

# Innovations in the Field of Food is Medicine

MAY 9<sup>TH</sup> 1 PM ET

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# Agenda & Logistics



- ▶ Welcome & Introductions
- ▶ Presentations
  - ▶ Sarah Downer, Center for Health Law and Policy Innovation, Harvard Law School
  - ▶ David Waters, Community Servings
  - ▶ Reece Soltani, AARP Foundation
- ▶ Q&A
  - ▶ **Questions can be submitted via the chat function or by twitter @FCAA**



CENTER *for* HEALTH LAW  
*and* POLICY INNOVATION  
HARVARD LAW SCHOOL

**INNOVATIONS IN THE FIELD OF  
FOOD IS MEDICINE:  
PRESENTATION TO GRANTMAKERS IN HEALTH  
AND FUNDERS CONCERNED ABOUT AIDS**

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**SARAH DOWNER, JD**

ASSOCIATE DIRECTOR AND CLINICAL INSTRUCTOR

MAY 9, 2018

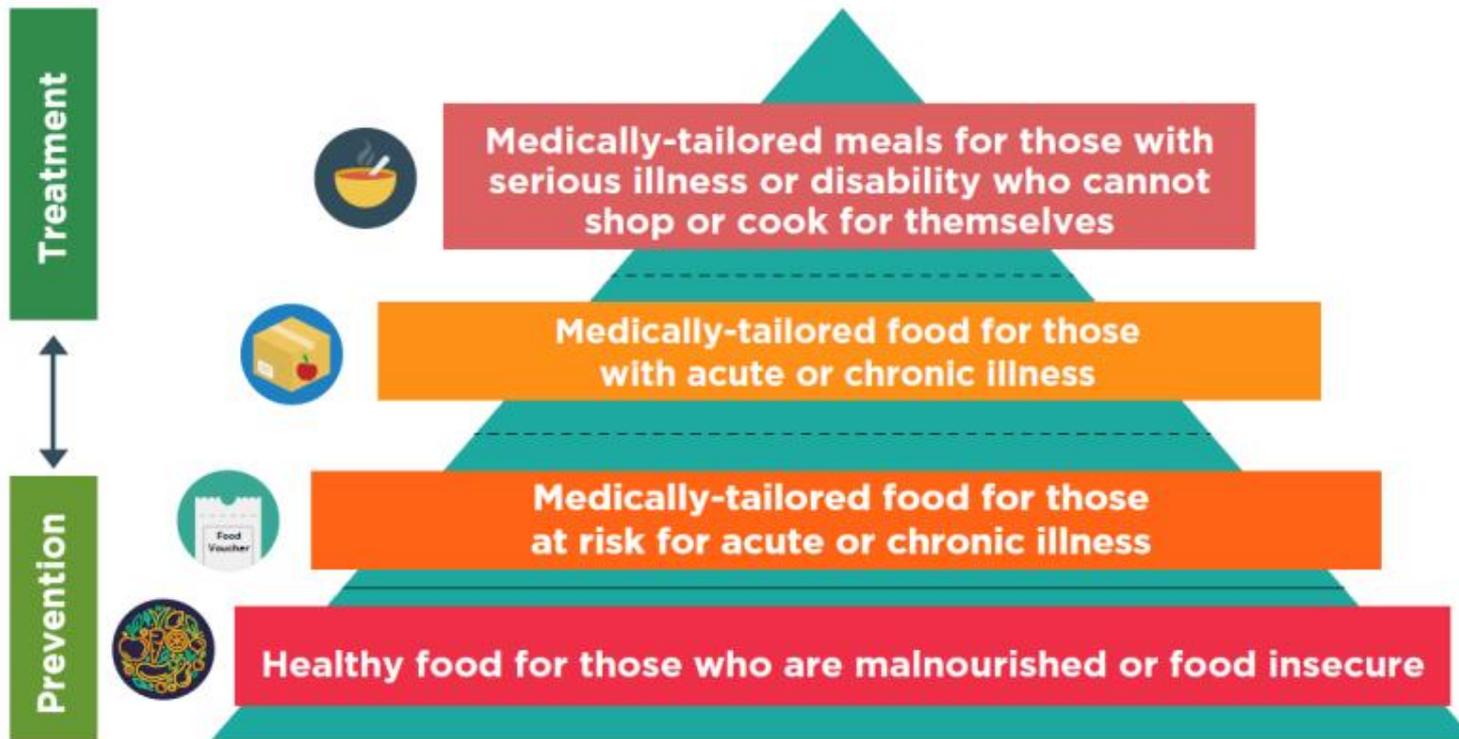
# CENTER FOR HEALTH LAW & POLICY INNOVATION

