

# Malnutrition

## Identification, Coding and Costs



## Quality and Research in Private Health

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# Definition and Prevalence

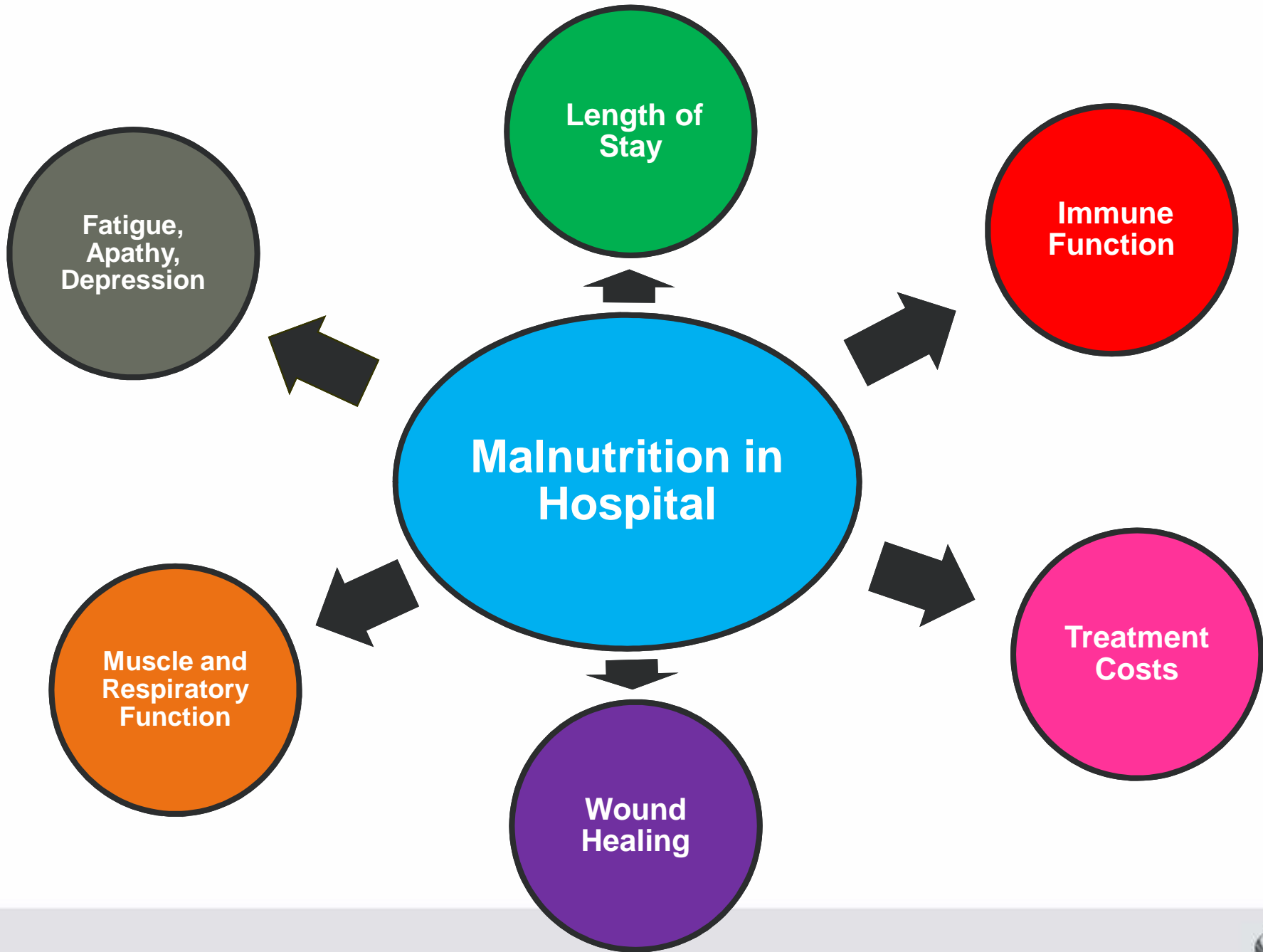
- Under nutrition leading to changes in body composition and diminished function (ASPEN guidelines)
- Prevalence in Australian hospitals **20-50%**

