HELEN LABUN

VERMONT FOOD ACCESS & HEALTH CARE CONSORTIUM

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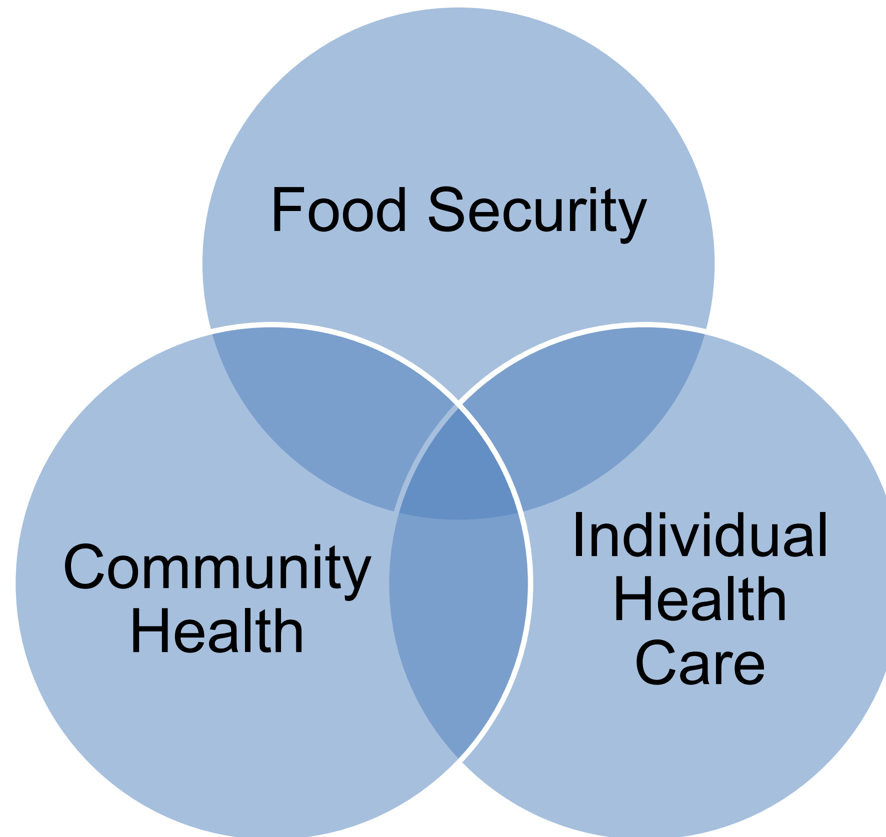

Strategic network planning to integrate food access across the continuum of care in rural health care systems *(Federal Grant Funded Project at Bi-State Primary Care Association)*

Medically Tailored Meals – Examples of Definitions

Food Is Medicine Research Action Plan Definition:

Fully prepared meals designed by a Registered Dietitian Nutritionist to address an individual's medical diagnosis, symptoms, allergies, and medication side effects. January, 2022.

Food Is Medicine Coalition:

Medically tailored meals are delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and are designed to improve health outcomes, lower cost of care and increase patient satisfaction. (FiMC website)

Medicare Advantage:

Home delivery of meals may be offered as a supplemental benefit if the services are:

1) Needed due to an illness;
2) Consistent with established medical treatment of the illness; and
3) Offered for a short duration.

Medically Tailored Meals – Definitions

For purposes of this review, the focus is on meals that are "primarily health related". A primarily health related definition excludes:

- Meal programs designed to address social drivers of health, such as access to basic meals as a way to reduce food insecurity.
  - This is true even if there are also nutrition guidelines – school lunch programs follow RD-set nutrition guidelines but are not tailored for the purpose of addressing a particular medical condition.
- Meal programs with economic development, local agricultural development, or community development as a primary purpose. It may be an additional benefit.
- Meal programs without a medical condition as part of referral and without matching the nutrition provided with that condition.
  - Health care providers regularly refer patients to food access options that are not medically tailored meals; linking the referral and the food to a medical concern is the differentiator, not whether the referral came from a health professional.

Ways to Think About Funding for Meals in Health Care

Medically Tailored Meals

Start Up Costs & Fixed Costs

- Internal: MTM Program Creation
  - Facilities
  - RD Designed Menus
  - Delivery System Created
- External: Supporting Infrastructure
  - Referral Platform
  - Invoicing

Costs of Meals & Services Provided

- Health Care Payer Reimbursement
  - Medicare
  - Medicaid
  - Commer cial
- Other Sources of Revenue
  - Grants
  - Program Related - eg Job Training

Bottom Level = Examples for purposes of illustration, not all options

*Footnote: Accountants will notice that the previous slide lists costs all the way through the “Start Up” section, while it switches to potential revenue sources under the “Meals & Services” section. This analysis of sustainable reimbursement focuses on programmatic costs *after* the start up phase, and so we have more information on revenues for those purposes. If that didn’t bother you, then you can ignore this footnote.

Ways to Think About Funding for Meals in Health Care

Medically Tailored Meals

Start Up Costs & Fixed Costs

- **MTM Program Creation** — Reviewed in 2020-2021 Capacity Assessment
- **Supporting Infrastructure** — Addressed in Other Aspects of VT FAHC Work

Costs of Meals & Services Provided

- **Health Care Payer Based** — VT FAHC - Ongoing Review & Policy Analysis
- **Other Sources of Revenue** — VT FAHC Shares Major Grant RFPs; Programs Monitor Individual Opportunities

Investing in Program Creation

Excerpt from April, 2021 Program Capacity Analysis Presentation

Mapping starting assets

Based on interviews of organizations currently interested in pursuing MTMs, we can identify components in place – even if they aren't all in the same organization or same region of the state. **The following elements are based on national research and frameworks for replicating Medically Tailored Meals.**

- **Food Production** with trained chef & registered dietitian
- **Food Storage** infrastructure
- **Meal Delivery** systems and options to reach patients at home
- **Nutrition Education** and counseling capacity
- **Administrative Capacity**: reliable IT and HIPAA compliance; assessment and reporting per metrics
- **Health Care Experience** including ability to manage patient referrals
- Geography
- Client Characteristics
- Funding Options

Investing in Program Creation

Excerpt from [April, 2021 Program Capacity Analysis Presentation]

Managing scale

Examples of how we can divide functions to balance scalability & local connection.

