



Senior Malnutrition: A Public Health Crisis Impacting Successful Aging - Why It Should Matter

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Senior Malnutrition: Overview

- Prevalence and impact of malnutrition
- Tools and approaches to identify and address malnutrition
- Advancing malnutrition care through innovative, senior-centered care models

Human and Financial Impact of Malnutrition

Disease-associated malnutrition estimated to cost \$51.3 billion annually



Hospital costs can be up to 300% greater for individuals who are malnourished¹



Malnourished hospitalized adults have up to 5x increased mortality² and 50% higher readmission rates²

1 in 2

Up to 1 out of 2 older adults is either at risk of becoming or is malnourished^{4,5}

4 to 6

Number of days by which malnutrition can increase length of hospital stay⁶

\$51.3B

Disease-associated malnutrition in older adults is estimated to cost \$51.3 billion annually⁷

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



Risk Factors

The risk factors associated with malnutrition are multifaceted and are often synergistic or bidirectional

- Clinical
- Social
- Psychosocial



Clinical Management of Malnutrition

Disease States:

- Poor intake
- Chronic disease
- Acute disease or injury-related

Malnutrition Diagnosis:

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized fluid accumulation
- Diminished functional status



Consequences of Malnutrition

Consequences of malnutrition are significant:

- Functional
- Clinical
- Healthcare System



Identify: Screening Tools for Malnutrition

Screening tools most often used in the clinical setting:

- Mini Nutritional Assessment Short Form (MNA-SF)
- Malnutrition Screening Tool (MST)
- Malnutrition Universal Screening Tool (MUST)
- Seniors in the Community: Risk Evaluation for Eating and Nutrition II (SCREEN-II)
- Subjective Global Assessment (SGA)

Malnutrition Screening Tool (MST)

STEP 1: Screen with the MST		STEP 2: Score to determine risk	
1 Have you recently lost weight without trying?		MST = 0 OR 1 NOT AT RISK Eating well with little or no weight loss	
No	0	If length of stay exceeds 7 days, then rescreen, repeating weekly as needed.	
Unsure	2	MST = 2 OR MORE AT RISK Eating poorly and/or recent weight loss	
If yes, how much weight have you lost?		Rapidly implement nutrition interventions. Perform nutrition consult within 24-72 hrs, depending on risk.	
2-13 lb	1	STEP 3: Intervene with nutritional support for your patients at risk of malnutrition.	
14-23 lb	2	Notes: _____	
24-33 lb	3	_____	
34 lb or more	4	_____	
Unsure	2	_____	
Weight loss score: <input type="text"/>		_____	
2 Have you been eating poorly because of a decreased appetite?		_____	
No	0	_____	
Yes	1	_____	
Appetite score: <input type="text"/>		_____	
Add weight loss and appetite scores		_____	
MST SCORE: <input type="text"/>		_____	

Ferguson, M et al. Nutrition 1999 15:458-464
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Identify: 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](#)

