The Nutrition Rx: Home Delivered Meals Could Save Millions for Medicaid Managed Care and HCBS Programs

HCBS 2014 Presentation
Introductions

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The Nutrition Rx: Evidenced Based Data Supporting Nutrition Intervention

Mom's Meals
Nourish Care
What is a nutrition prescription?

• **Nutrition Reconciliation** -- The process of identifying and addressing the nutritional status and needs of the patient throughout the hospitalization cycle (at admissions, during and post-discharge) to best support the patient’s recovery and ability to control their condition as prescribed by their medical team.

• **STEP 1** -- Identifying patients who require nutrition support

• **STEP 2** -- Creating a custom “Nutrition Prescription”

• **STEP 3** -- Helping patients fill the “Nutrition Prescription”
Identifying Patients Who Require Nutrition Rx

• Malnourished Patients
  — *Clinical studies have shown that:*
    • 53% of Medicare admits are suffering malnutrition;
    • 40-60% of patients discharged are malnourished;
    • *Discharged patients that are malnourished have poorer outcomes*

• Patients with Chronic Conditions - Highest Risk for Admissions *AND* Readmissions
  — Congestive heart failure (CHF) patients
  — Patients with 2 or more chronic conditions
Chronic Conditions are the Leading Cause of Death and Disability in the U.S.

82% of the US Medicare population suffer from 1 or more chronic conditions

→ 33 million patients

→ $?? billions annual cost…and GROWING

Percent of Medicare Patients 65+ yrs. with Multiple Chronic Conditions

1+ 82%
2+ 65%
3+ 43%
4+ 24%

2Source: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748070/
Medicare beneficiaries with multiple chronic conditions are more likely to be hospitalized and more frequently.
More chronic conditions mean more HOME HEALTH VISITS

CMS: Chronic care among Medicare beneficiaries 2012
Nutrition plays a role in many of the most common chronic conditions

Conditions for which nutrition is a clinically proven intervention

- Stroke
- Asthma
- Osteoporosis
- Cancer
- Atrial Fib
- Alzheimer's
- COPD
- Depression
- Chronic Kidney Disease
- Heart Failure
- Diabetes
- Arthritis
- Heart Disease
- High Cholesterol
- High Blood Pressure

CMS: Chronic care among Medicare beneficiaries 2012
The Projected Growth in Heart-Related Diseases and Diabetes is 29%-53%

The projected growth in chronic disease is 2-3X that of the population growth

Source: MEPS, Milken Institute
Costs of CVD are Projected to be Over $500 Billion by 2015


Source: Roger, VL. AHA Heart and Stroke Statistics – 2012 Update
Control of hypertension through sodium limitation works:
The DASH* Diet Significantly Reduced Systolic Blood Pressure (SBP), a Leading Predictor of Major Heart Issues

- SBP is the best predictor of complications and death.
- Studies have shown that decreases in SBP substantially reduce risk for –
  - Strokes
  - Heart Attacks
  - Heart Failure
  - Death
- DASH diet treatment effect on SBP was equal to that of a typical anti-hypertensive drug

Heart failure patients with <3g dietary sodium intake were ~2.5X less likely to be hospitalized or die, due to cardiac problems vs. a diet >3g dietary sodium, after controlling for key clinical variables.

Source: Lennie, TA. Journal of Cardiac Failure 2011, Vol. 17 No. 4. Total of 163 NYHA Class III/IV Patients

*DASH – Dietary Approaches to Stop Hypertension; SBP = Systolic Blood Pressure
Source: Moore, Thomas, et al. Hypertension.2001; 38: 155-158 The preintervention and postintervention blood pressures for each individual are connected by vertical dashed lines. 72 Patients
Reducing Sodium Makes A Big Impact On Heart Efficiency And Function

Heart muscle functioning improves very rapidly when lower sodium is diet is consumed.

- Energy to fill heart with blood decreases;
- Flexibility increases;
- Efficiency improves.

SLOWS DISEASE PROGRESSION

Hummel, Scott et al., 2013
Nutritional Interventions Substantially Improve Patient Outcomes and Reduce Costs

- Reduction in length of stay: 22%
- Reduction in readmission rate: 5%
- Reduction in readmission costs: 17%
- Reduction in lost hospital revenue per patient: 71%

Source: Rauh, RA. AJMC 1999, Vol. 5, No. 1. Source: American Journal of Managed Care, 1999; 400 CHF patients; Sodium restricted to 2g/day maximum
Does it make a difference?

YES IT DOES!

MANNA: study done in Philadelphia and S. New Jersey patients fed meals 3 months.

