



Improving Health Equity Through Quality Care Measure in Malnutrition: the Global Malnutrition Composite Score

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Disclosures

- Tamaire Ojeda Avila, MHSA, RDN, LD
 - Employer: Commission on Dietetic Registration
 - CMS986 Measure Developer and Measure Steward team member
 - No additional disclosures to report

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Learning Objectives

1. Explain the impact health equity has in nutrition and dietetics practice.
2. Describe how implementation of GMCS can help promote quality care and address health equity.
3. Illustrate the importance of addressing health equity during the transition of care and how the interdisciplinary team can support the patient.



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What is Health Equity?



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What is Health Equity?

- State in which everyone has a fair and just opportunity to attain their highest level of health¹
- Requires ongoing societal efforts to¹:
 - Address historical and contemporary injustices;
 - Overcome economic, social, and other obstacles to health and health care; and
 - Eliminate preventable health disparities

¹ What is Health Equity? (2022, July 1). Retrieved July 27, 2023, from Centers for Disease Control and Prevention: <https://www.cdc.gov/healthequity/what-is/index.html>

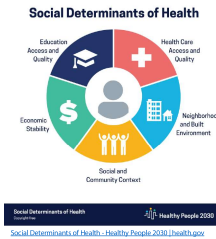
Food and Nutritional Care as a Human Right

- [Universal Declaration of Human Rights | United Nations](#) from 1948
 - Article 25
Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including **food**, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
- **Nutritional care** also framed as a human right¹ has been discussed as well
 - Close relationship to two well-recognized fundamental rights: the right to food and the right to health

¹ Cardenas, D., Davison Correia, M., Herdy, G., Ochoa, J., Barracas, A., Henbard, R., ... Barazzoni, R. (2022). Nutritional Care is a human right: translating principles to clinical practice. *Nutr Clin Pract*(37), 743-751. doi:10.1002/ncp.10864

Social Determinants of Health

- Social determinants of health affect health, wellness, and quality of life.
- Social determinants of health include:
 - Access to nutritious foods
 - Access to appropriate health care
 - Access to quality education
 - Access to health education (improving health literacy)
 - Economic stability throughout the lifecycle
 - Language barriers
 - Literacy level



Food Insecurity

Association of State Public Health Nutritionists and The Gravity Project

- Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.
- Food insecurity as a SDOH is defined as a household-level economic and social condition of limited or uncertain access to adequate food "that may be influenced by a number of factors, including income, employment, race/ethnicity, and disability."
- Measured at two levels of severity:
 - Low food security: Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
 - Very low food security: Reports of multiple indications of disrupted eating patterns and reduced food intake.

The Association of State Public Health Nutritionists. (2023, July 26). *Food and Nutrition Security Terms and Definitions*. Retrieved from ASPHN: <https://asphn.org/food-and-nutrition-security-primer-terms/>

Health Equity Measurement

• The Joint Commission's National Patient Safety Goal:

NPSG.06.01.01
Improving health care equity for the organization's patients is a quality and safety priority.

AP.8
The organization assesses the patient's health-related social needs (HRSNs) and provides information about community resources and support services.

Note 1
Organizations determine which HRSNs to include in the patient assessment. Examples of a patient's HRSNs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Note 2
HRSNs may be identified for a representative sample of the organization's patients or for all the organization's patients.

<https://www.jointcommission.org/our-priorities/health-care-equity/accreditation-resource-center/assess-health-related-social-needs/#?=-StrategiesTab&sort=-%40created%20descending>

• The National Committee for Quality Assurance (NCQA)

- 2023 **Healthcare Effectiveness Data and Information Set (HEDIS) Social Need Screening and Intervention Measure**
- **CMS Innovation Center's Accountable Health Communities (AHC) Model** included a mandatory **HRSN screener**, which includes items such as housing instability, food insecurity, and transportation needs
- CMS has prioritized the collection of the following SDOH variables: health literacy; social isolation; transportation barriers; food insecurity; and housing insecurity.

