MNI Grant 2018

"Development of a cost-economy tool to assist regional administrations to tackle DRM in Spain"

40th ESPEN CONGRESS

EUROPEAN SOCIETY FOR CLINICAL NUTRITION AND METABOLISM

ESPEN CONGRESS

on Clinical Nutrition & Metabolism

Madrid, Spain | 1 - 4 September 2018

Nutrition Without Borders

Alianza más nutridos

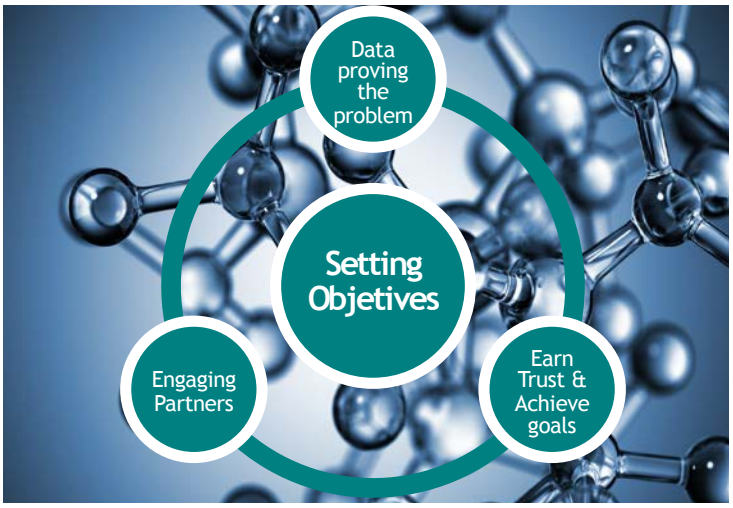
Medical Nutrition International Industry

Better care through better nutrition

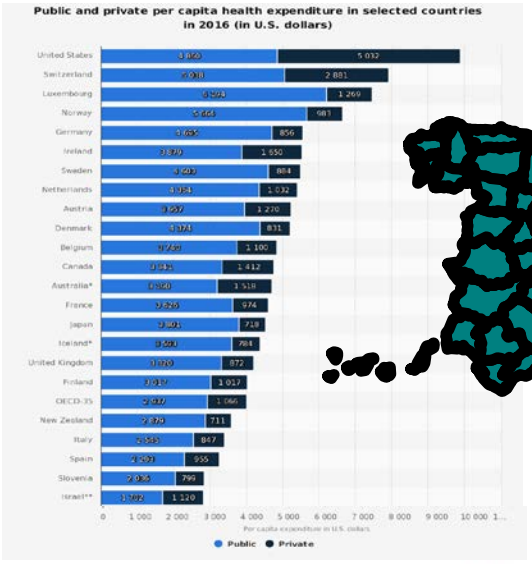
- Grant 2017 • Education for Healthcare Practice (UK)
- Grant 2016 • Education of future healthcare professionals (Turkey)
- Grant 2014 • Improving home nutritional therapy (Switzerland)
- Grant 2013 • Power of partnerships to fight malnutrition (Ireland)
- Grant 2012 • Awareness and new legislation to tackle malnutrition (Greece)
- Grant 2011 • Multidisciplinary consensus on hospital malnutrition (Spain)
- Grant 2010 • Decrease malnutrition prevalence rates (Netherlands)
- Grant 2009 • Multi-modal strategic approach against malnutrition (Denmark)
- Grant 2008 • "Malnutrition Matters" campaing (UK)

Alianza más nutridos

National Fight against Disease Related Malnutrition



17 Regional Autonomous Governments





másnutridos Alliance

From Project… to Alliance

- Necessary for a multidisciplinary approach able to implant the screening and treatment in different levels of care



Organization of másnutridos Alliance



Executive Board

SENPE

Abbott Foundation

Ketchum

Consulting and Technical Secretariat

Website Editorial Committee

Interterritorial Group

37 members of SENPE in the 17 Autonomous Communities



Board of Directors

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CGE	SEGG	AEHH
SEMFYC	SEOR	GERM

