

Fighting the malnutrition battle: THE POWER OF PARTNERSHIPS

Annual Meeting of Clinical Nutrition in Denmark Copenhagen May 9th 2014

Niamh Rice

Nutrition and Medical Affairs Consultant

Director IrSPEN

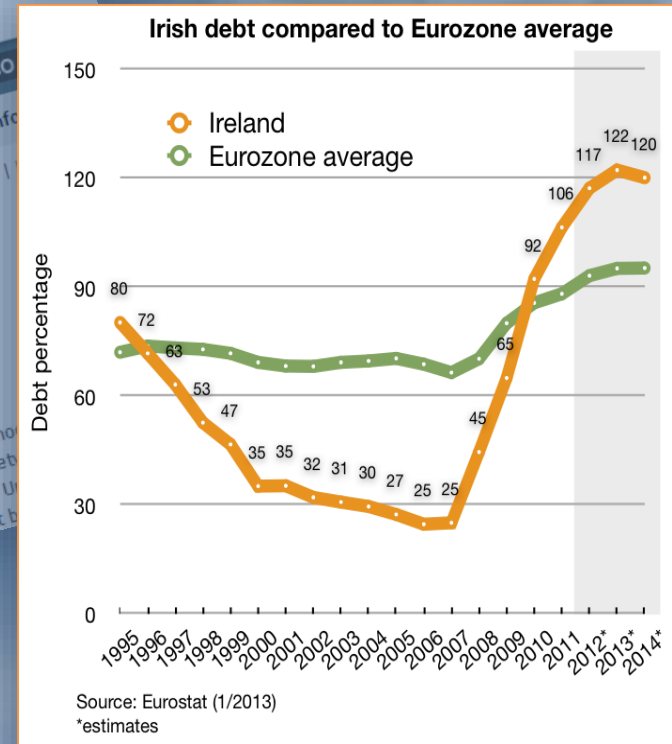


Irish Society for
Clinical Nutrition
& Metabolism



Background

- CUTS OF €3.3BILLION IN 3 YEARS (22%)



Clinical nutrition targeted for savings

Irish Medical Times
The independent weekly for the Irish doctor since 1967 31.10.2008 (€6.50)

Inside...
News
€100,000 annual spend on HSE
nutritional supplements
Initial hopes to cost appearance
+p2
HSE says it will take legal action
unauthorised medicines +p3
€3.50 million from mental health and
care for children +p4
Subsidised stroke treatment
worth updating +p6
Infectious diseases for sale to
health companies +p4

Interview
Drug dealer speaks to Dr Steve
McGowan on the impact of
standards in the last year
industry +p10

Opinion
Dr Gerald McGowan +p28
Dr Joyce Sutcliffe +p22

PHARMACIST NEWS

Sip feeds waste millions

By Gary Collins
gary.collins@irish.it

Over the last few years, the HSE has been spending up to half of the money spent on clinical nutritional products on wasteful products that are not essential to the patient's health. The HSE is also undertaking competitive tendering arrangements to determine cost-effective reimbursement prices for agreed non-drug items, where appropriate. The estimated annual savings are approximately €3.5 million. Some savings

of that by or doctors take only a very small amount per pack of the supplement costs agreed, the benefit may only last for 24 hours. Some savings because the product is no longer available or the patient side on

instability is a major issue, as regular checks are needed. A pilot project under the HSE has involved a group of GPs supported by community pharmacists. Usage of nutritional supplements has been cut by 20 per cent through more targeted usage.

Up to €10.5 million per year is wasted on prescribed and nutritional supplements, the HSE has said. The HSE will put in place a programme to reduce the amount spent on these products this year. The HSE has said it will also review the use of these products in the future. These products are given to patients where there is a clinical need. The HSE has said it will also review the use of these products in the future. These products are given to patients where there is a clinical need.

Health Minister warns of greater HSE cuts for 2012



€750m in healthcare cuts to hit the most vulnerable

By Fiachra Ó Cionnaith and Evelyn Ring

TUESDAY, JANUARY 17, 2012

THE old, the sick and the vulnerable will bear the brunt of HSE plans to cut €750 million from a creaking health system. Despite claims from Health Minister James Reilly that the move means funds will be more effectively targeted, the HSE's national strategy for 2012-2015, which means €2.5 billion has been slashed from the system since January 2010, is

Amendment to Competition Act will not apply to the IPU

The Government is to seek an amendment to the Competition Act to allow it to regulate with the Irish Medical Organisation (IMO) however, this amendment will not apply to the IPU and Pharmacists has been said. In a statement released following the debate over the issue of free medical cards to the over 70s in last month's budget, the Government announced that it was to "pursue appropriate arrangements to Section

New group established to secure savings of €64m in state's drug bill

Pharmacoeconomics expert Dr Michael Barry, has been appointed Chair of a new group charged with developing recommendations for safe and effective prescribing which the Government hopes will provide "significant scope for savings". This move comes following the recent fall-out from the highly controversial medical cards for the over 70s debate in last month's budget which resulted in the coalition significantly increasing the threshold for medical cards for this age group.



Dr Michael Barry

new single capitation rate for GP funding the over 70s and "the 80s". In the course of discussions, the potential for significant savings in drug costs, without compromising on patient care, is a key element.

The Government is currently in process of naming members of the WU under the Chairmanship of Barry.

According to the Coalition, this process aims "to develop recommendations for good practice which will secure safe and



Irish Society for
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The problem



Malnutrition
not on the
radar

Focus on
preserving
front line
services

Nutrition
seen as '*nice
to have*'



IrSPEN launched December 2010

New group established to combat malnutrition



The IrSPEN board members are: (l-r) Dr Eileen Gibney, Ms Julie Dowsett, Ms Janis Morrissey, (l-r, front) Dr Nick Kennedy, Mr John Reynolds, and Ms Niamh Rice

DANIELLE BARRON

A new multi-profession healthcare group has been launched which aims to raise awareness of the enormous hidden cost of malnutrition to the Irish healthcare system, with older people and those with underlying disease or chronic illness at particular risk.

The Irish Society for Parenteral and Enteral Nutrition (ISPEN) will focus on improving the detection and management of all nutritionally at-risk patients in hospitals, residential care or living at home.

The newly incorporated group has been founded with the support of the Irish Society of Gastroenterology (ISG),

Founding partners



The Irish Society of Gastroenterology



- Abbott Nutrition
- Nutricia Medical
- Fresenius Kabi



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Strategy needs to focus on two core aims..