www.ncqa.org/hedis/

[The Path Forward: Improving Data to Advance Health Equity Solutions \(cms.gov\)](https://www.cms.gov/medicare/innovation/transforming-care-delivery/2023-ahc-model)

National Quality Strategy

CMS National Quality Strategy Goals



The NQS has three aims:

- **Better Care**—improve quality by making health care patient centered, reliable, accessible, and safe
- **Better Health**—improve health by supporting proven interventions to address behavioral, social, and environmental determinants of health
- **Lower Costs**—reduce cost of quality health care for individuals, families, employers, and government

A Comprehensive Systems Approach to Achieving Nutrition Security and Health Equity



Used with permission from the Academy of Nutrition and Dietetics (Brown, Buebling Sowards, Pittman, Leger, & DeSipio Manns, 2023).

Brown, P., Buebling Sowards, D., Pittman, M., Leger, T. G., & DeSipio Manns, S. (2023). The Global Malnutrition Composite Score Quality Measure-Seize this Opportunity to Benefit Older Adult Care and Health Equity! *OBM/Geriatrics*, 7(3). doi:10.21926/obm.geriatr.2302237

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Making the Case for Malnutrition Care



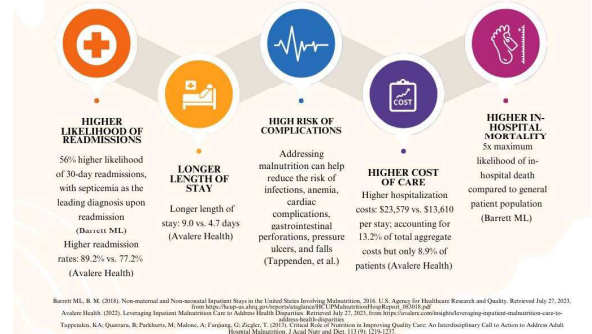
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What is Malnutrition?

- Sometimes referred to as “poor nutrition”
- Inadequate intake of energy or nutrients, particularly protein, over time
 - Lack of adequate nutrients to meet the body’s needs
- Different possible causes
- Can occur in people who are both underweight or overweight and obese
- It can place a great burden on patients, providers, and the broader healthcare system

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Impact of Malnutrition in Health Care



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Why should acute care settings identify and address malnutrition?

Addressing Malnutrition Can Improve Patient Outcomes and Lower Costs

27%

reduction in 30-day readmission rates for a multi-hospital ACO that optimized its malnutrition care.⁵

\$4.8M

in cost savings generated by a 4-hospital system that implemented a nutrition-focused quality improvement program.⁶

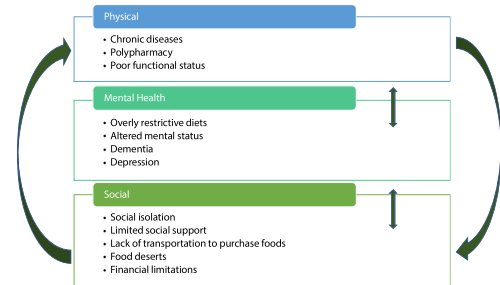
24%

relative reduction in readmission risk for malnourished patients with a nutrition care plan vs those patients without a care plan.⁷

5. Seiram K, Sulo S, VanDerloosch G, et al. A comprehensive nutrition-focused quality improvement program reduces 30-day readmissions and length of stay in hospitalized patients. *JPEN J Parenter Enteral Nutr*. 2017;41(3):384-391. | 6. Sulo S, Feldstein J, Partridge J, et al. Budget impact of a comprehensive nutrition-focused quality improvement program for malnourished hospitalized patients. *Am Health Drug Benefits*. 2012;20(3):202-210. | 7. Villalobos AJ, Rogers KM, Partridge J, Sulo S, Kern RW, McCauley S. How a Malnutrition Quality Improvement Initiative Further Malnutrition Measurement and Care: Results From a Hospital Learning Collaborative. *JPEN J Parenter Enteral Nutr*. 2021 Feb;45(2):366-371.

