August Quarterly Spotlight on Malnutrition: Global Malnutrition Composite Score (GMCS) Town hall

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Moderator and Speakers
- Moderator: Krista Clark MBA, RD, LD, FAND, NASM-CPT, SFS
- Speakers:
  - Tamaire Ojeda-Avila, MHSA, RDN, LD, Senior Manager of Quality Initiatives and Improvement, Commission on Dietetic Registration
  - Michelle Ashafa, RD, LDN, CAPM, CMS, Quality Technology Analyst, Commission on Dietetic Registration

Panelists
- Panelists:
  - Robert Dunn, RD, LDN, CNSC, Clinical Nutrition Manager, Salem Hospital
  - Donna G. Pertel, MEd, RD, Director, NCP and Terminology, Commission on Dietetic Registration
Disclosures

- No commercial relationships to disclose.
- Employers:
  - Krista Clark - CJL Consulting
  - Tamaire Ojeda-Avila - Commission on Dietetic Registration
  - Michelle Ashafa - Commission on Dietetic Registration
  - Donna Pertel - Commission on Dietetic Registration
  - Robert Dunn – Salem Hospital

Learning Objectives

- To assess the value of the GMCS selection as an eCQM.
- Describe the GMCS and its application in the acute care setting.
- Break down misconceptions and barriers to implementation.
Putting it all together:

Centers for Medicare and Medicaid Services
Inpatient Prospective Payment System
Inpatient Quality Reporting Program
Electronic Clinical Quality Measures

GMCS
1 of 9 optional eCQMs
Hospitals select 3 of 9

*Adapted with permission of R. Dunn, RDN, LDN, CNSC, Sodexo Clinical Nutrition Manager. Taken from May 4, 2023 Sodexo Presentation: Titled Implementing Quality Improvement Projects: Targeting Malnutrition.

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**CY2024 - Hospitals Must Report 6 eCQMs**

*Mandatory eCQMs: “Safe Use of Opioids,” “Cesarean Birth,” and “Severe Obstetric Complications”*

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admit Decision Time to ED Departure Time for Admitted Patients (to be discontinued in CY 2024)</td>
<td>ED-2</td>
</tr>
<tr>
<td>Exclusive Breast Milk Feeding (to be discontinued in CY 2024)</td>
<td>FC-05</td>
</tr>
<tr>
<td>Discharge on Antithrombotic Therapy</td>
<td>STK-02</td>
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<tr>
<td>Antithrombotic Therapy for Atrial Fibrillation/Flutter</td>
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<tr>
<td>Antithrombotic Therapy by the End of Hospital Day 2</td>
<td>STK-05</td>
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<tr>
<td>Discharge on Statin Medication (to be discontinued in CY 2024)</td>
<td>STK-06</td>
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<tr>
<td>Venous Thromboembolism Prophylaxis</td>
<td>VTE-1</td>
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<tr>
<td>Exclusive Care Unit Venous Thromboembolism Prophylaxis</td>
<td>VTE-2</td>
</tr>
<tr>
<td>Hospital Harm—Severe Hypoglycemia</td>
<td>HH-01</td>
</tr>
<tr>
<td>Hospital Harm—Severe Hyperglycemia</td>
<td>HH-02</td>
</tr>
<tr>
<td>Hospital Harm—Opioid-Related Adverse Events</td>
<td>HH-ORAE</td>
</tr>
<tr>
<td>Global Malnutrition Composite Score</td>
<td>GMCS</td>
</tr>
</tbody>
</table>

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**Clinical Workflow**

- **Hospital Admission/Intake**
  - Nurse or RDN
  - Measure Observation #1

- **Nutrition Assessment**
  - RDN
  - Measure Observation #2

- **Nutrition Care Plan**
  - Measure Observation #4

- **Discharge Planning**
  - Physician/Eligible Clinician
  - Measure Observation #3

- **Medicine Diagnosis**
  - Measure Observation #3

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https://malnutritionquality.org/gmcs-for-iqr/
Key Reasons to Report on the GMCS

- Enhances ability to identify and address malnutrition.
- Reduces disease incidence, acuity, and duration.
- Improves quality of life and clinical outcomes.
- Reduces healthcare costs.
- Identified as priority eCQM to advance health equity.
- Directly addresses social determinants of health and food insecurity for:
  - CMS' priorities and initiatives, particularly health disparities and patient-centered delivery of care.
  - 2023 HEDIS® Social Need Screening and Intervention measure.
  - The Joint Commission’s New Requirements to Reduce Health Care Disparities Leadership Standard.
- Identified by NQF as key measure to improve rural health.