Establish malnutrition as a
major and costly problem

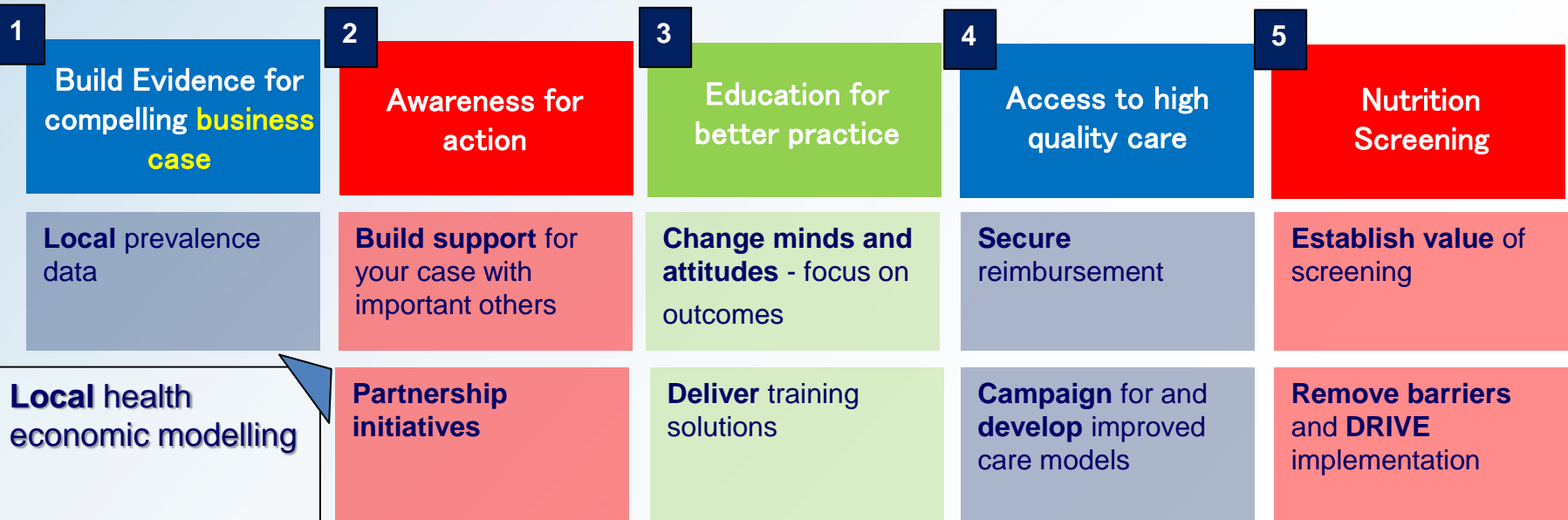
Position
'proactive'
nutritional care
model as solution



To shift opinion and drive change...



From strategy to action... (delivering solutions)



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



Step1: Build evidence base (with help from friends)

1

Build Evidence for
compelling **business**
case



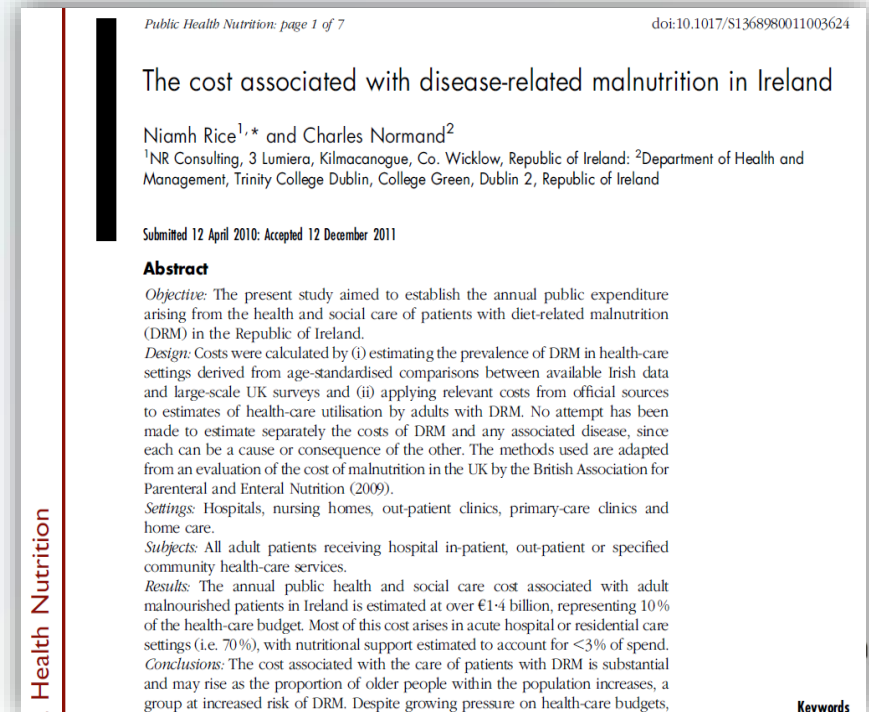
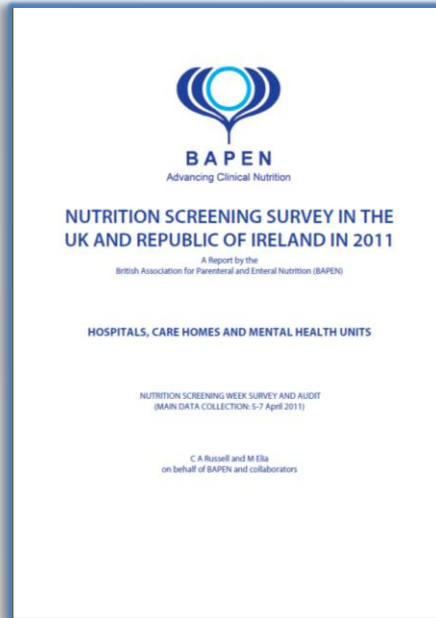
Establish local
prevalence data



Establish local
'burden of
disease' data

Economic modelling
by Elia and Stratton

INDI conducted
screening, C Russell
of BAPEN support
invaluable



Step2: Use numbers to drive news

2

Drive awareness and build support

Build support for your case with important others

Plug all activities into consumer and medical media

Focus on economic backdrop to generate news / drive agenda

Key Opinion Leaders

Professional bodies

Policy advisors

Patient Advocacy groups

Health Writers

'Malnutrition costs €1.5bn'

A LEADING expert has claimed malnutrition is a huge public health problem in Ireland – costing more than €1.5 billion a year.

Professor Marinos Ilia from Britain's Institute of Human Nutrition also insisted the current economic climate is “the perfect time for Ireland

● Nutrition

€1.5bn spent on malnutrition

A leading expert believes Ireland needs to formulate a new policy on malnutrition and address its mounting cost

A leading international nutrition expert has claimed that malnutrition is a huge public health problem in Ireland – costing more than €1.5 billion a year.

Professor Marinos Ilia from Britain's Institute of Human Nutrition also insisted the current economic climate is “the perfect time for Ireland

● Nutrition

Irish Examiner

Patient malnutrition costing State nearly €1.5bn a year

Tuesday, March 05, 2013 - 07:38 AM



FOOD SHOCKER ONE IN 4 PATIENTS IN OUR HOSPITALS SUFFERING FROM MALNUTRITION

Bill is 10% of health budget

Malnutrition is a major public health problem in Ireland, costing the State nearly €1.5bn a year, a leading expert has claimed.

Professor Marinos Ilia from Britain's Institute of Human Nutrition also insisted the current economic climate is “the perfect time for Ireland

● Nutrition

ispenn International Society for Parenteral Nutrition

ispenn 2013 Conference
Tuesday 19 March (1)
O'Connell Hotel, Dublin

Integrating Nutrition into Medicine and Healthcare – Can we afford not to?

Dietary malnutrition is a major public health issue that affects over 140,000 Irish hospital and community patients at a cost of €1.5bn per year – costs the area from poorer patient outcomes, higher healthcare utilisation and a greater need for long-term care by those affected.

- But are we doing enough to identify and target nutritional support at the right patients?
- What can we learn from initiatives in other parts of Europe?

This half day policy-focused seminar will bring together key opinion leaders and experts from Europe and Ireland to debate the clinical and cost issues of malnutrition, and to develop a national approach to tackling malnutrition in both community and hospital settings.

