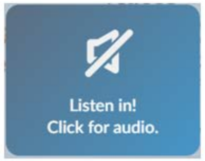
Pioneers in Quality
Expert to Expert Webinar Series

New Measure Review for 2024 Reporting Year
CMS 986 Global Malnutrition Composite Score

February 22, 2024

Webinar Audio – Information & Tips



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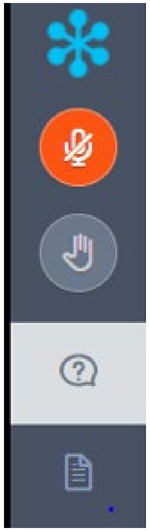

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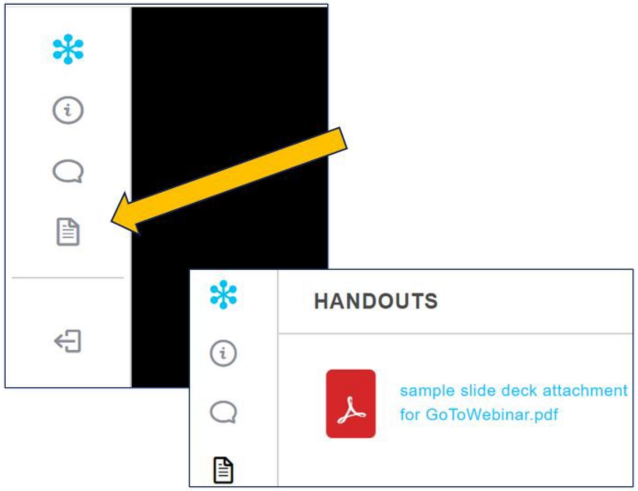
Welcome!

But first things first…

["Get Started with eCQMs"]

Slides are available now!



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Learning Objectives:

- ✓ Navigate to the measure specifications, value sets, measure flow diagrams and technical release notes
- ✓ Apply concepts learned about the logic and intent for the Global Malnutrition Composite Score eCQM
- ✓ Prepare to implement the Global Malnutrition Composite Score eCQM for the 2024 eCQM reporting period
- ✓ Identify common issues and questions regarding the Global Malnutrition Composite Score eCQM

Topics Not Covered in Today’s Webinar

- ☒ Basic eCQM concepts
- ☒ Topics related to chart abstracted measures
- ☒ Process improvement efforts related to this measure
- ☒ eCQM validation

Disclosure Statement

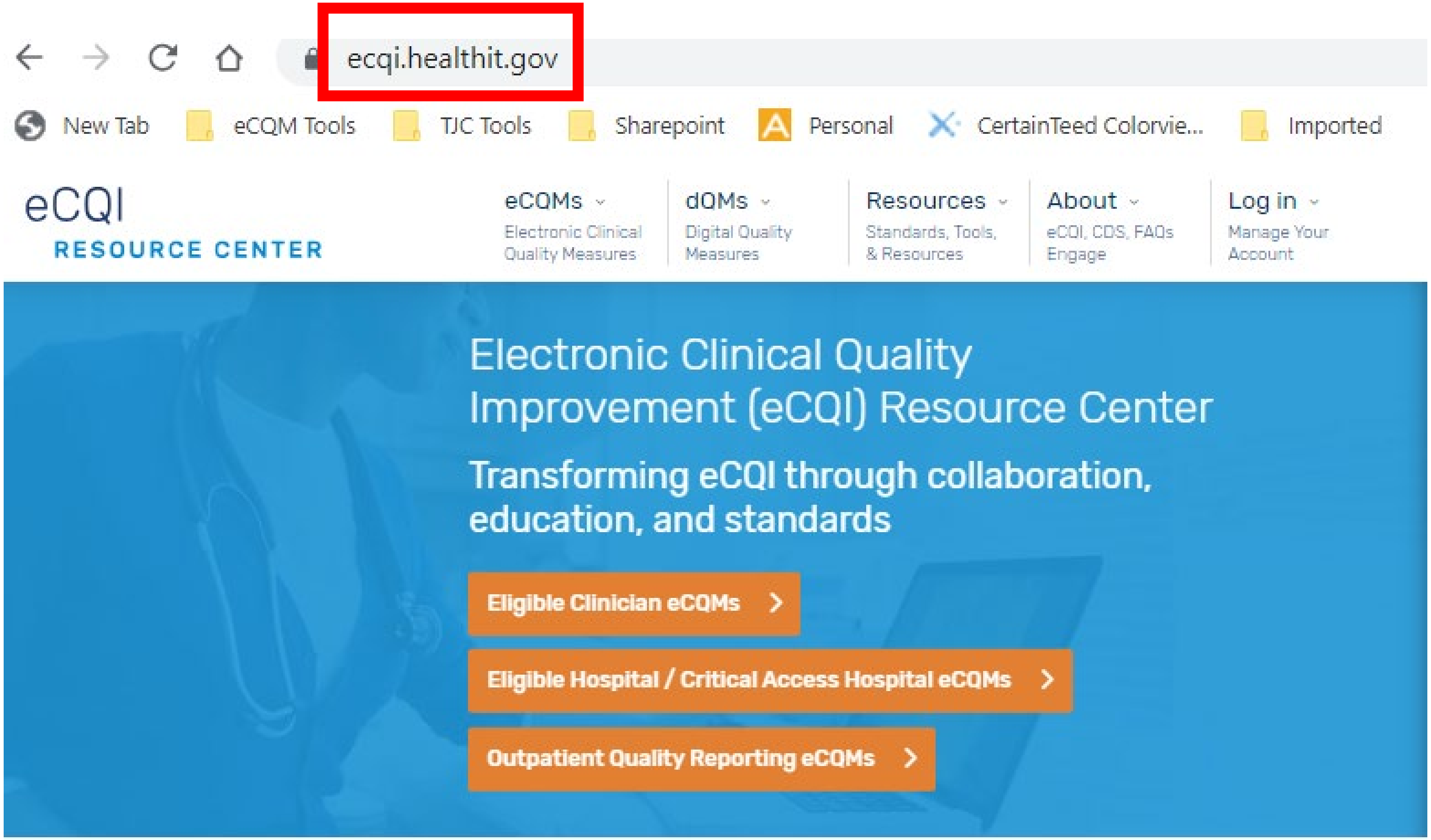
These staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today’s webinar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

- Tamaire Ojeda, MHSA, RDN, LD, Senior Manager, Quality Initiatives and Improvement, Academy of Nutrition and Dietetics
- Susan Funk, MPH, LSSGB, Associate Project Director, Engagement in Quality Improvement Programs, Joint Commission
- Melissa Breth, DNP, RN, NI-BC, Associate Project Director, Clinical Quality Informatics, Joint Commission
- Susan Yendro, RN, MSN, Associate Director, Engagement in Quality Improvement Programs (EQIP), Joint Commission

Pioneers in Quality Expert to Expert Webinar Agenda: EH/CAH eCQMs

- Demonstrate eCQI Resource Center navigation to measure specifications, value sets, measure flow diagrams and technical release notes
- Review the measure flow/algorithm
- Review the new Global Malnutrition Composite Score eCQM
- Review FAQs
- Facilitated Audience Q&A Segment

eCQI Resource Center Website Demo



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Eligible Hospital / Critical Access Hospital eCQMs
Outpatient Quality Reporting eCQMs

Electronic Clinical Quality Improvement (eCQI) Resource Center

Transforming eCQI through collaboration, education, and standards

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CMS 986 Global Malnutrition Composite Score Overview

CMS986: Adopted Into CMS Program

- CMS approved CMS986 Global Malnutrition Composite Score for use in the Hospital Inpatient Quality Reporting Program.
- Organizations can self-select to report the measure to CMS for calendar year (CY) 2024 reporting period/fiscal year (FY) 2026 payment determination.
- Organizations can self-select to report the measure to The Joint Commission for CY 2024 to meet ORYX eCQM submission requirements.

CMS986 Global Malnutrition Composite Score

CMS986: Consensus Based Entity (CBE) Endorsement

- CMS986 Global Malnutrition Composite Score was endorsed by the National Quality Forum (NQF) in 2021
- CBE #3592e

CMS986 Rationale

- Measure assesses percentage of hospitalizations for adults ≥65 years of age with LOS ≥24 hours who receive optimal malnutrition care
- Malnutrition care best practices recommend
  - Screening for malnutrition risk
  - Assessed by RD/RDN for malnutrition
  - Diagnosis by MD/provider
  - Nutrition care plan by RD/RDN

CMS986 Rationale (continued)

- Patients with malnutrition have increased rates of complications, longer lengths of stay, and higher morbidity than those non-malnourished
- Nutrition interventions with associated monitoring and evaluation are associated with improved outcomes
- Interdisciplinary collaboration is essential to high-quality malnutrition care

CMS986 Measure Specifications

- GMCS is a continuous variable measure
  - Initial Population (IP): Patients admitted to the hospital
  - Measure Population (MSRPOPL): ≥65 years of age & ≥ 24 hours admission
  - Measure Population Exclusions: none

- GMCS is a composite measure
  - 4 individual components measured
  - Scores summed in each encounter
  - Facility aggregate score for reporting period

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CMS986 Measure Specifications

Measure Observation (MO)	Short Description	MO Details	Staff Involved
MO 1: Malnutrition Risk Screening	Encounters with Malnutrition Risk Screening and Identified Result	Identifies hospital encounters where a "Malnutrition Risk Screening" was performed with a current identified "Malnutrition Screening Not At Risk Result" or current identified "Malnutrition Screening At Risk Result"	A nursing professional, registered dietitian (RD), or registered dietitian nutritionist (RDN)
MO 2: Nutrition Assessment	Encounters with Nutrition Assessment and Identified Status	Identifies hospital encounters where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Not or Mildly Malnourished", "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"	An RD or RDN
MO 3: Malnutrition Diagnosis	Encounters with Malnutrition Diagnosis	Identifies hospital encounters where a current "Malnutrition Diagnosis" was documented AND "Nutrition Assessment Status Moderately Malnourished" or "Nutrition Assessment Status Severely Malnourished"	A physician or other qualified healthcare professional
MO 4: Nutrition Care Plan	Encounters with Nutrition Care Plan	Identifies hospital encounters where a current "Nutrition Care Plan" was performed AND "Nutrition Assessment Status Moderately Malnourished" or "Nutrition Assessment Status Severely Malnourished"	An RD or RDN
Total Malnutrition Components Score	Sum of all Components	Sum Measure Observation 1 + Measure Observation 2 + Measure Observation 3 + Measure Observation 4	
Total Malnutrition Composite Score as Percentage	Individual GMCS Score	Divide Total Malnutrition Components Score by Eligible Denominators, then multiple by 100 to calculate the percentage	

GMCS Episode Performance Case #1

68-year-old male with a LOS of 4 days

Component	Completed	Evidence Documented	Numerator (Calculations 1-4)
Component 1: Malnutrition risk screen	✓	At risk	1
Component 2: RDN nutrition assessment	✓	Documented Moderate malnutrition with RD Assessment	1
Component 4: RDN nutrition care plan	✓	Documented Nutrition Care Plan addressing malnutrition and its causes	1
Component 3: Physician malnutrition diagnosis	✓	Moderate malnutrition	1

Eligible Denominator = 4

Components 1 and 2 were positive for malnutrition

Calculation 5 = 1+1+1+1 = 4

Calculation 6

= *sum of documented component ÷ eligible denominators x100*

= 4 ÷ 4 ×100 = **100%**

Interpretation: 100% of measure observations required were documented

GMCS Episode Performance Case #2

77-year-old female with a length of stay of 9 days

Component	Completed	Evidence Documented	Numerator (Calculations 1-4)
Component 1: Malnutrition risk screen	✓	At risk	1
Component 2: RDN nutrition assessment	✓	Documented Moderate malnutrition with RD Assessment	1
Component 4: RDN nutrition care plan	✓	Documented Nutrition Care Plan addressing malnutrition and its causes	1
Component 3: Physician malnutrition diagnosis	X	No documentation	0

Eligible Denominator = 4

Components 1 and 2 were positive for malnutrition

Calculation 5 = 1+1+1+0 = 3

Calculation 6

= *sum of documented component ÷ eligible denominators x100*

= 3 ÷ 4 ×100 = **75%**

Interpretation: 75% of measure observations required were documented

GMCS Episode Performance Case #3

65-year-old male with a length of stay of 2 days

Component	Completed	Evidence Documented	Numerator (Calculations 1-4)
Component 1: Malnutrition risk screen	✓	At risk	1
Component 2: RDN nutrition assessment	X	No documentation	0
Component 4: RDN nutrition care plan	X	No documentation	0
Component 3: Physician malnutrition diagnosis	X	No documentation	0

Eligible Denominator = 4

Components 1 and 2 were positive for malnutrition

Calculation 5 = 1+0+0+0 = 1

Calculation 6

= *sum of documented component ÷ eligible denominators x100*

= 1 ÷ 4 ×100 = **25%**

Interpretation: 25% of measure observations required were documented

GMCS Episode Performance Case #4

65-year-old female with a length of stay of 4 days

Component	Completed	Evidence Documented	Numerator (Calculations 1-4)
Component 1: Malnutrition risk screen	✓	Not at risk	1
Component 2: RDN nutrition assessment	**N/A**	No documentation	**N/A**
Component 4: RDN nutrition care plan	**N/A**	No documentation	**N/A**
Component 3: Physician malnutrition diagnosis	**N/A**	No documentation	**N/A**

Eligible Denominator = 1

Component 1 was negative for malnutrition risk

Calculation 5 = 1+0+0+0 = 1

Calculation 6

= sum of documented component ÷ eligible denominators x100

= 1 ÷ 1 ×100 = **100%**

Interpretation: 100% of measure observations required were documented

GMCS Episode Performance Case #5

75-year-old female with a length of stay of 8 days

Component	Completed	Evidence Documented	Numerator (Calculations 1-4)
Component 1: Malnutrition risk screen	✓	At risk	1
Component 2: RDN nutrition assessment	✓	Documented with no malnutrition diagnosis after assessment	1
Component 4: RDN nutrition care plan	**N/A**	No documentation	**N/A**
Component 3: Physician malnutrition diagnosis	**N/A**	No documentation	**N/A**

Eligible Denominator = 2

Component 2 was negative for malnutrition

Calculation 5 = 1+1+0+0 = 2

Calculation 6

= *sum of documented component ÷ eligible denominators x100*

= 2 ÷ 2 ×100 = **100%**

Interpretation: 100% of measure observations required were documented

GMCS Aggregate Calculation Example

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

(100% + 75% + 25% + 100% + 100%) ÷ 5 hospitalization = 400 ÷ 5 = **80%**

Interpretation: 80% of all clinically eligible components (measure observations) were documented for the measure population (hospitalizations ≥ 24 hours for patients ≥ 65 years)