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Risk Factors for Malnutrition

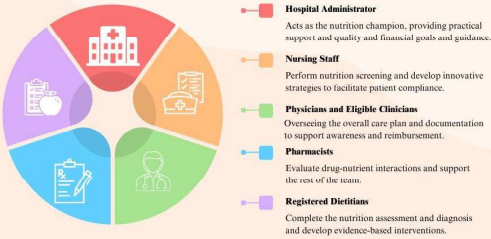


[Malnutrition in Older Adults - Today's Dietitian Magazine \(todaydietitian.com\)](https://www.eatright.org/insights/malnutrition-in-older-adults)

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A Holistic & Interdisciplinary Process

EFFECTIVE MALNUTRITION MANAGEMENT BENEFITS FROM COLLABORATION



Tappin, K.A., Quattri, B., Parkhams, M., Malone, A., Fungling, G., Ziegler, T. (2013). Critical Role of Nutrition in Improving Quality Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *J. Acad Nutr and Diet*, 13(9), 1214-1217.

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Value of the Credentialed Nutrition and Dietetics Practitioner

- Subject matter expert on identifying and addressing malnutrition
- Vital member of the interdisciplinary team to help support the patient with malnutrition
- Leads the quality improvement process to plan and implement a malnutrition program in the acute care setting
- Advocate for the patient with malnutrition

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Clinical Guidelines for Addressing Malnutrition in Acute Care Settings

Authors (Year)	Study Type	Major Findings
Mueller C, Compher C & Druyan ME and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Board of Directors. Nutrition Screening, Assessment, and Intervention in Adults. <i>Journal of Parenteral and Enteral Nutrition</i> , 2011; 35 (1): 16-24. A.S.P.E.N. Clinical Guidelines (wiley.com)	Clinical Guideline	<ul style="list-style-type: none"> • Screening for nutrition risk for hospitalized patients (Level V); • Nutrition assessment is suggested for all patients who are identified to be at nutrition risk by nutrition screening (Level V); and • Nutrition support intervention is recommended for patients identified by screening and assessment as at risk for malnutrition or malnourished. (Level III)

Levels of Evidence: I-Large randomized trials with clear-cut results; low risk of false-positive and/or false-negative error; II-Small, randomized trials with uncertain results; moderate to high risk of false-positive and/or false-negative error; III-Nonrandomized cohort with contemporaneous controls; IV-Nonrandomized cohort with historical controls; V-Case series, uncontrolled studies, and expert opinion.

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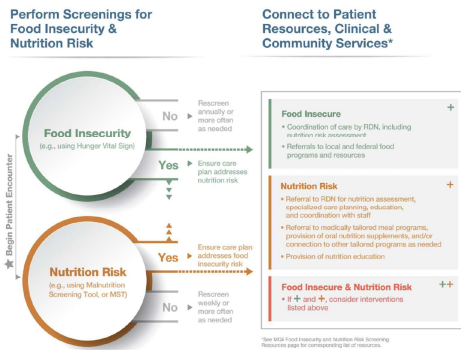
Malnutrition, Food Insecurity & Health Equity

- Protein-energy malnutrition (PEM) is unique compared with many other medical and nutritional problems, due to not only having a deeply complex physiological cause, but also a multifactorial environmental, economic and psychosocial origin¹
- To promote health equity in the malnourished patient, find the root cause of the problem
 - Understand how SDOH affect positively or negatively a person's nutrition security, and how both nutrition security and SDOH affect health equity
 - Understand that at times, malnutrition can have roots not related to food insecurity and those need to be addressed as well

1. Marshall, S. (2018). Why is the skeleton still in the hospital closet? A look at the complex aetiology of protein-energy malnutrition and its implications for the nutrition care team. *J Nutr Health Aging*, 22(1), 26-29.

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Food Insecurity & Malnutrition Risk Screening Workflow



Wahid, N., Balducci, C., Villalobos, A., DiPietro, A., Collins, A., & Mitchell, K. (2022). The Role of Inpatient Malnutrition Care to Address Health Disparities among Older Adults. *J Acad Nutr Diet*, 122(10), 528-533.

