Improving Health Equity Through Quality: the Global Malnutrition Composite Score (GMCS)

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Disclosures

- Anne Coltman, MSHA, MS, RDN, LDN, FAND, FACHE
  - Employer: Commission on Dietetic Registration
  - No additional disclosures to report
- Tamaire Ojeda Avila, MHSA, RDN, LD
  - Employer: Commission on Dietetic Registration
  - No additional disclosures to report

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Learning Objectives

1. Describe the Global Malnutrition Composite Score (GMCS) and its application for quality improvement.
2. Assess the value of the GMCS selection as an eCQM and discuss barriers and opportunities to implementation.
3. Explain the impact health equity has in nutrition and dietetics practice and how the GMCS can support a hospital in addressing health equity.

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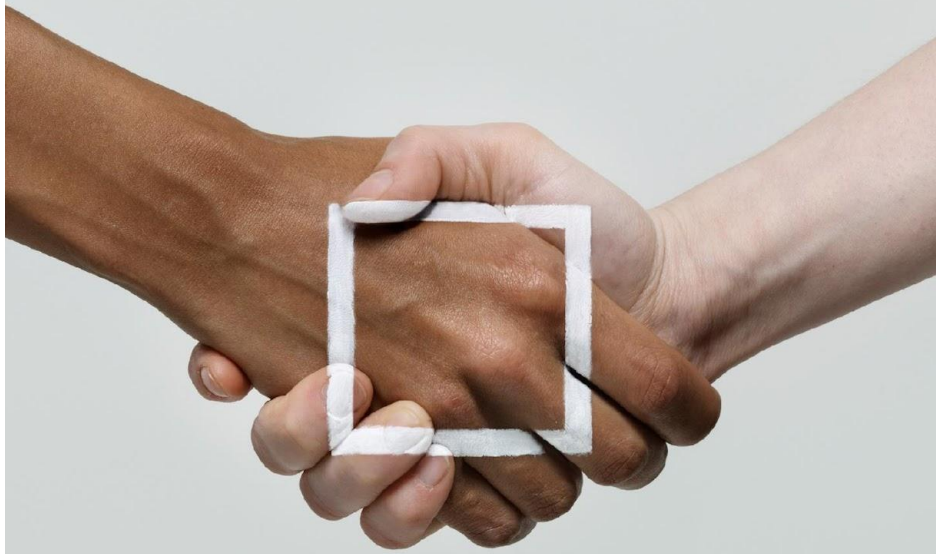
What is the Global Malnutrition Composite Score?



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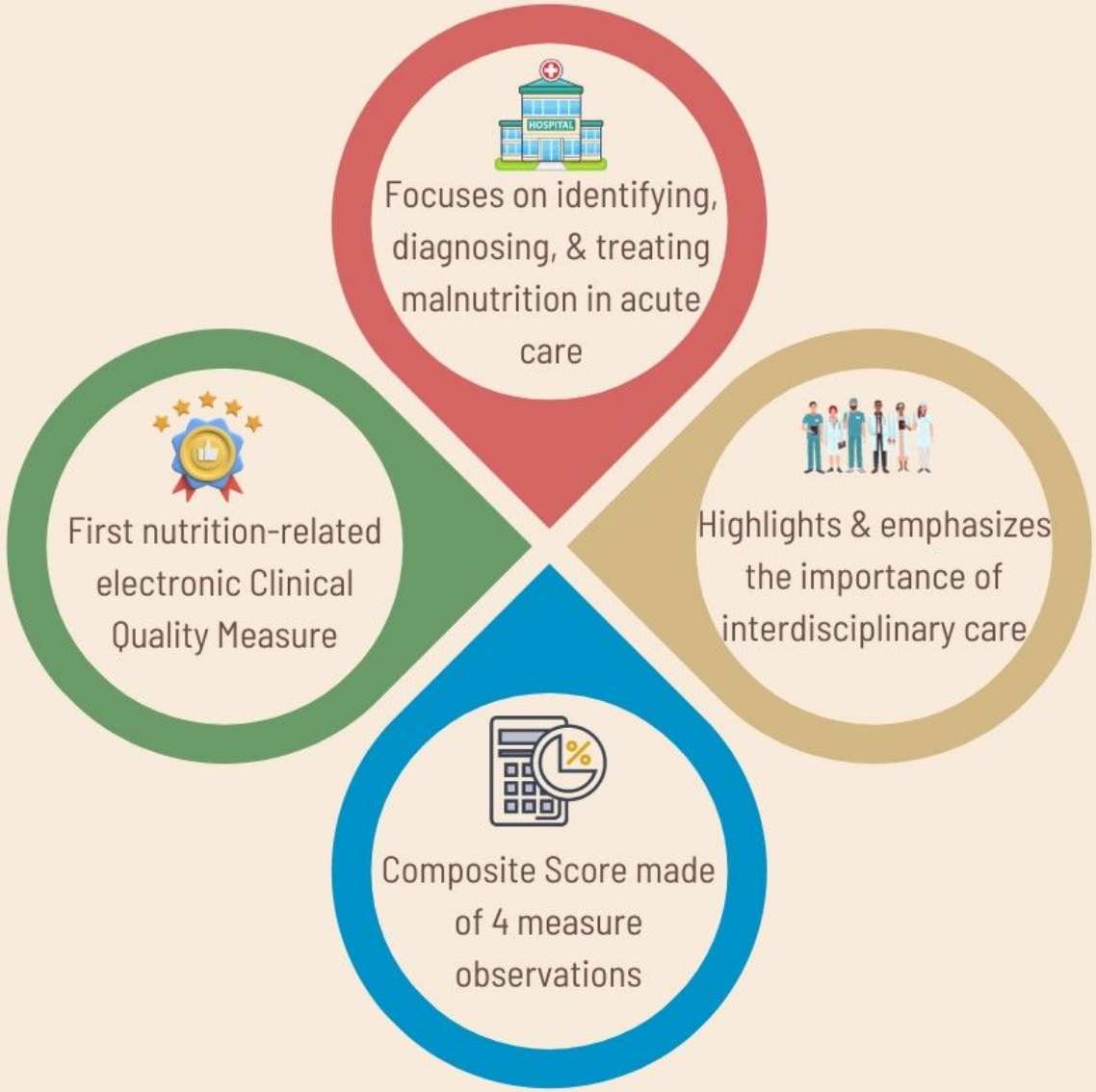
What is the Global Malnutrition Composite Score?



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Standard Approach, Tailored Care

- Standard approach to care
  - Reduces inter-professional and inter-organization variation in practice
  - Nutrition professional DETERMINES which nutrition problem needs to be addressed
  - Competency assessment
  - Higher probability of positive outcomes
  - Promotes critical thinking to treat current and prevent nutrition problems
- High quality nutrition care and communication

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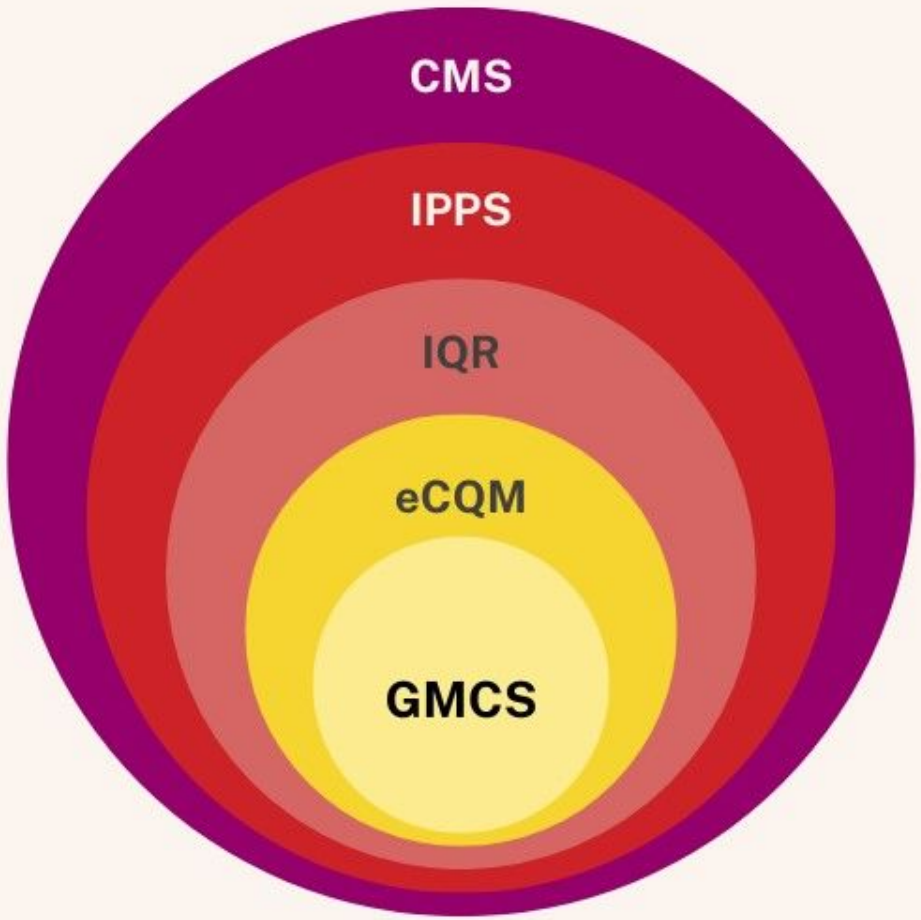
Acute Care Quality Measurement for Malnutrition



