



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

# **MQii Learning Collaborative Training on Implementation of the Global Malnutrition Composite Score**

**November 7, 2023**

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

# Today's Discussion Focuses on the Global Malnutrition Composite Score and Reporting on the Measure

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## Introduction to the GMCS

- GMCS Overview
- GMCS History

## Reporting on the GMCS

- CY 2024 Hospital IQR Program

## Learning Collaborative Members Share Experiences with the GMCS

## Summary GMCS Reporting Opportunity

## Question & Answer

CY: Calendar Year; GMCS: Global Malnutrition Composite Score; IQR: Inpatient Quality Reporting; LC: Learning Collaborative.



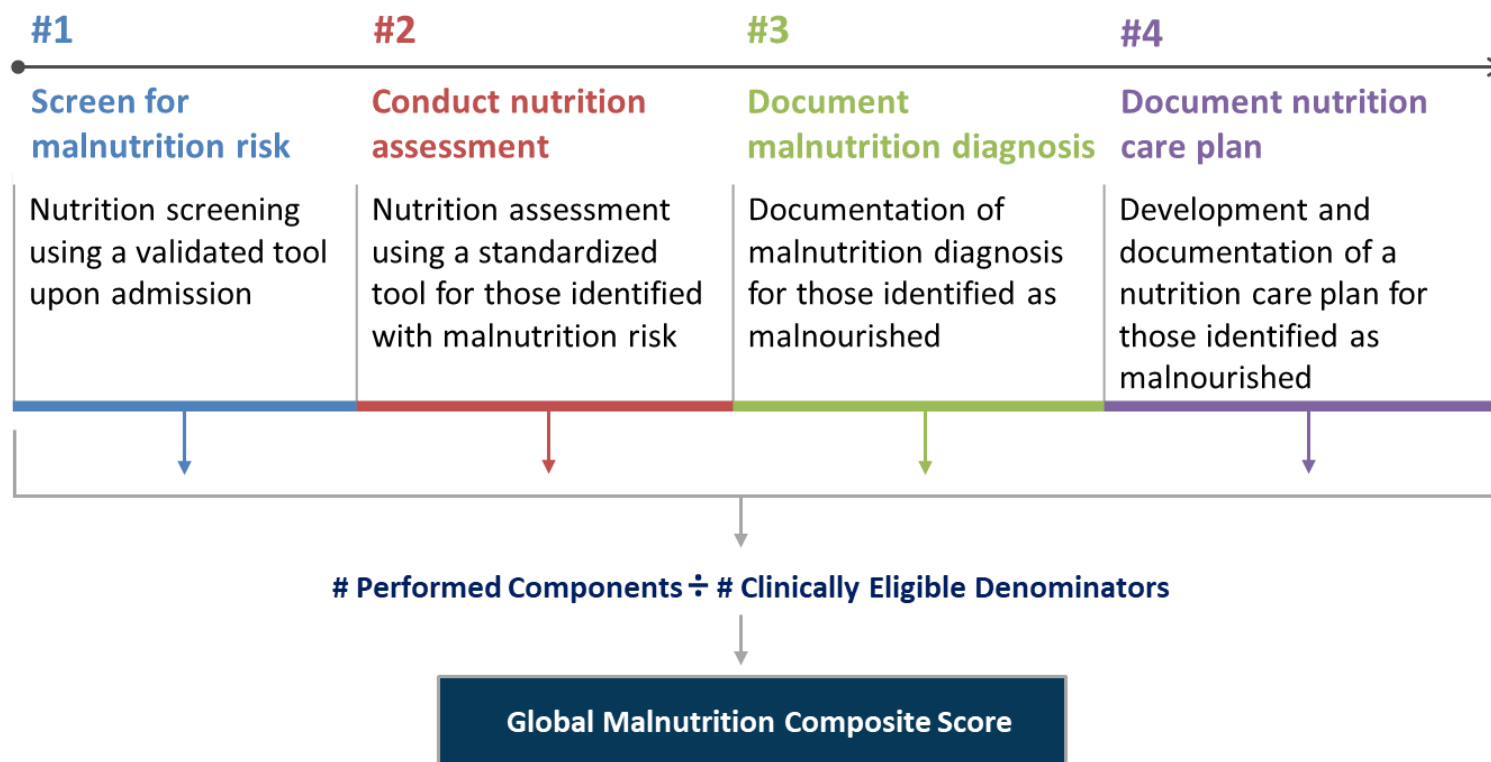
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## Introduction to the GMCS

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

# The Global Malnutrition Composite Score Measure Is a Quality Measure Developed to Improve Malnutrition Care in the Hospital

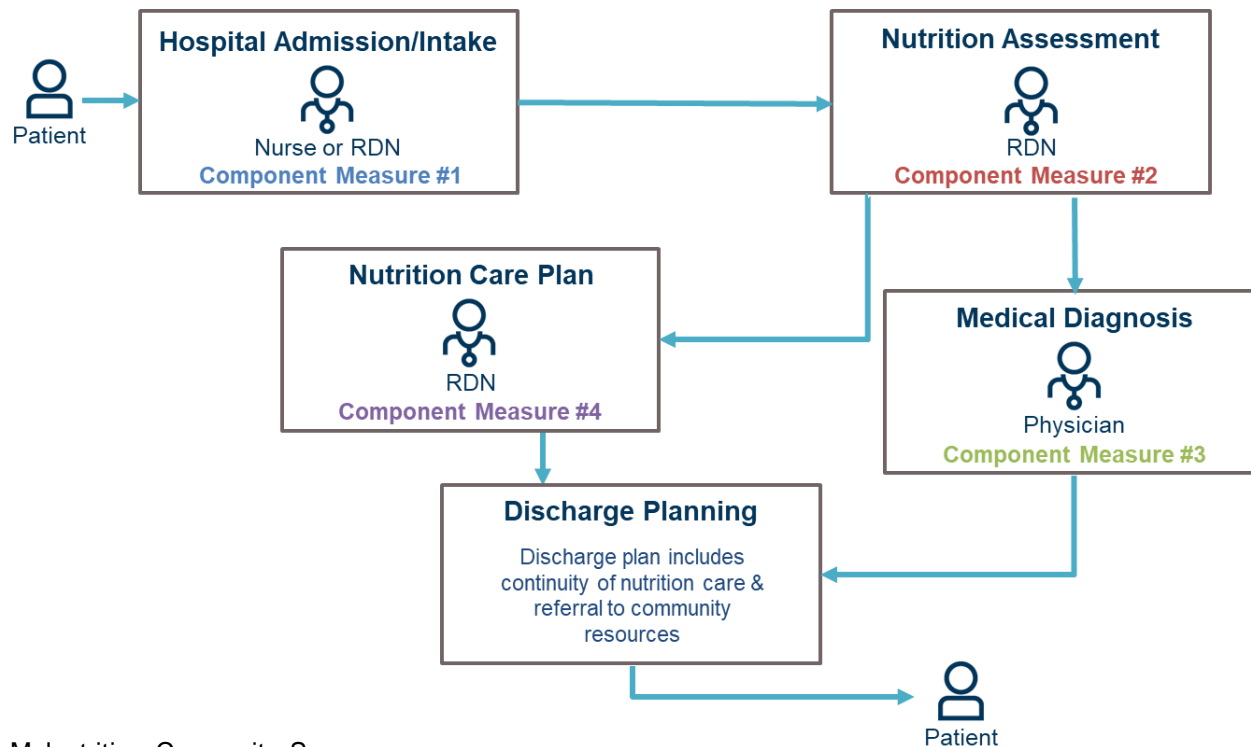
The **GMCS eCQM** assesses the percentage of hospitalizations for adults aged 65 years and older at the start of the inpatient encounter, with a length of stay equal to or greater than 24 hours, who received optimal inpatient nutrition care during the current inpatient hospitalization.



eCQM: electronic clinical quality measure; GMCS: Global Malnutrition Composite Score

# The Global Malnutrition Composite Score Measure Is Aligned to Best Practices in the Nutrition Care Workflow

The four components of the GMCS are guided by a workflow that requires a multidisciplinary care team. Coordination of care within the hospital that follows this workflow can lead to more comprehensive discharge planning to ensure patients are connected to necessary nutrition care and community resources to help avoid readmission to the hospital.



