Pioneers in Quality Expert to Expert Series: 2025 Reporting Year Annual Updates for Global Malnutrition Composite Score (GMCS)

Broadcast date: January 23, 2025

00:00:04

Good afternoon and welcome to our Expert to Expert Webinar Annual updates for the Global Malnutrition Composite Score eCQM for 2025 implementation. I'm Susan Funk, an Associate Project Director with The Joint Commission's Engagement and Quality Improvement team, and today I'll be serving as this webinar's facilitator. Thank you for joining us.

Before we start, just a few comments about today's webinar platform. Use your computer speakers or headphones to listen. There are no dial in lines. Participants are connected in listen-only mode. Feedback or dropped audio are common for live streaming events. Refresh your screen or rejoin the event if this occurs. We will not be recognizing the Raise a Hand or the Chat features. To ask a question, click on the Question Mark icon in the audience toolbar on the left side of your screen. A panel will open for you to type your question and submit. The slides are designed to follow Americans with Disability Act rules.

Before we get started covering today's electronic Clinical Quality Measure content, we do want to explain that this webinar is highly technical and requires a baseline understanding of eCQM logic and concepts. Participant feedback from previous webinars indicated that the content is often too technical for individuals that are new to eCQMs to comprehend. We recommend that anyone new to eCQMs visit the eCQI Resource Center at the hyperlink provided on this slide. You will find a collection of resources that can help you get started with eCQMs.

The slides are available now within the viewing platform. On the left side of your navigation pane, select the Document icon. A new popup window will open and you can select the name of the file. A new browser window will open and from it, you can download or print the PDF of the slides. The slides will be posted at the link at the bottom of this screen within two weeks following this broadcast. One last note about the slides. The links are not clickable on screen within this viewing platform. However, if you download the slides, all of the links provided during the webinar are functional.

This webinar is approved for one continuing education credit or qualifying education hour for the following entities: Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center, American College of Healthcare Executives, and the California Board of Registered Nursing. Participants receive a certificate after completing the webinar and survey. Although we've listed the organizations that accredit The Joint Commission to provide CEs, many other professional societies and state boards that are not listed accept credits or will match credit from Joint Commission's educational courses.

To earn CE credit, participants must individually register for the broadcast webinar, participate for the entire webinar, and complete a post-program evaluation and attestation survey. For more information on The Joint Commission's continuing education policies, visit the link at the bottom of this slide.

Just a few words about how to navigate to the CE survey and obtain your CE certificate. You will receive the CE certificate link in two ways. On the last slide, we've included a QR code that is accessible via most mobile devices. If you miss the QR code, you will also receive an automated email within 24 hours that includes the survey link. After you submit the online evaluation survey, you will be redirected to a link from which you can print or download and save a CE certificate. An automated follow-up email will also deliver the certificate link. Complete the certificate by adding your own name and credentials.

The learning objectives for this session are: Locate measure specifications, value sets, measure flow diagrams and technical release notes on the eCQI Resource Center. Facilitate your organization's implementation of the Global Malnutrition Composite Score eCQM annual updates for the 2025 calendar year and utilize answers regarding common issues and questions about the Global Malnutrition Composite Score eCQM to inform 2025 implementation and use of the eCQM.

These topics are not covered within this program: Basic eCQM concepts, topics related to chart abstracted measures, process improvement efforts related to this measure, and eCQM validation.

All staff and speakers have disclosed that they do not have any Conflicts of Interest. For example, financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

00:05:19

Myself, Susan Funk, Tamaire Ojeda, Michelle Ashafa, Donna Pertel, Melissa Breth, and Raquel Belarmino.

The agenda for today's discussion follows: highlight how to access the eCQI Resource Center, review the measure flow and algorithm, review the Global Malnutrition Composite Score eCQM, review Frequently Asked Questions, and then we'll have a live facilitated audience Q&A segment during which our facilitators will present responses to questions you've submitted during the broadcast.

We will now highlight some of the resources available on the CMS eCQI Resource Center. The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQMs. The majority of the tools and resources referenced within the eCQI Resource Center are openly available for interested parties' use and provide a foundation for the development, testing, certification, implementation, reporting, and continuous evaluation of eCQMs. Raquel, when you're ready, please go ahead and start your part of the presentation. I'll continue to screen share.

Great, thank you Susan. For the measure specifications and other helpful documents, navigate to the eCQI Resource Center website at https://ecqi.healthit.gov/. Click on the second orange rectangle labeled Eligible Hospital Critical Access Hospital eCQMs, which leads to a new webpage where you can download specifications or click on the hyperlink title of the desired measure and access and readily view the specifications and data elements.

