

# Center for Health Law & Policy Innovation: Law teaching program with a dual mission



## Health

Improving the healthcare landscape for low-income people, especially those living with chronic illness

## Food

Improving the local and national food system, from production to retail and beyond

The concept *food is medicine* responds to the role that food insecurity plays in exacerbating obesity and related chronic and acute health conditions.

- Provision of healthy, appropriate food through home-delivered meals or other meal distribution
- Provision of healthy, appropriate food through grocery delivery or other grocery distribution, including food banks
- Prescriptions for fresh fruits and vegetables and other innovative ways to integrate healthy food into the provision of routine medical care
- Nutritional counseling/medical nutrition therapy



Food insecurity and obesity frequently coexist; this means that low-income populations are particularly vulnerable to serious illness.

- 20-50% of patients in hospitals are identified as malnourished at admission
- Malnourished patients have hospital stays of 1.5 to 1.7 times longer than well-nourished patients, and have a higher rate of hospital readmission.
- Costs of hospitalization for malnourished patients are higher than for well-nourished patients.

## Diabetes as a Case Study

- Adults living with most severe levels of food insecurity have *more than twice the risk* of being diagnosed with diabetes as adults who have ready access to healthy food.
- Food insecurity is associated with *poorer glycemic control* among those who already have diabetes.
- Cyclic food restriction among the food insecure is associated with preferences for energy-dense foods, increased body fat, and decreased lean muscle mass.
- Adults who anticipate food insecurity over-consume when food access is reliable.
- Adults with diabetes who cannot afford adequate food have *5 more physician encounters per year* than their counterparts who can afford adequate food.
- Adults who must choose between paying for food and paying for medication often skip necessary doses of medication.

Meeting the nutritional needs of people who are critically or chronically ill has been proven to improve health outcomes and dramatically lower health care costs.

- 2013 study of home-delivered, medically-tailored meal service (including nutritional counseling) for individuals living with acute or chronic conditions including diabetes.\*
  - Average monthly health care costs of MANNA organization clients fell 62% for 3 consecutive months after service began.
  - Reduced # of hospitalizations by half, and shortened the length of hospital stays by 37%.
  - Managed Care Organization paid out \$12,000 less per month for MANNA clients than for a comparison group.
  - Clients were 20% more likely to be released from the hospital to their homes instead of an acute care facility.

Could a transitional period of home-delivered meals be a solution for obese/overweight patients?

- *Already the case for Medicare patients under Medicare Part C Advantage plans.*

# Integrating food into the experience of medical care

Site farmers markets on hospital or FQHC grounds to increase fruit and vegetable consumption.

Fruit and Vegetable Prescription Programs prescribe fruits and veggies to patients and provide vouchers for purchases.

Expand coverage of nutritional counseling to allow for multiple sessions that build on one another and maximize opportunities to reach individuals when they are ready for lifestyle change.

# Providing healthy, appropriate food through grocery distribution/food bank programs.

## Feeding America Diabetes Initiative

- Pilot program and research study in progress distributing diabetes appropriate food boxes for clients (coupled with referral to health care providers and other resources).
- Clients very engaged in wanting to talk about their health in a food bank setting (how to connect with doctor, how to obtain testing supplies).
- Health status of clients served in the project who are the most food insecure (very low food security) was worse at the beginning of the project.
- See a video about the project [here](#).

## Boston Medical Center Preventive Food Pantry

- Individuals with special nutritional needs are referred to the pantry by their primary care providers at the hospital who write “prescriptions.”
- Food provided includes fresh perishable foods (fruits, vegetables, and meat).
- Demonstration kitchen on site teaches patients how to cook with the food.

# Medicaid

- Existing state Medicaid programs could offer food and nutrition services, including home-delivered meals, for a much broader population of enrollees to improve health outcomes and lower costs
  - States can ask for permission to deviate from Medicaid rules
  - §1115: research & demonstration—test new ideas for financing & delivering care
  - §1915(c) waiver: provide long-term care services in home and community settings rather than institutions
  - What waivers does my state have?

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html>

# Medicare

- Covers medical nutrition therapy under Part B services for people with certain conditions (including diabetes and obesity)
- Medicare Part C (Medicare Advantage) plans can offer nutritional counseling to broader array of beneficiaries as a supplemental benefit and coverage of home-delivered meals as a supplemental benefit under specific circumstances (must be of short duration).
  - Offered following surgery or inpatient hospital stay
  - Offered for individuals with chronic illness as part of a program intended to “transition the person to lifestyle modifications.”