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**Mission:** Pursue law & policy reforms to improve the health of underserved populations, with a focus on the needs people living with chronic illnesses and disabilities.

- **expand access** to high-quality **healthcare** and nutritious, affordable **food**;
- **reduce** health **disparities**;
- **develop** community advocacy **capacity**; and
- **promote** more **equitable** and effective **healthcare and food systems**.

# FOOD IS MEDICINE



# MOMENT OF OPPORTUNITY

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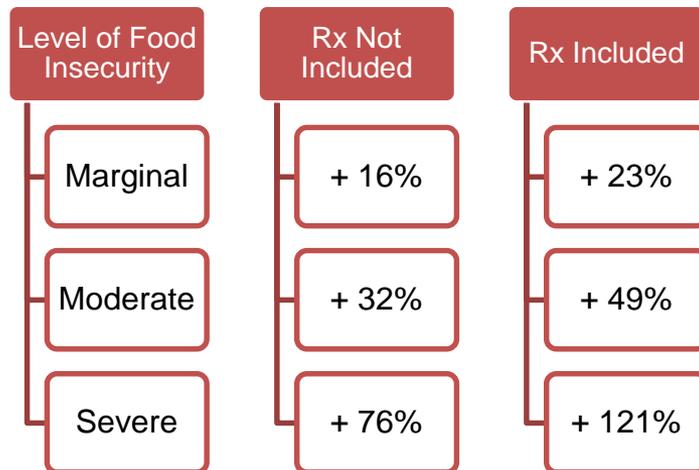
- Advances in research:
  - 1) Food insecurity/malnutrition contribute to poor health outcomes and drive costs
  - 2) Providing medically-appropriate food to individuals with diet-related health conditions improves health outcomes and lowers costs
- Interest in innovation from all stakeholders:
  - 1) We should test, expand, scale, and create opportunities to integrate food and nutrition interventions into healthcare delivery and financing.

# Healthcare Impact of Food Insecurity

***Food insecurity drives poor health outcomes and increases health costs.***

- Hospitalizations
- Emergency department visits
- Depression
- Missed appointments
- Poor medication adherence

***Association between household food insecurity and annual health care costs:***



Tarasuk et al., Can. Med. Assoc. J., 2015

Center for Health Law and Policy Innovation

# ADVANCES IN RESEARCH

## ❖ Medically-Tailored Meals:

### ❖ Community Servings Study (April 2018):

- ❖ Dual eligible population
  - ❖ **16%** reduction in health care spending compared to control group
  - ❖ ↓ Emergency Department visits
  - ❖ ↓ inpatient hospital admissions
  - ❖ ↓ emergency transports

### ❖ Project Open Hand Study (2017):

- ❖ Diabetes and/or HIV
  - ❖ ↑ medication adherence
  - ❖ ↓ hazardous drinking/smoking
  - ❖ ↓ symptoms of depression

### ❖ MANNA Study (2013)

- ❖ Medicaid Managed Care Clients
  - ❖ **28%** reduction in Medicaid Managed Care member costs (pre-service / post-service)

## ❖ Medically-Tailored Food Boxes:

### ❖ Feeding America Study (2015):

- ❖ Food bank clients with diabetes
  - ❖ ↑ glycemic control
  - ❖ ↑ medication adherence
  - ❖ ↑ fruit/vegetable consumption
  - ❖ ↑ self-efficacy
  - ❖ ↓ food/medication tradeoffs

## ❖ Additional research in progress:

- ❖ Randomized Control Trials
- ❖ Health outcomes
- ❖ Cost-effectiveness

\* Seth Berkowitz et al., *Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries*, 37 HEALTH AFFAIRS 4, 535-542 (2018).