CMS
Centers for Medicare and Medicaid Services

IPPS
Inpatient Prospective Payment System

IQR
Inpatient Quality Reporting

eCQM
Electronic Clinical Quality Measure

GMCS
Global Malnutrition Composite Score

*Adapted with permission of R. Dunn, RDN, LDN, CNSC, Sodexo Clinical Nutrition Manager. Taken from May 4, 2023 Sodexo Presentation Titled Implementing Quality Improvement Projects Targeting Malnutrition.

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Eligible Hospitals and Critical Access Hospitals Must Report 6 eCQMs

Reporting Period CY24 / Submission Period CY25 / Payment Year FY 26

Source: CMS QualityNet. IQR Measures. Available here.
CY: Calendar Year
IQR: Inpatient Quality Reporting
eCQM: Electronic Clinical Quality Measure
ED: Emergency Department; PC: Perinatal Care

Optional eCQMs:

Short Name	Measure Name
GMCS	**Global Malnutrition Composite Score**
STK-02	Discharge on Antithrombotic Therapy
STK-03	Antithrombotic Therapy for Atrial Fibrillation/Flutter
STK-05	Antithrombotic Therapy by the End of Hospital Day 2
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis
HH-01	Hospital Harm—Severe Hypoglycemia
HH-02	Hospital Harm—Severe Hyperglycemia
HH-ORAE	Hospital Harm—Opioid-Related Adverse Events
N/A	Safe Use of Opioids*
PC-02	Cesarean Birth*
PC-07	Severe Obstetric Complications*

*Mandatory eCQMs

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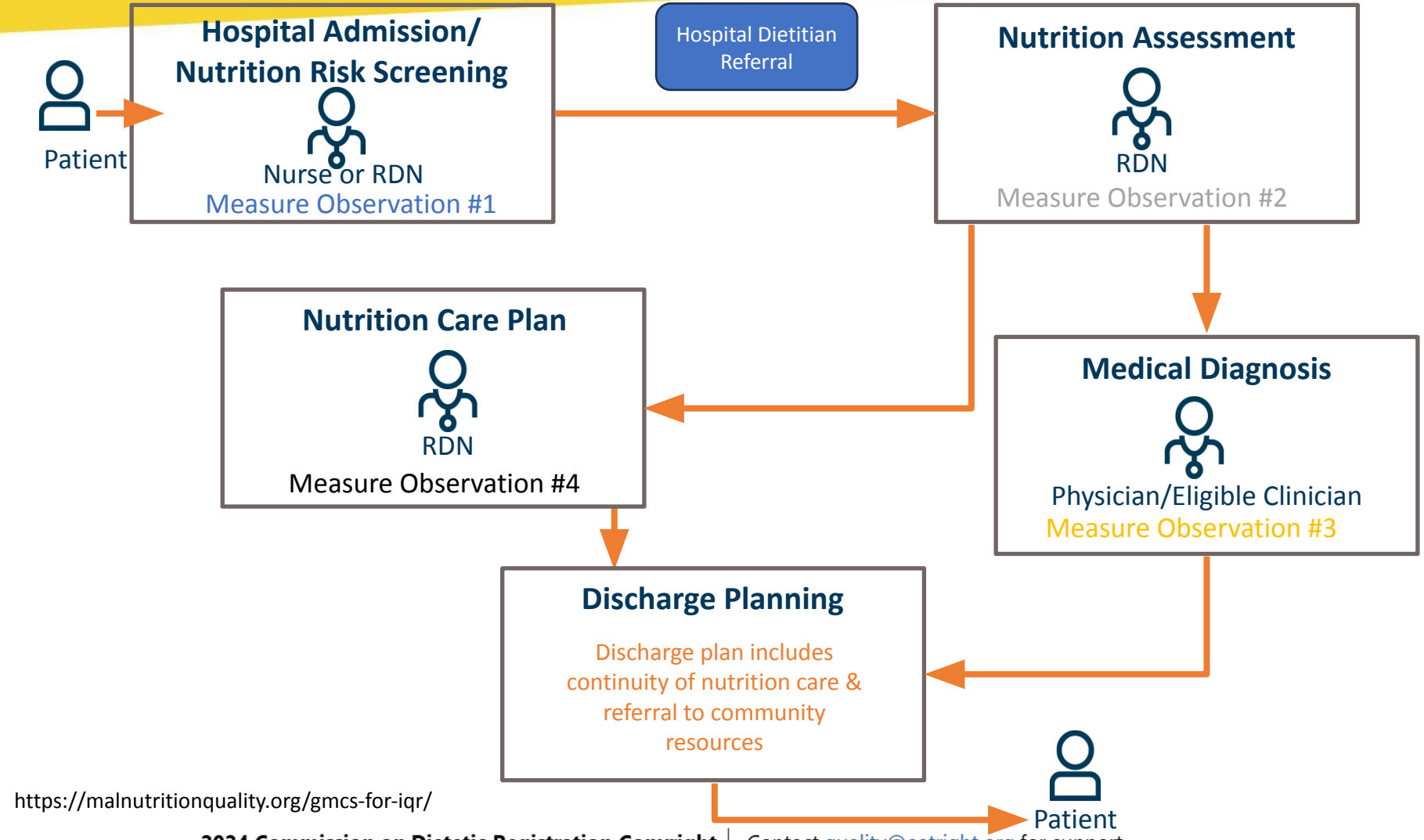
GMCS: Clinical Workflow to Address Malnutrition



https://malnutritionquality.org/gmcs-for-iqr/

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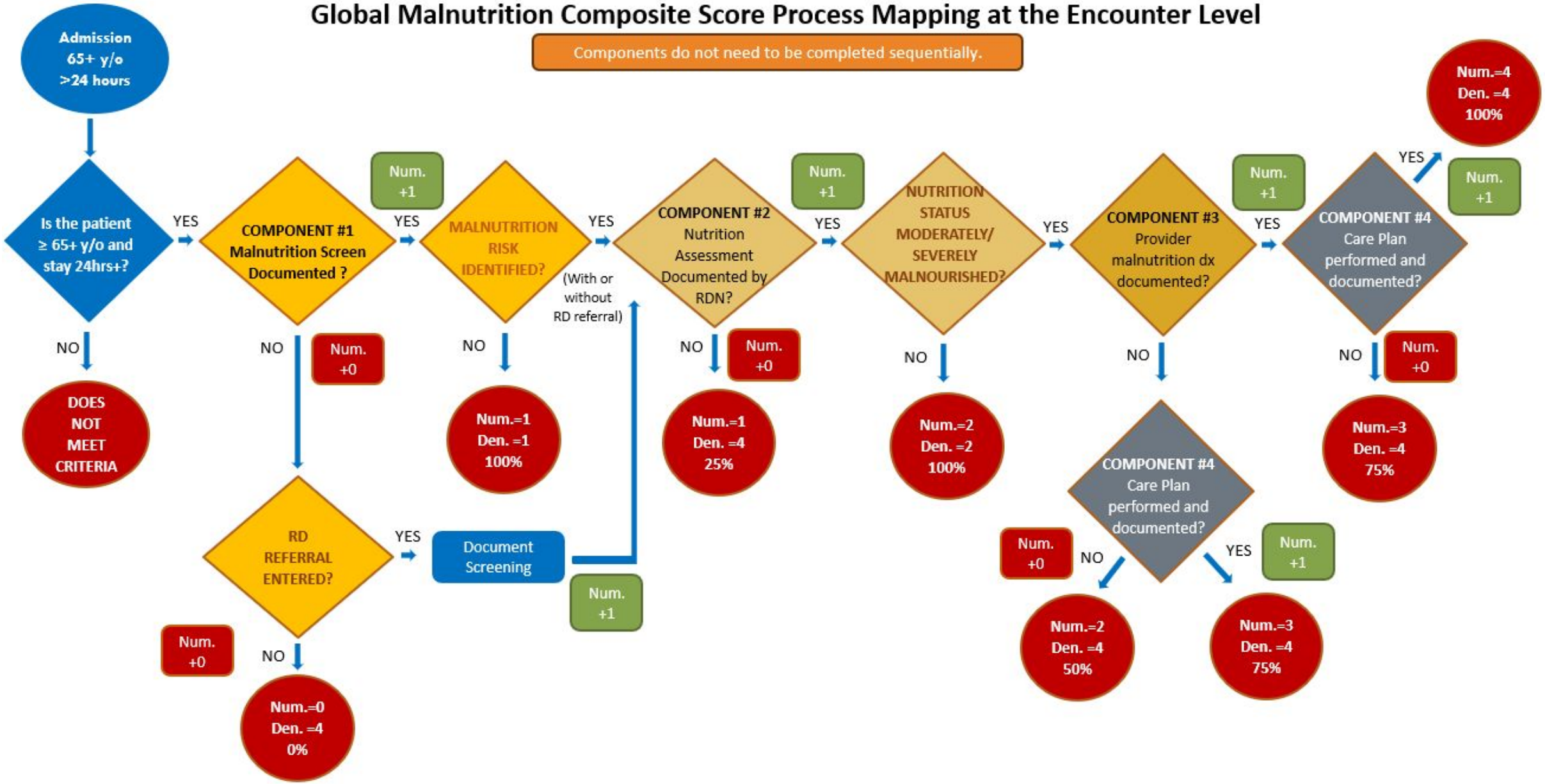
Global Malnutrition Composite Score Process Mapping at the Encounter Level