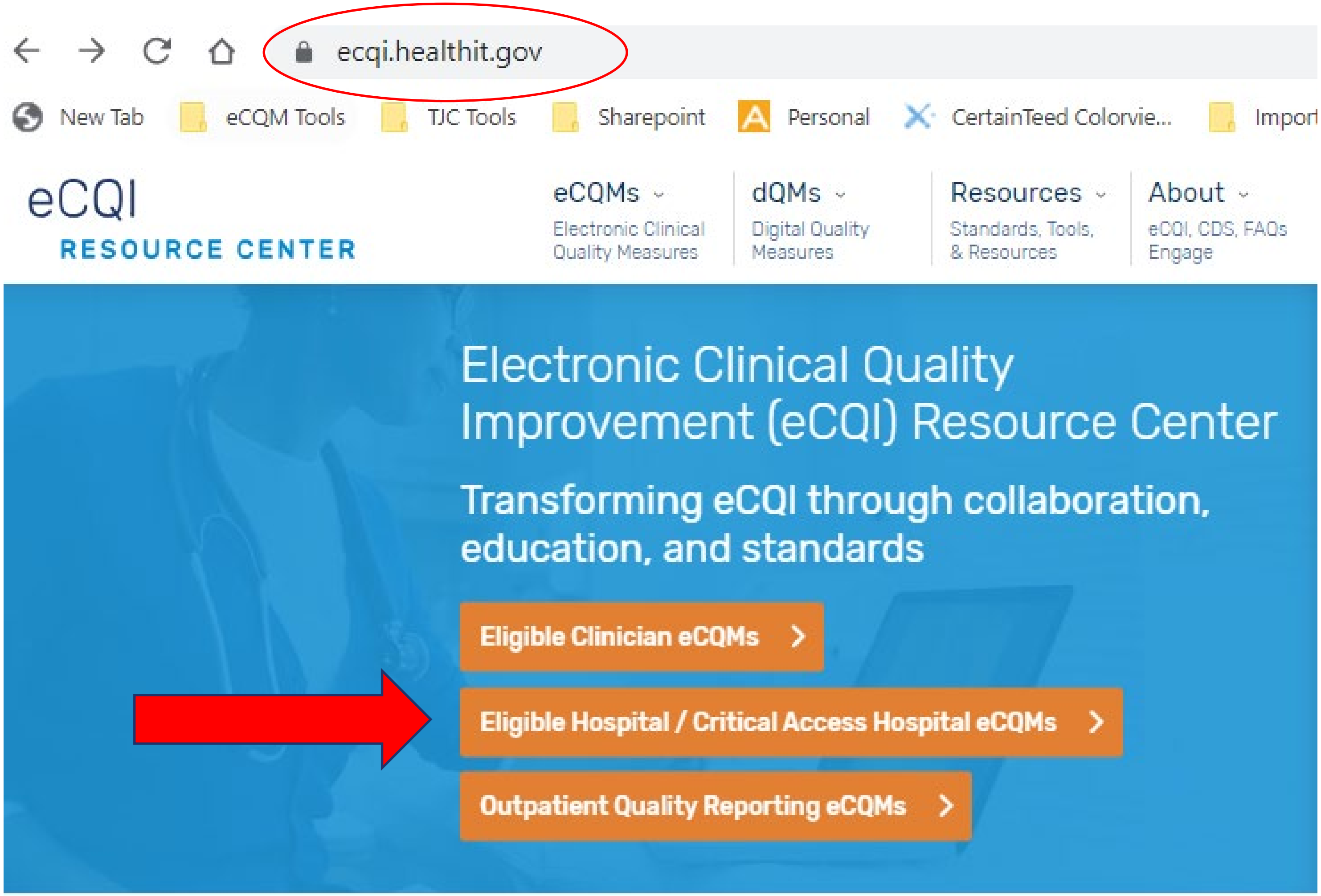
The Goal is to be closer to 100%.

CMS986 Measure Specifications

Description: Percentage of hospitalizations for adults aged 65 years and older at the start of the inpatient encounter during the measurement period with a length of stay equal to or greater than 24 hours who received optimal malnutrition care during the current inpatient hospitalization where care performed was appropriate to the patient's level of malnutrition risk and severity

Initial Population	Measure Observation Denominator	Denominator Exclusion
Inpatient hospitalization	Use 1 if MO1 was performed and a “Not At Risk Result” was identified and No “Hospital Dietitian Referral” ordered	No Exclusions
Age: >= 65 years at start of encounter	Use 2 if an “At Risk Result” or “Hospital Dietitian Referral” present AND “Nutrition Assessment Status Not/Mildly Malnourished” present	
Length of stay >=24 hours	Use 4 in all other instances	

Navigation to the Measure Flow Diagrams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Navigation to the Measure Flow Diagrams

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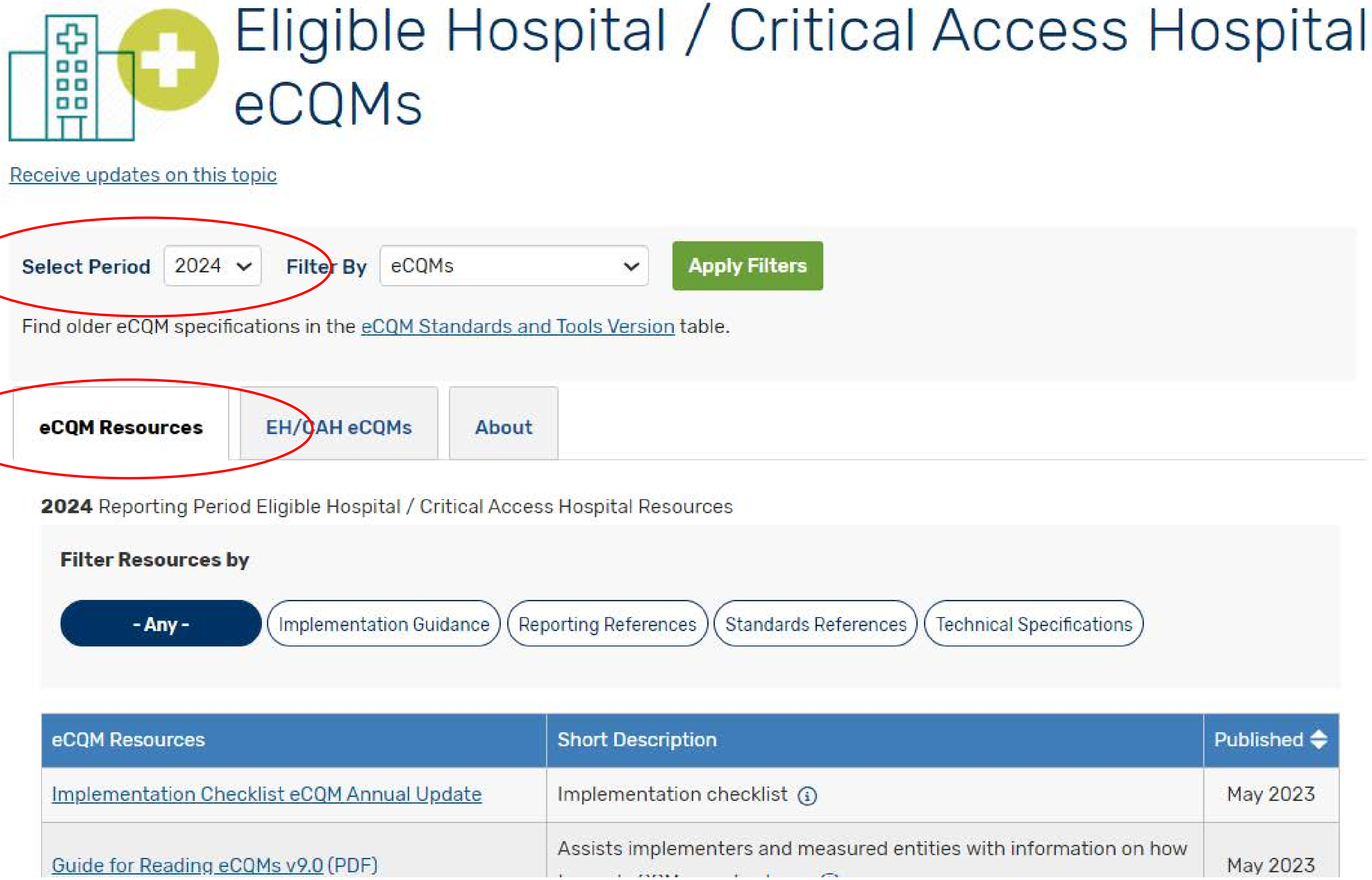

Eligible Hospital / Critical Access Hospital eCQMs

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Find older eCQM specifications in the eCQM Standards and Tools Version table.

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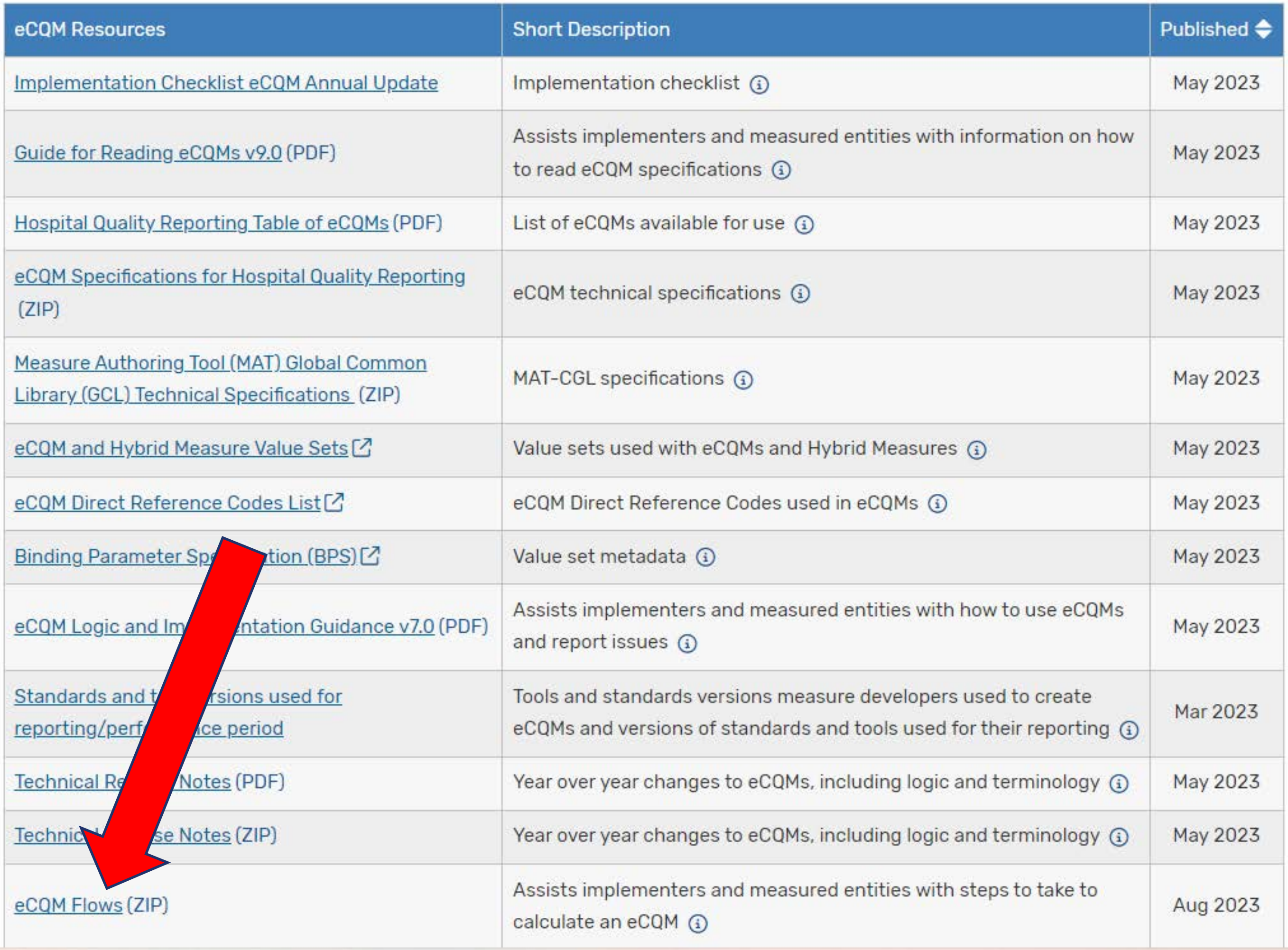
eCQM Resources	Short Description	Published
Implementation Checklist eCQM Annual Update	Implementation checklist ⓘ	May 2023
Guide for Reading eCQMs v9.0 (PDF)	Assists implementers and measured entities with information on how	May 2023

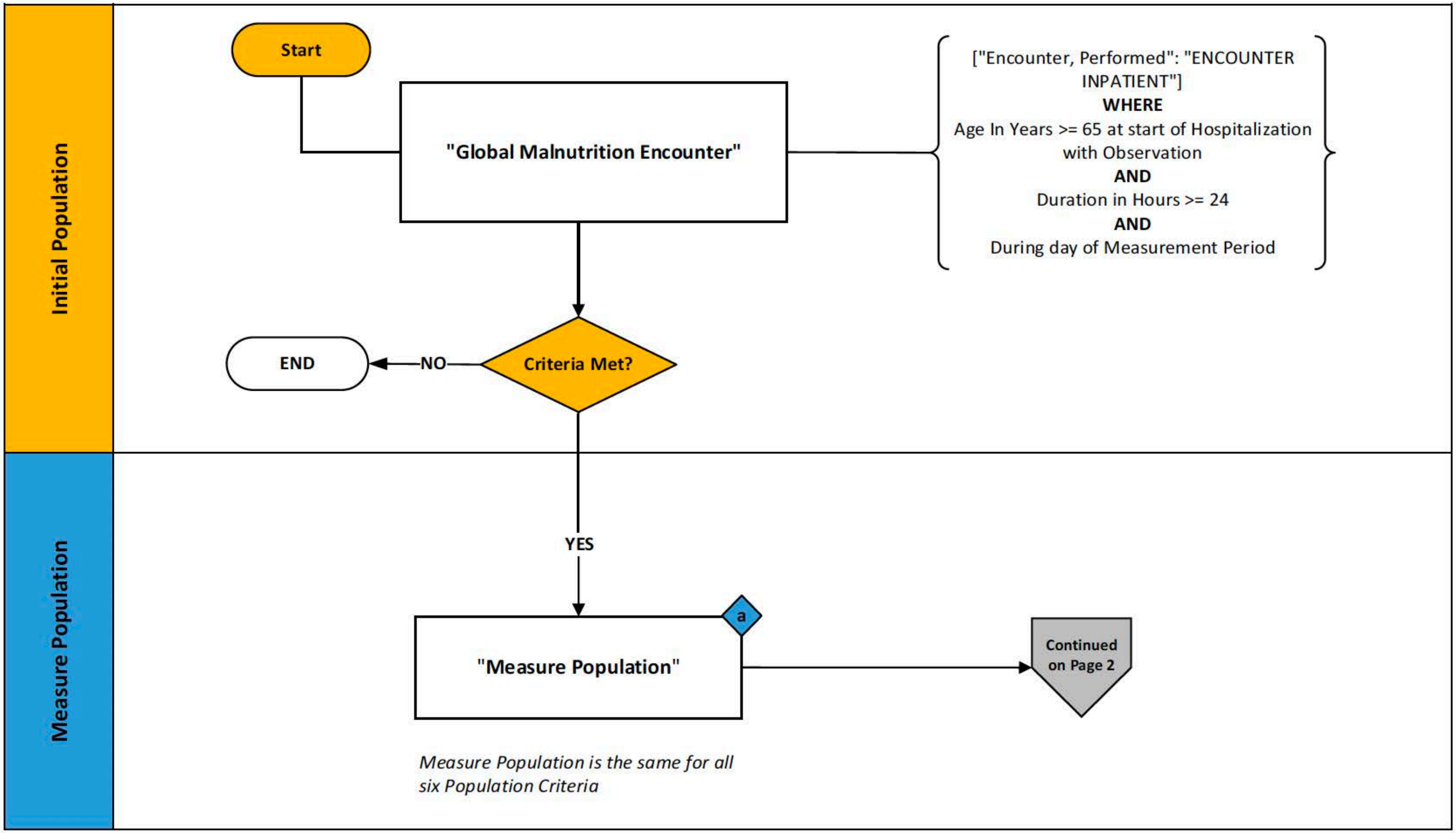
Navigation to the Measure Flow Diagrams

(continued)



