



defeat **malnutrition** today

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

April 16, 2019



**defeat malnutrition today**

**Bob Blancato**  
**National Coordinator**



**Dr. Zia Agha, MD**  
**Chief Medical Officer and Executive Vice President**

# 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<sup>1</sup>



**50%**

Malnourished hospitalized adults have up to 5x increased mortality<sup>2</sup> and 50% higher readmission rates<sup>3</sup>

**1 in 2**

Up to 1 out of 2 older adults is either at risk of becoming or is malnourished<sup>4,5</sup>

**4 to 6**

Number of days by which malnutrition can increase length of hospital stay<sup>6</sup>

**\$51.3B**

Disease-associated malnutrition in older adults is estimated to cost \$51.3 billion annually<sup>7</sup>

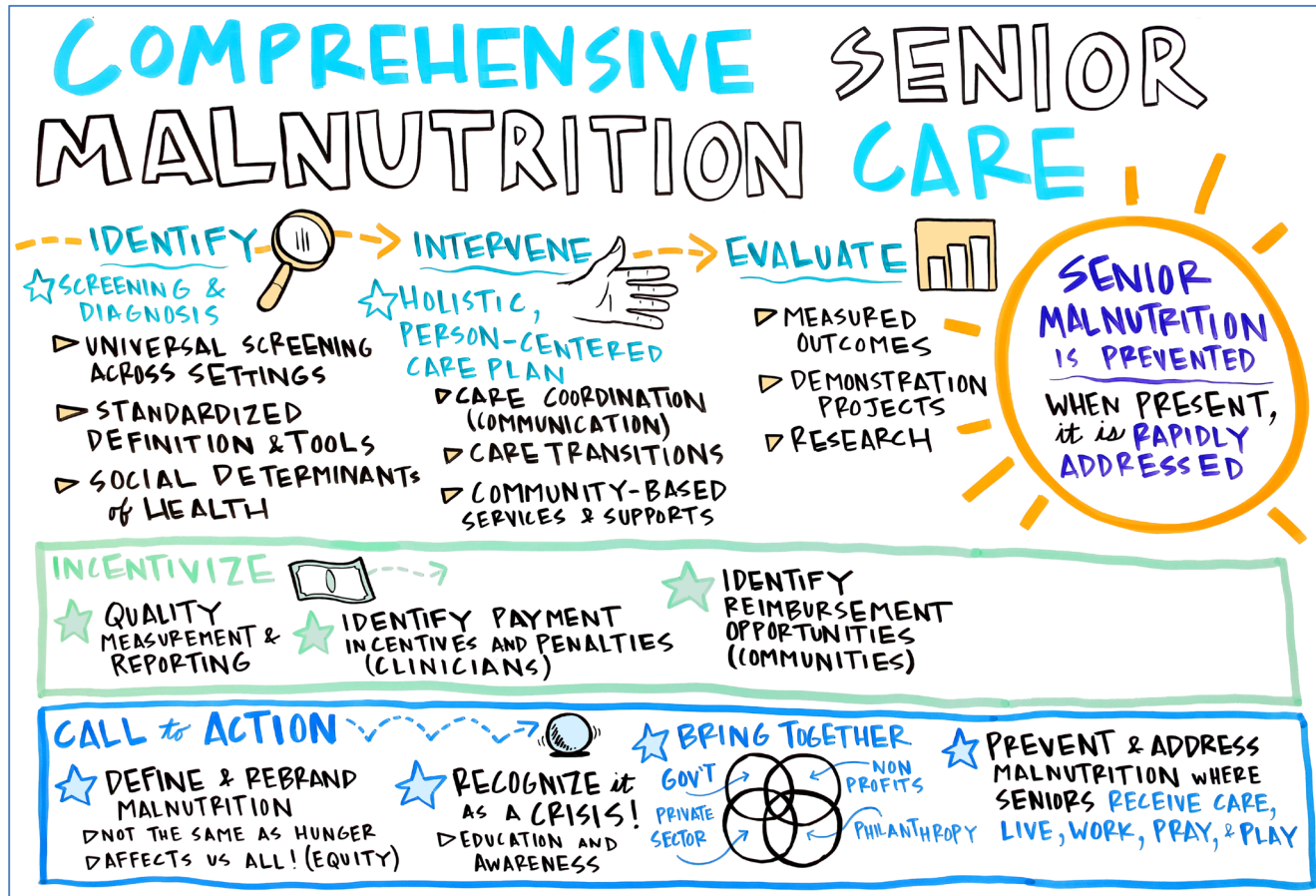
# Prevalence Across Care Settings

- 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



# 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**



# 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  
University of North Carolina



**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

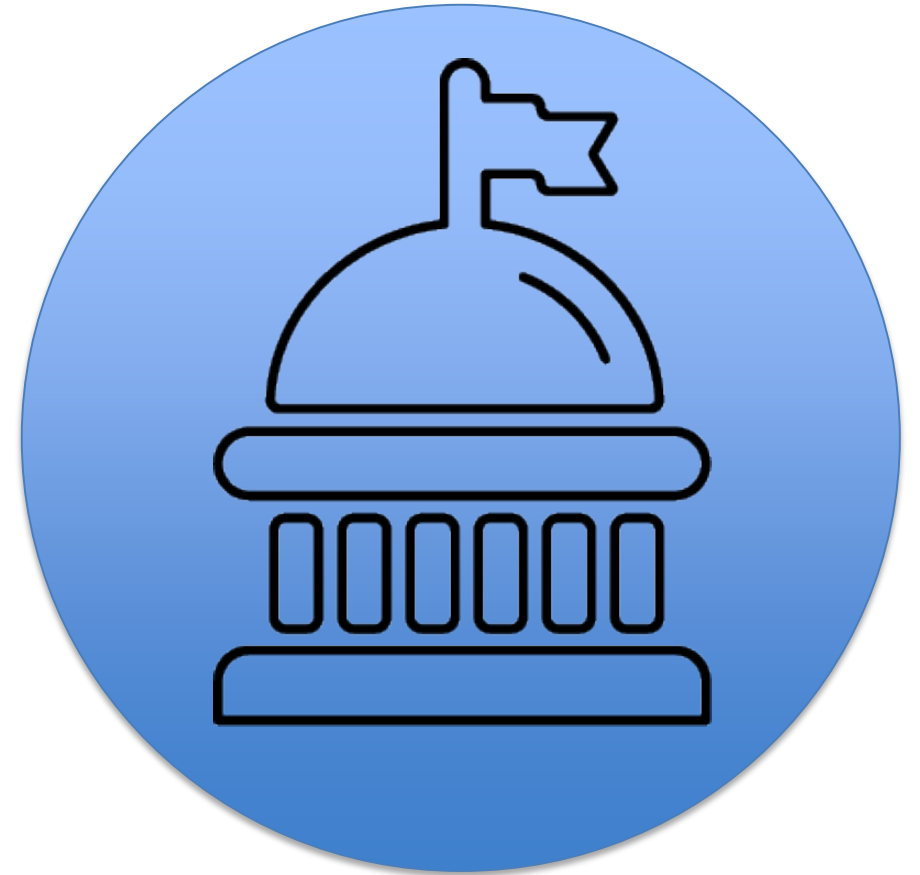
- What are eCQMs?
- Renewed hope for Administration action on the eCQMs
- HHS Sec. Azar said in a November speech:

“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





# Philadelphia Corporation on Aging



PHILADELPHIA CORPORATION FOR AGING

*Enriching lives, preserving dignity.™*



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**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

### Malnutrition Screening Tool (MST)

**STEP 1: Screen with the MST**

1 Have you recently lost weight without trying?