Available documents include HTML version of the human readable measure specifications, value sets, data elements, the eCQM flow, technical release notes of all changes for this year, and even link out to view Jira tickets submitted for the selected measure. The eCQM Flow document depicts the process flow diagrams that some may refer to as algorithms. They walk through the steps to take to calculate an eCQM. Value sets links out to the Value Set Authority Center, VSAC, where one will find all the terms and associated codes contained within each value set. Note that a login is required, but anyone can request a UMLS account and it's free. For more details, view the eCQI Resource Center navigation video short. I now turn the presentation over to Tamaire.

Great, thanks so much Raquel.

Tamaire, I'll switch over and make you the presenter now and when you've got your screen up and ready, feel free to go ahead and start presenting. So just one second while I do that. Okay, go ahead whenever you've got your screen up and ready.

Okay, I am working on it. Did it take? Susan, can you tell me if it is- Right now we're seeing your screen desktop.

Huh, okay. Okay, give me one sec then. I will, see and I thought I was ready.

Give me one sec.

There you go. Now we're all set.

Thanks audience for your patience and Tamaire, take it away.

Thank you so much everybody for your patience and Susan and The Joint Commission and CMS for allowing us to do this presentation. As mentioned, my name is Tamaire Ojeda and I'm part of the team for the Global Malnutrition Composite Score, so here we are presenting on the Global Malnutrition Composite Score.

So malnutrition has been documented in approximately one third of patients in developed countries upon admission to the hospital and if left untreated, it can significantly impact important clinical outcomes including longer length of stay, higher rates of 30 day readmission, higher likelihood of 30 day readmission, and increased likelihood of death within 90 days of discharge. The Global Malnutrition Composite Score is the first nutrition focused eCQM, or electronic Clinical Quality Measure. It addresses the quality of malnutrition care in acute care by focusing on identifying, diagnosing, and treating malnutrition in acute care, creating a malnutrition care framework that supports patient outcomes. It also highlights the importance of interdisciplinary care by including a variety of healthcare professionals in the profession of high quality malnutrition care, including physicians or eligible providers, registered nurses, and of course registered dietitians. The GMCS is a continuous variable, intermediate clinical outcome measure composed of six Measure Observations. Eligible encounters include only adults 65 years of age or older on admission with an inpatient admission of at least 24 hours.

00:10:57

Measure Observations provide the description of how to evaluate performance. As previously mentioned, there are six Measure Observations in the GMCS. Measure Observation 1 is encounters with Malnutrition Risk Screening and identified result or with a hospital dietitian referral ordered and you're going to see that that "or" is really important. This Measure Observation identifies hospital encounters where a Malnutrition Risk Screening was performed with a result documented of Malnutrition Screening Finding of Not At Risk Result or an At Risk Result. It also identifies a hospital encounter where a hospital dietitian referral is ordered regardless of the presence of the Malnutrition Risk Screening. Now, Measure Observation 2 is encounters with nutrition assessment and identified status. It identifies hospital encounters when a nutrition assessment was performed with a current identified Nutrition Assessment Status Finding of Well-Nourished or Not Malnourished or Mildly Malnourished, Nutrition Assessment Status Finding of Moderately Malnourished, or a Nutrition Assessment Status Finding of Severely Malnourished is also documented.

For Measure Observations 3 and 4, it is important to know that this will only be included in the calculation if the patient is found to have Moderate or Severe Malnutrition when documenting the nutrition assessment. So, if the patient does not have Moderate or Severe Malnutrition in observation 2, these Measure Observation 3 and 4 are not included. In the case of Measure Observation 3, Encounters with Malnutrition Diagnosis, it identifies hospital encounters where a current Malnutrition Diagnosis was documented. On the other hand, Measure Observation 4 encounters with a current nutrition care plan. It identifies hospital encounters where a current nutrition care plan was documented. Measure Observation 1 through 4 each receive a score of zero if not documented or 1 if documented.

The last Measure Observation with calculation of the final score. Measure Observation 5, Total Malnutrition Component Score, represents for each hospitalization the sum of Measure Observations 1, 2, 3, and 4. So the possible values may be 0, 1, 2, 3 or 4.

In addition, Measure Observation 6 Total Malnutrition Composite Score as percentage equals Measure Observation 5 Total Malnutrition Component Score divided by the Measure Observation Total Malnutrition Composite Score Eligible Occurrences. That can then multiply by 100, gives you the percentage. So possible values for this observation 6 are 0%, 50%, 75%, or 100%. Measure Observation 6 is calculated for qualifying encounter or patient occurrence. There is no longer the possibility of this result to be a 25% due to updates to the calculation that align better with the measure intent of malnutrition care practices. Keep in mind that for each hospitalization, Measure Observation 6 represents the percentage malnutrition related care that the patient received based on evidence-based guidelines.