\* Palar et al., *Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health*, J. Urban Health (Jan. 17 2017).

\* Jill Gurvey et al., *Examining Healthcare Costs Among MANNA Clients And A Comparison Group*, 4 J. OF PRIMARY CARE & COMMUNITY HEALTH, 311-312 (2013).

\* Seligman et al., *A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients in Three States*, 34 HEALTH AFFAIRS 11, 1956-1963 (2015)

# FEDERAL

- House Hunger Caucus Food is Medicine Working Group
  - Launched January, 2018 with bipartisan support
  - Congressional Briefing on Medically-Tailored Meals TODAY!
    - **(May 9, 3:30 PM – Cannon House Office Building 121)**



## 1. California Medi-Cal Pilot:

- \$6 million in state dollars over 3 years
- Medically-tailored meals to high-risk, high-utilizer Medicaid members with Congestive Heart Failure (CHF)



## 2. MA Food is Medicine State Plan

- Use data and stakeholder engagement to drive integration of food and nutrition services into the healthcare system

# LOCAL

## Medicaid

- 1915 (c) Waivers
- 1115 Waivers
- Traumatic Brain Injury (TBI) & Aged and Disabled (AD) Waivers
- Delivery System Reform Incentive Payment Models
- Community First Choice Option (CFCO)
- In Lieu of Services Option

## Medicare

- Medicare Part B – Nutrition Counseling/Medical Nutrition Therapy (select populations)
- Medicare Part C – Medically Tailored Home-Delivered Meals (select populations/at plan's discretion)

## Other

- Dual Eligible Demonstration Projects (Medicaid/Medicare)
- Private Insurance

# ADVANCING THE FIELD

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- **Research** – Investigate intervention intensity vs. outcomes at all levels of health need
- **Capacity building** – Food is Medicine interventions should be available all across the country
- **Partnership infrastructure development** – Create models for workflow; support the program innovators in becoming agents for scaling
- **Education and advocacy** – Educate decisionmakers on opportunities for policy change



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May 9, 2018

***Food is Medicine: Addressing Chronic Disease with Medically Tailored Home-Delivered Meals and Community Based Nutrition Programs***



**Grantmakers  
in Health**

**Funders  
Concerned  
about AIDS**



## Community Servings: Who We Are



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**Community Servings** is a not-for-profit organization with a 28 year history of providing **medically tailored meals** and **nutrition services** to individuals and their families coping with critical and chronic illnesses.

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## Our History is Tied to the AIDS Crisis



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Founded in 1990 to provide home-delivered meals to individuals living with HIV/AIDS, we initially served **30** people a day in Boston.

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We now prepare and deliver 675,000 made from scratch meals to 2,300 clients living in 20 cities and towns each year, regardless of illness.

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# Our Nutrition Intervention

## Medically Tailored Home-Delivered Meals

- 15 medical diets, up to three combinations per client
- Appetizing, culturally appropriate foods
- Meals made from scratch
- Children's menu

## Additional Services

- Individualized nutrition counseling
- Disease-specific nutrition education
- Nausea care packages



## Our Clients:

### Homebound with 35+ Illnesses

Top primary diagnoses include:

- Diabetes
- HIV/AIDS
- Cardiac Disease
- Cancer

**71%** of clients have **multiple diagnoses**

# Nutrition and People Living with HIV

- HIV is the only disease population where nutrition is covered by federal funding (Ryan White Care Act)
- 33% of Community Servings' clients are living with HIV/AIDS
- Complications associated with HIV, including “wasting,” are linked to malnutrition
- Proper nutrition is integral for disease management of HIV, including withstanding side effects of medications and improved symptom management –improving quality of life overall

