



Real-world evidence associates *blenderized whole food formulas with health economic benefits* compared to plant-based standard formulas

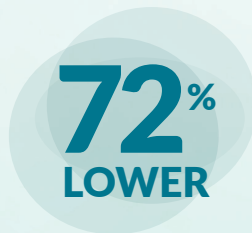
A retrospective study associates healthcare resource utilization and cost benefits with blenderized whole food formulas, Compleat[®] Organic Blends vs. Kate Farms[®] Standard plant-based formulas, which do not contain blenderized whole foods, in post-acute care adult patients at 84 days post-hospital discharge.

Compleat[®] Organic Blends is associated with:



Mean total number of healthcare visits

vs. Kate Farms[®] Standard formulas
(24 vs. 79 visits)



Total adjusted cost of healthcare visits

vs. Kate Farms[®] Standard formulas
(\$258,460 vs. \$919,060)

Choose **Compleat[®] Organic Blends formulas to support patient preferences and positive outcomes.** *Designed to meet patient requests for blenderized whole food options too!*

Ask your Nestlé Health Science Sales Representative for samples of Compleat[®] formulas, or visit www.nestlemedicalhub.com/samples

Health Economic Benefits of Real Food Tube Feeding Formulas Compared to Standard Tube Feeding Formulas in Post-Acute Adult Patients

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1. Medical Affairs, Nestlé Health Science, 2. Market Access, Nestlé Health Science, 3. Clarivate Data Analytics & Insights

Introduction:

Enteral nutrition (EN) is often employed for the nutritional management of patients in an acute care setting, and may be continued as part of post-acute care.¹ The prevalence of home enteral nutrition (HEN) as part of post-acute care in the US has increased in recent decades due to its clinical and economic benefits.² Healthcare professionals, patients, and caregivers are requesting tube feeding formulas including more real and recognizable food ingredients.^{3,4} Commercially blenderized tube feeding formulas (CBTF) containing a variety of blenderized whole foods are suitable for patients who have difficulty tolerating standard tube feeding formulas (STD-TF) that do not contain blenderized whole foods.³

Objectives:

To conduct healthcare resource utilization (HCRU) and cost analysis of CBTF containing blenderized whole foods compared with plant-based STD-TF in post-acute care.

Methods:

This was a retrospective observational study, conducted using data from the Decision Resources Group Real World Evidence Data Repository, which covers 98% of US health plans and includes medical and pharmacy claims.

Patients ≥ 14 years of age, with a prescription of either CBTF (Compleat[®] Organic Blends, Nestlé HealthCare Nutrition, US) or STD-TF (Kate Farms[®] Standard 1.0 and 1.4, Kate Farms Inc., US) between Jan. 2018 and Dec. 2020 were included. The index date was defined as the date of hospital discharge.

Outcomes were compared at 84 days post-index between the two groups. HCRU and associated costs were compared between the CBTF and STD-TF groups. Costs were adjusted for age, gender, and Charlson comorbidity index (CCI) score.

Patient Characteristics:

The study included 124 patients in the CBTF group (52% female, mean age 41.8 years), and 324 in the STD-TF group (44% female, mean age 41.5 years). There were no statistically significant differences between the two groups regarding mean age, gender, most common comorbidities or CCI score. The most common diagnoses were diseases of the digestive system (CBTF 89%, STD-TF 91%), musculoskeletal system and connective tissue (CBTF 74%, STD-TF 83%), and nervous system (CBTF 79%, STD-TF 78%). Eighty-seven percent of patients in the CBTF group had at least one CCI comorbidity compared with 83% of those in the STD-TF group. Of these, 59% in the CBTF group had CCI scores of 1–2 compared with 53% in the STD-TF group; 19% in the CBTF group had CCI scores of 3–4 compared with 16% in the STD-TF group; 22% of patients in the CBTF group had CCI scores ≥ 5 compared with 32% in the STD-TF group.

Results (Visit Types):

At 84 days post-index, the mean total number of visits (24 visits per CBTF patient vs 79 per STD-TF patient, $p < 0.001$), visits to outpatient (14 vs 52, $p < 0.001$), inpatient (4 vs 12, $p = 0.001$), and other places of service, including assisted living, intermediate care, and unidentified facilities (4 vs 9, $p = 0.035$), were

significantly lower for the CBTF group compared with the STD-TF group (**Figure 1**).

A significantly higher proportion of patients receiving STD-TF required inpatient visits ($p=0.003$) and visits to other places of care ($p<0.001$) than those receiving CBTF. The proportion of patients requiring any outpatient visits were comparable between groups (100% in the CBTF vs 97% in the STD-TF group).

Results (Cost of Care):

Total unadjusted costs of healthcare visits were significantly lower in the CBTF group (\$166,591) compared with the STD-TF group (\$820,905, $p<0.001$). After controlling for age, gender and CCI score, significantly lower adjusted costs attributed to inpatient visits (CBTF adjusted value \$40,318, STD-TF \$110,190, $p<0.001$), outpatient visits (CBTF \$187,502, STD-TF \$684,833, $p<0.001$), urgent care (CBTF \$3,760, STD-TF \$9,565, $p<0.001$), and other visits (CBTF \$13,624, STD-TF \$95,162, $p<0.001$) were recorded for the CBTF group compared with the STD-TF group (**Figure 4**).