eCQM Resources	Short Description	Published
Implementation Checklist eCQM Annual Update	Implementation checklist	May 2023
Guide for Reading eCQMs v9.0 (PDF)	Assists implementers and measured entities with information on how to read eCQM specifications	May 2023
Hospital Quality Reporting Table of eCQMs (PDF)	List of eCQMs available for use	May 2023
eCQM Specifications for Hospital Quality Reporting (ZIP)	eCQM technical specifications	May 2023
Measure Authoring Tool (MAT) Global Common Library (GCL) Technical Specifications (ZIP)	MAT-CGL specifications	May 2023
eCQM and Hybrid Measure Value Sets	Value sets used with eCQMs and Hybrid Measures	May 2023
eCQM Direct Reference Codes List	eCQM Direct Reference Codes used in eCQMs	May 2023
Binding Parameter Sp[illegible]tion (BPS)	Value set metadata	May 2023
eCQM Logic and Im[illegible]ntation Guidance v7.0 (PDF)	Assists implementers and measured entities with how to use eCQMs and report issues	May 2023
Standards and t[illegible]rsions used for reporting/perf[illegible]ce period	Tools and standards versions measure developers used to create eCQMs and versions of standards and tools used for their reporting	Mar 2023
Technical Re[illegible] Notes (PDF)	Year over year changes to eCQMs, including logic and terminology	May 2023
Technic[illegible]se Notes (ZIP)	Year over year changes to eCQMs, including logic and terminology	May 2023
eCQM Flows (ZIP)	Assists implementers and measured entities with steps to take to calculate an eCQM	Aug 2023

CMS986 Measure Flow Diagram



Initial Population
Start
"Global Malnutrition Encounter"
Criteria Met?
NO
END
YES
Measure Population
a
"Measure Population"
Continued on Page 2

["Encounter, Performed": "ENCOUNTER INPATIENT"]
WHERE
Age In Years >= 65 at start of Hospitalization with Observation
AND
Duration in Hours >= 24
AND
During day of Measurement Period

Measure Population is the same for all six Population Criteria

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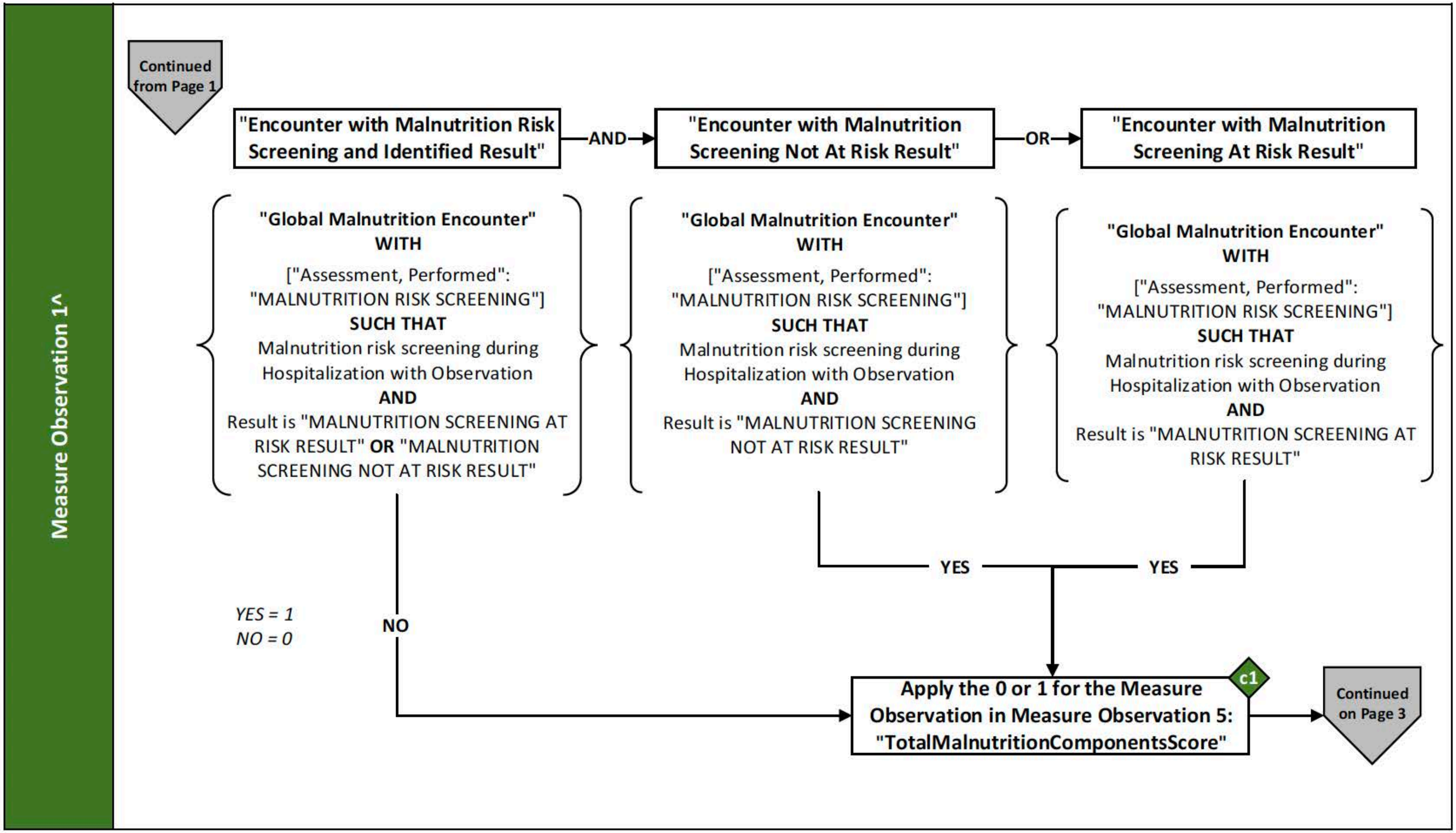
CMS986 Measure Flow Diagram (continued)



Measure Observation 1^

Continued from Page 1

"Encounter with Malnutrition Risk Screening and Identified Result" —AND→ **"Encounter with Malnutrition Screening Not At Risk Result"** —OR→ **"Encounter with Malnutrition Screening At Risk Result"**

"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "MALNUTRITION RISK SCREENING"]
SUCH THAT
Malnutrition risk screening during Hospitalization with Observation
AND
Result is "MALNUTRITION SCREENING AT RISK RESULT" **OR** "MALNUTRITION SCREENING NOT AT RISK RESULT"

"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "MALNUTRITION RISK SCREENING"]
SUCH THAT
Malnutrition risk screening during Hospitalization with Observation
AND
Result is "MALNUTRITION SCREENING NOT AT RISK RESULT"

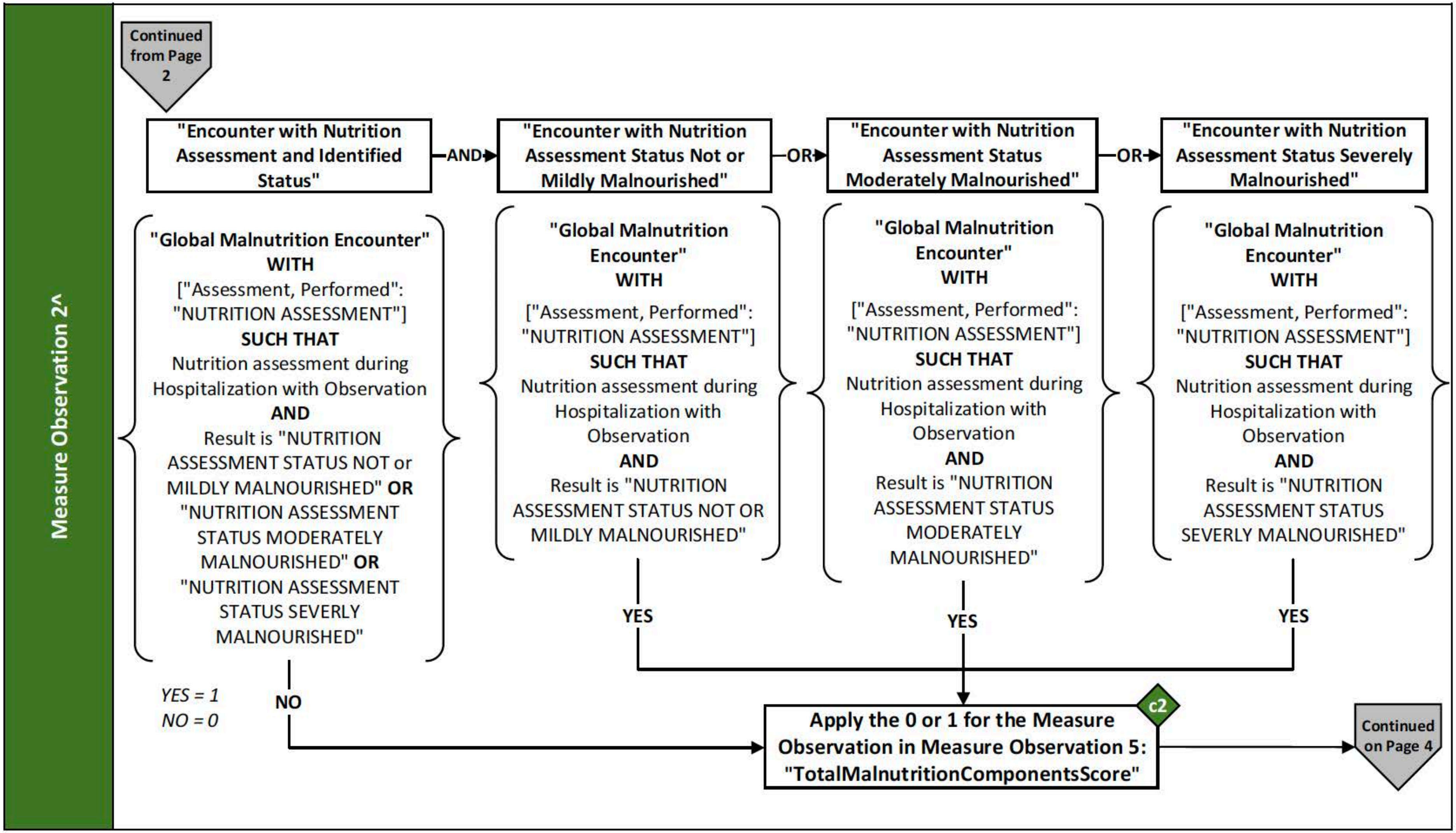
"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "MALNUTRITION RISK SCREENING"]
SUCH THAT
Malnutrition risk screening during Hospitalization with Observation
AND
Result is "MALNUTRITION SCREENING AT RISK RESULT"

YES = 1
NO = 0

Apply the 0 or 1 for the Measure Observation in Measure Observation 5: "TotalMalnutritionComponentsScore"

Continued on Page 3

CMS986 Measure Flow Diagram (continued)



Measure Observation 2^

Continued from Page 2

"Encounter with Nutrition Assessment and Identified Status" —AND→ "Encounter with Nutrition Assessment Status Not or Mildly Malnourished" —OR→ "Encounter with Nutrition Assessment Status Moderately Malnourished" —OR→ "Encounter with Nutrition Assessment Status Severely Malnourished"

"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "NUTRITION ASSESSMENT"]
SUCH THAT
Nutrition assessment during Hospitalization with Observation
AND
Result is "NUTRITION ASSESSMENT STATUS NOT or MILDLY MALNOURISHED" **OR** "NUTRITION ASSESSMENT STATUS MODERATELY MALNOURISHED" **OR** "NUTRITION ASSESSMENT STATUS SEVERLY MALNOURISHED"

"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "NUTRITION ASSESSMENT"]
SUCH THAT
Nutrition assessment during Hospitalization with Observation
AND
Result is "NUTRITION ASSESSMENT STATUS NOT OR MILDLY MALNOURISHED"

"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "NUTRITION ASSESSMENT"]
SUCH THAT
Nutrition assessment during Hospitalization with Observation
AND
Result is "NUTRITION ASSESSMENT STATUS MODERATELY MALNOURISHED"

"Global Malnutrition Encounter"
WITH
["Assessment, Performed": "NUTRITION ASSESSMENT"]
SUCH THAT
Nutrition assessment during Hospitalization with Observation
AND
Result is "NUTRITION ASSESSMENT STATUS SEVERLY MALNOURISHED"

YES

YES

YES

YES = 1
NO = 0

NO

c2

Apply the 0 or 1 for the Measure Observation in Measure Observation 5: "TotalMalnutritionComponentsScore"

Continued on Page 4

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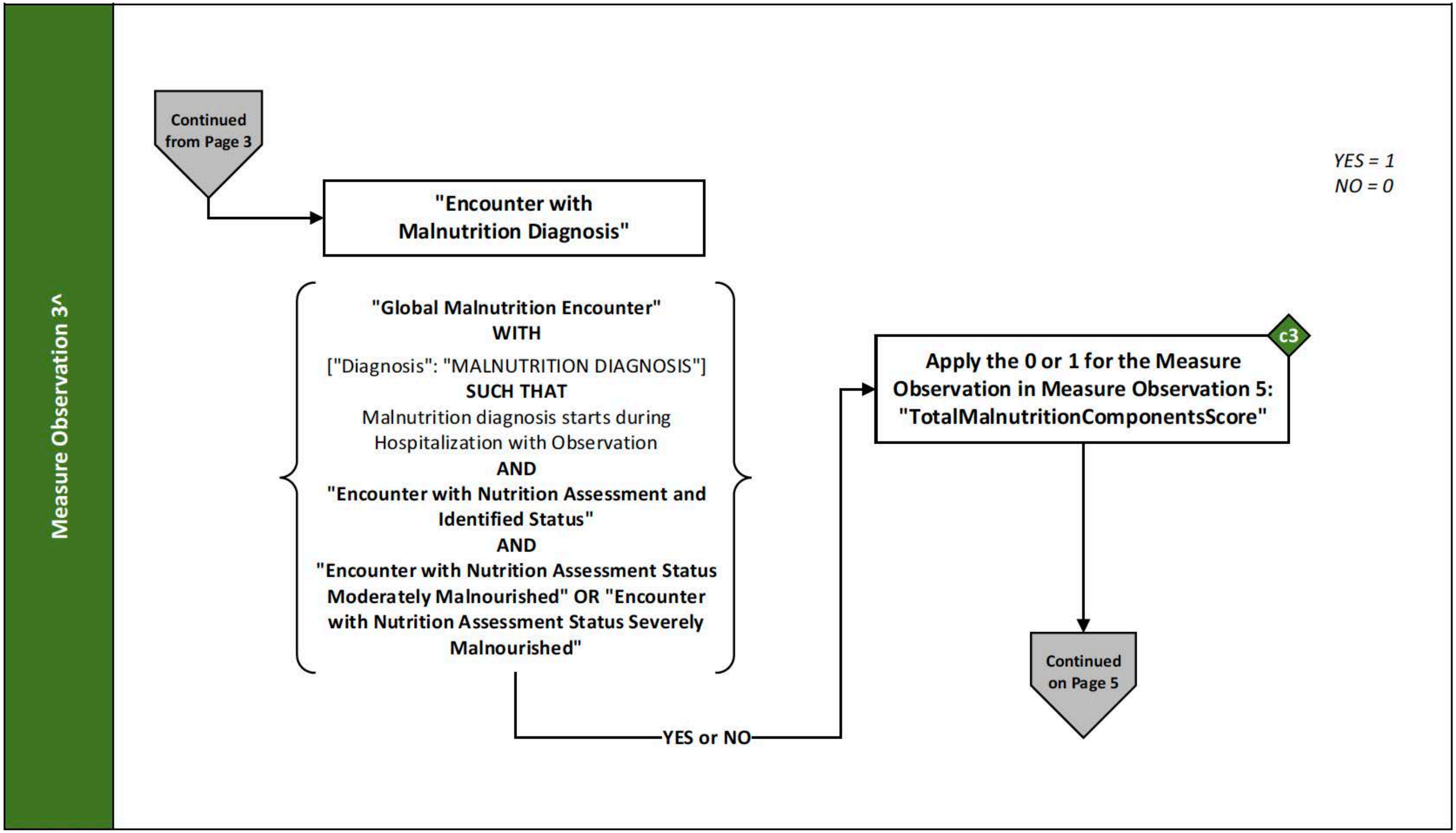
CMS986 Measure Flow Diagram (continued)



