

**Medically Tailored Meals Assessment:** Defining attributes of a medically tailored meals program are that it focuses on treatment of specific conditions that have been clinically demonstrated to respond to dietary changes; provides a sufficient “dose” of tailored food to change a patient’s overall diet; produces clinical improvements on a relatively short time frame (health care payer funded programs usually have a re-evaluation at 2 weeks & 12 weeks).

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### Basic Elements to Evaluate Before a Pilot

**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 & HIPAA compliance; assessment per metrics  
**Health Care Experience** including ability to manage patient referrals  
**Geography**  
**Client Characteristics**  
**Funding Options**

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### Patient Referral System:

- Food Security Screening.
- Dietary Quality / Nutrition Review by Registered Dietitian (RD)
- Care coordination / referral to community food resources.
- Understanding of / compliance with HIPAA rules regarding sharing information with community organizations.
- System to close loop on referral between health care provider & food program.

### Other IT / Data Considerations:

- Ongoing communication system between food provider, RD, primary care provider.
- Structured system for entering food information into EHR & tracking progress.
- Evaluating patient population to target in program pilot / expansion - conditions to treat, situational targeting (eg transitions of care).
- Clinical metrics for evaluating program.
- Integration with payer systems for billing - especially Medicare Advantage & Medicaid.

### Food Production:

- Understanding of diets with clinical evidence (DASH is an example). Correlated with need in current patient population.
- Recipes developed with registered dietitian & adjusted as needed for individual patient.
- Ability to do basic modifications for allergens, vegetarian, low spice, etc.
- Ability to make texture modifications.

- Ability to provide a large percentage of a household’s daily nutritional needs - above 50%.
- Food is fully prepared; patient or caretaker does not need to cook.
- Strong consistency, quality control, food safety protocols. Knowing the meal matches the prescribed diet is critical.
- IT systems for tracking meals, delivery, and health care provider communications.

### Food Delivery:

- System that ensures transportation is not a barrier to receiving food. Often means “home delivery” but can be hybrid model.
- Storage system to support delivery network / routes.

### Other Program Considerations:

- Patient access to an RD for individualized counseling.
- Food / dietary education for after MTM period.
- Funding.
- Measuring patient satisfaction with the meals provided / working with patients to create meals they will enjoy.