Medi-Cal Medically Tailored Meals Pilot Program

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Objectives for Today

1. Define medically tailored meals
2. Review research supporting the value of medically tailored meals
3. Provide an overview of the Medically Tailored Meals Pilot Program intervention

Sources

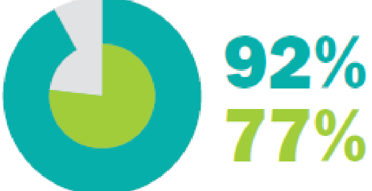
- Research Content included the slide deck are from presentations held at the 2019 Root Cause Conference in New Orleans from the following presenters:
  - Seth A. Berkowitz, MD MPH, Division of General Medicine and Clinical Epidemiology, University of North Carolina School of Medicine
  - Rachael Robinson, Director of Strategic Partnerships, Project Angel Heart, Denver, CO
  - Ann Hoskins-Brown, MANNA , Director of Policy & Institutional Affairs, Philadelphia, PA

Medically-Tailored Meals (MTM)

- Home delivery of freshly prepared meals tailored to specific medical needs
- Overcomes additional barriers
  - Complexity of diet
  - Need to shop and prepare foods

What We Know – The Issues

People enter the hospital malnourished



Older adults with **at least one** chronic disease
Older adults with **at least two** [NCoA]

Portion of healthcare spending attributed to individuals with chronic health conditions [CDC]

Predicted rise in chronic illnesses by 2020 [WHO]

Source: *National FIMC www.fimcoalition.org*

FOOD for thought
healing with food + love

FNS CONTINUUM OF CARE

Intensity of Illness and Symptoms

PREVENTION

- Medically Tailored Home-Delivered Meals
- Medically Tailored Home-Delivered Grocery Bags
- Prescription Fruit & Vegetable Programs
- Congregate Meals
- Senior Home-delivered Meals
- Food Banks, Pantry & Grocery Bag Programs
- SNAP/WIC/School Lunch

TREATMENT

Source: https://www.glwd.org/advocacy/updates.jsp

Journal of Urban Health
February 2017, Volume 94, Issue 1, pp 87–99 | Cite as

Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health

Authors | Authors and affiliations

Kartika Palar, Tessa Napoles, Lee L. Hufstedler, Hilary Seligman, Fredrick M. Hecht, Kimberly Madsen, Mark Ryle, Simon Pitchford, Edward A. Frongillo, Sheri D. Weiser

Article
First Online: 17 January 2017

41 Shares 1.3k Downloads 6 Citations

- Prospective intervention with pre/post design
- Saw improvements in food security, nutritional intake, adherence to medications, and reduced depressive symptoms and diabetes distress

By Seth A. Berkowitz, Jean Terranova, Caterina Hill, Toyin Ajayi, Todd Linsky, Lori W. Tishler, and Darren A. DeWalt

DOI: 10.1377/hlthaff.2017.0999
HEALTH AFFAIRS 37,
NO. 4 (2018): 535–542
©2018 Project HOPE—
The People-to-People Health
Foundation, Inc.

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

- Retrospective evaluation of Community Servings participation using claims
- Compared with similar individuals who did not participate, and adjusting for pre-intervention values:
  - 30% lower ED use
  - 50% lower hospitalization rates
  - $220/month lower healthcare costs (including program costs)

Circulation: Heart Failure

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ARTICLE

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Home-Delivered Meals Postdischarge From Heart Failure Hospitalization

The GOURMET-HF Pilot Study

Scott L. Hummel, Wahida Karmally, Brenda W. Gillespie, Stephen Helmke, Sergio Teruya, Joanna Wells, Erika Trumble, Omar Jimenez, Cara Marolt, Jeffrey D. Wessler, Maria L. Cornellier and Mathew S. Maurer

- Studied individuals admitted for heart failure
- Found improved heart failure symptoms in intervention group

Food as Medicine: Reducing Health Care Costs with Comprehensive Medical Nutrition Therapy

- **Control Group Analysis:** compared key health care costs of individuals who received MANNAs services for at least three months with a matched set of individuals who had not received the service
- **Pre/Post Analysis:** tracked average monthly health care expenditures of 65 MANNA clients the year before receiving MANNA, during the service period, and for 6 months after cycling off the service
- Results published in *Journal of Primary Care and Community Health, October 2013*

Food as Medicine: Reducing Health Care Costs with Comprehensive Medical Nutrition Therapy