Continued from Page 3

"Encounter with Malnutrition Diagnosis"

"Global Malnutrition Encounter"
WITH
["Diagnosis": "MALNUTRITION DIAGNOSIS"]
SUCH THAT
Malnutrition diagnosis starts during Hospitalization with Observation
AND
"Encounter with Nutrition Assessment and Identified Status"
AND
"Encounter with Nutrition Assessment Status Moderately Malnourished" OR "Encounter with Nutrition Assessment Status Severely Malnourished"

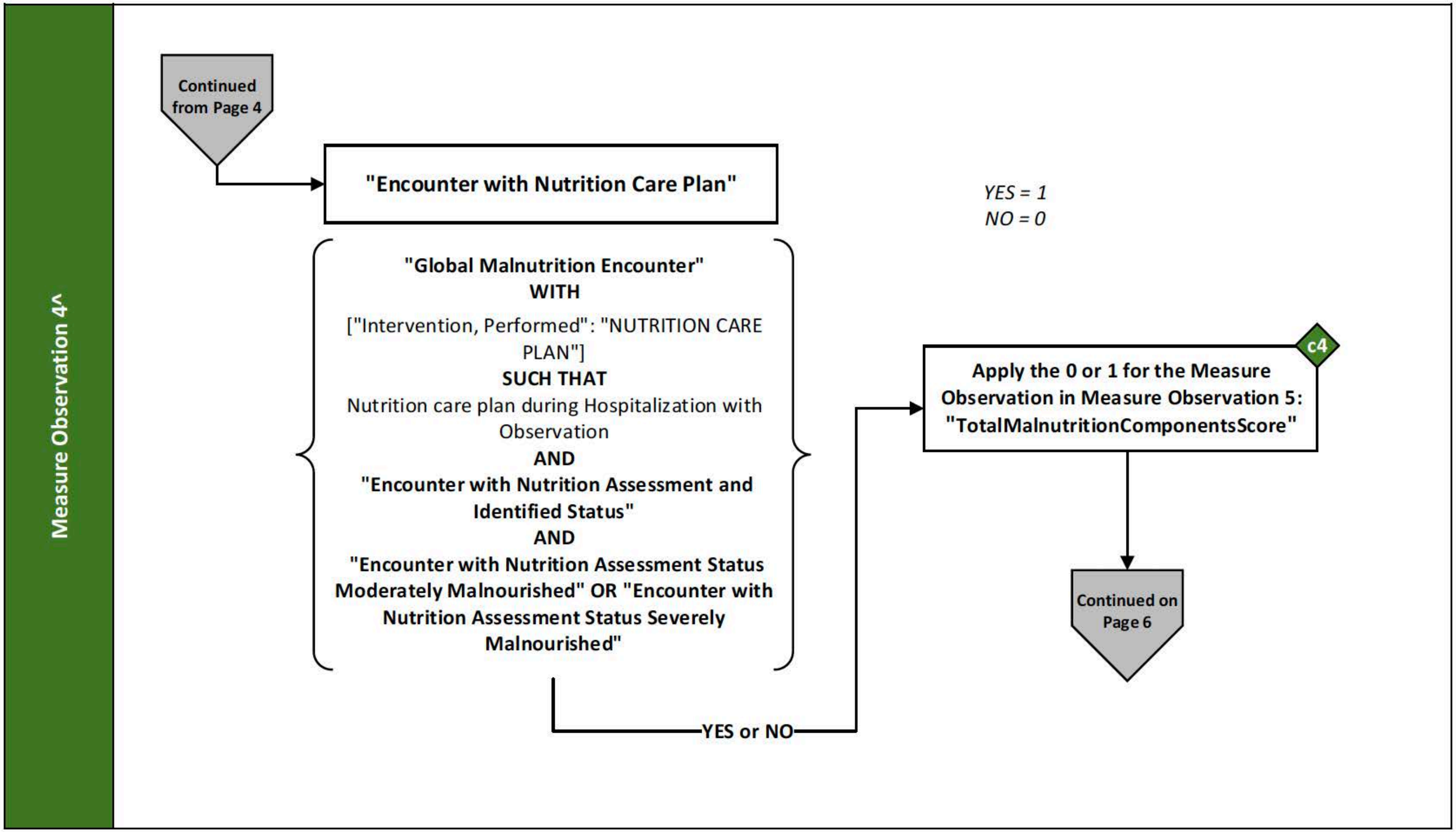
YES or NO

Apply the 0 or 1 for the Measure Observation in Measure Observation 5: "TotalMalnutritionComponentsScore"

YES = 1
NO = 0

Continued on Page 5

CMS986 Measure Flow Diagram (continued)



Measure Observation 4^

Continued from Page 4

"Encounter with Nutrition Care Plan"

YES = 1
NO = 0

"Global Malnutrition Encounter"
WITH
["Intervention, Performed": "NUTRITION CARE PLAN"]
SUCH THAT
Nutrition care plan during Hospitalization with Observation
AND
"Encounter with Nutrition Assessment and Identified Status"
AND
"Encounter with Nutrition Assessment Status Moderately Malnourished" OR "Encounter with Nutrition Assessment Status Severely Malnourished"

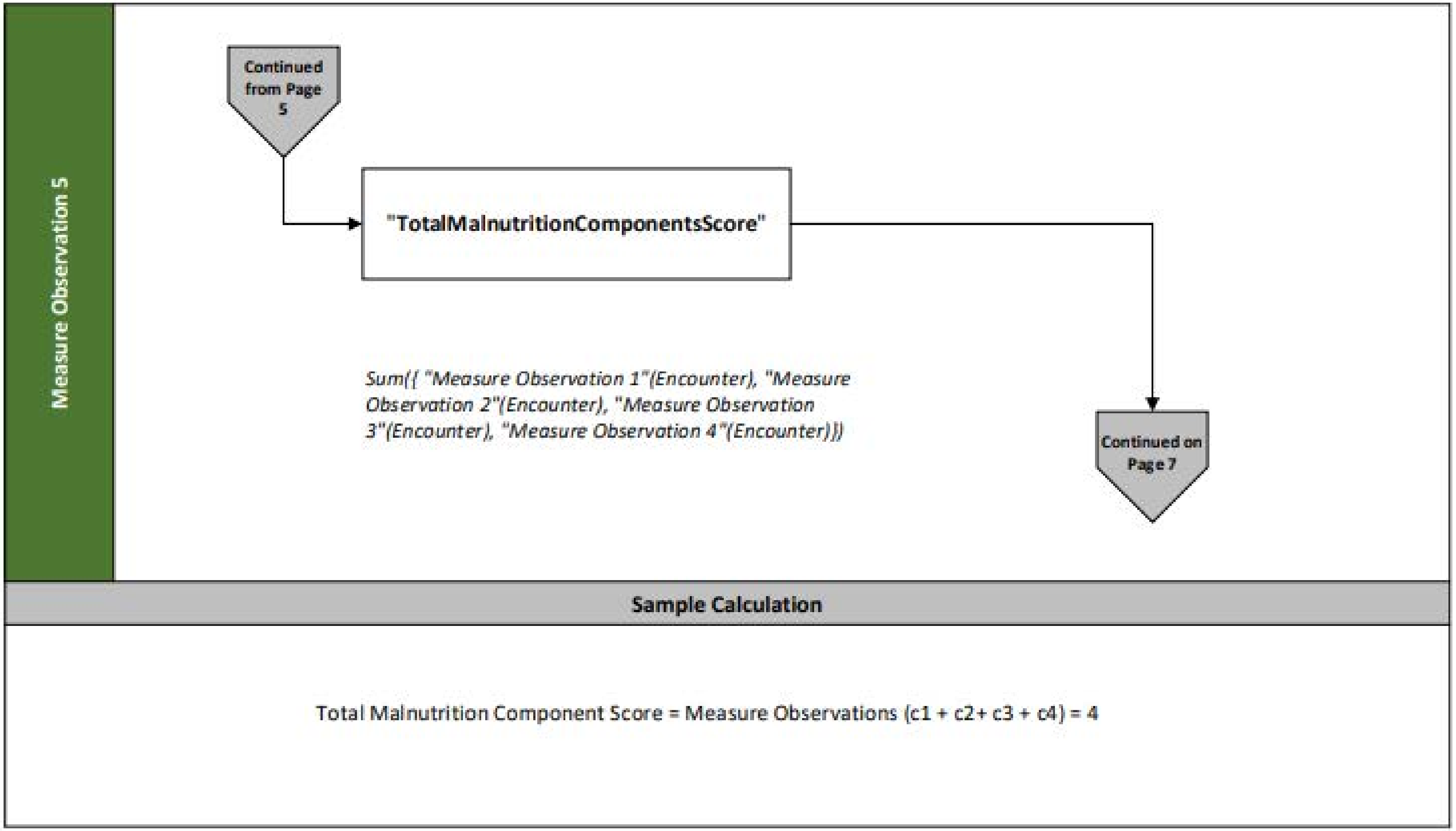
YES or NO

c4

Apply the 0 or 1 for the Measure Observation in Measure Observation 5: "TotalMalnutritionComponentsScore"

Continued on Page 6

CMS986 Measure Flow Diagram (continued)



Measure Observation 5

Continued from Page 5

"TotalMalnutritionComponentsScore"

Sum({ "Measure Observation 1"(Encounter), "Measure Observation 2"(Encounter), "Measure Observation 3"(Encounter), "Measure Observation 4"(Encounter)})

Continued on Page 7

Sample Calculation

Total Malnutrition Component Score = Measure Observations (c1 + c2+ c3 + c4) = 4

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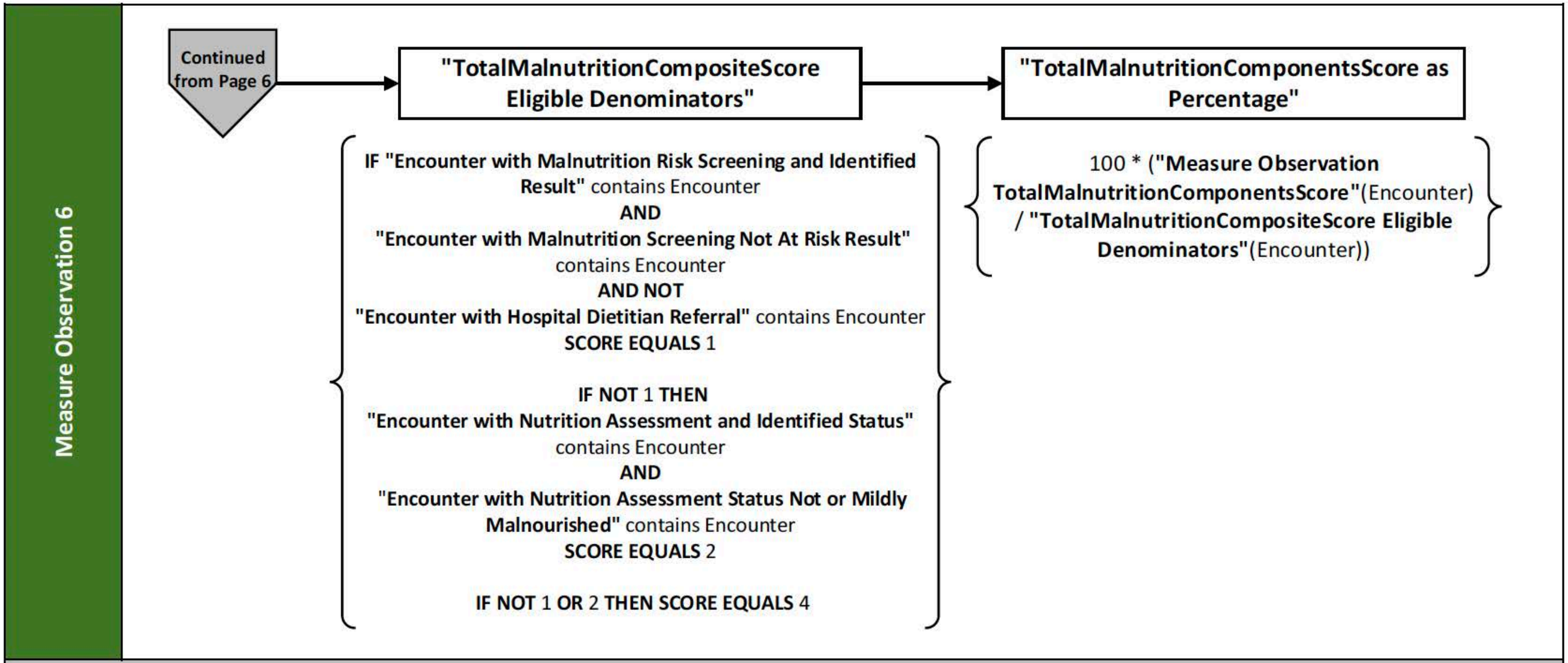
CMS986 Measure Flow Diagram (continued)



Measure Observation 6

Continued from Page 6

"TotalMalnutritionCompositeScore Eligible Denominators"

IF **"Encounter with Malnutrition Risk Screening and Identified Result"** contains Encounter
AND
"Encounter with Malnutrition Screening Not At Risk Result" contains Encounter
AND NOT
"Encounter with Hospital Dietitian Referral" contains Encounter
SCORE EQUALS 1

IF NOT 1 **THEN**
"Encounter with Nutrition Assessment and Identified Status" contains Encounter
AND
"Encounter with Nutrition Assessment Status Not or Mildly Malnourished" contains Encounter
SCORE EQUALS 2