The Total Malnutrition Composite Score Eligible Occurrences is an additional element to this calculation and as mentioned before, it's the division. It functions like a mathematical Denominator and always equals four except in the following instances: when Malnutrition Risk Screening has a not at risk result and there is no hospital referral or hospital dietitian referral, then the Eligible Occurrence is 1. When Malnutrition Risk Screening has an at risk result and/or there is a hospital dietitian referral but there's no nutrition assessment completed, then the Eligible Occurrence is 2. This used to be 4, but it was updated to align better with the work being done. Also, when nutrition assessment has a not or mildly malnourished result or that Measure Observation 2 has a not or mildly malnourished result, then the Eligible Occurrence is 2 as well.

00:15:29

Please note throughout this presentation that the star in a circle icon will denote changes with new content as underlined text, while stricken text denotes removed content and you can see the star mentioned at the top left corner. The tables in the next few slides designate the impacted component content included in the 2024 Reporting Year and changes made for the 2025 Reporting Year. In the header, the NQF number as shown here, transitioned to be a CBE number of 3592e in accordance with changes in the endorsement process. The measure developer changed as well from Avalere Health to the Academy of Nutrition and Dietetics who now serves as both the measure steward and the measure developer. Likewise, the endorsing organization shifted from the National Quality Forum to the CMS Consensus Based Entity.

Let's walk through the measure flow diagram, pointing out major changes from Reporting Year 2024 to Reporting Year 2025.

First, the eligible patients age 65 years or older with an inpatient admission of at least 24 hours are included in the measure population. Now here highlighted in the thick red box, you will see a change in the definition of the Global Malnutrition Encounter, which we now see further.

The definition of Global Malnutrition Encounter was changed to encounter, performed: encounter inpatient to clarify and simplify logic.

Continuing with the measure flow, the first Measure Observation is the Malnutrition Risk Screening. Patients will be identified as either not at risk or at risk. This definition was updated with details on the next slide.

The definition of Measure Observation 1 was updated to include the presence of a hospital dietitian referral order as completion of the Measure Observation. Now Reporting Year 2024 logic included only completion of a Malnutrition Risk Screening as completion of Measure Observation 1.

Likewise, the definition for encounter with Malnutrition Risk Screening and identified result was updated to encounter with Malnutrition Risk Screening and identified result, or with hospital dietitian referral to allow the presence of the hospital dietitian referral order to count for completion of Measure Observation 1. You will see corresponding additions to the measure logic along with an update to the screening results to malnutrition screening finding of at risk result and malnutrition screening finding of not at risk result. Likewise, the update to the Global Malnutrition Encounter definition to initial population qualifying encounter is also present here.

Patients with an at-risk result for the Malnutrition Risk Screening and/or patients with the hospital dietitian referral order are eligible for performance measurement of Measure Observation 2 nutrition assessment. The names of the results of the nutrition assessments were updated, highlighted here in the red boxes, and detailed in the next few slides.

The definition of Measure Observation 2 was updated to include updated definitions of results. For example, nutrition assessment status Moderately malnourished is now called Nutrition Assessment Status Finding of Moderately Malnourished. The other nutrition assessment result findings follow a similar trend. The logic for Measure Observation 2 was also updated to resolve a previous known error that resulted in erroneously high performance scores. Lines were added to require the presence of a malnutrition screening at risk result or that hospital dietitian referral that we've been mentioning to count for Measure Observation 2 in performance calculations.

In addition, the update to the Global Malnutrition Encounter definition to the initial population qualifying encounter is also present in the updated encounter with nutrition assessment unidentified status definitions. Updated naming conventions as previously described are also seen in the updated logic for this definition.

Moving along with the measure flow, patients with a nutrition assessment result of Moderate malnutrition or Severe Malnutrition are eligible for performance measurement of measure of.

00:20:19

Tamaire, can you repeat that last- Can you just repeat the part you just said? Your audio went out for a moment.

Oh, absolutely. I will start this slide again then.

Great, and one other thing that a couple audience members have noted that you're going a little fast for them. You're the expert, but if you can slow down just a tiny bit. Thank you so much.