AU 2023 Updates to the GMCS

1. Clinicians can now satisfy the GMCS components with activities performed in a pre-admission setting. Previously, clinicians could not satisfy GMCS components in a pre-admission setting.

2. Patients are now eligible for the GMCS measure if they were 65 years or older at the start of the encounter, instead of at the start of the measurement period.

3. Addition of the RDN as a clinician who can complete the malnutrition risk screening for component #1.

4. Patients can also be eligible for component #2 with a referral to the hospital dietitian. *A nutrition screening will still need to be done, but it can now be done at the same time as the assessment.*

Breaking Down Barriers
Interacting At All Levels for GMCS to be Successful

- Focus on the patient and support the institution.
- Champion the benefits of addressing malnutrition as a quality measure.
- Support Executives, IT & Quality Depts.
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- Champion the benefits of addressing malnutrition as a quality measure.
- Support clinical and IT staff.
- Supporting the Institution's data collection and reporting needs.
- Developing the process and templates for data collection and reporting that meet CMS requirements.
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GMCS Data Elements Are Readily Available

<table>
<thead>
<tr>
<th>GMCS Data Elements &amp; Attributes</th>
<th>Screen</th>
<th>Access</th>
<th>Diagnosis</th>
<th>Care Plan</th>
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<tbody>
<tr>
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</tbody>
</table>

Why RDNs need to understand the score?

- Ensures the ability to interpret GMCS scores
- Yields insight into specific component gaps
- Leads to actionable objectives for quality improvement projects
- Drives improvement in the quality of care provided
- Sheds light on the partners needed to improve care
- Makes the case for stratification of data that require further investigation
What Does the Score Mean?
GMCS uses three basic calculations to evaluate performance: two for each eligible hospitalization (or episode), and one for aggregate performance in the reporting period (12 months).

1. **Total Malnutrition Components Score** = Component 1 + Component 2 + Component 3 + Component 4
   
   **NOTE:** Each eligible component will receive either a zero or one.

2. **Total Malnutrition Composite Score as Percentage** = \( \left( \frac{\text{Total Malnutrition Components Score}}{\text{Total Malnutrition Components Score Eligible Denominators}} \right) \times 100 \)

3. **Aggregate Total Malnutrition Composite Score as Percentage** = \( \left( \frac{\text{Total Malnutrition Composite Score as Percentage}}{\text{Eligible Hospitalizations in the Measure Population}} \right) \)

GMCS Aggregate Performance Example

Calculating hospital performance for a measurement period:

**GMCS Aggregate Hospital Performance** = Episode GMCS Performance ÷ # of Eligible Episodes

\( \left( 100\% + 75\% + 75\% + 100\% + 0\% + 75\% + 25\% + 50\% + 100\% \right) \div 10 \)

hospitalization = 650 ÷ 10 = 65.0%

**Interpretation:**
65.0% of all clinically eligible components (measure observations) were documented for the measure population (hospitalizations ≥ 24 hours for patients ≥ 65 years)

Global Malnutrition Composite Score Tools

[www.cdrnet.org/GMCS](http://www.cdrnet.org/GMCS)
Open Forum With Panelists

Tamaire Ojeda-Avila, MHSA, RDN, LD
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Additional Resources and Information About the GMCS

MQii
* GMCS for IQR webpage: https://malnutritionquality.org/gmcs-for-iqr/

Commission on Dietetic Registration
* Global Malnutrition Composite Score webpage: www.cdrnet.org/GMCS
* GMCS FAQs
  * Measure Specifications Manual
  * Table of Possible Combinations of Component Measure Results and Total Malnutrition Composite Score Percentage

Academy of Nutrition and Dietetics
* Journal of the Academy of Nutrition and Dietetics: October 2023 Supplement focused on measuring malnutrition and food insecurity to facilitate quality care and health equity

CMS
* Global Malnutrition Composite Score measure information and specifications

CMS
* Composite quality measures information from AHRQ and CMS

Coming Soon:
* Business Case for GMCS
  * 4.5-Free CPEU program
    * To be offered virtually
      * A face-to-face option could be arranged based on needs
    * It will support implementation of GMCS by supporting credentialed nutrition and dietetics practitioners in developing an actionable plan during the course.
Slides and pre-recorded videos will be sent via email at the end of the meeting.
Pre-recorded session and additional questions will also be posted in www.cdrnet.org/GMCS.