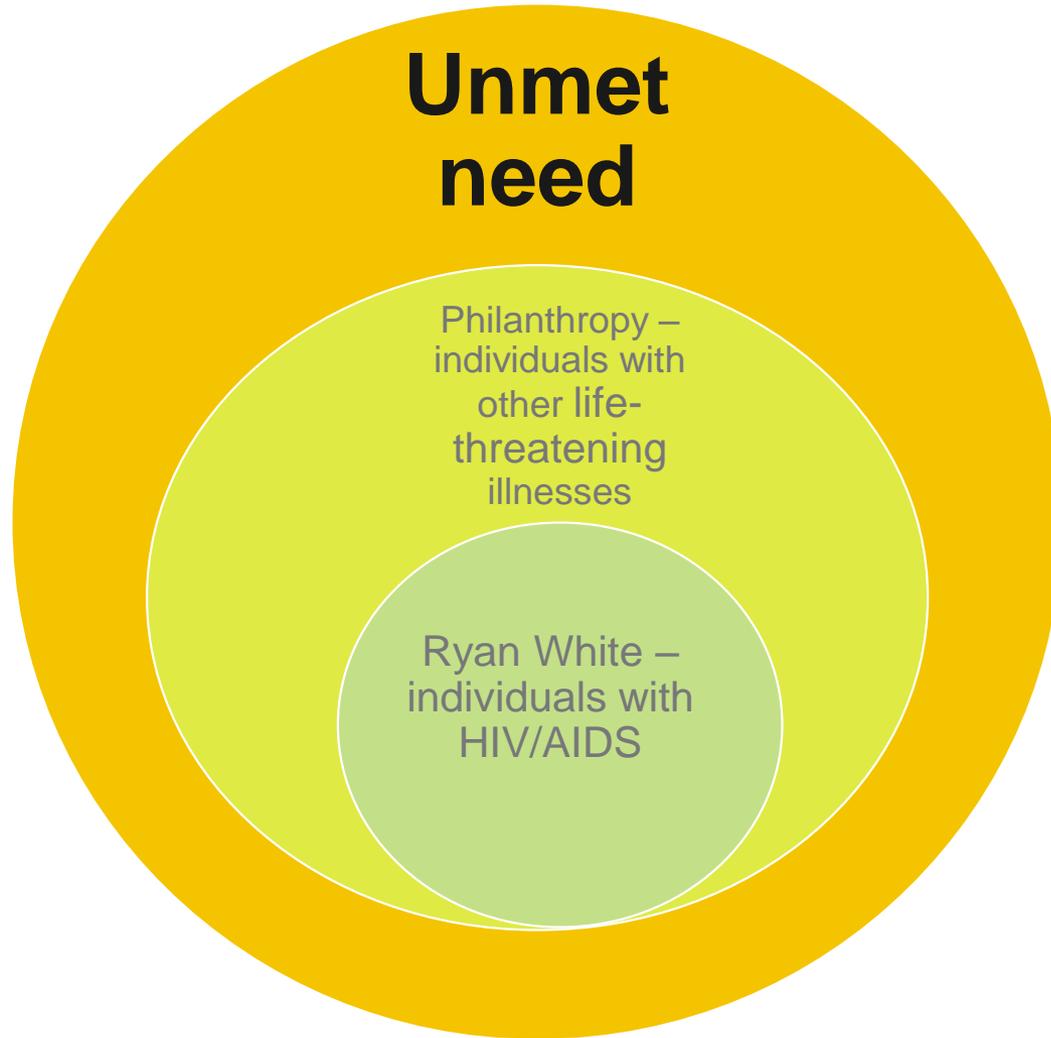
## Grady's Story



- Diagnosed with HIV in 1998
- Developed a blood clot, and had surgery in 2011
- Also has diabetes

*I receive a diabetic, low vitamin K diet. I need the low vitamin K meals to help prevent future blood clots. I love to cook and used to cook all of the time. But now I have a hard time standing up for long periods of time and I have back spasms. Because I can't cook like I used to, the meals help me manage my nutrition needs and focus on taking care of myself.*

# Funding for our Meals



This limited funding leaves an unmet need for low-income, severely ill individuals at high risk for food insecurity and malnutrition