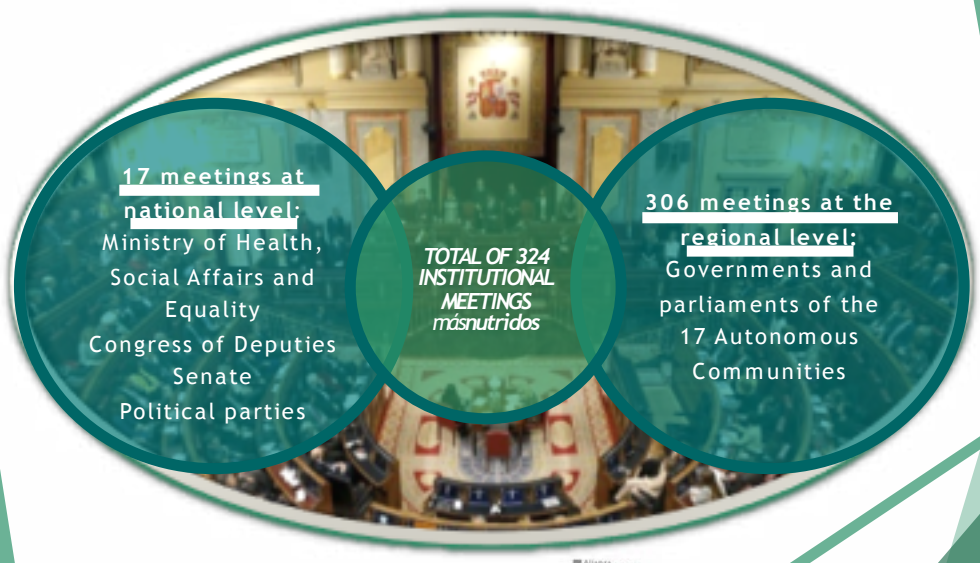
Initiatives developed by másnutridos Alliance

Description of the initiative



2012	2013	2014	2015	2016	2017	2018
Launch of másnutridos project	Creation of másnutridos regional network (37 delegates in 17 regions)	Spread the fight against DRM				
ENGAGEMENT OF HEALTH PROFESSIONALS (HP)						
			Creation of Alliance másnutridos. Represention 35% of HP	Growth of the Alliance 50% of HP	Adhesion of 6 new members reaching 60% of HP	Enlargement of the Alliance 75% of HP
POLITICAL & INSTITUTIONAL INITIATIVES						
			Non Law Propostion (NLP) on DRM in Baleares Aragon is elaborating a document for the approach of DRM	Elaboration of DRM document by the Ministry Canary Islands approved implementation of nutritional screening in hospitals	Patient's manifest signed by 26 organisms NLP on DRM in Galicia and Andalucia Galicia includes measures to screen DRM in hospitals' management contracts	Raise awareness to Her Majesty the Queen Letizia LP on DRM in La Rioja and Murcia DRM included in Pre-draft law on healthy habits in Andalucia
INTERNATIONAL DISSEMINATION OF APPROACHING DRM AMONG PROFESSIONALS						
				ONCA (Optimal Nutrition Care Approach) Madrid	International Nurse's Congress	
STUDIES ON DRM (prevalence and cost-efficiency)						
Predyces® Study			Dream +65 Study	Creation of CIPA nutritional screening tool in Canary Islands	Prevalence DRM Dr. Peset Hospital (Valencia)	Prevalence DRM Study in La Rioja region

Institutional Meetings



2010

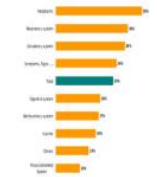
PREDyCES — Prevalencia de la desnutrición hospitalaria y costes asociados en España