Absolutely. Thank you for letting me know. Absolutely. Thank you. So, we were saying on this slide that patients with a nutrition assessment result of Moderate malnutrition or Severe Malnutrition are

eligible for performance measurement of Measure Observation 3, Malnutrition Diagnosis as seen here. So, if you remember, for Measure Observation 3 and Measure Observation 4 to be included, that Measure Observation 2 result or nutrition assessment result needed to be Moderate malnutrition or Severe Malnutrition. So here we see specifically the Malnutrition Diagnosis and we can see the names of the results of the nutrition assessment were updated, highlighted in red boxes, and detailed in the next slide.

The definition of Measure Observation 3 was improved to try to include updated definitions of results as previously mentioned. The logic for Measure Observation 3 was also updated to resolve a previous known error, as mentioned as well before, that resulted in erroneously high performance scores. So, lines were added to stop that measure performance in the setting of a malnutrition not at risk result-

Tamaire, we lost you for about 10 seconds at the tail end of the last slide. I'm so sorry.

No, I apologize. I'm not sure what's wrong with my audio, but what I was mentioning in the last-

Thanks.

So, all I mentioned at the tail end of the last is that the lines were added as well to stop the measure performance. As mentioned before, there was an error in the logic and so we added some extra lines of logic to absolutely make sure that the measure of calculation stops if there's a malnutrition not at risk result without a hospital dietitian referral order or there's a nutrition assessment result with a not or mildly malnourished. So, in the past, it would continue on when it wasn't supposed to count 3 and 4. So Measure Observation 4, nutrition care plan follows basically the same plan we talked about in Measure Observation 3.

Tamaire, I'm so sorry but-

And shown here the definition of Measure Observation 4 was in a very similar fashion to Measure Observation 3.

Tamaire? I think your-

A new definition was also created for a- Hello?

Tamaire? I think you've gone a couple slides ahead. Yeah, I think you're cutting in and out-

I think-

Are you on slide 30 right now?

Yes.

Okay, we're currently seeing the correct slide then.

Yes.

Okay, thank you.

Okay, no problem. But you can still hear me okay?

You've been going in and out a little bit, but I think when you speak slower, it catches up with you.

Okay, well I appreciate the update. Okay, so a new definition was created for a malnutrition not at risk result and without a hospital dietitian referral. This definition is used in the Measure Observations 1, 2, 3 and 4, which are part of that numerator calculation to denote scenarios when that performance measurement should stop. So again, this is part of that fixing of the erroneous calculation that we had.

As in previous years, the first four Measure Observations are summed to determine the total malnutrition components score as shown in this slide. And in the next step of the flow diagram, you can see that the Total Malnutrition Component Score is then divided by the Total Malnutrition Composite Score Eligible Denominators to calculate the Total Malnutrition Component Score as percentage. Major changes were made to the Eligible Denominator definitions as we described in the prior slides with the Eligible Occurrences how they were updated.

00:25:36

As described in the rate aggregation section, the Total Malnutrition Composite Score Eligible Occurrences definition also previously known as the Denominators was updated to better align scoring with the clinical practice. The notable changes are that the Eligible Occurrence is now 2 in the setting of an at risk result from a Malnutrition Risk Screening and/or a hospital dietitian referral. But if there was no completed nutrition assessment, again, that Eligible Occurrence is 2, the Reporting Year 2024 Eligible Denominator would've been 4 in that scenario.

Also, in the rate aggregation section of that header, guidance related to the use of a LOINC code that was previously available for both Measure Observations 1 and 2 was removed due to resulting errors. So additionally, information related to the malnutrition composite score Eligible Occurrences was updated to better align scoring with clinical practice. So, we were trying to streamline everything better.

To better understand the impact of changes to measure logic, this table demonstrates updates to performance scores in various clinical scenarios between Reporting Years 2024 and 2025. So, in the case of a patient receiving an at risk result from a malnutrition screening with completion of no

additional Measure Observations, the Eligible Occurrence is changed from 4 to 2 as you can see here in that line under the clinical scenario. Resulting in a GMCS percentage score change from 25% in the past to 50% in Reporting Year 2025.

On the next line you can see that in the case of a patient not receiving Malnutrition Risk Screening but a hospital dietitian referral being pressed with a completion of no additional Measure Observations, the referral order now counts as completion of Measure Observation 1 and the scoring transitions from a 0 out of 4 in Reporting Year 2024 to a 1 out of 2 in Reporting Year 2025. And that percentage would be 50% in 2025. In the case of a patient is seeing a not at risk result from a malnutrition screening as you can see on the third line, but has a hospital dietitian referral order with completion of no additional Measure Observations, that scoring transitions from a 1 out of 4, or 25%, to a 1 out of 2, or 50% score. And that last scenario shown is one that caused erroneous scoring as noted in the published known issue EKI-21. In the presence of a not at risk result from a Malnutrition Risk Screening and no referral order, performance calculation should stop. However, the Reporting Year 2024 logic erroneously counted completion of additional Measure Observations including the assessment, diagnosis, and care plan when it was not supposed to count it. As you can see, for Reporting Year 2025, logic results in the correct scoring of 1 out of 1, or 100%.