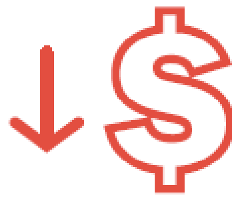
Control Group Analysis:

- Overall average monthly healthcare costs for MANNA clients were 31% lower
- For people with HIV/AIDS, the mean monthly costs were 55% lower
- Average monthly inpatient costs were $219,639 for the comparison group and $132,441 for MANNA clients (40% less)
- MANNA clients had half the number of inpatient hospital stays and those stays were 37% shorter than the comparison group
- Those who were hospitalized were 23% more likely to be discharged to home rather than long-term care or subacute care facility

Pre/Post Analysis:

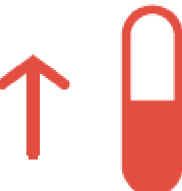
- Among all MANNA clients, average monthly healthcare costs dropped from $38,937 to $28,183 (28% drop)
- Average monthly inpatient costs dropped from $174,320 to $121,777 (30% drop)

What We Know – How Medically Tailored Meals Can Help



16%
net healthcare cost savings

23%
more likely to be discharged to home



50%
increase in

28%
reduction in hospitalizations

11
new studies on the impact of MTM are in progress across the country at FIMC agencies

Source: *National FIMC www.fimcoalition.org*

MTM Pilot Program Background

- Three-year, **$6 million pilot** to evaluate the impact of a medically tailored meal intervention on the health outcomes and health care costs of seriously ill Medi-Cal patients.
- The pilot is conducted in **seven counties** in California – Alameda, Los Angeles, Marin, San Diego, San Francisco, Santa Clara, and Sonoma – by the following organizations: Project Open Hand, Project Angel Food, Food for Thought, Mamas Kitchen, The Health Trust and Ceres Community Project.
- The **California Department of Health Care Services** (DHCS) has oversight over the program.
- Think of MTM services as a Medi-Cal benefit being tried out…**the policy goal is to make MTM a permanent Medi-Cal benefit for seriously ill persons .**

What is the Medi-Cal MTM Program?

The Medi-Cal MTM Pilot Program is a medical nutrition intervention for high utilizing Medi-Cal beneficiaries with a diagnosis of congestive heart failure (CHF). The intervention is 12 weeks in duration.

- **Who:** Persons with Medi-Cal with CHF and have a history of being a high utilizer of health care services and/or likely at risk for hospital readmissions
- **Intervention Goal:** Improve health outcomes and reduce healthcare utilization
- **Cost:** No cost to client. Must be on Medi-Cal.

Pilot Client Eligibility Criteria

Inclusion	Exclusion
1. Participants need to have congestive heart failure 2. Must be currently enrolled in Medi-Cal for at least 12 continuous months 3. Must have a primary physician or specialist visit within the last 12 months 4. Must have one inpatient visit (ER, SNF, or Hospital) in the last 12 months 5. Resident of a pilot County 6. 18 or older 7. Speak English or Spanish	1. Participants with late/end-stage renal disease 2. Participants with life expectancy of less than a year 3. Participants discharged to a living facility that provides more than seven meals per week 4. Participants receiving more than seven meals per week from another meal provider 5. Participants who don't have food storage or heating capabilities 6. Participants who lack sufficient support or ability to adhere to program

