The importance of measurement: Prevalence and economic research as the basis for ‘everything’...

Niamh Rice
The 3 developments with greatest impact on efforts to advance nutritional care

1. Validated Screening Tools
   - MUST
   - MNA
   - NRS2002

   "Enabled evaluation across different groups, care settings and countries using consistent criteria"

2. Burden of Illness Study (UK), 2005
   The cost of disease related malnutrition in UK and economic considerations in the use of ONS. Elia, M. Bapen report.

   "Established malnutrition as a major public health issue. Provided model that other countries could adapt / apply."

3. Building health economic data into an effective communication strategy

   "Media advocacy blends communications, science, politics and advocacy to advance public health goals"
The STRATEGY:

THE PROBLEM

Establish malnutrition as the major and costly problem it is.

THEIR PROBLEM

Focus healthcare system on trying to solve it..

SOLUTION

Establish optimal nutritional care as cost effective solution.
Influencing policy – 3 principles:

- Develop an *inarguable* business case *(STORY)*
- Have *important others* support and make the case
- Make sure your case is delivered *compellingly* to the right audience

**Problem with the current situation**

**Gains associated with the proposed solution**
Q1: How big is the problem LOCALLY?
Q2: What does it cost now? (patients, healthcare system)
Q3: Can the problem be effectively tackled?
Q4: How much do we need to spend to save?

4 key questions
How big is the problem of malnutrition?

1. Local prevalence data

- Large scale, validated methodology
- Allows comparison against other countries
- Published in peer reviewed journal
- Communicated to Political stakeholders
- Used as the basis for MEDIA MESSAGING / PR CAMPAIGNS

Q1 WE HAVE A BIG PROBLEM
How much does it cost now?

Local ‘burden of disease’ data

- Healthcare activity databases
- Obtain official unit cost data
- Use as basis for local models (care setting / hospital / regional healthcare group)

Q1 WE HAVE A **COSTLY** PROBLEM
High level message...

In 2013, the malnourished /at risk 4% of the adult population ...went on to occupy 36% (>1million) of total acute bed days available in Republic of Ireland

Q3 Is there a cost effective solution? ONS delivers net savings

HOSPITAL STUDIES

Complications -35%
Length of Stay† -13 % to 21% (meta-analyses)
Reduced episode costs -12%

Mortality - 35%
(I in 3)

COMMUNITY STUDIES

Readmissions -16.5%

+including infections, pressure ulcers, poor wound healing, fracture healing.

IN CONTEXT:
Amplifying research impact – unpack, translate into language they understand, putting research into context

Briefing document
Policy advocacy
Publishing related papers to highlight the potential value of initial research
Q4: What would it cost to reduce the problem here? (essential to apply results from HE data to local situation)
Budget Impact Analysis
Required to support investment in national nutrition screening programme

National Clinical Guideline
Nutrition screening and use of oral nutrition support for adults in the acute care setting

Annex 3: Budget Impact Analysis

<table>
<thead>
<tr>
<th>Recommendations for significant resource impact</th>
<th>Annual Cost (full implementation) (£000)</th>
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</thead>
<tbody>
<tr>
<td>Nutrition screening</td>
<td>€537</td>
</tr>
<tr>
<td>Nutrition Assessment &amp; Follow up</td>
<td>€2,881</td>
</tr>
<tr>
<td>Treatment</td>
<td>€175</td>
</tr>
<tr>
<td>Training</td>
<td>Not included</td>
</tr>
<tr>
<td>Total Cost of full implementation</td>
<td>€3,693</td>
</tr>
<tr>
<td>Reduced length of inpatient stay</td>
<td>€27,954</td>
</tr>
<tr>
<td>Reduced outpatient visits</td>
<td>Nil</td>
</tr>
<tr>
<td>Reduced GP visits</td>
<td>Nil</td>
</tr>
<tr>
<td>Reduced admissions/readmissions</td>
<td>Nil</td>
</tr>
<tr>
<td>Total potential annual saving</td>
<td>€24,214</td>
</tr>
</tbody>
</table>

Conclusions
The full implementation of this guideline produces a net cost saving, based on reducing LOS of malnourished patients by an average of 13.9% when treated. A key assumption in the model is that patients with medium and high risk scores for malnutrition have a longer LOS compared with non-malnourished patients (1.3 x LOS) (Elia, 2005).

A table summarising the budget impact of implementing the guideline is shown below:
**IN CONTEXT OF INTESTINAL FAILURE ADVOCACY EFFORTS**

1. **Establish the size and cost of the problem**

2. **Let patients explain the impact via the media**

3. **KOLS have a responsibility to support EBM**

   - Cost Savings Overall
     - Cost of Inpatient stay = 295,000 euro/yr
     - Cost of Home service = 93,000 euro/yr
     - Saving of 203,000 euro per yr per child

4. **Exert even more pressure on decision makers by highest level political engagement, in full glare of media**

5. **Use HE / PE data to build a compelling, ‘inarguable’ business case**
To leverage data, you need to translate into facts that immediately allow people appreciate **the scale of the problem and the value of the solution**.
Our strategic approach to shaping policy and advancing best practice

1. **Build Evidence for compelling business case**
   - Local prevalence data

2. **Awareness for action**
   - Build support for your case with important others
   - Partnership initiatives

3. **Education for better practice**
   - Change minds and attitudes - focus on outcomes
   - Deliver training solutions

4. **Access to high quality care**
   - Secure access to high quality, evidence based care
   - Campaign for and develop improved care models

5. **Implementation models**
   - Business case development and testing
   - Audit, review and support to ensure national roll out

Plug into media and Government engagement to influence nutrition agenda and strengthen advocacy efforts.

**Highly focused** use of research aligned to strategic goals.

**Highly targeted** selection of stakeholders / decision makers to engage with and drive goals

**Focus** on quality delivery of medical education through partnership with RCPI and universities.

Highly focused advocacy programme 2017 – 2020:
1. Intestinal failure
2. Treatment programme for severe obesity
3. Nutrition in cancer patients
4. Home enteral / parenteral nutrition support