

The Role of Physicians and Advanced Practice Providers in the Global Malnutrition Composite Score (GMCS)

Malnutrition is prevalent in up to 30-45% of hospitalized adults.^{1,2} A recent U.S. survey of adult hospitalized patients reported that only 69% of those malnourished had an ordered nutrition intervention.² Key nutrition care practices include screening for malnutrition risk at hospital admission, assessing for malnutrition, diagnosing malnutrition, and providing appropriate treatment.

Importance of Malnutrition Quality Improvement

Hospitals are required to report on quality measures through the Centers for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program to help improve health outcomes.³ Evidence suggests implementation of screening, assessment, diagnosis, and treatment for malnutrition is associated with improved patient/hospital outcomes as demonstrated by:

- Reducing hospital length of stay, infection rates, and 30-day hospital readmission⁴
- Lowering healthcare costs⁵
- Identifying at-risk patients
- Documenting relevant nutrition diagnosis and discharge plans^{6,7}

Global Malnutrition Composite Score (GMCS)

The recently approved Global Malnutrition Composite Score (GMCS) electronic clinical quality measure (eCQM) can now be used starting in 2024. It comprises four components: nutrition screening, nutrition assessment, documentation of malnutrition diagnosis, and development of a nutrition care plan.³ Of note:

- CMS adopted the GMCS as a health equity quality measure, and following the GMCS process can help hospitals address their health equity goals.
- The GMCS reflects the recommended nutrition care process already in place for hospitalized patients. Finding and addressing gaps in this process, including appropriate malnutrition diagnosis, can help ensure high-quality patient care.

Physicians' and Advanced Practice Providers' Role in Nutrition and How You Can Participate in Malnutrition Care^{3,8}

- Being knowledgeable that all patients are nutritionally screened through an appropriate screening process within 24 hours of hospital admission and through periodic rescreening.
- Being knowledgeable that all patients identified as nutritionally-at-risk by a screening mechanism shall undergo a formal nutrition assessment.
- Assuring that the nutrition assessment is documented and available to all patient care providers.

- Documenting a nutrition diagnosis in the medical record when appropriate.
- Participating in the development of the nutrition care plan.
- Planning, participating in, and implementing routine quality improvement projects that pertain to nutrition support.
- Championing EHR builds and interdisciplinary collaboration to support the implementation and reporting of the GMCS quality measure.
- Learning about hospitalized patient malnutrition by focusing on:
 - The negative clinical outcomes associated with malnutrition.
 - How nutrition care is a team approach.
 - What it takes to identify, assess, diagnose, and treat malnutrition.
 - Initiate quality improvement efforts for providers to improve patient care by:
 - Gaining transparency about nutrition care efforts and learning about their own performance.
 - Participating in development of a mechanism of easier workflow to collect and document nutrition care in the electronic health record (EHR).
 - Viewing quality measure results and the patient care these can improve.

How Physicians and Advanced Practice Providers Can Participate in the GMCS

Use the nutrition team and other hospital personnel to get engaged in using the GMCS (See workflow figure below):

- Review malnutrition quality improvement from other like institutions and initiate nutrition-focused quality improvement projects within your facility.
- Educate on and advocate for documentation of **nutrition medical diagnoses** in the EHR.
- Gather current performance data on nutrition care measures in the GMCS.

- Advocate with hospital administration for creation of an EHR nutrition care documentation system that makes it easy to collect and analyze the GMCS data.
- Communicate improvements in individual provider and institutional care metrics.