Statewide

- Coordination with national Food is Medicine coalition, best practices
- Recipe development
- Baseline meal production, ingredient sourcing, food safety
- Training (culinary, specific to MTMs)
- General clinical guidance
- Data support & coordination
- Development, fundraising, linking to health care payment reform
- Outreach materials, explaining “Medically Tailored Meals” concept, referral process
- Statewide Guidance and Systems

Local

- Patient referral and direct outreach
- Patient monitoring and adjusting appropriate diet
- Nutrition counseling and education
- Meal delivery to patients
- Provider outreach and recruitment
- Coordination across local community-based organizations
- Meal tailoring and some elements of production
- Data collection, impact measurements – coordinated

Investing in Program Creation

Excerpt from April, 2021 Program Capacity Analysis Presentation

Managing scale – hybrid models?

National Vendors

- Examples: Mom's Meals, Tangelo
- Can reach any address – this is important for health care coverage.
- Can serve any demographic – funding isn't tied to OAA, for example.
- Have specialized customer assistance designed to handle high volume
- Work with health care plans – including on benefit design and collecting data to prove the benefit efficacy.
- Have the structure and the reach to be able to participate in clinical research.
- Have capacity for partner ventures – for example telehealth & lifestyle medicine.

Local Vendors

- Examples: Area Agencies on Aging / MOW
- Inherent value of an in-person check-in, ability to see participant, make social connection.
- Continuity with a local meal service.
- Ability to bring in other support systems – social, nutrition education, food services as transition away from MTM.
- Food familiarity / food culture.
- Community relations for the health care practice – building local networks for food access & HRSN.
- Building MTM capacity locally has add-on benefits beyond MTM program.

Investing in Basic Infrastructure

Examples of infrastructure that would support Medically Tailored Meals programs but that is not unique to that program type (with additional resources linked for reference)

- Referral systems from health care practices / providers to community services
  Food Insecurity Screening & Referral | Outreach Systems

- Capacity for community organizations to bill health care payers
  National coalitions are working on best practices for these systems

- Access to Registered Dietitian services
  Landscape of Nutrition Services Report & Resource Page

- Monitoring patient progress towards specific health outcomes
  Program Evaluation Models | Healthy Rural Hometown Pilot with FQHCs

Health Care Payer Coverage

National work has established both the evidence base and precedent for covering meals as part of health care services.

- Established clinical evidence base – plus continuing active research and Food Is Medicine clinical committee that regularly reviews & updates guidance.
- National coalition formed to support scaling the model – including an "accelerator" training program that prepares programs for health care reimbursement.
  - National Meals on Wheels association has similar support for expanding MOW programs.
- Meals are a defined Medicare Advantage supplemental benefit – 70% of plans now have a Meals benefit.
  - Congressional proposal for a pilot in traditional Medicare, supported by White House.
- Meals are covered in some Medicaid plans – including California, New York, North Carolina, Massachusetts
- National MTM Vendors can serve any address in the United States

Health Care Payer Coverage

Basic definitions suggest some factors of importance to health care payers.

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Elements of Note in Benefit Design

Answering some of the key questions posed in designing a benefit for health care payer coverage can also help shape program requirements. And vice versa, knowing program structure can suggest the appropriate payment sources to consider.

- What is the qualifying medical condition(s)?
- How does that condition help define program structure?
- Clinical staff involved and their responsibility?
- Mechanics of food program vendors interfacing with the health care system?
- How do we ensure equitable access to the benefit within a payer's full coverage territory?

Elements of Note in Benefit Design

- **What is the qualifying medical condition(s)?**
- **How does that condition help define program structure?**
  - Levels and types of food tailoring
    - David Waters interview on the ability to layer multiple complex restrictions. Christine Moldovan interview on standard therapeutic meal tailoring at Age Well.
  - Mobility and physical constraints – and how will these be reduced? Are we looking at a transition to less intensive services or no anticipated improvement (would make it a different category of benefit)?
  - What is the anticipated timeline for transition to less intensive services? How will we measure progress?
  - What is the appropriate "dose" of the meals intervention?

    Older Americans Act Funded = 1/3 of recommend daily intake

    vs.

    Medically Tailored Meals = > 50%

Elements of Note in Benefit Design

- **Clinical staff involved and their responsibility?** For example:
  - Who is qualified to make the referral to the program?
  - Who monitors treatment efficacy and adjusts as needed?
  - What role to Registered Dietitians play?
    - Usually the minimum is RDs supervising overall recipe portfolio design, reviewing patient meal plan at intake, communication with referring provider & patients for adjustments along the way. See VTFoodInHealth.net for a full overview.
  - Who is providing customer service to participating patients and what training do they require?
  - Where is a patient referred if they contact the food program with a medical question?

Elements of Note in Benefit Design

- **Mechanics of vendors interfacing with the health care system?** How to handle:
  - Data and PHI
  - Closed loop referrals
  - Verifying vendor credentials
  - Care coordination
  - Coding
  - Billing & payment

- **How do we ensure equitable access to the benefit within a payer's full coverage territory?**
  - Everyone with a qualifying medical condition can receive the appropriate services to treat that condition.