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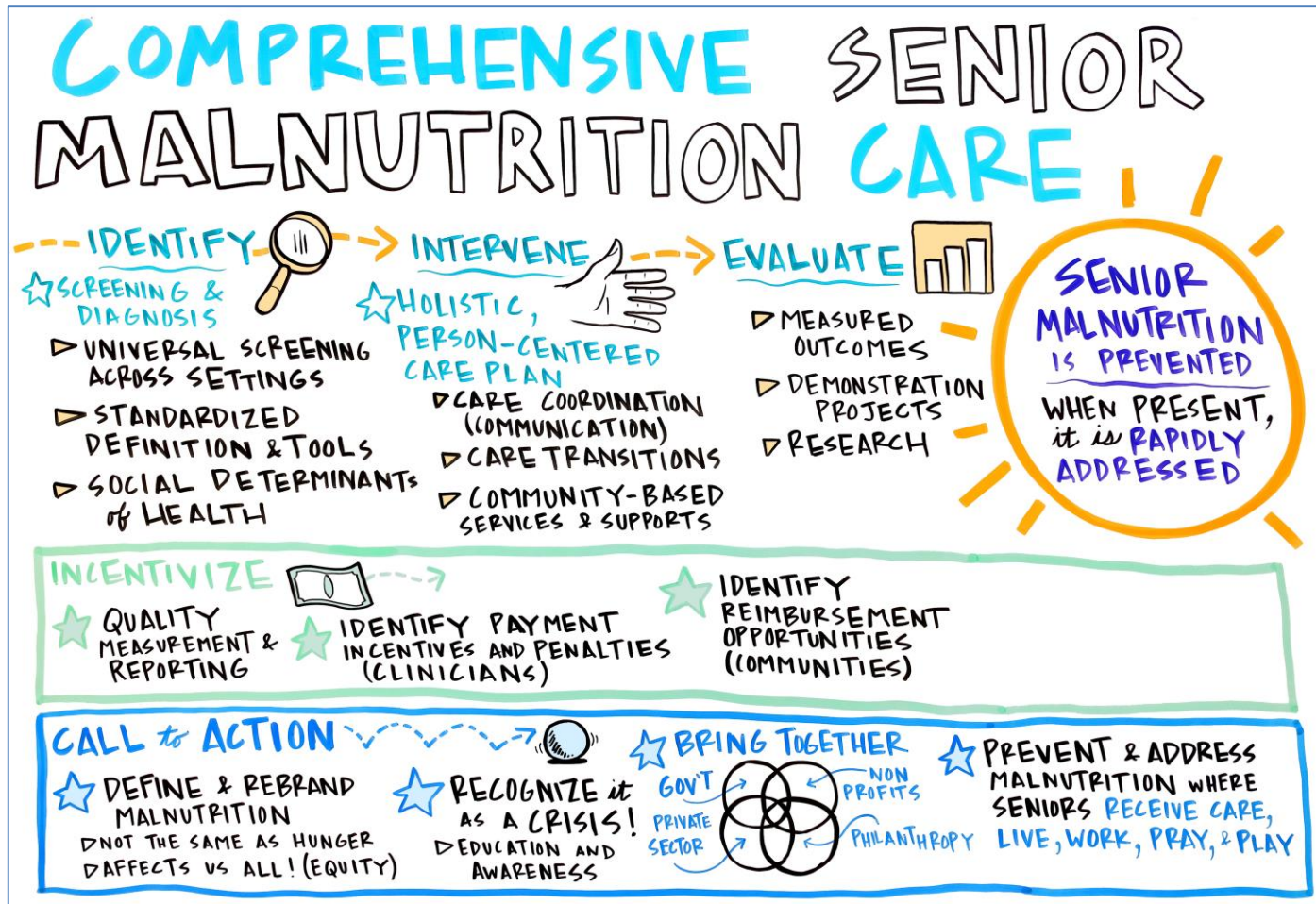
Addressing Malnutrition

Defeat Malnutrition Today Coalition Advancing comprehensive malnutrition care



Strategy: Comprehensive Malnutrition Care

Senior Malnutrition Visioning Session



West Health: Advancing Senior-Appropriate Care Models

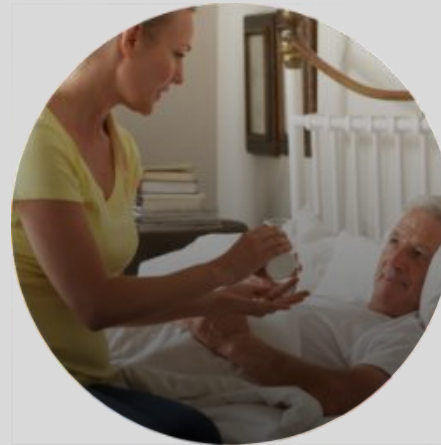
Collaborating with Healthcare and Community-based Organizations to Identify, Intervene, Evaluate

Senior-appropriate acute care models



- Geriatric Emergency Department
- Senior Dental Center

Senior-appropriate chronic care models



- Home-based Primary Care
- Palliative Care

Long-term services and supports delivery models



- Senior Nutrition & Malnutrition
- Medical and Social Care Integration

Identify, Intervene and Evaluate: UCSD Senior Emergency Care Unit

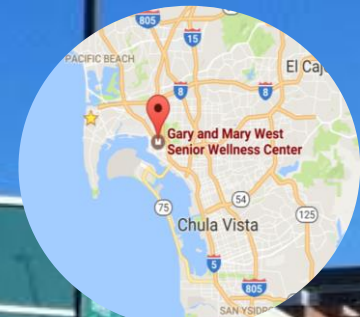
Identify: GENIE screens for risks that threaten health, safety and wellbeing