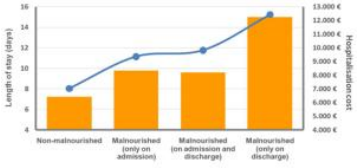
SENPE


Nutrición Hospitalaria

Original

Prevalence and costs of malnutrition in hospitalized patients; the PREDyCES® Study





50% more

Prevalence of malnutrition risk (NRS2002 ≥3)

23%

DREAM-65

Creation of CIPA nutritional screening tool in Canary Islands

Prevalence DRM Study in La Rioja region

Prevalence DRM Dr. Peset Hospital (Valencia)

Alianza más nutridos

Meetings with health care administrations

Constant demand:

Economic consequences of DRM

Diagnosis and Treatment



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Health Care Administrations need to know the economic effect of the implementation of changes in clinical practice

Estimation of the economic impact of DRM and the cost/effectiveness of nutritional screening, evaluation and intervention

Contribution to the sustainability of the NHS & budget stability

Analyses of hospital studies comparing ONS with no ONS or routine care

Study	Country	N	Nutritional Status	Age group (years)	Type of study	Comparison	Cost saving per subject in favour of ONS group	Cost saving (% of control)
BAPEN report 2005								
i Rana et al. 1992	UK	40	M + NM	<65	I	ONS v no ONS	£1249.4	20.71
ii Keele et al. 1997	UK	86	M + NM	<65	I	ONS v no ONS	£896.7	18.1
iii Smedley et al. 2004	UK	89	M + NM	<65	I	ONS v no ONS	£260.7	4.93
iv MacFie et al. 2000	UK	62	M + NM	<65	I	ONS v no ONS	£1125.8	23.04
v Boattio et al. 2000	UK	101	M	<65	I	ONS v routine care	£830.6	10.59
vi Delmi et al. 1990	CH	59	M	≥65	I	ONS v no ONS	£4491.2	39.94
vii Lawson et al. 2003	UK	181	M + NM	≥65	I	ONS v no ONS	£444.9	9.92
viii Potter et al. 2001	UK	381	M + NM	≥65	I	ONS v routine care	£330.4	10.8
ix Gazzotti et al. 2003	BE	60	M	≥65	I	ONS v no ONS	-£246.4	-7.32
x Garibalia et al. 1998	UK	40	M	≥65	I	ONS v no ONS	£2090.8	42.73
xi Vlaming et al. 2001	UK	281	M	≥65	I	ONS v no ONS	-£1306.3	-49.29
Banks et al. 2013	AU	1356	M	≥65	I + O	ONS v no ONS	€143.6 (£93.25)	
Philipson et al. 2013	US	1160088		≥65	O	ONS v no ONS	$4734.0 (£3148)	21.6
NICE 2012	UK	1410440	M	≥65	I + O	ONS v no ONS		

86% of the cost analyses favoured the ONS group*

12.2%†

*12 of 14 cost analyses comparing ONS with no ONS or routine care. †Based on twelve studies with quantitative data.
UK = United Kingdom; CH = Switzerland; BE = Belgium; AU = Australia; US = United States; M = malnourished; NM = non-malnourished; I = interventional study; O = observational study.

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Retrospective cost-analyses of community studies comparing ONS with control groups