Components do not need to be completed sequentially.



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How is the Score Calculated:

Calculations #1-4: Component Scores

Respective component scores: 1=documented/completed, 0= not documented/completed

Calculation #5: Total Malnutrition Components Score

Component 1 (0 or 1) + Component 2 (0 or 1) + Component 3 (0 or 1) + Component 4 (0 or 1)

Calculation #6: Total Malnutrition Composite Score as Percentage

(Calculation #5 ÷ Total Malnutrition Components Score Eligible Denominator) x 100

Finally: Aggregate Total Malnutrition Composite Score as Percentage

$$\frac{\Sigma \text{ Calculation \#6 or Total Malnutrition Composite Score as Percentage}}{\text{Eligible Hospitalizations in the Measure Population}}$$

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GMCS Eligible Denominator

- Denominator = 1
- Denominator = 2
- Denominator = 4

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GMCS Calculation Examples

*Y=1, N=0

Scenario Description	MO #1 Screening Doc.?*	At Risk Result?	Hospital Dietitian Referral?	MO #2 Assessment Doc.?*	Moderate or Severe Malnutrition Identified?	MO #3 MD/Eligible Provider Dx Doc.? *	MO #4 Nutrition Care Plan Doc.?*	Total Components Score	Eligible Denom.	Composite Score
Screened, Not at Risk, No Referral, With or Without Assessment, Diagnosis, and/or Nutrition Care Plan	1	N	N	N/A	N/A	N/A	N/A	1	1	**100%**
Screened, Not at Risk, Referral, Not Assessed, No Diagnosis, No Nutrition Care Plan	1	N	Y	0	N/A	0	0	1	4	**25%**
Screened, At Risk, With or Without Referral, Not Assessed, With or Without Diagnosis and/or Nutrition Care Plan	1	Y	Y /N	0	N/A	0	0	1	4	**25%**
Screened, Not at Risk, Referral, Assessed, Moderately/Severely Malnourished, No Diagnosis, Nutrition Care Plan	1	N	Y	1	Y	0	1	3	4	**75%**
Screened, At Risk, With or Without Referral, Not assessed, With or Without Diagnosis and/or Nutrition Care Plan	1	Y	Y/N	0	N/A	0	0	1	4	**25%**
Screened, At Risk, With or Without Referral, Assessed, Moderately/Severely Malnourished, With or Without Diagnosis and/or Nutrition Care Plan	1	Y	Y /N	1	Y	0	0	2	4	**50%**
Screened, At Risk, With or Without Referral, No Assessment or Nutrition Care Plan, With Diagnosis	1	Y	Y/N	0	N/A	1	0	1	4	**25%**

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GMCS Aggregate Performance for a Measurement Period Example

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

(100% + 25% + 25% + 75% + 25% + 50% + 25%) ÷ 7 hospitalization = 325
÷ 7 = **46.4%**

Interpretation: 46.4% 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%.

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Why do you need to understand the score?

- Ensures the ability to interpret GMCS scores
- Yields insight into specific component gaps
- Leads to actionable objectives for quality improvement projects
- Drives improvement in the quality of care provided
- Sheds light on the partners needed to improve care
- Makes the case for stratification of data that require further investigation

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Key Reasons to Report on the GMCS

- Addresses several clinical areas or quality indicators simultaneously
  - Nutrition Screening – The Joint Commission
  - Social Determinants of Health and Food Insecurity - The Joint Commission, CMS, 2023 HEDIS Social Need Screening and Intervention Measure
  - Health Equity Advancement – identified by CMS as a priority eCQM
  - Rural Health Improvement– identified by NQF as a key measure
- Combines several quality measures into one single composite score, giving a more comprehensive picture of clinical care than a single measure
- Providing care measured through the GMCS aligns with hospitals' strategic plans to address social determinants of health and equity

*HEDIS: Healthcare Effectiveness Data and Information Set
National Quality Forum. 2022 Key Rural Measures: An Updated List of Measures to Advance Rural Health Priorities. August 2022. Available here.

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Additional Support for GMCS

- Addressing malnutrition potentially reduces disease incidence, acuity, and duration; improves quality of life and clinical outcomes; and reduces costs of care
- May help improve hospital performance on mandatory quality measures, mortality, readmission, total cost of care
- Malnutrition diagnosis can help increase the weight of the Diagnosis Related Group when billing
- Reporting on the GMCS promotes interoperability across all departments within the hospital and aligns with nation-wide interoperability standards

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Quality Improvement for Nutrition & Dietetics Practitioners

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What is Quality Improvement?

- Quality: degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (National Academy of Medicine)
- Quality Improvement: systematic and continuous actions that lead to measurable improvement
  - Standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes (CMS)
- Quality measurement is used for benchmarking
  - Identify best practices in care, identify research and practice opportunities, and improve future practices
  - Used to accurately track quality improvement progress

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Why Quality Improvement?

- Reduces costs and waste
- Improves delivery of services and outcomes
- Allows for better organizational strategic planning
- Aligns departmental goals and objectives with an organization's mission & vision
- Creates accountability for actions
- Fosters positive interprofessional team relationships
- Recognizes excellence

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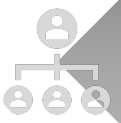
Important To Keep In Mind

QI can be done at any time



Secure support from leadership at all levels and departments involved

Align QI with the institution and the department's mission, vision, and goals

Make sure to collect data that speaks to the QI problem

No degree or certification is required to perform QI

Quality Management is a continuous and ongoing process that includes quality planning, quality assurance, quality control, and continuous improvement

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Resources To Get Started

www.cdrnet.org/quality

- Careers in Quality
- Quality Resource Collection
- Quality-Focused Practice Tips
- Quickinars
- Quality Improvement (QI) 101 Education Package