GMCS: Global Malnutrition Composite Score

# The GMCS Measure Contains Four Component Measures Used to Calculate the Aggregate Composite Score

The **GMCS eCQM** is constructed of **four clinically eligible component measures** that are aggregated as an arithmetic average of eligible hospitalizations.

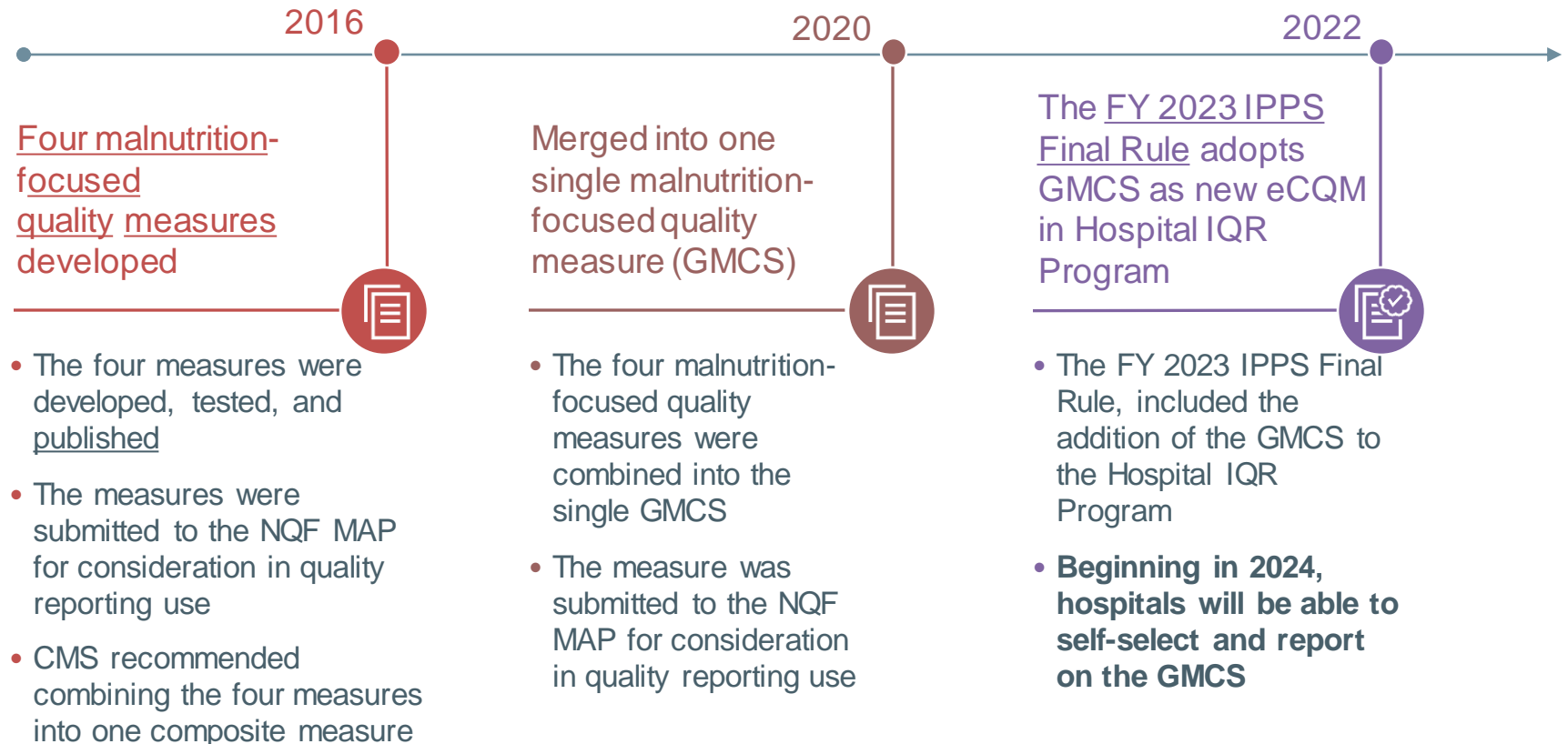
| Component Title                                  | Short Description   | Measure Observation Details  |
|--|---|--|
| Component Measure 1: Malnutrition Risk Screening | Encounters with Malnutrition Risk Screening and Identified Result | Identifies hospital encounters where a "Malnutrition Risk Screening" was performed with a current identified "Malnutrition Screening Not At Risk Result" or current identified "Malnutrition Screening At Risk Result"   |
| Component Measure 2: Nutrition Assessment        | Encounters with Nutrition Assessment and Identified Status        | Identifies hospital encounters where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Not or Mildly Malnourished", "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished" |
| Component Measure 3: Malnutrition Diagnosis      | Encounters with Malnutrition Diagnosis                            | Identifies hospital encounters where a current "Malnutrition Diagnosis" was documented where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"   |
| Component Measure 4: Nutrition Care Plan         | Encounters with Nutrition Care Plan                               | Identifies hospital encounters where a current "Nutrition Care Plan" was performed where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"       |

Source : <https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS986v2.html>

eCQM: electronic clinical quality measure; GMCS: Global Malnutrition Composite Score

# Based on Four Separate Measures, the GMCS Combines them Into One Intermediate Clinical Outcome Measure

Avalere, in collaboration with the measure steward—the Academy of Nutrition and Dietetics (Academy)—developed the GMCS eCQM as part of the MQii.



eCQM: electronic clinical quality measure; GMCS: Global Malnutrition Composite Score; MAP: Measures Application Partnership; MQii: Malnutrition Quality Improvement Initiative; NQF: National Quality Forum



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## Reporting on the GMCS

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



# In CY2024, the GMCS Will Be Available for Hospitals to Self-Select as One of Three Voluntary eCQMs in IQR

**CMS Program Inclusion:** The GMCS is included in the [CMS Hospital Inpatient Quality Reporting Program](#) (Hospital IQR Program) and the [Medicare Promoting Interoperability Program](#) as one of three self-selected eCQMs available for hospital reporting.

**Measure Reporting Requirements:** Among other requirements, in the CY 2024 reporting period/FY 2026 payment determination, hospitals that choose to participate in the program must report all four quarters of data for six eCQMs, including three self-selected eCQMs. Although the program is voluntary, most hospitals consider participation essential because of its significant payment implications.

**Program Reporting Requirements:** The Hospital IQR Program is a voluntary, pay-for-reporting program with hospital performance tied to its Medicare APU.