# Opportunities for Food is Medicine Under the Affordable Care Act

- The ACA's emphasis on innovation in healthcare delivery and broader-based payment reforms – *to improve outcomes and lower costs* – create incentives for both providers and payers (including states) to incorporate non-traditional health care services such as food and nutrition.
- Accountable Care Organizations and other new delivery models that emphasize holistic approaches to health care
- ACA expands access to Medicaid and private insurance, including Essential Health Benefits and preventive health services
- More detailed requirements for hospitals to address community health through community benefits

# Accountable Care Organizations

- The ACA also supports the development of new coordinated care and alternative payment models such as Accountable Care Organizations.
  - What is an ACO?
    - An entity made up of health care providers that agrees to be held accountable for improving the health of its patients.
  - If patients' health care costs end up being less than would otherwise be expected while quality is maintained or improved, providers keep a share of that savings. Some ACOs also bear the risk of financial losses.
    - ACOs have incentives to reduce costs and improve quality.

# Private Insurance Advocacy Opportunity: 2016 Review of Essential Health Benefits

## ACA Essential Health Benefits

### Ambulatory services

- Emergency services
- Hospitalization
- Maternity/newborn care
- Mental health and substance use disorder services
- Prescription drugs
- Rehabilitative and habilitative services
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

- All insurance plans sold in marketplaces MUST include these 10 benefit categories.
- Federal regulations set a “floor” for what each category must include. State-based marketplaces can add to the requirements in their states.
- Plans will still be different within each category. Prescription drug formularies, for example, might be different.

# The Impact of the ACA on Insurance Coverage of Preventive Services

- **The ACA mandates that Medicaid expansion plans and new Qualified Health Plans (QHPs) cover all preventive services given an A or B recommendation by the United States Preventive Services Task Force (USPSTF) without cost-sharing**
- **The USPSTF currently recommends** “intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.” (B-grade)
  - All Medicaid expansion plans and QHPs must cover this service without cost-sharing for individuals who are newly eligible
- **The ACA also encourages states to adopt USPSTF A and B grade recommendations without cost-sharing for their traditional Medicaid programs by offering a 1% increase in their state reimbursement rates for these services**

# Engaging Hospitals In Food is Medicine Activities: Community Benefit Requirements

- In order to maintain their tax-exempt status, all non-profit hospitals must additionally provide services that benefit the community -these requirements are called “Community Benefits”
- New federal rules give more teeth to these traditionally broad requirements:
  - Every three years, hospitals must consult with community members and complete a Community Health Needs Assessment (CHNA) to identify priority areas in community health for the populations they serve
  - Hospitals must then create an implementation strategy outlining how the hospital will work to address needs identified in the CHNA

# Criteria for Activities to Be Considered As “Community Benefits”

In order for hospitals to report on activities as community benefits work, their activities must:

- Respond to a community need
- Be carried out for the express purpose of improving community health, without generating inpatient or outpatient revenue AND
- Serve one of the identified community benefit objectives:
  1. Improving access to health services
  2. Enhancing public health
  3. Advancing increased general knowledge
  4. Relieving a government burden to improve health

# Food Is Medicine Activities Can Meet Community Benefit Requirements

Examples of existing hospital community benefit projects that address access to healthy foods:

- Supporting access to on-site farmers markets and subsidizing purchases for low-income participants
- Leading annual food drives
- Supporting onsite or local food pantries
- Screening for SNAP eligibility
- Providing summer lunches to children identified as food insecure
- Supporting/creating on-site community gardens
- Offering grants to community-based organizations that address obesity and promote active living

# Opportunities for Increasing Support for Food Is Medicine Initiatives Through Community Benefits

- ✓ Educate hospitals, including community benefit managers, about the benefits of food and nutrition initiatives and the importance of access to healthy foods
- ✓ Become part of the CHNA process and advocate for inclusion of access to healthy foods as a community health need
- ✓ Build relationships with other providers who serve similar populations- i.e. case management, housing, and other support service providers to help garner support for food interventions as a critical community health need
- ✓ Ultimately advocate for hospitals to support initiatives addressing access to healthy food as part of community benefit activities

## Key Points to Keep In Mind About Hospital Community Benefit Work

- There is no set amount of money that hospitals must spend on community benefits, and many also draw in money from other grants
- Because states can also regulate community benefits, there may be additional state requirements that hospitals must meet
  - Learn more about your state's particular community benefit requirements, you can start by visiting:  
[http://www.hilltopinstitute.org/hcbp\\_cbl.cfm](http://www.hilltopinstitute.org/hcbp_cbl.cfm)
- Hospitals should have publically available reports on their existing community benefits activities, including their CHNA and implementation strategies

# Food is Medicine: The Take-Away

\$4000/day =  
hospitalization

vs.

\$20/day =  
3 high-quality,  
medically tailored  
meals

One day of hospitalization = 6 months (200 days) of high-quality, nutritionally appropriate meals.

- Need for more research on cost-effectiveness of other interventions.
- Need for advocacy on integration of food is medicine into public and private health care.