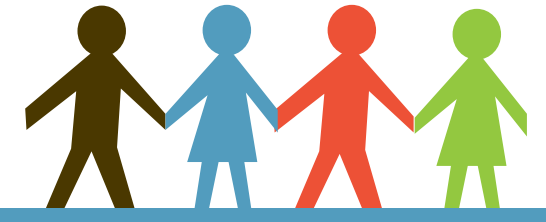


Fighting the malnutrition battle: THE POWER OF PARTNERSHIPS



THE INITIATIVE:

To build a compelling case for implementation of a national strategy to fight malnutrition in an economic crisis and actively contribute to advancing Ireland as a model of 'best practice' nutritional care.

Rice N, Dowsett J and O' Hanlon C on behalf of IrSPEN, Dublin, Ireland.

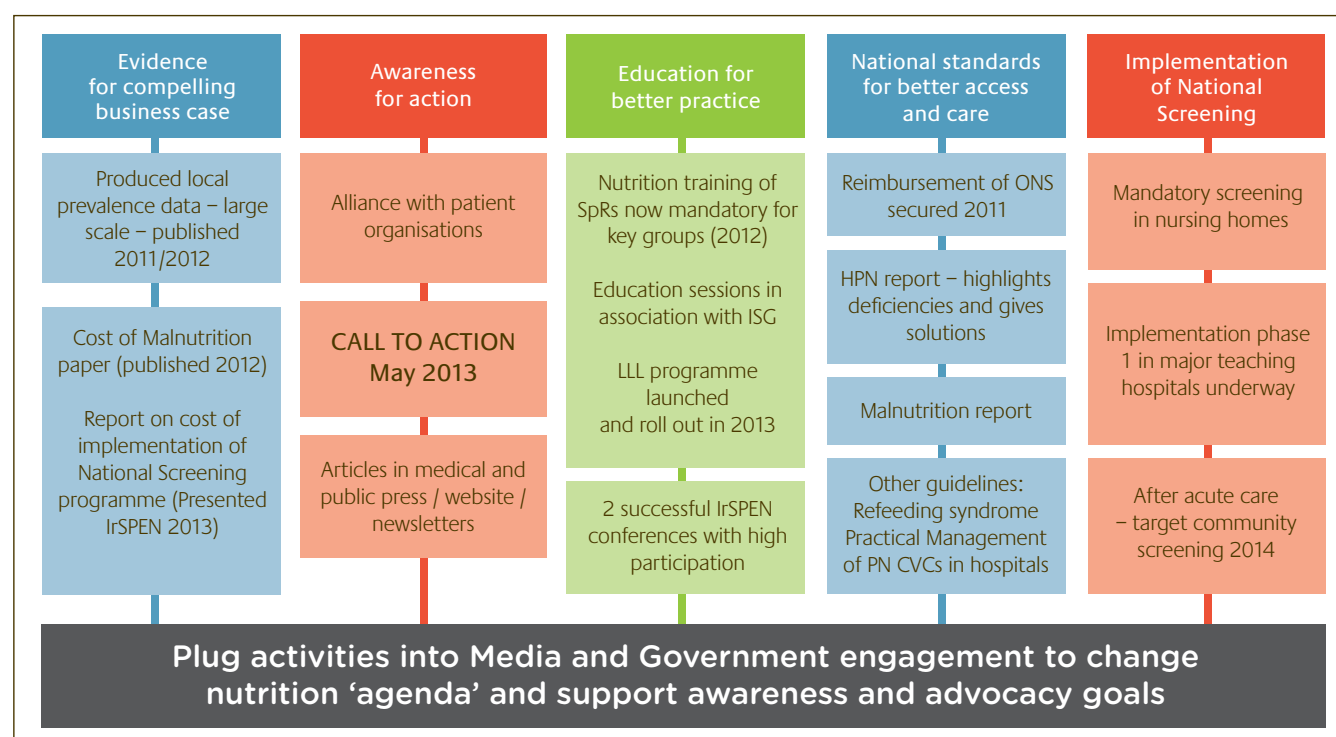
The key aims of IrSPEN's strategy were:

- To establish malnutrition as a **common, costly but preventable** problem within the Irish healthcare service (urgently).
- To build a 'consensus' for the implementation of a **national strategy** to ensure good nutritional care for patients (screening, care plans, nutrition quality standards, training and public awareness).
- To take an active role in addressing deficits in nutrition education, policy and practice.

KEY ACTIVITIES

IrSPEN adopted a highly focused strategy, drawing on 'best practice' examples, adapting and localising key initiatives, and developing collaborations and partnerships to extend our sphere of influence.

STEPS TAKEN TO ACHIEVE OBJECTIVES 2011 - 2013



Key step 1: Developing a Local Evidence-base (urgently)

By collaborating with BAPEN, Irish dietitians generated up to date, large scale local prevalence data that would have been impossible to generate alone, providing a basis for all communications and stakeholder engagements.

