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Disclosure

Sherri Jones
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Session sponsored by **Abbott Nutrition**

2012 FNCE speaker expenses and honorarium underwritten by **Abbott Nutrition**

Objectives

1. Describe the critical role that the healthcare professional plays within the hospital setting to address the malnourished patient.
2. Implement at least one systematic approach for recognizing and documenting malnutrition within your own institution.
3. Apply at least one method for engaging the health care team on the value of nutrition intervention strategies within the malnourished patient population.

Presentation Content - "Creating a Nutrition Culture"

Part One:
- Malnutrition definition/identification + CMS DRG evolution
- Initial UPMC malnutrition recognition program
- Academy "call to action" and outcomes

Part Two:
- Upgrades to UPMC malnutrition recognition program
- Malnutrition interventions → empowerment strategies

Part Three:
- Dietitian empowerment strategies/UPMC outcomes
- Malnutrition Resources

Defining Malnutrition

International Classification of Diseases (ICD)

Centers for Medicare & Medicaid Services (CMS)

Diagnosis Related Group (DRG-ICD-9)

- 260 Kwashiorkor
  - Nutritional edema with dyspigmentation of skin and hair; syndrome particularly of children, excessive CHO with inadequate PRO intake
- 261 Nutritional marasmus
  - Nutritional atrophy; severe, chronic calorie deficiency; severe malnutrition NOS; Protein-calorie malabsorption or malnutriion in children
- 262 Other severe protein-calorie malnutrition
  - Nutritional edema without mention of dyspigmentation of skin and hair
- 263.9 Other and unspecified protein-calorie malnutrition
  - Dystrophy caused by malnutrition; malnutrition (calorie) NOS

Academy & ASPEN Article

- "Malnutrition is most simply defined as any nutritional imbalance."
- Jensen and colleagues propose an overarching definition of malnutrition as "decline in lean body mass with the potential for functional impairment"

"Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)"

Journal of the Academy of Nutrition and Dietetics
Volume 112, Issue 5 , Pages 730-738, May 2012

Academy IDNT Reference Manual

Nutrition Care Process Standardized Language

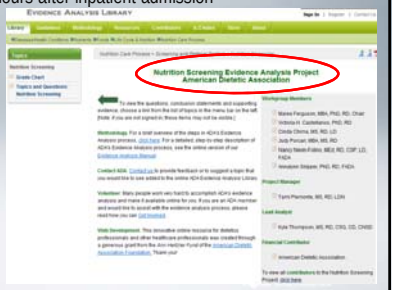
New 4th Edition (with Academy/ASPEN markers)

Nutrition Diagnosis: Malnutrition (NI-5.2)

- Inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting including starvation-related malnutrition, chronic disease-related malnutrition and acute disease or injury-related malnutrition.

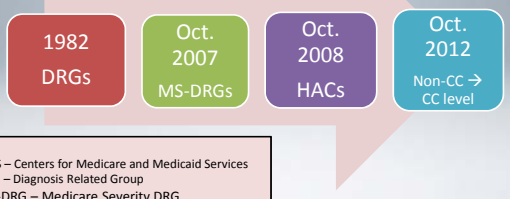
Identifying Malnutrition: "Nutrition Risk" Screening

- TJC Standard PC.01.02.03- 7. The hospital completes a nutritional screening (when warranted by the patient's needs or condition) within 24 hours after inpatient admission
- Academy's Evidence Analysis Library (EAL) has info on various screening tools and criteria



Malnutrition Reimbursement

CMS Inpatient Prospective Payment System (IPPS)
Acute Care Hospitals



Key:
CMS – Centers for Medicare and Medicaid Services
DRG – Diagnosis Related Group
MS-DRG – Medicare Severity DRG
HAC – Hospital Acquired Condition
CC – Complication Comorbidity

CMS Medicare Severity DRG Structure

October 2007

MCC Level High $$$

Major Complication/Co-morbidity (MCC)
- 260.0 Kwashiorkor
- 261.0 Marasmus
- 262.0 Severe Pro-Cal Malnutrition

Complication/Co-morbidity (CC)
- 263.8 Other Pro-Cal Malnutrition
- 263.9 Unspecified Pro-Cal Malnutrition
- 799.4 Cachexia

*Effective with CMS IPPS Fiscal Year 2013 Rates
- 263.0 Malnutrition of Moderate Degree
- 263.1 Malnutrition of Mild Degree

New Change Oct. 2012

Non-Complication/Co-morbidity (Non-CC)
**Prior to CMS IPPS Fiscal Year 2013 Rates*
- 263.0 Malnutrition of Moderate Degree
- 263.1 Malnutrition of Mild Degree

CMS Exciting IPPS Change

- CMS has decided to upgrade 2 malnutrition ICD-9 codes for FY13. Per CMS…

"Based on the data and clinical analysis, we are proposing for FY2013 to change diagnosis codes 263.0 and 263.1 from a non-CC to a CC."