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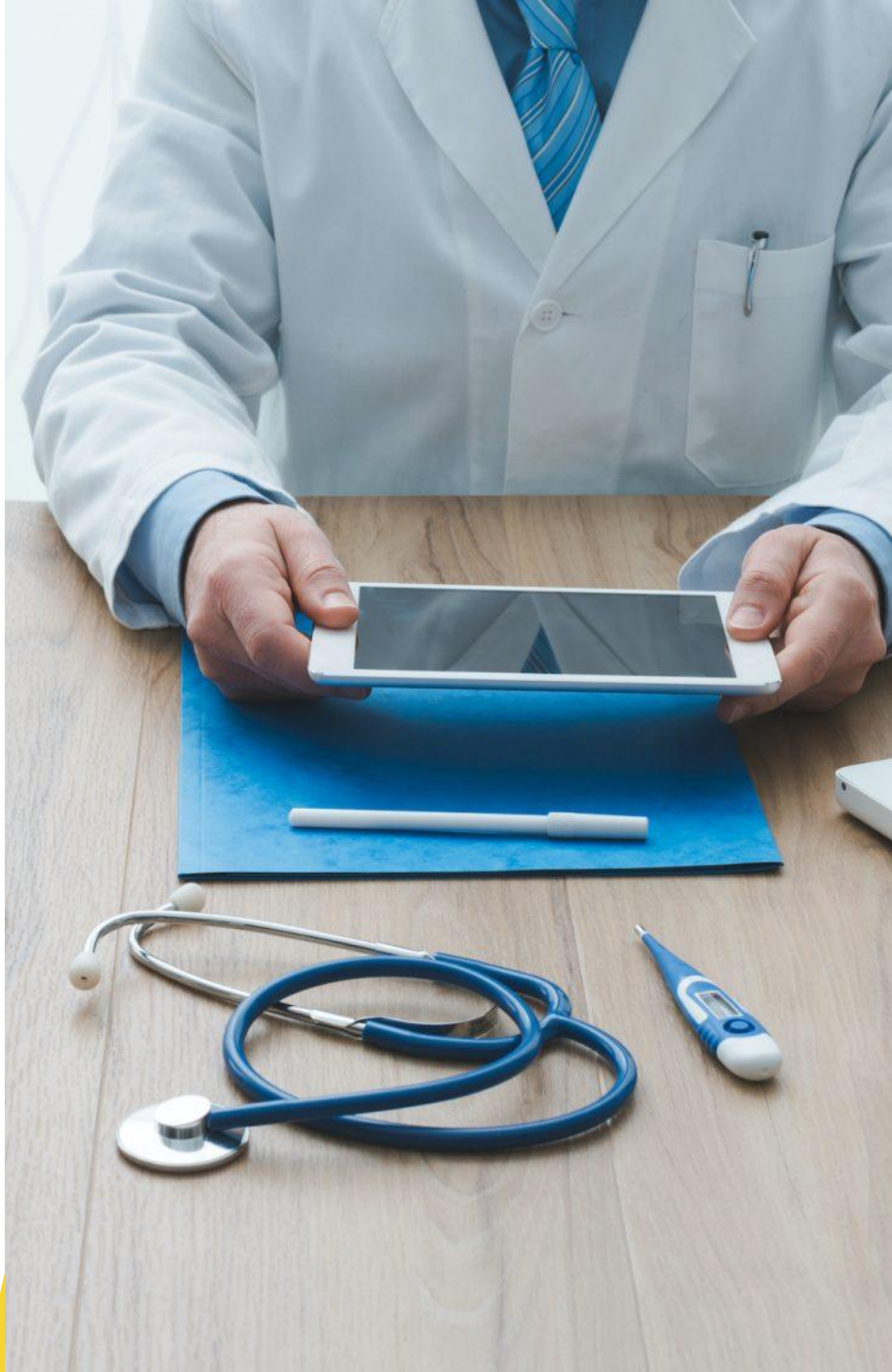
Improving Quality of Care with the Global Malnutrition Composite Score



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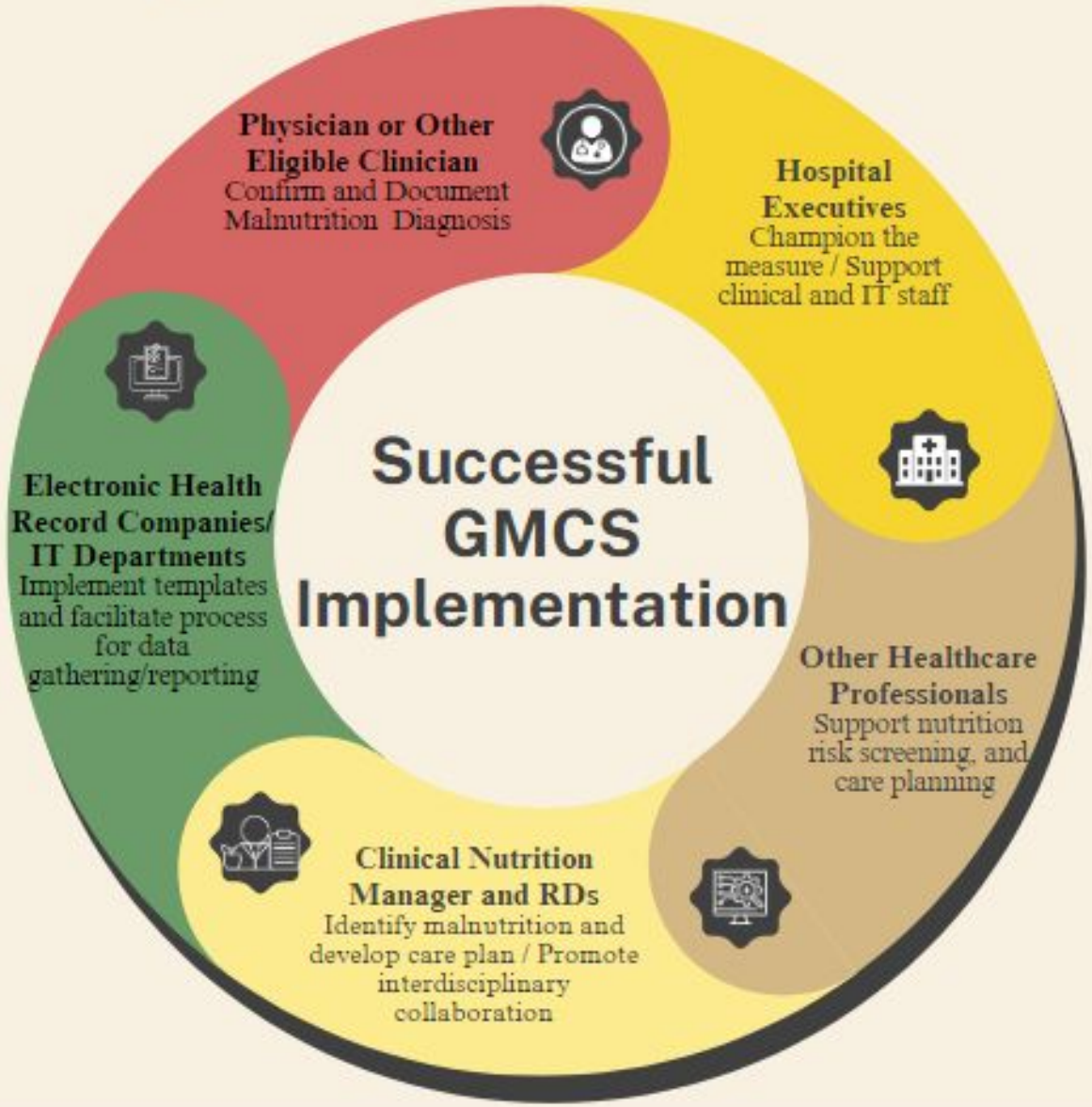
Interacting at All Levels for GMCS Success



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Identify Your Team: Champions & Stakeholder

Area	Champion	Project Team
Executive	☑️	
IT / EHR		☑️
Quality		☑️
Nursing		☑️
Physician	☑️	
Clinical Nutrition		☑️

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Building Your Team – Project Champion

- Once possible team members are identified, build your internal support team
  - At least a representative from IT/EHR, Quality, Nursing, Physician Team, RDs
- Make sure you keep the Hospital Executive Champion informed
- Champion's role:
  - With their area teams, identify barriers and ways to address them
  - Communication between their areas and the support team
- If your barriers are people-related, find out what is the best way they will respond to you: letter, email, class, printed research paper, presentation, elevator pitch

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With the Project Team

1. Do a SWOT Analysis
2. Identify:
   - Current state/process
   - Goal state/process
   - Barriers
   - Root cause analysis
   - Solutions
3. Test the solutions and ensure they get you closer to or at the goal
   - PDSA Cycle

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What are your Strengths, Weaknesses, Opportunities, and Threats

- Do you have processes in place for each of the GMCS components?
  - How many admitted patients are getting screened for nutrition status?
  - How do RDs get alerted when a patient screens at risk of malnutrition?
  - How do you communicate the nutrition diagnosis (PES) to the physician team?
  - What resources are available for transition of care?
- Do you have a template with structured nutrition terminology for the nutrition care process steps?
- Do you understand how GMCS is calculated and its meaning?

Consider all Department and Areas affected

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Analyze the Current State and Define the Goal State

- Ensure you have a clear process start and end
- Identify the actual step-by-step process of:
  - Malnutrition risk screening
  - Nutrition assessment
  - Nutrition diagnosis
  - Physician diagnosis addition to the problem list
  - Where each note is housed in the EHR
- This is where wasteful steps, workarounds, and barriers are identified
- If your barriers are people-related, determine the most effective communication method

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Make Sure IT Understand the GMCS and How It Fits as an eCQM

- Explain the basics of what the GMCs, the components, and why it is important to address malnutrition in the hospital
- Evaluate the EHRs capabilities, does it support eCQM reporting?
- Share the data elements needed for reporting
- What structured data fields are needed?
- Can they map the data elements?
- Modify the current note templates as needed
- Can the EHR system be configured to generate eCQM reports?

