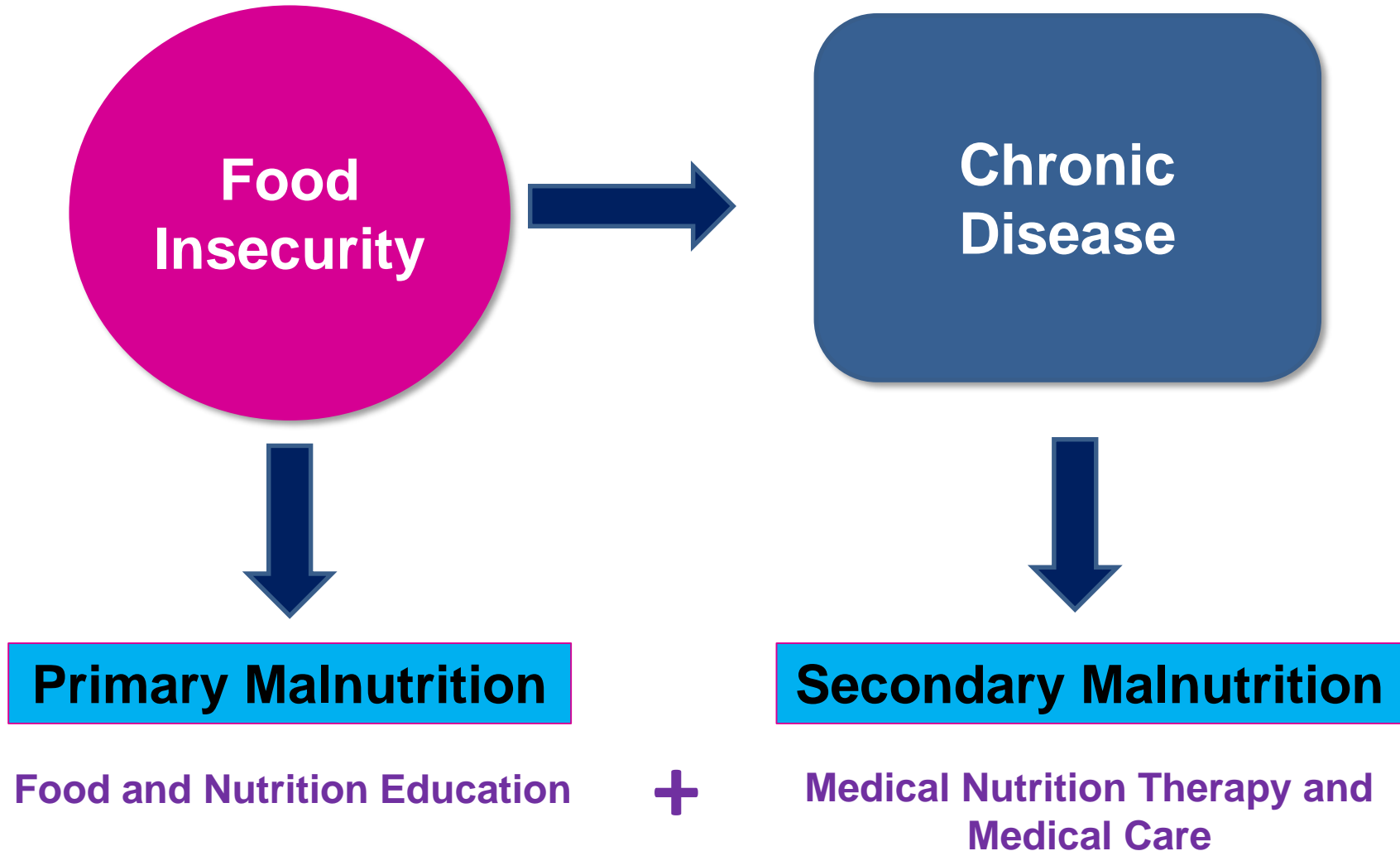
Very-Low Food Security – 4.5%

Reports of multiple indications of disrupted eating patterns and reduced food intake



USDA, Economic Research Service, using Current Population Survey Food Security Supplement data.
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

Food Insecurity and Malnutrition



Access to Medical Nutrition Therapy (U.S.)