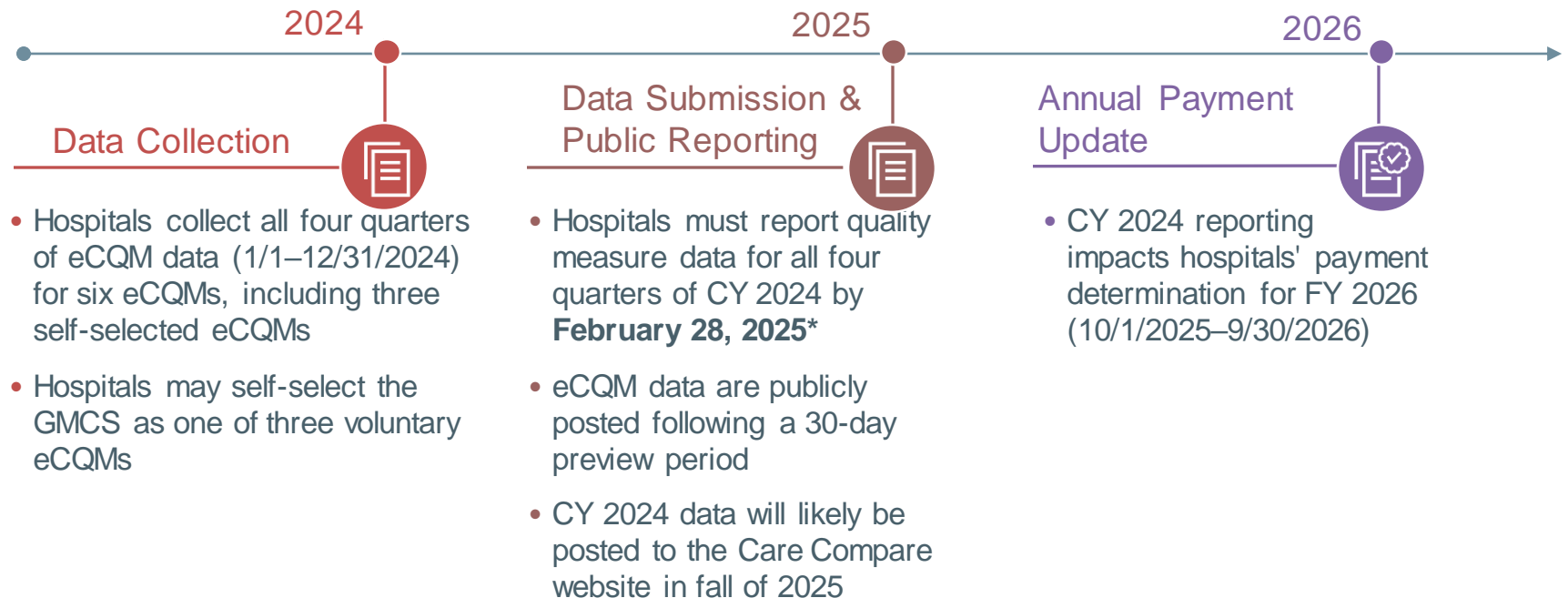
**Program Payment:** To receive the full Medicare APU for provided inpatient care, hospitals are required to report data to CMS on specific measures for high volume and high-cost health conditions.

**GMCS Performance & Program Payment:** Performance on the GMCS will not affect hospitals' payments whether they self-select to report on the GMCS or not. A hospital's payment is based upon whether it submits data.

APU: annual payment update; CMS: Centers for Medicare & Medicaid Services; CY: calendar year; eCQM: electronic clinical quality measure; FY: fiscal year; GMCS: Global Malnutrition Composite Score; IQR: Inpatient Quality Reporting

# Data Collection, Submission, Public Reporting, and Payment Determination Occur Over a Three-Year Timespan

The GMCS is a new quality measure that will be available in CY 2024 reporting period for FY 2026 payment determination. Hospital must collect data in 2024 for submission and public reporting in 2025.



\*The deadline for data reporting is based on the [Hospital Quality Reporting Important Dates and Deadlines](#), however, because the deadline has not officially been released by CMS, this deadline is an estimate.

CY: calendar year; eCQM: electronic clinical quality measure; FY: fiscal year; GMCS: Global Malnutrition Composite Score.

# As an eCQM in a CMS Pay-for-Reporting Program, the GMCS Undergoes Annual Updates to Remain Current

As part of the **Annual Update (AU)** process, measure specifications are posted to the **eCQI Resource Center**, which indicates the latest version of the measure. **Refer to [eCQI Resource Center](#) for measure specification updates and notes.**

## 2024 Reporting Period Eligible Hospital / Critical Access Hospital eCQMs

Total number of EH/CAH eCQMs: 12

| Title   | Short Name | CMS eCQM ID | NQF Number     | Specifications                      | Notes  |
|---|------------|-------------|----------------|-------------------------------------|--|
| <a href="#">Anticoagulation Therapy for Atrial Fibrillation/Flutter</a> | STK-3      | CMS71v13    | Not Applicable | <a href="#">CMS71v13.zip</a> (ZIP)  |  |
| <a href="#">Antithrombotic Therapy By End of Hospital Day 2</a>         | STK-5      | CMS72v12    | Not Applicable | <a href="#">CMS72v12.zip</a> (ZIP)  |  |
| <a href="#">Cesarean Birth</a>  | PC-02      | CMS334v5    | 0471e          | <a href="#">CMS334v5.zip</a> (ZIP)  |  |
| <a href="#">Discharged on Antithrombotic Therapy</a>                    | STK-2      | CMS104v12   | Not Applicable | <a href="#">CMS104v12.zip</a> (ZIP) |  |
| <a href="#">Global Malnutrition Composite Score</a>                     | GMCS       | CMS986v2    | 3592e          | <a href="#">CMS986v2.zip</a> (ZIP)  | There is a known issue on CMS986v2. See issue <a href="#">EKI-21</a> on the ONC eCQM Known Issues Dashboard for details. |

CMS: Centers for Medicare & Medicaid Services; eCQI: electronic clinical quality improvement; eCQM: electronic clinical quality measure; GMCS: Global Malnutrition Composite Score

# Measure Issues Are Common, & the GMCS Has an Issue that Doesn't Affect Reporting or Care Processes

On the [eCQI Resource Center](#), there exists a notes column that indicates if a measure has any known issues that your EHR vendor—who creates the infrastructure to facilitate reporting of data to CMS—should be aware of.

**The GMCS Known Measure Issue:** The measure observation (MO) logic in MO2, MO3, and MO4 is missing the requirement that the valid encounter contains a “Malnutrition Risk Screening At Risk Result” or an ordered “Hospital Dietitian Referral”. **This may result in erroneously high-performance scores not aligned with measure intent or a true measurement of performance.**

**Resolution:** Implement CMS986v2 following the sequence of steps in the Desired Logic Pathway for GMCS document available in the [dashboard](#).

This known measure issue only impacts the structure of the measure logic but **does not impact hospitals' ability to report on the measure or the nutrition care staff processes that your teams implement.**

eCQI: electronic clinical quality improvement; GMCS: Global Malnutrition Composite Score; MO: measure observation.

# Questions on the Reporting on the GMCS

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Questions?



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# Learning Collaborative Members Share Their Experiences with the GMCS

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

# Two Hospital Experiences with the GMCS Measure

Two Learning Collaborative Members from MaineHealth and UnityPoint – Des Moines will share their experiences with the GMCS.

## **Key focuses of their experiences will demonstrate:**

- Their work internally to develop documentation
- The development of ongoing quality data reports,
- The gathering of a QI team for overall malnutrition care process improvement
- Their work to engage their leadership to prioritize the GMCS measure

Please note the two hospital speakers are longtime collaborators on the measure and some of the slide content reflects data elements/specifications that differ slightly from the most current specifications for CMS reporting. Please work with your EHR vendor and IT team to ensure your facility is using the most recent GMCS measure specifications to design your processes.

CMS: Center for Medicare & Medicaid Services; EHR: electronic health records; IT: information technology; GMCS: Global Malnutrition Composite Score; QI: quality improvement.



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## MaineHealth



Erika Grant, MS, RD, LD, CNSC  
Clinical Nutrition Manager

- GCMS report building
- GCMS key stakeholders
- Barriers to implementation



MaineHealth is a not-for-profit integrated health system whose vision is, **“Working together so our communities are the healthiest in America.”** It consists of nine local health systems, a comprehensive behavioral health care network, diagnostic services, home health agencies, and 1,700 employed providers working together through the MaineHealth Medical Group.



