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Food is Medicine

Presentation to: SF FSTF
Simon Pitchford, PhD
Co-CEO, Project Open Hand
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Setting the Stage

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1 in 3 patients are admitted to hospital malnourished

- 10% more missed physician visits
- 3X longer hospital stays
- 3X higher inpatient costs
- 1.5X greater likelihood of re-hospitalization

- Costs $20/day to feed someone a healthy, nutritious meal compared to $4000/night for one nights hospitalization

Food & Healthcare

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- Nutrition counseling not listed as mandated or optional benefit under Medi-Cal
  - States can cover as part of mandated benefit under physician services or optional benefit under preventative services
  - ACA expands definition of "preventative services" and allows broader range of providers at recommendation of physician
- For most beneficiaries, Medi-Cal does not provide for reimbursement of HDM
  - States can enhance their Medicaid program through a waiver program.
    - Home and Community Based Services (HCBS) 1915(c) waiver
    - Home and Community-Based Services (HCBS) 1915(i) State Plan Amendment
    - Section 1115 Demonstration Waiver

Opportunities – MediCal redesign through ACA

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- Eliminates categorical qualification requirements
  - individuals without dependents may qualify
  - Expands Medicaid to <138% FPL
- All beneficiaries must have access to:
  - Essential Health Benefits (EHB's)
  - All plans must cover 10 Essential Health Benefits and preventative services
    - Advocate to include HDM and MNT as one of the 10 services
      - MNT is covered as a category "B" rating by US Preventative task Force (USPTF) for adults with hyperlipidemia and other risk factors for CV or diet-related chronic disease
- Dual eligible programs (Medi/Medi) can include provision of food as a "supportive service" through one of its demonstration projects

Medicaid Waiver Programs

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Attribute	HCBS 1915(c) waiver	1915(i) State Plan Amendment	1115 Research and Demonstration Waivers
Target population	Disabled (physical/intellectual), people with mental illness or elderly (60+) people in need of nursing facility level or care or higher	• Individuals who need community based services but may not yet require institutionalization. • Incomes <150% FPL	Broad flexibility to target groups and/or to expand flexibility. Typically 5 year programs
Services Offered	Community-based medical and non-medical services (including HDM)	Community-based medical and non-medical services (including HDM)	Broad flexibility to offer expanded and/or non-traditional services like meals
Basic Structure	Large number of HCBS 1915(c) waivers for non-traditional Medicaid services to allow individuals to remain in community. In CA, this includes: • **AIDS waiver*** • **Nursing Facility/Acute Hospital*** • **Developmentally Disabled*** • **MSSP** • **Assisted Living Waiver** • **SF Community Living Support Benefit Waiver (DAH/CCF's)** • **Pediatric Palliative Care**	Allows states to provide expanded HCBS specific services to targeted groups as part of state plan rather than requiring waiver	Is flexible. (e.g. MA uses an 1115 waiver to provide Medicaid to individuals with HIV up to 200% FPL). New, 5 year waiver ($6.218B) starting January 2016: • **Global Payment Program for uninsured @ designated public hospitals** • **Delivery system transformation and alignment incentive programs** • **Dental transformation incentive programs** • **Whole Person care**
Operational Tenets	• Community-based living • Cost savings	• May be time-limited • Expands beyond typical Medicaid recipient (e,g, PLWHIV)	• Improved Medicaid Services • Improving costs/budget neutrality requirement

Emerging priorities

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- Food = Medicine
  - Medically tailored meals for people with chronic diseases
  - What health outcomes can we measure linked to food intervention?
  - Proof of the value of food as prevention