Programme: Health Economics, Policy & Nutrition		
14.00	Chairman Address & Welcome	Professor John V. Reynolds, Professor of Surgery, Trinity College Dublin
14.15	Session Chair:	Professor Charles Normand, Trinity College Dublin
14.15	Economic impact of malnutrition in a clinical setting: The European Perspective	Professor Ole Ljungqvist, Professor of Surgery, Gothenburg University, Sweden
14.40	Malnutrition in the Elderly: A Challenge for the Future	Dr. Michael Chaturvedi, Academic University of Queensland, Greece
15.10	Coffee break	
15.10	Integrating high quality nutritional care standards into healthcare practice: The challenge	Professor Marinos Ilia, Institute of Human Nutrition, The UK experience
15.30	Economics of malnutrition in Ireland: Can a national screening programme deliver real savings?	Dr. Nuala P. O'Brien, Consultant Medical Affairs Director, HSE
15.50	Debating the Solutions	Panel
16.30	Chairman's Summary & Conclusions	Professor Normand
17.00	SESSION CLOSE	

This programme has been awarded 2 CME credits.

ispenn International Society for Parenteral Nutrition

Irish Society for Clinical Nutrition & Metabolism

Step3: Focus on developing future champions

3

Educate to change minds and practice



Nutrition course developed and run with Royal College of Physicians in Ireland







Two IRSPEN major conferences with themes and speakers to attract medics



LLL LAUNCHED MARCH 2013



 Irish Society for Clinical Nutrition & Metabolism Basic Nutrition Study Day for SpR's 14th November 2012 RCPI		
Registration: 9:45-10:00		
Morning Session: Chair: Carmel O'Donovan and Dr. Orla Crosslin		Speakers
9:45am	Opening & Objectives	Carmel O'Donovan
10:15am	Diagnosis: Malnutrition: what is it, nutritional screening and assessment	Dr. Claire Cashell
10:45am	Food and lifestyle problems	Dr. Karen Crowley
11:15am	Estimating requirements: macronutrients	Carmel O'Donovan
11:45am	Coffee break	
12:15pm	Impact of nutrition on patient outcomes	Steven Roche
12:45pm	Roles of enteral feeding, including procedures and prescription associated with RSPD rates	Dr. Orla Crosslin
1:15pm	Parenteral nutrition	Nathan Smyth
12:45-1:15pm	Coffee and Lunch	
Afternoon Session: Chair: Dr. Declan Byrne		Speakers
1:30pm	Opening & Objectives	Dr. Declan Byrne
1:45pm	Obesity and nutrition	Dr. Laura Healy
1:55pm	Risk management: Refeeding syndrome	Carmel O'Donovan
1:55pm	Ethical dilemmas in nutritional support	Dr. Declan Byrne
1:55pm	Take home messages and 16:30 close	Dr. Declan Byrne

 Irish Society for Parenteral & Enteral Nutrition ISPEN Basic Nutrition Support Study Day for Gastroenterology SpR's 7th January 2011 The programme is a mandatory requirement for HET in Gastroenterology and this is a recognised study day for Postgraduate Medicine, DMR, and Endocrinology.	
 Irish Society for Parenteral & Enteral Nutrition Nutrition Study Day for SpR's 16th September 2011 RCPI	
 Irish Society for Parenteral & Enteral Nutrition ISPEN Nutrition Support Study Day for NCHDs RCPI Wednesday 22nd April 2012	
 Irish Society for Clinical Nutrition & Metabolism Basic Nutrition Study Day for SpR's 14th November 2012 RCPI	

 Irish Society for Clinical Nutrition & Metabolism

Integrating Nutrition into Medicine and Healthcare

5-6 MARCH | Clyde Court Hotel, Dublin 4



IRSPEN will host its second annual conference on Tuesday, 5th & Wednesday, 6th March 2013 in the Clyde Court Hotel (previously Berkeley Court).

Major themes include:

- Nutritional strategies for improved recovery in surgery
- Appetite control in obesity and bariatric surgery
- Health economics and nutrition within our healthcare system
- Microbiota in gut health and disease
- Nutrition training for Medics: access to ESPEN Life Long Learning (LLL)

Keynote speakers include:

- Professor Ken Fearon, Edinburgh
- Professor Ole Ljungqvist, Sweden
- Professor Carole Le Roux, UCD
- Professor Paul O'Toole, UCC
- Dr Michael Chourdakis, Greece

**2 CME credits for day 1
6 CME credits for day 2**

The conference will be of particular interest to Hospital Doctors/Surgeons, Gastroenterologists, Dietitians, Nutritionists, Nurses, Researchers, General Practitioners and Health economists.

One and/or two day registration rates are available, with reduced rates available for IRSPEN members.

For online registration & further information go to www.irspen.ie



Step 4: Shape policy to ensure equal access to high quality nutritional care

4

Access to high quality care



ONS reimbursement support activities



Addressing key risk areas with expert IRSPEN reports

Specialist warns against taking supplements off GMS scheme

A leading authority on nutritional care has warned the HSE and Health Minister Mary Harney that limiting access to oral nutritional supplements (ONS) could have a significant adverse effect on the health, and ability to cope with illness, of thousands of ill and elderly people.

Dr Mike Stroud said that the Irish actions are at odds with UK guidelines, and also conflict with European advice drawn up by doctors in the European Society for Clinical Nutrition and Metabolism (ESPEN).

His comments came in the wake of reports suggesting that a major cost-cutting exercise in the area of ONS will be presented to Minister Harney soon, based on information from Dr Michael Barry, the Chairman of the HSE group in charge of examining the cost of drugs prescribed on the GMS, who suggested that savings such as those obtained

by restricting access to ONS might help pay for the cervical cancer vaccine.

Commenting on the HSE proposals, Dr Stroud said: "Oral nutrition supplements are actually a very cost-effective means of improving clinical outcomes in patients who are malnourished or at risk of malnutrition, and I would be most concerned that, if these new restrictions were to go ahead, many patients in need of medical nutritional support will be less likely or less able to access these products."

"The fact is that malnutrition is a far more prevalent problem amongst chronically ill and elderly patients than people realise, and these patients are far more likely to become ill, require hospitalisation, and even die as a result of complications that can sometimes be prevented with appropriate and early nutrition support."

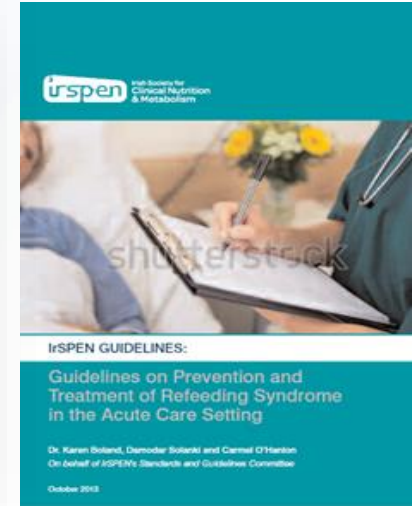
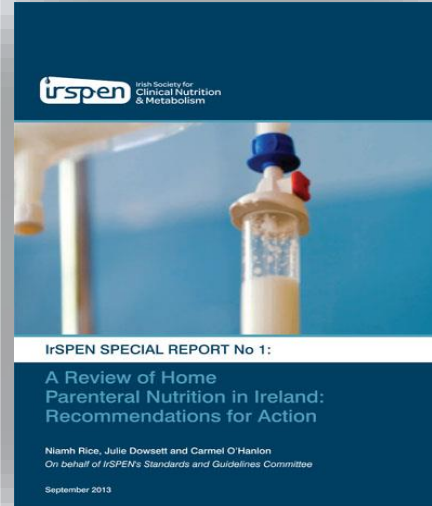
"On this basis, a short-term measure like cutting spending

on nutrition support might be predicted to end up costing the Irish health service more, quite apart from the personal cost to the patient, their families, and carers," said Dr Stroud, who was the chairman of a UK guidelines committee set up by the National Institute for Clinical Excellence (NICE) to examine the effectiveness of ONS and other means of medical nutrition support.

