Financial Incomes



Integrated Malnutrition Management: A comparative analysis of enteral nutritional costs in home-base care versus hospital-base care

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KEYWORDS

Chronic Disease, Cost Analysis, Enteral Nutrition, Malnutrition

RATIONALE

Home enteral nutrition (HEN) has always been recognized as a life-saving procedure however with budget constraints, its costeffectiveness has been questioned recently. The increasing demands on nutritional programs have encouraged the shift from expensive hospital services to home care. From the patient's perspective, the increased life expectancy, the right to receive of choice where to receive treatment and the increased interest on quality of life have influenced the development of home care services. During the past two decades, home enteral nutrition (HEN) services have been established both in Portugal and Europe.

HOME ENTERAL CLINICAL AND FINANCIAL OUTCOMES NUTRITION Better nutritional status and RESOURCES less infectious complications TARGET POPULATION A Reduction of the number of 5 Children: 2 girls hospital readmissions Prove that HEN improves and 3 boys **Nutrition Unit** From 3 to 18 years and Reduction of the hospital's of age decreases health care costs length of stay Access to personalized **Pharmaceutical** 20 Adults: nutrition care Services 10 women and 10 men

METHODS

clinical

AIM AND OBJECTIVE

outcomes

- The observational study of 25 HEN patients will be performed using retrospective data between January 2020 and January 2022.
- A two-year period cost analysis will be taken in place in order to reveal savings with HEN and reduction of adverse outcomes.
- The in-hospital cost will be derived from the average cost of hospitalization median days and the HEN cost will be derived from the average cost of nutrients and disposable equipment.

RESULTS

The ethical committee of Setúbal Central Hospital still evaluating the research project and preliminary data; however, results are suggesting that the implementation of HEN increase nutritional status, reduces the incidence of infectious complications, the number of hospital admissions, and the length of hospital stay. With this study, we will try to demonstrate how it will be converted into cost savings.

CONCLUSION

The preliminary result of this study shows that HEN improves clinical outcomes and decreases health care costs.

Other authors had presented results that highlight the importance of the implementation of nutrition-focused delivering of oral supplementations in home health for adults, specially who presents risk or malnutrition, with the improvement in health outcomes and with cost saving. This results allow concluding that the use of nutrition-focused programs led to significant cost savings and better clinical outcomes.

BIBLIOGRAPHY

- M. Maeda, H. Fukuda, S. Shimizu, T. Ishizaki, A comparative analysis of treatment costs for home-based care and hospital-based care in enteral nutrition patients: A retrospective analysis of claims data, Health Policy, Volume 123, Issue 4, 2019, Pages 367-372,ISSN 0168-8510.
- Staun M, Pironi L, Bozzetti F, Baxter J, Forbes A, Joly F, Jeppesen P, Moreno J, Hébuterne X, Pertkiewicz M, et al. ESPEN guidelines on parenteral nutrition: home parenteral nutrition (HPN) in adult patients. Clin Nutr 2009;28:467–79.
- Sampson EL, Candy B, Jones L. Enteral tube feeding for older people with advanced dementia. Cochrane Database Syst Rev 2009;15:CD007209.
- nutrition Parver AK, Mutinsky SE. Enteral reimbursement—the rationale for the policy: the US perspective. Nestlé Nutr Workshop Ser Clin Perform Programme 2009;12:53–70.
- Pahne N. Enteral nutrition reimbursement—the rationale for the policy: the German perspective. Nestlé Nutr Workshop Ser Clin Perform Programme 2009;12:71–8.