



# HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

*Submitted via Partnership for Quality Measurement Portal*

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

December 20, 2023

**Re: 2023 Measures Under Consideration Comment Period for Pre-Rulemaking Measure Review – MUC2023-196 – “Age Friendly Hospital Measure”**

To Whom It May Concern,

The Healthcare Nutrition Council (HNC) supports the malnutrition component of the Measure Under Consideration (MUC) MUC2023-196 “Age Friendly Hospital Measure” for inclusion in the Hospital Inpatient Quality Reporting Program (Hospital IQR Program), beginning with the 2024 performance year. HNC is an association representing manufacturers<sup>1</sup> of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), parenteral nutrition (PN) formulas, supplies and equipment. Our mission is to improve health by advancing policies that address and raise awareness of nutrition and its impact on patient outcomes and healthcare costs. Our organization aims to promote nutritional screening, diagnosis, assessment, appropriate and timely clinical nutrition interventions, as well as patient access to specialized nutrition support products and at all ages services throughout the continuum of care.

As CMS is aware, malnutrition is widely recognized as having a significant role in health outcomes and healthcare costs. Addressing malnutrition is essential to improving quality of care and outcomes for all patients. To name a few important considerations, malnutrition has been shown to lead to increased complications, longer hospitalizations and more readmissions for patients being treated in facility settings. In addition, malnutrition is a risk factor for other adverse clinical events, such as falls, and is also tied to higher rates of stroke, heart failure, cancer, and COPD. Malnourished patients experienced up to 5x risk of in-hospital mortality, up to 2x higher hospital costs, up to 2x longer length of stay, and 55% higher readmissions than discharges without malnutrition.<sup>2</sup>

The Age Friendly Hospital measure (MUC2023-196) pairs well with the Global Malnutrition Composite Score (GMCS) measure, as the components measured by the GMCS directly align with the requirements for activities one and two under domain three of the Age Friendly Hospital measure. HNC appreciates and supports inclusion of malnutrition screening and the required action plans for older adults due to the impact malnutrition has on downstream complications and health risks. Moreover, implementing components of the GMCS would meet the requirements for the malnutrition components of this measure. HNC would like to emphasize the critical component of communicating nutrition care plans in discharge instructions and post-acute transfers to ensure that the conditions identified in the hospital are appropriately managed and treated after discharge, as disease-related malnutrition is a common reason for patients to be readmitted to hospitals.<sup>3</sup> Communicating nutrition care plans in discharge instructions would help reduce readmission rate for patients with malnutrition; in which the average costs

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<sup>1</sup> HNC members are Abbott Nutrition, B. Braun Medical Inc., Nestle Healthcare Nutrition, and Nutricia North America.

<sup>2</sup> Barrett ML, Bailey MK, Owens PL. Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016. Last Accessed December 6, 2023. U.S. Agency for Healthcare Research and Quality. Available: [https://www.hcup-us.ahrq.gov/reports/HcupMalnutritionHospReport\\_083018.pdf](https://www.hcup-us.ahrq.gov/reports/HcupMalnutritionHospReport_083018.pdf).

<sup>3</sup> Alvarez-Hernandez J, Planas Vila M, Leon-Sanz M, et al. Prevalence and costs of malnutrition in hospitalized patients; the PREDyCES® Study. *Nutr Hosp*. 2012; 27(4): 1049-1059.



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per readmission were found to be 26-34 percent higher (\$16,900 to \$17,900) compared to those without malnutrition (\$13,400).<sup>4</sup>

It is important that CMS and others include robust nutrition measures in its quality reporting programs for adults. HNC therefore offers its strong support for the addition of the Age Friendly Hospital measure in the Hospital IQR program. HNC also encourages all stakeholders to continue advancing other nutritional-related measures for inclusion in CMS and other quality programs, and we stand ready to work with all stakeholders on this important initiative.

HNC thanks CMS for allowing us the opportunity to provide feedback on the inclusion of these measures. Should you wish to discuss these comments further, please contact Sydni Arnone at [sarnone@healthcarenutrition.org](mailto:sarnone@healthcarenutrition.org).

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin". The signature is written in a cursive style with a large, prominent "R" at the beginning.

Robert Rankin  
Executive Director

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<sup>4</sup> Fingar K, Weiss A, Barrett M, Elixhauser A, Steiner C, Guenter P, and Hise Brown M. All-Cause Readmissions Following Hospital Stays for Patients with Malnutrition, 2013. *HCUP Statistical Brief #218*. 2018. 1-18.