% Reduction compared to non-fed comparison group:

- Overall health care costs: 31%
- Mean monthly inpatient costs: 40%
- Inpatient visits: 50%

- Length of stay reduced by: 7 days
- Percentage change in discharge to home: 21% increase

Gurvey et al., 2013 J. Primary Care and Com. Health 4(4):311
How Much Does the Nutrition Rx Save?

Nutrition is low cost versus hospitalization ($18.95/day vs. $3500 for hospital stay).

Nutrition is low cost compared to SNF ($18.95/day vs. $222 – 278/day for SNF)

Nutrition needs to be measured as a key intervention in reducing readmissions
  – How are you going to collect this data?
  – Use as justification for payment?
Preston Maring, MD

The Nutrition Rx: The Physicians Perspective
Kaiser Permanente Farmers’ Market
An Idea Takes Root...
Median **Daily Vegetable Intake**
Among Adults in the United States

Behavioral Risk Factor Surveillance System, 2011
Childhood obesity. Don’t take it lightly.

Food Stamps can help. Call 1-888-328-3483 to see if you qualify.

my kinda shoppin’ spree

I'm lovin' it

Dollar Menu
Obesity Trends

Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)

9/13/2008
Source: Behavioral Risk Factor Surveillance System, CDC.
Food Desert and Food Swamps: A County-Level Analysis

RFEI Index*

> 5.0
= 4.0 – 4.9
= 3.0 – 3.9
= 2.0 – 2.9
= 1.0 – 1.9

* RFEI = ratio of fast-food restaurants and convenience stores to supermarkets and produce vendors. For counties with populations >250,000.
Date: 05/27/11
Time: 10:34 AM
Location: 40TH-PIEDMONT
ATM: 00898

Customer Card: XXXXXXX5516
Transaction #: 6749
Transaction: Withdraw From Checking
Amount: $20.00
From Account #: XXXXXXX9152
Available Balance: $63.22
Total Balance: $63.22

Thank you for using our ATM.
For questions, call 1-800-869-3557
Business customers call 1-800-225-5935
Date: 12/26/13
Time: 02:03 PM
Location: NO. BERKELEY 0132B
ATM:

Customer Card: XXXXXXXX0349
Transaction #: 7232
Transaction: Withdraw From Checking
Amount: $300.00
From Account #: XXXXXXX4936
Available Balance: $163,452.22
Total Balance: $163,452.22

Thank you for using our ATM.
For questions, call 1-800-869-3557
Business customers call 1-800-225-5935
Census data – Poverty Rates
Median Adult BMI - All KP Members

All KP Members - Alameda & Contra Costa County - Median Adult Body Mass Index (BMI)

All Members
Adult BMI by census tract
- 23.5 - 25.0
- 25.1 - 26.0
- 26.1 - 27.0
- 27.1 - 28.0
- 28.1 - 29.0
- 29.1 - 30.4
Diabetes Prevalence Rates - All KP members
How difficult will it be for you to prepare or eat a healthy diet when you return home?

- Very difficult: 16%
- Somewhat difficult: 41%
- Not difficult at all: 43%
I'm a new customer and just wanted to tell you how great your service and food are. I had back surgery as a result of a staph infection in my spine. (I know, ICK!). I didn't walk for over a month, so my legs were and still are weak, and cooking for myself was out of the question. One of the hospital staff recommended Mom’s Meals- so I gave it a try, and I could not be more pleased. Not only are the meals balanced, they’re GOOD! This has really been a lifesaver to me, and has taken a great deal of worry off my shoulders. THANK YOU! -Email from Dennis H.
Joseph L. Ruby, President and CEO

The Nutrition Rx: Wedding Core Competencies

DIRECTION HOME
GUIDING SUCCESSFUL CARE
AKRON CANTON AREA AGENCY ON AGING
Nutrition Programs Administered

- Older Americans Act Nutrition Program
- Title III C1- Congregate Meals
- Title III C2- Home Delivered Meals
- AAA Nutritionist
## How and Where We Provide Nutrition

<table>
<thead>
<tr>
<th></th>
<th>Portage</th>
<th>Stark</th>
<th>Summit</th>
<th>Wayne</th>
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<tbody>
<tr>
<td><strong>People served</strong></td>
<td></td>
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<tr>
<td>Congregate Meals</td>
<td>738</td>
<td>856</td>
<td>2,784</td>
<td>96</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>765</td>
<td>628</td>
<td>669</td>
<td>349</td>
</tr>
<tr>
<td><strong>Congregate Meals</strong></td>
<td>32,624</td>
<td>44,834</td>
<td>84,537</td>
<td>12,113</td>
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<tr>
<td>Home Delivered Meals</td>
<td>26,167</td>
<td>68,581</td>
<td>34,478</td>
<td>40,753</td>
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<td>Meal Sites:</td>
<td>Meal Providers:</td>
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<tr>
<td>Portage County – 7</td>
<td>Congregate – 9</td>
<td></td>
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</tr>
<tr>
<td>Stark County – 18</td>
<td>Home Delivered – 6</td>
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<tr>
<td>Summit County – 22</td>
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<tr>
<td>Wayne County - 6</td>
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Nutrition

