Does the Diabetic Home Enteral Patient Need a Disease-Specific Formula? A Retrospective Observational Review

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Introduction
Currently there are no formal recommendations for enteral formula selection in the home care setting for patients with diabetes. While formula trials have been conducted in the past, they have varied in method, design, and sample selection. Trials of a standard formula for individual patients may be important as some payers require documentation of a failed trial of a standard formula prior to reimbursement of a disease-specific formula. The purpose of this review was to examine home care diabetic patients’ tolerance of a standard tube feeding formula, as well as to propose a best practice method for trialing diabetic patients on a standard product.

Methods
- A retrospective, observational review of data was conducted for 104 enteral adult patients with diabetes newly referred to a home infusion company over a 90-day time period (February 1 through April 30, 2014). Of the 104 patients, 59 were evaluated; these patients had previously been trialed on a standard formula at some point in their care. These 59 patients were trialed on standard formula in two settings.
- Forty-nine patients were trialed on a standard formula while hospitalized.
- A retrospective, observational review of data was conducted for 104 enteral adult practice method for trialing diabetic patients on a standard product.
- The purpose of this review was to examine home care diabetic patients’ tolerance of a standard tube feeding formula, as well as to propose a best practice method for trialing diabetic patients on a standard formula.
- Sample selection. Trials of a standard formula for individual patients may be important as some payers require documentation of a failed trial of a standard formula prior to reimbursement of a disease-specific formula. The purpose of this review was to examine home care diabetic patients’ tolerance of a standard tube feeding formula, as well as to propose a best practice method for trialing diabetic patients on a standard formula.

Proposed Best Practice for Conducting an In-Home Trial of a Standard Formula

1. Select a full-strength formula that is calorically equivalent to the diabetic formula.
2. Initiate standard formula based on same rate or dose of diabetic formula.
3. Have caregiver or patient monitor finger sticks for hyperglycemia results.
4. Have caregiver or patient monitor signs and symptoms of hyperglycemia.
5. Base tolerance results on the patient’s individual care plan for blood glucose control.
6. Conduct trial for 48 to 72 hours.

Results

Overall Trial
- Forty-seven of the 59 patients analyzed (80%) had a prescription for a standard formula.
- The other 4 patients had verbal approval from their physician for a 3- to 5-day in-home trial of a standard formula. All 10 patients had requests from their doctor for the patient to be monitored closely for tolerance of a standard formula.
- In-home trials were conducted by a home care RD. All patients were trialed according to the proposed best practice guidelines (above right).

Hospitalized Trial
- Of the 49 patients who trialed a standard formula in the hospital, 41 of those patients (84%) tolerated a final prescription of a standard formula, while eight of these patients (16%) required a final prescription of a diabetic formula. (See Chart 3.)

In-Home Trial
- Ten of the patients with an initial prescription of a diabetic formula completed an in-home trial of a standard formula. Four of these patients (40%) successfully converted to a standard formula, while six of these patients (60%) required a final prescription of a diabetic formula. (See Chart 4.)

Conclusions
This study indicates that many home tube feeding patients with diabetes can achieve desired glucose goals while receiving a standard tube feeding formula. Patients with diabetes can be trialed on a standard tube feeding formula using a proposed best practice method to systematically determine the most appropriate formula for long-term use. A standard tube feeding trial can be accurately and safely conducted in the home by a home care Registered Dietitian. The outcome of the standard formula tube feeding trial (either successful or failed) can be appropriately documented in the patient’s medical record by the RD and the MD to meet specific insurance requirements.