Sick patients can wait 3-6 months to access our services

# The Urgent Challenge of Malnutrition

At least **1 in 3** patients enters the hospital malnourished<sup>1</sup>

Hospital stays for malnourished patients are up to **3x** longer than for properly nourished patients.<sup>1</sup>

Healthcare costs for malnourished patients are up to **3x** higher than costs for properly nourished patients.<sup>2</sup>

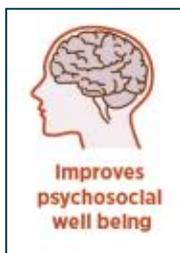
*The annual burden of disease-associated malnutrition (DAM) across 8 diseases in the US is \$156.7 billion.*

Sources: 1. Jensen GL, et al., *Recognizing Malnutrition in Adults: Definitions and Characteristics, Screening, Assessment, and Team Approach*, J. Parenteral and Enteral Nutrition (2013). 2. Corkins MR et al., *Malnutrition Diagnosis in Hospitalized Patients: United States 2010*, J. Parenteral and Enteral Nutrition (2013); 3. Sinder et al., *Economic burden of community-based disease-associated malnutrition in the U.S.*; 38 (2 Suppl): 77S-85S (2014)



# Results of our First White Paper

- **96%** of healthcare professionals reported that our meals program **improved their clients' health**
- **65%** believed the program resulted in **decreased hospitalizations**
- **94%** believed the program significantly improved patients' **access to healthy food**



## Research Partners and Projects

Projects	Partners
Pilot study of impact of our diabetic meals on patients with advanced diabetes and food insecurity (embargoed pending publication)	Dr. Seth Berkowitz, Massachusetts General Hospital; Blue Cross Blue Shield of Massachusetts Foundation; BNY Mellon
Retrospective evaluation of claims data of clients we have served through Commonwealth Care Alliance (Published in the April 2 <i>Culture of Health</i> Issue)	Dr. Berkowitz, Massachusetts General Hospital; Commonwealth Care Alliance; AARP Foundation
Retrospective evaluation of clients we have served from 2011-2015, through examination of the All-Payer Claims Database (30-month study launched in December 2016)	Dr. Berkowitz; Dr. John Hsu, The Mongan Institute; Massachusetts Department of Public Health; University of North Carolina; The Robert Wood Johnson Foundation's Evidence for Action Program

## Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries

Seth A. Berkowitz<sup>1</sup>, Jean Terranova<sup>2</sup>, Caterina Hill<sup>3</sup>, Toyin Ajayi<sup>4</sup>, ... [See all authors](#)

[AFFILIATIONS](#) ▾



# Study participants: Community Servings clients

- Commonwealth Care Alliance (n = **133**)
  - 82% One Care
  - 18% Senior Care Options
- Determined to be at nutritional risk
- Received medically tailored home-delivered meals for at least six months
- vs. matched control group (n = **1002**)

