May 31, 2024

Ms. Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services (CMS)  
Department of Health and Human Services  
P.O. Box 8010  
Baltimore, MD 21244

RE: Finalize Expansion of Global Malnutrition Composite Score for the FY 2025 Hospital Inpatient Quality Reporting Program

Dear Ms. Brooks-LaSure,

The American Society for Nutrition (ASN) appreciates the opportunity to submit comments in response to the release of the 2025 Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule, which includes recommendations for quality measures for future years of the Hospital Inpatient Quality Reporting (IQR) Program. ASN commends CMS for including the expansion of the Global Malnutrition Composite Score (GMCS) to include adults aged 18 and older for inclusion in the Hospital IQR Program beginning with the calendar year (CY) 2026 reporting period. Established in 1928, ASN is a non-profit organization dedicated to the creation, translation, and dissemination of nutrition science. ASN brings together the world's top researchers to advance the science, education, and practice of nutrition. ASN has more than 8,000 members around the world, working throughout government, clinical practice, academia, and industry, to conduct research to achieve the ASN vision of “A Healthier World Through Evidence-Based Nutrition.” ASN urges CMS to finalize the expansion of the GMCS to include adults aged 18 years and older for inclusion in the 2025 Hospital IQR Program to benefit patients, families, caregivers, and the healthcare system at large.

ASN commends CMS’ long-time recognition of the prevalence of malnutrition, its negative impact on all patient outcomes, and the persistent barriers to high-quality malnutrition care.1,2 CMS has recognized malnutrition, defined as a nutrition imbalance including under-nutrition and over-nutrition, as a pervasive, but often under-diagnosed, condition in the U.S. Data demonstrate that 1 in 3 hospitalized adult patients are at risk of malnutrition3; however, malnutrition is not always identified and diagnosed, as only 8% of non-neonatal and non-maternal adult hospitalizations were coded for malnutrition.4 Malnutrition prevalence is exacerbated among patients who are already ill, often with chronic diseases such as diabetes, cancer, and gastrointestinal, pulmonary, heart, and chronic kidney disease. Malnutrition is a patient-safety risk and has been shown to be an independent predictor of negative patient outcomes, including mortality, lengths of hospital stay, readmissions, and hospitalization costs.5 Malnourished patients are also more likely to develop pressure ulcers, infections, post-operative complications6 and experience falls.7 Additionally, malnutrition in the hospital is associated with increased cost of care. The economic burden of disease-associated malnutrition...
in the U.S. was estimated to be as high as $157 billion in 2014, with $15.5 billion directly linked to cost of treatment.\(^8\)

The importance of identifying, diagnosing, and treating malnutrition continues to grow. Further, the relationship between malnutrition and food insecurity and its effects on health equity have been proven to be of importance and continue to be studied. Malnutrition is a key health disparity that the Agency for Healthcare Research and Quality’s Healthcare Cost and Utilization Project (H-CUP) data demonstrate is more likely to affect African American patients. Because food insecurity caused by economic and social burdens can increase the risk of malnutrition, addressing malnutrition and its root causes can therefore support the reduction of health disparities.\(^9\)-\(^10\)

For the many reasons indicated above, ASN commends CMS’ consideration of the expansion of the GMCS (CBE #3592e) as an electronic clinical quality measure (eCQM) that will provide numerous benefits when extended to all adult ages 18 years or older. A significant body of literature demonstrates that a patient’s nutritional status often declines during a hospitalization for a variety of reasons, including but not limited to restrictive diets, perceived poor meal quality, frequent use of fasting orders, mealtime interruptions, poor appetite, gastrointestinal symptoms, and low prioritization of nutrition by care providers.\(^1\) The current timing of the measure observations in the expanded GMCS does not preclude screening and assessments that occur later in the hospitalization from counting toward measure performance. Most hospital inpatient screening policies include rescreening if the initial screen is negative for malnutrition risk to capture those who may experience iatrogenic malnutrition.

Though this expansion is considered for inclusion in CY 2026 reporting, ASN strongly recommends inclusion of this expansion in CY 2025 reporting. It is important to note that, in addition to aligning with several CMS goals, the proposed expansion of the age range from 65 to 18 years of age or older is not expected to result in any additional reporting burden for

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institutions that choose to select this measure because the data element of age already being collected. The proposed rule clearly states, “Since this modification uses the same data sources and collection methods as the current versions on the GMCS eCQM, there is not expected to be any major impact to workflows or other aspects of data collection.” Because “the only anticipated change to data collection processes is that the data would be collected from a larger population,” ASN strongly encourages CMS to move the implementation date up to CY 2025 to encourage facilities to focus on the provision of high-quality malnutrition care to all adults.

The GMCS is vital to malnutrition quality improvement and advancing and standardizing nutrition care in hospitalized patients. The existing GMCS eCQM has been extensively tested, incentivizing the adoption of evidence-based malnutrition care best practices that are associated with reduced costs and improved patient outcomes. Acceptable approaches to malnutrition screening, assessment, and diagnosis will continue to evolve and ASN recommends that the GCMS process be nimble enough to accommodate a variety of acceptable validated approaches to malnutrition screening, assessment, and diagnosis moving forward.

Given the benefits of the expansion of the GMCS as an eCQM when extended to all adult ages 18 years or older, ASN strongly recommends that CMS finalize expansion of the GMCS into the Hospital IQR program for 2025. Thank you for your consideration of ASN’s suggestions and recommendations. We look forward to collaborating with you on future integration of these measures in the acute care setting and efforts to improve malnutrition quality of care across all care settings. Please contact Sarah Ohlhorst, MS, RD, ASN Chief Science Policy Officer (240-428-3647; sohlhorst@nutrition.org) with questions or requests for additional information related to these recommendations.

Sincerely,

Kevin Schalinske, PhD
2023-2024 President, American Society for Nutrition