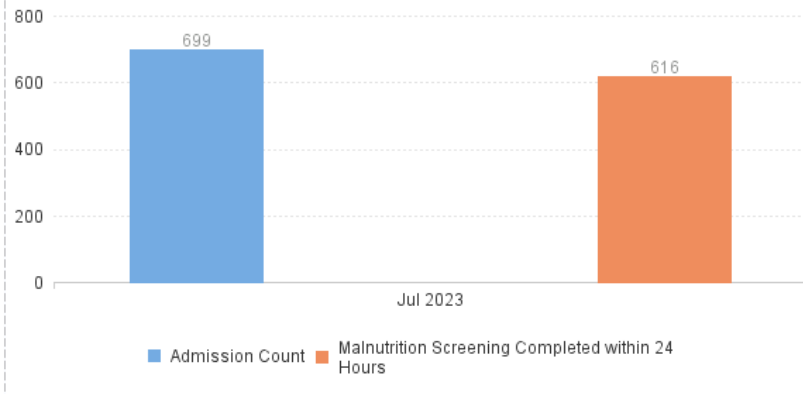
# Performance Feedback Report

Date Range: 7/1/23 to 7/31/23

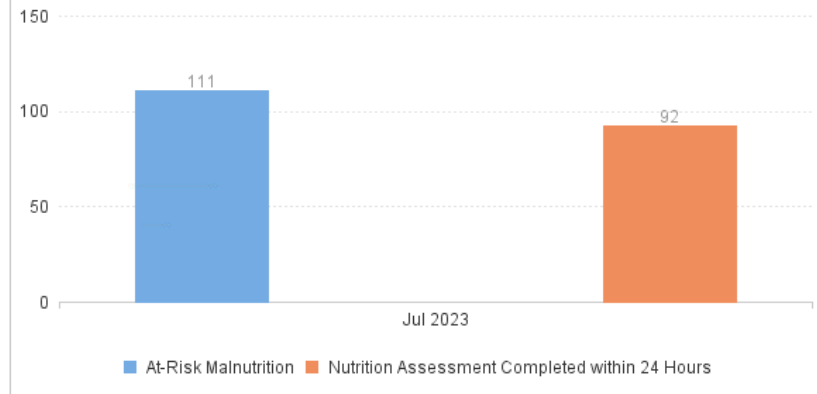
|                     |                   |
|---------------------|-------------------|
| Location(s)         | SMHC              |
| Date Range          | 7/1/23 to 7/31/23 |
| Adult vs. Pediatric | Adult             |
| Adult Group         | All Ages          |

|                     |              |
|---------------------|--------------|
| Malnutrition DX(s)  | All Patients |
| Malnutrition Result | All Patients |
| Care Plan Presence  | All Patients |

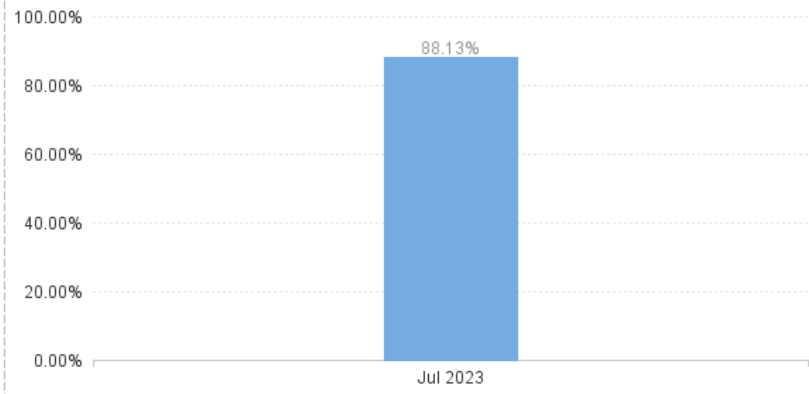
Malnutrition Screening Completed within 24 Hours (eCQM1)



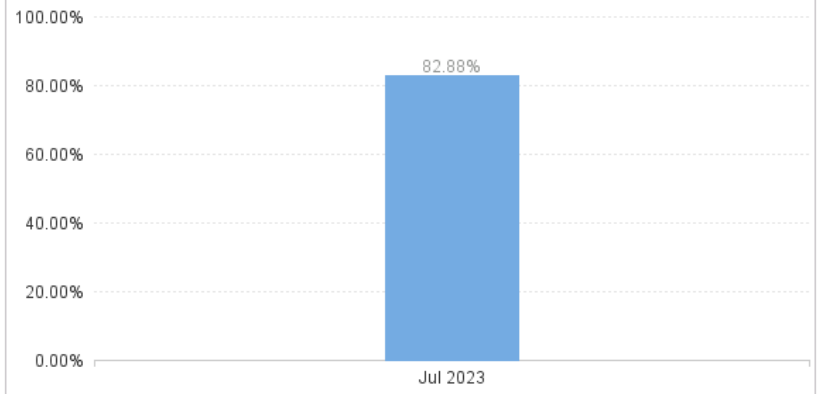
Nutrition Assessment Completed within 24 Hours (eCQM2)

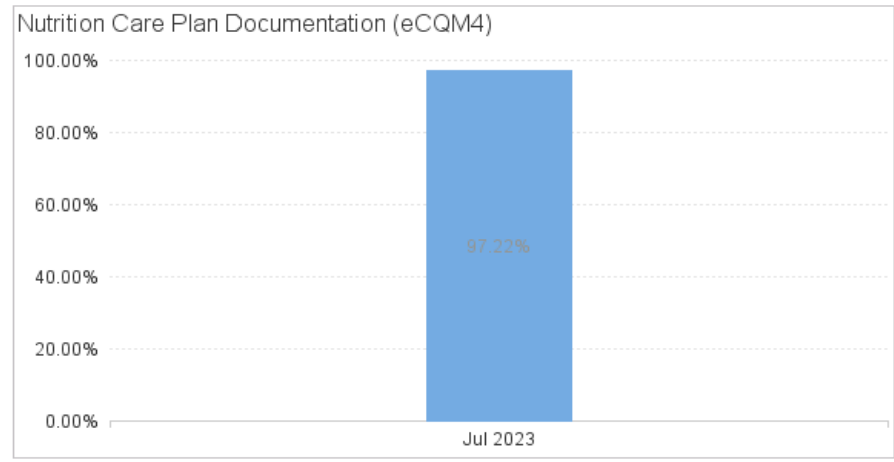
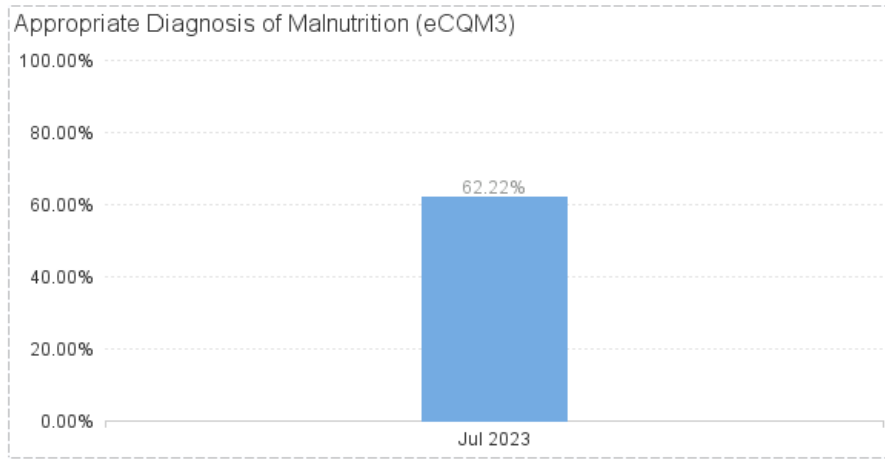
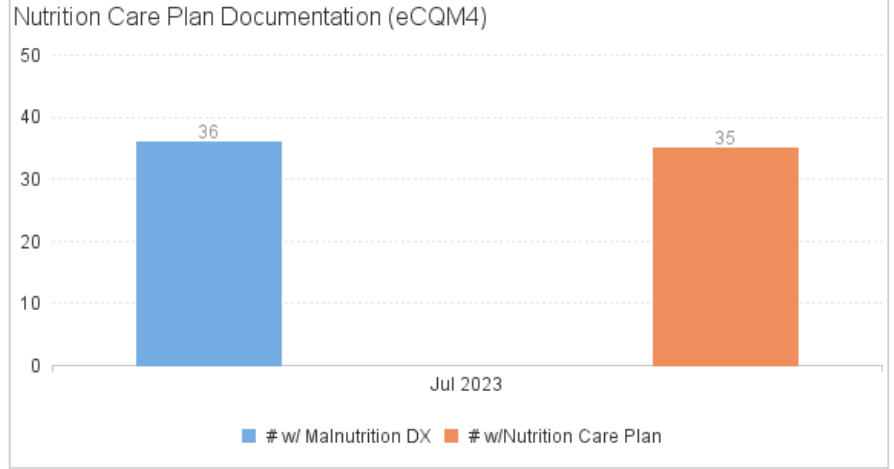
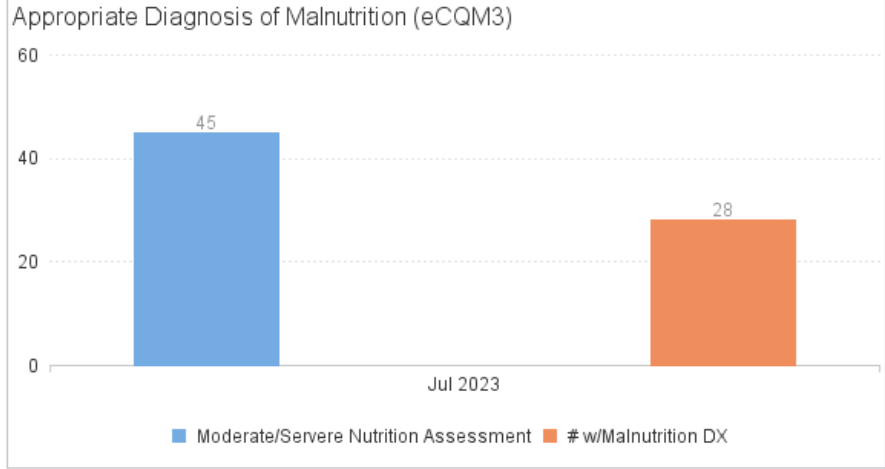