Dr Barry told a conference on health technology assessments last week that "you can't keep adding to the GMS".

He said that if products like ONS were removed from the GMS scheme and replaced with those such as the human papilloma virus (HPV) vaccine, then the Government "would still have change in their pocket".

"You cannot keep adding product after product without taking something away, particularly when you have a finite budget," contended Dr Barry.



Step 5: Nutrition Screening as key to effective nutritional care model

5

Nutritional Screening



Economic modelling presented 2013 IrSPEN conference



Savings demonstrated – meetings with Health Minister



Launch of Call to Action under EU presidency May 2013 – Patient /ENHA /IrSPEN conference

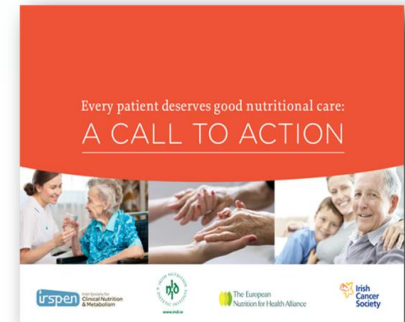


Item	Recommendation	Assumption and rationale	Priority	Comments (cost)
1	All relevant adult inpatient patients on admission and all suspected or at risk of malnutrition should be screened.	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.
2	Screening should take place prior to admission. Patients with severe or moderate disease or who are at risk of malnutrition should be screened. Screening should also be considered after admission (for example, length of stay > 7 days, functional).	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.
3	Screening of those in long-term care (admission and away 3 months or over 24hrs standard).	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.
4	Screening for malnutrition and the implementation of nutritional care standards by healthcare professionals with appropriate training.	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.
5	Assessment of patients in the patient's home of 2 or more inpatient bed days. Inpatient support is required for long-term support is required.	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.
6	Healthcare professionals should only enter a patient's nutrition support plan in a computer system if the patient is malnourished or at risk of malnutrition.	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.
7	All healthcare professionals who are directly involved in patient care should receive education and training, when first used, on the importance of good nutrition.	Establish a protocol to ensure all patients are screened. 100% of all other wards considered relevant.	Yes	To confirm assumptions before finalising.

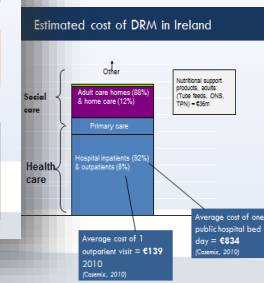
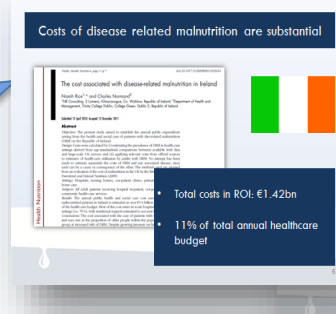
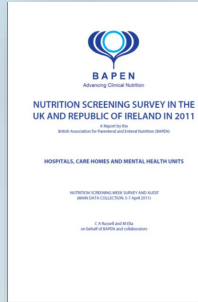
Table 9: Potential savings per year (based on 2013)	Cost per patient	No. of additional patients treated that will benefit	Cost saving (€000)
Reduced inpatient length of stay	834	2.3	10222.2
Reduced GP visits	50	1.3	2941
Reduced outpatient attendances	139	0.334	2941
Reduced admissions	6,422	0.227	2941
Total potential annual saving			34224
Cost per potential annual saving per 100,000 adults			720
Bed day savings in total			28492



Net savings of **€19million** per year and over **28,600 inpatient bed days** per year (1.5%) based on adapted NICE model

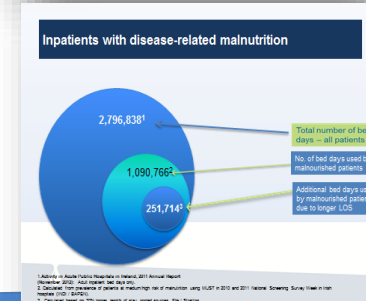
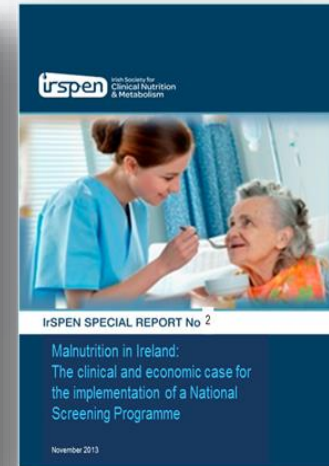


Results – From Evidence-base to business case



- **ONS reimbursement decision reversed** - review system agreed November 2013
- Screening compulsory in Nursing homes

UPDATED HEALTH ECONOMIC MODEL /REPORT PUBLISHED LATE 2014 IN ASSOCIATION WITH 'BUSINESS CASE' FOR NATIONAL STRATEGY



IrSPEN 2013 Conference & Policy Seminar March 5th/6th

IrSPEN
Irish Society
Clinical Nutrition
& Metabolism

Internationally renowned speakers
attracting wider audiences



Developing new KOLs within
IrSPEN



Education: Launch of LLL



Policy & Health Economics:
Commitment to support 'call to
action'



Making connections: collaborations
on future projects



Metabolism/obesity: broadening
interest for clinicians



y for
Nutrition
olism



Results – Advocacy efforts amplified through partnership

Joint meeting with ENHA, EGAN and local partners under Irish EU Presidency – May 24th

- Established '**Malnutrition Alliance**' with **patient organisations** and **INDI**
- Launched 'call to action' with alliance support at collaborative meeting

Launch of key initiatives



***“Malnutrition is not an
inevitable consequence of old
age or disease***

***...it can be predicted to develop in old and
sick patients if systems are not in place to
ensure early detection and treatment”.***

Professor John V Reynolds



IrSPEN Chairman

Result – Driving awareness and making news

- National TV, radio and press coverage of IrSPEN policy seminar March and May call to action.
- **4,698,200 opportunities to view/ see / hear** Malnutrition partners now echoing messages

Malnutrition
RTE1 | Morning Edition | 05 Mar 2013 | 0:00
...The Cost of malnutrition in Ireland is rising, especially in old people... Niamh Rice ...

PLAY Treating malnutrition cost more than treating obesity and overweight
98FM | 13:00 News | 05 Mar 2013 | 0:39
...Denise Rice, consultant Treating people who don't eat a balanced diet cost tax pay...

PLAY Treating people who don't eat a balanced diet more costly than treating obese people
98FM | 13:00 News | 05 Mar 2013 | 0:36
...care conference is taking place in the city has heard malnutrition costs taxpayers almost €1.5bn every year...

PLAY Malnutrition costs the state 1.4 billion euro a year
Northern Sound | 13:00 News | 05 Mar 2013 | 0:45
...Malnutrition is costing the state 1.4 billion euro a year... Malnutrition is costing the state 1.4 billion euMalnutr...

PLAY Malnutrition costs the state €1.42b a year
Q102 | 11:00 News | 05 Mar 2013 | 0:16
Malnutrition is costing the state 1.42 billion euro a year, 10% ... Irish Society for Clinical Nutrition and Malnutrition is costing the state 1.42...

PLAY Malnutrition costs the state 1.4 billion euro a year
Red FM | 13:00 News | 05 Mar 2013 | 1:32
...Malnutrition is costing the state 1.4 billion euro a year... Niamh Rice, nutritionist Europe
Malnutrition is costing the state 1.4 billion euMalnutr...

