Integrating Medically Tailored Meals as a Standard of Care - Medicaid and Medicare

Executive Summary

Medically tailored meals (MTM) should become a standard of care that is incorporated into Medicaid and Medicare. MTM is an evidence-based intervention that has demonstrated improved health outcomes for individuals and reduced healthcare utilization costs for health systems and payers.

Current Medicare and Medicaid regulations serve as barriers for health plans and providers who seek to offer MTM as a standard of care service for high-need and high-cost patients and beneficiaries.[14] MTM coverage provided under Medicaid Long Term Services and Supports (LTSS) are considered supplemental and limit the number of meals that beneficiaries can receive.

Research continues to demonstrate the effectiveness and cost associations of medically tailored meals and successive healthcare use.[10] Expanding the provision of healthy, nutritionally tailored food as a medical service has the potential to produce significant cost savings and help manage individual chronic health conditions.[10]

Definitions

Food Is Medicine

Food is Medicine refers to "a spectrum of services and health interventions that recognize and respond to the critical link between nutrition and chronic diseases."[13]

The Food is Medicine Coalition (FIMC) is an association of nonprofit medically tailored food and nutrition providers who advocate for the integration of medically tailored meals (MTM) into healthcare payment and delivery models, and leads the field in developing research to support the widespread adoption of services.[2,4,7]

Various organizations, including MANNA (Metropolitan Area Neighborhood Nutritional Alliance) have adopted the Food is Medicine model by incorporating medical nutrition therapy (MNT) and medically tailored meals (MTM) into an effective evidence-based program to serve individuals battling chronic illnesses.

Metropolitan Area Neighborhood Nutritional Alliance (MANNA)

MANNA is revolutionizing healthcare with evidence-based nutrition interventions, harnessing the power of Food is Medicine.[5]

- MANNA is a leader in evidence-based nutrition services.
- MANNA advances research in the field of Food is Medicine.
- MANNA brings together dietitians, chefs, and thousands of volunteers to cook and deliver nutritious, medically tailored meals at no cost to clients who are battling illnesses.
- MANNA empowers clients with nutrition counseling to improve their health.

Medically tailored meals are the most comprehensive Food is Medicine intervention.[13] MTM is an evidence-based nutritional intervention that is tailored to an individual's specific medical condition. Meals are prepared under the supervision of an RD to ensure diets meet the nutritional needs of individuals living with chronic diseases such as HIV, diabetes, end-stage renal disease, or cancer.[7]

Often, clients who receive MTM experience multiple chronic diseases, are coping with food insecurity or poverty, and are some of the highest-cost patients to treat.[4] The main goal of MTM is to ensure positive health outcomes for clients and reduced healthcare costs for payers and insurance companies.

MANNA places an emphasis on meeting each client's unique nutritional needs by providing home delivered high-quality meals and medical nutrition therapy, which distinguishes their services from other standard meal delivery programs.[13]

Medical Nutrition Therapy (MNT)

The Academy of Nutrition and Dietetics defines medical nutrition therapy as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by a registered dietitian (RD) or nutrition professional."[3] The components of MNT typically includes a series of one-on-one consultations between an RD and a client, in which the RD performs a nutrition assessment, diagnosis, and education.[3]

RATIONALE

Burden of Chronic Diseases on Health Outcomes and Health Costs

The vital role of nutrition in healthcare and disease management is increasingly recognized as an evidence-based intervention by research, but remains to be poorly integrated into health care systems and insurance benefits.

By addressing nutritional needs within the health care environment, Food is Medicine interventions play an important role in preventing and/or managing many chronic conditions that increase health care costs.