Medicaid

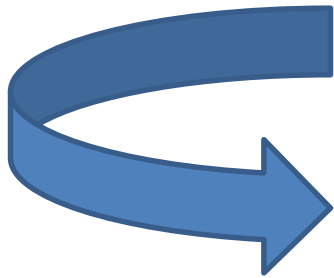
Varies by State

**Private
Insurance**

**Varies by Provider
and Employer**

**No
Coverage**

**Military
and VA**



**Seniors and Those
with Disabilities**

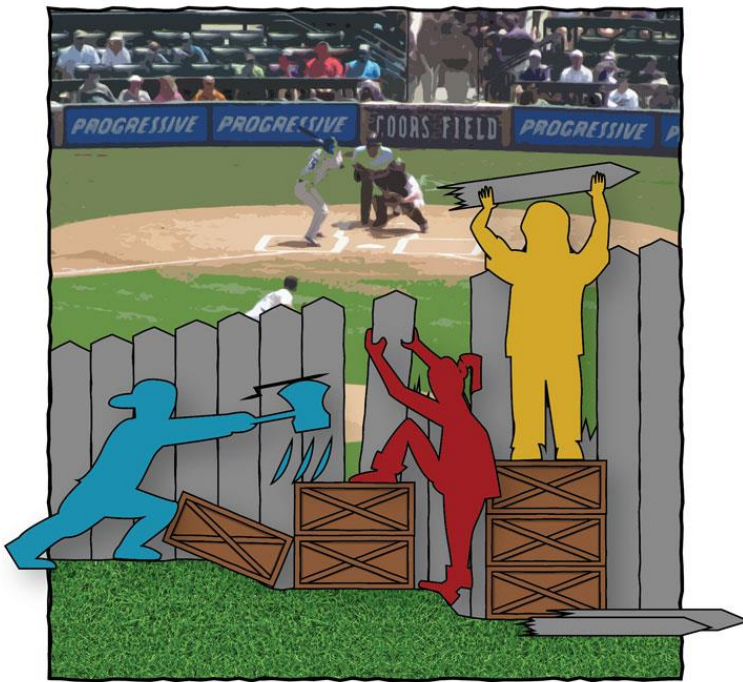
**Medicare
FFS**

**Diabetes and
Renal Disease**

**Medicare
Advantage**

Varies by Provider

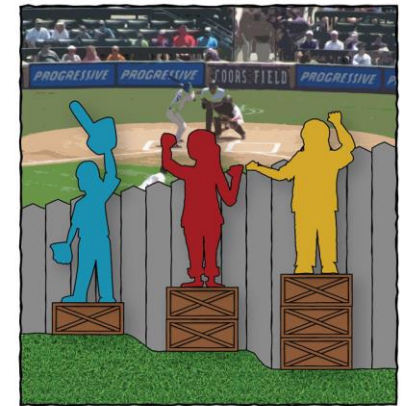
Changing Your Perspective



JUSTICE



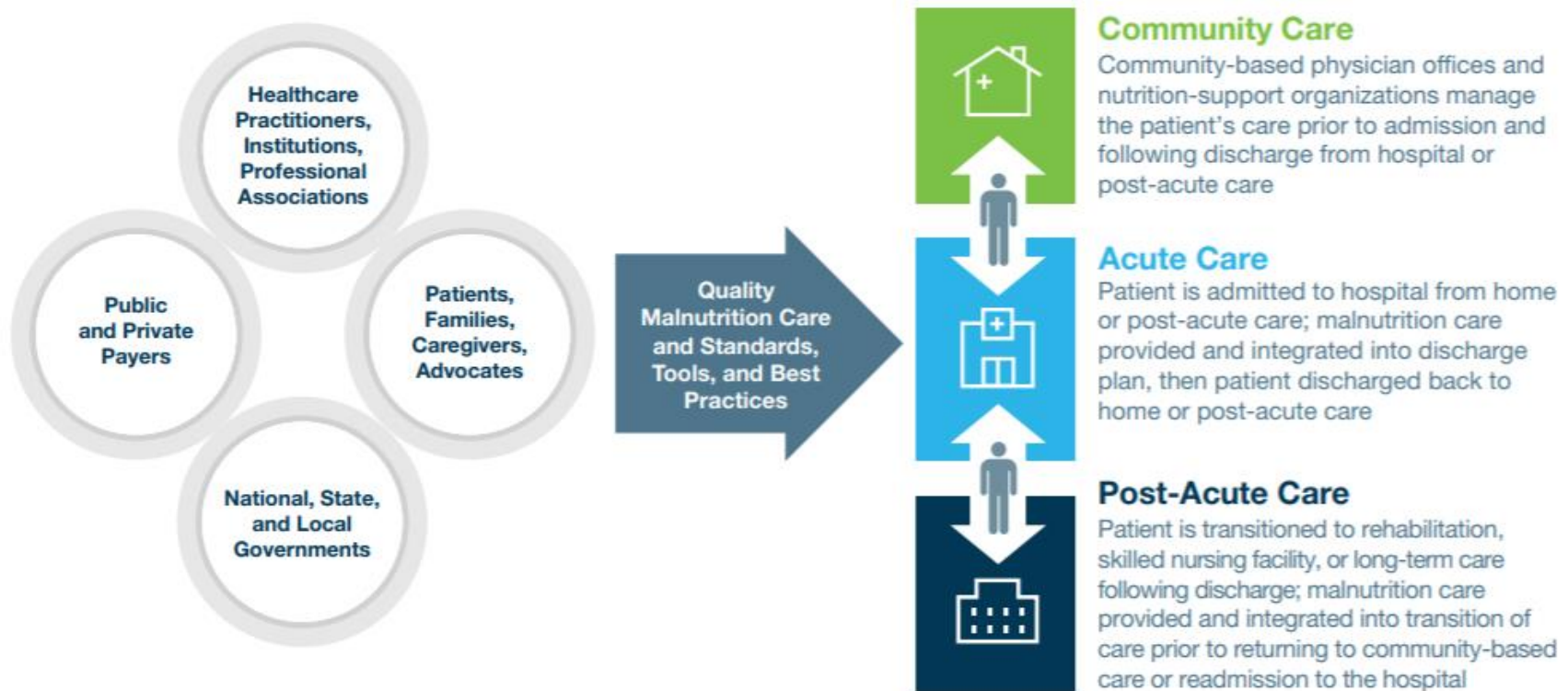
EQUALITY



EQUITY

March 2018 Dialogue: Advancing Patient Centered Malnutrition Care Transitions

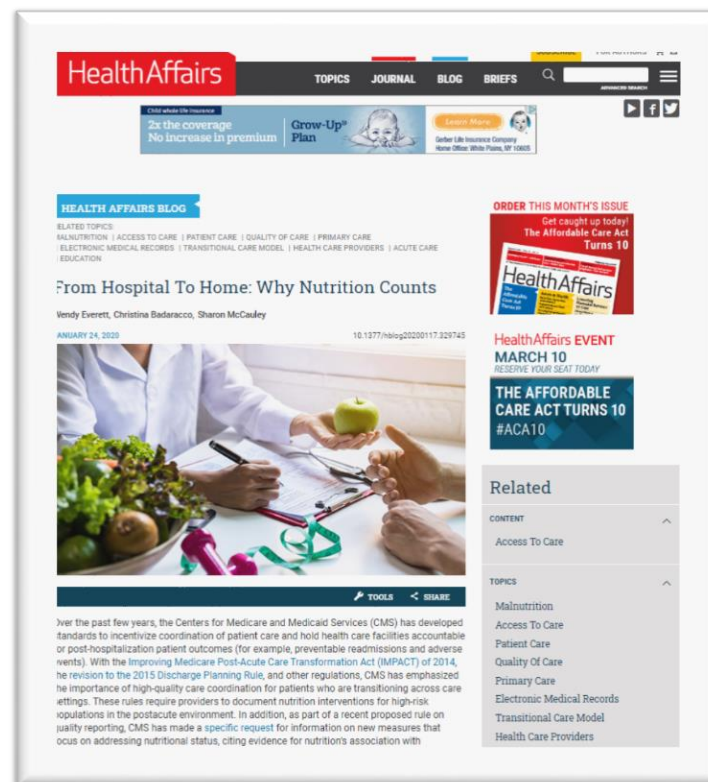
Recommendations to Integrate Malnutrition Care into Care Transitions



Launched a project to identify models of successful nutrition-focused transition of care programs

Generating Evidence for Policy Decisions

- Focused project to identify models of successful nutrition-focused transitions of care programs
- **Health Affairs Blog**
 - [From Hospital To Home: Why Nutrition Counts](#)
- It is time to recognize the essential role that nutrition plays in health and make policy and clinical practice changes to carry out effective post-hospital nutrition care



Malnutrition Quality Measures Added to QCDRs

The Centers for Medicare & Medicaid Services Recently Approved Inclusion of Malnutrition Quality Measures in two Qualified Clinical Data Registries

Premier Clinician Performance Registry (PCPR)



Intellicure: U.S. Wound Registry



Success!

