Hospital Value of the Global Malnutrition Composite Score (GMCS) Quality Measure
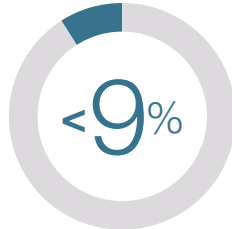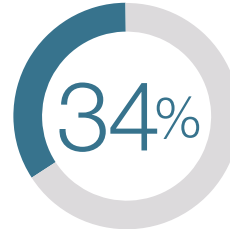
Malnutrition Is a Critical Public Health and Health Equity Issue

20 to 50%

Malnutrition and its risk affect **20–50%** of hospitalized patients[1]

<9%

Malnutrition is typically diagnosed in **<9%** of hospitalized patients, leaving many potentially undiagnosed and untreated[2]

34%

Costs are **34%** higher for inpatient hospital stays among malnourished patients than for non-malnourished patients[3]

<19 vs >26%

Non-Hispanic Black patients with malnutrition have **>26%** readmission rates compared to **<19%** for non-Hispanic White patients with malnutrition[4]

Reporting on the GMCS Electronic Clinical Quality Measure Helps Address Malnutrition and Meet Hospital Priorities

Health Equity-Focused

- Social risk factors and existing chronic conditions can increase malnutrition risk and thus disproportionately burden vulnerable populations[5]
- The Centers for Medicare & Medicaid Services (CMS) has recognized health disparities across racial and ethnic groups as a factor contributing to the burden of malnutrition[6]
- CMS adopted the Global Malnutrition Composite Score (GMCS) as a health equity-focused quality measure available for hospital reporting
- The Joint Commission has instituted new requirements for assessing patients' health-related social needs, including food insecurity,[7] which is associated with malnutrition

Positive Impact on Hospital Quality Measures and Patient Outcomes

- Malnutrition is a significant concern in the Medicare population, leading to increased readmissions, higher costs, and longer lengths of stay[8]
- Including the GMCS in the CMS Hospital Inpatient Quality Reporting (IQR) Program will promote data collection/reporting and encourage prioritizing high-quality nutrition care in the vulnerable Medicare population
- Measuring performance based on GMCS can facilitate high-quality, comprehensive nutrition care that begins in the inpatient setting and can continue after discharge[8]

Evidence-Based, Operationally Feasible, and Clinically Validated

- The GMCS is evidence-based and is built on the established Nutrition Care Process that is already used in acute care settings
- GMCS components have been:
  - » Successfully integrated into electronic health record (EHR) systems[9]
  - » Real-world tested and implemented by a Learning Collaborative of >300 hospitals nationwide[9]
  - » Clinically validated in the hospital setting[10]

CMS-Adopted

- The GMCS is the 1st and only nutrition-focused quality measure included in a CMS payment program and endorsed by the National Quality Forum
- The GMCS will be available for hospitals to report though the Hospital Inpatient Quality Reporting (IQR) and Promoting Interoperability Programs starting in 2024

Get started now! ▶

Visit **https://malnutritionquality.org/gmcs-for-iqr/** and **https://www.cdrnet.org/GMCS** for further information and resources

1. Baker LA, et al. Int J Environ Res Public Health. 2011;8:513-527. / 2. Guenter P, et al. Nutr Clin Pract. 2018;36:957-969. / 3. Curtis LJ, et al. Clin Nutr. 2017;36:1391-1396. / 4. Wahid N, et al. J Acad Nutr Diet. 2022;122:S28-S33. / 5. Avalere. 2022. https://avalere.com/insights/leveraging-inpatient-malnutrition-care-to-address-health-disparities. / 6. CMS. 2022. https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf. / 7. The Joint Commission. 2022. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf / 8. Academy of Nutrition and Dietetics. 2022. https://www.eatrightpro.org/about-us/for-media/press-releases/quality-reporting-will-improve-treatment-for-malnutrition. / 9. Bruno M, et al. J Acad Nutr Diet. 2022;122:S34-S39. / 10. Valladares AF, et al. J Acad Nutr Diet. 2022;122:S42-S49.