Intervene: Referrals for follow up in both the health and social domains to address risk

Evaluate: Measure results and outcomes



Identify, Intervene and Evaluate: Gary and Mary West Senior Wellness and Dental Center



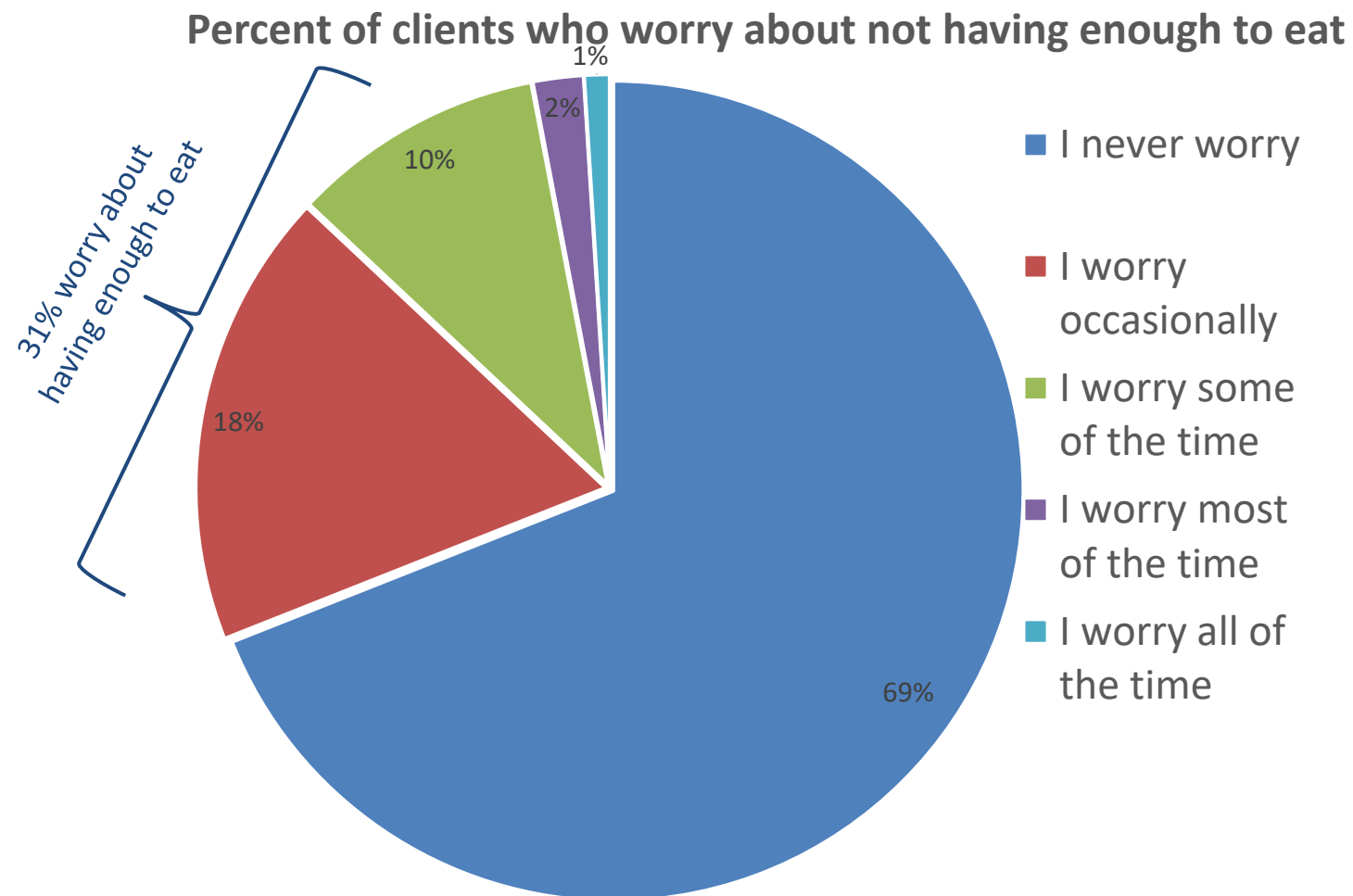
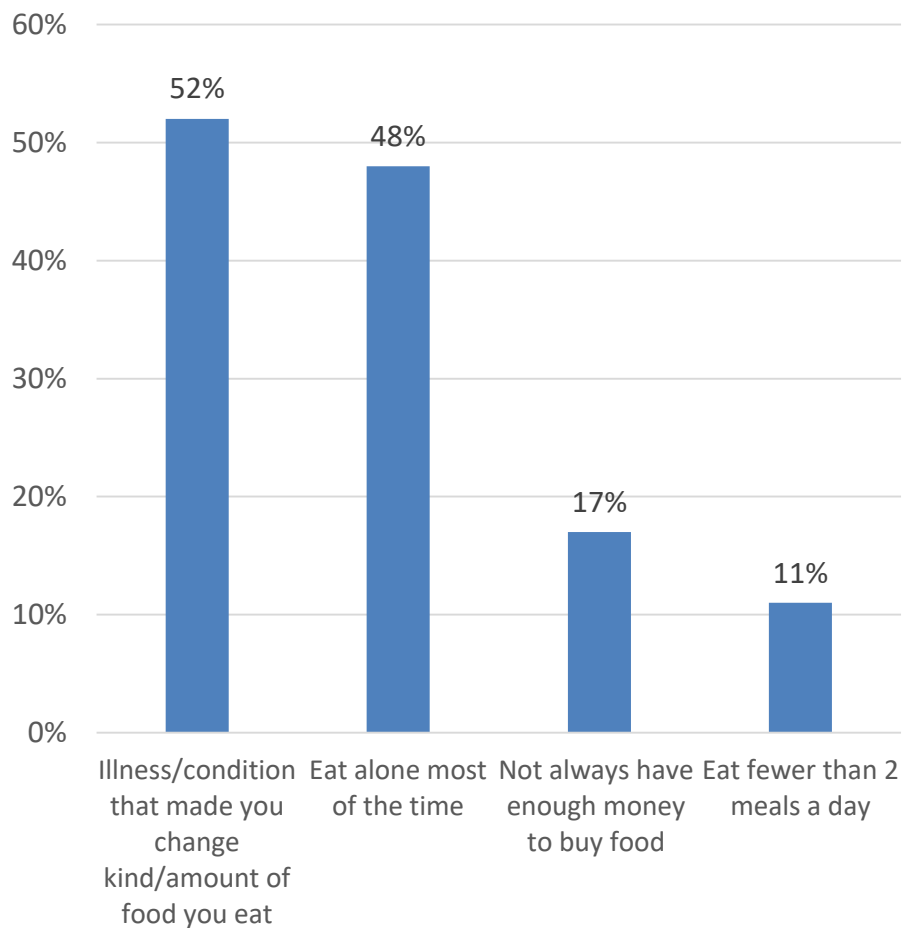
Over 13 million seniors face hunger every year!

