

INDUSTRY SUPPORT FOR THE ONCA CAMPAIGN

TURKEY COMMITMENTS

Datum

Turkey commitments

Prevalence DRM

Malnutrition risk for Inpatients > 65 yrs
 Malnutrition risk: 33.5 %
 Malnutrition :13.5%










Malnutrition for Pediatric population:
 2-6 years children: malnutrition risk: 31.8%
 Age <5 years: malnutrition: 24 %

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		

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SWOT Analysis

Strenghts	Weakness	Opportunities	Threats
<ul style="list-style-type: none"> •Reimbursement •Multi-disciplinary stakeholders •Access to authority •Training & education 	<ul style="list-style-type: none"> • No national screening policy •No audit •No economic studies •No patient advocacy group 	<ul style="list-style-type: none"> •Good contact with governmental offices • Good collaboration with other societies •Increasing public awareness 	<ul style="list-style-type: none"> •Global budget restrictions • Frequent changes in official positions

Action Items & Priorities



Short Term

- Create and implement screening policies
- Secure current reimbursement status

Long Term

- Establish a care home policy for nutritional support
- Show the burden of malnutrition to healthcare system



State of play 2014 vs desired state of play in 2020

Criteria	State of play 2014	Desired state of play 2020	Comment / critical success factors
DRM prevalence	Prevalence of DRM high, but diagnosis rate relatively low.	Increase of diagnosis rate of DRM through mandatory screening.	Implementation of mandatory nutritional screening tool in hospitals.
Public health	Public healthcare system focus on DRM. But the importance level is too low vs chronic disease	Public health care focus on DRM and it's treatment.	Increase of awareness of DRM and DRM impact on patients (prolonged hospitalization, increased complications, etc.) as well as increased costs of treatment.
Policy and standards / Reimbursement	Disease related malnutrition is 100% reimbursed	Secure current reimbursement system	Engage key stakeholders in order to secure current reimbursement system.
Education	Relatively high number education activities: <ul style="list-style-type: none"> - National congress on clinical nutrition - Clinical nutrition part of other congress - National LLL ESPEN courses 	Implement the Course on clinical nutrition as part of education on Medical School and Nutrition School.	Course on clinical nutrition as part of education on Medical School and Nutrition School.

State of play 2014 vs desired state of play in 2020

Criteria	State of play 2014	Desired state of play 2020	Comment / critical success factors
Nutrition Day	Nutrition day held every year in hospitals around country.	Nutrition day in all hospitals around country with more public promotion of this day.	Collaboration with local PEN society in order to engage all hospitals around country and develop public campaign in order to raise awareness on DRM.
Economic Data	Limited data (University of Ankara) on cost benefits of clinical nutrition.	Data on cost of DRM and influence of usage of EN and PN on decrease of treatment cost.	Work with key stakeholders in order to generate TR local data. Show the burden of malnutrition to healthcare system and increase awareness of benefit of medical nutrition
Stakeholder Group	KEPAN- MoH- All related stakeholders engagement SSI	Addition of politician support	Number of stakeholders from government Ministry of family and social policy Department of public health
Implementation	Implementation in accordance with ONCA 2014 action plan	Implementation of Screening Policy for TURKEY	Nutritional screening is going to be included as a quality indicator into the new directive of “Quality standards at health care services” published by MOH

Objective 1: Create and implement screening policies

Project 1	Timeline	Budget	KPIs
Create and implement a screening policy for inpatient in clinics with collaboration of authority (Public Hospital Alliance)	2015	n/a	<ul style="list-style-type: none"> Number of hospitals having screening policy: for the first year 31 hospital To organise web based screening in 31 public hospitals' clinics in 20 cities Disseminate Policy all around the country Increase the number of hospitals having nutrition teams
	2015-2016	N/A	
	2016	N/A	
	2016		

Project 2	Timeline	Budget	KPIs
Provide nutritional screening as a quality indicator of health care system.	2015-2016	n/a	<ul style="list-style-type: none"> Nutritional screening is the quality indicator into the new directive (5. version) of "Quality standards at health care services" published by MOH Nutritional screening is mandatory for the Training & Research Govt Hospital & University Hospitals

Project 3	Timeline	Budget	KPIs
Disseminate nutritional screening policy in MOH Public Health practice	2015-2016	n/a	<ul style="list-style-type: none"> Make malnutrition screening as an obligation for the patients recorded in the Cancer Control Centers in 81 city Implement nutritional screening for the patients visited by MOH homecare team at home.

Objective 2: Create Awareness on Malnutrition

Project 1	Timeline	Budget	KPIs
To create/increase awareness on Malnutrition	2015-2016	TBC	<ul style="list-style-type: none"> -Create awareness & implement activities (press events & local meetings in major cities) on Malnutrition day - To maintain the continuity of nutrition in media to aware public - Collaboration with Authority & KEPAN in order to engage all hospitals around country - Develop public campaign in order to raise awareness on DRM
Project 2	Timeline	Budget	KPIs
To increase awareness of Malnutrition on MOH homecare services and give training to their health care team in every region	2015-2016	TBC	<ul style="list-style-type: none"> - Collaboation btw MOH Public Health Departman & KEPAN - Collaboration btw MOH Public Hospital Dept & Kepan - Conduct training serials for Health care team of HOMECARE services of cities & municipalities.

Objective 3: Secure current reimbursement status

Project 1	Timeline	Budget	KPIs
Protect current reimbursement environment	2015-2017	N/A	- Engagement of key stakeholders in order to get support for the importance of malnutrition

Project2	Timeline	Budget	KPIs
To obtain local data in order to support current reimbursement environment	2015-2017	N/A	<ul style="list-style-type: none">• Study publication of Ankara University.• Presentation of study to key stakeholders• Publication of Pediatric Screening Project (TUHAMAR)

ONCA campaign total estimated costs 2015-2020

- Total cost
 - 2014: 60,000 TL (20,000 €) is used for local & int meeting expenses
 - The cost was covered by Industry representatives (Abbott, Nutricia,Nestle, Fresenius Kabi)
 - 2015: 50,000 TL 17,000 € will be used for local & int meeting expenses
 - The cost was covered by Industry representatives (Abbott, Nutricia,Nestle, Fresenius Kabi- Baxter)
- Estimated ROI (increase of market size)
 - Market Expansion is expected by increasing the patient access to treatment through screening