**Malnutrition is under recognised  
and under diagnosed in hospitals**

# Malnutrition Causes

- **Physical** (e.g. dysphagia, GI symptoms, requirements)
- **Psychological** (e.g. confusion, depression, eating disorder)
- **Treatment** (e.g. fasting, intubation, sedation)
- **Environmental** (e.g. interrupted mealtimes)





# Financial Reimbursement for Malnutrition Diagnosis



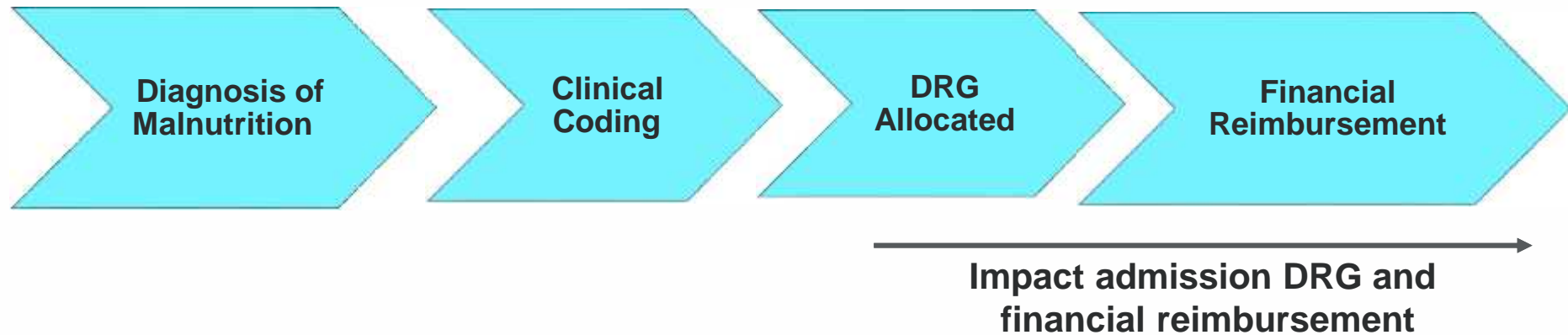
# Research Question



**What are the cost implications of malnutrition identification, diagnosis & coding practices in acute private hospitals?**

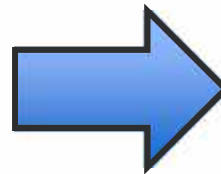
# Methods

## Modelling Impact of Malnutrition Diagnosis



# Results

**18%** patients with a malnutrition diagnosis had a change to their Diagnostic Related Grouping.



Less Resource Intensive Admission



More Resource Intensive Admission



# Results

A malnutrition diagnosis increased hospital financial reimbursement by **\$2,400** on average per patient.

# Financial Consequences



| Primary Admission Reason | DRG without Malnutrition Diagnosis   | DRG with Malnutrition Diagnosis  | LOS | Reimbursement Difference |
|--------------------------|--|--|-----|--------------------------|
| Parkinson's Disease      | <b>B67B</b><br>Degenerative Nervous System Disorders w/o Catastrophic or Severe CCLs | <b>B67A</b><br>Degenerative Nervous System Disorders w Catastrophic or Severe CCLs | 13  | <b>\$0-\$6548</b>        |

# Financial Consequences



| Primary Admission Reason | DRG without Malnutrition Diagnosis  | DRG with Malnutrition Diagnosis  | LOS | Reimbursement Difference |
|--------------------------|---|--|-----|--------------------------|
| Pneumonia                | <b>E62B</b><br>Respiratory Infections/<br>Inflammations w<br>Severe or Moderate<br>CCLs | <b>E62A</b><br>Respiratory Infections/<br>Inflammations w<br>Catastrophic CCLs | 16  | <b>\$0-\$4,565</b>       |

# Predictions

- Conservative estimation 6% admissions additional \$2400.
- Therefore, if a hospital had 1,000 admissions/month  
**= \$1.7 million reimbursement per year.**



# Implications and Conclusions



## Acknowledgements

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