Key step 2: Building a robust business case for action

IrSPEN focused on underpinning all communications and stakeholder engagements with up to date, local health economic data. This was developed by adapting health economic modelling developed by Elia and Stratton, and by NICE (UK) using Irish costing and utilisation data.

Key step 3: Driving awareness and generating news

Allied to ongoing engagement with political stakeholders and senior health service executives, IrSPEN hosted two major conferences with health economic seminars in November 2011 and March 2013, maximising reach and profile by combining invited policy makers and conference attendees with highly topical agendas. Media interest was generated through use of economic headlining and inviting international experts to challenge local policy, coupled with continued articles to keep undernutrition and its management in the medical press.

Key step 4: Educating doctors and developing future nutrition 'champions'

IrSPEN has made training of doctors a key strategic aim, partnering with the Royal College of Physicians to pilot and run training modules with its SpRs and non-consultant doctors, with ambitious plans to extend its reach from later this year, via other colleges and the Irish Society of Gastroenterology.

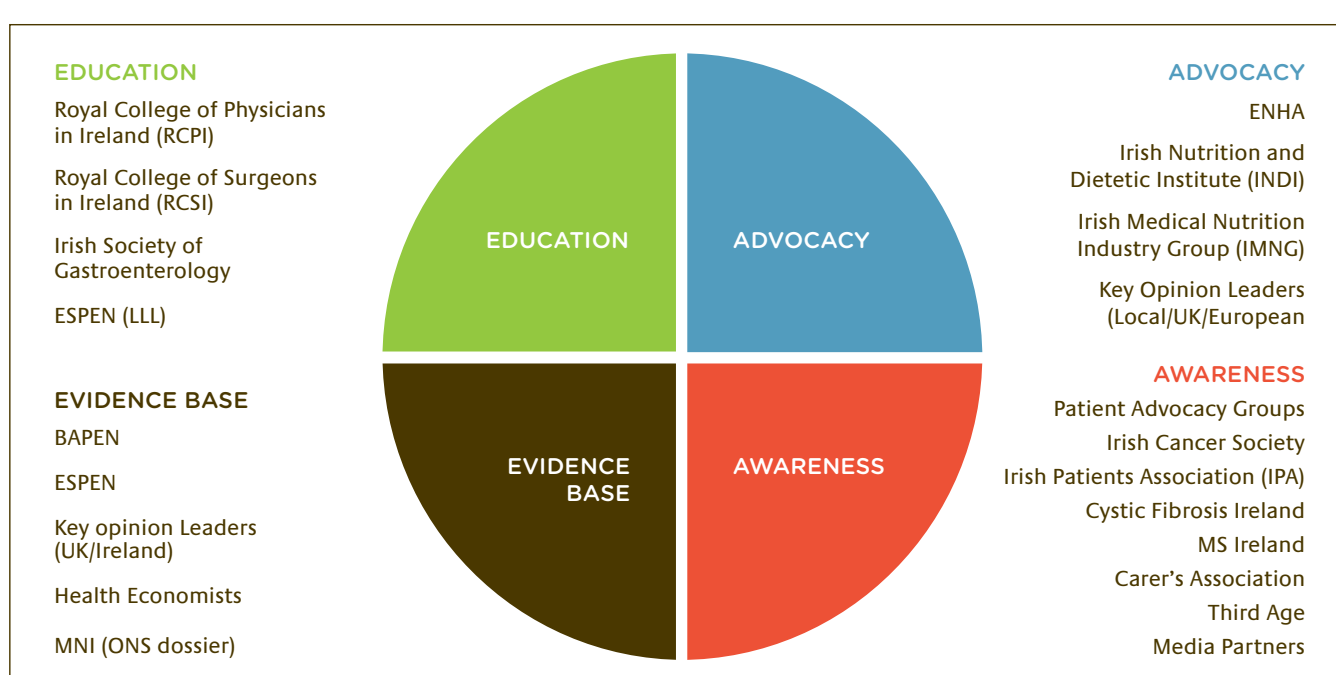
Key step 5: Driving a consensus for action – the 'power of partnerships'

Recognising the enormous challenges of changing Government spending decisions in a cash strapped health service, IrSPEN has set out to develop strategic partnerships and collaborations, leveraging the support of patient advocacy groups and other influencers to achieve its goals.

Key step 6: Supporting implementation 'bottom up' as well as 'top down'

To foster best practice in individual centres from 'bottom up' as well as 'top down', IrSPEN has made modest funds available for best practice innovations aimed at implementation of screening programmes.

THE POWER OF PARTNERSHIP



CONCLUSIONS AND THE FUTURE PLANS

Against unprecedented focus on spending cuts and growing negativity about the cost of medical nutrition, IrSPEN has managed to make rapid progress in its efforts to **build a solid evidence base, increase malnutrition awareness, introduce nutrition training into post graduate medical education, and secure access to nutrition support for community patients.** Lacking world renowned researchers in the field of medical nutrition in Ireland, IrSPEN has leveraged international influencers to great effect, 'borrowing' their expertise and plugging into our media, whilst generating essential local data using adaptations of models developed by world class experts. This has supported our engagement efforts with policy makers and the media. In the last 2 years, IrSPEN has made significant progress in shifting the opinions of policy makers from perceiving nutrition support as a source of unnecessary cost, to a means of achieving net saving. Whilst much remains to be done, we believe that our approach can be adapted and used by countries with little resource.