This slide shows the changes in the names of five of the GMCS value sets to better align with clinical practice and standardize terminology. Malnutrition Screening at Risk Result is now Malnutrition Screening Finding of At Risk Result. Similarly, Malnutrition Screening Not At Risk Result is now Malnutrition Screening Finding of Not At Risk Result. Nutritionist Assessment Status Not or Mildly Malnourished was expanded to Nutrition Assessment Status Finding of Well Nourished or Not Malnourished or Mildly Malnourished. And the last two value set names followed similar trends. Nutrition Assessment Status Moderately Malnourished is now Nutrition Assessment Status Finding of Moderately Malnourished and Nutrition Assessment Status Severely Malnourished is now Nutrition Assessment Status Finding of Severely Malnourished. So, the "finding of" is what was added. Value sets were also updated to include clinically relevant codes and reduce overlap between Measure Observations.

00:30:52

For calendar year 2026, we have exciting news. There will be an age expansion for the eligible measure population. Though not included in the 2025 update, CMS published this age expansion in the fiscal year 2025 Inpatient Prospective System, or IPPS, Final Rule on August 1st, 2024. Now with that, beginning in Reporting Year 2026, the eligible population will expand to include all adults aged 18 years and older. The measure population expansion will replace the current measure specification in 2026. And with that, I believe Susan, the next slides will be yours. Tamaire, I think we are currently on slide 40. I believe your slides were going up to slide 45 if I'm not mistaken.

Oh, okay.

So, I apologize for that. Lots of apologies for that.

Okay, so we are going to have a couple of frequently asked questions, more than a couple, just for our discussion here. Normally these are the questions that we hear a lot from the community.

So, the first one is, "Are patients admitted under observation status included? And what about swing beds?"

Well, our inpatient encounters with the Length of Stay, or LOS, of at least 24 hours and a patient at least 65 years of age, which are the most important, right, are included in measure performance regardless of the patient's physical location. Patients admitted solely under observation status are not included. So however, patients who begin their admission in observation status or the emergency department and transition to inpatient are included. Additionally, keep in mind any activities completed in the emergency and/or observation status can count toward the completion of the Measure Observations. A patient encounter classified as swing bed does not count towards performance of the measure. In general, patients admitted to other classes are not included in the measure until they meet inclusion criteria. Those Measure Observations completed in other settings outside observation, emergency, and inpatient settings are not included in the measure performance. And this is specifically true of that Malnutrition Risk Screening to align with The Joint Commission standard to complete nutrition screening within that 24 hours after a patient is admitted.

Now, another question that we hear frequently is, "How is the process affected by patients who are receiving hospice care?"

This depends on what a facility defines as an inpatient encounter in its policies and procedures. We recommend to follow guidelines and regulations established by CMS and of course state and local agencies. GMCS focuses on identifying and addressing malnutrition. If the facility includes hospice care in the patient admission, the screening and assessment can still be done and the care plan as well based on patient preferences, can provide an individualized plan for the hospice-specific patient. The measure steward is examining the appropriateness of inclusion of these patients in the current annual update cycle. So, this is being looked at right now.

00:35:02

Next Frequently Asked Question relates to the completion and result of Measure Observation 1.

"What if Malnutrition Risk Screening does not identify risk for malnutrition, but malnutrition is identified later in the admission? So, what if Malnutrition Risk Screening does not identify risk for malnutrition, but that malnutrition is identified later in the admission?"

In the instance of a not at risk Malnutrition Risk Screening result, GMCS performance measurement stops, regardless of completion of additional Measure Observations with a performance score of 100%. However, the presence of a hospital dietitian referral can allow for performance measurement of additional Measure Observations even though there is a not at risk result in that Malnutrition Risk Screening. Note that performance measurements should not necessarily dictate appropriate care in the setting and we recommend you refer to local policies and procedures to ensure the care provision aligns with expectations.

Finally, "What is the role of a hospital dietitian referral in calculating performance for the encounter?"

A hospital dietitian referral has multiple functions in calculating performance for the encounter. So, the referral order counts as completion of Measure Observation 1, which is that Malnutrition Risk Screening. It also cues the RD, or Registered Dietitian, to conduct a nutrition assessment even in the setting of a not at risk result from the Malnutrition Risk Screening. So, it still allows that step of the dietitian assessment or registered dietitian assessment to be counted if it is completed.