Irish Medical Times

Use your health skills to help us fight poverty

Categories: **Malnutrition**

Nutritional care still overlooked

By Lloyd Matthews

Traditional care within our healthcare system malnourished patients are three times more likely to die than healthy patients and malnourished patients are three times more likely to die than healthy patients and malnourished patients are three times more likely to die than healthy patients...

Health bosses warned over malnutrition

BAD DIET RISKS EARLY DEATH

€1.42bn

It has been claimed that the health system is losing up to €1.42bn a year as a result of malnutrition. The figure was revealed by a report from the Irish Society for Clinical Nutrition and Malnutrition (IrSPEN) which was presented to the Health Ministers at a meeting in Dublin yesterday.

Irish Examiner

Patient malnutrition costing State nearly €1.5bn a year

Tuesday, March 05, 2013 - 07:38 AM

A number of malnutrition experts have urged health to recognise a major health issue, malnutrition, as a public health problem. The experts say that malnutrition is a major health problem and that it is a major health problem and that it is a major health problem...

Independent.ie

Call for action on 'timebomb' of malnutrition

Irish Medical Times

Irish Examiner

Medical Independent

SPRING BANK HOLIDAY SALE

Call on government to prevent malnutrition in Irish healthcare system

Dossier is damning

A DOSSIER yesterday painted a disturbing picture of malnourished patients in our hospitals. Despite a massive State spend, 140,000 people are still at risk because they are not getting the proper nutrients. They are, it is claimed, three times more likely to die from the same illness as properly nourished patients. Just one in 10 hospitals are screening for malnutrition, and with the plethora of other life-threatening problems encountered by hospitals, it's not good enough. Patient safety should be a priority at all times but special attention must be given to those at risk.

Morning EDITION

RTE

Results: Nutrition Education now mandatory for key groups



- Two live LLL modules delivered.
- Two – four per year planned
- Education agreement signed with RCPI
- Expand to other specialties (surgeons, geriatricians, GPs)



"Having had very little undergraduate or postgraduate training in nutrition, this course was very useful and informative" Dr. David Gibson, St. Vincents.



Leveraging our links with founding partner, Irish Society of Gastroenterology



Keynote speaker: Dr. Jon Shaffer

“The nutrition session was the highlight of the conference for me personally. It is important that the role of nutrition in treating medical conditions is fully recognised and utilised.” Professor Humphrey O Connor, ISG President.

IrSPEN chair says malnutrition and associated issues are costing health system more than obesity

ISG Winter 2013 | [Priscilla Lynch](#) | 05 Dec 2013 | [0 Comment\(s\)](#)



Prof John Reynolds

[Print](#)

Disease-related malnutrition costs at least €1.4 billion per year and is estimated to affect approximately 140,000 people in Ireland, the ISG Winter Meeting was informed.

This year the meeting held a dedicated session on nutrition for the first time.

Prof John Reynolds, Head of the Department of Clinical Surgery, St James's Hospital, Dublin, and Chairman of the Irish Society for Clinical Nutrition and Metabolism (IrSPEN) explained that one in three adults admitted to hospital in Ireland are at a moderate to high risk of malnutrition, much of which goes undetected and untreated until it is at an advanced stage.

“One of the issues IrSPEN faces is the low awareness of disease-related malnutrition as a public health issue and a major drain on our healthcare system. In fact, direct healthcare costs exceed those of obesity. Why? Because the effects of under-nutrition and inadequate intake in the face of inflammation are almost immediate, unlike those of obesity, which can develop over years. This is something that I think doctors do not fully appreciate since the word malnutrition is associated with extremely low body weight.” Prof Reynolds told the meeting.

rition
& Metabolism



1000 days – Optimising medical nutrition environment

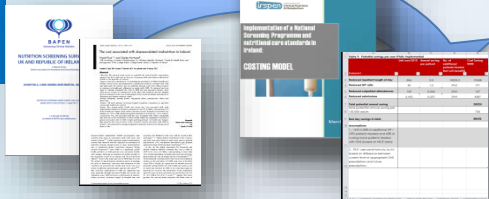
Strategic goal

Key activities

Key results / status end 2013

Next Steps 2014

1. Build compelling business case



- ✓ Health Economic Seminar kick off 2013
- ✓ Costing template showing savings of €19m per year with screening/ONS

2. Awareness for action



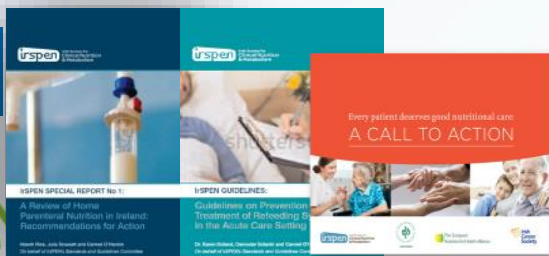
- ✓ National TV, radio and press coverage of key activities in 2013 - 4,690,200 opportunities to view/ see / hear
- ✓ Patient groups echoing messages

3. Educate to change minds and practice



- ✓ IrSPEN nutrition training now compulsory for Gastro SpRs
- ✓ Formal agreement signed (2013) with RCPI Espen LLL launched / 2 modules run

4. Access to high quality care



- ✓ HPN in Ireland report launched
- ✓ Refeeding guidelines launched
- ✓ Meetings with Health Ministers and Senior HSE directors to develop national strategy
- ✓ HealthServices Inspectorate now auditing screening in nursing homes

- New Health Economic model / report (Elia collaboration)
- Malnutrition report - BUSINESS CASE FOR ACTION
- Campaign to drive screening adoption

We have a few challenges..

1

Healthcare providers find it hard to believe malnutrition is the **big** problem we say it is..





2

Despite proven benefits of nutrition support, a majority of HCPs are **slow to use** and **quick to withdraw**



Vincent – aged 57

(Gained 7 kg with ONS in hospital)

Inevitable or indefensible?



Let's wait until
we're really sure...