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BACKGROUND

The economic crisis in Ireland sparked unprecedented cuts in health spending (€3 billion in 3 years) including plans to remove oral nutrition support from reimbursement based on advice of the National Centre for Pharmacoeconomics. Dietetic staffing numbers were reduced whilst other AHPs increased, reflecting the low value placed on nutrition in healthcare delivery. Lack of local data on malnutrition coupled with low awareness amongst doctors and policy makers were identified as major challenges. In December 2010, IrSPEN was established to advance Ireland as a model of best practice in nutritional care and address deficits in education, policy and practice. In 30 months since its establishment, and with very limited resources, IrSPEN has advanced its efforts to integrate nutrition into healthcare by adopting a highly focused and pragmatic approach that other smaller countries can replicate.

What makes this initiative innovative?

We have focused on **achieving the most, in the shortest time frame, for the least outlay.** Our strategy has been to leverage our relationships with our international colleagues, (to whom we owe much), prioritise the development of a robust, local evidence-base to support our stakeholder engagement efforts, and extend our influence and reach through strategic alliances and partnerships.

Resources utilised

The majority of IrSPEN work has been done voluntarily. Funding for key activities has been generated by sponsorship from founding organisations, medical nutrition industry partners and conference /membership fees, totalling less than €90k annually.

RESULTS - KEY ACHIEVEMENTS (2011 to 2013)

1. STRONG EVIDENCE BASE

- Developed robust prevalence data** for hospital prevalence rates published in 2011/2012 as basis for all communications and costing work.
- Published 'Cost of Malnutrition in Ireland'** (in press) in association with top health economist, establishing annual costs at over €1.42billion or 10% of total health budget.
- Developed costing report of potential savings** through implementation of national screening programme, demonstrating annual savings of €19million and 28000 acute inpatient bed days per year.
- Produced first report on malnutrition in Ireland**, utilising the most up to date prevalence and costing data, collating the evidence in one place.
- Produced first report on HPN in Ireland** highlighting major problems in service configuration and resourcing, with detailed recommendations for a national model.



2. INCREASED AWARENESS

- IrSPEN has achieved extensive TV, radio and press response**, with opportunities to view/hear/read of over **2.1 million** (population 4.5 million) for its 2013 annual conference. Maximum interest was generated via a health economic seminar with invited policy makers, highlighting the unaffordability of malnutrition to the Irish public finances. (fig 2)
- Successfully changed the nutrition agenda** – from 'a waste of money' in 2009/2010 to 'the need for action on malnutrition' in 2013.
- Use of website, newsletters, email marketing and mailing lists** to communicate with membership and target audiences.



3. NUTRITION TRAINING FOR KEY SPR GROUPS NOW MANDATORY

- IrSPEN has delivered regular training modules in association with the RCPI** since its inception and has now secured its module as a compulsory component of SpR training for certain groups.
- Further discussions are taking place with the College of Surgeons (RCSI)** with a view to extending nutrition training into the curriculum.
- LLL was launched by IrSPEN in March 2013**, with the first live module planned for late this year, generating significant interest.



4. IMPLEMENTATION EFFORTS GAINING WIDE SUPPORT

- 2011: HSE confirmed its decision to reverse plans to cut reimbursement of ONS**, accepting the use of screening as a more effective means of avoiding waste or misuse.
- 2012: Compulsory nutrition screening with the 'MUST' introduced for nursing homes.**
- 2013: Phase I screening programme introduced into Dublin Acute Teaching Hospitals.**
- 2013: 'Alliance' established by IrSPEN with key patient advocacy groups, dietetic partners (INDI) to develop a 'call to action'.**
- 2013: IrSPEN collaborate with ENHA and its partners patient organisations - EGAN and EPA - in organising a Conference under the EU presidency, launching 'CALL TO ACTION; EVERY PATIENT DESERVES GOOD NUTRITIONAL CARE'** with support from major local patient organisations, urging Government adoption of key action steps.
- 2013: Agreement 'in principle' by senior health service executives and Government representatives to implementing a screening programme**, subject to local piloting and further discussions.



Next steps

IrSPEN's focus for the next three years is (1) to have screening made compulsory in all hospitals, (2) to pilot a screening model for primary care settings and (3) to drive the development and adoption of quality standards for the delivery of nutritional care across care settings. IrSPEN will seek (4) to extend compulsory education to other SpRs and non consultant hospital doctors, and (5) drive major public awareness efforts via our patient advocacy group partners. However our major goal is to have full Government backing for the implementation of a national strategy for ensuring best practice nutritional care for all patients.