



December 18, 2023

Pre-Rule Making Measure Review Committee
Partnership for Quality Measurement

Submitted Electronically to MMSsupport@battelle.org

RE: Feedback on Release of Measures Under Consideration List for 2023-2024 Review Cycle

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”), I am pleased to submit comments in support of MUC2023-114, expansion of the Global Malnutrition Composite Score from 65 years of age and older to 18 years of age and older. As the Chief Executive Officer of the Alliance of Wound Care Stakeholders, representing 20+ clinical societies, the Alliance makes its unified, collective voice heard on a range of important issues including wound care related quality measures.

The importance of identifying, diagnosing, and treating malnutrition continues to grow. The existing Global Malnutrition Composite Score eCQM has been extensively tested, incentivizing the adoption of evidence-based malnutrition care best practices that are associated with reduced costs and improved patient outcomes. Many studies demonstrate correlations between malnutrition and elevated needs for continued medical interventions, higher costs of care, and increased patient safety risks. For example, malnourished hospitalized patients experience slower wound healing, higher risks of infection and longer LOS.^{1,2} Quality Improvement (QI) associated with a 36% increase in malnutrition diagnosis in targeted service lines (13.5% vs 18.4%, p-value<0.001, with the greatest significant increases observed in the general medical (10.8 vs. 16.25, p-value<0.001) and pulmonology (16.8 vs. 24.0, p-value=0.033) units. As many as 45% of patients identified as at malnutrition risk did not receive an RDN assessment, indicating a gap in patient nutrition care in some service lines.³

Malnutrition is a leading cause of morbidity and mortality, especially among older hospitalized adults. Hospitalized patients who are malnourished have a greater risk of complications, falls, pressure ulcers, infections, and readmissions, and experience 4 to 6 days longer length of stay. The endorsement and inclusion of MUC2023-114, expansion of the Global Malnutrition Composite Score from 65 years of age and older to 18 years of age and older, in the Hospital Inpatient Quality Reporting (IQR) program will ultimately improve patient care outcomes through standardized identification and treatment of malnutrition.

On behalf of the Alliance of Wound Care Stakeholders, we appreciate the opportunity to submit these comments in support of MUC2023-114, expansion of the Global Malnutrition Composite Score.

Sincerely,

A handwritten signature in black ink that reads "Marcia Nusgart R.Ph." in a cursive script.

Marcia Nusgart, R.Ph
Chief Executive Officer
Alliance of Wound Care Stakeholders
marcia@woundcarestakeholders.org

1. Barker L, Gout B, Crowe T, et al. Hospital malnutrition: prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health* 2011;8:514–27
2. Pratt KJ, et al. Impact of an interdisciplinary malnutrition quality improvement project at a large metropolitan hospital. *BMJ Open Qual.* 2020;9(1)
3. Improving Malnutrition Diagnosis at an Academic Medical Center: A Nutrition-focused Quality Improvement Program – Society for Medical Decision-Making Annual Conference 2020.