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Things to Consider When Working With Your EHR Team

- Ensure the EHR system supports eCQMs
- Consider reaching out to EHR company for information/support
- Develop a list of items needed and discuss ways to address the barriers
- Determine data source availability
- Develop/implement templates that support eCQM data collection
- Work with EHR/IT Team to develop an action plan for items they need to complete
- Consider training needs for all users of the EHR system

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Enablers and Barriers

Enablers

- Leadership makes a difference
- Inclusion of NCP in dietetics education programs
- Audit reviews raise awareness on areas that need strengthening and raise confidence in abilities with clear expectations
- Easy data entry in EHRs

Barriers

- Misunderstanding that the process, NOT care, is standardized
- NCP PES statement is lengthy
- NCP and terminology requires ADIME documentation format

(Assessment, Diagnosis, Intervention, Monitoring and Evaluation)

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Health Equity

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What is Health Equity?

- State in which everyone has a fair and just opportunity to attain their highest level of health[1]
- Requires ongoing efforts to[1]:
  - Address historical and contemporary injustices;
  - Overcome economic, social, and other obstacles to health and health care; and
  - Eliminate preventable health disparities
- Nutritional care was raised to the level of a human right, in close relationship to two well-recognized fundamental rights: the right to food and the right to health[2]

1. *What is Health Equity?* (2022, July 1). Retrieved July 27, 2023, from Centers for Disease Control and Prevention: https://www.cdc.gov/healthequity/whatis/index.html
2. Cardenas, D., Davisson Correia, M., Hardy, G., Ochoa, J., Barrocas, A., Hankard, R., . . . Barazzoni, R. (2022). Nutritional Care is a human right: translating principles to clinical practice. *Nutr Clin Pract*(37), 743-751. doi:10.1002/ncp.10864

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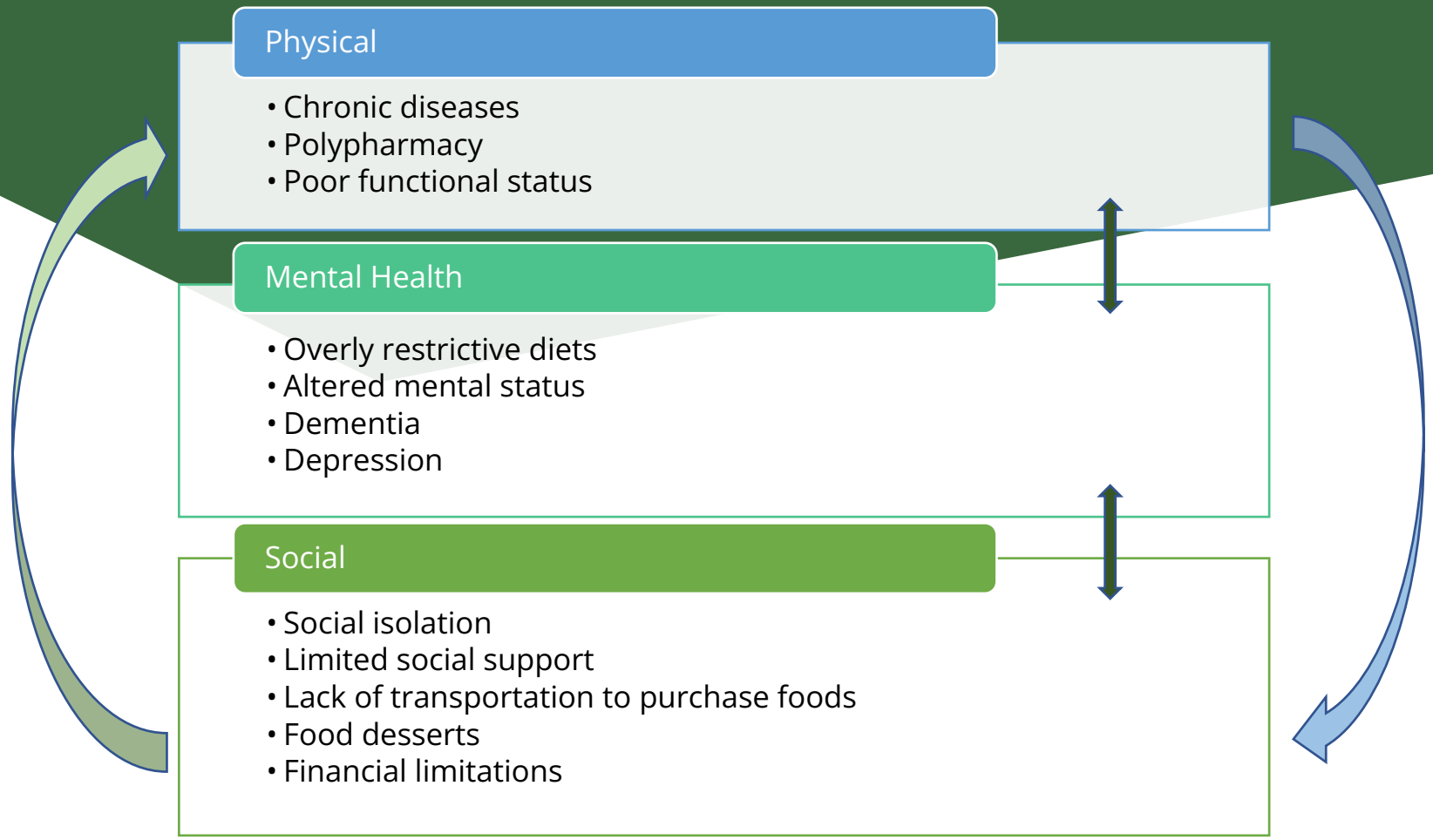
Risk Factors for Malnutrition



Malnutrition in Older Adults - Today's Dietitian Magazine (todaysdietitian.com)

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Social Determinants of Health

- Social determinants of health affect health, wellness, and quality of life.
- Social determinants of health include:
  - Access to nutritious foods
  - Access to appropriate health care
  - Access to quality education
  - Access to health education (improving health literacy
  - Economic stability throughout the lifecycle
  - Language barriers
  - Literacy level

Buelsing Sowards, D., McCauley, S., & Munoz, N. (2022). Impacting Malnutrition, Food Insecurity, andHealth Equity: An Overview of Academy ofNutrition and Dietetics Priorities and Future Opportunities. *J Acad Nutr Diet, 122*(10), S7-S11. doi:10.1016/j.jand.2022.06.018

Social Determinants of Health - Healthy People 2030 | health.gov

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Food Insecurity

- Uncertain, limited, or unstable access to food that is adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways[1]
- Measured at two levels of severity[2]:
  - In households with low food security: the hardships experienced are primarily reductions in dietary quality and variety.
  - In households with very low food security: the hardships experienced are reduced food intake and skipped meals.

1. The Gravity Project.. Gravity Presentation Interoperability Standards Priorities Task Force April 8, 2021 Meeting (healthit.gov).
2. The Association of State Public Health Nutritionists. (2023, July 26). *Food and Nutrition Security Terms and Definitions*. Retrieved from ASPHN: https://asphn.org/food-and-nutrition-security-primer-terms/

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Malnutrition, Food Insecurity & Health Equity

- Protein-energy malnutrition (PEM) is unique compared with many other medical and nutritional problems, due to not only having a deeply complex physiological cause, but also a multifactorial environmental, economic and psychosocial origin[1]
- To promote health equity in the malnourished patient, find the root cause of the problem
  - Understand how SDOH affect positively or negatively a person's nutrition security, and how both nutrition security and SDOH affect health equity
  - Understand that at times, malnutrition can have roots not related to food insecurity and those need to be addressed as well

1. Marshall, S. (2018). Why is the skeleton still in the hospital closet? A look at the complex aetiology of protein-energy malnutrition and its implications for the nutrition care team. *J Nutr Health Aging, 22*(1), 26-29.

