Belgian Alliance
ONCA

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Réunion des Equipes nutritionnelles et des Diététiciens du Plan Cancer
SPF SP - FOD VGZ.
25 - 11 - 2016

ONCA : Optimal Nutritional Care for All

'A European health innovation initiative'

In Europe :

- Risk of malnutrition: **33 million adults**.
- Financial impact healthcare system: **€170 billion (10^9)/y**.

A world with optimal nutritional care for all

« Every patient who is malnourished or at risk of undernutrition

is systematically screened and has access to appropriate, equitable,

high quality nutritional care ».

ENHA

The European Nutrition for Health Alliance

The European Nutrition for Health Alliance

Platform of key European stakeholders

EUGMS European Union Geriatric Medicine Society — Fostering geriatric medicine across Europe

mi Medical Nutrition International Industry

AIM Healthcare and social benefits for all

PGEU GPUE Pharmaceutical Group of European Union — Groupement Pharmaceutique de l'Union Européenne

hope European Hospital and Healthcare Federation

EUROPEAN NURSE DIRECTORS ASSOCIATION ENDA

ESPEN THE EUROPEAN SOCIETY FOR CLINICAL NUTRITION AND METABOLISM

EFAD EUROPEAN FEDERATION OF THE ASSOCIATIONS OF DIETITIANS

ILC

INTERNATIONAL ASSOCIATION OF GERONTOLOGY AND GERIATRICS Founded 1950

europeanpatients'forum

EGAN Patients Network for Medical Research and Health

Objective :

- Improve nutritional care (Europe)

Promote :

- Nutritional risk screening
- Public awarneness
- Appropriate reimbursement Professional staff education and training
- Parternship work

ONCA Campaign

Mission :

- Optimal nutritional **care** and **prevention** for **all Europeans**
- **Nutritional screening and follow up** care implemented in **all European countries**

Strategy :

- Build/strengthen **national** stakeholder groups
- Create momentum, trust and energy using the multi-stakeholder platform and **multi-country approach**

The European Nutrition for Health Alliance

- Provide the structure, coordinate, organise implementation conferences
- Inspire and facilitate.

ONCA conferences :

- 2014 Brussels : 8 countries
- 2015 Berlin : 13 countries included Belgium
- 2016 Madrid : 15 countries

→

- ONCA **Charter**
- Etablish multidisciplinary Platforms : **Belgian Alliance ONCA**

ONCA : The charter (Brussels 2014)

Our vision a world with optimal nutritional care for all

Every patient who is malnourished or at risk of undernutrition is systematically screened and has access to appropriate, equitable, high quality nutritional care.

The malnutrition challenge
a public health burden

- Disease-related malnutrition (undernutrition) is prevalent amongst patients in all healthcare settings around the world, including hospitals, care homes and in home care.
- *33 million citizens are at risk of malnutrition in Europe* – this has an estimated financial impact on European healthcare systems of €170 billion each year.
- *Public spending on healthcare is tight* - resources under pressure mean that nutritional care is often neglected.
- *Lack of awareness* about the importance of nutritional care means that malnutrition risk screening and follow-up care are not undertaken systematically.

Our ambition
making nutritional care an integral part of healthcare

- *Improving nutritional care is everyone's responsibility.* All partners need to play an active role: patients, carers, healthcare professionals, healthcare managers, government agencies, policy makers, payers, educators and industry.
- *Improving nutritional care requires a multi-disciplinary approach.* Collaboration across disciplines and sectors is absolutely crucial to ensure the best patient care.
- *Nutritional care best practice to be widely adopted throughout Europe.* The first step is the identification of those at nutritional risk (screening). If we achieve this primary objective, healthcare systems can deliver appropriate nutritional intervention and monitoring, making nutritional care an integral part of patient care. Better public awareness will also help in prevention and management of nutritional issues. Patients and the public should be empowered through high quality, user-friendly information.

Our commitment to advance nutritional care

The Optimal Nutritional Care for All campaign builds on and accelerates best practices in a number of European countries. Following up the support by the European Parliament in 2010 and the adoption of malnutrition/undernutrition in EU and WHO EURO programmes since 2012, the campaign now focuses on supporting implementation of better nutritional care for patients country by country. By committing to this shared vision, we pledge to collaborate for better patient nutrition in the near future. Let's be the generation who turns this vision into reality!

