Malnutrition Electronic Clinical Quality Measures (eMeasures or eCQMs)
Review and Status as of February 2017

<table>
<thead>
<tr>
<th>Electronic Clinical Quality Measures (eMeasures or eCQMs) Malnutrition</th>
<th>National Quality Forum (NQF) Measure Number</th>
<th>Centers for Medicare &amp; Medicaid Services (CMS) Measures Under Consideration (MUC) List Measure Number</th>
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<tr>
<td>Completion of a Malnutrition Screening within 24 hours of Admission</td>
<td>NQF 3087</td>
<td>MUC16-294</td>
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<td>Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening</td>
<td>NQF 3088</td>
<td>MUC16-296</td>
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<td>Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment</td>
<td>NQF 3089</td>
<td>MUC16-372</td>
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<tr>
<td>Appropriate Documentation of a Malnutrition Diagnosis</td>
<td>NQF 3090</td>
<td>MUC16-344</td>
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Summary Measure Development and Endorsement Activity:
- These above measures were developed as part of the Malnutrition Quality Improvement Initiative (MQii), an effort that began in August 2013 when a variety of stakeholder organizations highlighted gaps in existing malnutrition care and the impact of these practices on patient outcomes. Based on the results of subsequent literature reviews, landscape assessments, engagements with key stakeholders, and best practices research, the MQii was established in partnership with the Academy of Nutrition and Dietetics, (Academy) with other stakeholders providing guidance through key technical expert and advisory roles. The engagement was undertaken to advance evidence-based, high-quality patient-driven care for hospitalized older adults (age 65 and older) who are malnourished or at-risk for malnutrition.
- Two National Dialogue meetings were conducted in Washington, DC - November 2013 and September 2014 with participants of various perspectives such as public and private payers, providers, researchers, measure developers, and patient representatives. The first dialogue sought to better understand the barriers to providing consistent standards of malnutrition care and to discuss solutions to those barriers. The second dialogue sought stakeholder input again in order to prioritize among malnutrition quality improvement approaches, guide the design of the quality improvement initiative and vet measures concepts. Support for the two dialogues was provided by Abbott.
• In July 2016, after over a year and a half of development and testing – January 2015–June 2016, Avalere Health and the Academy submitted the set of malnutrition-focused de novo electronic clinical quality measures (2 of which are hybrid measures) to Centers for Medicare & Medicaid Services (CMS) for the 2017 Measures Under Consideration (MUC) List for proposed adoption into the Hospital Inpatient Quality Reporting Program. Additionally, Avalere Health and the Academy submitted the measures set to National Quality Forum (NQF) for consideration of endorsement.

• The NQF Health & Well Being Committee first vetted our 4 measures in September 2016 with follow-up review after the comment period in December 2016. Three of the 4 measures did not pass for evidence. NQF 3089 – Nutrition Care Plan did move forward for endorsement. CSAC – Consensus Standards Approval Committee overturned that endorsement recommendation in January 2017 due to lack of meeting validity criterion.

• At this same time, the Academy with Avalere Health were also participating in the parallel review process with CMS MUC and the NQF MAP - ‘Measures Application Partnership’ Coordinating Committee. In October 2016 we were notified of the measures being included in the CMS MUC List for rule making via the NQF MAP. At the MAP December 2016 meeting, our measures received the following status for pre-rulemaking deliberation:
  - MUC16-294 (NQF 3087) - Completion of a Malnutrition Screening within 24 Hours of Admission - Refine and Resubmit
  - MUC16-296 (NQF 3088) - Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening - Conditional Support Pending NQF Endorsement
  - MUC16-372 (NQF 3089) - Nutrition Care Plan for Patients Identified as Malnourished after a Completed Nutrition Assessment - Refine and Resubmit
  - MUC16-344 (NQF 3090) - Appropriate Documentation of a Malnutrition Diagnosis - Do Not Support

• In January 2017, the NQF MAP Coordinating Committee met again for their post call for final review and voting results of the malnutrition measures. Following the vote, MUC16-296 (Nutrition Assessment measure) was changed to Refine and Resubmit status; MUC16-294 (Screening measure) and MUC16-372 (Care Plan measure) remained “Refine and Resubmit”.

• Although we were hoping for more positive results, the Academy will continue to advocate to move these measures forward in 2017 with Avalere and Abbott with the following alternatives and next steps:
  - Discuss with NQF appealing the status of some of the measures on the basis on “new evidence available”; Conference calls occurring in February and March 2017
  - Re-engage with NQF Health & Well-Being Project Team staff to discuss how to proceed and considerations for building one composite measure; Conference calls occurring in February and March 2017
  - Re-engage with CMS Clinical Standards & Quality team to discuss how to proceed and considerations for building one composite measure; Meeting scheduled for March 2017
  - Continue work to establish the Learning Collaborative 2.0, through which 25-50 sites will collect data on the measures that can further support their validity, generate data to demonstrate the viability of one composite measure, and better link malnutrition care processes to outcomes; December 2016 – October 2017
  - Explore how/when to begin developing specifications for one malnutrition composite measure, including timing to reconvene the TEP – Technical Expert Panel; March-June 2017
  - Explore opportunity to submit a draft malnutrition one composite measure to the MUC in late June/early July 2017 and further discussions with CMS around this one composite measure