June 22, 2015

Dear Senators Hatch, Wyden, Isakson, and Warner:

Abbott commends you for forming a bipartisan chronic care working group. This letter is in response to your call for recommendations and policies from healthcare stakeholders to improve the care for Americans with chronic diseases.

Abbott is a global healthcare company devoted to improving life through the development of products and technologies that span the breadth of healthcare, with a portfolio of science-based offerings in nutritionals, diagnostics, medical devices, and branded generic pharmaceuticals. Abbott welcomes the opportunity to provide recommendations on *"Pathways to Improving Care for Medicare Patients with Chronic Conditions."*

Our comments outlined on the following pages are based on real world and data-driven experience and demonstrate how policies focused on screening and appropriate management of ***disease-related malnutrition*** for beneficiaries with chronic conditions will help improve outcomes across care settings. Nutrition status should be considered a vital sign of older adult health. Just like pulse or respiration rate, it is a measurement that provides critical information about health to help form the baseline for clinical care which is especially important in those with chronic disease.

Simply stated, an elevated focus on identifying and treating malnourished and at-risk Medicare beneficiaries with chronic conditions across care settings can be a low-cost, highly effective clinical strategy to help combat and treat chronic disease. We look forward to working with you on our shared goal of impacting chronic disease prevention and treatment and improving quality of life for our nation's Medicare patients.

Sincerely,

Rosemary T. Haas
Abbott
Divisional Vice President
Federal Government Affairs

THE PROBLEM OF MALNUTRITION

Malnutrition can be related to insufficient or poor nutrition and can occur at any Body Mass Index (BMI) level. People can be overweight or obese *and* malnourished when they lack sufficient nutrients needed to promote healing, rehabilitation, and reduce the risk of medical complications. Further, chronic diseases may cause an individual to become malnourished by impairing the person's ability to ingest or absorb nutrients causing increased energy needs or requiring dietary restrictions. Previously well-nourished older adults can become malnourished when they experience physical trauma or stress such as disease, surgery, infection or injury, which can significantly speed up the loss of lean body mass.

Malnutrition and weight loss can also contribute to sarcopenia, the age associated loss of skeletal muscle mass and function. Older adults are particularly at risk because their protein intake is often lower, thus increasing the risk of losing muscle and lean body mass more quickly and to a greater extent than younger adults, often negatively impacting recovery from hospitalization or illness as well as mobility and independence.

Prevalence of malnutrition in people with chronic disease

Increasing the risk of malnutrition in older adults is the presence of chronic conditions, including high-impact and costly conditions such as cardiovascular disease, stroke, diabetes, cancer, Chronic Obstructive Pulmonary Disease (COPD), renal disease, depression, and dementia.[1,2] For example, studies have estimated the prevalence of malnutrition in cancer patients to be 30% to 87%[3] (depending on the type of cancer), and malnutrition affects between 20% and 50% of patients at different stages of Chronic Kidney Disease[4], and between 19% and to 60% of COPD patients depending on the population studied and the assessment used.[5] Demographic factors among older Americans also may contribute to healthcare disparities related to malnutrition.

Disease-Related Malnutrition is common, costly and a growing public health concern

Disease-Related Malnutrition affects about 10% of chronically ill patients in the community and between 30% and 50% of patients admitted to hospitals and 21% to 51% in Long-Term Care. The morbidity, mortality, and direct medical costs associated with disease-related malnutrition impose a substantial social burden, with the cost to the U.S. estimated to be $51.3 billion for individuals aged 65 years and older.[6] As the elderly are expected to live longer, population susceptibility to chronic disease is increased and the impact of disease-related malnutrition on society is also likely to increase.

Malnutrition is an independent predictor of mortality and poor outcomes

Medicare beneficiaries with multiple chronic conditions are more likely to be hospitalized and those with two or more chronic conditions account for almost 98% of hospital readmissions[7]. Importantly, malnutrition is highly relevant for this vulnerable population as it is an independent predictor of negative patient outcomes, including mortality, length of hospital stay, readmissions, and hospitalization cost.

Malnutrition is also a patient safety risk since those who are malnourished are more likely to experience a healthcare acquired condition. Malnutrition is linked to increased rates of hospital morbidity, increased incidence of hospital-acquired pressure ulcers[1]and infections, falls, delayed wound healing,[8] decreased respiratory and cardiac function, poorer outcomes for chronic lung diseases, increased risk of cardiovascular and gastrointestinal disorders, reduced physical function, development of nosocomial infections,[9] and impairment of non-specific and cell-mediated immunity.[10] Malnutrition has also been identified as the strongest independent risk factor predicting short-term mortality in elderly patients visiting the emergency department.[11]

Malnutrition leads to poor patient and economic outcomes:

Malnutrition is a common reason for patients to be readmitted to the hospital.

In a recent study, malnourished patients with heart failure were 36% more likely to be readmitted to the hospital within 30 days than nourished patients with heart failure.[12,13] Hospital patients at risk for malnutrition are more likely to be discharged to another facility or require ongoing health services after leaving the hospital than patients not at risk for malnutrition.[14,15] In addition, poor nutrition has been identified as a contributor to the recently characterized post-hospital syndrome, which is linked to risk for increased re-hospitalization.[16]

Malnutrition intervention is a low-risk, low-cost clinical strategy to help improve the quality of hospital care and care transitions

Prompt nutrition intervention can significantly improve patient outcomes, with:

- 28% decrease in avoidable readmissions,[17]
- 25% reduction in pressure ulcer incidence,[18]
- 4% fewer overall complications,[19]
- Reduced average length of stay of approximately 2 days,[20-21]
- Decreased mortality,[22-27] and
- Improved quality of life.[10,28-33]

HOW MALNUTRITION INTERVENTION CAN HELP IMPROVE CHRONIC DISEASE MANAGEMENT

Given the prevalence and costs of disease-related malnutrition it is important to align provider incentives to promptly implement clinical strategies to address malnutrition and to coordinate care for malnourished and at-risk Medicare beneficiaries with chronic conditions. Because malnutrition care is an area that has largely remained unaddressed, it presents an opportunity for improved quality care in chronic disease management.