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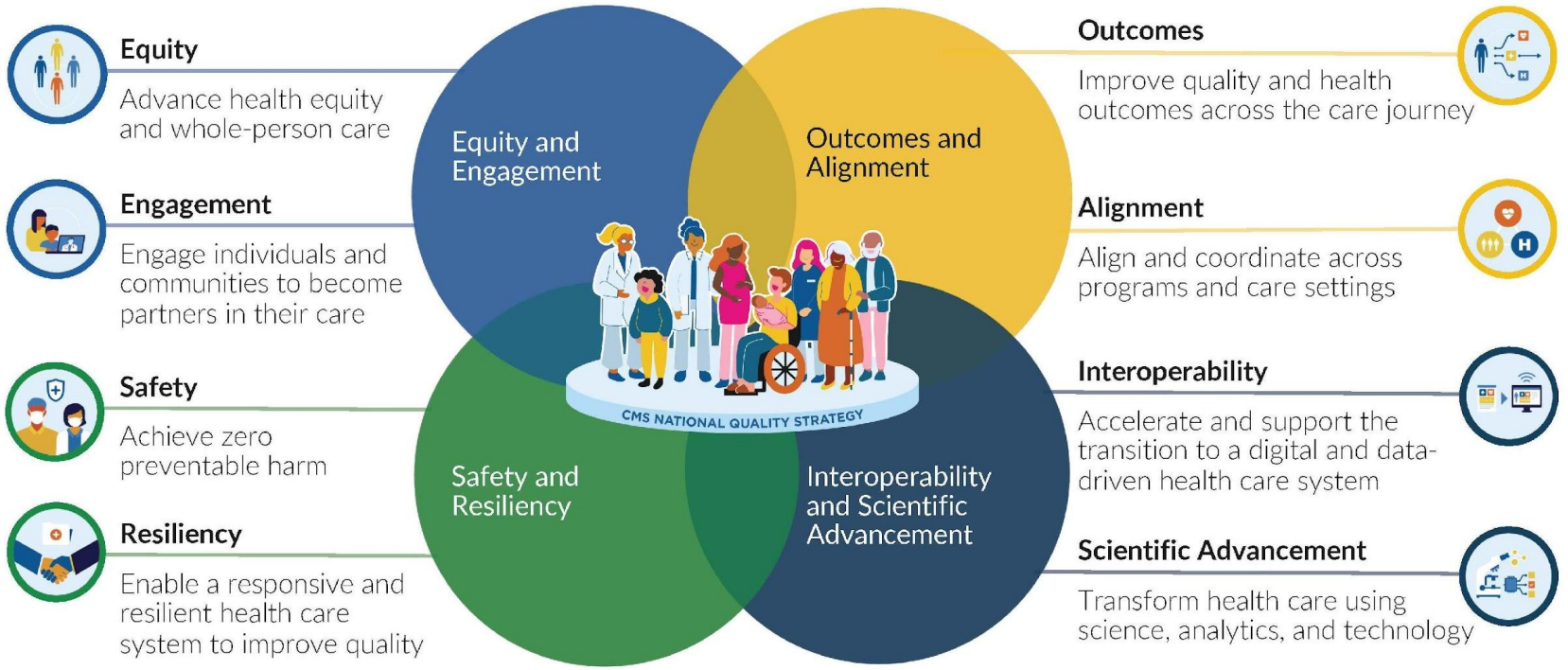
National Quality Strategy

CMS National Quality Strategy Goals



The NQS has three aims:

- Better Care—improve quality by making health care patient centered, reliable, accessible, and safe
- Better Health—improve health by supporting proven interventions to address behavioral, social, and environmental determinants of health
- Lower Costs—reduce cost of quality health care for individuals, families, employers, and government

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A Comprehensive Systems Approach to Achieving Nutrition Security and Health Equity

Used with permission from the Academy of Nutrition and Dietetics (Brown, Buelsing Sowards, Pittman, Leger, & DeSipio Manns, 2023).

Brown, P., Buelsing Sowards, D., Pittman, M., Leger, †. G., & DeSipio Manns, S. (2023). The Global Malnutrition Composite Score Quality Measure-Seize this Opportunity to Benefit Older Adult Care and Health Equity! *OBM Geriatrics, 7*(2). doi:10.21926/obm.geriatr.2302237

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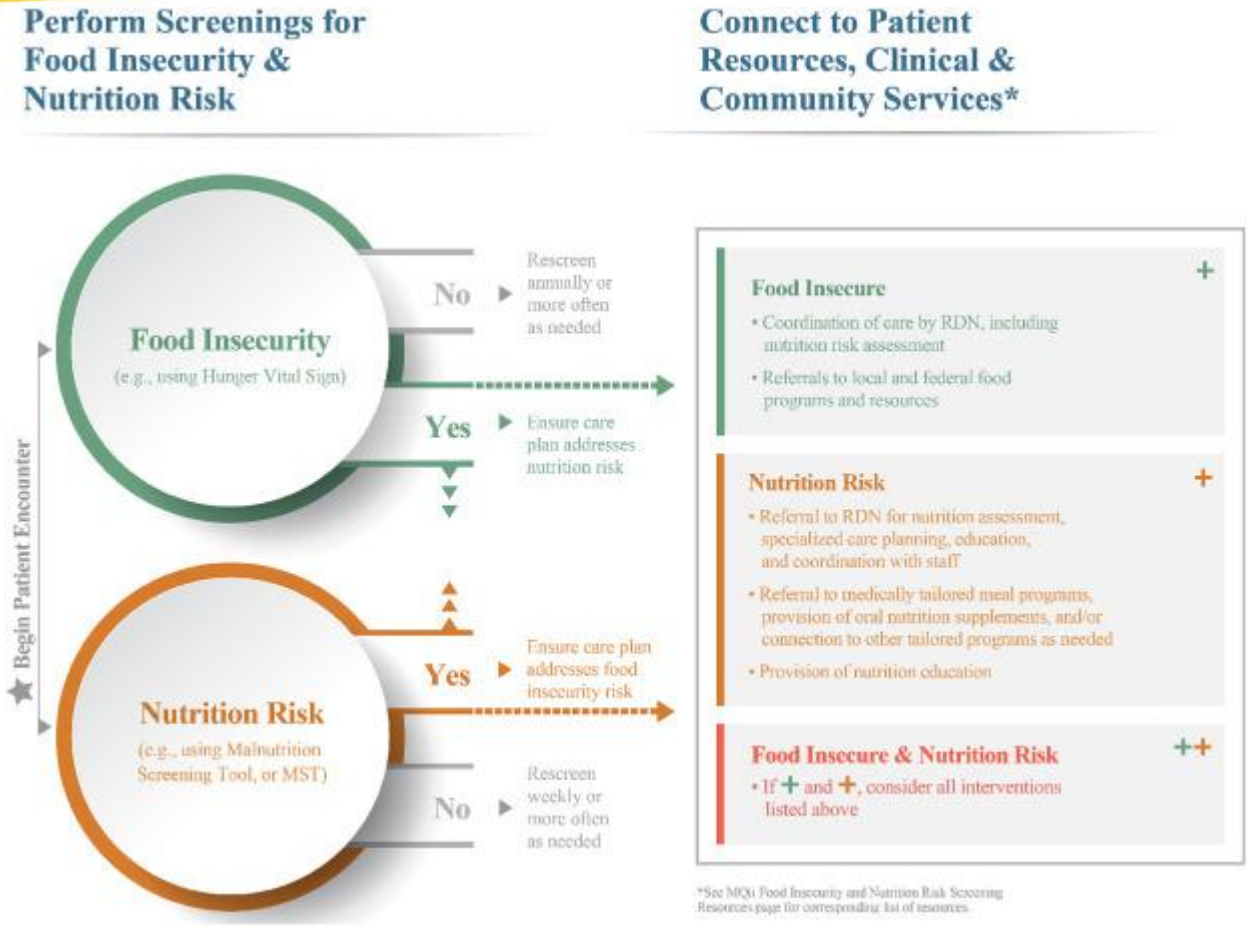
Food Insecurity & Malnutrition Risk Screening Workflow



Wahid, N., Badaracco, C., Valladares, A., Depriest, A., Collins, A., & Mitchell, K. (2022). The Role of Inpatient Malnutrition Care to Address Health Disparities among Older Adults. *J Acad Nutr Diet, 122*(10), S28-S33.