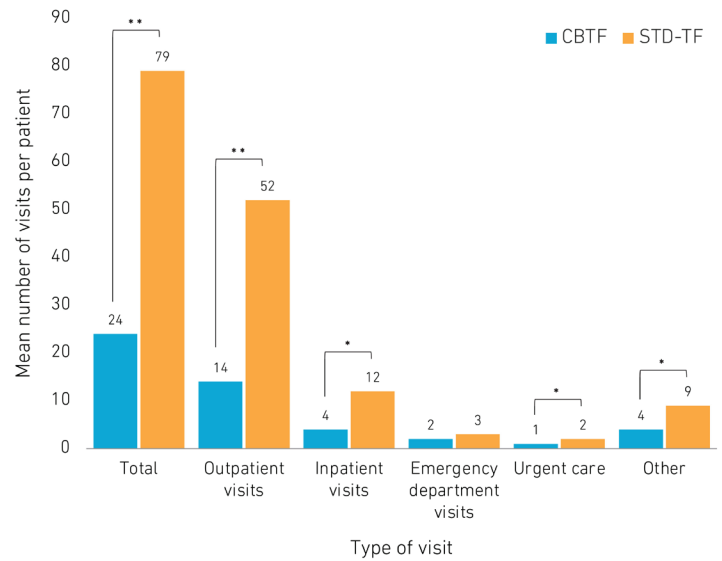
Conclusion:

A CBTF containing a variety of blenderized whole foods prescribed in post-acute care was associated with fewer visits to healthcare providers and reductions in costs attributed to those visits compared with a plant-based STD-TF. Post-acute care patients prescribed the CBTF had lower inpatient, outpatient, urgent care, and other mean visits than those prescribed a plant-based STD-TF. Patients prescribed CBTF in post-acute care had significantly lower costs associated with inpatient visits, outpatient visits, urgent care, and other services compared with those prescribed a STD-TF.

References:

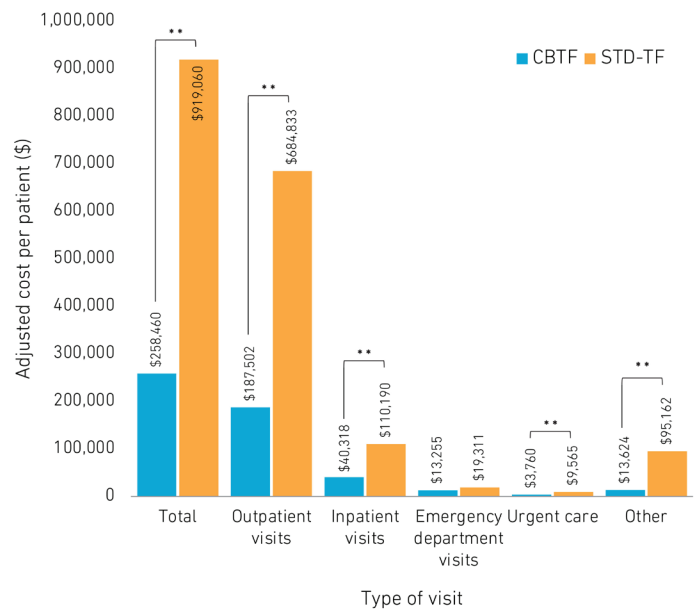
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Figure 1: Mean number of visits to different places of service



Abbreviations: CBTF, commercial blenderized tube feeding formula; STD-TF, standard tube feeding formula. * $p<0.05$, ** $p<0.001$.

Figure 4: Adjusted costs by place of service



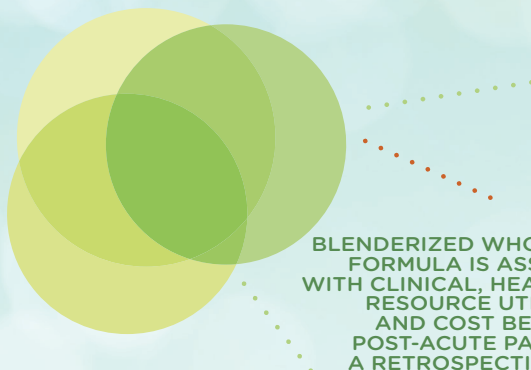
Adjusted costs were calculated using a multivariate generalized linear model controlling for age, gender, and CCI score.

Abbreviations: CBTF, commercial blenderized tube feeding formula; STD-TF, standard tube feeding formula. ** $p<0.001$.



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NUTRITIONALLY COMPLETE TUBE FEEDING FORMULA

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BLENDERIZED WHOLE FOOD FORMULA IS ASSOCIATED WITH CLINICAL, HEALTHCARE RESOURCE UTILIZATION AND COST BENEFITS IN POST-ACUTE PATIENTS IN A RETROSPECTIVE STUDY

	Compleat[®] ORGANIC BLENDS	KATE FARMS[®] STANDARD FORMULAS
	✓	✗
CONTAINS BLENDERIZED WHOLE FOODS	<ul style="list-style-type: none"> • Approximately 1 cup equivalent of fruits and vegetables per pouch • Phytonutrients provided by fruits and vegetables 	<ul style="list-style-type: none"> • Does not contain blenderized whole foods • Phytonutrients provided from added extracts and concentrates
SOLUBLE AND INSOLUBLE FIBER FROM FRUITS AND VEGETABLES	✓	✗
	<ul style="list-style-type: none"> • Fiber blend to help support digestive health 	<ul style="list-style-type: none"> • Prebiotic soluble fiber from inulin
NONE OF THE COMMON FOOD ALLERGENS	✓	✓

Compleat[®] formulas are broadly available for insurance coverage including Medicare, most Medicaid plans including Medi-Cal, and most private insurance plans**

USE UNDER MEDICAL SUPERVISION

**Individual plan coverage guidelines and documentation requirements apply
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