The Intervention

Medically Tailored Meals

- 12 weeks of complete nutrition, home delivery

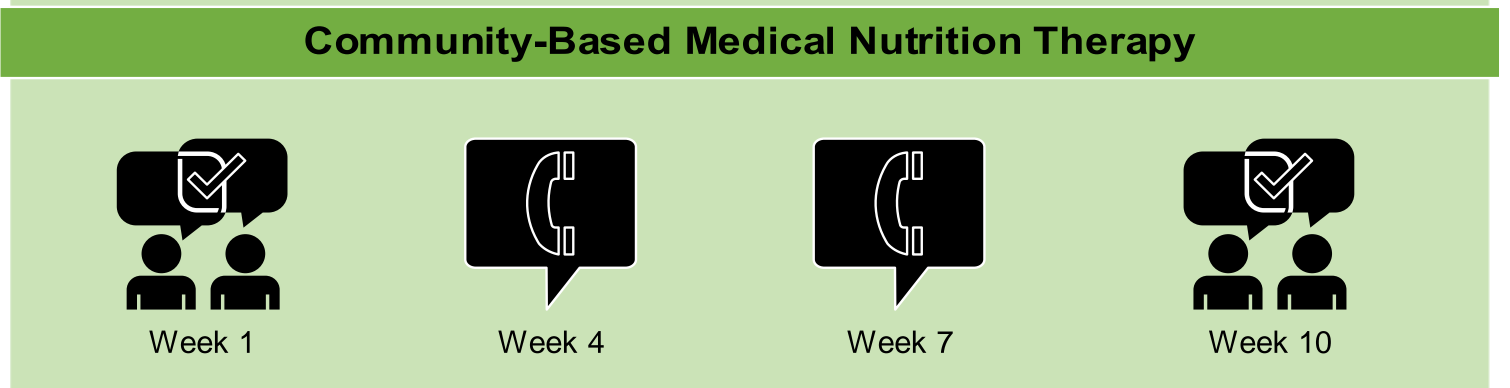
Medical Nutrition Therapy

- Four Medical Nutrition Therapy sessions, 2 in-person

Information & Referral Services

- Case management support

Medical Nutrition Therapy



Community-based

Four sessions in the course in 12 weeks

Two sessions at home or in community-setting

Medical Nutrition Therapy (MNT)

- Each client receives **clear, detailed evidence-based plan of care** to ensure achievement of guideline determined medical therapy goals, effective management of co-morbid conditions, follow-up with healthcare team as appropriate.
- The MNT process is **updated** with each of the three (3) subsequent visits after the first.
- MNT follows the **Nutrition Care Process for Medical Nutrition Therapy** and incorporate the program-prepared nutrition education topic and materials. The process utilizes the Academy of Nutrition & Dietetics Heart Failure Toolkit and adopt evidence-based practices into their MNT as needed.

Academy of Nutrition and Dietetics at https://www.eatrightpro.org/practice
Academy of Nutrition and Dietetics Evidence-Based Nutrition Practice Guideline Heart Failure Toolkit
Academy of Nutrition and Dietetics Evidence Analysis Library Summary of Heart Failure Evidence Based Nutrition Practice Guideline updates 2017 www.andeal.org

Visit #	Week	Medical Nutrition Therapy (MNT) Elements	Nutrition Education Concepts Covered
Visit One **<u>In-Person</u>**	1 or 2	Outcome Measures Questionnaire Nutrition Assessment and Diagnosis & Intervention Plan • 24 hour Recall /Typical • Determine intervention and set obtainable and measurable goal (s) based on assessment and needs or form PES statement if using this method.	Overview of Packet Plate Planner Nutrition Basics for Heart Failure
Visit Two **Phone**	4	Monitoring and Evaluation • Review goal(s) and progress • Provide positive feedback and encouragement • Ask for weight (if client doing) • Ask about Hospitalizations	DASH Diet Focus on Sodium Fluid & Volume Label Reading
Visit Three **Phone**	7	Monitoring and Evaluation • 24 hour recall • Weight if client checking • Homework check-in • Ask about Hospitalizations	Kitchen Basics Reading a Recipe EatFresh Navigation *Food Resources
Visit Four **<u>In-Person</u>** **(Last Session)**	10	Outcome Measures Questionnaire Evaluation of intervention and goal(s) Transition out of MTM Program	Grocery Shopping

Medically Tailored Meals

Medically Tailored Meals – 12 Weeks of Daily Nutrition

Medically Tailored Meals	Wellness Checks	Home Delivery

All Meals for 12 weeks including 14 prepared meals and breakfast components

Medically tailored for CHF patients

Periodic wellness checks during delivery

Medically Tailored Meals

- **Medically Tailored Meals** are meals that designated by Registered Dietitians as an appropriate part of a treatment plan for an individual with a defined health condition or combination of health conditions. *For this program, agency dietitians design meals for by for persons with Congestive Heart Failure guided by the following evidence-based guidelines of the Academy of Nutrition and Dietetics.*
- **Nutrition content** shall adhere to the heart healthy guidelines of the Therapeutic Lifestyle Change (TLC) Diet and with the Evidence-based Nutrition Practice Guidelines from the Academy of Nutrition and Dietetics Evidence Analysis Library.
- The **Dietary Approaches to Stop Hypertension (DASH) Diet meal pattern** shall be used to ensure nutrition completeness of the overall meal plan, unless medical needs require otherwise.
- Registered dietitians also **collaborate with kitchen staff** or subcontracted meal preparers to ensure meals adhere to nutrition guidelines and all other meal guidelines noted in this section.