Who are the signatories to the Charter?

Signatories to the Charter include all stakeholders contributing to this movement: from ENHA members to national medical societies for clinical nutrition and metabolism, patient groups, healthcare professionals, dietitians, policy makers, hospital managers, carers, industry and all experts and citizens with a passion to optimize nutritional care.

Nutritional care :

- Everyone's responsability
- Multidiciplinary approach
- Screening, intervention, monitoring
- Integral part of the patient care.

Support :

- 2010 Eu Parlement
- 2012 WHO.

Signatories :
All stakeholders included Belgian members.

ENHA International meeting (Berlin, nov 2015)
ONCA Conference

Presentation of the situation in **Belgium**

Prof. A. Van Gossum,
A. Anzévui, L. Doughan, C. Petit, S. Vereecken

Berlin, November 2015

Situation in **Belgium**

Key actions :
Nutritional care, education, research and financial management

Results :
Dashboard, achievements to date, current activities and next steps

Optimal nutritional care for all

Country name/flag/ Population/ Date

Prevalence DRM

Hospital | Care home | Community

Public health

Public awareness

National nutrition plan

Policy and standards

	Hospital	Care home	Community
Screening policy			
Standards/quality indicators			
Audit			

Guidelines

	Hospital	Care home	Community
Screening			
Intervention			

Reimbursement

	Hospital	Care home	Community
Malnutrition			
Services			
ONS			
Tube			
PN			

Education

	Undergrad	Postgrad
Dietitians		
Medics		
Nurses		
Pharmacists		

Implementation

	Hospital	Care home	Community
Trained Staff			
Screening			
Care plan			
Medical nutrition			

Nutrition Day

Hospital | ICU | Oncology | Care home

Economic data

	Hospital	Care home	Community
Cost DRM			
Value of intervention			

Stakeholder groups

	Presence	Engagement
Multi-stakeholder		
PEN		
Ger Medicine		
Paediatricians		
Patients		
Dietitians		
Nurses		
Pharmacists		
General practice		
Hospital		
Health insurance		
Industry		
Politicians		
Media		

Optimal nutritional care for all

Prevalence DRM

Provide % DRM risk
per healthcare setting if available

Public health

National
Regional/local
None

Policy and standards

Sound legal basis with implementing measures

Soft policy/standards

None

Guidelines

Screening + care pathways

Partial guidelines

None

Reimbursement

>80% reimbursement

Regional reimbursement, insurance company specific, or co-pay

No reimbursement (100% self-pay)

Education

Mandatory

Optional/regional

None

Implementation

Structural, > 80%

Local, 20-80%

Limited, < 20%

Nutrition Day

> 1000 patients + very effective
Small/moderate + moderate
None + limited

Economic data

National data

Local data

Limited/no data

Stakeholder groups

Presence

Established national group

Regional group

Limited/no group

Engagement

Focus on DRM/ nutritional care

Peripheral interest

Limited/no interest

Achievements to date (1)

Key actions : **care, education, research and financial management**

PNNS 2005-2010
Implementation Nutrition Teams – Hospitals

Isolated initiative	➔ pilot project	➔ structure (general hospitals)
≈ 1990	2008 (SPF SP)	2014 (SPF SP)
	124 hospitals (60%)	194 Hospitals

Impact :
↑ awareness HCPs and management teams, ↑ competence HCPs,↑ nb patients managed, better management of material and produce

Guidelines for screening tools - Group of experts (2006-2010)

NUTRIACTION I (2008, n = 5334) - NUTRIACTION II (2013, n = 3641)
Screening elderly persons (>70y) at home and in care homes in all of Belgium and impact on the loss of mobility and autonomy
Actions : awareness patients, family, HCPs, authorities

PWNS 2011-2013 / UPDLF
Nutrition care for elderly patients – Care Homes (in a part of Belgium)
Charter, guide of good practice, training HCPs, awareness programme

Impact : ↑ dietitian in care homes, better nutrition care : screening, weight follow-up

Achievements to date (2)

CANCER PLAN

- 2011 Appointment of dietitians for oncology (hospital and consultations) – guidelines for optimal nutritional care
  Impact : improving early screening (at the diagnosis) and follow-up

- 2011-2013 Project dedicated to cancer cachexia and selection ➔ Studies, feed-back of research and care

NUTRITIONAL CARE – Reimbursement of CNO in specific situations

Different approach by INAMI. Reimbursement refused.