Chronic conditions such as heart disease, cancer, lung disease, stroke, and diabetes are the leading causes of death and disability in the United States.[16] The National Center for Chronic Disease Prevention and Health Promotion estimates that these conditions are the leading drivers of over $3.5 trillion per year in healthcare costs.[16]

As estimated by the Centers for Disease Control, 90 percent of Medicare hospital readmissions and 74 percent of overall Medicare spending are tied to Medicare beneficiaries with four or more chronic conditions.[6] Furthermore, Americans who experience five or more chronic conditions only comprise 12 percent of the population, but constitute 41 percent of total health care spending (defined as the amount spent on outpatient and inpatient health care services across all payers).[15]

Medicare and Medicaid beneficiaries are at particular risk of not only experiencing multiple chronic conditions, but for reporting food insecurity:

- The association between food insecurity and disease management has led to increased health complications, worsened mental health, and higher utilization of expensive health services such as emergency department and inpatient visits, costing $77 billion in excess healthcare expenditures per year.[12]
- Dietary adherence alone is difficult for individuals with complex medical conditions; these difficulties are heightened for those who are at a socioeconomic disadvantage.[10]

Promising Research Outcomes

MANNA has participated in multiple research projects to generate a wealth of data and evidence to support their services. Specifically, MANNA conducted a study in 2013 to examine health claims of 65 MANNA clients in comparison with a matched set of Medicaid patients who did not receive MANNA services.[11]

Results: *Examining Health Care Costs Among MANNA Clients and a Comparison Group*[11]	
When hospitalized, MANNA clients stay was **37% shorter** than the comparison group.	MANNA clients visited the hospital **50% less often** than the comparison group.
MANNA clients were **20% more likely** to be discharged to their home, compared to 18% of the comparison group.	Costs for MANNA clients fell by $10,000 after starting MANNA's services, which is a 28% cost-savings.

Berkowitz et al. (2018) conducted an analysis to determine the effect of meal delivery programs on healthcare costs in dual-eligible Medicare and Medicaid beneficiaries[12]:

- Compared with matched nonparticipants, participants in both the medically tailored meal program and the nontailored food program had fewer emergency department visits.
- However, participants in the medically tailored meal program had fewer inpatient admissions and lower medical spending.
- Participation in the nontailored food program was not associated with fewer inpatient admissions but was associated with lower medical spending.

Another study which sought to determine if MTM interventions were associated with fewer hospitalizations conducted by Berkowitz et al. (2019) found[10]:

- In this retrospective, matched cohort study (sample size = 1,020 individuals) using the Massachusetts All-Payer Claims database, receipt of medically tailored meals was associated with **49% fewer** inpatient admissions, **72% fewer** admissions into skilled nursing facilities, and a **16% reduction** in total health care costs.
- Participants who received MTMs were "more ill" than the general population, with many individuals who had cancer diagnoses and diabetes.

Proposed Solutions

Currently, most funding for medically tailored meal services, for diseases other than HIV/AIDS, comes from private philanthropy.[7] With research showing the positive effects of MTM on health outcomes, decreased healthcare utilization and costs, payers who primarily serve vulnerable populations have the opportunity to incorporate MTM into their payment and delivery models.[7]

The Centers for Medicare and Medicaid Services (CMS) should expand opportunities to incorporate medically tailored meal coverage within the benefits for Medicare and Medicaid. This would enable providers to more easily incorporate the services within their standard of care for the management and treatment of a variety of chronic diseases along with a patient's wholistic care plan.

- In Medicaid, coverage for medically tailored meals should be included as a benefit in the Medicaid statue, which would prevent the uneven access currently available through the use of state-based waivers.[4]
- In Medicare, coverage for medically tailored meals should be added to the definition of "medical and other health services" for Medicare Part B.[4]

Conclusion

The focus of health care in the United States has increasingly turned to social determinants of health and population health. The widespread availability of interventions that target both physical health and social necessities is both critical and attainable with proper action.

Food is Medicine programs, specifically medically tailored meal programs, are associated with promising health outcomes for America's most vulnerable. Now is the time to incorporate Food is Medicine programming in Medicaid and Medicare.

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