... we need a more effective approach



1

Re-think how we **market** malnutrition



2

Doctors **MUST** be fully convinced about the benefits of nutrition support



3

Patients must be **empowered** to demand better



4

We need to speak **their language**, not have them learn ours



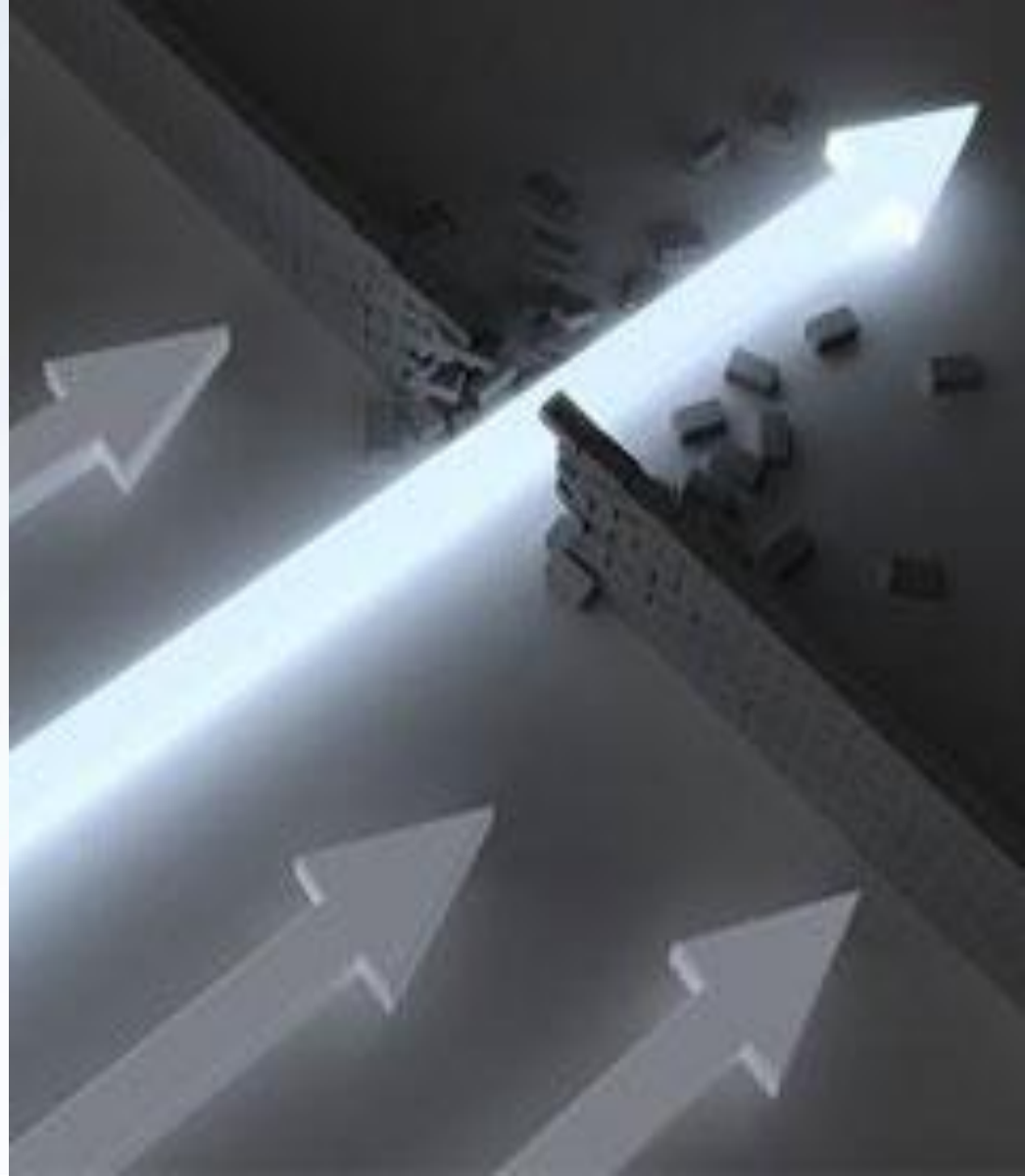
Key action 1



Use health
economics to
change minds,
policy and practice



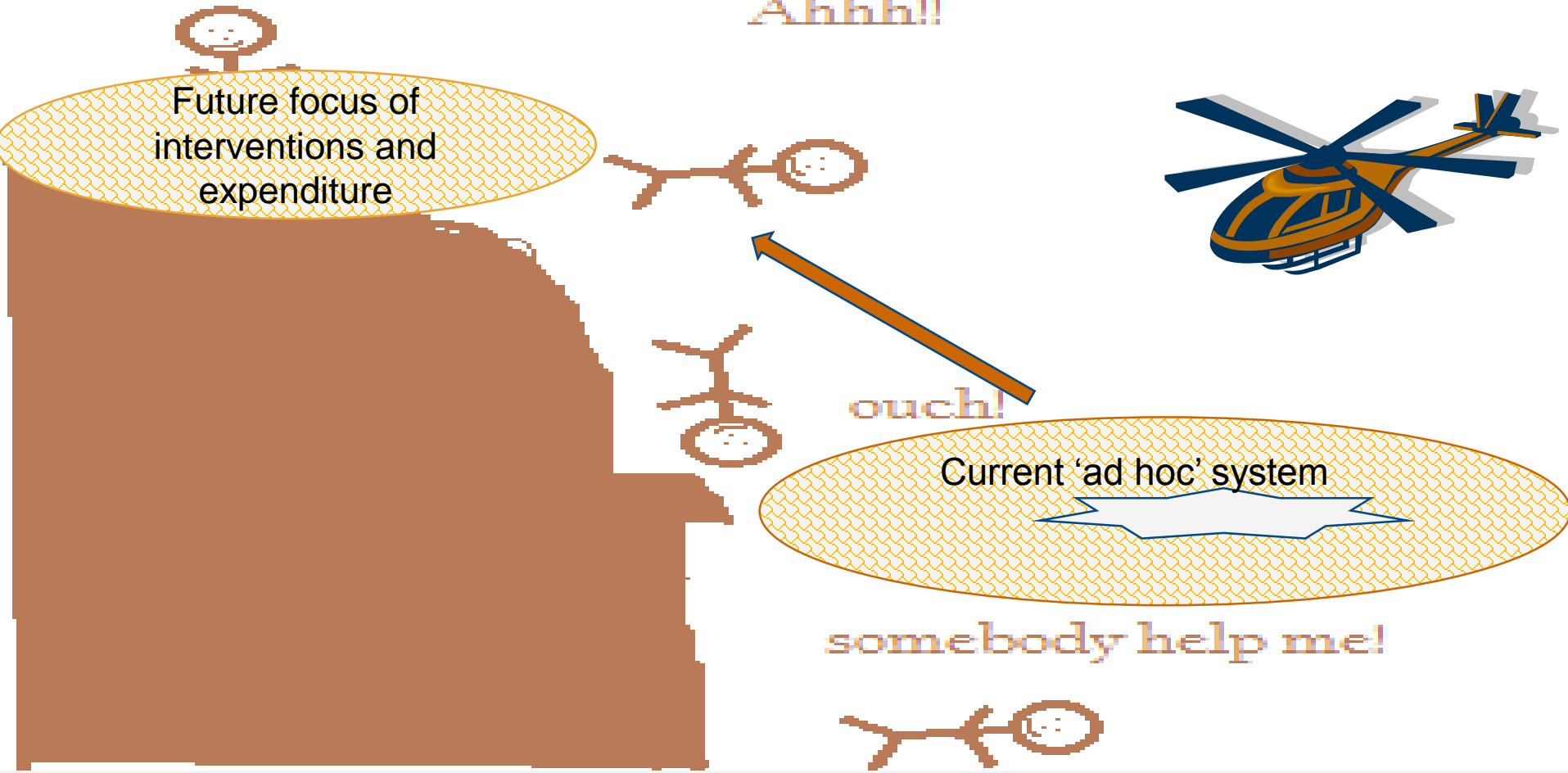
**..towards
PREVENTION and
EARLIER
INTERVENTION**

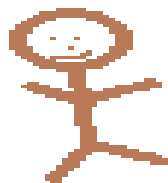


A simple guide to the health economics of malnutrition

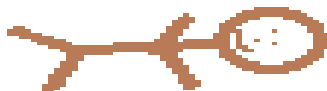


The case for routine screening





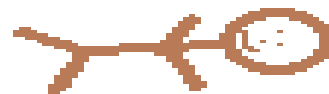
Abhhh!!



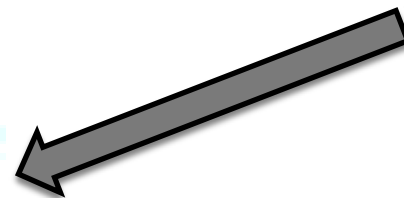
ouch!

MUST ≥ 2 or
MNA-NS < 8

somebody help me!



