

February 13, 2023

PIMMS Quality Measures Support
Centers for Medicare & Medicaid Services
Department of Health and Human Services
PO Box 8016
Baltimore, MD 21244-8010

Re: Recommendations for Potential Consideration of New Specialty Measure Sets and/or Revisions to the Existing Specialty Measure Sets for the 2024 Performance Year of the Merit-based Incentive Payment System (MIPS)

Dear CMS:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit recommendations for potential consideration of New Specialty Measures and/or revisions to Existing Specialty Measure Sets for the 2024 Program Year of MIPS as part of CMS’s pre-rulemaking process.

The Academy represents over 112,000 registered dietitian nutritionists (RDNs)ⁱ, nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists and is the largest association of nutrition and dietetics practitioners in the world committed to accelerating improvements in global health and well-being through food and nutrition. RDNs independently provide professional services such as medical nutrition therapy (MNT)ⁱⁱ under Medicare Part B and are recognized as Eligible Clinicians (ECs) and Qualified APM Participants (QPs) in Medicare’s Quality Payment Program. RDNs provide high quality, evidence-based care to patientsⁱⁱⁱ and deliver substantial cost-savings to the health care system as a whole^{iv}.

As stakeholders in the MIPS program, the Academy offers the following recommendations to the Nutrition/Dietician Specialty Measure Set for program year 2024:

Quality Measure ID: 134
Measure Title: Depression Screening

Echoing our comments from CY 2023 Medicare Physician Fee Schedule and our recommendations for Potential Consideration of New Specialty Measure Sets and/or Revisions to the Existing Specialty Measure Sets for the 2023 performance year, the Academy requests that CMS add the MNT CPT codes (97802, 97803, 97804, G0270, G0271) to the denominator criteria of the measure specification for

Depression Screening (NQF#0418/Quality#134), and subsequently add to the Nutrition/Dietician Measure Set.

Rationale: Depression continues to be a major public health concern and all Medicare providers should be doing their part to address the issue. Depression, particularly in older adults, has been linked to malnutrition and food insecurity,^v both of which are issues RDNs actively address to not only provide guidance and intervention but also assist in the coordination of care with other appropriate subspecialties.

Screening for depression is often a routine part of the comprehensive nutrition assessment performed by RDNs as nutrition status is closely linked to mental health. Optimizing the nutrition status of an individual with mental illness has been shown to improve both cognitive and emotional functioning.^{vi} RDNs use various tools and resources, including practice guidelines from federal agencies, such as the National Institutes of Health and other professional organizations, to guide nutrition care.^{vii} The Nutrition Care Process^{viii} and the Academy's Standards of Professional Practice for RDNs in Mental Health and Addiction³³ guide RDNs to assess and consider other factors affecting intake, nutrition, and health status (e.g., cultural, ethnic, religious, lifestyle influencers, psychosocial and social determinants of health). RDNs work with beneficiaries to create a nutrition care plan which includes developing and prioritizing goals based on individual needs and evidenced based best practice, provide nutrition counseling and make referrals to appropriate resources and programs when needed. Beyond MNT services, RDNs may perform depression screens as recognized providers of the Annual Wellness Visit (AWV). Given the RDN Scope of Practice, it would be appropriate to add this measure to the Nutrition/Dietician Measure set.

Quality Measure ID: 317

Measure Title: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

The Academy requests that CMS add the MNT CPT codes (97802, 97803, 97804, G0270, G0271) to the denominator criteria of the measure specification for: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Quality#317) and subsequently add to the Nutrition/Dietician Measure Set.

Rationale: Elevated high blood pressure is a major public health concern and all eligible Medicare providers should be addressing within their professional competency. In 2020, high blood pressure accounted for or contributed to more than 670,000 deaths in the United States, and it continues to be a leading risk factor of both heart disease and stroke according to the CDC National Center for health Statisticsix. Lifestyle management is often a first line of therapy for the both the prevention and treatment of hypertensive individuals^x. As such, RDNs working in community and clinical settings often screen for elevated blood pressure as routine part of the comprehensive nutrition assessment. RDNs providing nutrition care to beneficiaries in either the wellness/prevention environment or to beneficiaries with chronic conditions (e.g. heart disease, diabetes, obesity or renal disease) are actively applying evidence-based practice guidelines and utilizing clinical judgment to address health promotion and wellness, and prevention, delay, or management of acute or chronic diseases and conditions. The Scope of Practice for Registered Dietitian Nutritionists guides RDNs to perform and/or interpret test results related to nutrition status [to include] blood pressure, anthropometrics, etc."^{xi} Beyond MNT services, RDNs may perform blood pressure screening as recognized providers of the Annual Wellness Visit

(AWV). Given the Scope of Practice, it would be appropriate to add this measure to the Nutrition/Dietician Measure set.

The Academy continues to support the use of the Nutrition/Dietician Specialty Measure Set as it a valuable resource for RDNs to know what quality measures are available for selection for reporting under the Quality performance category. Furthermore, the Academy appreciates the opportunity to inform and enhance the measure set.

Thank you for your consideration of the Academy's recommendations on measures to include in the Nutrition/Dietician Specialty Measure Set for the 2024 program year of MIPS. Please do not hesitate to contact Carly Leon at 312-899-1773 or by email at cleon@eatright.org with any questions or requests for additional information.

Sincerely,



Jeanne Blankenship, MS, RDN
Vice President, Policy Initiatives & Advocacy
Academy of Nutrition and Dietetics



Carly Léon, MS, RDN
Manager, Education & Advocacy
Academy of Nutrition and Dietetics

ⁱ The Academy has approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

ⁱⁱ Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions. **Academy of Nutrition and Dietetics’ Definition of Terms list** updated February 2021. Accessed January 28, 2022.

ⁱⁱⁱ Academy of Nutrition and Dietetics: *Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist*. Journal of the Academy of Nutrition and Dietetics, January 2018 Volume 118 Number 1.

^{iv} Grade 1 data. ADA Evidence Analysis Library (<https://www.andeal.org/topic.cfm?menu=5284&cat=4085>). [Grade Definitions: Strength of the Evidence for a Conclusion/Recommendation Grade I, “Good evidence is defined as: “The evidence consists of results from studies of strong design for answering the questions addressed. The results are both clinically important and consistent with minor exceptions at most. The results are free of serious doubts about generalizability, bias and flaws in research design. Studies with negative results have sufficiently large sample sizes to have adequate statistical power.”

^v Doner B, et al. *Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings*. JAND, April 2018, 118 (4) Number 4, p 724-35.

^{vi} Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Mental Health and Addictions. *J Acad Nutr Diet* October 2018, Volume 118, Number 10.

^{vii} Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet*, January 2018 Volume 118 Number 1.

-
- ^{viii} The Nutrition Care Process (NCP) is defined as systematic method to providing high-quality nutrition care based on evidenced-based nutrition research, critical thinking and decision-making. Nutrition Care Process and Model: An Academic and Practice Odyssey. *J Acad Nutr Diet*, December 2014 Volume 114 Number 12.
- ^{ix} Centers for Disease Control and Prevention, National Center for Health Statistics. About Multiple Cause of Death, 1999–2020. CDC WONDER Online Database website. Atlanta, GA: Centers for Disease Control and Prevention; 2022. Accessed August 8, 2022.
- ^x 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular disease. *Circulation*. 2019;140:e596–e646. DOI: 10.1161/CIR.0000000000000678