SBNC - VVKVM (National Clinical Nutrition Society)

- Scientific activities, education, formation, support, aid to nutrition teams
- Actions in partnership with Scientific Societies for clinical nutrition and metabolism and other stakeholders (charter)

UPDLF – VBVD (Diet Association)

- Formation of diet groups per speciality (exchange and coordination)
- Education for diet working in care homes (geriatrics)
- Guide for nutrition management in DRM (VBVD)

Impact : exchange, coordination and specific training

Current activities

NUTRITION TEAM (NT) - Hospitals

- **Nutrition Day :** active participation (first country/nb hospital beds) – 2500 patients (2014) Coordination JCH Preiser (SBNC) – support of SPF SP
- **Actions of awareness :** patients, family, HCPs
- **Education** : members of NT, the whole HCPs (congress, meeting, courses,...)
- **Coordination** with the SPF Authorities

ELDERLY PATIENTS – at home and in care homes

- **Belgian awareness** (NUTRIACTION I and II)
- **Quality Charter and guidelines** (care homes)

CANCER PLAN - UPDLF

- **Detailed description** of the diet function and the optimal nutritional care

SBNC - VVKVM (National Clinical Nutrition Society)

- **Scientific actions and lifelong education** :
  - International congress for clinical nutrition : active participation and highlights
  - Belgian week
  - Conferences
  - Web site + link
- **Education** : OPCAN (diet), CNIC (physicians)
- **Support** : Prize for the better abstracts

Project funding

Nutrition Teams – Hospitals

Isolated initiative	➔ pilot project (2008)	➔ structure (general hospitals 2014)
No funding	**15 000 € (max 20 000)/hosp SPF SP**	**idem via BMF**

CANCER PLAN

- 2011 Appointment of dietitians :
  163 full time (102 hospital) **- 46.146€/full time via BMF SPF SP**
- 2011-2013 Selected studies about cancer cachexia (x11) - **150.0000€ / study**
- Funding of other HCPs involved in Cancer Plan : nurses, data managers,…

PWNS 2011-2013 Nutrition care for elderly patients – Care Homes (in a part of Belgium)
Funding for the study (Région Wallonne) but no funding for dietitians

SBNC - VVKVM (National Clinical Nutrition Society)
Annual fee (members and stakeholders)

UPDLF- VBVD (Diet Association)
Annual fee (members and stakeholders)

Optimal nutritional care for all

Belgium / 10^6 people / 27.10.15

Prevalence DRM

Hospital	Care home	Community
42%	38%	13%

Public health

- Public awareness
- National nutrition plan

Policy and standards

	Hospital	Care home	Community
Screening policy			
Standards/ quality indicators			
Audit			
Discharge management			

Guidelines

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Reimbursement

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Pharmacists		
General practice		
Hospital		
Health insurance		
Industry		
Politicians		
Media		

Goals & KPIs 2016/17

PFNS Federal Nutrition Health Plan 2015-2020 (SPF SP – post National Plan 2005-2010)
- To progressively optimise nutritional care (NC) in hospitals (DRM, cancer, chronic diseases)
- To Improve follow-up of NC from hospitals ➔ care homes and from hospitals ➔home.

Nutrition Team (NT) mandatory in 2014
(all general hospitals)
- Finalise implementation NT // defined multi-disciplinary structure
- Improve sensitivity and training HCPs
- Optimise global nutritional care : screening **to** follow-up!

Annual report :
- multidisciplinary, qualitative > quantitative

Cancer Plan – Dietitians in Oncology
- Nutrition management // guidelines hospitalised & ambulatory patients

Annual report : qualitative > quantitative

Chronic diseases
- Healthcare pathway comprise nutritional care

In progress

PWNS Nutritional care in care homes and at home
- training HCPs, specifications for catering, protocols for physicians.