Okay, so here are some GMCS specific resources publicly available on the CDR website. They're easy to access and at this point Tamaire, I'll take over the screen sharing. I was originally going to have you go for a couple more slides, but I'll take over.

Okay. Thank you for your patience with my wifi problems.

I appreciate it. Oh, we realized after many years of these that the internet streaming services can throw us some curve balls. So, we'll provide everyone with the transcript as well for anything that might not have come through as clearly as we'd like or you can definitely ask questions, type in anything that didn't come out clearly into the questions pane and we can get to it in a couple minutes.

So, with that, we've got a couple resource slides here. Everyone should be able to see my screen at this point. Let me check real quick with the audience view.

Yes.

So Tamaire, again, thanks for presenting all the updates and the frequently asked questions. So, this resource slide provides links out to the eCQI Resource Center Eligible Hospital Measures page and the Get Started with eCQM links as well as the Teach Me Clinical Quality Language or CQL video series, which includes a video short on hospitalization with observation and What is a Value Set?

And then the next slide I'm continuing with links, we've provided links on this slide to the Value Set Authority Center or the VSAC Support, the Pioneers In Quality landing page on The Joint Commission's website, the Expert to Expert webinar series landing page, and the ASTP/ONC issue tracking system. And following this webinar, that's where clinical and technical questions about these eCQMs should be submitted. So now we're going to move into the live Q&A segment.

Please submit any additional questions that you have via the question pane. Our experts have been answering many of them throughout the session. Please click on the question mark icon in the audience toolbar and that will open a panel where you can submit your question. All the questions that are not answered during the live event will be addressed in a written follow-up Q&A document. To be clear, that Q&A document will include all questions asked during the webinar so if we don't verbally read off the answer to your question, it will be included in that written document. And that document will be posted on The Joint Commission Website within several weeks of the live event. It must be approved by CMS so there is a tiny delay there but we will get it up as soon as we have clearance for it.

So, with that, Melissa, I believe you offered to take the first question in the queue, so whenever you're ready feel free to go ahead. Thanks.

00:40:00

Thanks Susan. This is Melissa Breth. I am Associate Project Director for Clinical Quality Informatics with The Joint Commission. We received a few questions through the registration process, so this is one of the pre-submitted questions.

"Can you speak to inclusion of unspecified and mild malnutrition in the capture of diagnosis?"

Answer, after completing a nutrition assessment, the registered dietitian nutritionist, or RDN, should identify a patient as having no malnutrition mild malnutrition, which is Nutrition Assessment Status Finding of Well Nourished or Not Malnourished, or mildly malnourished Moderate malnutrition, which is Assessment Status Finding of Moderately Malnourished, or Severe Malnutrition, which is Assessment Status Finding of Severely Malnourished. Individuals found to be well-nourished or not malnourished or mildly malnourished are not prioritized by GMCS logic for MO3, Malnutrition Diagnosis or MO4, Care Plan Development. Unspecified protein calorie malnutrition, E43, and unspecified severe protein calorie malnutrition, E46, are used in EHRs to capture malnutrition diagnoses. Unspecified protein calorie malnutrition, E43, should include additional information to clarify the severity of the diagnosis, mild, Moderate, or severe, whereas unspecified severe protein calorie malnutrition, E46, may not require additional information to clarify severity. Great, thanks Melissa.

Hi everyone, this is Raquel Belarmino and I'll be reading off the next question here.

Next question is "How should facilities map the MDS mini nutritional assessment scoring statuses to the GMCS mild, Moderate, severe outcomes?"

Results of any nutrition assessment should be classified using one of the concepts from the three value sets. The first value set is Nutrition Assessment Status Finding of Well Nourished or Mot Malnourished or Mildly Malnourished. Next is the Nutrition Assessment Status Finding of Moderately Malnourished, and Nutrition Assessment Status Finding of Severely Malnourished. For all value sets that's relevant to the GMC, please visit the eCQI Resource Center and we will have the links and also the OIDs, the Object Identifier also provided in the answer here on the posted Q&A that will be posted in a few weeks as well.

Okay, we had a request to discuss geriatric hip fracture nutritional optimization regarding NPO time and immune-nutrition and carb loading. However, this question is outside of the scope of the GMCS.

"What are the existing benchmarks or thresholds for the measure?"

