

A step forward in the fight against malnutrition:

Improving home nutritional therapy in Switzerland

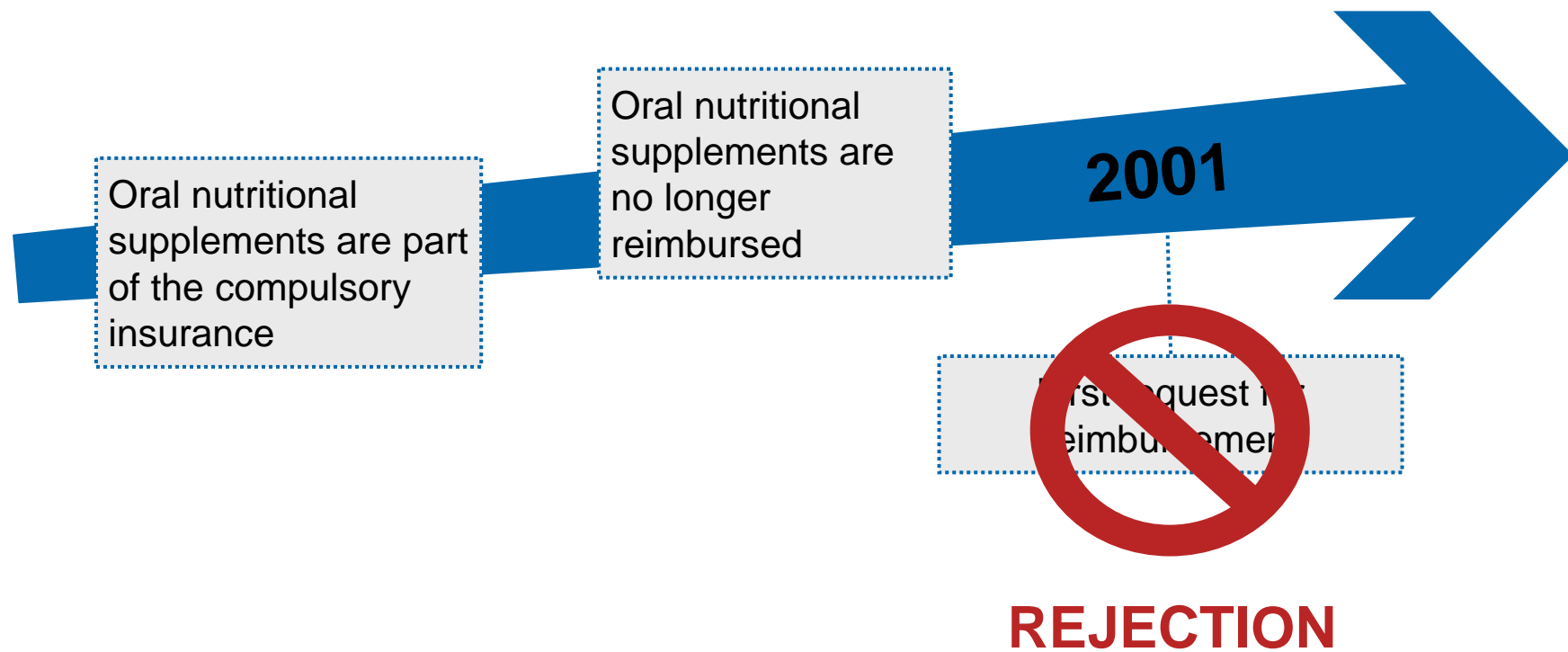
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Background



Reasons for rejection

- Fear of misuse as a lifestyle drink
- Lack of evidence for the effectiveness of oral nutritional supplements