IF NOT 1 **OR** 2 **THEN SCORE EQUALS** 4

"TotalMalnutritionComponentsScore as Percentage"

100 * (**"Measure Observation TotalMalnutritionComponentsScore"**(Encounter) / **"TotalMalnutritionCompositeScore Eligible Denominators"**(Encounter))

Sample Calculation

$$\text{Total Malnutrition Component Score as a Percentage} = \frac{\text{Measure Observations (c1 + c2+ c3 + c4) = 4}}{\text{TotalMalnutritionCompositeScore Eligible Denominators = 4}} * 100 = 100\%$$

CMS986 Measure Specifications

Measure Observation (MO)	Short Description	MO Details	Staff Involved
MO 1: Malnutrition Risk Screening	Encounters with Malnutrition Risk Screening and Identified Result	Identifies hospital encounters where a "Malnutrition Risk Screening" was performed with a current identified "Malnutrition Screening Not At Risk Result" or current identified "Malnutrition Screening At Risk Result"	A nursing professional, registered dietitian (RD), or registered dietitian nutritionist (RDN)
MO 2: Nutrition Assessment	Encounters with Nutrition Assessment and Identified Status	Identifies hospital encounters where a "Nutrition Assessment" was performed with a current identified "Nutrition Assessment Status Not or Mildly Malnourished", "Nutrition Assessment Status Moderately Malnourished" OR "Nutrition Assessment Status Severely Malnourished"	An RD or RDN
MO 3: Malnutrition Diagnosis	Encounters with Malnutrition Diagnosis	Identifies hospital encounters where a current "Malnutrition Diagnosis" was documented AND "Nutrition Assessment Status Moderately Malnourished" or "Nutrition Assessment Status Severely Malnourished"	A physician or other qualified healthcare professional
MO 4: Nutrition Care Plan	Encounters with Nutrition Care Plan	Identifies hospital encounters where a current "Nutrition Care Plan" was performed AND "Nutrition Assessment Status Moderately Malnourished" or "Nutrition Assessment Status Severely Malnourished"	An RD or RDN
Total Malnutrition Components Score	Sum of all Components	Sum Measure Observation 1 + Measure Observation 2 + Measure Observation 3 + Measure Observation 4	
Total Malnutrition Composite Score as Percentage	Individual GMCS Score	Divide Total Malnutrition Components Score by Eligible Denominators, then multiple by 100 to calculate the percentage	

CMS986 Initial Population

"Global Malnutrition Encounter"

Global Malnutrition Encounter

```
[Encounter, Performed": "Encounter Inpatient"] EncounterInpatient
            where AgeInYearsAt(date from start of
EncounterInpatient.relevantPeriod)>= 65
    and duration in hours of EncounterInpatient.relevantPeriod >= 24
    and EncounterInpatient.relevantPeriod during day of "Measurement Period"
```

CMS986 Numerator: Measure Observation 1

```
"Measure Observation 1"(Encounter "Encounter, Performed"):
if ( "Encounter with Malnutrition Risk Screening and Identified Result"
contains Encounter
      and ( "Encounter with Malnutrition Screening Not At Risk Result"
contains Encounter
          or "Encounter with Malnutrition Screening At Risk Result" contains
Encounter
      )
  ) then 1
    else 0
```

CMS986 Measure Observation Definitions

Encounter with Malnutrition Risk Screening and Identified Result

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Malnutrition Risk Screening"]
MalnutritionRiskScreening
    such that Coalesce(start of
Global."NormalizeInterval"(MalnutritionRiskScreening.relevantDatetim
e, MalnutritionRiskScreening.relevantPeriod),
MalnutritionRiskScreening.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
      and ( MalnutritionRiskScreening.result in "Malnutrition Screening
Not At Risk Result"
          or MalnutritionRiskScreening.result in "Malnutrition Screening At
Risk Result"
      )
```

CMS986 Measure Observation Definitions

Encounter with Malnutrition Screening At Risk Result

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Malnutrition Risk Screening"]
MalnutritionRiskScreening
    such that Coalesce(start of
Global."NormalizeInterval"(MalnutritionRiskScreening.relevantDatetim
e, MalnutritionRiskScreening.relevantPeriod),
MalnutritionRiskScreening.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
      and MalnutritionRiskScreening.result in "Malnutrition Screening At
Risk Result"
```

CMS986 Measure Observation Definitions

Encounter with Malnutrition Screening Not At Risk Result

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Malnutrition Risk Screening"] MalnutritionRiskScreening
    such that Coalesce(start of Global."NormalizeInterval"(MalnutritionRiskScreening.relevantDatetime, MalnutritionRiskScreening.relevantPeriod), MalnutritionRiskScreening.authorDatetime)during Global."HospitalizationWithObservation" ( GlobalMalnutritionEncounter )
      and MalnutritionRiskScreening.result in "Malnutrition Screening Not At Risk Result"
```

CMS986 Measure Observation Definitions

Encounter with Hospital Dietitian Referral

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Intervention, Order": "Hospital Dietitian Referral"]
HospitalDietitianReferral
    such that HospitalDietitianReferral.authorDatetime during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
```

CMS986 Numerator: Measure Observation 2

```
"Measure Observation 2"(Encounter "Encounter, Performed"):
if ( "Encounter with Nutrition Assessment and Identified Status" contains Encounter
      and ( "Encounter with Nutrition Assessment Status Not or Mildly Malnourished" contains Encounter
          or "Encounter with Nutrition Assessment Status Moderately Malnourished" contains Encounter
          or "Encounter with Nutrition Assessment Status Severely Malnourished" contains Encounter
      )
  ) then 1
    else 0
```

CMS986 Measure Observation Definitions

Encounter with Nutrition Assessment and Identified Status

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Nutrition Assessment"]
NutritionAssessment
    such that Coalesce(start of
Global."NormalizeInterval"(NutritionAssessment.relevantDatetime,
NutritionAssessment.relevantPeriod),
NutritionAssessment.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
      and ( NutritionAssessment.result in "Nutrition Assessment Status
Not or Mildly Malnourished"
          or NutritionAssessment.result in "Nutrition Assessment Status
Moderately Malnourished"
          or NutritionAssessment.result in "Nutrition Assessment Status
Severely Malnourished"
      )
```

CMS986 Measure Observation Definitions

Encounter with Nutrition Assessment Status Not or Mildly Malnourished

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Nutrition Assessment"]
NutritionAssessment
    such that Coalesce(start of
Global."NormalizeInterval"(NutritionAssessment.relevantDatetime,
NutritionAssessment.relevantPeriod),
NutritionAssessment.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
      and NutritionAssessment.result in "Nutrition Assessment Status
Not or Mildly Malnourished"
```

CMS986 Measure Observation Definitions

Encounter with Nutrition Assessment Status Moderately Malnourished

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Nutrition Assessment"]
NutritionAssessment
    such that Coalesce(start of
Global."NormalizeInterval"(NutritionAssessment.relevantDatetime,
NutritionAssessment.relevantPeriod),
NutritionAssessment.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
      and NutritionAssessment.result in "Nutrition Assessment Status
Moderately Malnourished"
```

CMS986 Measure Observation Definitions

Encounter with Nutrition Assessment Status Severely Malnourished

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Nutrition Assessment"]
NutritionAssessment
    such that Coalesce(start of
Global."NormalizeInterval"(NutritionAssessment.relevantDatetime,
NutritionAssessment.relevantPeriod),
NutritionAssessment.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
      and NutritionAssessment.result in "Nutrition Assessment Status
Severely Malnourished"
```

CMS986 Numerator: Measure Observation 3

```
"Measure Observation 3"(Encounter "Encounter, Performed"):
if ( "Encounter with Malnutrition Diagnosis" contains Encounter
      and "Encounter with Nutrition Assessment and Identified Status"
contains Encounter
      and ( "Encounter with Nutrition Assessment Status Moderately
Malnourished" contains Encounter
          or "Encounter with Nutrition Assessment Status Severely
Malnourished" contains Encounter
      )
  ) then 1
    else 0
```

CMS986 Measure Observation Definitions

Encounter with Malnutrition Diagnosis

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Diagnosis": "Malnutrition Diagnosis"] MalnutritionDiagnosis
    such that MalnutritionDiagnosis.prevalencePeriod starts during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
```

CMS986 Numerator: Measure Observation 4

```
"Measure Observation 4"(Encounter "Encounter, Performed"):
 if ( "Encounter with Nutrition Care Plan" contains Encounter
      and "Encounter with Nutrition Assessment and Identified Status" contains Encounter
      and ( "Encounter with Nutrition Assessment Status Moderately Malnourished" contains Encounter
          or "Encounter with Nutrition Assessment Status Severely Malnourished" contains Encounter
      )
  ) then 1
    else 0
```

CMS986 Measure Observation Definitions

Encounter with Nutrition Care Plan

```
"Global Malnutrition Encounter" GlobalMalnutritionEncounter
  with ["Intervention, Performed": "Nutrition Care Plan"]
NutritionCarePlan
    such that Coalesce(start of
Global."NormalizeInterval"(NutritionCarePlan.relevantDatetime,
NutritionCarePlan.relevantPeriod),
NutritionCarePlan.authorDatetime)during
Global."HospitalizationWithObservation" (
GlobalMalnutritionEncounter )
```

CMS986 Numerator: Measure Observation 5

Measure Observation TotalMalnutritionComponentsScore"(Encounter "Encounter, Performed"):
Sum({ "Measure Observation 1"(Encounter), "Measure Observation 2"(Encounter), "Measure Observation 3"(Encounter), "Measure Observation 4"(Encounter)})

CMS986 Measure Observation 6

"Measure Observation TotalMalnutritionCompositeScore as Percentage"(Encounter "Encounter, Performed"):
100 * ("Measure Observation TotalMalnutritionComponentsScore"(Encounter)/ "TotalMalnutritionCompositeScore Eligible Denominators"(Encounter))

CMS986 Eligible Denominator

TotalMalnutritionCompositeScore Eligible Denominators(Encounter "Encounter, Performed"):

```
define function "TotalMalnutritionCompositeScore Eligible
Denominators"(Encounter "Encounter, Performed"):
  if ( ( "Encounter with Malnutrition Risk Screening and Identified Result"
contains Encounter
        and "Encounter with Malnutrition Screening Not At Risk Result" contains
Encounter
    )
      and not ( "Encounter with Hospital Dietitian Referral" contains Encounter )
  ) then 1
    else if ( "Encounter with Nutrition Assessment and Identified Status" contains
Encounter
      and "Encounter with Nutrition Assessment Status Not or Mildly
Malnourished" contains Encounter
  ) then 2
    else 4
```

CMS986 Frequently Asked Question #1

Question:

If a patient receives a Malnutrition Risk Screening with a Not at Risk Result, but additional measure observations are completed, the resulting performance score is over 100%. Is this correct?

Answer:

Because the patient received a “Not At-Risk” Result from the Malnutrition Risk Screening, the composite measure calculation should stop at measure observation 1 with an eligible denominator of 1. The calculation should be: MO1 = 1, MO2 = 0, MO3 = 0, MO4 = 0, MO5 = 1 (1+0+0+0), MO6 = 100% (1/1).

CMS986 Frequently Asked Question #2

Question:

What would be the expected performance score if there is more than one documented Malnutrition Risk Screening?

Answer:

The current logic prioritizes the presence of a Not at Risk Result at any point during the encounter, regardless of the presence of an At Risk Result.

However, any additional MOs completed will be counted toward the numerator, while the denominator is 1. This will result in erroneously high scores.

CMS986 Frequently Asked Question #3

Question:

The current logic is written to exclude records that are admitted during one quarter and discharged during another. Is this the intent?

Answer:

The intent of the logic is to include only encounters that begin and end during the same measurement period.

CMS986 Frequently Asked Question #4

Question:

The current logic for At Risk Result and Not At Risk Result appear identical. Is this the intent?

Answer:

Though very similar, there are important differences in the logic definitions.

CMS986 Frequently Asked Question

Encounter with Malnutrition Screening At Risk Result

```
"Global Malnutrition Encounter"
GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Malnutrition Risk Screening"] MalnutritionRiskScreening
    such that Coalesce(start of Global."NormalizeInterval"(MalnutritionRiskScreening.relevantDatetime, MalnutritionRiskScreening.relevantPeriod), MalnutritionRiskScreening.authorDatetime)during Global."HospitalizationWithObservation" ( GlobalMalnutritionEncounter )
      and MalnutritionRiskScreening.result in "Malnutrition Screening At Risk Result"
```

Encounter with Malnutrition Screening Not At Risk Result