Food & Nutrition Service Providers

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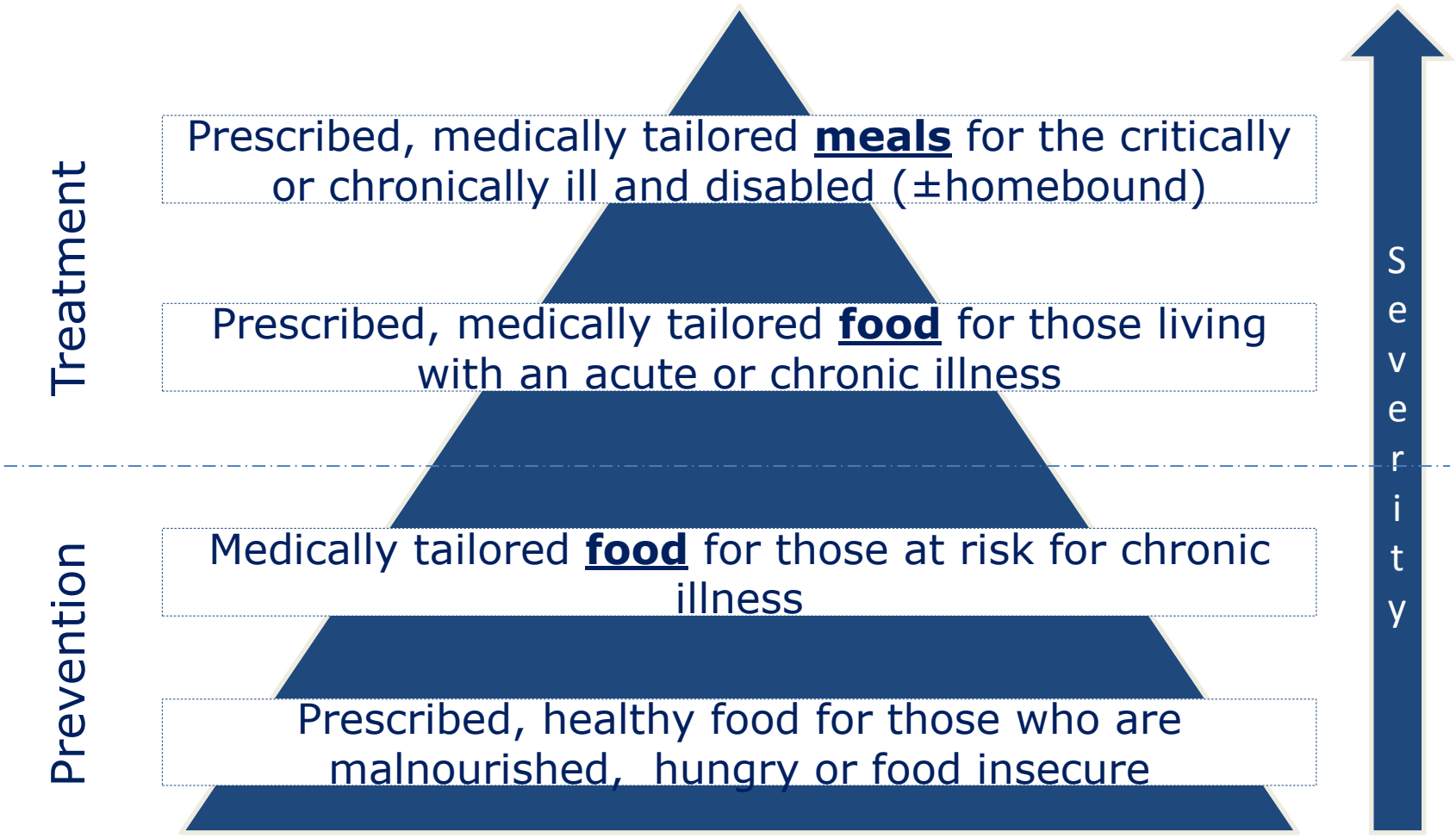
- Over 50 organizations nationwide that grew out of community response to HIV
- Ryan White Care Act recognized importance of food in health of PLHIV and incorporated reimbursement for food as one of its key community benefits
- As HIV changed, so has the focus of organizations expanding into other diagnoses (e.g. diabetes) or communities (seniors)
- In NY, MA and PA this has included the reimbursement of HDM through long-term managed care and/or contracts with "duals" providers
- Supported by Center for Health Law and Policy Innovation at Harvard

Food is Medicine Continuum



From: Harvard Center for Health Law and Policy Innovation

Medically-tailored meals

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Diet	Indications
Regular/Low fat	Few dietary restrictions
Diabetic	Carbohydrate controlled
Bland	Oral/gastric sensitivity
No Dairy/No Nuts	Lactose intolerance
Mechanically Soft	Oral/swallowing challenges
Vegetarian	Ovo-lacto vegetarian
Renal	Dialysis

All meals available in no red-meat, no pork or no fish alternatives

Impacts of reversing food insecurity for individuals with illness

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- Mean monthly health care costs for MANNA clients **fell 28%** in first six months after starting service
- After 12 months, mean monthly health care costs for MANNA clients were **37% lower** than comparison group
- For PLHIV, mean monthly health care costs for MANNA clients were **76% lower** than group costs
- Mean monthly inpatient costs for MANNA clients were **50% lower** than costs for comparison group