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Screening for Food Insecurity

The Children's HealthWatch Hunger Vital Sign™

Drs. Erin Hager and Anna Quigg and the Children's HealthWatch team validated the Hunger Vital Sign™, a 2-question screening tool, suitable for clinical or community outreach use, that identifies families with young children as being at risk for food insecurity if they answer that either or both of the following two statements¹ is 'often true' or 'sometimes true' (vs. 'never true'):

• "Within the past 12 months we worried whether our food would run out before we got money to buy more."

• "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

[The Hunger Vital Sign™ - Children's HealthWatch \(childrenshealthwatch.org\)](https://www.childrenshealthwatch.org/FILES/Hunger-Vital-Sign-4-pager1.pdf)
[FINAL-Hunger-Vital-Sign-4-pager1.pdf \(childrenshealthwatch.org\)](https://www.childrenshealthwatch.org/FILES/Hunger-Vital-Sign-4-pager1.pdf)

- Not included in validated tools for malnutrition
- Do complete nutrition assessments include SDOH, for example, data on food insecurity?
- Hunger Vital Sign - Validated food insecurity screening tool
 - No fee or license required to use the Hunger Vital Sign™. We only ask that parties properly cite the tool as follows:
 - Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). [Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity](https://doi.org/10.1542/peds.2009-3146). *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.

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Addressing Malnutrition To Address Health Inequities

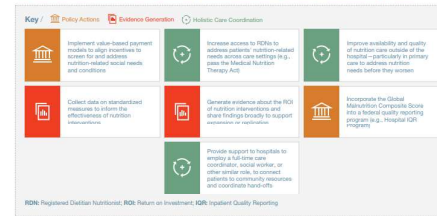
- Malnutrition affects 20–50% of patients who are at risk of becoming or are malnourished¹
 - However, only 8% of non-neonatal and non-maternal adult hospitalizations were coded for malnutrition²
- Addressing malnutrition through the implementation of quality measures that include a nutrition care plan provided by an RDN can help reduce disparities in accessing healthy food and health care³
- A hospital is the one place with all the possible resources or community contacts to support a patient with the diagnosis of malnutrition

1. Barker LA, G. B. (2013). Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. *Int J Environ Res Public Health*, 10, 4-13.
 2. Barrett ML, B. M. (2018). *Non-neonatal and Non-maternal Inpatient Stays in the United States Involving Malnutrition*, 2016. U.S. Agency for Healthcare Research and Quality. Retrieved July 27, 2023, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6300000/>.
 3. Avalere Health. (2022). *Levelling Inpatient Malnutrition Care to Address Health Disparities*. Retrieved July 27, 2023, from <https://www.avalere.com/insights/levelling-inpatient-malnutrition-care-to-address-health-disparities>.

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Roundtable Proceedings / Advancing Health Equity Through Malnutrition Quality Measurement

Top Ranked Solutions to Address Food Insecurity and Malnutrition Proposed by Roundtable Participants



[MQII-Roundtable-2022.pdf \(avalere.com\)](#)

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What is the Global Malnutrition Composite Score as a Quality Measure and How Does It Support Health Equity?



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What is Quality Improvement?

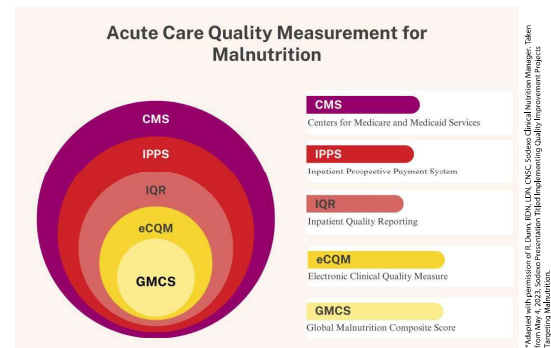
- Quality: degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (National Academy of Medicine)
- Quality Improvement: systematic and continuous actions that lead to measurable improvement
 - Standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes (CMS)
- Quality measurement is used for benchmarking to identify best practices in care, identify research and practice opportunities, improve future practices, and track progress

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Why Quality Improvement?