Malnutrition Screening Completed within 24 Hours (eCQM1)



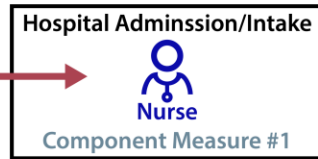
Nutrition Assessment Completed within 24 Hours (eCQM2)





# Workflow

Pulling from MST screening on admission



Pulling from Assessment Type of Nutrition Flowsheet



Pulling from Malnutrition Plan section of Nutrition Flowsheet



Pulling from hospital discharge problem list/post hospital coding as well as Nutrition Diagnosis row in nutrition assessment flowsheet



# GCMS Report Build

## Flowsheets

| Nutrition Assessment                      |                                |   |
|---|--------------------------------|---|
| <input type="radio"/> Accordion           | <input type="radio"/> Expanded | <input checked="" type="radio"/> View All |
|   | 1m                             | 5m 10m 15m 30m 1h                         |
|   | ED to Hosp-Admission (Current) |   |
|   | 7/3/2023                       | 7/4/2023                                  |
|   | 2007                           | 1200                                      |
| Search (Alt+ Comma)                       |                                |   |
| <b>Assessment Type</b>                    |                                |   |
| Assessment Type                           |                                |   |
| Assessment Reason                         |                                |   |
| <b>Physical Findings</b>                  |                                |   |
| Physical Findings                         |                                | Subcutaneous                              |
| Bilateral muscle wasting (upper)          |                                | Clavicles (pe..                           |
| Bilateral muscle wasting (lower)          |                                |   |
| Subcutaneous fat loss                     |                                | Buccal fat                                |
| Nutrition Findings                        |                                |   |
| Additional Information                    |                                | Noted Patient r                           |
| Hand Dynamometer                          |                                |   |
| <b>Pertinent Lab Results</b>              |                                |   |
| Pertinent Labs                            |                                |   |
| <b>Level of Care</b>                      |                                |   |
| Nutrition Risk                            |                                | moderate                                  |
| Follow-up Date                            |                                | 7/8/2023                                  |
| <b>Nutrition Diagnosis</b>                |                                |   |
| Nutrition Diagnosis                       |                                | Moderate Mai                              |
| PES Comment                               |                                | related to inad                           |
| Nutrition Diagnosis 2                     |                                |   |
| PES Comment 2                             |                                |   |
| <b>Malnutrition</b>                       |                                |   |
| Malnutrition Assessment                   |                                | Moderate mai                              |
| Malnutrition Plan                         |                                | Multivitamin w                            |
| <b>Nutrition Prescription</b>             |                                |   |
| Nutrition Prescription                    |                                | Regular diet                              |
| <b>Plan/Recommendations</b>               |                                |   |
| Calorie Counts                            |                                |   |
| Calories and Protein                      |                                |   |
| Collaboration/Nutrition Care Plan         |                                | Collaborated w                            |
| Education                                 |                                | Remain availa                             |
| Labs                                      |                                | Monitor Labs                              |
| Menu Selection                            |                                | Monitor Intake                            |
| Oral Intake                               |                                | Encourage ade                             |
| Referrals                                 |                                |   |
| Skin Integrity/Wound Healing              |                                |   |
| Supplements                               |                                | Recommend s                               |
| TPN                                       |                                |   |
| Tube Feedings                             |                                |   |
| Weights                                   |                                | Standing Scale                            |
| Additional Nutrition Plan/Recommendations |                                | RD will send E                            |

eCQM#2



eCQM#3

denominator (pick either Moderate Malnutrition or Severe Malnutrition from drop down list)



eCQM#4



@malnutrition  
@ smartlink  
-double check spelling of free text as this will flow into provider note  
-both assessment and plan flow over and both need to be filled in



# GCMS Report Build

## Metrics for Malnutrition and GCMS

| Metrics   | Numerator  | Denominator   |
|---|--|---|
| Malnutrition Screening Completed within 24 Hours (eCQM1)  | # Screened w/in 24 hrs   | # Admissions  |
| Nutrition Assessment Completed within 24 Hours (eCQM3)    | # w/Nut Assessment w/in 24hrs  | # At-Risk Malnutrition Screening  |
| Appropriate Diagnosis of Malnutrition (eCQM3)             | # w/Malnutrition Dx  | # w/Moderate or Severe Nutrition Assessment                                     |
| Nutrition Care Plan Documentation (eCQM3)                 | # w/Nutrition Care Plan  | # w/Malnutrition Dx   |
| Hospital Malnutrition Diagnosis Rate by Age Group (Adult) | # w/Malnutrition Dx  | # Admissions w/Age >17  |
| 30-Day Readmission Rate                                   | # Readmission within 30 days of discharge date                       |   |
| Average Length of Stay                                    | # Difference in Hours between Admission & Discharge time             |   |
| GCMS Result   | # Score of 4 components  | # Over 65, LOS >= 24 and Inpatient Acute Care Patient Class                     |
| Component 1   | # Encounters with Malnutrition Risk Screening & Identified Result    | # Over 65, LOS >= 24 and Inpatient Acute Care Patient Class                     |
| Component 2   | # Encounters with Nutrition Assessment and Identified Status         | # Over 65, LOS >= 24 and Inpatient Acute Care Patient Class & "At Risk" Malnutr |
| Component 3   | # Encounters where a current "Malnutrition Diagnosis" was documented | # Over 65, LOS >= 24 and Inpatient Acute Care Patient Class & "At Risk" Malnutr |
| Component 4   | # Encounters where a current "Nutrition Care Plan" was performed     | # Over 65, LOS >= 24 and Inpatient Acute Care Patient Class & "At Risk" Malnutr |

