FINAL

Malnutrition

HOD Executive Summary

House of Delegates Fall 2015

The House of Delegates will meet on October 2-3, 2015 in Nashville, TN. The dialogue session on October 2 will be on Malnutrition. The following Executive Summary provides a quick overview of this complex topic. Delegates and members are encouraged to review the full HOD Backgrounder on this topic to have a deeper understanding of this issue. The complete HOD Backgrounder can be found at: www.eatrightpro.org/resources/leadership/house-of-delegates/about-hod-meetings
(Eat Right Pro> Leadership> House of Delegates> About HOD Meetings> Fall 2015 Meeting Materials).

Introduction

Malnutrition (undernutrition) is common across many nutrition and dietetic practice settings, including but not limited to acute care, long-term care, outpatient/ambulatory clinics, public/community health settings, and schools, and it affects children, adults, and the elderly. Malnutrition affects individuals with both chronic and acute illness; starvation (i.e., anorexia nervosa); and/or food insecurity (i.e., elderly, socially isolated, low income). The prevalence of malnutrition across all healthcare settings is staggering. In the hospital, malnutrition prevalence is estimated to range from 13-88%, encompassing pediatrics and adults. The prevalence in the long-term care setting and outpatient/homecare setting is 21-51% and 13-30%, respectively. Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetic Technicians, Registered (NDTRs) encounter malnourished individuals through a variety of community settings, including health departments, clinics, schools and school based health centers, nutrition education programs, food and nutrition assistance programs, food banks, grocery stores and other food retail or foodservice venues. According to the United States Department of Agriculture (USDA), 49.1 million people, including 15.9 million children under the age of 18, were food insecure in 2013 in the United States. Food insecurity places these children and adults at risk for malnutrition. A number of factors can explain the wide range of malnutrition prevalence including patient or client population, disease severity, access to nutritious food, and how malnutrition is defined in these practice settings. A common theme across all of these settings is the lack of diagnosis for malnutrition and thus, the lack of treatment.

Early identification, assessment, and nutrition intervention of the malnourished individual or individual at risk for malnutrition is important in improving outcomes. As the nutrition expert, the RDN can and should be involved with the complete spectrum of addressing and managing malnutrition.

Mega Issue Question: How do we empower RDNs to be experts and leaders in management of malnutrition (identification, diagnosis and intervention)?

Meeting Objectives:

Meeting participants will be able to:

1. Recognize the magnitude, contributing factors and consequences of malnutrition in the United States.
2. Expand awareness of the impact/ outcomes of managing malnutrition (identification, diagnosis, intervention) across all dietetic practice settings.
3. Affirm and promote the role of and the opportunities for RDNs and NDTRs in management of malnutrition.

What do Dietetics Practitioners Want?

RDNs and NDTRs have expressed concerns about their chosen profession. Respondents to the 2008 needs assessment, which included a sample of 6,955 individuals (58% response rate), felt the four greatest challenges facing the profession were recognition of the value delivered to the larger society (77%), public awareness of the field (75%), reimbursement for services (74%), and compensation (74%). Concern about respect, recognition, and rewards—the three R's—has been a persistent theme dating back to the mid-1990s. The 2006 Environmental Scan showed that RDNs want to be recognized, be more visible and more respected in society for their values and their expertise.

As the nutrition expert, the RDN should be at the center of the malnutrition dialogue, and it is the RDN's responsibility to own this topic and advocate for the management of malnutrition to the health care team and public at large. RDNs managing malnutrition and providing nutrition intervention across all dietetic practice settings may improve patient and client outcomes. This in turn may lead to recognition and respect of the RDN as the nutrition expert. Identifying and diagnosing malnutrition in the hospital setting can lead to increased reimbursement for hospitals, which in turn may increase salaries for RDNs and NDTRs.

Identifying Malnutrition

Despite 30-50% of adult hospital patients being malnourished, only 3.2% of these patients are discharged with a diagnosis of malnutrition. It is recommended that a valid nutrition screening tool be used to identify those patients and clients who may be at risk for malnutrition. A 2012-2013 survey on nutrition screening and assessment practices in the United States found that the majority of the respondents indicated that the nutrition screen (71.2%) or order by the physician (69.5%) triggered the need for a nutrition assessment. RDNs were indicated by the majority of respondents (92.6%) as the professional conducting the nutrition assessments. Barriers to completing the nutrition assessment were identified as "insufficient personnel, inadequate resources, and insufficient expertise." This is concerning as the nutrition assessment should form the basis of the malnutrition diagnosis. According to this survey,

however, only 26% of respondents identified the nutrition assessment as the basis for the malnutrition diagnosis.

The Academy of Nutrition and Dietetics (Academy) and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N) published consensus statements on adult malnutrition in 2012 and pediatric malnutrition in 2014. The Academy and A.S.P.E.N. recommend that a standardized set of diagnostic characteristics or indicators be used to identify and document malnutrition in both adults and pediatric populations. It is imperative that RDNs and NDTRs use the characteristics and indicators in identifying and documenting nutritional status. RDNs and NDTRs should work with their health care teams to "develop an implementation strategy compatible with institutional practices and needs." Data needs to be collected uniformly so that the characteristics and indicators of malnutrition can be validated. In addition, information on the diseases or conditions associated with malnutrition need to be tracked, as well as the impact of malnutrition on health outcomes and health care costs. This data will help justify the need for RDN services across health care settings.

Hospitals and Documentation of Malnutrition

Since 2007, hospitals have been able to potentially qualify for increased reimbursement from the Centers for Medicare and Medicaid Services (CMS), as part of the diagnosis-related group (MS-DRG) system, for patients with malnutrition when it is properly identified and documented along with a related plan of care. Effective October 1, 2012, CMS changed the diagnosis codes for malnutrition of moderate degree and malnutrition of mild degree from a non-complication/comorbidity (non-CC) to a complication/co-morbidity (CC), thus adding them to the list of conditions for which hospitals might qualify for increased payment. Increased reimbursement for the hospital due to the RDN and NDTR helping to identify malnutrition helps to increase revenue, justify the services provided by RDNs and NDTRs, and may lead to additional positions and wage increases.

Academy's Capacity and Strategic Position to Address Malnutrition

The Academy of Nutrition and Dietetics has a vested interest in addressing malnutrition and teaching members how to identify, document and treat malnutrition. Various resources have been developed, and partnerships have been formed to further the Academy's vision of optimizing health through food and nutrition. Resources, partnerships and research currently available include:

Resources	Partnerships	Research
Academy Website: Malnutrition Codes and Characteristics/ Sentinel Markers Academy of Nutrition and Dietetics Health Informatics Infrastructure (ANDHII) Nutrition Care Process Terminology Nutrition Care Manual Standards of Practice (SOP) and Standards of Professional Performance (SOPP) Dietetic Practice Groups Kids Eat Right- Hunger in Our Community: What We Can Do Toolkit Food and Nutrition Security Action Plan	Alliance to Advance Patient Nutrition Malnutrition Quality Improvement Initiative Future of Food Initiative Nutrition Focused Physical Exam Training Workshop	Malnutrition Clinical Characteristics Validation Study

Conclusion

Malnutrition impacts multiple areas of dietetic practice. Early identification, assessment, and nutrition intervention of the malnourished individual or individual at risk for malnutrition is important in improving outcomes. As the nutrition expert, the RDN can and should be involved with the complete spectrum of addressing and managing malnutrition.