

ASPEN Value Project Reveals

NUTRITION SUPPORT

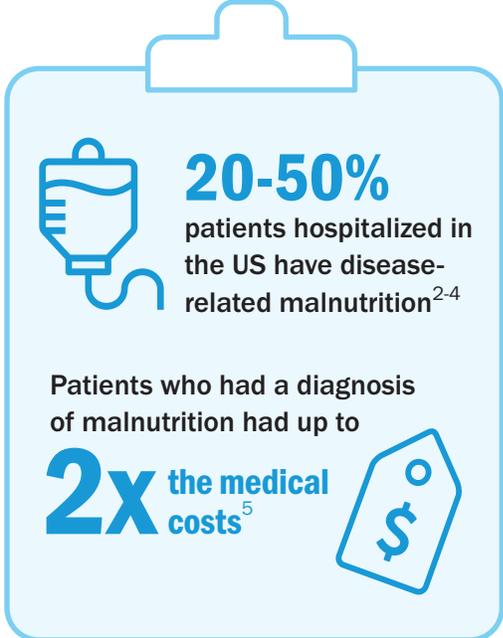
Improves Outcomes + Saves Medicare \$580M

ASPEN Value Project

Study delivers economic evidence of the value of nutrition support by measuring healthcare outcomes against the cost of care delivered when nutrition therapy is provided.

Projected **\$580 million savings in annual Medicare costs** identified when nutrition support therapy optimized patient outcomes in four of five key conditions.¹

 Disease/ Condition	 Projected Annual Cost Savings
Sepsis	\$222 million
Gastrointestinal Cancer	\$242 million
Hospital Acquired Infections	\$85 million
Surgical Complications	\$33 million
Severe Pancreatitis	-\$2 million



20-50% patients hospitalized in the US have disease-related malnutrition²⁻⁴

Patients who had a diagnosis of malnutrition had up to **2x** the medical costs⁵

The Value of Nutrition in Improving Future Outcomes and Costs

Future Medicare savings can be even higher by **expanding nutrition interventions** to the **entire Medicare population** and focusing on identifying patients with malnutrition or who are at risk and not receiving nutrition support.

Call to Action

Healthcare professionals, payers, and policymakers should **harness the value of nutrition** in support of cost-efficient, cost-effective, and high-quality healthcare.



Value of Nutrition

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Outcomes

- ↑ Quality of life
- ↓ Infectious complications
- ↓ Noninfectious complications
- ↓ Length of hospital stays
- ↓ Hospital readmissions

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Costs of Care

Visit nutritioncare.org/ValueProject

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¹ Tyler R, Barracos A, Guenter P, et al. The value of nutrition support therapy: impact on clinical and economic outcomes in the US *JPEN J Parenter Enteral Nutr.* 2020; [Epub ahead of print].

² Allard JP, Keller H, Jeejeebhoy KN, et al. Malnutrition at hospital admission-contributors and effect on length of stay: a prospective cohort study from the Canadian Malnutrition Task Force. *JPEN J Parenter Enteral Nutr.* 2016;40(4):487-497.

³ Ruiz AJ, Buitrago G, Rodriguez N, et al. Clinical and economic outcomes associated with malnutrition in hospitalized patients. *Clin Nutr.* 2018.

⁴ Sauer AC, Goates S, Malone A, et al. Prevalence of malnutrition risk and the impact of nutrition risk on hospital outcomes: results from nutritionDay in the US. *JPEN J Parenter Enteral Nutr.* 2019.

⁵ Barrett M, Baily M, Owens P. Non-maternal and non-neonatal inpatient stays in the United States involving malnutrition, 2016. US Agency for Healthcare Research and Quality 2018, www.hcup-us.ahrq.gov/reports.jsp; 2018.