WEBLINKS: [PREMIER CLINICIAN PERFORMANCE REGISTRY](#) AND [U.S. WOUND REGISTRY](#)

Use and Report on Malnutrition Quality Measures

- New measures promote health care team collaboration
 - Physician and RDN reporting
 - MIPS reporting via QCDRs
 - Do not replace the previous four (4) **malnutrition eCQMs** and the composite measure
- Listen to the **QCDR Microlearning Series** (1.0 CPEU) and review the **FAQs**
- Access all three components: **QCDR, FAQs, Microlearning Series**

The screenshot displays the website for the Academy of Nutrition and Dietetics, specifically the 'Qualified Clinical Data Registry' page. The page features a navigation menu with options like 'Advocacy', 'Leadership', 'Payment', 'Practice', and 'Research'. The main content area is titled 'Qualified Clinical Data Registry' and includes an introductory paragraph about the Centers for Medicare & Medicaid Services' approval of new Malnutrition Quality Measures. It also lists 'Webinars' and 'Frequently Asked Questions' related to the QCDR. A sidebar on the left contains a list of resources such as 'Continuing Professional Education', 'Quality Management', 'Dietetics Resources', and 'Career Development'. The page is designed with a clean, professional layout using a green and white color scheme.

WEBPAGE: [MALNUTRITION QUALITY MEASURES INCLUDED IN QCDRS](#)

Ripple Effect

MQii Impacting other Outreach Hospital Improvement Innovation Net

Attachment 7.0

- <http://www.hret-hiin.org/topics/malnutrition.shtml>
- <http://www.hret-hiin.org/resources/display/malnutrition-quality-improvement-initiative-mqiitoolkit>



2017 UPDATE

PREVENTING MALNUTRITION

>>>



AMERICAN HOSPITAL ASSOCIATION
Advancing Health in America

Engage

- Join Our HIIN
- Physicians
- LISTSERV@
- UP Campaign
- WHYIMHIIN Selfie Statements

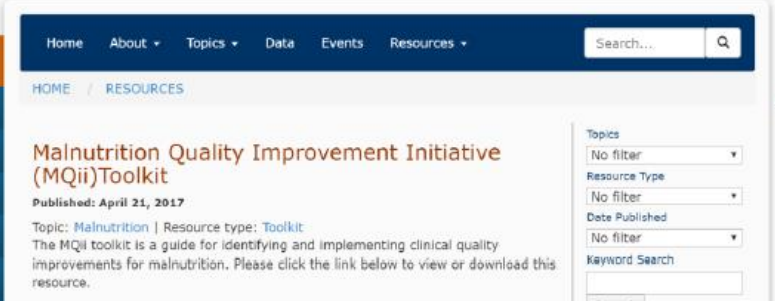

MALNUTRITION CHANGE PACKAGE

PART 2: MEASUREMENT

Resource: <http://www.eatrightpro.org/resource/practice/quality-management/quality-improvement/malnutrition-quality-improvement-initiative>

A key component to making patient care safer in your hospital is to track your progress toward improvement. This section outlines the suggested process and outcome measures that you could be collecting and submitting data as part of HRET HIIN. Collecting these monthly data points at your hospital will guide your quality improvement efforts as part of the Plan-Do-Study-Act (PDSA) process. Tracking your data in this manner will provide valuable information needed to study your

Hospital Improvement Innovation Network



Home About Topics Data Events Resources Search...

HOME / RESOURCES

Malnutrition Quality Improvement Initiative (MQii) Toolkit

Published: April 21, 2017

Topic: Malnutrition | Resource type: Toolkit

The MQii toolkit is a guide for identifying and implementing clinical quality improvements for malnutrition. Please click the link below to view or download this resource.

