

Malnutrition Alert! Oregon: Adult Disease-Related Malnutrition
Oregon Academy of Nutrition and Dietetics: Public Policy Committee
4/8/14 T. Scollard/S. Connor/J. Pavlinac (Representatives of the OAND)

Purpose: To minimize the negative health and economic impact of disease-related malnutrition for the adult population in Oregon, and to create accountability and value for Oregonians.

Background:

- Adult disease-related malnutrition (DRM, under nutrition) is an under-reported critical public health condition that is often unaddressed prior to acute hospitalization. DRM is a cause and consequence of disease and occurs when disease and/or disability interact to prevent adequate food intake or create increased nutritional requirements, resulting in inability for a person to sustain their bodily needs.
- New, internationally agreed upon clinical characteristics and criteria¹, and validated screening tools create the opportunity to identify patients with DRM, and those at risk of DRM.
- The diagnosis of DRM will create conformity in practice and incentivize health care providers to address timely treatment.
- Identification of at-risk adults in all settings of care creates opportunity to apply effective, inexpensive outpatient interventions and thus reduce or prevent hospital admissions and readmissions due to malnutrition, reduce post-discharge utilization of physicians, readmissions, long term care and other health care services.

Adult DRM is significantly under-reported. It occurs in patients of any body mass index (BMI), due to metabolic alterations inherent in inflammatory disease. U.S.³, European⁴, British^{5,6,9} and Canadian⁷ studies consistently show DRM prevalence of about 1 in 3 to 4 adult acute care admissions, with more patients leaving institutions who are at risk or of diminished nutritional status. Medical and nutritional diagnosis of DRM when present enables economic analysis, clinical analysis, decision support, and population surveillance to determine health policy and establish best practices. Consumer engagement to prevent DRM creates partnership among patients, care givers and medical professionals to support simpler, more efficacious clinic and home-based early interventions that will reduce suffering, morbidity and better manage utilization and health costs.

Key Objectives:

- Create and support actions to identify, treat, track and report adult disease-related malnutrition in Oregon.
- Create opportunities to address disease-related malnutrition in order to reduce the negative future economic impact of expensive rescue treatments that now occur in hospitals.
- Support alerts to, and identification of malnourished patients in all settings of care, using validated screening tools and processes, to reduce or prevent nutritional failure to reduce the incidence and severity and subsequent clinical consequences, patient outcomes and suffering.
- Create an environment for consumer awareness and evidence-based self-management.

Step #1: Diagnose Disease-Related Malnutrition when present.

- Recognize and implement the *Consensus Statement of the Academy of Nutrition and Dietetics and the American Society of Parenteral & Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Under nutrition)*¹ in Oregon.
- Document the type and severity of disease-related malnutrition when present in adults in all settings of care.
- Health systems establish organized groups of qualified professionals to address and manage their populations and outcomes

Step #2: Report prevalence of adult Disease-Related Malnutrition for systems, economic and clinical outcomes analyses.

- Report the volume of patient cases, age category and percentages, length of stay, case acuity, and other pertinent data for adult patients with disease-related malnutrition.
- Include disease-related malnutrition when present in multiple cause of death reporting when it is determined clinically to be a contributor of death.

Step #3: Education and resources for consumers for evidence-based self-management and medical nutrition therapy to reduce and prevent incidence of disease-related malnutrition

- Health care organizations create consumer-friendly tools and educational resources for patient/care-giver self management
- Direct consumers to these and licensed, qualified professional services to support a patient/health care provider partnership for health maintenance and prevention of adult disease-related malnutrition to:
 - Retain independence, quality of life, and support successful patient home management
 - Reduce rescue activities in acute care settings for avoidable nutritional declines
 - Reduce admissions, readmissions and shorten length of stay in acute care or assisted care
 - Reduce patient acuity and morbidity such as infections, falls, pressure ulcers
 - Reduce avoidable utilization of health care services and resources

References:

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Respectfully Submitted:

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