Current
official
guidance /
NICE CG32



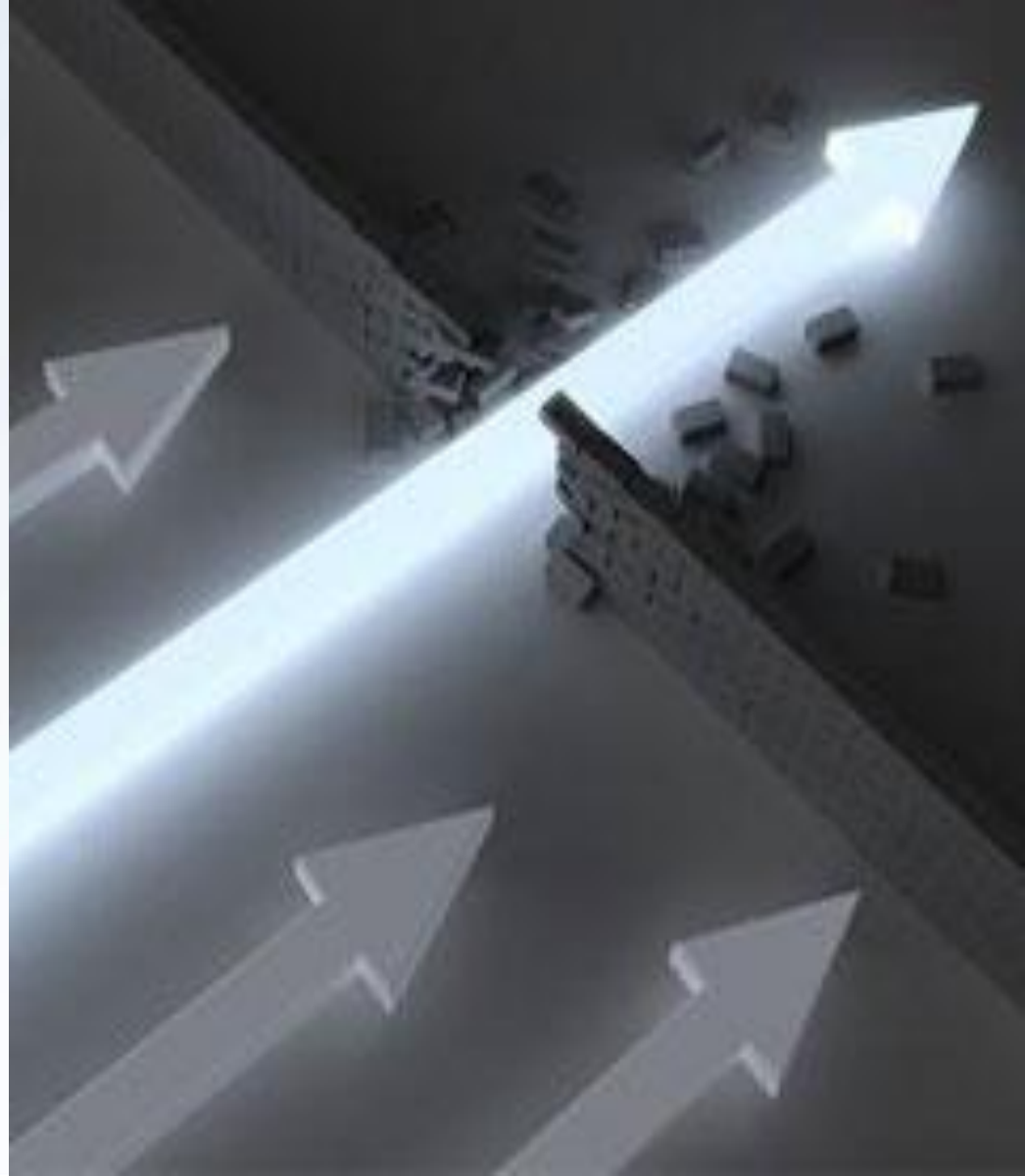
Malnutrition Cliff

R.I.P

Key Action 2



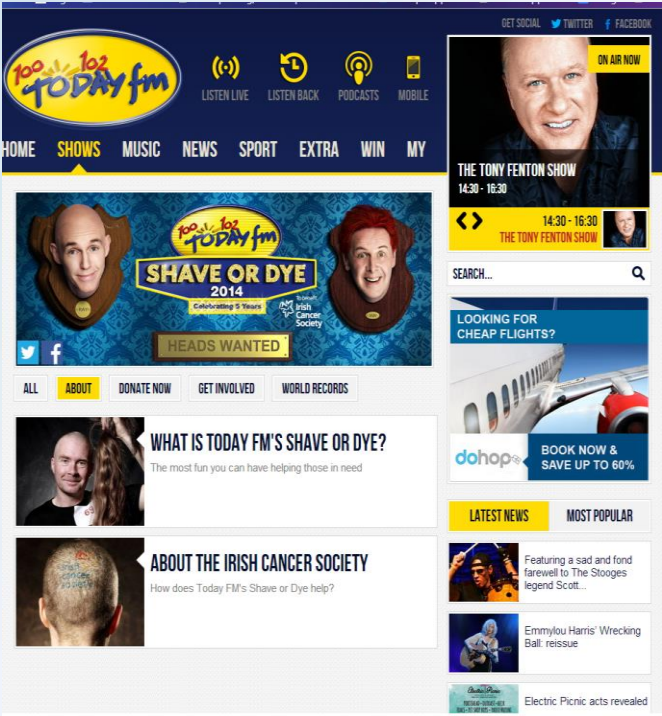
Drive **screening adoption** through an ownable, high visibility campaign



How can we make care
providers *eager* to
introduce routine
nutrition screening?



Done well, campaigns can create communities focused on achieving a goal...




TodayFM's Shave or Dye 2014

Since it started in 2010, Today FM's Shave or Dye has raised more than €6.1 million for the Irish Cancer Society's cancer programmes. On this page you can find out more about Shave or Dye 2014, and how you can get involved.


The Irish Cancer Society are the proud beneficiaries of funds raised from TodayFM's Shave or Dye.

About Today FM's Shave or Dye




Today FM's Shave or Dye has raised more than €6.1m for the Irish Cancer Society since 2010. [Find out lots more about Today FM's Shave or Dye.](#)

Register now!



We've got cancer in our sights. [Register now to get involved in Today FM's Shave or Dye 2014!](#)

Register your company now!



Today FM's Shave or Dye 2014 is now open for business - and ready for your company to register and have a great time while making a difference! [Click here to get your company involved in Shave or Dye.](#)

Where your funds go

We could not do the work we do without your continued support! [Find out where the money you raise goes](#)


Fundraising tips

Get our fundraising tips and become a fundraising pro in no time.

Fundraise online

Reach all of your friends at home and abroad by creating a sponsorship page online on [MyCharity.ie](#)

Where the money goes



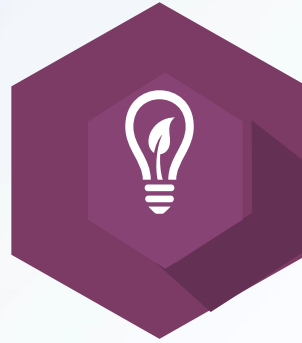
Category	Percentage
Programmes & Campaigns	56%
Research	19%
Advocacy	18%
Other	5%
Unspecified	2%



The healthcare system is a
business....now it acts like one
(let's use it to our advantage)

Screen to Save

because nutrition matters



CONCEPT ONLY**



Irish Society for
Clinical Nutrition
& Metabolism

We have a great story...

Why “Screen to Save”?