Topics: No filter
Resource Type: No filter
Date Published: No filter
Keyword Search: []



Impact Area: Health Care and Health Systems

Current Legislation

- MNT Bill – Expected March 23
- Expanding Diabetes Self Management Training Act
- Nutrition CARE Act
- Preventive Health Savings Act
- Treat and Reduce Obesity Act

Recent successes

- Malnutrition Dear Colleague Letter
- Physicians Fee Payment Schedule

Sign up today to receive valuable information on payment and reimbursement



PAYMENT MATTERS

eat[®]
right. Academy of Nutrition
and Dietetics

https://and.informz.net/AND/pages/Payment_Matters_Program



Impact Area: Food and Nutrition Safety and Security

Supporting Older Americans Act of 2020

- Malnutrition emphasis
- Outdated regulations
- Need for technical support
- Links between services and health care

MNT Works for Seniors Toolkit

 Academy of Nutrition and Dietetics

 The National Resource Center on Nutrition & Aging



Medical Nutrition Therapy Works for Seniors

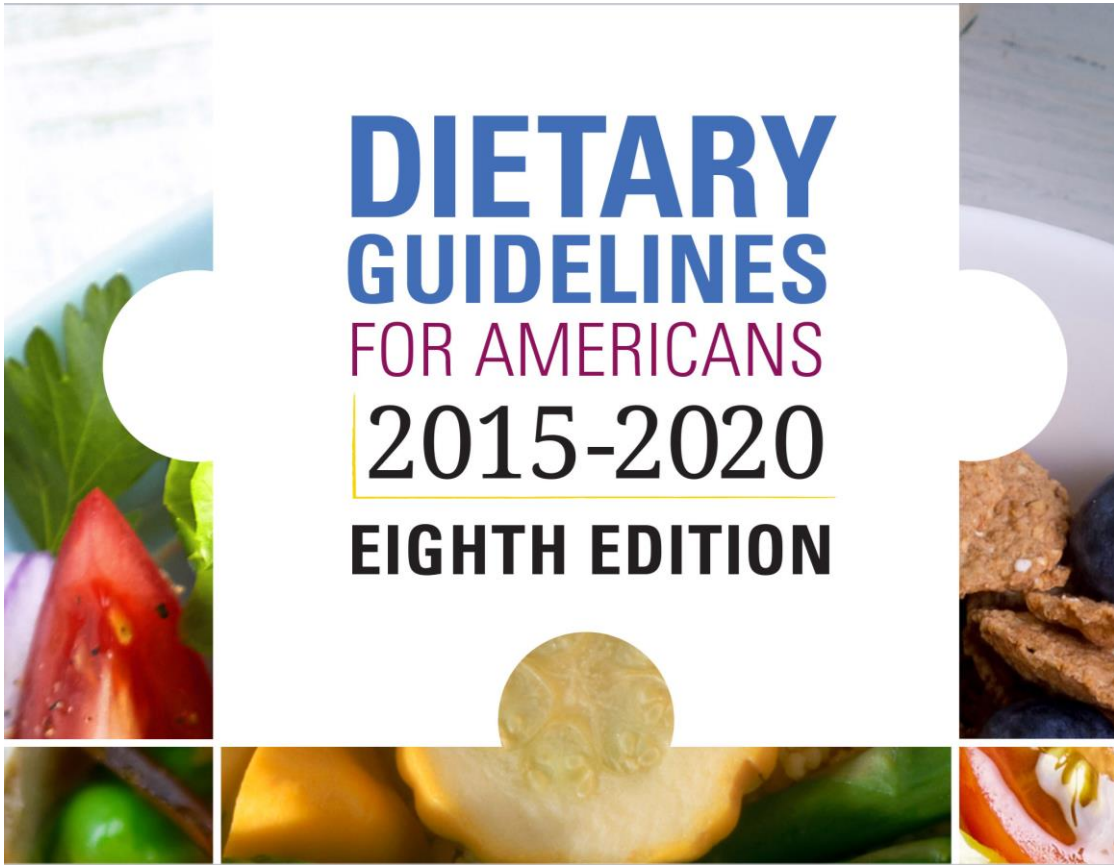
A Resource Guide for Registered Dietitian Nutritionists and Senior Nutrition Program Administrators

Joint project

- Academy of Nutrition and Dietetics
- The National Resource Center on Aging and Nutrition

Goal:

Provide resources for RDNs and senior nutrition programs to strengthen their ability to offer MNT services for coverage by Medicare and Medicare Advantage plans for older adults in community settings



DIETARY GUIDELINES FOR AMERICANS 2015-2020 EIGHTH EDITION

**Impact Area: Prevention
and Well-Being**

- One remaining meeting
- DGAC to complete its work by May 2020
- Academy Collaborative Think Tanks
- Recommendations include addressing GAO recommendations now

You don't have to go to Washington, D.C. . . . to promote the general welfare and secure the blessings of liberty to ourselves and our posterity

Make a difference in your everyday actions

- In your home
- In your community
- In your state



Grassroots advocacy is about...