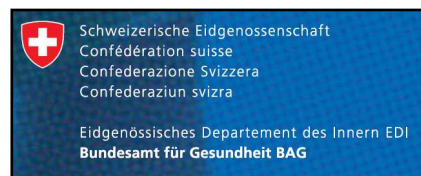
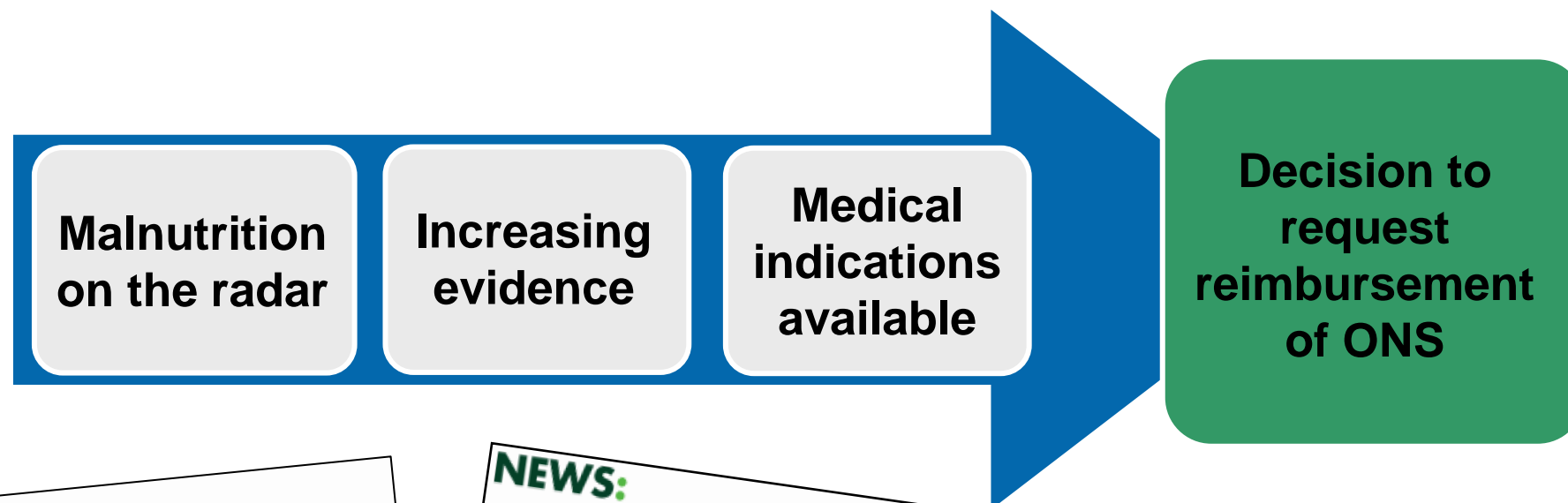
➔ Reimbursement only if the patients is hospitalised or possesses an extensive supplementary insurance

| Therapy ↓ | Insurers obligation ↓ | Condition for reimbursement ↓ |
|---|-----------------------------|--|
| Enteral nutrition at home | Yes | If sip feeding at home is not able to meet sufficient nutrition. |
| Sip feeding at home, oral nutritional supplements | No | |
| Parenteral nutrition at home | Yes | |

Disadvantages of the former regulation



Changing conditions: 2006 - 2011



Malnutrition in swiss hospital

Consequences of malnutrition in the hospital setting:

- Increase of time of hospitalisation: 4.9 days
- Additional cost per patient: 2790 Euro