## Performance Feedback Report

Date Range: 7/1/23 to 7/31/23

| Metric  | July 2023 | Total  |
|---|-----------|--------|
| Malnutrition Screening Completed within 24 Hours (eCQM1)                            | 88.13%    | 88.13% |
| Nutrition assessment Completed within 24 Hours (eCQM2)                              | 82.88%    | 82.88% |
| Appropriate Diagnosis of Malnutrition (eCQM3)                                       | 62.22%    | 62.22% |
| Nutrition Care Plan Documentation (eCQM4)   | 97.22%    | 97.22% |
| Hospital Malnutrition Diagnosis Rate by Age Group                                   | 5.15%     | 5.15%  |
| 30 Day Readmission Rate (general population)  | 11.46%    | 11.46% |
| 30 day Readmission Rate (with malnutrition dx)                                      | 25.00%    | 25.00% |
| Average Length of Stay (general population)   | 3.83      | 3.83   |
| Average Length of Stay (with malnutrition dx)                                       | 6.96      | 6.96   |
| Aggregate Total Malnutrition components Score as a percentage at the hospital Level | 86.86%    | 86.86% |

# Key Stakeholders

- Clinical Nutrition Managers
- Manager of Quality Reporting
- Director, Senior Director, VP, and Chief of Quality and Safety
- Associate and System Analysts
- Senior Director of Operations and Ancillary Services
- Accreditation and Regulatory Affairs Manager and Senior Director
- Improvement Specialist
- Quality Data Analyst



# Barriers to Full Implementation

- Dietitian Workflow
  - Different hospital sites have different charting, coding, order writing, and staffing capabilities.
- EPIC Workflow
  - Dashboard Build
    - The measures in the Future Planned Measure Support section are still pending program inclusion in Inpatient Prospective Payment Systems Final Rules. Because they are early in their design and development, measures in this section might not be released for a while.

# Questions on MaineHealth's Experiences with the GMCS

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Questions?

## UnityPoint Health – Des Moines



Courtney D. Salazar, PhD, RD, LD  
Clinical Nutrition Manager

- UnityPoint Health – Des Moines stats
- History of collecting malnutrition data
- Where we are now
- Barriers and suggestions

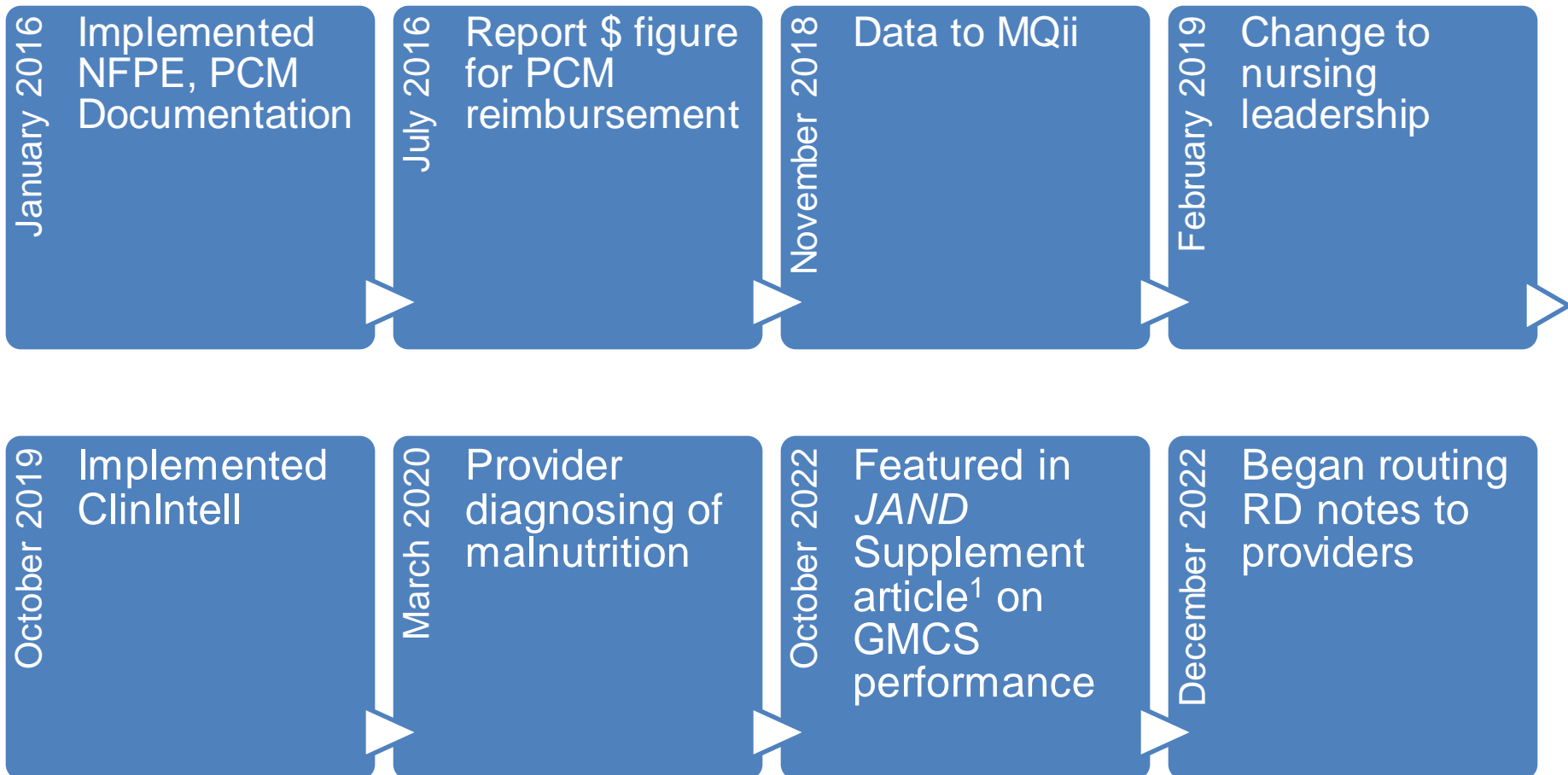
# UnityPoint Health – Des Moines Statistics

- 4 Hospitals; 3 campuses – total beds 695
  - Iowa Methodist Medical Center – 353 beds (Level 1 Trauma Center)
  - Iowa Lutheran Hospital – 163 beds
  - Methodist West Hospital – 88 beds
  - Blank Children’s Hospital – 91 beds
- Clinical Nutrition Staff
  - 10.2 FTEs – Nutrition Support Specialists
  - 11.8 FTEs – Dietitians
  - 4.1 FTEs – Diet Technicians
  - 1.9 FTEs – Outpatient Dietitians
- Part of a larger system – Iowa, Illinois, Wisconsin
  - 7 affiliates
  - 20 hospitals
  - 19 rural hospitals
  - 400+ clinics and home care services
- EHR – Epic



# UnityPoint Health – Des Moines

## History of Collecting Malnutrition Data



# UnityPoint Health – Des Moines

## Evolution of Malnutrition Committee

### January 2016

- Physician Champion
- Director of Reimbursement/Revenue Cycle
- Director of Process Improvement
- CNM
- Dietitian

### November 2018

- Physician Champion
- Director of Reimbursement/Revenue Cycle
- Director of Process Improvement
- CNM
- Dietitian
- Quality Improvement Analyst

### March 2020

- CNM
- Health Information Integrity Specialists

### October 2022

- Physician Champion
- CNM
- Health Information Integrity Specialists

### September 2023

- Physician Champion
- CNM
- Health Information Integrity Specialists
- Epic Informaticist

