



June 25, 2018

Ms. Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244

ATTN: CMS-1694-P

Dear Ms. Verma:

As the voice of more than 72,000 clinical nurse specialists (CNS), the National Association of Clinical Nurse Specialists (NACNS) welcomes the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) ***Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2019 Rates***. NACNS specifically is advocating for CMS action on malnutrition quality of care, which will benefit patients, families, caregivers, and the health care system at-large. We firmly recommend elevating malnutrition to a level of national importance for major stakeholders in health care.

CNSs are licensed advanced practice registered nurses (APRN) who have graduate preparation (master's or doctorate) in nursing as a clinical nurse specialist. They have unique and advanced level competencies that meet the increased needs of improving quality and reducing costs in today's health care system. CNSs provide direct patient care, including assessment, diagnosis, and management of patient health care issues. They are leaders of change in health organizations, developers of scientific evidence-based programs to prevent avoidable complications and coaches of those with chronic diseases to prevent hospital readmissions. CNSs are facilitators of multidisciplinary teams in acute and chronic care facilities to improve the quality and safety of care, including preventing hospital-acquired infections, reducing length of stays and preventing hospital readmissions.

MALNUTRITION AND MEANINGFUL MEASURES INITIATIVE

NACNS backs the implementation of the CMS Meaningful Measures Initiative priorities across CMS' quality reporting and value-based programs. [Meaningful Measures](#) identifies priorities for

quality measurement and involves assessing only core issues that are the most critical to providing high quality care and improving individual outcomes (e.g., Healthcare-Associated Infections and Prevention and Treatment of Opioid and Substance Use Disorders). The Meaningful Measures Initiative establishes a set of principles for evaluating and streamlining regulations, aiming to reduce provider burden, increase efficiencies at CMS and ensure that providers focus on matters having the greatest impact on patients.

NACNS supports the rule in which CMS proposes to remove a total of 25 unique quality measures from several quality reporting and pay-for-performance programs (out of the existing 65). We agree that removing unnecessary, redundant, process-driven measures from performance programs will ease administrative burden. Moreover, reducing duplicate measures across various programs will help streamline quality measure reporting for hospitals and will enhance provider focus on important clinical and cost outcomes for patients with the greatest potential for improvement.

However, NACNS is concerned that malnutrition remains a measurement gap in hospital quality and value-based programs. In February 2017, NACNS issued the report, [*Malnutrition in Hospitalized Adult Patients: The Role of the Clinical Nurse Specialist*](#) produced by the NACNS Malnutrition Task Force and sponsored by a grant from the Abbott Nutrition Health Institute. Our report found that an estimated 20% to 50% of hospitalized adult patients are malnourished and that treatment costs associated with malnutrition are estimated to be greater than \$11 billion annually. The costs are related not only to the treatment of malnutrition and its underlying cause, but also to the sequelae of malnutrition, including muscle wasting, loss of functional ability and hospital-acquired conditions (e.g., falls, pressure injuries and infections). These sequelae also can lead to increased morbidity and mortality, longer lengths of stay and higher readmission rates.

The evidence is strong that malnutrition is a substantial burden on patients and caregivers, as well as on the health care system at-large. Addressing malnutrition care is associated with significant improvements in outcomes that matter to patients; yet, malnutrition-focused measures remain unaddressed in CMS quality programs for hospitals.

NACNS contends that the components of the four individual malnutrition electronic clinical quality measures (discussed in the previous CMS 2018 review cycle), ultimately will reduce the economic burden incurred by them. Adopting the patient-centered measures comprising the malnutrition measure set and encouraging the use of interprofessional approaches to achieving these goals is imperative to improve patient outcomes and care coordination and to decrease costs to the system.

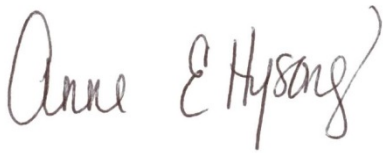
On the frontline of monitoring and management, nursing plays a critical role addressing adult malnutrition in collaboration with dietitians and other health care professionals. In order to coordinate a team-based, interprofessional approach, NACNS advocates for needed resources

and required skill sets among team members to positively affect the nutrition care paradigm for hospitalized adult patients.

As is demonstrated through the substantive body of evidence supporting the impact of optimal malnutrition care on patient outcomes and benefits to the overall health care system, now is the time to address malnutrition in hospitalized older adults. Quality improvement efforts to address malnutrition need to be incentivized through implementation of nationally standardized quality measures that would hold providers accountable for delivering high quality malnutrition care. ***NACNS urges CMS to act quickly to use its statutory authority through direction of the national quality strategy and focus on malnutrition care in the hospital.*** Malnutrition must be a priority area for CMS as it aligns with the main principles of the Meaningful Measures Initiative.

NACNS is committed to work with CMS to develop a health care system that addresses the most pressing issues facing quality patient care today – issues that CNSs tackle every day. If you have any questions regarding our position or require additional information, please feel free to contact Melinda Mercer Ray, NACNS Executive Director, at 703-929-8995 or via email at mray@nacns.org.

Sincerely yours,

A handwritten signature in cursive script that reads "Anne E. Hysong". The signature is written in a dark ink and is positioned below the "Sincerely yours," text.

Anne Hysong, MSN, APRN, CCNS, ACNS-BC
President