Let’s Talk Policy and Practice: Malnutrition Among Older Adults, a Growing Crisis in America Today

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defeat malnutrition today

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National Coordinator
Dr. Zia Agha, MD
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Human and Financial Impact of Malnutrition

Disease-associated malnutrition estimated to cost $51.3 billion annually

- **300%**
  - Hospital costs can be up to 300% greater for individuals who are malnourished.

- **50%**
  - Malnourished hospitalized adults have up to 5x increased mortality and 50% higher readmission rates.

- **1 in 2**
  - Up to 1 out of 2 older adults is either at risk of becoming or is malnourished.

- **4 to 6**
  - Number of days by which malnutrition can increase length of hospital stay.

- **$51.3B**
  - Disease-associated malnutrition in older adults is estimated to cost $51.3 billion annually.
Prevalence Across Care Settings

• Acute Care:
  • 20%-50% of adults are malnourished or at risk - **only 7% diagnosed**
  • 5X more likely to have an in-hospital death
  • 54% higher likelihood of hospital 30-day readmissions
  • Cost per readmission for patients with malnutrition 26-34% higher

• Post-Acute Care:
  • 14%-51% of seniors are malnourished

• In Community:
  • Estimated 6%-30% of seniors are malnourished
Strategy: Comprehensive Malnutrition Care

Senior Malnutrition Visioning Session

- Comprehensive Malnutrition Care
- Identify & Screen Diagnosis
  - Universal screening across settings
  - Standardized definition & tools
- Intervene
  - Holistic, Person-Centered Care Plan
  - Care coordination & communication
  - Care transitions
  - Community-based services & supports
- Evaluate
  - Measured outcomes
  - Demonstration projects
  - Research

Incentivize
- Quality measurement & reporting
- Identify payment incentives and penalties (clinicians)
- Identify reimbursement opportunities (communities)

Call to Action
- Define & rebrand malnutrition
  - Don't treat it as hunger; affects us all (equity)
- Recognize it as a crisis
  - Education and awareness
- Bring together
  - Government
  - Non-profits
  - Private sector
  - Philanthropy
- Prevent & address malnutrition where seniors receive care: live, work, pray, play
West Health: Partnering to Make Significant Impact

Dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

Outcomes-based philanthropy

Applied medical research

Policy, Research and Education

Gary & Mary West Foundation

West Health Institute

West Health Policy Center
What You’ll Learn Today

• Reducing the human and financial impact of malnutrition will require action, coordination and innovation for real-world solutions

• Policies, Research and Practice are the corner stones for advancing malnutrition care

Please submit your question/comment cards to the ushers
Meet our Panel

**Moderator**

Dr. Zia Agha, MD  
Chief Medical Officer, EVP  
West Health

**Policy**

Meredith Ponder-Whitmire, JD  
Policy Director  
Defeat Malnutrition Today

Najja Orr, MBA  
Chief Strategy Officer  
Philadelphia Corporation for Aging

**Research**

Dr. Tim Platts-Mills, MD  
Vice Chair of Research – Emergency Medicine  
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Jessa Engelberg, PhD  
Senior Research Analyst  
West Health Institute

**Practice**

Brenda Schmitthenner, MPA  
Senior Director, Successful Aging  
West Health Institute

Paul Downey  
President and CEO  
Serving Seniors & Gary and Mary West Senior Wellness Center
Meredith Ponder Whitmire
Defeat Malnutrition Today

Najja Orr
Philadelphia Corporation on Aging
Malnutrition eCQMs

• What are eCQMs?

• Renewed hope for Administration action on the eCQMs

• HHS Sec. Azar said in a November speech:

  “Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—$42 billion each year in healthcare spending.”
Congressional Actions

- FY 2020 funding advocacy
- Older Americans Act reauthorization
- Awaiting recommendations of Government Accountability Office (GAO) report
- Further formal Congressional recognition for Malnutrition Awareness Week™ in 2019
Medicare Advantage

- In February, CMS announced expansion of “health-related supplemental benefits” to include “home-delivered meals, food, and produce”

- Final rule just released; results?

- What this means

- Future advocacy
Help defeat senior malnutrition
Dr. Tim Platts-Mills
University of North Carolina at Chapel Hill

Jessa Engelberg
West Health Institute
Research is Critical for Addressing Malnutrition in Older Adults

83% of older adults don’t consume a high quality diet

(Kamp BJ 2010)

Early feeding of critically ill patients =
- fewer infections
- shorter hospital length of stays

(Marick PE 2001)

Home-delivered meals reduce loneliness among older adults, may reduce falls

(Thomas KS 2015)

Oral feeding superior to IV feeding

(Gramlich L 2004)
Research Explores Unanswered Questions

• Why do so few eligible older adults access home-delivered meal programs?

• How do we identify patients who can benefit from this service?

• What home-delivered meal models and additional services work best and for whom?

(Campbell AD 2015)
Research Provides us with Validated Screening Tools and Estimates of Prevalence

• Define efficient and accurate methods for screening:
  – Mini Nutritional Assessment – Short Form (MNA-SF)
  – Malnutrition Screening Tool (MST)

• Obtain estimates of the prevalence of malnutrition to plan interventions:
  – 15% of older adults in the ED are malnourished
Research Informs Interventions

- Casual contributors to malnutrition can inform what interventions are needed:
  - oral health
  - food scarcity

- Importance of meal-time social interactions for food intake

- Optimal diet for patients given clinical variables:
  - recovery from injury or illness
  - nursing home patients
  - patients with poor dentition
  - diabetics
Research Informs Dissemination and Implementation

- Screening and interventions in healthcare settings
- Moving from efficacy to effectiveness
- Linking interventions to payment mechanisms
University of North Carolina at Chapel Hill
Emergency Department
&
West Health Institute
Brenda Schmitthenner
West Health Institute

Paul Downey
Gary and Mary West Senior Wellness Center
CBOs Role in Preventing and Addressing Malnutrition

- Increasing awareness
- Recognizing risks
- Screening
- Partnering with healthcare
- Addressing unmet social needs
- Innovating and evaluating
Risk Factors for Malnutrition are Multifaceted

Clinical, Social, Psychosocial

Risk Factors Wheel Graphic from Meals On Wheels, *Hunger in Older Adults* report
Social needs screeners:

- Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool
- Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE)
- Health Leads: 2018 Social Needs Screening Toolkit
Malnutrition Innovation in CBO Interventions and Programs

- Home-delivered and congregate meal programs
- Disease Management and prevention programs
- Care transition interventions
Business Case for CBOs to Support Comprehensive Malnutrition Care

- Senior malnutrition is debilitating, costly and preventable
- 1 out of 2 older adults at risk
- Cost exceeds $51B
- Shift to value-based care
- Reimbursement hinges on reducing healthcare costs
- Increasing opportunities for healthcare and CBO partnerships

It’s time to take action!
Serving Seniors’ Gary and Mary West Senior Wellness Center
Please hand your question/comment cards to the ushers

Questions?
Comments?
Taking Action in Your Community

• Join Defeat Malnutrition Today Coalition
• Increase awareness of Senior Malnutrition
• Form your own coalition and advocate for policy change
• Partner with local hospitals and other healthcare providers
• Add or improve malnutrition screening efforts into your programs

What 1-2 things will you do to combat Senior Malnutrition?
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