SBNC - VVKVM
- Integrate nutrition care into the process of **hospital accreditation**
- **Platform** : exchange of experience, protocols, knowledge (organisations/groups)
- **« ESPEN Belgium»** : e-journal only – belgian editors

UPDLF VDVB
- Lifelong learning for dietitians (clinical nutrition, oncology, chronic diseases, geriatics,…)

Next steps 2016-2017

Nutrition Teams – Hospitals

SPF SP :
- Support the implementation in each hospital
- Redefine
  - rôle of each member of the team
  - each step of the global nutritional process

Teams : Annual report
- Convince the Authorities
  - to invest time in field work instead of creating databases
  - to simplify annual activity report and valorise the qualitative work

CANCER PLAN
- Annual report : simplification (idem NT)

NUTRITIONAL CARE
- Reimbursement of CNO in specific situations. New attempt (2016)
- Actions to increase funding for a better quality of meals and services
- Care homes and home : implementation projects PWNS

SBNC - VVKVM (National Clinical Nutrition Society)
- 2016 National symposium : nutritional care and hospital accreditation (quality indicators)
- 2016 Participation to the ESPEN Media Campaign

UPDLF (Diet Association)
- Contacts with the Authorities to make the lifelong training mandatory
- Diffusion of the guide for good practice

Conclusions and messages

- **A multi-disciplinary and multi-stakeholder national platform** is **essential** for the success of ONCA.

- Importance of including the **patient voice.**

- The involvement and commitment of the **Ministry of Health/politicians** is **vital** in ensuring national change.
- The need for public pressure to stimulate Ministry/political involvement is seen as crucial and so raising **public awareness is a priority.**
- **Quality indicators** for good nutritional care are seen as an **important tool** to drive sustainability.
- **European wide activities** offer opportunities to leverage national activities and possibly even provide funding opportunities which deserve to be further explored**.**

Conclusions and messages

- **A multi-disciplinary and multi-stakeholder national platform** is **essential**.
- **Patient** voice must be included.
- The involvement and commitment of the **Ministry of Health/politicians** is **vital** in ensuring national change.
- **Public awareness is a priority.**
- **Quality indicators** are an **important tool** to drive sustainability.
- **European wide activities** to leverage national activities and possibly even provide funding opportunities.

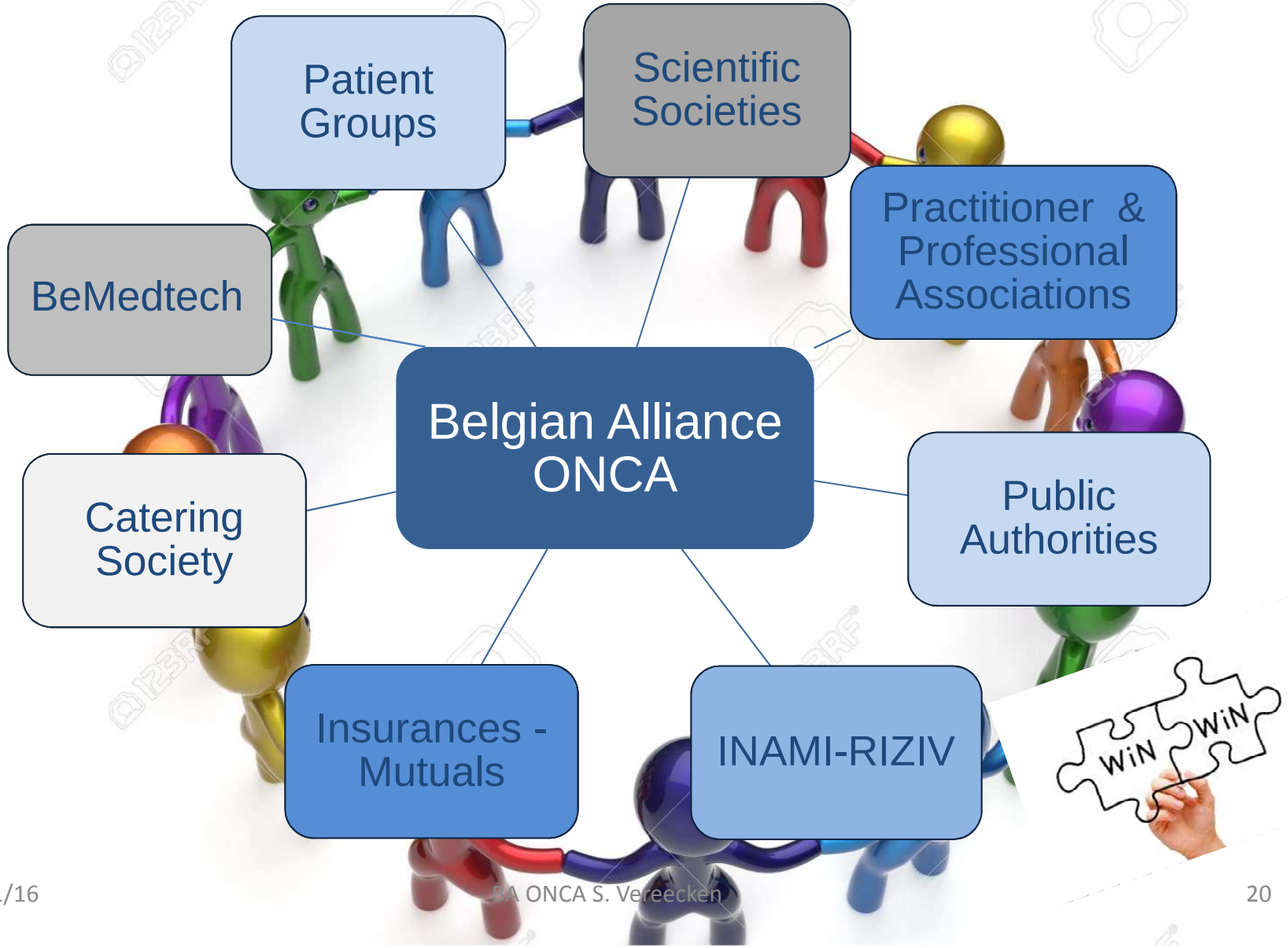
ONCA vision
A world with optimal nutritional care for all