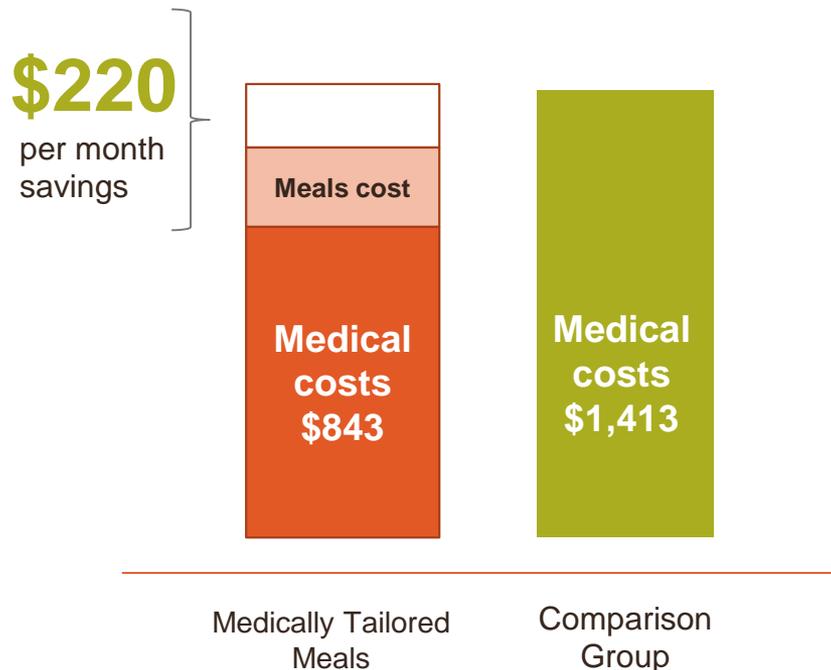


# Results of our Medically Tailored Meals Program

**16% Average Monthly Savings!**

**+ A Reduction In:**

**COSTS PER PATIENT PER MONTH**



- ED Visits
- Inpatient Admissions
- Emergency Transport Services

# Our Healthcare Reimbursement Partners and Prospects

Organization	Description
Commonwealth Care Alliance	Managed Care Organization serving individuals who qualify for Medicaid and Medicare, due to poverty and disability and/or age; we have served over 300 individuals to date
Neighborhood Health Plan	Managed Care Organization focusing on highest cost, highest needs patients; we have served over 35 individuals since the summer of 2015
Atrius/VNA Care Network; Brigham & Women's Hospital	Accountable Care Organizations developing a "Medically Home" model of care; beginning in April and June 2017
PACE of Rhode Island	Pilot program serving individuals enrolled in the PACE program of Rhode Island



*In discussions with MassHealth ACOs that will receive funding for social services in March 2018*

# The Massachusetts *Food is Medicine* Plan Initiative

## *Funding Partners:* Blue Cross Blue Shield of MA Foundation and the DentaQuest Foundation

1. Assess the distribution of need for Food is Medicine interventions in Massachusetts
2. Assess the distribution of access to Food is Medicine interventions in Massachusetts
3. Publish a report containing concrete recommendations regarding how organizations and state government can improve access to Food is Medicine over time



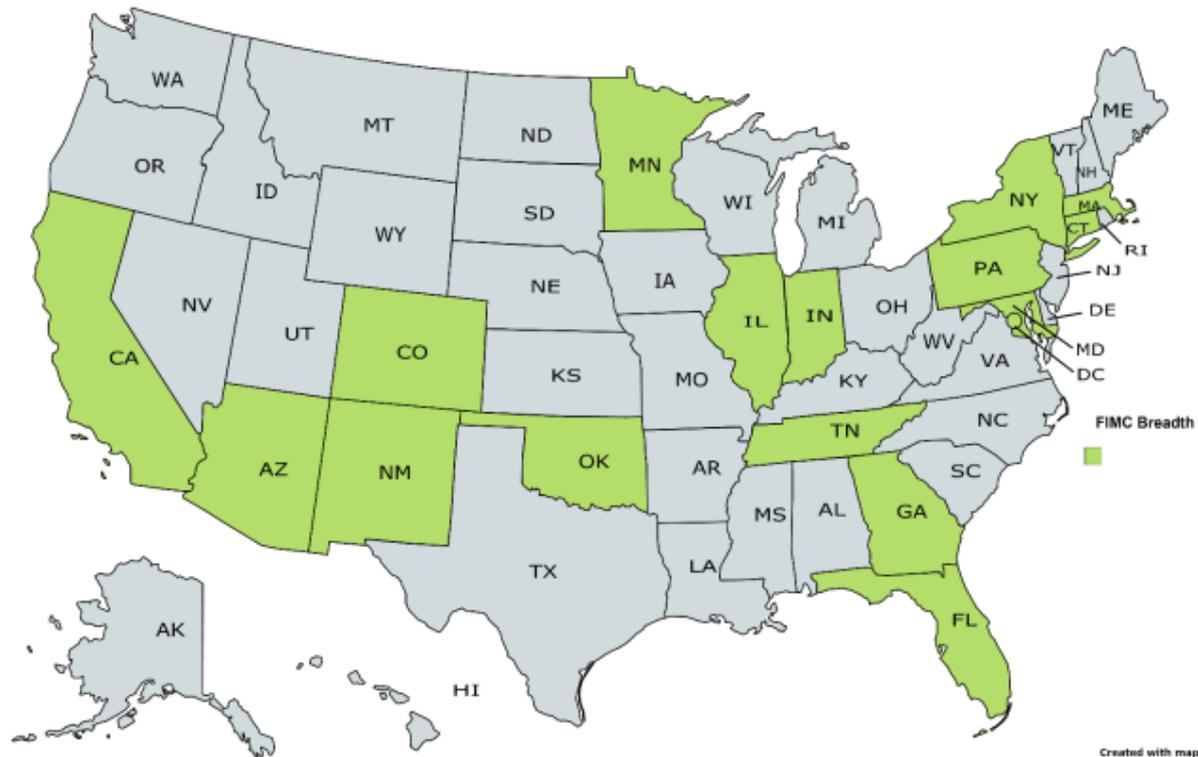
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# National Initiative: The Food is Medicine Accelerator