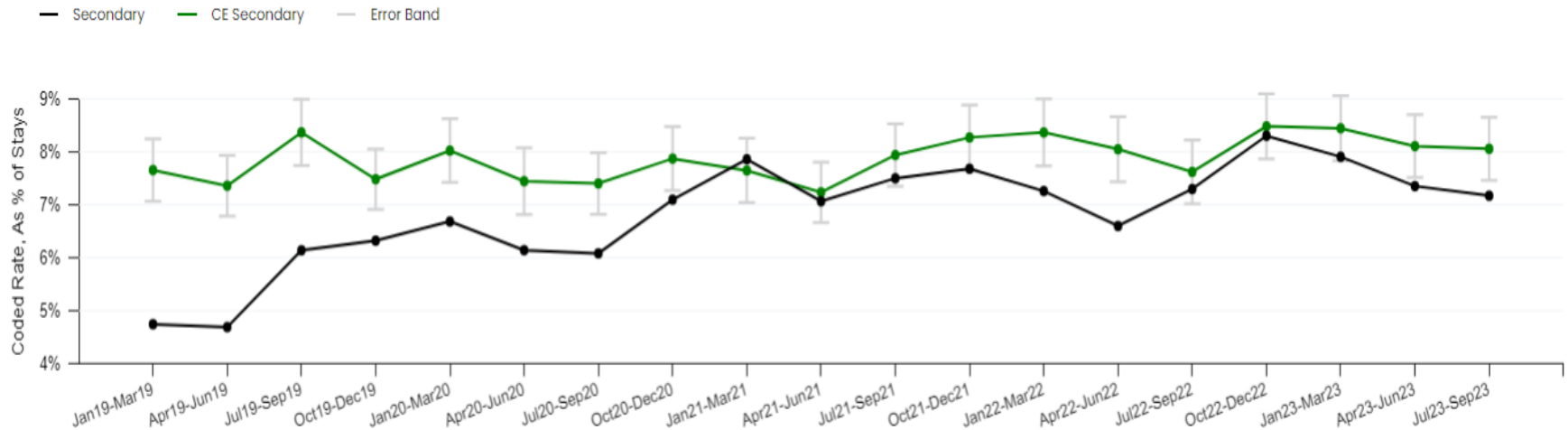
### October 2023

- Physician Champion
- CNM
- Health Information Integrity Specialists
- Epic Informaticist
- Process Improvement Engineer

# UnityPoint Health – Des Moines ClinIntell

- Monthly data shared departmentally and individually
  - Colorectal, hospitalists, surgery, cardiothoracic, trauma, internal med, mid-level providers, pediatric
  - Considered “low-hanging fruit”
  - Individual able to see how they stand compared to department
  - Improved awareness and ongoing education
  - Monthly tipsheets

## ▼ UnityPoint Health (Hospitals) - Malnutrition, Mild, Moderate and Severe



# UnityPoint Health – Des Moines

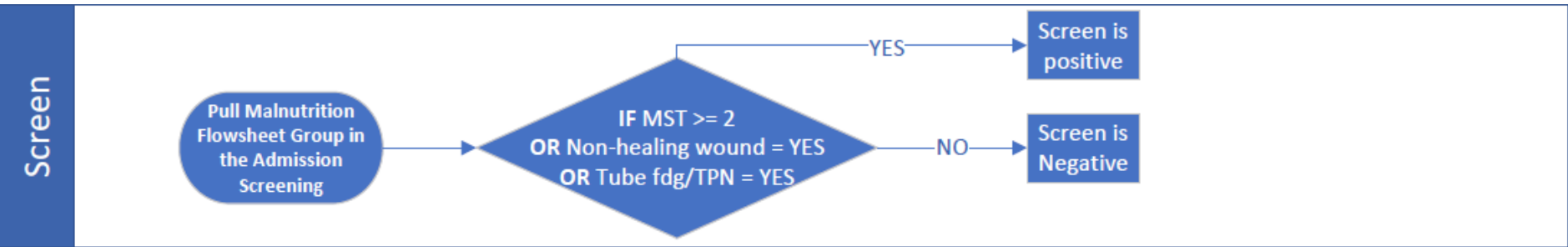
## Global Malnutrition Composite Score

- Already set up to capture data due to participation in MQii
- UnityPoint Health System – Epic upgrade in spring 2024 will better capture GMCS
  - Ultimately likely to report best scores from optional list
- Des Moines “Malnutrition Team” moving forward with “unofficial” calculation for Des Moines only
  - Allows time to improve score prior to official capture
  - Determine specific components for areas of improvement



# UnityPoint Health – Des Moines

## Global Malnutrition Composite Score – Screening

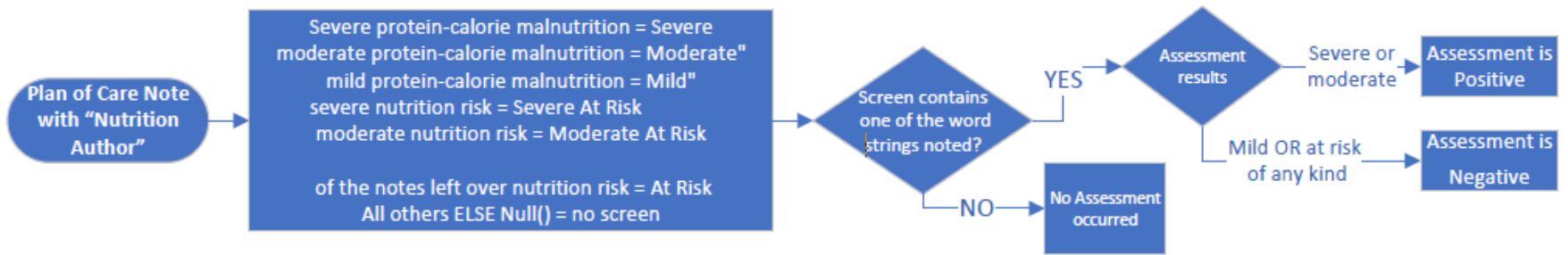




|   | 2222 |
|---|------|
| <b>Malnutrition Screen</b>  |      |
| Have you been eating poorly because of decreased appetite?        | 1    |
| Have you lost weight recently without trying? (If yes, how much?) | 2.1  |
| MST Score (Weight Loss and Appetite Score)                        | 3    |
| Non-healing wound(s)-open area(s)                                 | No   |
| Received tube fdg/TPN in last month                               | No   |

# UnityPoint Health – Des Moines

## Global Malnutrition Composite Score – Assessment

Assessment



Plan of Care    
Signed

Date of Service 

Registered Dietitian  
Nutrition

Signed

### Clinical Nutrition Note

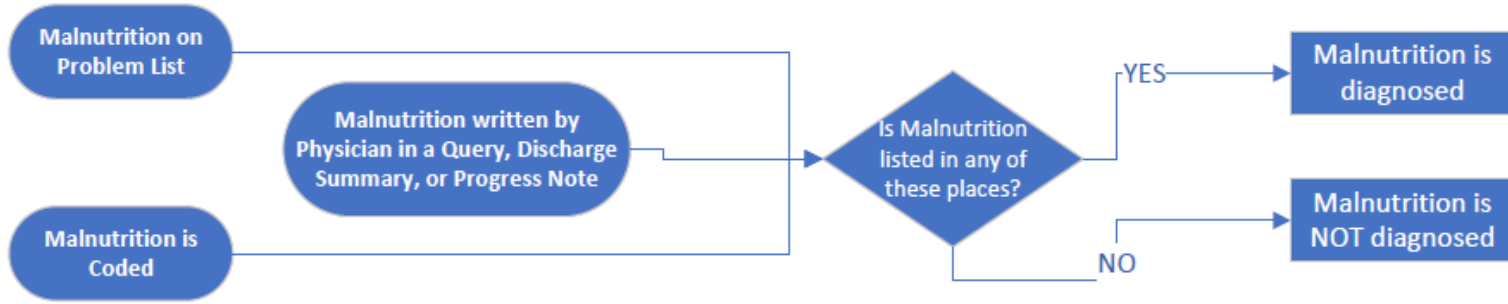


#### Nutrition Status:

Patient meets criteria for **moderate protein-calorie malnutrition** in the context of acute illness as evidenced by less than 75% of estimated energy needs for greater/equal to 1 month, significant unintentional weight loss of 7.5% over 3 months and Nutrition Focused Physical Exam .