```
"Global Malnutrition Encounter"
GlobalMalnutritionEncounter
  with ["Assessment, Performed": "Malnutrition Risk Screening"] MalnutritionRiskScreening
    such that Coalesce(start of Global."NormalizeInterval"(MalnutritionRiskScreening.relevantDatetime, MalnutritionRiskScreening.relevantPeriod), MalnutritionRiskScreening.authorDatetime)during Global."HospitalizationWithObservation" ( GlobalMalnutritionEncounter )
      and MalnutritionRiskScreening.result in "Malnutrition Screening Not At Risk Result"
```

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Additional Resources

eCQI Resource Center – EH Measures:
https://ecqi.healthit.gov/eligible-hospital/critical-access-hospital-ecqms

Teach Me Clinical Quality Language (CQL) Video Series
https://ecqi.healthit.gov/cql?qt-tabs_cql=2

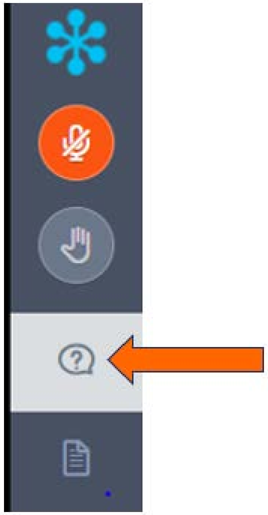
- Coalesce
- Normalize Interval
- Time Zone Considerations
- Latest, LatestOf, Earliest, EarliestOf, HasStart, HasEnd

Pioneers In Quality
https://www.jointcommission.org/measurement/pioneers-in-quality/

Expert to Expert
https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/

ONC Issue Tracking System
https://oncprojecttracking.healthit.gov/

Live Q&A Segment



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- The follow-up document will be posted to the Joint Commission website several weeks after the live event

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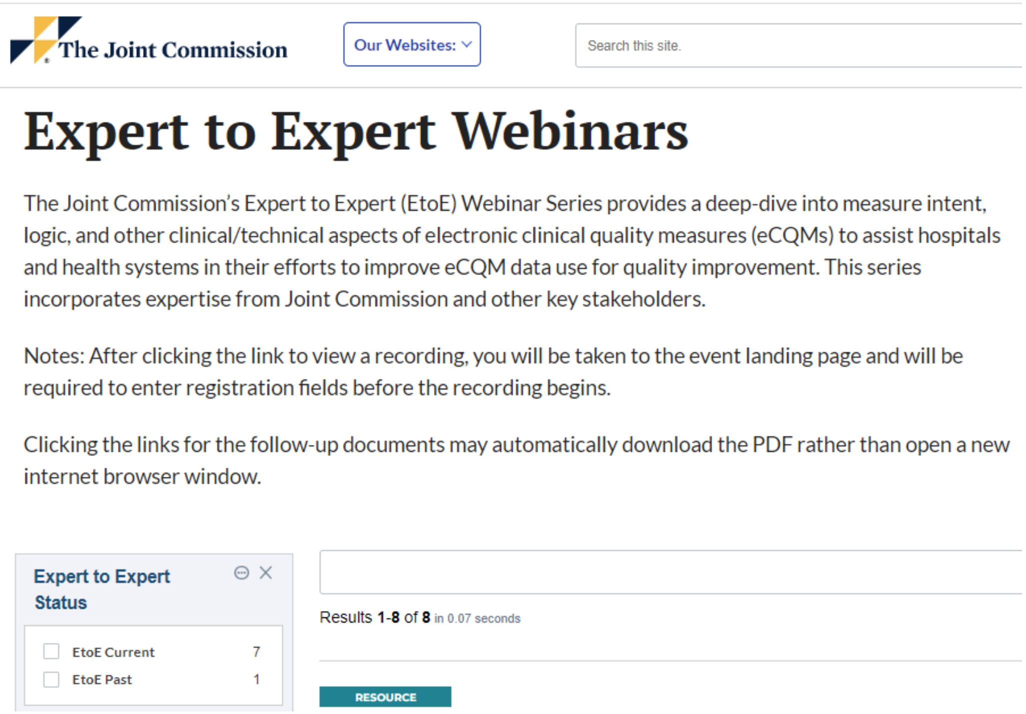
https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/



Expert to Expert Webinars

The Joint Commission's Expert to Expert (EtoE) Webinar Series provides a deep-dive into measure intent, logic, and other clinical/technical aspects of electronic clinical quality measures (eCQMs) to assist hospitals and health systems in their efforts to improve eCQM data use for quality improvement. This series incorporates expertise from Joint Commission and other key stakeholders.

Notes: After clicking the link to view a recording, you will be taken to the event landing page and will be required to enter registration fields before the recording begins.

Clicking the links for the follow-up documents may automatically download the PDF rather than open a new internet browser window.

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https://www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/expert-to-expert-webinars/

Acronyms

CBE	Consensus Based Entity
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
eCQM	Electronic Clinical Quality Measure
ED	Emergency Department
EHR	Electronic Health Record
FY	Fiscal Year
GMCS	Global Malnutrition Composite Score
HIQR	Hospital Inpatient Quality Reporting
MD	Medical Doctor
MO	Measure Observation
NQF	National Quality Forum
RD/RDN	Registered Dietitian/Registered Dietitian Nutritionist

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Pioneers in Quality Expert to Expert Series: 2024 Annual Update Webinar for Global Malnutrition Composite Score eCQM

Broadcast date: February 22, 2024

(00:00:00):

Welcome everyone and thank you for joining us today for our Expert to Expert Series Webinar 2024 New Measure Review for the Global Malnutrition Composite Score eCQM. Before we start, just a few comments about today's webinar platform. Audio is by Voice Over Internet Protocol only. Click the button that reads listen in, click for audio. Then 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. A panel will open for you to type your question and submit. The slides are designed to follow the Americans with Disabilities Act rules. We would like to welcome you to our webinar, but before we get started, we do want to explain that this webinar is fairly technical in nature and requires a baseline understanding of eCQMs.

(00:01:05):

Participant feedback from previous webinars indicated that the content may have been too technical for individuals that are new to eCQMs. If you are new, we recommend that you visit the eCQI Resource Center at the hyperlink listed on this slide. You'll find a collection of resources to help you get started with eCQMs. If you'd like to follow along and take notes, you can access the slides now within the viewer toolbar. To access the slides, you will click on the icon that looks like a document, select the file name, and the document will open in a new window. You can then print or download and save the slides. The slides will also be available several weeks after the session at the link denoted on this slide.

This webinar is approved for one continuing education credit for the entities listed on this slide: The 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 following completion of the webinar. And survey.

(00:02:11):

Although we’ve listed organizations that accredit 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 claim CE credit for this webinar: you must have individually registered for the webinar, participate for the entire live broadcast, complete a post-program evaluation and attestation. The program evaluation and attestation survey is accessible on the final slide via QR Code that you can scan with your mobile device and an email tomorrow will be sent to the email address each participant used to register. If you are listening with colleagues and did not use your own link to join, you can still obtain CE credit, if you meet these three criteria. If you did not pre-register, do so now so you can be eligible when the session concludes.

After you complete the online evaluation survey, you'll be redirected to a page from which you can access a CE certificate. You'll also receive an automated email after you complete that survey. That includes the certificate link. For more information on The Joint Commission's continuing education policies, visit the link at the bottom of this slide.

(00:03:28):

The learning objectives for this session are: Navigate to the measure specifications, value sets, measure flow diagrams and technical release notes. Apply the concepts learned about the logic and intent for the Global Malnutrition Composite Score eCQM. Prepare to implement the Global Malnutrition Composite Score eCQM for the 2024 eCQM reporting year and Identify common issues and questions regarding the Global Malnutrition Composite Score.

This webinar does not cover these topics: Basic eCQM concepts, topics related to chart abstracted measures, process improvement efforts related to this eCQM, and validation.

These 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: Tamaire Ojeda, Susan Funk, Melissa Breath, and Susan Yendro.

The agenda for today's discussion follows: demonstrate navigation to the eCQI Resource Center, review the measure flow and algorithm, review the new Global Malnutrition Composite Score eCQM, review Frequently Asked Questions, and then we'll have a live facilitated audience Q&A segment.

Before we get started with the review of this measure, we would like to highlight some of the resources that are available on the eCQI Resource Center. The eCQI Resource Center provides a centralized location for news, information, tools, and standards related to eCQMs. Majority of the tools and resources within the eCQI Resource Center are openly available for stakeholder use and provide a foundation for the development testing certification, implementation reporting, and continuous evaluation of eCQMs. We will now share a demo that illustrates navigation to the eCQI Resource Center.

(00:05:46):

This video will demonstrate how to navigate the eCQI Resource Center website to locate the measure specifications, value sets and technical release notes for all measures in the CMS program. Here's a landing page for the eCQI Resource Center. Note the web address of eCQIhealthit.gov. Click on the orange horizontal rectangle for Eligible Hospital Critical Access Hospital eCQMs. Here you can select the reporting year that you are interested in. For the purposes of this demo, I will select 2024. Click applied filters and you will see multiple resources listed. Click on the eCQM tab. Here you will see a list of the 12 eCQMs available for Eligible Hospital and Critical Access Hospitals.

(00:06:54):

Let's select the Cesarean Section, which is also referred to as PC-02 for short or CMS334. Here you'll see all the measure information. For this particular measure, we're going to click on the specifications and data elements tab. Here you can find the HTML file, the measure package, zip file, and the technical release notes. For this measure, the value sets are also listed here. We will take a quick look at the HTML document, which is also referred to as the human readable. By clicking on the file, the file opens, this is where you find all details related to the measure. The top portion of the document, highlighted in gray, is referred to as the metadata or header information. Here you'll find relevant data for the measure, including the version number of the measure, the measure steward, the measure developer, additional information related to the rationale, the clinical recommendation statement, and here you see all the references that were used when building the eCQM measure.

(00:08:22):

Scrolling through all the references, you'll find additional guidance for implementing the measure and down at the bottom of the metadata, you will find definitions for each of the population criteria beyond the metadata. You will find the definitions for the population criteria, and then further down, you will see the definitions that are used making up the logic. Continuing to scroll, you will see all the functions that are used by the measure. Then we get into the terminology. Notice these first couple of lines are the direct reference codes that are used by the measure and then the value sets are listed here.

(00:09:12):

Then we get into the QDM data elements, the supplemental data elements, and if this is a risk adjusted measure, that information would be listed here. This is your source of truth for all of the measure details. I went through this very quickly but wanted you to be aware of how to locate this document and to have a basic understanding of its contents, so back to the eCQI Resource Center. The next item is the zip file. Click on this link and then click to open the zip file. Here you will see all the files that make up the measure package. Note, the first file is the HTML file we just looked at. I will not go into detail on all of these files, but if you want to know more, go to the Get Started with eCQM site on this eCQI Resource Center. Next we look at the technical release notes by clicking on this link and opening up the Excel spreadsheet.

(00:10:27):

Here is a nice concise list of all of the changes to the measures for the 2024 reporting. In the first column, you will see the details of the change listed here. The next column indicates the type of change. Did it impact the header, the logic or the value? The column is a specific section of the measure that was impacted. In this last column, you will see the source of change. Going back to the eCQI Resource Center website again, we can access the value sets by clicking the link under value sets. You are now taken to the value set authority center, also known as the VSAC.

(00:11:18):

You will see all the value sets used for this eCQM. Please notice that you must be signed in to the value set authority center to see the details within each value set. I will log into the VSAC now by clicking on sign in and then by clicking the login button. If I would like to see the details of the abnormal presentation value, I click on the and all of the codes making up that value set are displayed. Please note that if you prefer to download the value sets, select all value sets by clicking in this box and click download. This will return a zip file containing each value set in a separate Excel document. If you prefer to have all of the value sets in one file, go back to the homepage, select the Eligible Hospital, Critical Access Hospital tab. Again, select the reporting year that you're interested in. I'm going to stick with 2024 and click apply filters.

(00:12:40):

On this page, you will see eCQM and hybrid measure value sets as well as eCQM direct reference code list. Let's look at the value sets. Open the most recent reporting year or whatever year you're interested in. I'm going to stick with 2024 and then click on the May 2023 release. You'll see several available downloads.

Choosing the first option. I will select data sorted by CMS ID in Excel format. Opening the downloaded Excel file, so open the Excel spreadsheet here and here you will see all the tabs for all the different measures. Let's stick with CMS 334 and here you see the CMS ID and NQF number, value set name and value set OID for every code for every value set within the measure. Scrolling over to column L, you will see the actual codes within each value set, the code description and the code system. Note that direct reference codes are not listed here as they are not included in value sets. You'll find information on direct reference codes in the measure specifications or from the file on the eCQM resources tab that I just called out. This concludes our eCQI Resource Center navigation demo.

(00:14:33):

Great. Tamaire, I'm going to make you the presenter and when you've got your screen up, you can feel free to begin your presentation. Thanks.

(00:14:44):

Thank you. Susan, please confirm that you can see the correct screen and you can hear me okay.

(00:14:51):

I can't see your screen yet.

(00:14:53):

You cannot.

(00:14:56):

Now we can. Thank you. That's perfect.

(00:14:57):

Okay, perfect. Okay. Okay. Well thank you everybody. Thank you, Susan. Now let's provide a background information for CMS 986, the Global Malnutrition Composite Score eCQM. Okay.

(00:15:20):

CMS adopted CMS 986, the Global Malnutrition Composite Score for use in the Hospital Inpatient Quality Reporting Program. With this in mind, organizations can self-select to report the measure to CMS for CY 2024 or Calendar Year 2024 reporting and fiscal year 2026 payment determination year. Additionally, organizations can self-select to report the measure to the Joint Commission for Calendar Year 2024 to meet ORYX eCQM submission requirements.

Now we will discuss CMS 986, the Global Malnutrition Composite Score more in detail. CMS 986 was endorsed by the National Quality Forum in 2021. Its CBE number is 3592e. The Global Malnutrition, Composite Score or GMCS assesses the percentage of hospitalizations for adults aged 65 years and older with the Length of Stay of at least 24 hours who receive optimal Malnutrition care. Malnutrition care best practices recommend inclusion of four main components: namely Screening for Malnutrition risk, a thorough Nutrition Assessment by the RD, RDN to determine the presence of moderate or severe Malnutrition documentation of the medical diagnoses of Malnutrition by a physician or Eligible provider, and then Nutrition Care Plan documented by the RD, RDN detailing appropriate interventions for the Malnutrition. It would make sense that these would be the components of the GMCS.

(00:17:07):

Additionally, the impact of Malnutrition on older adults in the acute care setting is well-documented with these patients experiencing increased rates of complications, longer Length of Stay and higher rates of morbidity than their non-malnourished counterparts. However, identification of Malnutrition while Inpatient is lacking, we know that once the patient is identified, Nutrition interventions along with corresponding monitoring and evaluation plans are associated with improved outcomes in these patients. Additionally, interdisciplinary collaboration is essential to high quality Malnutrition care.

The Global Malnutrition Composite Score is considered an episode of care-based Continuous Variable Measure. It includes an Initial Population or IP that share a common set of characteristics. This IP then is where the Measure Population is pulled from. The Measure Population or MSRPOPL is the eCQM population. In the case of the GMCS, we have the Initial Population as “all patients admitted to the hospital”. The Measure Population then is “those patients admitted that have an age of 65 years or more and that have been admitted for 24 hours or more”. There are no additional Measure Population exclusions.

(00:18:31):

GMCS is considered a Continuous Variable Measure compared to a proportion measure, due to its complexity and aggregate result. GMCS results in a percentage value of zero to a hundred, and it is based on an aggregate calculation of all the components measured of the total Measure Population. The GMCS is also a Composite measure composed of four individual measures summed together and converted to a percentage. Unlike other single performance measures, Composite measures do not allow for the individual components to produce individual scores. The GMCS includes measurement of four individual components summed and converted to a percentage for each Encounter.

Facilities then aggregate each Encounter performance score to determine their overall facility performance during the measurement period.

There are a total of six calculations contained within the GMCS depicted in the table here. For each of the first four measure observations, completion results in a score of one and an absence results in a score of zero. The first Measure Observation, Malnutrition Risk Screening involves encounters where a Malnutrition Risk Screening was performed with either an At Risk or Not At Risk result. The Screening should be completed by a nursing professional or Registered Dietitian Nutritionist, RDN.

(00:20:13):

The second Measure Observation, Nutrition Assessment, involves encounters where a Nutrition Assessment was performed by an RDN and the result of Not or Mildly Malnourished, Moderately Malnourished, or Severely Malnourished was documented. The third and fourth Measure Observations are only counted in patients with a completed Nutrition Assessment and either a Moderately Malnourished or Severely Malnourished result. The third Measure Observation, specifically, Malnutrition Diagnosis involves encounters with the medical diagnosis of Malnutrition by the provider and the fourth Measure Observation, Nutrition Care Plan, involves encounters where an RDN documents a Nutrition Care Plan.

The Total Malnutrition Components Score is the of the first four components and can range from 0 to 4. The Total Malnutrition Composite Score as percentage takes the total Malnutrition component score and divides by the Eligible Denominator. Then it multiplies it by hundred to create that percentage. This score is then utilized to calculate the facility aggregate score. To better understand the scoring for this complex measure, a few case examples are provided in the next few slides. In this example, a patient meeting inclusion criteria receives a Malnutrition Risk Screening with a documented At Risk result, so a score of 1 is assigned to that Measure Observation specifically. Likewise, the patient also receives a nutrient assessment with documented Moderate Malnutrition by the RDN resulting in a score of 1 for this Measure Observation. Because measure observations do not need to be completed sequentially in time, the RDN simultaneously documents the Nutrition Care Plan, resulting in a 1 for Measure Observation one.

(00:22:13):