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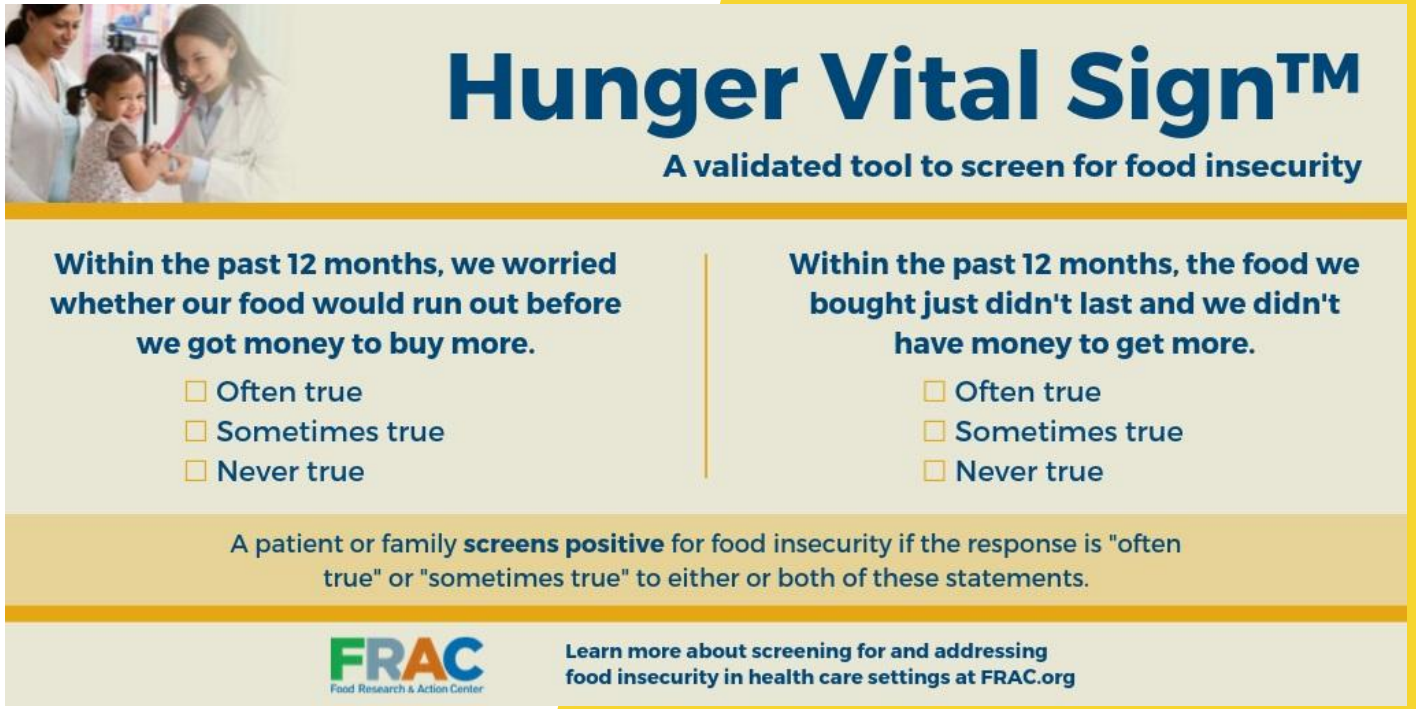
SDOH Screening

- Coming to many health systems are Social Determinants of Health (SDOH) is screening for food insecurity
- Validated tools for malnutrition do not include SDOH
- Do complete nutrition assessments include SDOH, for example, data on food insecurity?
- How will or should care be provided to meet the immediate and long-term need?



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Addressing Malnutrition To Address Health Inequities

- Malnutrition affects 20–50% of patients who are at risk of becoming or are malnourished[1]
  - Only 8% of non-neonatal and non-maternal adult hospitalizations were coded for malnutrition[2]
- Addressing malnutrition through the implementation of quality measures that include a nutrition care plan provided by an RDN can help reduce disparities in accessing healthy food and health care[3]
- A hospital is the one place with all the possible resources or community contacts to support a patient with the diagnosis of malnutrition

1. Barker LA, G. B. (2011). Hospital malnutrition: Prevalence, identification, and impact on patients and the healthcare system. *Int J Environ Res Public Health*(8), 514-527.
2. Barrett ML, B. M. (2018). *Non-maternal and Non-neonatal Inpatient Stays in the United States Involving Malnutrition, 2016.* U.S. Agency for Healthcare Research and Quality. Retrieved July 27, 2023, from https://hcup-us.ahrq.gov/reports/ataglance/HCUPMalnutritionHospReport_083018.pdf
3. Avalere Health. (2022). *Leveraging Inpatient Malnutrition Care to Address Health Disparities*. Retrieved July 27, 2023, from https://avalere.com/insights/leveraging-inpatient-malnutrition-care-to-address-health-disparities

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NCP Utilization to Address Health Equity

- NCP is a quality improvement model
- Entry into the NCP comes about through screening or referral
- Nutrition Assessment: Cite health equity concerns
- Nutrition Diagnoses: Uncover problems and their etiologies
- Nutrition Intervention: Develop plan of care collaboratively with the client
- Nutrition Monitoring and Evaluation: Determine what is or is not working

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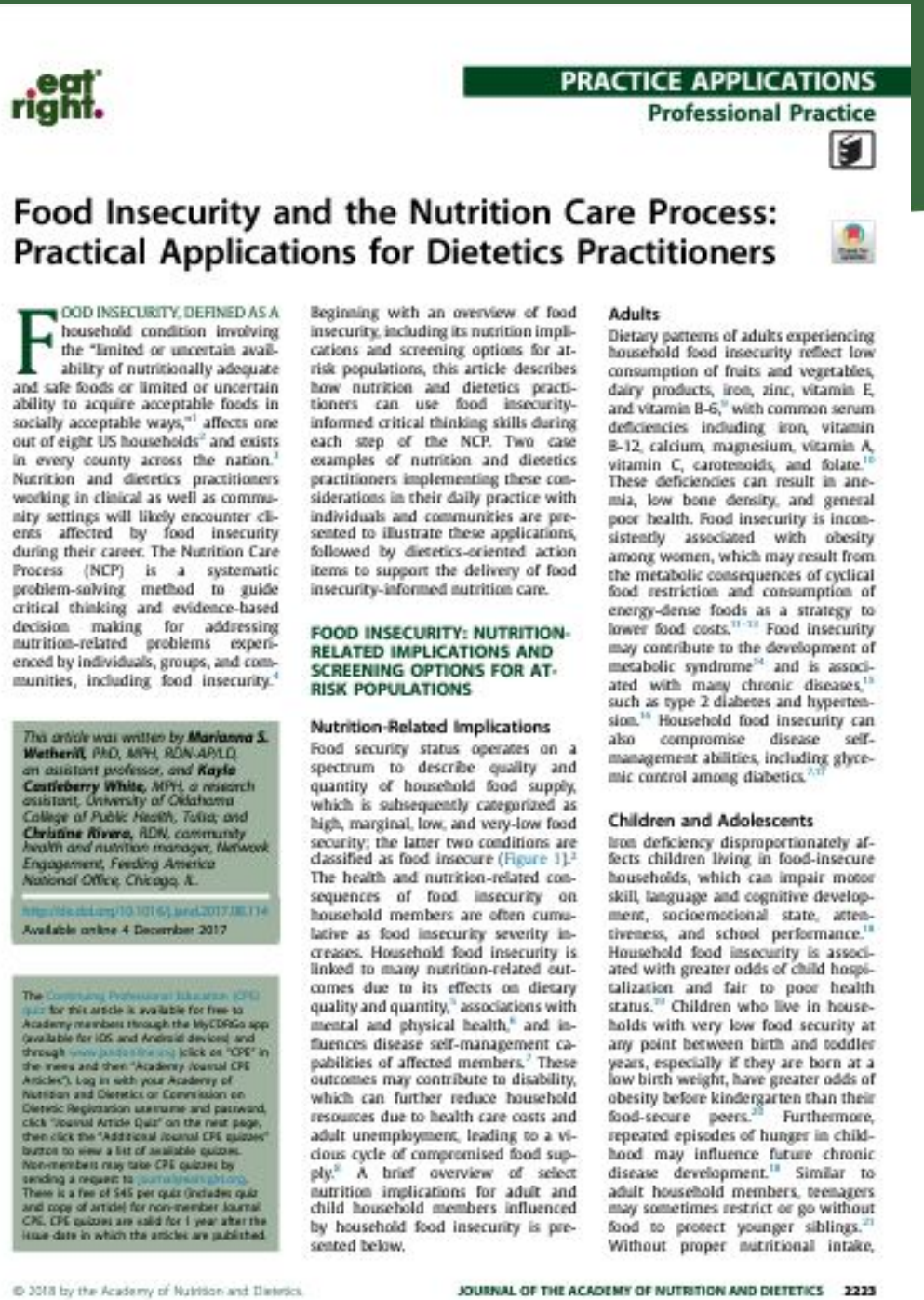
NCP and Food Insecurity

- Revision of the nutrition assessment and nutrition diagnosis terminology around limited access to food
- Reflects the spectrum of quality and quantity of household food supply
- Adults: Risk for anemia, low bone density, and general poor health (eg, obesity, metabolic syndrome, hypertension, compromised self-management)
- Children: Iron deficiency, higher risk of child hospitalization, obesity, and questions about future chronic disease development



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PRACTICE APPLICATIONS
Professional Practice

Food Insecurity and the Nutrition Care Process: Practical Applications for Dietetics Practitioners

FOOD INSECURITY, DEFINED AS A household condition involving the "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways,"[1] affects one out of eight US households[2] and exists in every county across the nation.[3] Nutrition and dietetics practitioners working in clinical as well as community settings will likely encounter clients affected by food insecurity during their career. The Nutrition Care Process (NCP) is a systematic problem-solving method to guide critical thinking and evidence-based decision making for addressing nutrition-related problems experienced by individuals, groups, and communities, including food insecurity.[4]

Beginning with an overview of food insecurity, including its nutrition implications and screening options for at-risk populations, this article describes how nutrition and dietetics practitioners can use food insecurity-informed critical thinking skills during each step of the NCP. Two case examples of nutrition and dietetics practitioners implementing these considerations in their daily practice with individuals and communities are presented to illustrate these applications, followed by dietetics-oriented action items to support the delivery of food insecurity-informed nutrition care.