- **Total additional costs due to malnutrition:
EUR 440 Mio**



ANDREAS FREI lic. rer. pol.
Gesundheitsökonomische Studien und Beratung

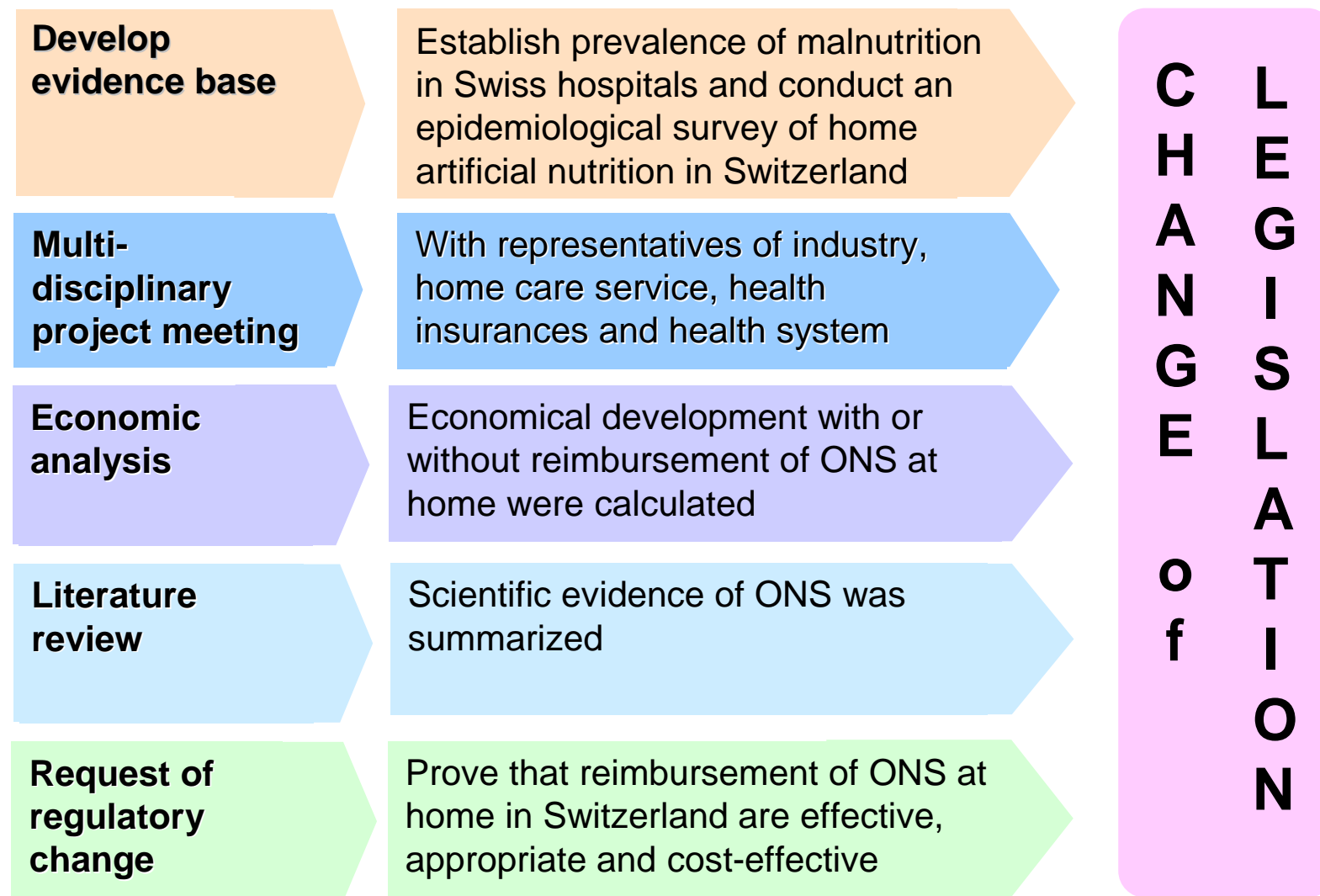
**Mangelernährung im
Spital - medizinische
Kosten und
Kosteneffektivität bei
Verhinderung**



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG

Key activities



Key activities

Develop evidence base

Multi-disciplinary project meeting

Economic analysis

Literature review

Request of regulatory change

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Develop evidence base

Clinical Nutrition 29 (2010) 38–41



Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>



Original Article

Prevalence of undernutrition on admission to Swiss hospitals

Reinhard Imoberdorf^{a,*}, Remy Meier^b, Peter Krebs^c, Paul J. Hangartner^d, Bernhard Hess^e, Max Stäubli^f, Daniel Wegmann^g, Maya Rühlin^a, Peter E. Ballmer^a

Method of nutrition in patients capable to be fed by mouth

| Intervention | <i>n</i> | % |
|--|----------|-----|
| Regular diet | 2018 | 56 |
| Dietary fortification | 295 | 8 |
| Oral nutritional supplements | 1025 | 29 |
| Dietary fortification and oral nutritional supplements | 238 | 7 |
| Total | 3576 | 100 |