• AAA Nutritionist
• Registered Dietitian / Licensed Dietitian
• Nutritional Consultations
  – Assessment- History, Biochemical Data, Clinical Data, Measurements
  – Direction and Interventions- Weight Loss, Specific Diet Adherence methods
• Nutritional Education
Care Management

Ohio Medicaid Waivers
- 60+ waivers (PASSPORT/Assisted Living)
- Under 60 Waiver (Ohio Home Care)

Duals Demonstration- MyCare Ohio
- Managed Care Plans (CareSource and United HealthCare)
- Integrating Medicare and Medicaid Benefits
- Waiver Service Coordination/Full Delegation (Service Plans)
Care management

Akron Canton Members by Program

- Ohio Home Care, 226
- Care Coordination, 308
- Assisted Living, 165
- PASSPORT, 1246
- UnitedHealthCare, 1617
- CareSource, 2401
## Care management

- **Nutrition Utilization and Its Impact**
- **Nutrition Benefit Included in all Managed Care Programs**

<table>
<thead>
<tr>
<th>Program</th>
<th>Members</th>
<th>Receiving Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASSPORT*</td>
<td>1411</td>
<td>65%</td>
</tr>
<tr>
<td>Ohio Home Care</td>
<td>226</td>
<td>57%</td>
</tr>
<tr>
<td>MyCare Ohio</td>
<td>4018</td>
<td>65%</td>
</tr>
</tbody>
</table>

*All Assisted Living Members receive meals as part of the Waiver*
Harry’s Story

- **Housebound male who is a Veteran on PASSPORT. Lives alone and has COPD.**

Harry found it increasingly difficult to manage grocery shopping and cooking with the progression of his disease. Harry now receives 14 frozen meals a week and reports great satisfaction in “preparing” his own meals.

He looks forward to his weekly delivery because it gives him a chance to talk to his delivery person about “how abysmal the Cleveland Browns are again this year.” Harry can “conserve his energy” by not having to grocery shop…..but still feels independent because he can decide what he wants to eat at each meal.
Transitional Care
Institutional

- Money Follows The Person (Home Choice)
- Transitional Assistance for Medicaid NF Residents (or Duals)
- Ombudsmen Led
- Nutritional support
  - Discharge Planning with Provider/Nursing Home
  - Connection with Medicaid Waivers/Duals Demo
  - Referral to AAA Nutritionist for Consultation and Education
Transitional care:

Acute

- CCTP and ILS/Wellpoint
- Avoidable Medicare Readmission Reduction
- Coleman Transition Intervention Method
- Hospital and Home Visits with Follow-up Phone Calls
- Coaching Impact on Nutrition Education
  - Medication Management (Coumadin Diet)
  - Red Flags (Diabetes)
- Access to OAA or Medicaid Waiver Services
- Referral to AAA Nutritionist for Consultation and Education
Nutritional Consultation Referrals from CCTP
(Calendar Year)

- 2012: 70 referrals
- 2013: 65 referrals
- 2014: 63 referrals (through mid September)

Referrals
Transitional care
Acute

• Nutritional Consultations
• Cardiac—Low Sodium diet requests
• Newly diagnosed Diabetic diet requests—both insulin-dependent and non-insulin-dependent patients
• Diverticulitis Diet requests—High fiber Diet
• Crohn’s Disease Diet requests—Low-Residue Diet
• Vegan Diet Requests—for both Cancer and general wellness
• Coumadin Diet Requests—Low in vitamin K
• Weight Loss
• Bariatric Requests
Conclusions

- **Emerging Issues**
- **OAA Nutrition**
  - Reauthorization of Older Americans Act
  - Sequestration Impact
- **Care Management**
  - Duals Demonstration on Nutrition Provider Panel
- **Transitional Care**
  - Impact of Nutrition Intervention
    - Meals
    - Consultation
Summary

• Nutrition needs to be a critical part of the care plan for the elderly and disabled to help keep them in their home and out of the hospital or a nursing home.

• At less than $6/meal it costs much less to feed a person in their home versus an institution.

• Having the right nutrition for the chronic condition is critical in addressing disease symptoms and potentially even halting or reversing disease.

• All HCBS waiver programs should provide nutrition to complete the critical support for all elderly and disabled. If nutrition is already part of a program it is important to ensure it’s being prescribed accurately for all clients under your care.

• Questions?