For improving
outcome of the patient including **quality of live**

Integrate nutritional support in the **global care**

Multi-disciplinary and **Multi-stakeholders**
Belgian ALLIANCE

Belgian Project



European Project

Belgian Alliance
ONCA

Other
European Groups
ONCA

Potential Stakeholders ≈ 100 contacts

- AB.PAI&AS-MR/MRS
- ABDH
- ACCOORD
- ADMR Cpas Charleroi
- AViQ
- Association Mucoviscidose
- beONS
- BeMedTech
- CEDE
- CSS –Nutrition
- Domus medica
- DOTzorg Publ ouderenzorg
- ENHA
- FEMARBEL
- FNIB-NFBV
- Fond contre le Cancer - Stichting tegen Kanker
- FWB
- INAMI - RIZIV
- INTERCLANS
- IRAII CuSL
- IRSS – UCL
- La vie par un fil
- Louvain4Nutrition
- MEDERI
- NVKVV
- PAQS
- RMLB
- SBGG – BVGG
- SBMN
- SBNC
- Sodexo
- Socmut
- SPF SP – FOD Volksg.
- SSMG
- UPDLF
- VBVD
- VDITO
- VLADIO
- Vlaamse Ouderenraad
- Vlaamse Overheid
- VVKVM
- WGK
- WGKWV
- Zorgnet-Icuro
- ….

BA ONCA Meetings

SPF SP – FOD VG

10-03-2016

Project of establishment of the Belgian Alliance ONCA.

29 participants

29-10-2016 reported to 15-12-2016

5 Points for discussion & action :

- Public health : public awareness.
- Policy and standards: quality indicators & hospital accreditation.
- Reimbursement : meals and ONS.
- Implementation :
  - Care homes and Community
  - Hospitals NT and diet Cancer Plan.
- Education : practitioners, dieticians, nurses.

ENHA International meeting (Madrid, nov 2016)
ONCA Conference

Participation of 15 countries included **Belgium**

Objectives :

- Inspire, facilite, support participating countries to implement ONCA by 2020.
- Strenghten national multi-stakeholder alliances
- Benchmark national nutritional care programmes
- Share best practices
- Define and deploy mesures of progress
- Align and leverage the programme with key stakeholders and international organisations EU , WHO EU.

Feedback for Belgium

- Creation of a multi-disciplinary and multi-stakeholder **national platform.**
- **Evolution** of positive points of the dashboard.
- **Belgium hospitals, supported by the Ministry of Health, is cited in example for the best participation at NDay.**

- **5 key actions points are identified to progress.**
  - Public awareness.
  - Policy and standards: QI & hospital accreditation.
  - Reimbursement : meals and ONS.
  - Implementation :
  - Education.
- **Lack of data!**