Study[a]	N	Setting	Cost saving per subject in favour of ONS group[c]	Cost saving (% of control)[c]	Nutritional Status	Age group (years)	Type of study	Single-or multi-centre	Comparison	ONS use (months)
Smedley et al. 2004	85	C(pre-op)	£440.6[b]	9.2	M+NM	<65	I	Multi	ONS v no ONS	<3
MacFie et al. 2000	49	C(pre-op)	£330.1[b]	7.3	M+NM	≥65[d]	I	Single	ONS v no ONS	<3
Flynn et al. 1987	36	C(pre-op)	£1113.1[b]	13.7	M	<65	I	Single	ONS v no ONS	<3
Smedley et al. 2004	76	C(pre-op)H	£853.2[b]	16.2	M+NM	<65	I	Multi	ONS v no ONS	<3
MacFie et al. 2000	49	C(pre-op)H	£704.8[b]	14.4	M+NM	<65[d]	I	Single	ONS v no ONS	<3
Freijer & Nuijten 2010	Model	C(pre-op)H	€252.0[b]	7.6	M	<65	IO	Multi	ONS v no ONS	<3
Smedley et al. 2004	76	C(pre-op)HC (post op)	£788.5[b]	14.9	M+NM	<65	I	Multi	ONS v no ONS	<3
Beattie et al. 2000	101	HC(post-op)	£668.2[b]	8.5	M	<65	I	Single	Other[f]	<3
Smedley et al. 2000	79	HC(post-op)	£260.7[b]	4.9	M+NM	<65	I	Multi	ONS v no ONS	<3
Neelemaat et al. 2012	184	HC(post-discharge)	-€403.0	-4.9	M	≥65	I	Single	Other	≥3
Edington et al. 2004	100	C	-£1159.34[b]	-54.0	M	≥65	I	Multi	Other	≥3
Arnaud-Battandier et al. 1999	378	C	€195.0	7.2	M	≥65	O	Multi	Other	≥3
Nuijten & Mittendorf 2012	Model	C	€245.5	14.1	M	<65[e]	I	Multi	ONS v no ONS	≥3
Freijer et al. 2012	Model	C	€90.1	4.7	M	≥65	I	Multi	ONS v no ONS	≥3
Hirsch et al. 1993	51	C	-(loss)[b]	loss	M+NM	<65	I	Single	ONS v no ONS	≥3
Wilson et al. 2001	32	C	+(saving)[b]	saving	M	<65	I	Multi	Other	≥3

H = Hospital; C = Community; pre-op = pre-operative; post-op = post-operative. The sequence indicates the order in which ONS was administered (e.g. HC = hospital first and then community); M = malnourished; NM = non-malnourished; I = interventional; O = observational. [a]Only full text papers and analyses of full text papers in reports are included. [b]Details of the retrospective economic analyses can be found in the BAPEN report. [c]Positive values indicate that the net balance favours the ONS group (lower cost in the ONS group than the comparison group) and the negative sign, the comparison group (higher cost in the ONS group than the comparison group). [d]Based on average of the mean age of the groups involved. [e]Largely based on Norman et al. 2008[23]. [f]ONS v routine care (which may include use of some ONS).

Clin Nutr 2016; **35**:125-137.

What will be done?

- Assess the economic impact of DRM
- Evaluate the cost of implementation of nutrition screening, assessment, treatment, follow-up, coding in hospitals
- Measure the cost savings and cost-effectiveness of this implementation in hospitals
- Calculation model to evaluate the cost of implementation and potential cost savings in each Autonomous Region

Resources planned or required

- Hiring a Health Economic Consultancy Agency
  - collection of data
  - creation of a theoretical model
  - development a budget impact model to demonstrate the economic value of proper nutrition care
  - analysis of the results
  - Write the final report
- Development and dissemination of key messages

Results/outcomes & expected impact

- This Project will contribute to be closer to Zero-DRM at NHS by changes in clinical practice that improve healthcare quality of patients
- Practical Implementation of the MoH policy paper on DRM in the NHS
- Engaging all the stakeholders of the Masnutridos Alliance and Health Care decision makers in the development of quality indicators of nutrition care
- Adaptations of the results for each Regions to demonstrate the burden of malnutrition and potential cost savings

Outcomes and expected impact

Improve healthcare quality and reduce NHS costs

Creating awareness among decision-makers, health professionals, patients and society in general, about disease related malnutrition (DRM) and its associated costs in every medical specialty

Changing current clinical practice

Medical Nutrition International Industry

optimal nutritional care for all

ESPEN The European Society for Clinical Nutrition and Metabolism