Develop evidence base

Annals of
**Nutrition &
Metabolism**

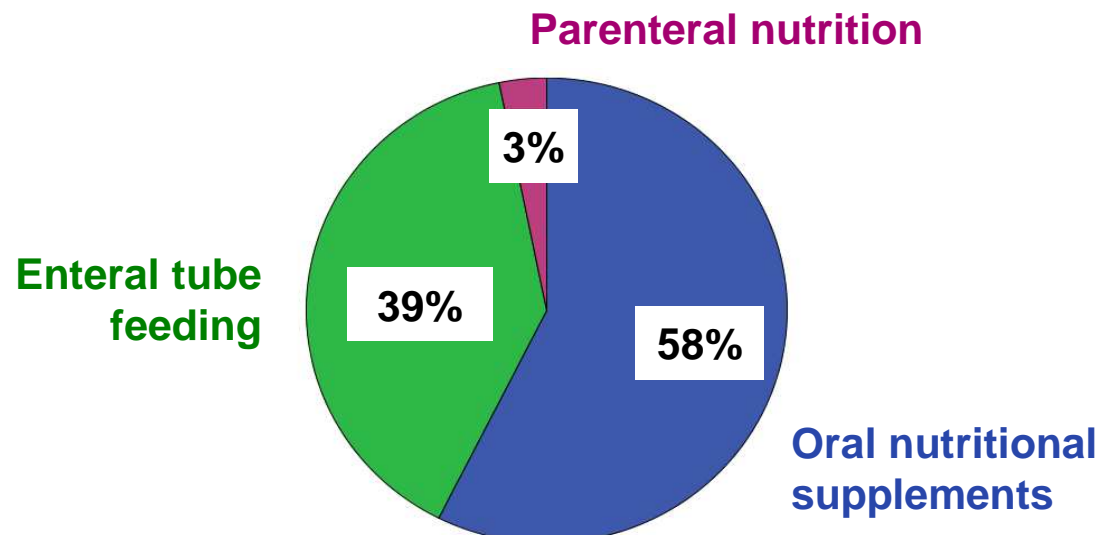
Original Paper

Ann Nutr Metab 2013;62:205–211
DOI: 10.1159/000346485

Received: September 26, 2012
Accepted after revision: November 27, 2012
Published online: March 12, 2013

Home Artificial Nutrition in Switzerland: An Epidemiological Survey from 2005 to 2009

Susy Ann Shaw^a Maya Rühlin^a Nicole Wagener^b Zeno Stanga^c
Rémy Meier^d Peter E. Ballmer^a



- All cases of HAN from 2005 to 2009
- Total of 12'917 cases
- 52 % males / 48 % females
- Mean age: 65.0 years

Multidisciplinaire project meeting: Activities



- To represent the current situation in regard to home artificial nutritional therapies
- To estimate future developments of home artificial nutrition with or without the requested regulatory change
- To find a solution how misuse of ONS can be avoided and how the expansion of the range of ONS products can be prevented

Literature review and economic analysis



Results of the economical calculation & the literature review

Effectiveness

- increases dietary intake
- reduces mortality and complication in elderly, hospitalised and acutely-ill patients
- associated with functional benefits

Appropriateness

- no trials showed significant adverse effects
- possibly minor gastrointestinal symptoms
- safe intervention

Cost-effectiveness

- costs arising are covered within five years by reducing enteral tube feeding therapies
- in the long term additional cost savings are expected by reducing malnutrition

Request for reimbursement



Schweizerische Eidgenossenschaft
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Swiss Confederation

Eidgenössische Kommission für allgemeine Leistungen und Grundsatzfragen (Leistungs- und Grundsatzkommission)

New legislation: 1.7.2012



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Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG
Direktionsbereich Kranken- und Unfallversicherung

Therapy Insurers obligation Condition for reimbursement

↓ ↓ ↓

CH-3003 Bern

Prof. Dr. i.
Präsident
Kantonsspital
Departement
Brauerstrasse
8401 Winterthur

| Therapy | Insurers obligation | Condition for reimbursement |
|---|---------------------|--|
| Enteral nutrition at home | Yes | If sip feeding at home is not able to meet sufficient nutrition. |
| Sip feeding at home, oral nutritional supplements | Yes | If medical indication is given by the treating physician |
| Parenteral nutrition at home | Yes | |

