Quality Malnutrition Care for African American Older Adults--WIIFM?

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Disclosures

- American Society for Parenteral and Enteral Nutrition (ASPEN)
- Academy of Nutrition and Dietetics (AND)
- Abbott Nutrition Division of Abbott Speakers Bureau
**Objectives**

At the conclusion of the presentation, the participant should be able to:

- Describe at least 1 characteristic of simple starvation at 0-7 days, beyond 7 days, and during stressed state as it relates to basic nutrition/malnutrition processes
- List 5 consequences of malnutrition and outline its prevalence, including among older African-American patients in various settings across the continuum of care
- Describe 2 ways malnutrition care integrates with quality care programs and outline the primary role of nursing in malnutrition diagnosis/intervention to improve patient quality of life and health outcomes
Older adult malnutrition is a growing crisis in America today. The cost of disease-associated malnutrition in older adults is high – estimated to be $51.3 billion per year. Up to one out of two older adults are at risk of becoming malnourished, yet insufficient attention is given to preventing or treating the condition. Malnutrition is a patient safety risk and can have deleterious effects on health, especially when other conditions are present. But, it is also preventable. With effective screening, assessment, diagnosis, and intervention, malnutrition can be identified and addressed to effectively reduce mortality rates, readmission rates, and complication rates such as increased length of stay and cost of care.
State legislators, nurses and other healthcare providers can take action!

- Proactive legislative and public health policy actions can help ensure quality malnutrition care is included in preventive and social services, **patient safety**, care transitions, and population health strategies for older adults.

- Policy actions can include: establishment of a **Malnutrition Prevention Commission for Older Adults**, recognition of **Malnutrition Awareness Week™ through a resolution**, including malnutrition care in state healthcare quality improvement initiatives.

- Some state leadership groups have taken specific policy actions, such as the **National Black Nurses Association adopting the Nutrition as a Vital Sign Resolution in 2015**.


Source: Advancing Policies for Quality Malnutrition Care in Older Adults, 2017
http://defeatmalnutrition.today
Why Nutrition Matters to NBNA and WIIIFM?

• Nurses--Key to improving the quality of healthcare through **patient safety** interventions and strategies

• AHRQ*(Agency for Healthcare Research and Quality)--”Nurses play a critical role in ensuring patient safety”

• Provision of nutrition→ One of 11 practices rated most highly in AHRQ report re: strength of evidence for improving patient safety

• Mal(under)nutrition in 1/3 patients on hospital admission, and prevalence is higher in >65 y.o. and minority populations

• Nurses at bedside 24/7 most adept to deal with ethical issues

• Fulfilling role as patient advocate
Foundational components of strong hospital safety program applicable to nutrition

- **Safety is a core value**: NIA (National Institute of Aging) “…maintaining a healthy weight…most important factors for healthy aging”
- **Safety is led from the top**: nurses pivotal in assuring optimal nutrition care ➔ Admission Nutrition Screen, referral to dietitian for assessment, provision of interventions, monitoring, discharge planning.
- **Safety events are reported**: large numbers undiagnosed
- **Safety is transparent**: implementation of malnutrition quality measures
- **Safety events are disclosed**: NBNA 2015 Resolution: “Nutrition as a Vital Sign”
Basic nutrition/malnutrition processes

Muscle

“Proteinatious Piracy”
“Autocannibalism”

Liver

Amino Acids

Glutamine

NH₃

Fatty Acids

Trauma/Stress

RBC, WBC, etc.

L&P

Ketones

Glucose

Brain

Repair Tissue

Carcass

Fat

Sources: Cahill GF 1970; Barrocas et al. 1991
Persistent hypercatabolism and psychosomatic effects of starvation

**Malnutrition often mimics the aging process**

**What is the meaning of “long in the tooth?”**

Sources: Winterer JC et al. 1976; Barrocas et al. 1994
What is aging?