- Starting Oct. 1, 2012 the following codes will be upgraded and eligible for financial reimbursement $$
  - 263.0 Malnutrition of moderate degree
  - 263.1 Malnutrition of mild degree

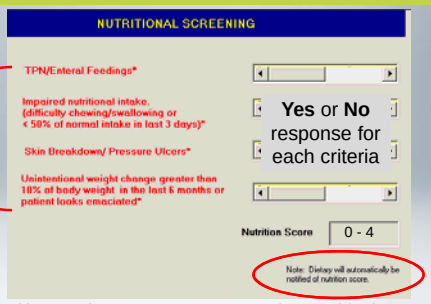
Source: Federal Register, Vol. 77, No. 92, May 11, 2012. Proposed Rules. pp. 27907-27908.

The UPMC Malnutrition Journey…

UPMC Presbyterian Shadyside

- University of Pittsburgh Medical Center Health System
- ~20 academic, community, and specialty hospitals
- Ranked #10 of Best Hospitals per US News World Report
- UPMC Presbyterian Shadyside – largest, acute care
  - Census 800 + 520 = Total ~1,320; Teaching; Level 1 trauma; Adult

UPMC Nutrition Screening Criteria



4-6 Primary Criteria

Yes or **No** response for each criteria

Electronic Health Record = Cerner

Automatic consult/task to RD

Nutrition Risk Screening (Evidence Based)

Evidence-Based Nutrition Screening Criteria – Academy of Nutrition and Dietetics

	UPMC	MNA-SF Grade I (good)	MST Grade I (good)	MUST Grade II (fair)	NRS 2002 Grade II (fair)	Simple 2 Part Grade II (fair)	NST/BAP EN4 Grade II (fair)
Number of total questions (criteria)	**4-6**	**6-7**	**2-3**	**3-6**	**3 in Part 1**	**2**	**5**
Criteria includes:							
Tf/PN	Yes	No	No	Yes	No	No	No
Weight change (loss)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
PO intake	Yes	Yes	Yes	Yes	Yes	No	Yes
Swallowing/chewing	Yes	Yes	No	No	No	No	No
Skin issues	Yes	No	No	Yes	No	No	No
Underweight (appearance/BMI)	Yes	Yes	No	Yes	Yes	No	Yes
Criteria on GI symptoms (N/V/D)	No	No	No	No	No	No	No
Mobility issues	No	Yes	No	Yes	No	No	No
Acute disease/psychological stress	No	Yes	No	No	No	No	No
Neuropsychological problems	No	Yes	No	No	No	No	No
Loss of subcutaneous fat (MAMC)	No	No	No	No	No	Yes	Yes
NPO ≥5 days	No	No	No	No	No	No	Yes

Source: Academy of Nutrition and Dietetics Evidence Analysis Library
www.andevidencelibrary.com

Nutrition Risk Screening (Acute Care Comparison)

Comparison of Nutrition Screening Criteria – Other Facilities Nationally

	UPMC	Cleveland Clinic	UCLA	New York Presbyterian	Massachusetts General	Providence St. Vincent, OR
Number of total questions (criteria)	**4-6**	**14**	**7**	**6**	**5**	**6**
Criteria includes:						
Tf/PN	Yes	Yes	Yes	Yes	Yes	Yes
Weight change (Loss)	Yes	Yes	Yes	Yes	Yes	Yes
PO intake	Yes	Yes	No	Yes	Yes	No
Swallowing/chewing	Yes	Yes	Yes	No	No	No
Skin issues	Yes	Yes	Yes	Yes	No	No
Underweight (appearance/BMI)	Yes	Yes	No	Yes	No	Yes
Criteria on GI symptoms (N/V/D)	No	Yes	No	No	No	No
Pregnant/lactating	No	Yes	Yes	Yes	No	Yes
New dialysis	No	No	Yes	No	No	No
New diabetic	No	No	Yes	No	No	No
At risk diagnosis	No	No	No	Yes	Yes	Yes
On Coumadin	No	No	No	Yes	Yes	No
Surgical geriatric	No	No	No	No	No	Yes
Food allergy	No	Yes	No	No	No	No
Feeding issues - ADLs	No	Yes	No	No	No	No
Poor understanding of diet	No	Yes	No	No	No	No