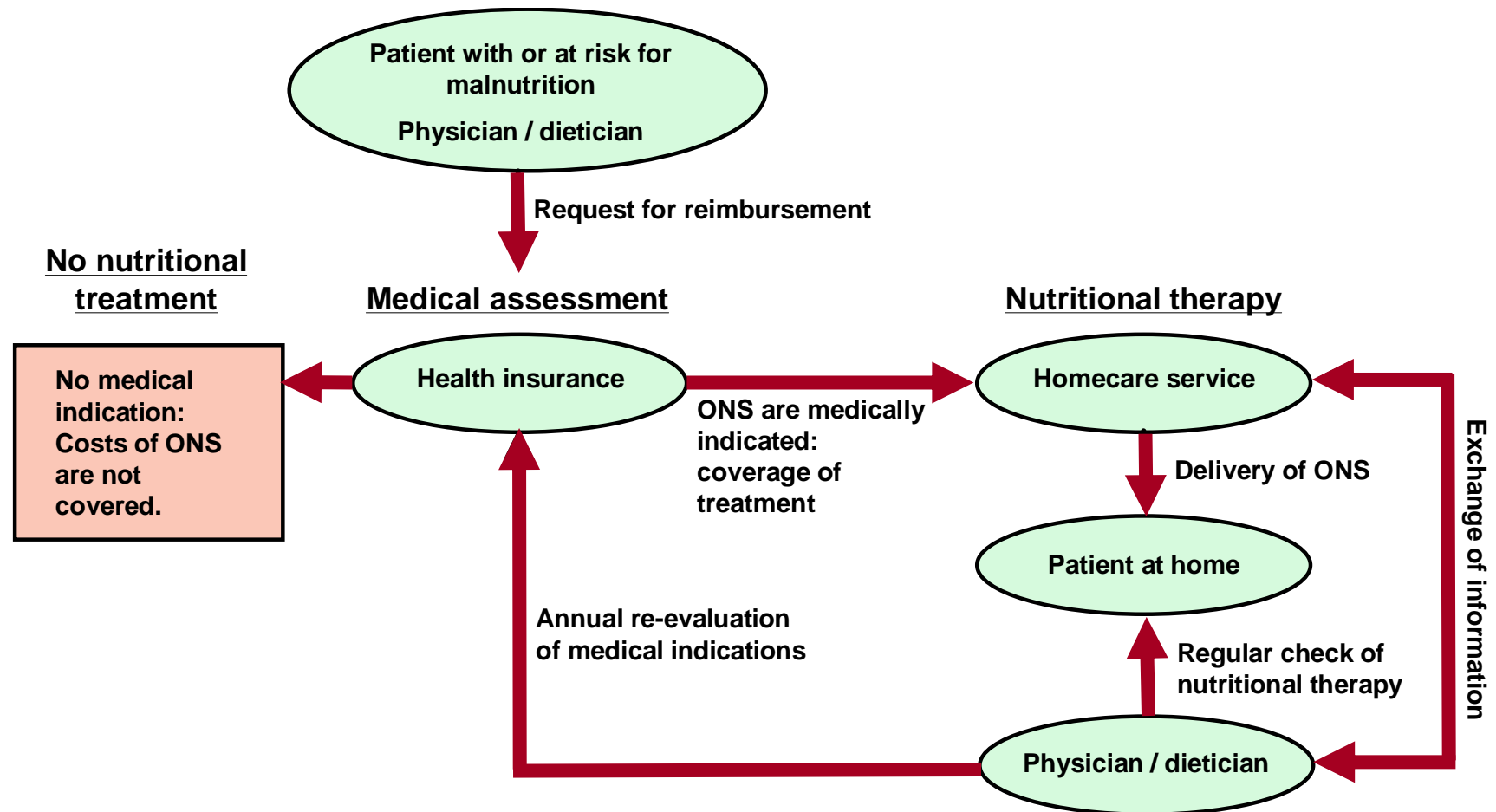
Sondenfreie enterale
Ernährung zu Hause

Ja

Wenn die Indikationsstellung gemäss „Richtlinien der Gesellschaft für klinische Ernährung der Schweiz (GESKES) über Home Care, künstliche Ernährung zu Hause“ vom Januar 2009 gestellt ist

1.7.2002/
1.7.2012

Translation into clinical practice



Key achievements (2011 vs 2013)

Comparison before and after reimbursement of ONS:

- Total artificial nutrition therapies increased: + 83.7%
- Therapies of sip feeding increased: + 146 %
- Therapies of tube feeding decreased: - 7 %
- Total costs for artificial nutrition therapies decreased: - 9.8 %
- Misuse could be prevented

Expected benefits

- Cost savings by replacing expensive tube feeding at home



- Elimination of the unfair cost burden



- Reduction of hospital costs



- Reduction of indirect costs caused by malnutrition

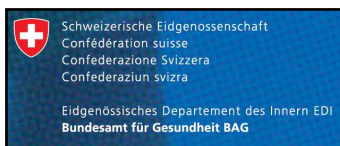


- Reducing malnutrition in Switzerland



Thank you!

Partnerships for a successful request of reimbursement



Société Suisse de Nutrition Clinique
Gesellschaft für Klinische Ernährung der Schweiz
Società Svizzera della Nutrizione Clinica