Seniors who are food insecure are at significant risk for malnutrition and increased health care utilization and costs:

- Food-insecure patients in the top **10%** of healthcare expenditures
- **Significantly more** ED visits, inpatient hospitalizations and number of days hospitalized
- **Higher rates** of outpatient visits
- Healthcare systems **challenged to address the social factors** that worsen the health for food-insecure patients

Identify: Comprehensive Geriatric Assessment Gary and Mary West Senior Wellness Center

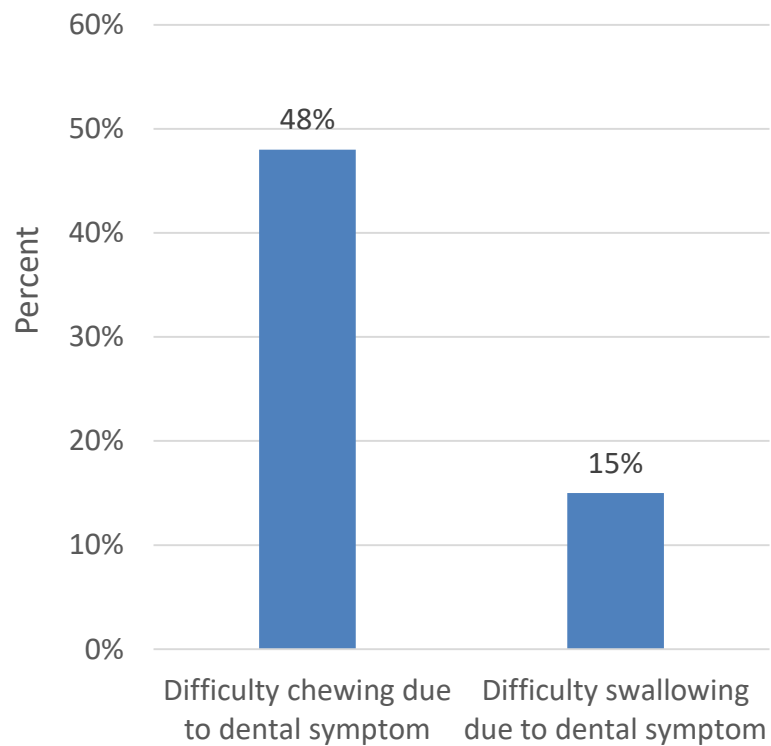
Food insecurity is a common problem for seniors who come to the wellness center seeking dental care.



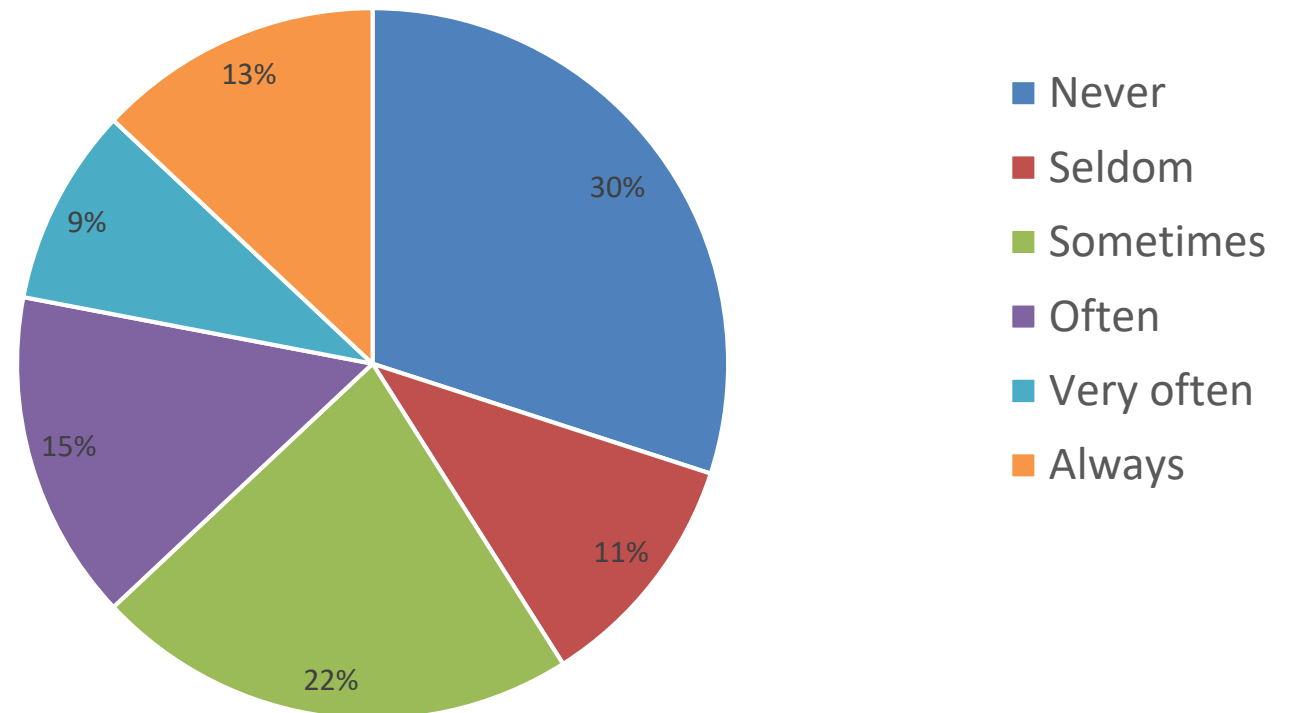
Intervene and Evaluate: Oral Health and Malnutrition Risk