- Reduces costs and waste
- Improves delivery of services and outcomes
- Allows for better organizational strategic planning
- Aligns departmental goals and objectives with an organization's mission & vision
- Creates accountability for actions
- Fosters positive interprofessional team relationships
- Recognizes excellence

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More Information can be found at <https://qualitynet.cms.gov/inpatient>

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Eligible Hospitals and Critical Access Hospitals Must Report 6 eCQMs

Optional eCQMs:

Short Name	Measure Name
GMCS	Global Malnutrition Composite Score
STK-02	Discharge on Antithrombotic Therapy
STK-03	Antithrombotic Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day 2
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-01	Hospital Harm—Severe Hypoglycemia
HH-02	Hospital Harm—Severe Hyperglycemia
HH-ORAE	Hospital Harm—Opioid-Related Adverse Events
N/A	Safe Use of Opioids*
PC-02	Cesarean Birth*
PC-07	Severe Obstetric Complications*

*Mandatory eCQMs

Reporting Period CY24 /
Submission Period CY25 /
Payment Year FY 26

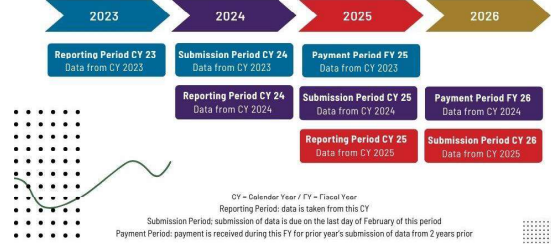
Source: CMS QualityNet, IQR Measures. Available [here](https://www.cms.gov/medicare/quality/qualitynet).
CY: Calendar Year
IQR: Inpatient Quality Reporting
eCQM: Electronic Clinical Quality Measure
ED: Emergency Department; PC: Perinatal Care

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TIMELINE

for Eligible Hospitals and Critical Access Hospitals



Additional information can be found: [IQR ImpDatesDlins_Feb2024.pdf](https://www.eatright.org/quality-improvement/2024-imp-dates-dlins-feb-2024.pdf)

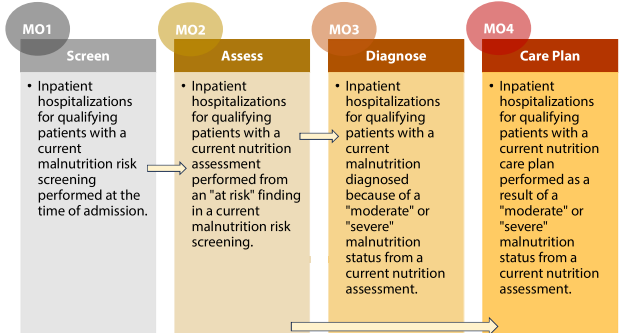
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WHAT IS THE GLOBAL MALNUTRITION COMPOSITE SCORE?



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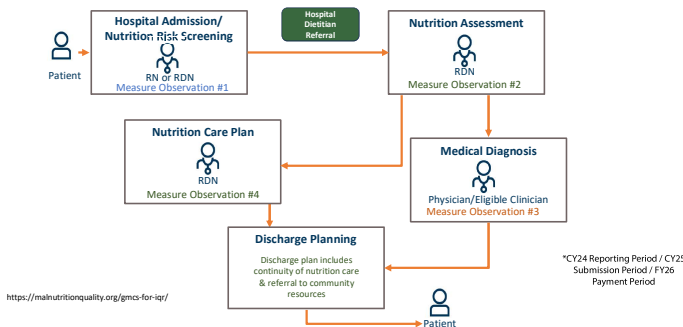
Global Malnutrition Composite Score* eCQM Overview



* There are no exclusions for GMCS or any of the components.