(speaking their language, addressing their needs*)

- Save on *hospital beds (25,000 per year)**
- Save on *inpatient length of stay (1.4 days per patient)**
- Save on *complications (90,000 infectious episodes)***
- Save *tax payers money (€19 million net savings per year)**
- Save *lives (300 per year)***

Because well nourished patients do better..

* = based on preliminary Irish health economic modelling, adapted from NICE / applying average reductions from systematic reviews

** = theoretical - yet to be verified and estimates to be established.



Key elements of *Screen to Save*



***Screen to save*
Website**

**Toolkit for
users**

***Screen to save*
Launch plan**

**Toolkit for
PEN
societies**

Costing App



Build with the right credentials...bottom up, top down

PEN society owned:

Advances core strategic goals

Government agency backed

Implements guidance



HCPs

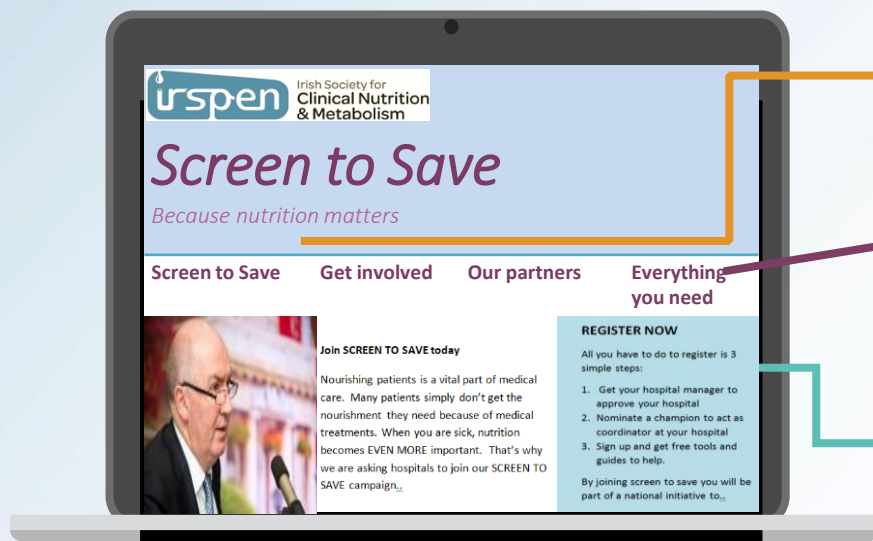


Multi-agency supported:

Improves patient care



Website, tools, forum for sharing



Getting your hospital on board

- Screen to Save online brochure
- Costing tool
- Template business case
- Guide to getting started

Screen to Save implementation tools

- Training pack (screening)
- Protocols and policy guides
- Audit tools
- Patient evaluation questionnaires

Screen to Save promotion pack

- Sample press release
- Examples from other members
- Poster templates
- Where to get help



App to work out how much a hospital/trust can potentially save

Based on new costing model, tool will allow hospitals calculate their potential savings based on answering questions.

They can see the impact of supplementing only those in high risk category versus all risk categories (and the costs associated.)



By putting in their own details, they can find out what additional resource they will need to implement

They can then use the results as the basis for a business case for screening



Conclusions

- **Money talks** – (local) health economics can be leveraged more effectively *(numbers drive news)*
- **A bias to act** is more important than a willingness to screen *(mindset first, rules second)*
- **A stronger message with one voice** *(poor nutritional care = poor healthcare)*



What about patients?



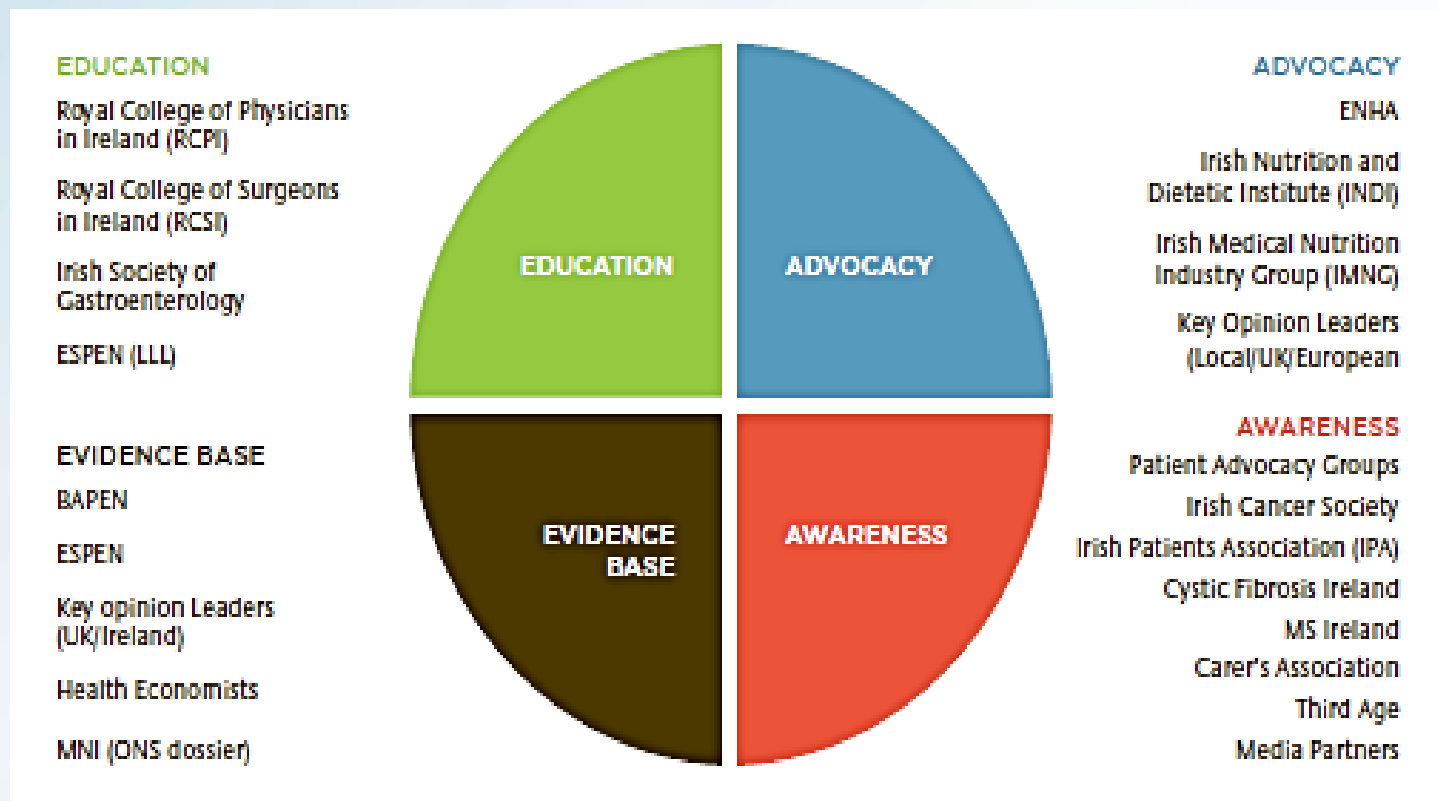
“I want to live until I die – I don’t want to fade away..”

EVERYONE DESERVES GOOD NUTRITIONAL CARE



What have we learned?

Power of partnership



What have we learned?

.. people working together make the difference



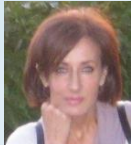
Prof. John Reynolds



Julie Dowsett



Dr. Declan Byrne



Niamh Rice



Dr. Eileen Gibney



Fiona Rafferty



Dr. Orla Crosbie



Philomena Flood



Carmel O Hanlon



Dr. Nick Kennedy