Source: phone/email survey conducted 2009

UPMC Malnutrition Recognition Program

How it got initiated…

CMS implemented MS-DRG affecting reimbursement

↓

Physician Medical Records Director (Dr. Towers) identified increased reimbursement with malnutrition recognition

↓

Staff RD attended Medical Record Committee meeting

↓

Dr. Towers approached RD → wants to partner on malnutrition DRGs

↓

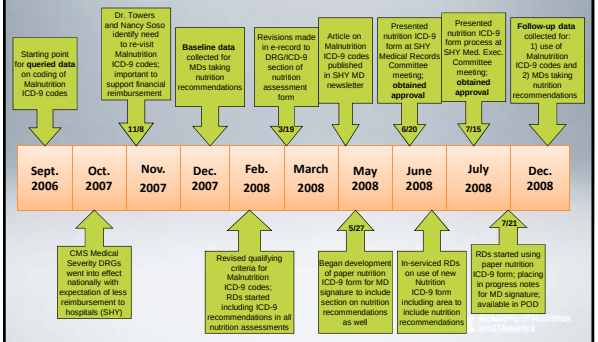
RD forwarded request to Clinical Nutrition Managers (CNMs)

↓

Partnership/rapport formed between MD and CNMs

★ Dr. Towers became a "nutrition champion"

UPMC Malnutrition Program Timeline



UPMC Implementation Steps

1. Revised ICD-9 code UPMC diagnostic criteria (no standards)
2. Revised nutrition assessment documentation forms
3. Switched med records query form (post D/C) → to MD alert/approval form (real time)
4. Pursued physician/committee approvals → Easy with MD Champion
5. Communicated change to physicians
6. Monitored staff compliance (RDs & MDs)
7. Partnered with Medical Records/Coders to Collect outcome data

UPMC ICD-9 Criteria (2008 Version)

Severe Protein-Calorie Malnutrition (262.0) *MCC

Characteristics #1 & #2 must be present:

1. Depressed anthropometrics: Weight <60% of standard weight for height, and/or a weight loss of >10% of usual weight in last 6 months and/or BMI <16 kg/m^2
2. Depressed visceral protein concentration: serum albumin <3.0 g/dL and/or serum prealbumin <10 mg/dL and/or serum transferrin <100 mg/dL
3. Overt muscle wasting
4. Inadequate intake for ≥7 days
5. Occurs when a marasmic patient is exposed to stress (e.g., trauma, surgery, or acute illness) Characterized by combined symptoms of marasmus and kwashiorkor, a high risk of infection, and poor wound healing

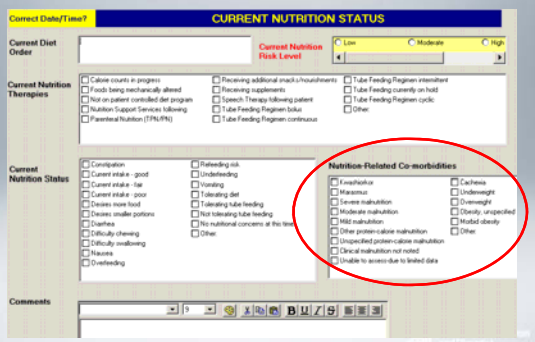
Other Protein-Calorie Malnutrition (263.8) *CC (midpoint of mild and moderate)

Any two of the following characteristics must be present:

1. Serum albumin ≤ 3.5 g/dL
2. Weight loss of ≥ 7% pre-illness or usual body weight
3. Weight ≤ 75% standard weight for height (IBW)
4. Serum transferrin <180mg/dL
5. Poor intake for 3 or more consecutive days
6. BMI 16.1 – 18.4

Key: MCC = major reimb. CC = moderate reimb. Ø = no reimb.

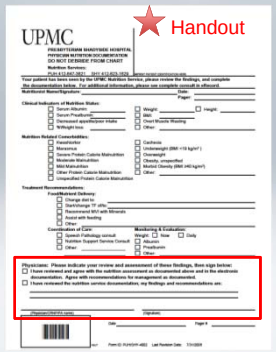
Nutrition Assessment/Reassessment



Electronic Health Record = Cerner

UPMC Physician Signature Form

To be completed and signed "real time"