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GMCS: Clinical Workflow to Address Malnutrition*



<https://malnutritionquality.org/gmcs-for-iqr/>

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GMCS Data Elements and Attributes

+ Data elements used in other eCQMs
@Linked data elements

GMCS Data Element & Attributes	Screen	Assess	Diagnose	Care Plan
Encounter Type+	✓	✓	✓	✓
Inpatient Admission Time+	✓	✓	✓	✓
Inpatient Discharge Time+	✓	✓	✓	✓
Date of Birth+	✓	✓	✓	✓
Completed Malnutrition Risk Screening	✓	✓		
Completed Malnutrition Risk Screening Time Stamp	✓	✓		
Completed Malnutrition Risk Screening Result	✓	✓		
Hospital Dietitian Referral		✓		
Completed Nutrition Assessment		✓	✓	✓
Completed Nutrition Assessment Time Stamp		✓	✓	✓
Completed Nutrition Assessment Result		✓	✓	✓
Documented Malnutrition Diagnosis			✓	
Completed Malnutrition Diagnosis Time Stamp			✓	
Documented Nutrition Care Plan				✓
Completed Nutrition Care Plan Time Stamp				✓

*CY24 Reporting Period / CY25 Submission Period / FY26 Payment Period

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Why do you need to understand the score?

- Ensures the ability to interpret GMCS scores
- Yields insight into specific component gaps
- Leads to actionable objectives for quality improvement projects
- Drives improvement in the quality of care provided
- Sheds light on the partners needed to improve care
- Makes the case for stratification of data that require further investigation



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How is the Score Calculated?

Calculations #1-4: Component Scores

Respective component scores: 1= documented/completed, 0 = not documented/completed

Calculation #5: Total Malnutrition Components Score

Component 1 (0 or 1) + Component 2 (0 or 1) + Component 3 (0 or 1) + Component 4 (0 or 1)

Calculation #6: Total Malnutrition Composite Score as Percentage

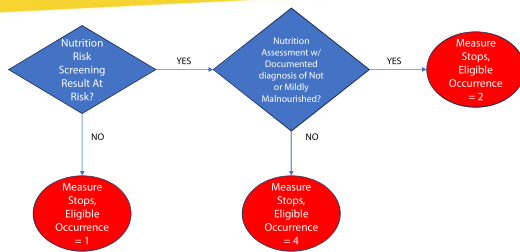
(Calculation #5 ÷ Total Malnutrition Components Score Eligible Occurrence) x 100

Finally: Aggregate Total Malnutrition Composite Score as Percentage

$\frac{\Sigma \text{ Total Malnutrition Composite Score as Percentage (Calculation \#6)}}{\text{Eligible Hospitalizations in the Measure Population}}$

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GMCS Eligible Occurrences



ALWAYS 4 except in 2 scenarios

- Equals 1 when Not At Risk Result from Malnutrition Risk Screening AND No Hospital Dietitian Referral
- Equals 2 when Not/Mildly Malnourished Result from Nutrition Assessment

*CY24 Reporting Period / CY25 Submission Period / FY26 Payment Period

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GMCS Calculation Examples

Scenario Description	*Y=1, N=0								Total Components Score	Eligible Denom.	Composite Score
	MO #1 Screening Doc'd?	At Risk Result?	Hospital Dietitian Referral?	MO #2 Assessment Doc'd?	Moderate or Severe Malnutrition Identified?	MO #3 MOI Eligible Provider Dx Doc'd?	MO #4 Malnutrition Care Plan Doc'd?	MO #5 Malnutrition Care Plan Score			
Screened, Not at Risk, No Referral, With or Without Assessment, Diagnosis, and/or Nutrition Care Plan	1	N	N	N/A	N/A	N/A	N/A	N/A	1	1	100%
Screened, Not at Risk, Referral, Not Assessed, No Diagnosis, No Nutrition Care Plan	1	N	Y	0	N/A	0	0	0	1	4	25%
Screened, At Risk, With or Without Referral, Not Assessed, With or Without Diagnosis and/or Nutrition Care Plan	1	Y	Y/N	0	N/A	0	0	0	1	4	25%
Screened, Not at Risk, Referral, Assessed, Moderately/Severely Malnourished, No Diagnosis, Nutrition Care Plan	1	N	Y	1	Y	0	1	3	4	4	75%
Screened, At Risk, With or Without Referral, Not assessed, With or Without Diagnosis and/or Nutrition Care Plan	1	Y	Y/N	0	N/A	0	0	0	1	4	25%
Screened, At Risk, With or Without Referral, Assessed, Moderately/Severely Malnourished, With or Without Diagnosis and/or Nutrition Care Plan	1	Y	Y/N	1	Y	0	0	2	4	50%	
Screened, At Risk, With or Without Referral, No Assessment or Nutrition Care Plan, With Diagnosis	1	Y	Y/N	0	N/A	1	0	1	4	25%	

