Food is Medicine

Presentation to: SF FSTF
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Setting the Stage

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 night's hospitalization
Food & Healthcare

• 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

• 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

<table>
<thead>
<tr>
<th>Attribute</th>
<th>HCBS 1915(c) waiver</th>
<th>1915(i) State Plan Amendment</th>
<th>1115 Research and Demonstration Waivers</th>
</tr>
</thead>
</table>
| 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

• 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

- 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

Prescribed, medically tailored **meals** for the critically or chronically ill and disabled (±homebound)

Prescribed, medically tailored **food** for those living with an acute or chronic illness

Medically tailored **food** for those at risk for chronic illness

Prescribed, healthy food for those who are malnourished, hungry or food insecure

From: Harvard Center for Health Law and Policy Innovation
# Medically-tailored meals

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

All meals available in no red-meat, no pork or no fish alternatives
Impacts of reversing food insecurity for individuals with illness

- 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
POH: Food= Medicine Pilot Study

• 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

Structural Drivers
- Ecological factors: drought, flooding
- Economic factors: poverty, education
- Social factors: gender, stigma

Food Insecurity
- Nutritional pathways: insufficient quality/quantity of food
- Mental Health pathways: anxiety, deprivation, alienation
- Behavioral pathways: poor coping strategies

HIV/AIDS
- Risk of HIV acquisition and transmission
- HIV/AIDS morbidity and mortality

Weiser, Kushel, Tien, Cohen & Bangsberg, AJCN 2012
Changing Health through Food Support (CHeFS) Study

Methods and Approach

Mixed Methods

Quantitative
- HIV baseline survey n=41
- DM baseline survey n=31
- DM baseline blood draw n=38
- HIV baseline interviews n=34

Qualitative
- DM baseline interviews n=31

Food = Medicine Pilot Program
- 3 meals/day

CHeFS
- HIV follow-up survey n=28
- DM follow-up survey n=24
- DM follow-up blood draws n=28
- HIV follow-up interview n=28 (+3 exit)
- DM follow-up interview n=24 (+3 exit)
### Linking Food Insecurity and Poor Health

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<tr>
<th>Nutritional</th>
<th>Mental Health</th>
<th>Behavioral</th>
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<tr>
<td>&quot;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.&quot;</td>
<td>&quot;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.&quot;</td>
<td>&quot;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.&quot;</td>
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<td>&quot;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&quot;</td>
<td>&quot;As far as not knowing where your next meal is going to come from—ok, right there, that’s stress in itself.&quot;</td>
<td>&quot;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. . . .&quot;</td>
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Reproduced from Weiser SD NIAID/NIMH May 2015
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.."
• Data slides removed until publication.
Opportunities

• 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
  – saves 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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- Staff, volunteers and clients at POH
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