Because GMCS is a new eCQM, there is no established benchmark. However, higher scores indicate better performance. Individual hospitals should establish their own benchmark and use the component scores of nutrition screening, assessment, care plan, and Malnutrition Diagnosis to identify quality improvement projects. One of the goals of the eCQM program is to always strive to improve upon the original score.

Next question.

"The 2025 population is age equal to or greater than 18 years of age, correct, not 65?"

The answer, the change to 18 years old begins in 2026.

00:45:00

The next question is, "Why would our Measure Observation 6 be greater than 100%?"

A known issue present in the logic for Reporting Year 2024 resulted in erroneously high scores above 100%. The Reporting Year 2025 logic specifications resolved this issue. Measure Observation 6 should never be above 100%.

Next question. "Why are we using mild malnutrition when AND or ASPEN utilizes only Moderate or Severe Malnutrition when diagnosing malnutrition?"

It would be ideal to add at risk for malnutrition. Certain system options may indicate mild malnutrition along with well-nourished. Statuses other than Moderate or severe are needed so that the outcome of the assessment can be documented.

Next question. "Is there a way we can see actual numbers and calculations for ease of understanding?"

During the presentation, the calculation was discussed during the webinar and there is also links to resources that include a wide variety of clinical scenarios and their associate scores along with an interactive calculator.

Okay, next question. "Does the logic include if the screening was completed within 24 hours prior to admissions, such as pre-surgery or ED?"

If the screen was completed in the ED prior to the inpatient admission, the screening will count as long as it is associated with that encounter period.

Next question. "The flow diagrams that she is reviewing are for version two, which were for 2024. Will we be reviewing flow diagrams for 2025?"

She is currently showing the changes from 2024 that is appearing on the left side comparing it to the 2025, which is on the right side.

Okay. "Can you please clarify if there is a required timeframe to complete the nutrition assessment or if it is only done, not done?"

There is no timing element for any of the Measure Observations. They can be completed in any order at any time during the eligible encounter. Measure Observations simply must be completed during the inpatient encounter and/or during the related observation or ED encounter. The nutrition screen does not need to be completed within 24 hours of the inpatient admission, however, it does need to be completed within that admission or inpatient stay period. Okay.

Next question. "Is there a scenario where observation 6 could be 25% if only the nurse does the screening, the patient is Moderate to severe but nothing else is followed up?"

For Reporting Year 2025, a score of 25% for Measure Observation 6 is no longer possible. In the setting of a completed screening with an at-risk result and a completed assessment with a Moderate

or Severe Malnutrition result with no additional Measure Observations completed, the performance score would be 2 out of 4, or 50%.

Okay, next question. "So am I understanding correctly that the Denominator 1 or 2 when there is a not at risk result?" And the answer, in the presence of a Malnutrition Risk Screening with a not at risk result without a hospital dietitian referral order, the performance score would be 1 out of 1, or 100%.

00:50:04

Next question. "Any hospital dietitian referral order counts for a specific diagnosis or treatment?"

Answer, any hospital dietitian referral.

Next question. "With the name changes to the value sets, were there changes to the SNOMED codes?"

All value set changes can be found for the measure on the eCQI Resource Center, and at the end of the slides and the handouts, we did provide links to that site as well as value set access requires the UMLS account to access the VSAC, and so that link is also listed on the slides and will also be included in the Q&A when these get posted.

Okay, next question. "What should we expect for a patient with no screening, no referral, and nutrition assessment of well-nourished?"

In this scenario where no screening is performed and no referral order is placed, performance measurement stops, regardless of the completion of additional Measure Observations. In this scenario, the measure score would be 0 out of 4 or 0%.

Next question, "When will this measure be mandatory? Will the Q&A be available after the webinar?"

So, at the moment, this is one of the available self-selected measures and yes, the Q&A will be available in the coming weeks. Once approved, it will be posted to the website.

On slide 38 for the third clinical scenario, "Why are the Eligible Occurrences 2?"

There was a screening performed but result was not at risk result. The exception for Eligible Occurrences to be 2 is when Malnutrition Risk Screening not at risk result with no hospital dietitian referral. The third scenario lists a situation with a not at risk result from the screening, but a hospital dietitian referral order was placed. This supersedes the not at risk results.

Okay, the next question states that the first FAQ was not clear. Excuse me. The first FAQ was not clear. And just to refresh your memory, the question was, "Are patients admitted under observation status included? What about swing beds?"

And the answer, a patient encounter classified as swing beds does not count towards performance of the measure.

"Are there any exclusions for patients admitted from a SNF or an LTAC?"

The measure is only used for patients admitted as inpatients in acute care facilities. Other care settings are not included.