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GMCS Aggregate Performance for a Measurement Period Example

GMCS Aggregate Hospital Performance

= Episode GMCS Performance ÷ # of Eligible Episodes

$$(100\% + 25\% + 25\% + 75\% + 25\% + 50\% + 25\%) \div 7 \text{ hospitalization} = 325 \div 7 = 46.4\%$$

Interpretation: 46.4% of all clinically eligible components (measure observations) were documented for the measure population (hospitalizations ≥ 24 hours for patients ≥ 65 years)

The Goal is to be closer to 100%.

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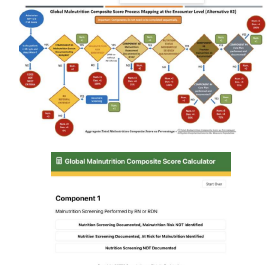
Global Malnutrition Composite Score Tools

www.cdrnet.org/GMCS > Resources

GLOBAL MALNUTRITION COMPOSITE SCORE (GMCS) - Example

Global Malnutrition Composite Score (GMCS) - Example

Component	MO #1 Screening Doc'd?	At Risk Result?	Hospital Dietitian Referral?	MO #2 Assessment Doc'd?	Moderate or Severe Malnutrition Identified?	MO #3 MOI Eligible Provider Dx Doc'd?	MO #4 Malnutrition Care Plan Doc'd?	MO #5 Malnutrition Care Plan Score	Total Components Score	Eligible Denom.	Composite Score
1	1	N	N	N/A	N/A	N/A	N/A	N/A	1	1	100%
2	1	N	Y	0	N/A	0	0	0	1	4	25%
3	1	Y	Y/N	0	N/A	0	0	0	1	4	25%
4	1	N	Y	1	Y	0	1	3	4	4	75%
5	1	Y	Y/N	0	N/A	0	0	0	1	4	25%
6	1	Y	Y/N	1	Y	0	0	2	4	50%	
7	1	Y	Y/N	0	N/A	1	0	1	4	25%	



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Pediatric Community Care PES Practice



- A. Growth rate below expected (P) **related to limited access to culturally appropriate food (E)** as evidenced by dislike of food selections in food program (S)
- B. Growth rate below expected (P) **related to food insecurity (E)** as evidenced by falling all below anticipated growth trajectory (S)

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PES Population Example

- A. Unbalanced diet (P) **related to hurricane Maria impact (E)** as evidenced by inconsistent intake of nutritious foods to meet estimated food and nutrient needs and lack of refrigeration (S).
- B. Unbalanced diet (P) **related to inconsistent electricity for refrigeration (E)** as evidenced by inconsistent intake of nutritious foods to meet estimated food and nutrient needs (S).



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NCP Utilization to Address Health Equity

- A. Overweight (P) related to **excess consumption of fast food (E)** as evidenced by regular intake of fast food (S).
- B. Overweight (P) **related to living in food desert (E)** as evidenced by regular intake of fast food (S).