★ Handout

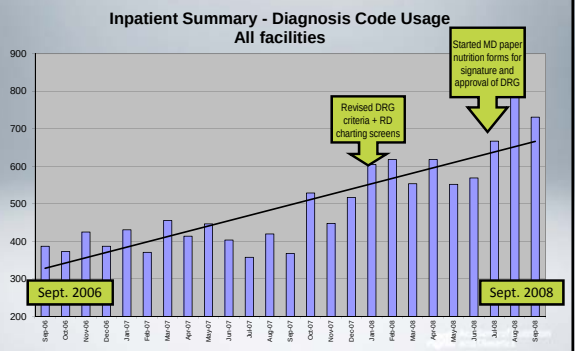
Also serves as a post discharge query form

Missed Opportunities

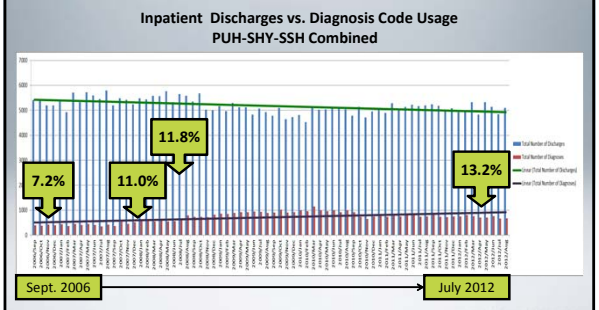
UPMC Real Case Example:

- 65 y/o male admitted with abdominal pain, found to have metastatic pancreatic cancer. Nutrition note in Cerner (EHR) documents "Severe Protein Calorie Malnutrition". Physician notes weight loss, anorexia, but does not write a "diagnosis". Medical Records query sent to clarify.
- Reimbursement:
  - Before Query: $14,204
  - After Query: $21,946
  - Net Gain: $7,742

UPMC Nutrition-Related ICD-9 Usage



UPMC Nutrition-Related ICD-9 Usage



UPMC Quality Fair 2009 – 2nd Place Award

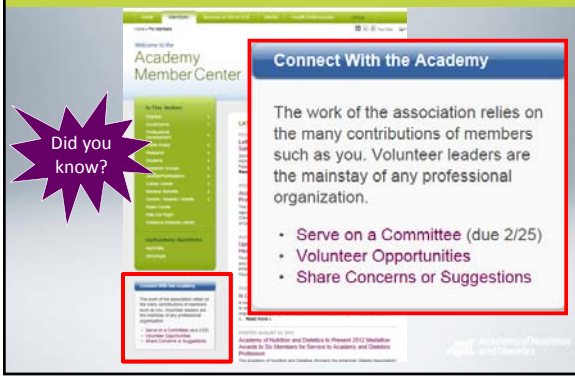
Malnutrition Recognition And Treatment: A "Win-Win" For Patients And The Hospital

Academy Call To Action

- Encouraged by Dr. Towers

  (Our "Nutrition Champion")
- 2/25/09 Posed issue to the Academy through the "Issues Management Committee" at www.eatright.org
- Issue: Consider our professional organization (the Academy) work on developing "standard" criteria for the Nutrition-related ICD-9 codes

Submitting Issues on Academy Website



The Academy's Response…

- Formation of a Malnutrition Workgroup → July 2009

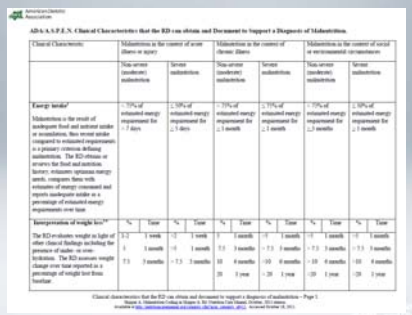
  Members: Chair-Jane White, Maree Ferguson, Sherri Jones, Louise Merriman, Pam Michael, Marsha Schofield, Terese Scollard, Annalynn Skipper, Ainsley Malone

- Partnered with ASPEN Malnutrition Task Force to identify and standardize markers/characteristics of ADULT malnutrition with following attributes:
  - Few in number
  - Support nutrition diagnosis
  - Characterize severity
  - Change over time
  - Evidence-based

Academy Journal May 2012

Academy Nutrition Care Manual®

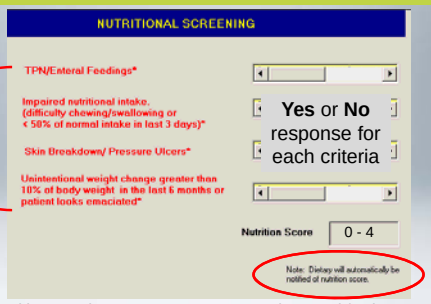
Malnutrition Information: Clinical Characteristics



Question/Answer Session

UPMC Nutrition Screening Criteria

4-6 Primary Criteria



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