

Medically Tailored Meals for Vermont - One Page Summary of Report

“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.” National Food is Medicine Coalition.

Key Elements for Readiness Review

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

Key Challenges for Vermont (full report details options based on starting assets)

Rural distribution systems

- Can blend pick up & delivery
- Can blend paid & volunteer delivery
- Mail delivery is a ‘last mile’ solution where necessary

Production capacity

- This can’t be done with dozens of volunteer kitchens, need some centralization for volume, consistency, sourcing, clinical guidance & quality
- Note the MTM Accelerator program assumes the production capacity exists before joining

IT / data management systems

- Info management for MTM production facility is a heavy lift – tracking meal plans, patient customization, delivery routes, etc.
- Systems to handle patient referrals between health care practice and community-based organization, data for evaluation

Funding options

- Not a strong local philanthropic base for investing in health care innovation or systems
- No MCOs limits payment options for Medicaid
- Medicare Advantage plans are new in this market, don’t yet include MTM as member benefit, will hopefully expand

Other issues related to scale

- Identifying patient groups to target in pilot – need critical mass of patients with common dietary needs
- Any program will need to have a pathway to bringing in all payer types to reach enough eligible patients
- Separating what should be supported by a statewide program and what can be tailored / controlled at a local level – having one single, dedicated MTM organization seems unlikely (full report provides overview of how this could work)

Key Recommendations:

General Recommendations:

- Focus on a narrower range of clinical conditions than those addressed by programs in other states (recommended: chronic cardiac disease, diabetes)
- Focus on a limited age range of patients to be served, reflective of the large and growing aging population of Vermont, and connecting to the current capacity of the Area Agencies on Aging (which were identified as having highest capacity for MTM deployment)
- Engage a commercial food service company for certain components of food production and meal delivery
- Emphasize “Vermont Local” procurement, to support farmers consistent with other activities in the state (for example, work done with Sodexo for state college procurement)
- Align with the policy priorities of the “Vermont Action Plan for Aging Well” (Act 156)

Next Steps:

- Continue conversation with DAIL and AAAs regarding how their systems can match MTM goals / what is needed to support this evolution.
- Perform more detailed review of TRIO production capacity & ability to integrate with local sourcing and systems.
- Plan site visit to NH Foodbank MTM production facility and discussion re cross-state potential.
- Analyze data re patient populations eligible for pilot (see report for outline of details).
- Review IT systems available to support MTMs and capacity for closed loop referrals to community organizations.
- Interview clinical providers who work with priority populations - cardiologists, endocrinologists, PCPs coordinating specialist care.
- Implement Hunger Vital Sign screening and referral systems.
- Continue basic outreach and education around MTMs and where they fit into health care and food security work.
- Participate in development of Vermont Action Plan for Aging Well.

Pilot Options Reviewed in Report:

Option A: Replicate the elements of a full MTM program for a small region and discrete set of condition(s), working with patients in a single health care practice network. Work out the operational details, then scale to cover larger regions and more points of referral. (Example of NVRH & NEK Council on Aging)

Option B: Start with organization(s) that has large catchment area and a meal delivery program that spans large geographic region that includes within its service Vermonters with various medical conditions that meet MTM eligibility. This requires identifying clinical need, matching to appropriate diet, increasing amount of daily nutrition/meal volume provided, adding monitoring & evaluation; coordination with multiple clinical providers. (Example of Age Well)

Option C: Build elements of statewide foundation, such as recipes, nutritional guidance, IT and data management structures, patient eligibility criteria, protocols for referrals, protocols for collecting clinical information for impact assessment. This foundational work could then support local/regional organizations interested in adding MTM to their existing work/services.