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FOOD INSECURITY: NUTRITION-RELATED IMPLICATIONS AND SCREENING OPTIONS FOR AT-RISK POPULATIONS

Nutrition-Related Implications

Food security status operates on a spectrum to describe quality and quantity of household food supply, which is subsequently categorized as high, marginal, low, and very-low food security; the latter two conditions are classified as food insecure (Figure 1).[2] The health and nutrition-related consequences of food insecurity on household members are often cumulative as food insecurity severity increases. Household food insecurity is linked to many nutrition-related outcomes due to its effects on dietary quality and quantity,[5] associations with mental and physical health,[6] and influences disease self-management capabilities of affected members.[7] These outcomes may contribute to disability, which can further reduce household resources due to health care costs and adult unemployment, leading to a vicious cycle of compromised food supply.[8] A brief overview of select nutrition implications for adult and child household members influenced by household food insecurity is presented below.

Adults

Dietary patterns of adults experiencing household food insecurity reflect low consumption of fruits and vegetables, dairy products, iron, zinc, vitamin E, and vitamin B-6,[9] with common serum deficiencies including iron, vitamin B-12, calcium, magnesium, vitamin A, vitamin C, carotenoids, and folate.[10] These deficiencies can result in anemia, low bone density, and general poor health. Food insecurity is inconsistently associated with obesity among women, which may result from the metabolic consequences of cyclical food restriction and consumption of energy-dense foods as a strategy to lower food costs.[11–13] Food insecurity may contribute to the development of metabolic syndrome[14] and is associated with many chronic diseases,[15] such as type 2 diabetes and hypertension.[16] Household food insecurity can also compromise disease self-management abilities, including glycemic control among diabetics.[7,17]

Children and Adolescents

Iron deficiency disproportionately affects children living in food-insecure households, which can impair motor skill, language and cognitive development, socioemotional state, attentiveness, and school performance.[18] Household food insecurity is associated with greater odds of child hospitalization and fair to poor health status.[19] Children who live in households with very low food security at any point between birth and toddler years, especially if they are born at a low birth weight, have greater odds of obesity before kindergarten than their food-secure peers.[20] Furthermore, repeated episodes of hunger in childhood may influence future chronic disease development.[18] Similar to adult household members, teenagers may sometimes restrict or go without food to protect younger siblings.[21] Without proper nutritional intake,

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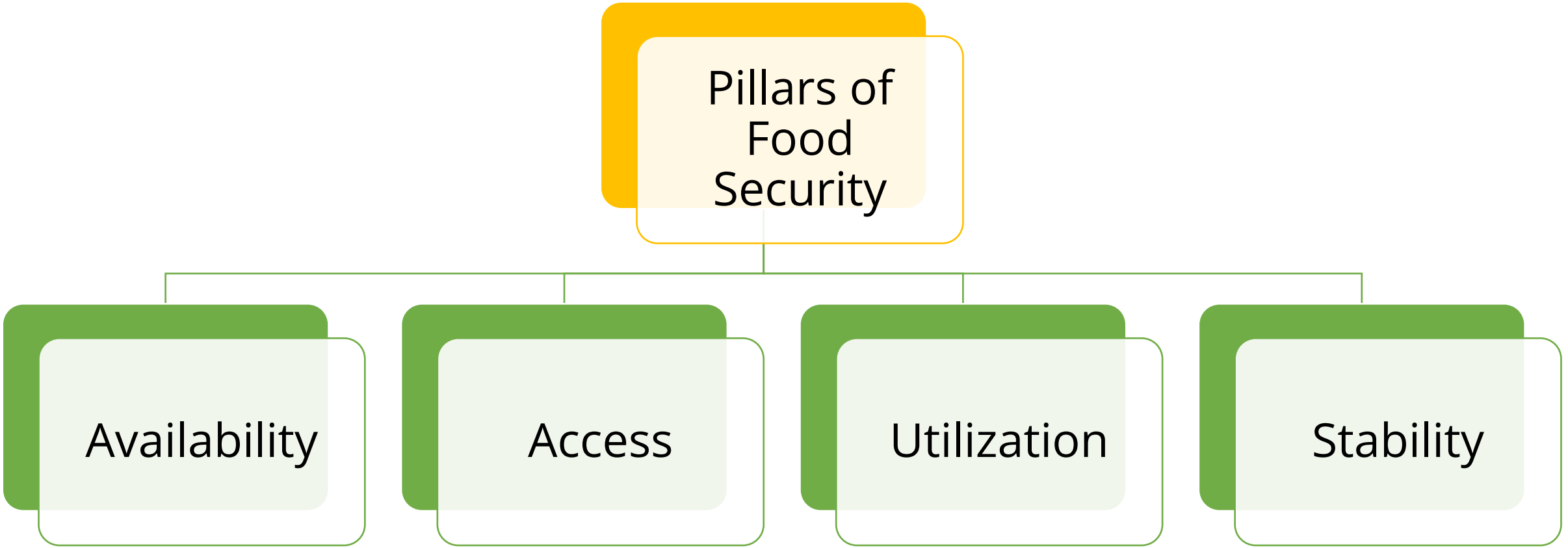
Nutrition Diagnosis Etiologies of Food Insecurity



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Nutrition Assessment of Health Equity

Communicating concepts around food insecurity

- Availability of shopping facilities
- Ability to procure safe food
- Access to food preparation equipment
- Availability of food refrigeration
- Ability to store food safely
- Ability to identify safe food

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Nutrition Intervention Terms to Address Health Equity

Team meeting involving nutrition professional

Referral by nutrition professional to another nutrition professional with different expertise

Collaboration by nutrition professional with other providers

Referral by nutrition professional to other providers

Referral by nutrition professional to community agencies and programs

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GMCS and Its Impact on Improving Health Equity

- GMCS addresses nutrition care as a human right by screening, diagnosing, and treating malnutrition; through offering evidence-based medical nutrition therapy, with support of an interdisciplinary team
- Identification and treatment of malnutrition is a key step towards health equity[1]
- GMCS includes an individualized nutrition care plan tailored to address any social determinants of health
- GMCS is an interdisciplinary measure that includes all available professional resources in acute care settings

Malnutrition identification, diagnosis, and treatment is at the intersection of health equity and poor health care quality

1. Tappenden, K., Quatrara, B., Parkhurst, M., Malone, A., Fanjiang, G., & Ziegler, T. (2013). Critical Role of Nutrition in Improving Quality of Care: An Interdisciplinary Call to Action to Address Adult Hospital Malnutrition. *J Acad Nutr Diet*(113), 1219-1237. doi:10.1016/j.jand.2013.05.015
2. Cardenas, D., et al. (2022). Nutritional Care is a human right: translating principles to clinical practice. *Nutr Clin Pract*(37), 743-751

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Resources:

Commission on Dietetic Registration - Global Malnutrition Composite Score webpage- www.cdrnet.org/GMCS

- GMCS FAQs and Measure Specifications Manual, implementation tools, past presentations and additional information

Commission on Dietetic Registration – Quality Improvement – www.cdrnet.org/quality

- 45 Practice Tips-Getting Started with Quality Improvement Revised Dec 2022 .pdf (cdrnet.org)

Academy of Nutrition and Dietetics

- *Journal of the Academy of Nutrition and Dietetics* Oct 2023 Supplement - Measuring malnutrition and food insecurity to facilitate quality care and health equity

CMS

- Global Malnutrition Composite Score measure information and specifications
- Composite quality measures information from AHRQ and CMS

MQii - GMCS for IQR webpage- https://malnutritionquality.org/gmcs-for-iqr/

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Business Case for GMCS

FREE 4.5 CPEU program to support credentialed nutrition and dietetics practitioners in developing an actionable plan

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Questions?

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Thank You!

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