Delivering Nourishment MANNA Improving Health

POH: Food= Medicine Pilot Study

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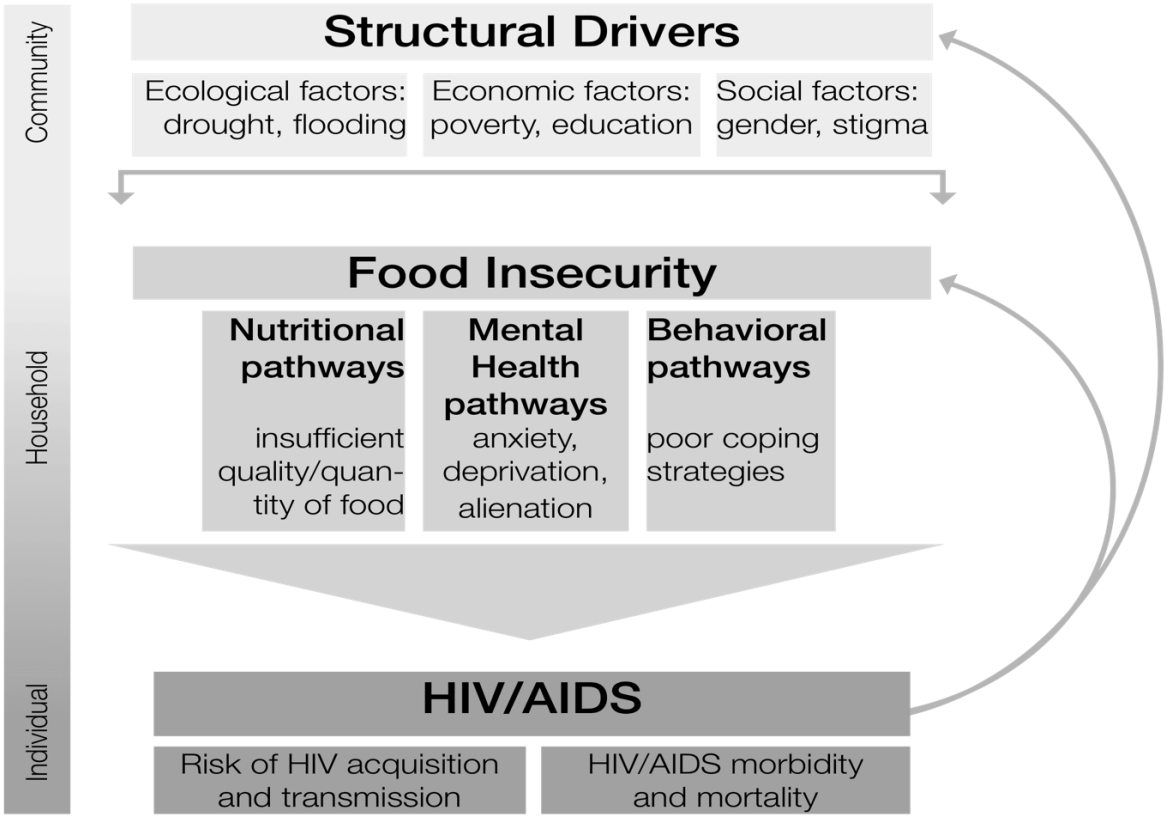
- To understand the impact of 3-meal-a-day pilot program (Food=Medicine) on food security and multiple health outcomes for low income adults with HIV or diabetes
  - 25 HIV clients
  - 25 Diabetic clients
  - 10 dual-diagnosed
- UCSF conducted a mixed methods evaluation of the pilot program (Changing Health through Food Support)