Example of Meeting Daily Nutrition Targets

Diet	Kcal	Protein (g)	Sodium (mg)	Sat Fat (7% of total Kcal)
Prepared Meals x 2 (total for 2 meals)	1000	40-45	1200-2200	--
Breakfast/Snack Bag	800	34-45	800	--
TOTAL	1800	74-90	2000-3000	14 g/day

Example of DASH Diet Plan (for 1800 kcal)

The intervention aims to provide the number of servings indicated for each food group to fulfill the DASH diet meal pattern.

Food Group	# of servings per day	# servings provided in 2 POH regular meals	# servings needed in breakfast bag per day
Whole Grains	6	4	2
Vegetables	4 to 5	4	~1
Fruits	4 to 5	0	3
Fat-free or low-fat dairy products	2 to 3	0	2
Lean meats, poultry, and fish	6 or less	10	0
Nuts, seeds, and legumes	4 per week	~1	~1

Information & Referral Services

Community Information & Referral Services

Program Engagement
Case Management

Access to
Client Services

Referral to Community
Resources

Program engagement case management by client services

Referral to community-based resources by client services

Contact medical provider(s) when a high risk for readmission is identified, and if appropriate

Information & Referral Services

- Make a good faith effort to contact clients that are **not responsive to requests** for MNT sessions and/or missing agreed upon meal deliveries to prevent disenrollment due to missed meals.
- Through the delivery process, **identify and report concerns** to appropriate staff for follow-up, which may include change of address, change of condition, self-neglect, and abuse.
- Through RD, make a good faith effort to **contact medical provider(s)** when a high risk for readmission is identified, and if appropriate.
- Provide information and referral services to clients **experiencing challenges preventing ongoing participation** in the intervention.

How to Refer

A completed referral form is required. A clinician (MD, PA, NP, LCSW, RN, etc.) must make the referral.

Client Services will manage eligibility.

Aim to have meals delivered within 72 hours of enrollment

Referral for Sonoma County

https://ceresproject.org/CHFpilot/

CHF Medically Tailored Meals Referral

HIPAA Compliant Fax: **707-387-0898**

Questions: 707-861-0602

Version 8.1.18

Consent to Release Information

I authorize my medical providers and referring party to release information about my medical condition to Ceres Community Project and/or Food For Thought as a necessary part of medical treatment and prevention of complications

Patient Name:____________________ Date of Birth: ___/___/_____

MediCal Subscriber #: __________ Issue date: ________ active for 12 months: Y Phone:__________

Patient has seen primary doctor or specialist in last 12 months? Y N Primary doctor: ______________

Patient Address: ________________ City: __________ State: ____ Zip: ________

Patient: has stable housing _____ is able to refrigerate and freeze food: _____ is able to reheat food: _____

Patient Signature:________________ Date:________ Discharge Date: ________

Healthcare Provider *only* below this line

PHYSICAL DATA: *(must be current within 1 month)*

How many times has patient been in a hospital/ER/SNIF in last 12 months? __________

Height: ______ft._______in. Weight:__________lbs BP _____/_____

Therapeutic Diet Order (if known):____________________

Primary Condition: CHF (See qualifying ICD-10 codes in back) ______________

Co-morbidities: ____________________

Please attach DC Summary or list labs and medications:

__________ Signature of Referrer | __________ Printed Name of Referrer | ______ E-mail | __________ Address, Phone and Fax | ______ Date

Who We Are

History

Before 2016
FIMC was forming and research on MTM was being conducted

October 2016
Senator McGuire embarked on a crusade to get funding secured in the budget for a statewide pilot program

June 2017
SB 97 budget bill was approved by the legislature and signed by Governor Jerry Brown

April 2018
The Medi-Cal Medically Tailored Meals Pilot Program started enrollment

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4

June 2016
California FIMC began to from National FIMC momentum

April 2017
Assemblymember David Chiu sponsored the budget ask in the state assembly subcommittee

March 2018
CalFIMC Website Launches promoting Pilot Program

December 2018
Today

Website & Twitter

https://www.ceresproject.org
@CeresCommunity ←follow us!

https://www.fftfoodbank.org
@FFTFoodBank ←follow us!

https://calfimc.org/medical-pilot
@CalFIMC ←follow us!