Aging is a process... not a Disease!
The problem of older adult malnutrition

**WHAT IS MALNUTRITION?**

Malnutrition means poor nutrition whether –

**WHAT CAUSES MALNUTRITION?**

Source: National Blueprint 2017
The scope of the malnutrition problem

MALNUTRITION IS PREVALENT ACROSS ALL CARE SETTINGS

<table>
<thead>
<tr>
<th>Healthcare Setting</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>30-50%(^1-4)</td>
</tr>
<tr>
<td>Long-term Care</td>
<td>21-51%(^5)</td>
</tr>
<tr>
<td>Outpatient and Homecare</td>
<td>13-30%(^5)</td>
</tr>
</tbody>
</table>

Malnutrition is diagnosed in only 7% of hospital patients\(^7\)

MALNUTRITION RISK INCREASED IN:\(^6-8\)

- Older adults
- Critically ill patients
- Patients with chronic diseases like cancer, COPD, renal disease
- Minorities

Malnutrition in long term care - 20-50%

- “Poor food and fluid intake is the primary cause for long-term care malnutrition as average consumption can be 50% of food offered”
- Limited staff → rushed, with potential problems of choking and malnutrition
- Residents are fed quickly, or forcefully, and sometimes not fed at all
- Lack of funding and cuts to funding for dental care for Medicaid patients in nursing home
  - Dentures frequently lost and Medicaid covers cost every 5 years
- Red flags: Depression, chronic disease, dysphagia, oral disease, medication, dehydration, positioning, and changes in appetite
Malnutrition risk factors

Study of malnutrition risk factors in limited-resource, community-dwelling older adults at multiple congregate nutrition sites

Compared to White participants, African American older adults had:

- Increased chronic illness/condition (81% vs. 68%)
- Increased eating alone (66% vs. 53%)
- Less ability to keep food cold (32% vs. 8%)
- Less ability to buy food (39% vs. 19% reported not having enough money to buy food)

Source: Getty et al 2018
Sarcopenia: what is it?
*Sarcopenia:* “Sarx” – Flesh    “Penia” – Loss

- Loss of muscle mass changes over time... when does it become a disease state?
- Class I Sarcopenia: -1 to -2 SD below mean for young adults
- Class II Sarcopenia: greater than -2 SD below mean for young adults
THE PULSE ON PROTEIN

More than 1 in 3 adults aren’t getting the recommended amount of protein in their diet.

BY THE DECADE: ADULTS MISSING THE MARK ON DAILY PROTEIN

<table>
<thead>
<tr>
<th>Decade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-60 years</td>
<td>37.7%</td>
</tr>
<tr>
<td>61-70 years</td>
<td>42.5%</td>
</tr>
<tr>
<td>70+ years</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

Aim for 25 - 30 grams of protein at every meal to meet expert recommendations.

~60% of adults who don’t meet the recommendations skip at least one meal a day.

These adults also had lower Healthy Eating Index scores due to lower intakes of fruits, vegetables, dairy, beans, lean meats and more.

Reference: National Health and Nutrition Examination Survey (NHANES) data from Abbott and the Ohio State University analyzed eating habits from 11,728 adults over 50 years old.

Source: Abbott
Older African American factoid

Older adult population is becoming more diverse
% of population aged 65+ who will be African American

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>8.8%</td>
<td>10.7%</td>
<td>12.3%</td>
</tr>
</tbody>
</table>

“If you don’t use it, you lose it”

Source: Ortman et al 2014

“Nosocomial (hospital acquired) deconditioning”?
Why malnutrition is a **quality and safety** issue

**CURRENT HEALTHCARE PRACTICE**
- Inconsistent malnutrition screening with a validated tool
- Lack of diagnosis compared to published estimates of prevalence
- Lack of treatment when malnutrition is identified
- Lack of follow-up and discharge care

