**Slide 1**

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**Addressing Chronic Disease, and Reducing
Healthcare Costs with Medically Tailored
Meals & Nutrition Supports**

**July 2018**

**One Care Implementation Council Meeting**

*Images included on this slide:*

– Adult male wearing button-down shirt and baseball cap

– a plated Niçoise salad and a fork

**Slide 2**

**Agenda**

* Our Services to One Care Members
* Our Mission and History, and Client Profiles
* Meal Interventions and Nutrition Services
* Research Demonstrating Impact
* Partners and Projects
* Requests of the Council
* Questions and Discussion

*The Community Servings logo appears at the bottom of each slide going forward except for slides 3, 8, 12, 15 and 18*

**Slide 3**

**Our Services to One Care Members**

**Slide 4**

**Our Healthcare Reimbursement Partners**

|  |  |
| --- | --- |
| **Organization** | **Description** |
| Commonwealth Care Alliance | Managed Care Organization serving individuals who qualify for Medicaid and Medicare, due to poverty and disability and/or age; we have served over 300 individuals to date |
| Neighborhood Health Plan | Managed Care Organization focusing on highest cost, highest needs patients; we have served over 35 individuals since the summer of 2015 |
| Atrius/VNA Care Network; Brigham & Women’s Hospital | Accountable Care Organizations developing a “Medically Home” model of care; beginning in April and June 2017 |
| PACE of Rhode Island | Pilot program serving individuals enrolled in the PACE program of Rhode Island |

**Slide 5**

**Who We Serve through One Care**

* Contract with Commonwealth Care Alliance since 2013
* Currently serving 174 individuals
* Average duration on meals is 16.3 months
* Top cities of residence are Boston, Worcester, and Cambridge
* Most common diet selections are diabetic, cardiac, and renal

*Image included on this slide*

*– Adult male exiting walk-in refrigerator with a plastic tub filled with fresh vegetables*

**Slide 6**

**How do Clients Transition from Our Meal Service?**

* In addition to home-delivered meals, we offer nutrition counseling and education
* In partnership with the Greater Boston Food Bank, we are developing a “step down” program, in which grocery bags with ingredients tailored to individuals with diabetes can be picked up at a food pantry
* We also provide clients transitioning from our program with a guide of food and nutrition resources available in the community

*Image included on this slide*

*– Knife, bowls, recipe card, fresh vegetables and herbs arranged on a work surface*

**Slide 7**

**Valerie’s” Story**

“Valerie” began receiving Community Servings’ vegetarian meals in July of 2015, and continued through June of 2017. She then started attending our “Farm to Fork” 12-week cooking class series, and attended every class that season. Valerie has joined for the classes again this year. In a note to our Manager of Nutrition Services, who is moving to Washington DC, she wrote, “**Thank you for changing my life for the better**.”

*Image included on this slide*

*– Kitchen workers preparing fresh salads*

**Slide 8**

**Community Servings Mission, History, & Client Demographics**

**Slide 9**

**Community Servings: Mission**

Not-for-profit food and nutrition program with a **28-year history** of providing medically tailored home-delivered meals and nutrition services to medically vulnerable individuals in poverty.

Today, we prepare and deliver 675,000 wholesome, medically tailored meals weekly to 2,000 chronically ill individuals, 92% of whom live at or below 200% of the federal poverty limit

*Image included on this slide*

*– Kitchen worker at stove preparing a hot dish*

**Slide 10**

**Client Profiles**

* Homebound individuals with limited ability to prepare or receive medically appropriate meals from caregivers
* Multi-morbid chronic diseases (71%) who experience one or more of 35+ chronic conditions including:
	+ Diabetes
	+ Cardiac Disease
	+ Cancer
	+ Renal Failure
	+ HIV/AIDS

*Image included on this slide*

*– Adult female wearing a V-neck top*

**Slide 11**

**Recommended Eligibility Criteria for Community Servings’ Meal Intervention**

✓ Medically complex condition(s) with nutritional risk factors

✓ Limited mobility or ability to prepare a medically complex diet

✓ Lack of a caregiver who can prepare medically appropriate meals

**Slide 12**

**Meal Interventions & Nutrition Services**

**Slide 13**

**A Week’s Food, Delivered in a Bag from Community Servings Includes:**

Five days worth of lunches, dinners, and snacks.

In our philanthropic program, we feed the family, not just the medically vulnerable individual, understanding that the majority of our clients are below 200% FPL and would share their food.

*Image included on this slide:*

*–multiple containers with fresh and freshly-prepared foods such as yogurt, salad, fruit, soups, granola, quiche, cereal*

**Slide 14**

**Person-Centered Medically Appropriate Diets**

* Wellness
* Diabetic
* Cardiac
* Renal
* Mild (low in spice and acid)
* Soft
* Low-fiber
* No red meat
* No Nuts
* Low-lactose
* No fish
* High calorie/protein
* Pescetarian (fish & vegetarian)
* Vegetarian
* Children’s wellness

Clients may combine up to 3 diets from the above. However Renal, Vegetarian and Pescetarian are limited to 2 combinations.

Ex: Renal + No fish

Ex: Cardiac + Soft + No red meat

Limitations: we do not have the capacity to provide Kosher or gluten free meals.

**Slide 15**

**Research Demonstrating the Impact of Medically Tailored Home-Delivered Meals**

**Slide 16**

**AARP/Commonwealth Care Alliance (CCA)
Claims-based Study**

* Published in *Health Affairs*, April 2, 2018
* Examined claims data on healthcare utilization and costs of individuals who received meals from Community Servings for at least six months vs. a matched control group of 1002 individuals who did not receive meals
* Examined claims data reflecting healthcare utilization and costs of 624 individuals who received traditional non-medically tailored home-delivered meals for at least six months vs. matched control group of 1318 individuals who did not receive meals

**Slide 17**

**AARP/CCA Evaluation Study Published Results**

*The following information is illustration in bar diagrams.*

**Medically Tailored Meals Group vs. Comparison Group Costs**

COSTS PER PATIENT PER MONTH

MTM

 Medical Costs $843

 Meal Costs $350

Comparison Group

 Medical Costs $1,413

**$220 per month savings**

🡻 ED visits, Inpatient admissions and emergency transport services

**Non-Tailored Meals Group vs. Comparison Group Costs**

COSTS PER PATIENT PER MONTH

MTM

 Medical Costs $1,007

 Meal Costs $146

Comparison Group

 Medical Costs $1,163

**$10 per month savings**

🡻 ED visits and emergency transport services

**Slide 18**

**Requests of the Council**

**Slide 19**

**Our Requests of the Council**

Request that MassHealth and plans:

* + Make clear that nutritionally vulnerable and medically complex One Care members may access medically tailored home-delivered meals
	+ Work with Community Servings in developing guidelines on when medically tailored meals should be provided, and a transition plan from the service
	+ Work with Community Servings in developing a plan to teach consumers, PCA’s, and RLC’s how to prepare medically appropriate meals
	+ Received bi-annual updates on One Care members’ utilization of medically tailored nutrition services.

**Slide 20**

**Questions and Discussion**

**Jean Terranova**

Director of Food and Health Policy

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*Image included on this slide:*

*– Soup bowl filled with a cream soup with small bowls of condiments and a cloth napkin placed on a tablecloth*