"How does the logic handle when a patient's status changes during the hospital visit? For example, the patient is admitted with no malnutrition risk as screened by the nurse, but after a period of time, health declined and becomes a Moderate or Severe Malnutrition risk, and then has the RD assessment provider diagnosis and care plan are placed?"

Answer, if the status changes during the same encounter and another screen or a hospital dietitian referral occurs, the score would be adjusted to capture the remaining observations.

Next question. "Has there been any discussion about counting mild or unspecified Malnutrition Diagnosis?"

The AAIM Academy and ASPEN indicators of malnutrition literature does not support identification of malnutrition. Unspecified malnutrition codes are in the value sets for the measure.

Per another question answered earlier, "Does a nutrition assessment of well-nourished count as a screening or are they different?"

Nutrition screening is Measure Observation 1 and nutrition assessment is Measure Observation 2. They are different and have different answer sets.

00:55:02

Just to confirm, "Only patients that convert to inpatient status are eligible for the measure?"

Those who are admitted to and discharged from observation are excluded, and that is correct. It looks like we might only have a couple more minutes, so we will take on-

Oh, you know what Melissa? This one is scheduled to go until 15 minutes after the hour, so why don't you guys just take a couple more each and then just in the interest of trying to get to as many questions as we can and then I will do the closeout. But you guys can probably take at least a couple more each. Thanks for the reminder.

Next question. "Our RDs consult themselves based on screening criteria. Do those self consults count?"

Answer, if an actual referral order is placed, then the ordering provider does not matter. Without the actual referral order such as the RDNs, use a list to prioritize patients for assessment. The referral cannot be counted as completed.

Okay, "If a patient comes to our ED from a SNF or LTAC, then they're admitted as an inpatient. Will they be in the measure?"

Yes, once admitted for 24 hours or more, they would be included in the measure.

"Can a registered nurse, RN, start the care plan? We have an interdisciplinary care plan."

The answer is while the logic does not specify the professional needed to complete any measure specific observations, RDNs are encouraged to lead work on nutrition care plans because of their unique expertise. However, in the spirit of interdisciplinary collaboration, a care plan initiated by the nurse but verified or modified by the RDN can be used.

"Can you clarify if observation patients are included or not?"

ED or observation patients are included if they have an inpatient encounter of over 24 hours.

Okay, I think maybe just one more, if we've got any more in the queue, maybe one more each and then I will start to go through the closing slides. We do have a couple of similar questions. Let me just kind of glance through here.

Here's one. "Can you please show us the process for each observation and the score as you go over each if done or not?"

Please utilize the free resources available on the CDR website. These include a table of clinical scenarios and their associated scores along with an interactive calculator. That's at www.cdrnet.org/GMCS. That link is also noted in the slides. Okay, I think we will progress through. I'm starting to see some repeat questions. I think we can start to go through the closeout.

So just as a reminder to the audience, we've said it a few times, but we will post answers to all of these questions, the ones that were read out and shared live, as well as any that we weren't able to type responses to. And those will be posted within several weeks. It's several because it does need to go through a review and approval process with CMS. So, we will get those posted as soon as we are able.

With that said, all Expert to Expert webinar recording links, slides, transcripts, and when applicable, Q&A documents, can currently be accessed on The Joint Commission's webpage. The Q&A will be available within several weeks after approval by CMS and the captioned recording and materials will be available via the link that we've provided on the slides within a couple weeks. In today's handouts, we've also included a PDF that includes the registration links for all Expert to Expert webinars that are currently open for registration. The link on this slide leads to the Expert to Expert landing page, which will also be updated to include links to additional webinars as registrations open for them. Real quick, just a reminder about the CE survey.

We use your feedback to determine education gaps as well as your organization's needs to inform future content and to assess the quality of our educational programs. As explained earlier, a QR code is provided on the next slide. If you prefer to take the CE survey later, an automated email also delivers that survey link. At the end of the survey, when you click submit, you will be redirected to a page from which you can print or download a certificate. And please note you'll complete that certificate by adding your name and credentials.

01:00:37

Joint Commission keeps registration information, so that certificate is for your use. In case you log off without downloading or printing your certificate, you'll also get that certificate sent to you via an automated email. And that email goes to the address that you provide within the CE survey. So, we'll

pause on this slide for several moments to permit those that wish to use the QR code to scan it with your mobile device.

Thank you to Tamaire for developing and presenting the content, Melissa, and Raquel for facilitating the Q&A segment, and to the Academy of Nutrition and Dietetics team in the background that typed responses to so many of these questions. That was really helpful. So finally, thanks to everyone that was able to attend today's webinar broadcast and we hope that everyone has a great day.