**Funding Partner: AARP Foundation** (Year 1 Planning Grant)

A national Accelerator will offer a framework to replicate and scale the medically tailored meal model nationally.



Created with mapchart.net ©

# Three-year Planning & Implementation Phase

## *Accelerator Activities for Participating Agencies*

Resource Center for centralized access to medically tailored meal evidence, business case and best practices in the field

State-specific roadmaps for healthcare contracting opportunities

Tiers of technical assistance and 12-month curriculum to support development and expansion of medically tailored meal programs

Link to national policy and advocacy efforts as part of the Food is Medicine Coalition



# Specific Planning Phase Activities: 2018

Define legal, governing and organizational structure

Identify and secure investors for remaining Planning Phase activities in 2018 and two-year Implementation Phase (2019-2020)

Coordination with the national Food is Medicine Coalition around core minimum standards

Define the technical assistance, curriculum and coaching model for Accelerator participants.

Stakeholder Engagement & Communications



# Food is Medicine Accelerator Partners

*Planning Phase Funding partner: AARP Foundation*  
*Seeking Funders for Implementation*

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**AARP** Foundation<sup>®</sup>  
For a future without senior poverty.

# Grant makers in Health Webinar: Food Is Medicine Accelerator

Reece Soltani  
Social Entrepreneur, Food Security

## ■ WHY IS AARP FOUNDATION INNOVATING?

“We cannot solve a problem by using the same kind of thinking we used when we created them.”

-Albert Einstein

A multipronged approach is necessary to find sustainable solutions

- Legacy programs
- Grant making
- Innovation process

Integrating creative and agile strategies in today's rapid paced world is critical

## ■ WHAT IS A SOCIAL ENTREPRENEUR?

Creator of scalable solutions, which further the mission of securing the essentials for vulnerable older adults:

- Programs
- Services
- Products

Mindset toward Innovation: Lean Start Up Methodology

- Gaps in the secondary research
- Primary research: hundreds of interviews
- Series of tests against our assumptions to build, measure and learn

## ■ WHY DID WE INVEST IN THE FIMC ACCELERATOR?

### Food Security Strategic Goals:

- Improve older adults food security status as measured by the USDA Survey
- Increase older adults dietary variety

The Food Is Medicine Coalition accomplish those goals and have the evidence and data to prove it

- Health Affairs Journal: medically tailored meals can lower healthcare costs by 16%

WHEN YOU FIND A SOLUTION THAT  
WORKS,

REPLICATE.

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## ■ FUNDER PERSPECTIVE: KEY TAKE AWAYS

### It's the long game

- Outcomes are not produced overnight, neither is replication

### Be an involved funder

- Their success is your success
- Align your investment goals with grantee goals; are you working toward the same outcomes?
- Consider what you can provide along the long game to make your grantee's vision happen

Thank You.

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# Q&A

SEND QUESTIONS VIA THE CHAT BOX OR TWITTER  
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