Assuring an Optimal Transition from Hospital to Home for Nutrition Care

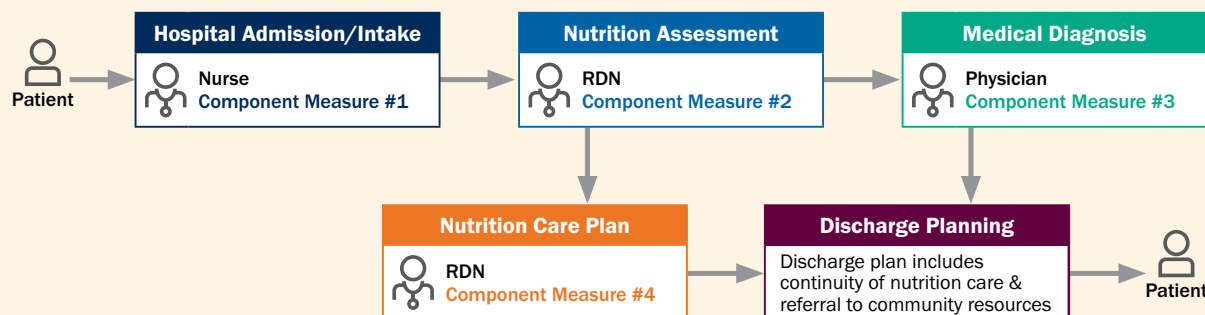
Identify at-risk patients in the hospital and plan for transition to home, identifying optimal community resources. See this discharge checklist at nutritioncare.org/DischargeList.

Other Resources

- ASPEN podcast on this topic by Dr. Philip Brown at nutritioncare.org/GMCSpodcast1
- [MalnutritionQuality.org/Starting-QI](https://nutritioncare.org/Starting-QI)
- ASPEN practice tool on implementing malnutrition quality improvement and reporting on GMCS at nutritioncare.org/GMCSforCMShospitalQualityReporting
- Interprofessional Implementation of the Global Malnutrition Composite Score Quality Measure article at nutritioncare.org/GMCSarticle1

Workflow Guided by Global Malnutrition Composite Score Measure

- The 4 components of the GMCS are guided by a workflow that reflects best practices for malnutrition quality improvement using an interprofessional care team, as shown below.
- Coordination of care within the hospital to follow this workflow can also lead to more comprehensive discharge planning.
- Following this workflow can ensure patients are connected to necessary nutrition care and community resources at discharge to help improve outcomes and avoid readmission to the hospital.



Adapted with permission from the MQi Global Malnutrition Composite Score Overview.

References

1. Allard JP, Keller H, Jeejeebhoy KN, et al. Malnutrition at hospital admission—contributors and effect on length of stay: A prospective cohort study from the Canadian Malnutrition Task Force. *JPEN J Parenter Enteral Nutr* 2016 May;40(4):487-97.
2. Guenter P, Blackmer A, Malone A, Phillips W, Mogensen KM, Becker P. Current nutrition assessment practice: A 2022 survey. *Nutr Clin Pract*. 2023 Oct;38(5):998-1008.
3. Bechtold ML, Nepple KG, McCauley SM, Badaracco C, Malone A. Interprofessional implementation of the Global Malnutrition Composite Score quality measure. *Nutr Clin Pract* 2023 Oct;38(5):987-997.
4. Valladares AF, et al. How a malnutrition quality improvement initiative furthers malnutrition measurement and care: results from a hospital learning collaborative. *JPEN J Parenter Enteral Nutr*. 2021;45:366-371.
5. Sulo S, et al. Budget impact analysis of a home-based nutrition program for adults at risk for malnutrition. *Am Health Drug Benefits*. 2017;10:262-270.
6. Wills-Gallagher J, Kerr KW, Macintosh B, et al. Implementation of malnutrition quality improvement reveals opportunities for better nutrition care delivery for hospitalized patients. *JPEN J Parenter Enteral Nutr*. 2022;46(1):243-248.
7. Bruno M, Kerr K, Badaracco C, et al. Malnutrition quality improvement initiative data support continued opportunities in malnutrition care. *J Acad Nutr Diet*. 2022;122(10-S2):S34-S38.
8. Mascarenhas MR, August DA, DeLegge MH, et al. Standards of practice for nutrition support physicians. *Nutr Clin Pract*. 2012 Apr;27(2):295-9.

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