- Real People
 - Real Stories
 - Real Impact
-



Call to Action

Legislation

- Feeding assistance programs
- Medicare
- State level legislation and initiatives



Regulation

- Quality measures
- OAA

Federal Health Policy

- Healthy People 2030
- Dietary Guidelines for Americans

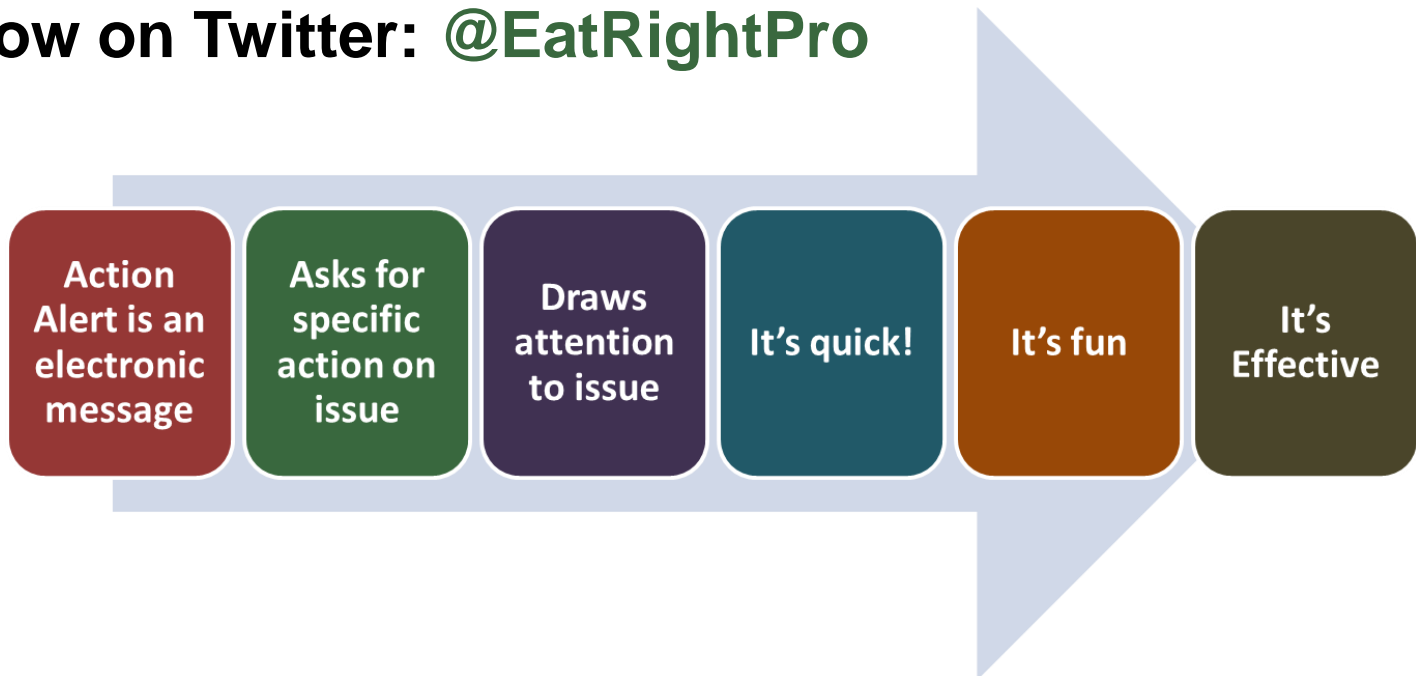


Blankenship, Jeanne, Robert B. Blancato, and Robin Kelly. "Quality Improvement as the Foundation for Health Care Advancement." *JAND* 119, no. 9: S15–S17. [https://jandonline.org/article/S2212-2672\(19\)30505-2/abstract](https://jandonline.org/article/S2212-2672(19)30505-2/abstract).

Blankenship, Jeanne and Robert B. Blancato. "Call for Action for Malnutrition." *JAND* 119, no. 8: 1388–1389. [https://jandonline.org/article/S2212-2672\(19\)30508-8/abstract](https://jandonline.org/article/S2212-2672(19)30508-8/abstract).

Be Active...

- **Respond to Action Alerts**
 - Good – take action
 - Better – personalize
 - Best – personalize and call or email staff
- **Connect with your affiliate public policy panel**
- **Follow on Twitter: @EatRightPro**



Case Study: Grassroots Advocacy



Share your data and your success!

Questions?



15 mins