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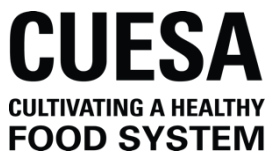


Alameda County Health Care Services Agency



CalAIM

Expanding Medically-Supportive Food and Nutrition Services



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MCHC
HEALTH CENTERS



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Plumas-Sierra
Community
Food Council



San Francisco
Board of Supervisors
**Food Security
Task Force**



CalAIM - Expanding Medically-Supportive Food and Nutrition Services to Improve Health Outcomes and Reduce Healthcare Costs

Opportunity:

In North Carolina, Massachusetts and Oregon Medicaid waivers have been used to provide food-based support to improve health outcomes and reduce healthcare costs. ***California should join these pioneering states in their effort to support innovative prevention and treatment strategies. The waiver provides an opportunity to include medically-supportive food and nutrition into the provision of Medi-Cal to improve health and reduce healthcare costs.*** The current CalAIM proposal incorporates home-delivered meals at discharge and medically tailored meals as “in lieu of” services for beneficiaries (pages 159-160 of the CalAIM Proposal) and is a natural starting point for incorporating additional medically-supportive food and nutrition services that can improve health and reduce healthcare costs.

Our Proposal:

As part of the overall vision for CalAIM and specifically in an attempt to improve outcomes for the state’s most vulnerable populations and reduce costs, we propose expanding medically-supportive food and nutrition services that address food insecurity -- a major social determinant of health -- and nutritional health into Medi-Cal. **To accomplish this goal we propose the waiver include “Medically-Supportive Food and Nutrition Services” into its proposal as 1) an expansion of home-delivered and medically tailored meals which are currently included as in lieu of services and/or 2) through other mechanisms within the waiver that would enhance population health and care management.** Healthy food and adequate nutrition are a fundamental part of treating, preventing, and managing chronic disease^{1,2,3} and can significantly improve a patient’s quality of life and health status^{4,5} while also reducing health care costs.^{6,7} Expanding the definition of “Medically-Supportive Food and Nutrition Services” would extend allowable services to include other types of medically-supportive food and nutrition that improve health outcomes and reduce healthcare costs in addition to medically tailored meals, services which are already included in the current proposal. Evidence suggests that a broader range of healthy food supports beyond medically tailored meals can improve health outcomes^{4,8,9,10,11} and reduce healthcare costs.^{7,8,10} The level of care provided would range from prevention to treatment based on the level of acuity and need of the individuals.

Target Populations:

Meet the health needs-based criteria:

- being food insecure or at risk of food insecurity

AND meet at least one of the risk factors:

- living with a chronic condition or at risk for a chronic condition
- needing assistance with one or more documented activities of daily living or independent activities of daily living
- being pregnant and up to 24 months postpartum
- being homeless or at risk of becoming homeless
- children and transitional age youth experiencing four or more categories of adverse childhood experiences

“Medically-Supportive Food and Nutrition Services” would include, but is not limited to:

- Direct medically-supportive food assistance
 - healthy food boxes, groceries, or meals to prevent or manage chronic disease
 - healthy food vouchers and food prescriptions to prevent or manage chronic disease, including but not limited to fruits and vegetables
 - medically tailored groceries

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- medically tailored meals
- Nutrition education, cooking education, and/or behavioral coaching and counseling, when paired with one of the forms of direct medically-supportive food assistance above
- Linkages to community-based food services (SNAP & WIC application assistance, food bank referrals)
- Transportation for accessing healthy food to prevent or manage chronic disease

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Supporters:

Health Related Organizations:

Adventist Health Ukiah Valley
Alameda Health Consortium
Alameda Health System
American Diabetes Association Northern California/Hawaii
American Heart Association
APLA Health
Asian Health Services
Axis Community Health
California Association of Public Hospitals and Health Systems
California Conference of Local Health Department Nutritionists
California Conference of Local Health Officers
California Primary Care Association
Community Clinic Association of Los Angeles County
Community Health Partnership
Eisner Health
Gardner Health Services
Health Right 360
Institute for Natural Medicine
Integrative Health Policy Consortium
La Clínica De La Raza
LifeLong Medical Care
Los Angeles Christian Health Centers
Mendocino Community Health Clinic
Native American Health Center
National Health Foundation
North East Medical Services
Pajaro Valley Community Health Trust
Roots Community Health Center

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Salinas Valley Memorial Healthcare System

San Francisco Health Network

The Health Trust

Tiburcio Vasquez Health Center

Tri-City Health Center

University of California San Diego School of Medicine

University of California San Francisco

West Oakland Health

Governmental Departments & Programs:

Alameda County Health Care Services Agency

ALL IN Alameda County

Food as Medicine Collaborative

Go for Health! Santa Cruz County

San Diego County Childhood Obesity Initiative

San Francisco Department of Public Health

San Francisco Board of Supervisors Food Security Task Force

Medical Societies & Associations:

Alameda-Contra Costa Medical Association

American Nutrition Association

American Society of Acupuncturists

Doctors for America

Islamic Medical Association of North America

Napa County Medical Society

San Francisco Marin Medical Society

San Mateo County Medical Association

Sonoma County Medical Association

Visiting Nursing Association

Community Based Organizations

Alameda County Community Food Bank

Blue Zones Projects Monterey County

California FarmLink

California Food is Medicine Coalition

California Food Policy Advocates

CCOF

Center for Care Innovations

Ceres Community Project

CUESA

Davis Street Family Resource Center

Del Norte and Tribal Lands Community Food Council

Everyone's Harvest

Farm Discovery at Live Earth

Food For Thought

Fresh Approach

Hunger Action Los Angeles

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IM4US
Leah's Pantry
MAZON
Meals on Wheels of California
Merced County Food Bank
Mesa Verde Gardens
North Coast Opportunities
Nutrition and Fitness Collaborative of the Central Coast
Pajaro Valley Food Farming and Health Policy Council
Plumas-Sierra Community Food Council
Project Angel Food
Project Open Hand
Reach Out
Redwood Empire Food Bank
Regeneración - Pajaro Valley Climate Action
San Diego Food Bank
San Francisco Health Improvement Partnership (SF HIP)
Second Harvest Food Bank Santa Cruz County
Second Harvest of Silicon Valley
SF Marin Food Bank
Shape Up SF
Sierra Harvest
Slow Food California
SPUR
Teen Kitchen Project
The SF Market
Vouchers 4 Veggies: Eat SF
Western Center on Law and Poverty

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- ¹ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. [JAMA](#). 2004 Mar 10;291(10):1238-45.
- ² Seligman, H. K., Laraia, B. A., & Kushel, M. B. (2010). Food insecurity is associated with chronic disease among low-income NHANES participants. *The Journal of Nutrition*, 140(2), 304–310.
- ³ Tait CA, L'Abbé MR, Smith PM, Rosella LC. The association between food insecurity and incident type 2 diabetes in Canada: A population-based cohort study. *PLOS ONE*. 2018;13(5).
- ⁴ Seligman HK, Lyles C, Marshall MB, et al. A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States. *Health Aff Proj Hope*. 2015;34(11):1956-1963.
- ⁵ Hummel Scott L., Karmally Wahida, Gillespie Brenda W., et al. Home-Delivered Meals Postdischarge From Heart Failure Hospitalization. *Circ Heart Fail*. 2018;11(8).
- ⁶ Berkowitz SA, Terranova J, Hill C et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. *Health Affairs*. 2018 Apr;37(4):535-542.
- ⁷ Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019 Mar 19;16(3):e1002761.

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⁸ Feinberg AT, Hess A, Passaretti M, Coolbaugh S, Lee TH. Prescribing Food as a Specialty Drug. NEJM Catalyst. 2018 Apr 10.

⁹ Cavanagh M, Jurkowski J, Bozlak C, Hastings J, Klein A. Veggie Rx: an outcome evaluation of a healthy food incentive programme. Public Health Nutrition. 2016: 20(14), 2636–2641.

¹⁰ Savio B, Bunker-Alberts M, Demonsant E, Williams A. A novel approach to group pediatric obesity care. Childhood Obesity Conference. 2015. Accessed online at:

<http://childhoodobesity2015.com/docs/uploads/Bite%20To%20Balance%206-2015%20obesity%20conference.pdf>

¹¹ Wholesome Wave's Fruit and Vegetable Prescription Program: 2014 Outcomes. 2014. Accessed online at:

https://www.wholesomewave.org/sites/default/files/wp-content/uploads/2014/07/FVRx-NYC_2014-Report.pdf



Health Impact of Medically-Supportive Food and Nutrition



Healthy food and adequate nutrition are a fundamental part of preventing, managing, and reversing chronic disease. CalAIM's October 2019 proposal recognizes the value and health benefits of food supports and includes medically tailored meals (MTM) and home delivered meals as a covered benefit. Building on this great progress, CalAIM can generate *more* cost savings and improve health further by incorporating a broader spectrum of medically supportive foods into its proposal, including:

- Healthy food boxes, groceries, or meals
- Healthy food vouchers and food prescriptions
- Nutritional support when paired with medically supportive food

Evidence suggests that a broad range of healthy food support beyond medically tailored meals can improve health:

Health Impact

of non-MTM food interventions

↓ HbA1c
avg blood sugar



0.5-2.1% pts^{1,2,4}

↓ Blood Pressure



-16 mmHg⁶

↓ BMI



-0.4-0.7 kg/m²^{5,6}

↓ Preterm Birth



37% reduction⁶

↓ Depression
clinical depression score (PHQ9)



up to 47% reduction⁵

Healthcare Savings

from non-MTM food interventions

↓ 43-75%+

fewer ED visits⁷ and admissions⁵

↓ 38%



reduction in emergency transportation⁷

\$40-100B+

massive potential net savings⁸

Benefits

to expanding medical food support beyond MTM

Culturally Relevant



Allows patients to access culturally diverse foods beyond what might be prepared as part of medically tailored meals

Sustainable



Less prescriptive diets/meals promotes culinary practice and long term nutritional change

Health Investment



Allows for broader reach of patients earlier on in disease course - promoting prevention and greater value

Cost Effective



Reduces overhead of meal prep and delivery

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- Seligman HK, Lyles C, Marshall MB, et al. A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States. *Health Aff Proj Hope*. 2015;34(11):1956-1963.
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If one considers fresh healthy food to be the equivalent of a drug covered by insurance and provided by the health care system, then this is essentially a disease management program – just more successful than most.

Andrea T. Feinberg, MD referring to the Geisinger Health System "pharmacy" program

Questions? Contact kettman@spur.org