Gary and Mary West Senior Dental Center

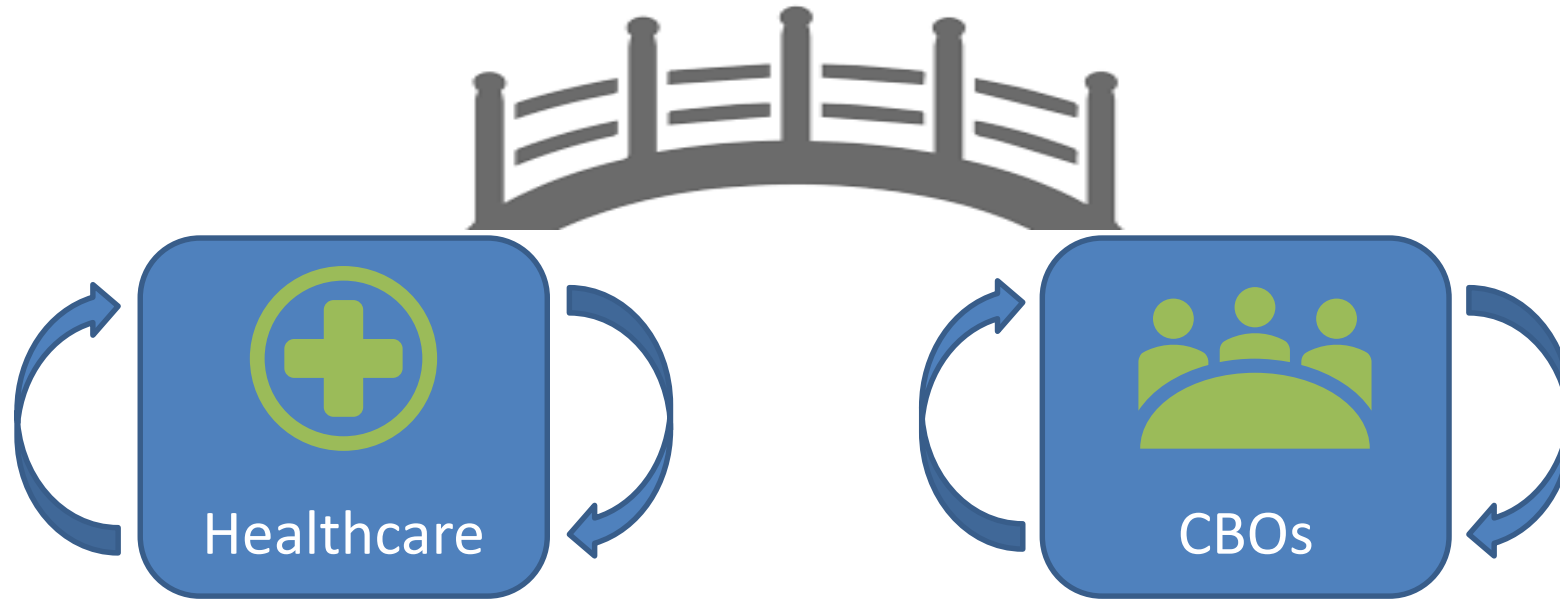
A senior's ability to achieve adequate nutrition is impacted by their oral health status.



Clients who limit the kinds or amounts of food they eat because of problems with their teeth



Call to Action: Senior Malnutrition, A Silent and Costly Epidemic



- **Identify:** Screen for malnutrition and food insecurity across care settings
- **Intervene:** Address the full range of associated risks
- **Evaluate:** Develop, test and evaluate senior-appropriate care models across the care continuum

Q & A

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