No	0
Unsure	2

If yes, how much weight have you lost?

2-13 lb	1
14-23 lb	2
24-33 lb	3
34 lb or more	4
Unsure	2

Weight loss score:

2 Have you been eating poorly because of a decreased appetite?

No	0
Yes	1

Appetite score:

Add weight loss and appetite scores

**MST SCORE:**

**STEP 2: Score to determine risk**

**MST = 0 OR 1  
NOT AT RISK**  
Eating well with little or no weight loss

If length of stay exceeds 7 days, then rescreen, repeating weekly as needed.

**MST = 2 OR MORE  
AT RISK**  
Eating poorly and/or recent weight loss

Rapidly implement nutrition interventions. Perform nutrition consult within 24-72 hrs, depending on risk.

**STEP 3: Intervene with nutritional support for your patients at risk of malnutrition.**

Notes: \_\_\_\_\_  
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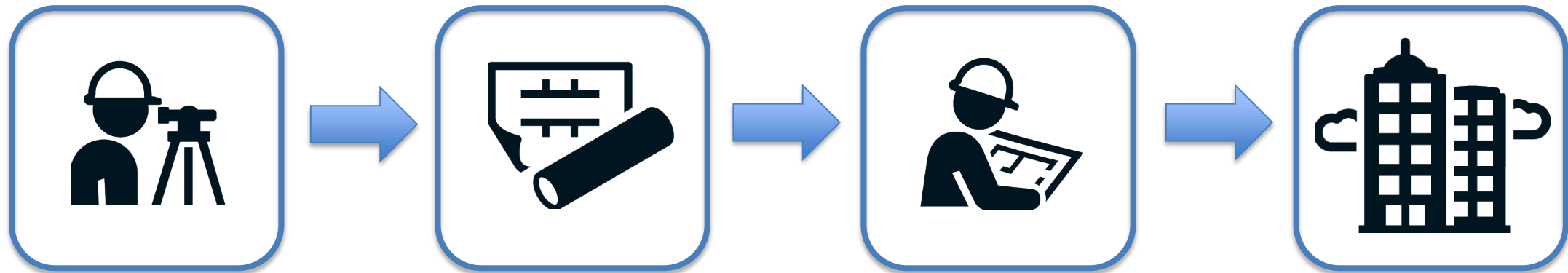
# Research Informs Interventions

- 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 Schmitthener**  
**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





# Screening Tools for Social Risk Factors



## 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

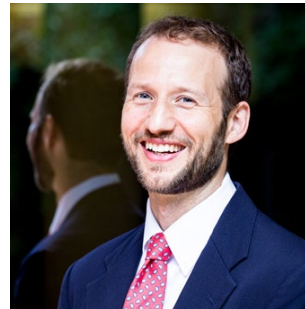
- Join Defeat Malnutrition Today Coalition
- Increase awareness of Senior Malnutrition
- Form your own coalition and advocate for policy change
- Partner with local hospitals and other healthcare providers
- Add or improve malnutrition screening efforts into your programs

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

# Contact Us



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Thank you!

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