The physician also documents a Medical Diagnosis of Malnutrition providing a 1 for this measure observation as well. The Total Malnutrition Component Score, as you can see on the right side, is the sum of the first four measure observations and is 4. In this scenario, the Eligible Denominator for this case is also 4. Therefore, to calculate the Encounter-level GMCS score 4 divided by 4 multiplied by a hundred will give you 100 percent as shown in the slide.

In this example, a patient meeting inclusion criteria receives a Malnutrition Risk Screening with a documented At Risk result, so a score of 1 is assigned to that Measure Observation. Likewise, the patient also receives a Nutrition Assessment with documented Moderate Malnutrition by the RDN resulting in a score of 1 for that specific Observation. Because measure observations do not need to be completed sequentially, again, the RDN will simultaneously usually document the Nutrition Care Plan resulting in a 1 for that Measure Observation. However, in this case, the physician does not document a Medical Diagnosis of Malnutrition, so this Measure Observation is scored as 0, so the Total Malnutrition Component Score is the sum of the first four measures, which is 3 in this scenario. Then the Eligible Denominator for this case is 4. Therefore, to calculate the Encounter-level GMCS: 3 divided by 4, multiply by 100 will result in 75%.

(00:23:53):

In this example, case number three, a patient meeting inclusion criteria receives a Malnutrition Risk Screening with a documented At Risk result, so a score of 1 is assigned to that Measure Observation. The patient does not receive a Nutrition Assessment, does not have a Documented Care Plan nor a Provider Diagnosis of Malnutrition, so a score of 0 is assigned to each of those three components. The total Malnutrition component score is the sum of the first score, so in this case will be 1. The Eligible Denominator for this case is 4. Therefore, to calculate the Encounter-level GMCS: 1 divided by 4 multiplied by 100 results in 25%.

(00:24:42):

In the example shown here. Case number four, a patient meeting inclusion criteria receives from Malnutrition Risk Screening with a documented Not At Risk result, so that's different, so a score of 1 is assigned for that Measure Observation because it was completed. Because this patient does not necessitate further Malnutrition care, the measure scoring ends here. The Eligible Denominator for this case is 1. Therefore, to calculate the Encounter-level GMCS: 1 divided by 1 multiplied by 100 results in 100%.

In example number five, a patient meeting inclusion criteria receives Malnutrition Risk Screening with a documented At Risk result, so a score of 1 is assigned. A Nutrition Assessment was completed by the RDN, but in this case, the patient was determined to Not Have Malnutrition. A score of 1 was assigned to this Measure Observation because it was completed, but because this patient does not necessitate further

Malnutrition care, the measure scoring ends here. The Eligible Denominator for this case specifically is 2, therefore, to calculate the Encounter-level GMCS: 2 divided by 2, multiplied by 100 results in a 100%.

(00:25:58):

The score reported by the hospital sites is done as an aggregate of the data for a 12 month period. All the Eligible episodes are totaled and divided by the overall number of episodes. In this very simple example, the aggregate sum of the 5 encounters that were presented before is 400. When divided by the 5 total Eligible hospitalizations, the overall facility score is 80%. This means that 80% of all clinical Eligible components were documented for the Eligible Measure Population. Now keep in mind that higher scores equal better performance and this example shows room for improvement on the GMCS.

(00:26:48):

To reiterate, the measure description for the GMCS is the percentage of hospitalizations for adults age 65 years and older with the Length of Stay of at least 24 hours, who receive optimal Malnutrition care during their Hospitalization. The Initial Population or IP is “Inpatient hospitalizations for patients age greater than or equal to 65 years and admitted to the hospital for Inpatient acute care with the Length of Stay of greater than or equal to 24 hours.”

The Denominator is either 1, 2 or 4 depending on the clinical scenario. As we discussed prior, if Measure Observation one, Nutrition Risk Screening was completed and a Not At Risk result was identified, then the Denominator is 1. If Measure Observation one Nutrition Risk Screening was completed and an At Risk result was identified or a Hospital Dietitian Referral Order is present AND Measure Observation two, Nutrition Assessment, is completed with an identified result of not/Mildly Malnourished, then that Denominator will be 2, the Denominator is 4 in any of the other possible scenarios. There are no Denominator exclusions. And the Numerator varies because this is a Composite measure and will be described in detail on the following slides.

(00:28:24):

Next, we would like to share the Measure Flow Diagram with you. The measure flow diagrams provide a high-level overview of the algorithm flows and can be found on the eCQI Resource Center. The measure specifications are the source of truth, but the measure flow diagrams can be helpful in understanding the main concepts. For this, we recommend you navigate to the eCQI Resource Center at eCQI.healthit.gov and click on Eligible Hospital/Critical Access Hospital eCQMs, , just like this slide shows you.

After that, then you select the reporting period you are interested in and click on the eCQM Resources tab.

(00:29:17):

Now you scroll down through the eCQM resources and click on the eCQM flows zip file. Once you open the zip file, you will see the measure flows for all the measures in the CMS, Hospital Inpatient Quality, Reporting or HIQR program. As shown here, the Initial Population main definition for CMS 986 is Global Malnutrition Encounter. Three conditions must be met. To qualify for this definition, an Inpatient Encounter must be present. That's number one. Number two, the patient must be at least 65 years of age and at the start of the Hospitalization and the Length of Stay must be at least 24 hours. If the criteria are met, the patient is in the Measure Population. If not, the patient is not in the Measure Population and the processing ends there.

(00:30:20):

Before we continue, it is important to remember that once the Encounter qualifies, this measure has six calculations. Measure Observations one through four are to be completed based on the result of Measure Observations one and two, so you will see that for measure observations one through four, the flow will lead you to Measure Observation five. Now this portion of the Flow Diagram depicts Measure Observation one, specifically the Malnutrition Risk Screening. If the Encounter with Malnutrition Risk Screening and identified result is completed, then the Encounter receives a score of 1 and is tabulated in the Total Malnutrition Component Score for completing this Measure Observation regardless of the result of Not At Risk or At Risk. If the Nutrition Risk Screening is not completed, then the score for this Measure Observation will be 0. Please also note that the presence of a Hospital Dietitian Referral Order also makes an Encounter Eligible for Measure Observation two, but does not count as completion of Measure Observation one.

(00:31:32):

We continue the measure flow with Measure Observation two, which will be performed if there is a Nutrition Risk Screening Result of At Risk. Measure Observation two is the Nutrition Assessment done by a Registered Dietitian. If performed, the score for this Measure Observation will be 1 whether the result is Not or Mildly Malnourished, Moderately Malnourished, or Severely Malnourished. If the Nutrition Assessment is not performed, on the other hand, the score for this Measure Observation will be 0. For Measure Observation number three, titled Encounter with Malnutrition Diagnosis. The measure looks only at the patients identified by the Registered Dietitian assessment with Moderate or Severe Malnutrition during Measure Observation two and if they have a physician or other Eligible Clinician's medical diagnosis on the record. If the Medical Malnutrition Diagnosis is present, then the score for this Measure Observation is 1. If it is not present, then the score is 0.

(00:32:38):

Similar to Measure Observation three, for Measure Observation four, titled Encounter with Nutrition Care Plan, the measure looks at if the patient that was identified by that Registered Dietitian assessment with Moderate or Severe Malnutrition during Measure Observation two has a Nutrition Care Plan by a Registered Dietitian on the record. If so, the score for this Measure Observation is 1, and if it's not present, the score is 0.

Once we have gathered all the scores from Measure Observations one through four, now those scores are all summed for Measure Observation five. The Total Malnutrition Component Score is calculated from each Hospitalization and scores can range from 0 to 4.

With Measure Observation six or Total Malnutrition Composite Score. The logic takes the result of Measure Observation five and divides it by the Eligible Denominator. The Eligible Denominator is based on the completion and results of measure observations one and two.

(00:33:48):

Furthermore, the Eligible Denominator can only be 1, 2, or 4. For this Denominator to be 1, the result of the Measure Observation one or Nutrition Risk Screening would be Not At Risk. On the other hand, for the Denominator to be 2, the result of the Measure Observation two or Nutrition Assessment would have to be Not or Mildly Malnourished. All other combination of results for this measure would have a Denominator of 4. Measure Observation six is expressed as a percentage, consequently, once the calculation of Measure

Observation five divided by Eligible Denominator is completed, then the value is to be multiplied by 100to result in the percentage score for Measure Observation six.

Lastly, it's important to know that the GMCS score for the reporting will be represented as an aggregate score by dividing the total of all the results for the total Malnutrition Composite Score by the total Eligible encounters for the Reporting Period.

(00:35:00):

Now, there are a total of six calculations contained within the GMCS, as mentioned before, depicted all in this table here. For the first four measure observations, a score of 1 is assigned if the Observation is completed and a score of 0 is assigned if it is not completed, we will now further examine how each of those individual Measure Observation scores is determined.

So now that you have a high level of overview of the logic flow, we will dive specifically into the logic itself. The Initial Population definition is “Global Malnutrition Encounter”. As you may recall, the eligible population includes inpatient encounters for patients at least 65 years of age at the start of the Encounter with a relevant inpatient encounter of at least 24 hours during the measurement. The Initial Population is the same for all six measure observations.

For Measure Observation one, Malnutrition Risk Screening, a score of 1 is assigned if the Screening is completed and either are Not At Risk or an At Risk result is documented. A score of 0 is assigned if these criteria are not met.

(00:36:16):

The logic for an Encounter with Malnutrition Screening At Risk result occurs after the completion of a Malnutrition Risk Screening during the relevant period with an At Risk result. Specific codes in the corresponding value set indicates this result.

This is the logic for the “Encounter with Malnutrition Risk Screening and Identified Result” definition. This Measure Observation utilizes an Eligible Encounter with a completed Malnutrition Risk Screening during the relevant period and contains either a Malnutrition Risk Screening Not at Risk result or a Malnutrition Risk Screening At Risk result. The definition of “Encounter with Malnutrition Screening Not At Risk” result occurs after the completion of a Malnutrition Risk Screening during the relevant period with a Not At Risk result. Specific codes in the corresponding value set, indicate this result.

(00:37:21):

The Hospital Dietitian Referral must be placed during the eligible encounter. A list of related SNOMED codes can be found in the corresponding Hospital Dietitian Referral Value Set. At present, the Hospital Dietitian Referral does not count for completion of a Measure Observation. Rather it provides eligibility for Measure Observation two, Nutrition Assessment, in the absence of a Malnutrition Risk Screening or the presence of a Not At Risk result for the Malnutrition Risk Screening, which would otherwise stop the calculation from progressing.

For Measure Observation two, Nutrition Assessment, a score of 1 is assigned if the assessment is completed and a status of Not or Mildly Malnourished, Moderately Malnourished, or Severely Malnourished is documented. A score of 0 is assigned if these criteria are not met.

(00:38:20):

Next is the “Encounter with Nutrition Assessment and Identified Status” definition. This Measure Observation utilizes an eligible encounter with a completed Nutrition Assessment during the relevant period and contains a Nutrition Status Not or Mildly Malnourished Result, a Nutrition Assessment Status Moderately Malnourished Result or a Nutrition Assessment Status Severely Malnourished Result.

The definition of “Encounter with Nutrition Assessment Status Not or Mildly Malnourished Result” occurs after the completion of a Nutrition Assessment during the relevant period with the Not or Mildly Malnourished Result. Specific codes in the corresponding value set indicate this result.

The definition of “Encounter with Nutrition Assessment Status Moderately Malnourished Result” occurs after the completion of a Nutrition Assessment during the relevant period with the Moderately Malnourished Result. Specific codes in the corresponding value set that indicate this result as well.

The definition of “Encounter with Nutrition Assessment Status Severely Malnourished Result” occurs after the completion of a Nutrition Assessment during the relevant period with a Severely Malnourished Result. And as shown, specific codes in the corresponding value set will indicate that specific result as well.

(00:39:53):

On the other hand, for Measure Observation three, Malnutrition Diagnosis, a score of 1 is assigned if the Malnutrition Diagnosis is documented. Please note this criteria is only counted if there is also either a Nutrition Assessment with the status of Moderately Malnourished or a Nutrition Assessment with the status of Severely Malnourished. This Measure Observation is not counted if the Nutrition Assessment is not completed or if the Nutrition Assessment result is Not or Mildly Malnourished. A score of 0 is assigned if these criteria are not met. If this Measure Observation three is not met.

Third is the “Encounter with Malnutrition Diagnosis” definition. This Measure Observation utilizes an eligible encounter with a documented Medical Malnutrition Diagnosis during the relevant period, and these are the specific codes that correspond to the value set indicating the result.

For Measure Observation four, Nutrition Care Plan, a score of 1 is assigned if the Nutrition Care Plan is documented. Like the Malnutrition Diagnosis, this criteria is only counted if there is also either a Nutrition Assessment with a status of Moderately Malnourished or a Nutrition Assessment with a status of Severely Malnourished. This Measure Observation is not counted if the Nutrition Assessment is not completed or if a Nutrition Assessment result is Not or Mildly Malnourished. A score of 0 is assigned if these criteria is not met.

(00:41:34):

Fourth is the “Encounter with Nutrition Care Plan” definition. This Measure Observation utilizes an eligible encounter with the documented Nutrition Care Plan during the relevant period. Specific codes in the corresponding value set will also indicate this result. Now for Measure Observation five, the Total Malnutrition Component Score is the sum of the scores from the first four measure observations.

And for Measure Observation number six, the “Total Malnutrition Composite Score as Percentage”, creates a percentage score for each encounter by dividing the Encounter Total Malnutrition Component score by the encounter Eligible Denominator and multiplying that by 100. This score can then be extrapolated to all included encounters over a given period to determine overall facility performance. In other words, for each hospitalization, Population Criteria six represents the sum of performance Measure Observations, one, two, three, and four divided by the number of clinically eligible denominators. And for the reporting facility, the population criteria six, Aggregate Operator Average will average the performance of each Total Malnutrition Composite Score as a percentage for each encounter across all hospitalizations during the measurement period.

(00:43:11):

The “Total Malnutrition Composite Score Eligible Denominators” defines the clinically eligible denominators for each “Global Malnutrition Encounter.” As discussed before, “Total Malnutrition Composite Score Eligible Denominators” is defined as always 4 except in the following two instances. If a Malnutrition Risk Screening was performed and a Malnutrition Screening Not at Risk result was identified and Hospital Dietitian Referral was not ordered, then the Total Malnutrition Composite Score Eligible Denominator is 1. On the other hand, if a Nutrition Assessment was performed and a Nutrition Assessment Status Not or Mildly Malnourished was identified, then the Total Malnutrition Composite Score Eligible Denominators are 2.

(00:44:08):

So this brings us to Frequently Asked Questions. The first Frequently Asked Question that we usually get is related to our recently posted known issue. If a patient receives Malnutrition Risk Screening with a Not at Risk result, but additional measure observations are completed, performance scores are erroneously high, often over 100%. While the current logic does allow this to occur, this is not the measure intent.

So the question is if the patient receives a Malnutrition Risk Screening with a Not at Risk result, but additional measure observations are completed, the resulting performance scores over 100% and that is not correct.

Again, if a Malnutrition Risk Screening Not At Risk Result is present in an encounter and a Hospital Dietitian Referral Order is not present, the measure logic calculation should stop and measure performance should be 1 over 1 equals 100%. Measure Observation two, Nutrition Assessment, should only be counted if the encounter contains a Malnutrition Risk, Screening At Risk Result and/or a Hospital Dietitian Referral Order. Now details related to this specific issue can be found in the posted known issue and proposed AU 2024 logic changes will correct this error.

(00:45:39):