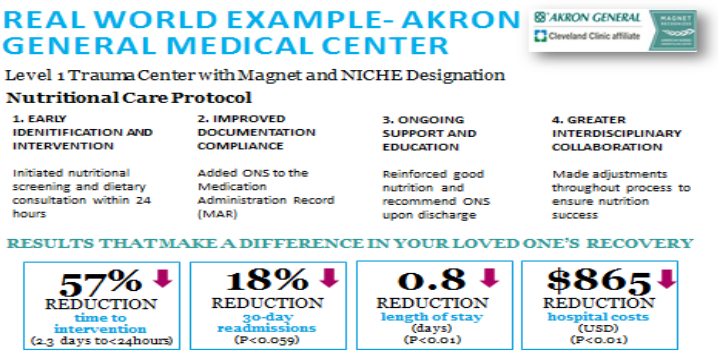
Helping improve quality of malnutrition care, patient outcomes, and cost efficiencies

Currently there are significant variations in treating malnutrition across healthcare settings that can negatively impact time to identification, assessment, nutrition intervention and care coordination. Clinical consensus recommendations underscore that early identification and systematic nutrition care coupled with interdisciplinary team-based care are critical in remediating malnutrition in both the hospital and in the post-acute care setting. Patient and family engagement in their nutrition care plan during hospitalization and upon discharge is important to facilitate recovery. Studies have demonstrated that implementation of a comprehensive nutrition pathway from inpatient admission to post-discharge improved identification of high-risk patients and decreased time to nutrition consult, length of hospital stay, and 30-day readmission rates.[20,34]

Malnutrition quality improvement initiatives

Given the prevalence of malnutrition for people with chronic diseases and negative outcomes related to malnutrition, it is critical to identify patients who are at-risk upon admission, to implement a care plan based upon assessment and diagnosis, to intervene as early as feasible, and to provide continuity of care prior to discharge with patient education, diet orders, and services as appropriate. Many providers have documented significant improvements in patient outcomes and in reducing costs through malnutrition quality improvement initiatives; e.g., Johns Hopkins, Fresenius Medical Care, and Akron General Medical Center. Studies demonstrating success at improving reducing length of stay, readmissions, and complications report completing malnutrition screening *and* initial interventions within 48 hours of admission. To further advance quality malnutrition care, Avalere Health, the Academy of Nutrition and Dietetics and other stakeholders have recently joined together to launch a national "Malnutrition Quality Improvement Initiative Demonstration.

Example of How Quality Malnutrition Care Can Make a Difference [35]



RECOMMENDATIONS

Abbott appreciates the Committee's consideration of the following policies to improve malnutrition care and assist in the ultimate goal of better chronic disease management:

- **Modify Current Alternative Payment Models**

  Integrate malnutrition care into healthcare delivery systems and alternative payment models to improve outcomes for patients living with chronic diseases

  - Implement a malnutrition-related quality measure set in public and private accountability programs, including Value-Based Purchasing, Medicare Shared Savings, Medicare Advantage, and State quality programs for acute and post-acute care

  - Standardize nutrition documentation in the Electronic Health Record

Despite a significant negative impact on patient outcomes and costs,[36] malnutrition care is an area that has largely remained unaddressed under Medicare quality programs and presents an opportunity for improved performance. There are currently no quality measures to address gaps in management of malnutrition for adults with chronic diseases. Gap areas include lack of systematic (1) screening, assessment, and nutrition intervention; (2) execution of nutrition care plans upon admission through discharge; and/or (3) care coordination to home or other post-acute care sites. Further, standardized nutrition documentation in the EHR is critical for patient safety and coordination of care.

Action in this area aligns with many of the Committee's goals for quality improvement, care coordination, patient empowerment and engagement, and improved care for Medicare Advantage patients. Nutritional Status is critical in helping older adults with chronic conditions to maintain mobility and independence.

- **Effectively Target & Better Engage Primary Care Providers with Malnourished and At-Risk Beneficiaries with Chronic Conditions**

  Establish malnutrition as a key health indicator and vital sign for older adults with chronic disease

  - Re-examine older adult goals of Healthy People 2020 and build in a stronger emphasis on malnutrition identification, prevention, and intervention in chronic disease

  - Address sarcopenic malnutrition in national and state obesity plans and re-examine the protein requirements of older adults.

State level action to address the issue of malnutrition has been increasing, with legislatures introducing legislation to establish a commission on malnutrition prevention[37] resolutions calling attention to the issue[38-41] and resolutions recognizing a malnutrition awareness week.[42-45] The media has also been attentive to the challenge of malnutrition in older adults and to possible solutions; a *Forbes* article stated "Malnutrition among the elderly is largely preventable but it requires action by families, communities, and the health care system." [46]

In summary, Medicare beneficiaries with chronic conditions are at increased risk of malnutrition. Malnutrition screening, assessment, and intervention are not a routine standard of medical care and are not effectively managed across the care continuum, leading to decreased independence and increased medical costs. We believe a focus on malnutrition care will help yield transformative polices for Medicare plans and make a meaningful difference in the lives of Medicare beneficiaries living with chronic disease.

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