Global hypothesis



Weiser, Kushel, Tien, Cohen & Bangsberg, AJCN 2012

Methods and Approach

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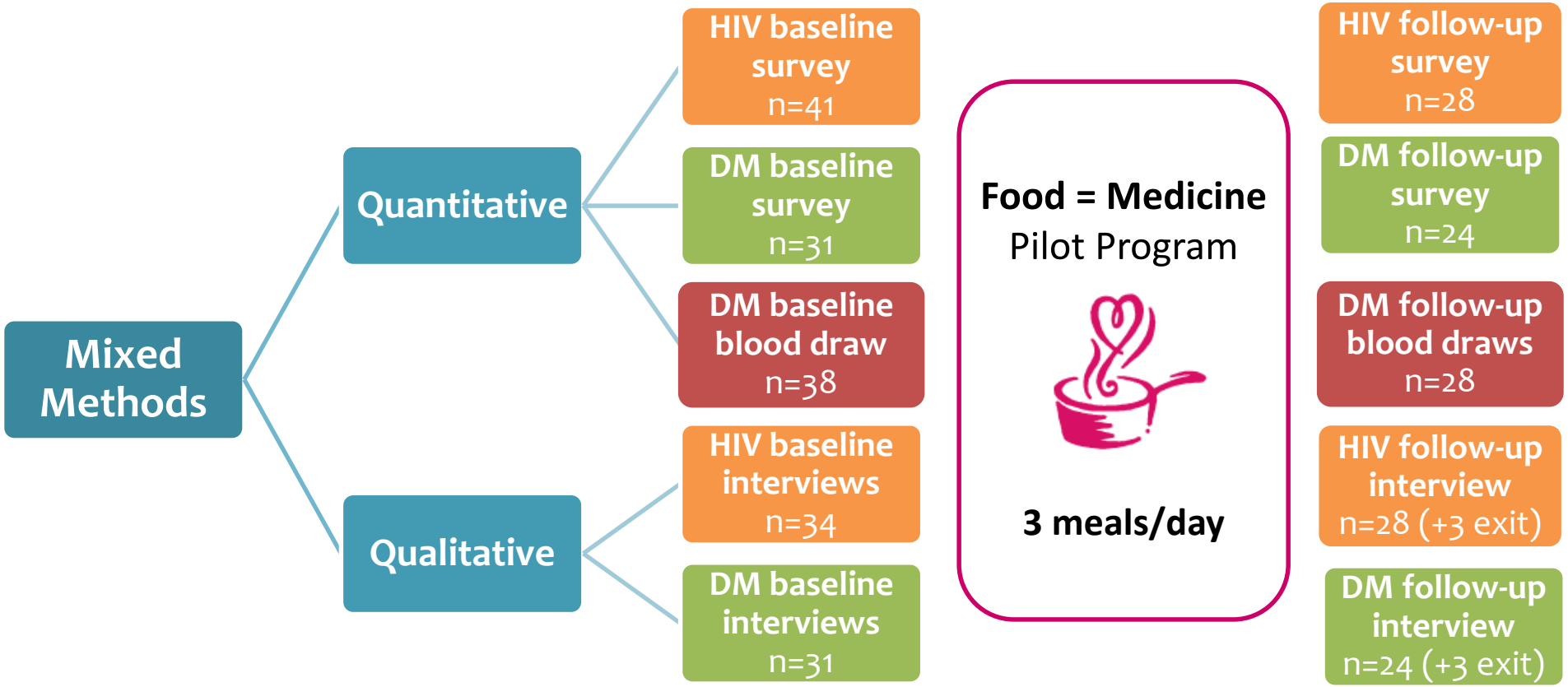
Changing **He**alth through **F**ood **S**upport (**CHeFS**) Study

CHeFS



Linking Food Insecurity and Poor Health

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Nutritional	Mental Health	Behavioral
"My health right now is probably about 50% of what I would like it to be.. But then the economics stop me from being a lot healthier, because I'd need to eat a lot more nutritious food to be a lot healthier."	*"But when I'm not eating healthy and I'm not eating regular meals, that's when I get bombarded by all this giving up and oh-woe-is-me and, you know, just want to go to sleep and not wake up, that kind of crap."*	*"You have to eat when you take ART and other medications. If I don't have any food when I take my medication, then I'll get sick and I'll get mad, then I don't want to take the pills."*
"And when you're broke, you have to get a bunch of junk. Because that's what you're going to spend your money on, that's what you can get: a whole lot of junk"	*"As far as not knowing where your next meal is going to come from—ok, right there, that's stress in itself."*	*"I'd take them ART pills without food and that's when [I] had the weak stomach and throwing up. . . . I was not taking my pills and my [CD4 count] got low. . . . "*

Reproduced from Weiser SD NIAID/NIMH May 2015

FOOD INSECURITY & HIV RISK

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Transactional Sex/ unprotected sex:

- "*There was plenty of times that I did sexual things with guys just to know that I'd get something to eat.., that I wouldn't have probably normally done, except I needed something to eat and I didn't have any money at all, and I didn't have any resources other than that to turn to.*"

- "*You're not thinking about using protection, or you're trying not to think about it, like I said, because the other needs are higher up the priority list than that one. How can that be? I don't know, but yeah, it is. Your body and mind does other things when it's hungry, when it's tired…. You're not getting the sleep and the food that you need to function..*"

[1]Whittle H. et. al., Project Open Hand, Unpublished data

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- Data slides removed until publication.

Opportunities

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- Inclusion of medically-tailored meals in Medi-Cal/ Medicare funded healthcare services through ACA:
  - promotes positive health outcomes for people with critical and chronic illnesses and for seniors
  - save's precious healthcare dollars
  - increase's patient health and satisfaction
- MTM's are a low-cost, innovative way to support the goals of the ACA to allow sick and disabled individuals to remain in their communities

Publications

- 1 peer-reviewed manuscript based on initial baseline findings accepted for publication
  - **Food insecurity, chronic illness, and gentrification in the San Francisco Bay Area: An example of structural violence in United States public policy**
    - ***Whittle et al. Social Science in Medicine, 143, 154-161, 2015***
- 2nd publication in review stage
  - **Experiences with food insecurity and risky sex among low-income people living with HIV/AIDS in a resource-rich setting**
    - ***Whittle et al. J of International AIDS Society (In Review)***

Questions?

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