Another Frequently Asked Question relates to multiple instances of Malnutrition Risk Screening, and/or Nutrition Assessment during the same encounter. The question is what would be the expected performance score if there is more than one documented Malnutrition Risk Screening. In this scenario, the presence of a Not at Risk result at any point during the encounter takes precedence and will stop the logic progression even in the presence of an At Risk result. However, please note that in this scenario, if additional measure observations are completed, they are likely to result in the erroneously high scores as described in the previous slide.

(00:46:26):

Another common question relates to encounters during the measurement period. The question is the current logic is written to exclude records that are admitted during one quarter and discharged during another. Is this the intent?

The current logic excludes records that are admitted during one quarter and discharged from another, correct. This differ differs from other eCQMs and often results in questions.

A response is that this accurately represents the intent of the logic and only encounters that begin and end during the same measurement should be included.

Finally, we have received questions about the At Risk result and Not At Risk result from the Malnutrition Screening appearing identical. Is this the intent though?

The logic definitions are very similar for these two items. There are subtle but very important differences as noted on the next slide. As you can see underlined, the difference between these two definitions. It's only one word. The At Risk versus the Not At Risk differences can be seen in the underlined text here, so the underlined text will show you the differences. Now I will pass it over to Susan to take over the rest of the presentation.

(00:48:02):

Oh my gosh, Tamaire, thank you for your presentation. That was so much. Catch your breath.

So we've included here an additional resource slide to help direct our participants in our audience to the eCQI Resource Center Eligible Hospital measures page, the Teach Me Clinical Quality Language Video Series, including shorts on several clinical quality language concepts that are listed on this slide. The Pioneers in Quality landing page on the Joint Commission's website, the Expert to Expert webinar series landing page, and then the ONC Issue Tracking system, and this is, following this webinar, that's where you would enter your clinical and technical questions about these eCQMs.

Tamaire, if you could keep it up for one more second. We're going to go to the directions on how to ask questions, so we're going to move into our live Q&A segment. We've had content experts in the background furiously typing responses, and we'll be reading some of those questions and answers off.

(00:49:00):

Now, please submit your questions via the question pane. You click on the Question Mark icon in the audience toolbar and a panel will open for you to type and submit your question. Then if you can include either a slide reference number or what component of the measure you're asking your question about. All of the questions that we are not able to answer during the live broadcast today, we will provide a written follow-up answer to it in our Q&A document that we will post on the Joint Commission's website a few weeks after the event. And that, as I noted, the follow-up document, we'll share the link with you where you can find that in a future slide. Tamaire, I'm going to take over screen sharing and Susan and Melissa when you are both ready, feel free to start the Q&A segment.

(00:49:51):

Thanks, Susan. The first question is, “How will this impact my PSC Center?”

The GMCS is an eCQM built to be reported by Eligible Hospitals and Critical Access Hospitals that participate in the Inpatient Quality Reporting Program under CMS. If PSC Center refers to the program support centers with the Health and Human Services, it is not likely to have a direct impact.

(00:50:26):

Okay the next question asks about benchmarks. So this is a new measure available for reporting Calendar Year 24, submission calendar 25. So we do not currently have benchmark information regarding - the hospitals would be - regarding what hospitals would be reporting. Performance scores from facilities utilized for measure development hovered around 80%, though these are likely representing some very high scoring facilities.

(00:51:03):

Okay, next question, “Can you explain this measure to me like I'm five? What are the nuances?”

The Global Malnutrition Composite Score (GMCS) electronic clinical quality measure assesses the percentage of hospitals hospitalizations for adults age 65 years and older with a Length of Stay equal to or greater than 24 hours, who received optimal mal[nutrition] care during the current inpatient hospitalization where care performed was appropriate to the patient's level of Malnutrition risk of severity.

(00:51:43):

Okay, the next question is, “How does TB affect Malnutrition?”

And the answer is there is no current literature describing the direct effects of TB on Malnutrition in patients. An interference, an inference can be made that because of the difficulty breathing and higher energy expenditure expected of a patient with TB, a high risk for developing Malnutrition is expected, especially if the patient experiences poor appetite and or difficulty eating.

(00:52:21):

Next question. “Is there a preferred Malnutrition Screening tool?”

For this measure, it is expected that validated tools for Nutrition Screening and Nutrition Assessment are used in this regard. The Academy of Nutrition and Dietetics published a paper recommending the MST as the validated tool to use in the United States. The reference is a reprint of the position of the Academy of Nutrition and Dietetics Malnutrition or Under Nutrition Screening tools for all adults in the Journal of Academy Nutrition Dietetics from 2022. We will include the link to this reference in the printed Q&A when we post it in a few weeks.

(00:53:15):

Great. Okay, next question. “Is this measure required for 2024? If no, when will it be required?”

All Eligible Hospitals and Critical Access Hospitals are expected to report on a total of six eCQMs for the reporting Calendar Year 2024 with submission in Calendar Year 2025. Three are to be self-selected and there are three that are mandatory. This measure is one of the self-selected eCQM options available for reporting Calendar Year 2024 in the submission Calendar Year 25, and it is not a mandatory measure at this time.

(00:54:05):

Okay, so we have another question about benchmarks, but just to reiterate, this is a new measure available for reporting Calendar Year 24, submission period Calendar Year 25. We do not currently have benchmark information. Regarding what hospitals would be reporting, performance scores from facilities utilized for this measure’s development hovered around 80%, though these were likely represented by high scoring facilities,

(00:54:41):

Okay, next question. “The Nutrition Assessment measure needs to be completed, evaluation or only Risk of Malnutrition state by the RDN?”

So this is the excellent question. Measure Observation number one requires completion of a Malnutrition Risk Screening, resulting in a finding of At Risk or Not At Risk for Malnutrition. In the setting of an At Risk finding, Measure Observation number two, Nutrition Assessment, requires completion of a Comprehensive Nutrition Assessment resulting in a finding of Not or Mildly Malnutrition, Malnourished, Moderately Malnourished or Severely Malnourished. While valid and reliable tools are recommended, there is no specific tool that is required for each screening or assessment.

(00:55:40):

Okay, the next question, “I don't have a sign-on for value sets, how can I get permissions to enter?”

You can request a UMLS account to access the VSAC. If you go into the question pane, not sure if that link is active, you could go to the browser and put in uts.nlm.nih.gov/uts/signup login, which we will also include in the writeup of these Q&As. That will be posted in a couple weeks, that is actually using a UMLS, the Unified Medical Language System. Terminology services is where you get the account set up and then you'll have a login to use on the VSAC.

(00:56:40):

Susan Yendro, before you jump in, I just wanted to remind the audience that we are scheduled to go until 15 minutes after the hour today, so we'll continue to do some more questions for a few more minutes. I just wanted everyone to know that we are not going over time. We are scheduled for another 15 minutes. Thanks everyone.

(00:56:59):

Great, thank you. Yeah, we have received a lot of really great questions, so we're going to try to get through as many of these as we can. So, this next question says,

“I noticed that the value set, Malnutrition Risk Screening, deleted SNOMED codes specific to the MUT or Malnutrition Universal Screening tool leaving only LOINC codes associated with the NRS 2002 Screening tool. Does this mean that the MUT should not be used and only the NRS in Screening or does this change represent the preference to use LOINC codes? MUT does not have LOINC representation while NRS does.”

So the answer is that the SNOMED codes were deleted because these were not the appropriate code system for this data element. The LOINC value set should be used. There is not a requirement to use the NRS as any of the codes present can be used, therefore, other valid and reliable tools can be used.

(00:58:12):

Thank you. Next question. “Will this eCQM be mandatory at some point?”

The answer is: the eCQM is optional and we are unsure of CMS’s intent to transition the GMCS to a mandatory measure at this time.

(00:58:32):

Okay. This next question asks: “How does this affect Critical Access Hospitals? Is this mandatory for a CAH?”

The answer is that all Eligible Hospitals and Critical Access Hospitals or CAHs are expected to report on a total of six eCQMs for the reporting period of Calendar Year 2024, and those will be submitted in Calendar Year 2025. Three are to be self-selected and three are mandatory. This measure is one of the self-selected eCQM options that are available for this reporting period. Thank you.

(00:59:16):

“Where can you see the chart for what eCQMs are required for 2024?”

The answer is that this document - so if you go into your panel and can see the link, this document provides an excellent overview of eCQMs including the delineation of which measures are optional versus mandatory. And then the link is there. If you're not able to access it through that link, we will include it in the writeup of the Q&A.

(00:59:48):

Great thanks. So this next question asks, “What sources will be used to capture the MD Diagnosis of Malnutrition?”

The source used to capture the MD diagnosis would be the location of the MD note documentation that would contain the diagnosis that has been identified by the mapped data element.

(01:00:16):

Okay. “What if component one documentation is Not At Risk, Referral consult, no RDN Referral or consult, but was later assessed by an RDN and given a Severe Malnutrition Assessment, this will give the total score over 100% based on the Denominator. How would we approach this?”

And the answer is that in the setting of a Not At Risk result without an RD Referral, the measure performance stops. Even if additional components are completed in this scenario, the Encounter score would be 1 over 1, which is 100%.

(01:01:09):

Okay. The next question asks, “Do components one and two require a time for completion? For example, does Screening have to be done in 24 hours and the assessment in 48?”

The answer is that 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 attached Observation or ED Encounter.

(01:01:49):

Okay. “Do they need to have been diagnosed with Malnutrition by both the doctor and Registered Dietitian for component three?”

The answer is that for component three, the diagnosis would need to be completed by the doctor or eligible clinician.

(01:02:12):

Next question asks, “What is the definition of the Malnutrition Risk Screen? For example, our facility uses the Malnutrition Screening tool.”

Screening is intended to identify whether patients are At Risk for Malnutrition. The Malnutrition Screening tool or MST is a valid and reliable tool based on evidence analysis and can be used.

(01:02:42):

Okay. “I thought that I heard that the GMCS was perhaps going to expand its patients to greater than 18 years of age. Is that still being considered?”

Answer the GMCS expansion to include all hospitalized adults age 18 and over was submitted to CMS and is currently in the measures under consideration review process.

(01:03:13):

Okay. Next question. “What is considered a good score if close to 80% still needs improvement?”

Because this measure is new, we do not currently have benchmark data provided by reporting facilities. Higher scores indicate better performance while lower scores indicate opportunities for quality improvement.

(01:03:38):

Next question, “Is the Length of Stay greater than 24 hours counted from arrival to the ED, for example, or from time of Inpatient order? Another example, if Observation then to Inpatient, what time is counted?”

Answer, the Inpatient Encounter itself must be at least 24 hours to be deemed an Eligible Encounter. While components completed during an associated ED or Observation stay can be counted towards performance, Length of Stay in these settings do not count towards the required 24 hours of Inpatient Encounter.

(01:04:24):

Okay. I'm just glancing through to see if we have any different or new kinds of questions. So I'm going to skip down to, “What happens if a provider diagnosed Malnutrition, but this was not identified by the RDN or nursing staff who completed the Screening and assessment?”

In the scenario of either a Not At Risk for Malnutrition Screening, or Nutrition Assessment with a Not or Mild Malnutrition result, measure performance calculation stops even if additional components such as the provider diagnosis and Nutrition Care Plan are completed.

(01:05:07):

Okay. “Could you clarify the Referral to Hospital Dietitian? Did you say that the Referral to the Dietitian qualifies as a positive result for measure one?”

The answer is the Dietitian Referral allows for counting of Measure Observation two, Nutrition Assessment, in the setting of either a Not At Risk result from Malnutrition, Risk Screening, or the absence of a completed Malnutrition Risk Screening. The Referral does not count as completion of Measure Observation one at this time.

(01:05:48):

Okay. This next question asks, “What score will need to be reported at the CCN level, so aggregate?”

And the answer is, that hospitals will report a QRDA file to CMS during the reporting period. This is an individual patient level report. It contains quality data for one patient for one or more eCQMs.

(01:06:17):

“Will these Q&A be captured and sent out as there are good FAQs.”

Yes, we always prepare responses to the questions and post them within a few weeks to The Joint Commission’s Expert to Expert page, which the link is in the Q&A section here. If you're not able to access that link right now, we will also be displaying it in a few minutes after this session and then you can capture that link at that point.

(01:06:54):

Okay. Next question. “Can a Nurse Practitioner document Malnutrition for part three of the score?”

In the past CEU about this measure they specified that it could only be a physician, which would be a barrier for our facility.”

So the answer is that any eligible provider as defined by CMS and your facility can complete the Nutrition Diagnosis for completion of Measure Observation number three.

(01:07:28):

Next question, “Do swing beds count or strictly Inpatient beds?”

This will depend on how your facility bills for these locations. Any Encounter that is coded as an Inpatient Encounter with a Length of Stay of at least 24 hours is an Eligible Encounter regardless of the patient's physical location.

(01:07:52):

Okay. This next question, “If only Obs, if only an Observation patient, and never changed to Inpatient, will they still be included in the measure?”

The answer is that the patient would need to have an Inpatient status of greater than or equal to 24 hours to be included in the measure.

(01:08:14):

Okay. “If the patient is admitted as an Observation status patient, briefly is made Inpatient, but ends up being discharged as an Observation status patient, does this patient count for this measure?”

The patient must have an Inpatient Length of Stay of at least 24 hours regardless of their Observation status before or after the Inpatient Encounter.

(01:08:43):

Okay. And with that, we are kind of glancing through these questions. We seem to have some recurrence of the questions, so a lot of you all are thinking along the same lines, and so now we're going to turn it back over to Susan to provide some closing comments and wrap us up for today. So, thank you everyone for your time and all your really great questions.

(01:09:09):

All right, thanks Melissa and Susan for facilitating the Q&A segment and thanks to the team that was in the background answering them. As we noted, we'll post the responses to any of these questions that we didn't address during the live broadcast via a written document that will be posted online when it's available. The Expert to Expert series webinar links, so the webinar recording links, the slides, the transcripts, the Q&A documents; all of those items can be accessed from this same one-stop link. So we've got a landing page for the series and this is the link to it. If you've downloaded the slides, it'll be clickable.

(01:09:50):

Next, we want to just close out by telling you a little bit about how you get the access to the CE survey. So, we use your feedback to inform future content and assess the quality of our educational programs, and you can access the CE survey in two ways. On the next slide, we provide a QR Code that you can scan with your mobile device to immediately access the survey. If for any reason you miss that QR Code, the link will also be provided within an automated email that will be sent to the email address that you used to register to obtain your CE certificate. When you finish the survey, and you click submit, you are redirected to a page from which you can print or download and save your PDF certificate. After completing the survey, you also receive an automated email that has the link to that certificate.

(01:10:41):

Just real quick to kind of do a closing note on the eCQM webinar series for 2024, we started the 2024 eCQM annual update webinar series with an On-Demand webinar in August of 2023, and we concluded today with this new measure review webinar so all of these webinars can be accessed on that Expert to

Expert series page. I forgot to mention that on the previous slide, but I wanted to give that little plug that if you missed any of the webinars in this series, you can go backwards and look at all of those links and slides.

So with that, thank you Tamaire for your presentation, Melissa and Susan for facilitating the Q&A segment. And thanks to all of our content experts that were in the background today answering all of your submitted questions. And finally, thanks to all of you who attended today's broadcast.

We'll leave this slide up just briefly showing for a few moments before we end, For anyone who wishes to scan the QR Code. Have a great day.