*Food desert= an area that has limited access to affordable and nutritious food

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The GMCS and Improving Health Equity Connection



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Roundtable Proceedings / Advancing Health Equity Through Malnutrition Quality Measurement



[MQii-Roundtable-2022.pdf \(avalere.com\)](#)

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GMCS and Its Impact on Improving Health Equity

- GMCS addresses food as a human right, with a focus on nutrition care, by screening, diagnosing, and addressing malnutrition and its causes
 - Identifying malnutrition helps flag those [at] food insecure and, conversely, identifying food insecurity may suggest the presence of risk of malnutrition¹
- Identification and [treatment] of malnutrition is a key step towards health equity²
- GMCS includes an individualized nutrition care plan tailored to address any social determinants of health
- GMCS is an interdisciplinary measure that includes all available professional resources in acute care settings



1. Buelking Sowards, D., McCauley, S., & Marviz, N. (2022). Impacting Malnutrition, Food Insecurity, and Health Equity: An Overview of Academy of Nutrition and Dietetics Priorities and Future Opportunities. *J Acad Nutr Diet*, 123(10), 57-511. doi:10.1016/j.jand.2022.06.018

2. Tappinen, K., Quatrina, B., Paikouri, M., Malone, A., Farjani, G., & Ziegler, T. (2013). Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *J Acad Nutr Diet* 13(1), 1219-1237. doi:10.1016/j.jand.2013.05.015

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NCP Utilization to Address Health Equity

NCP is a quality improvement model

Entry into the NCP comes about through screening or referral

Nutrition Assessment: Cite health equity concerns

Nutrition Diagnoses: Uncover problems and their etiologies

Nutrition Intervention: Develop plan of care collaboratively with the client

Nutrition Monitoring and Evaluation: Determine what is or is not working

Referral to, or collaboration with, other healthcare providers, and/or community programs

Collaboration by nutrition professional with other providers

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Resources:

Commission on Dietetic Registration - Global Malnutrition Composite Score webpage- www.cdrnet.org/GMCS

- GMCS FAQs and Measure Specifications Manual, implementation tools, past presentations and additional information

Commission on Dietetic Registration – Quality Improvement – www.cdrnet.org/quality

- [45 Practice Tips-Getting Started with Quality Improvement_ Revised Dec 2022.pdf \(cdrnet.org\)](#)

Academy of Nutrition and Dietetics

- [Journal of the Academy of Nutrition and Dietetics Oct 2023 Supplement](#) - Measuring malnutrition and food insecurity to facilitate quality care and health equity

CMS

- Global Malnutrition Composite Score measure [information](#) and [specifications](#)
- Composite quality measures information from [AHRQ](#) and [CMS](#)

MQII - GMCS for IQR webpage- <https://malnutritionquality.org/gmcs-for-iqr/>

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Resources To Get Started with Quality Improvement

- [Careers in Quality](#)
- [Quality Resource Collection](#)
- [Quality-Focused Practice Tips](#)
- [Quickinars](#)
- [Quality Improvement \(QI\) 101 Education Package](#)

www.cdrnet.org/quality

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Questions?



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Business Case for Implementation of the GMCS

FREE 4.5 CPEU program to support credentialed nutrition and dietetics practitioners in developing an actionable implementation plan

Program options: Live or Self-Study

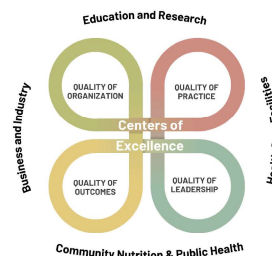
More information at www.cdrnet.org/cpeu-offerings-and-resources

Email quality@eatright.org to sign up as an individual or as a group

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Centers of Excellence Recognition and Standards of Excellence

- Standards of Excellence
 - Leadership
 - Outcomes
 - Organization
 - Practice
- Across the care spectrum
- Benefits
 - Competitive edge in recruiting and retaining
 - Generate valuable metrics
- Information at www.cdrnet.org/Excellence



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**Coming in Fall 2024:
Mentorship Program by the
Quality Management Committee**

An opportunity to network and obtain a mentor to support you in the implementation of Quality Improvement Processes

Email quality@eatright.org for more information

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Thank You!

Questions or Comments can be sent to:
Quality@eatright.org

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