**QUALITY IMPROVEMENT PROGRAMS CAN:**
- Identify where improvement is possible
- Create quality benchmarks
- Increase efficiencies
- Enhance processes
- Lower operating costs
- Improve patient outcomes
Resources

http://www.mqii.today

http://www.nutritioncare.org/maw/

http://www.defeatmalnutrition.today

https://www.agingresearch.org/malnutrition

https://www.ncoa.org/center-for-healthy-aging/resourcehub/
Nutrition as a Vital Sign: Progress Since the 1990 Multidisciplinary Nutrition Screening Initiative and Opportunities for Nursing

Recommendations to Integrate Malnutrition Care into Care Transitions

In March 2018, a multi-stakeholder group of health and community leaders and advocates came together in a national dialogue, “Advancing Patient-Centered Malnutrition Care Transitions,” to focus on developing real-world solutions to better integrate nutrition risk identification and care into existing care transition pathways and accountable care models.

Community Care
Community-based physician offices and nutrition-support organizations manage the patient’s care prior to admission and following discharge from hospital or post-acute care.

Acute Care
Patient is admitted to hospital from home or post-acute care; malnutrition care provided and integrated into discharge plan, then patient discharged back to home or post-acute care.

Post-Acute Care
Patient is transitioned to rehabilitation, skilled nursing facility, or long-term care following discharge; malnutrition care provided and integrated into transition of care prior to returning to community-based care or readmission to the hospital.

US Economic Burden of Disease-Associated Malnutrition Is Estimated to be $457 Million Annually

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6 National Resource Center on Nutrition Physical Activity and Aging. Malnutrition and Older Americans.
9 Estimated (Age-Adjusted) Percentage of US Adults with Overweight and Obesity by Sex, 2013-2014 NHANES data.
Hospital-acquired conditions drop 8% since 2014

BY MICHELE G. SULLIVAN
MEdPage Today

From 2014 to 2016, the rate of potentially deadly hospital-acquired conditions in the United States dropped by 8% - a change that translated into 350,000 fewer such conditions, $6.000 fewer infections deaths, and a national savings of almost $13 billion.

The preliminary new baseline rate for hospital-acquired conditions (HACs) was 90 per 1,000 discharges - down from 98 per 1,000 discharge deaths in 2014, according to the Agency for Healthcare Research and Quality’s new report, “AHRO National Scorecard on Hospital-Acquired Conditions: Baseline and Preliminary Results 2014-2016.”

The largest improvements were seen in ventilator-associated pneumonia (down 32% from 2014), central line-associated bloodstream infections (down 31%), and postoperative venous thromboembolism (21%).

"Reaching the 90% reduction goal would assure a total decrease in the HAC rate from 90 to 78 per 1,000 discharges. This would result in 1.78 million fewer HAC events in the years 2015-2019. That decrease would ultimately save 53,000 lives and $19.3 billion over 5 years.

Dr. Gerad Mullin

The study was sponsored byAbbott, which markets the oral nutritional supplement Ensure. Dr. Mullin had no additional disclosures.
The Ask: so whatya gonna do?

** SOME IDEAS FOR IMPLEMENTATION AT STATE LEVEL:**

- Include malnutrition care in preventive and social services, patient safety, care transitions, population health strategies for older adults
- Establish a Malnutrition Prevention Commission for Older Adults
- Recognize Malnutrition Awareness Week™ with a resolution
- Include malnutrition care in state healthcare quality improvement initiatives

** IDEAS FOR IMPLEMENTATION AT LOCAL, ORGANIZATION, INSTITUTION, INDIVIDUAL LEVEL:**

- Apply nutrition education to you, family and friends
- Assure that you are at the table of discussions with leaders regarding the identification, diagnosing, treatment and discharge planning and follow-up of nutrition interventions
- Remember that if you are not at the table the likelihood is that you will be on the menu
- Contact your city, county, state and federal representatives and educate/inform them of the importance of nutrition and needed legislation
- Join Malnutrition Awareness™ Week

Source: Advancing Policies for Quality Malnutrition Care in Older Adults, 2017
Thank you!

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