# UnityPoint Health – Des Moines Global Malnutrition Composite Score – Diagnosis

Diagnosis



## Problem List

Date Reviewed: 9/14/2023

Priority

### Sepsis without acute organ dysfunction

- Generalized anxiety disorder (Chronic)
- Methadone use (Chronic)
- Normocytic anemia
- Pleural effusion on left
- Cigarette nicotine dependence without complication (Chronic)
- Opioid use disorder (Chronic)
- Hyponatremia
- History of peritonitis
- History of alcohol use disorder (Chronic)
- Alcoholism (Chronic)
- Elevated liver enzymes
- AKI (acute kidney injury)
- History of Whipple procedure (Chronic)
- Severe protein-calorie malnutrition (Chronic)**
- Gastrointestinal fistula
- Type 2 diabetes mellitus with hyperglycemia, with long-term

[Redacted] **Discharge Summary** Date of Service: 8/28/2023 11:30 AM  
 Physician Signed  
 Hospitalist

Signed

[Expand All](#) [Collapse All](#)

PCP [Redacted]  
 Admit date [Redacted]  
 Discharge Date: [Redacted]  
 Disposition: Skilled Nursing Facility  
 Discharged Condition: fair

**Discharge Diagnosis & Hospital Problems**



**Active Hospital Problems**

| Diagnosis  | POA     |
|--|---------|
| •*Acute on chronic heart failure [I50.9]             | Yes     |
| •Adenocarcinoma of pancreas [C25.9]                  | Yes     |
| •Decubitus ulcer of sacral region, stage 2 [L89.152] | Yes     |
| • <b>Severe protein-calorie malnutrition [E43]</b>   | Yes     |
| •Acute respiratory failure with hypoxia [J96.01]     | Unknown |
| •Weakness [R53.1]                                    | Unknown |
| •History of MI (myocardial infarction) [I25.2]       | Not     |



# UnityPoint Health – Des Moines Global Malnutrition Composite Score – Physician Query

Physician  
Hospitalist

Physician Query    
Signed

Date of Service: 10/27/2023 2:22 PM

Signed

CDI Query 

There is a Dietitian's Assessment on this medical record. Only a treating provider can document the diagnosis for the patient, however the provider can use a Registered Dietitian's (Nutrition Status) note as supporting evidence for his/her diagnosis. Please further clarify the nutritional status by selection of appropriate responses provided.

- A. "Severe protein-calorie malnutrition in the context of chronic illness as evidenced by less than/equal to 75% of estimated energy needs for greater/equal to 1 month, significant unintentional weight loss of greater than 20% over 1 year and Nutrition Focused Physical Exam."
- B. Other, please specify
- C. Unable to clinically determine

**Clarification response:** Enter letter response(s) from options above A

## DIAGNOSTIC CRITERIA /CLINICAL INDICATORS PRESENT IN RECORD:

Nutrition Status and Focused Physical Exam: 10/26/23

Nutrition Status: Patient meets criteria for severe protein-calorie malnutrition in the context of chronic illness as evidenced by less than/equal to 75% of estimated energy needs for greater/equal to 1 month, significant unintentional weight loss of greater than 20% over 1 year and Nutrition Focused Physical Exam.

Nutrition Focused Physical Exam:

Body Fat: severe subcutaneous fat loss noted in orbital fat pads, buccal region and triceps.

Muscle Mass: severe muscle wasting noted in temporalis muscle, clavicles, pectoralis/deltoids/shoulders, interosseous muscles, thigh/quadriceps and calf muscle.

Fluid Accumulation: no edema present.

Functional Status: Decreased ability to perform activities of daily living including eating. Due to chronic abd pain/early satiety

Wounds: None

Risk factors: Colitis, possible diverticulitis, constipation

Treatment: Nutrition consult/monitoring

**Clinical/Coding References:** UPH follows ASPEN Criteria.

# UnityPoint Health – Des Moines

## Global Malnutrition Composite Score – Plan of Care

Plan of Care



### Nutrition Recommendations/Interventions:

- Diet: heart healthy
- Supplements: Continue Ensure Enlive BID.
- Continue to encourage nutrient dense foods to optimize nutrition status.
- Request current weight.
- Recommend Thera M Plus multivitamin with minerals.
- Monitor wt,labs and po intake

# UnityPoint Health – Des Moines

## Global Malnutrition Composite Score – Moving Forward

- Plan for integrating GMCS
  - Currently working on finalizing and validating data
  - Still needing to find correct contact to determine if/how score will be reported to CMS (currently a barrier)
    - Executive Director of Clinical Decision Support and Quality (?)
- How will we track performance internally
  - Track GMCS by month of discharge
  - Review monthly, quarterly, annually
  - Ensure each step of the process is occurring (e.g., physicians diagnose when RD identifies); focus on areas of improvement

# UnityPoint Health – Des Moines

## Global Malnutrition Composite Score – Barriers/Suggestions

- Barriers to implementation
  - Currently “siloes.” Des Moines set up to capture data due to involvement in MQii. Able to capture “unofficial” score, but somewhat of a manual process
  - Epic upgrade in 2024 to hopefully allow data capture across system
  - Suspect that not all affiliates chart/document the same
  - Physician buy-in
  - GMCS requires data entered by providers, nurses, RDs; difficult to know where to pull data from
  - Identifying correct contact to set up measure to report to CMS
- Who was most helpful
  - **Must** have a TEAM!
  - Physician Champion, Quality Improvement, Process Improvement, Informaticist, Health Information Integrity Specialists
- Suggestions for those getting started
  - Cast a wide net
  - Keep it at the forefront
  - Money talks
  - **Build relationships**/open dialogue between providers, nurses, RDs

# Questions on UnityPoint Health – Des Moines' Experiences with the GMCS

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Questions?





MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

# Summary of GMCS Reporting Opportunity

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

# Additional Resources and Information About the GMCS Are Offered by CMS, the MQii, and the Academy

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**For more information and resources regarding the GMCS, visit the following pages:**

- The MQii GMCS webpage at <https://malnutritionquality.org/gmcs-for-iqr/>
- The CDR GMCS page at <https://www.cdrnet.org/GMCS>
- The ASPEN Malnutrition Solution Center at <https://www.nutritioncare.org/malnutrition/>
- The CMS eCQI Resource Center at <https://ecqi.healthit.gov/ecqm/eh/2024/cms0986v2>

Please submit questions or comments regarding the standards and/or code system versions used in the upcoming eCQM updates for 2024 reporting/performance period to the [eCQM Issue Tracker](#).

For questions regarding your hospital's implementation of the GMCS in your EHR system, contact your hospital's administrator or EHR vendor, as appropriate.

For questions regarding the GMCS clinical care pathway and practice, email [quality@eatright.org](mailto:quality@eatright.org).  
For questions regarding the GMCS measure components and specifications, email [malnutritionquality@avalere.com](mailto:malnutritionquality@avalere.com).

ASPEN: American Society for Parenteral and Enteral Nutrition; CDR: Commission on Dietetic Registration; CMS: Centers for Medicare & Medicaid Services; eCQI: electronic clinical quality improvement; eCQM: electronic clinical quality measure; EHR: electronic health records' GMCS: Global Malnutrition Composite Score; MQii: Malnutrition Quality Improvement Initiative.



MALNUTRITION QUALITY  
IMPROVEMENT INITIATIVE

## Questions & Answers

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