

Tackling Malnutrition across the Care Continuum – *Integrated Nutritional care at Local Health Units – building a frame for Portuguese NHS*

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Description of the initiative

- **Background / context** : Malnutrition screening is mandatory at Portuguese National Health System (NHS), both at Hospitals (since 2019) and Primary Care (since 2023). In January 2024, NHS reform evolved into a model of real vertical integration of care. Now all Portuguese Hospitals and Primary Care Provider Groups are integrated in same organizational structures (Local Health Units). It offers a distinguished opportunity to promote **real integration of nutritional care across care continuum**, not just at organizational level, but at service and clinical level, with multidisciplinary teams sharing expertise, guidelines and protocols.
- **Rationale for the initiative** – This project maintains the multi-stakeholder approach, including relevant medical societies, patient & student associations and political entities (ex.: MoH, MPs, MEPs). Portuguese MoH is strongly committed to ONCA Portugal strategy to improve malnutrition diagnosis and to ensure a fair outpatient accessibility for medical nutrition. In order to prepare the outpatient accessibility, we further reinforce the nutritional screening at hospitals and improve the implementation on primary health care setting nationwide. The LHU organizational model eases communication between multidisciplinary teams from hospitals and Primary Care, ensuring that all providers accomplish same guidelines, having a common and shared structure to supervise nutritional care .
- **Objectives and scope**
 - 1) Ensure that nutritional screening at hospitals and primary care provider increases by including the screening KPI (National Policy 2019 and 2023) as national health indicator eligible for local healthcare units reimbursement;
 - 2) Promote the adoption of a comprehensive nutritional care pathway along the LHU, ensuring that in every settings nutritional care is appropriately provided to those who need it
 - 3) Extend reimbursement of the clinical nutrition products from the hospital to the primary care to maintain the continuum of care

Planned activities & deliverables

- **Outline the steps to be taken** - First steps have already been taken, Portugal was one the first countries to implement the malnutrition awareness week and it was part of the pilot for the NutritionDay in Primary Care. In 16th of May, 2024 APNEP and Oporto Metropolitan Regional authorities with ONCA support are signing the public compromise. Clinical Nutrition training has already started, for primary care professionals nationwide with the National PEN society congress in April and with the ESPEN Symposium with the theme *Home Nutritional Care: from general practice to parenteral nutrition* being held in Sintra (Portugal) in the beginning of December.
- Important steps will be the development of electronic tools to facilitate communications, and screening tools registries, even on a home based care providing way; the KPI digital system construction, to be able to monitor outcomes and results of the project (also for economic and financial evidence purposes)
- **What are the concrete deliverables of the project?** – The implementation of effective malnutrition diagnosis at hospital and primary care will permit to obtain robust data on DRM national prevalence & health economics (cost-savings) and to implement an early individualized nutritional intervention.
- **What achievements are possible in the next 12 and 24 months?**
- **2024:** Dissemination of nutritional care pathway along pilot LHU.
- **2025:** Inclusion of screening for malnutrition as health indicators for hospital and primary care financing.
- **2026:** Tracking of screening programmes implementation at hospital and primary care settings by checking the performance indicators.

Resources & enablers

- **Describe personnel, financial needs-** Portuguese NHS has recognized scarcity of health care with clinical nutrition training, especially in Primary Care setting. It will also be needed to have electronic / digital developments in electronic Clinical Records in order to improve Hospital / Primary Care integration.
- **Specify how the grant will be spent** – Dissemination and implementation of comprehensive nutritional care pathway along the LHU and training sessions (eLearning & F2F) for HCPs. Improvement of electronic / digital developments . It is estimated that 40% of the grant will be spent on electronic/digital developments and 60% on training medical personnel in clinical nutrition.
- **What factors will make it successful?** The involvement of APNEP's workforce, boards of LHUs the commitment of national political authorities and local city councils are key factors.

Results/outcomes & expected impact

How will the findings be implemented? In line with political stakeholders actions and ESPEN activities

How will this project advance patient care / contribute to optimal nutritional care? It will contribute to a substantial improvement in quality care & treatment of malnourished patients and finally it will culminate in an equitable accessibility to medical nutrition for hospitalized and outpatients.

What makes the project innovative? Healthcare professional's lack of awareness of importance of nutritional care is a fact. Integrating Nutritional Care across care continuum and assuring its benefits for population disease burden is like the Columbus egg, that no one ever put on practice.

Will the project be likely to influence national nutrition policy? Yes, as we are co-creating the national policies directly with political stakeholders.

Is the project transferable to other settings / countries? Yes, it could be a benchmark for countries without mandatory screening and/or outpatient accessibility to medical nutrition. APNEP is available to support/mentor other PEN societies and to continuously collaborate with ESPEN