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



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 <u>AND</u> 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

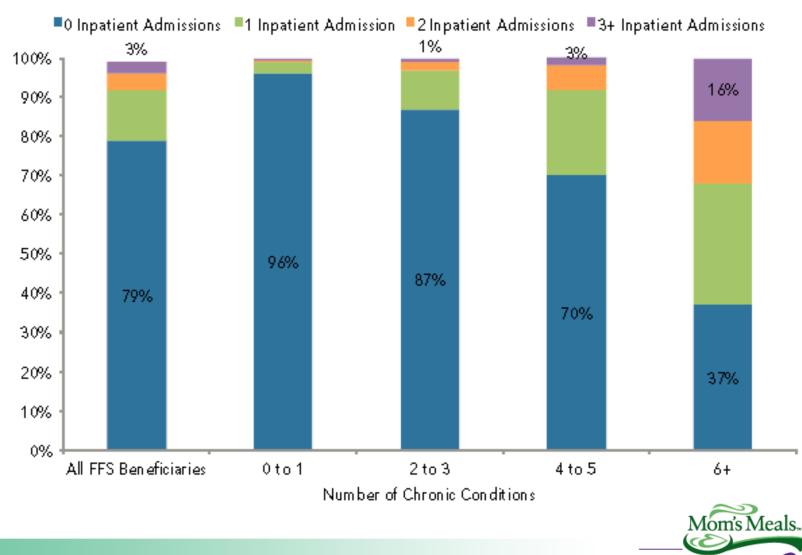
Percent of Medicare Patients 65+ yrs. with Multiple Chronic Conditions 1+ 82% 2+ 65% 3+ 43% 4+ 24% Mom's Meals.

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¹Source: Wolff. Arch Int Med/Vol 162, Nov 11, 2002

²Source: <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748070/</u>

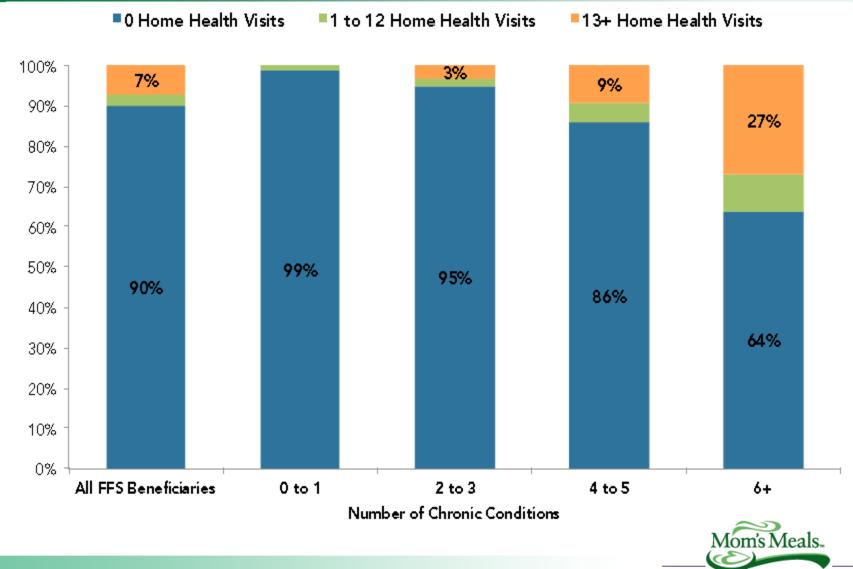
Medicare beneficiaries with multiple chronic conditions are more likely to be hospitalized and more frequently



CMS: Chronic care among Medicare beneficiaries 2012

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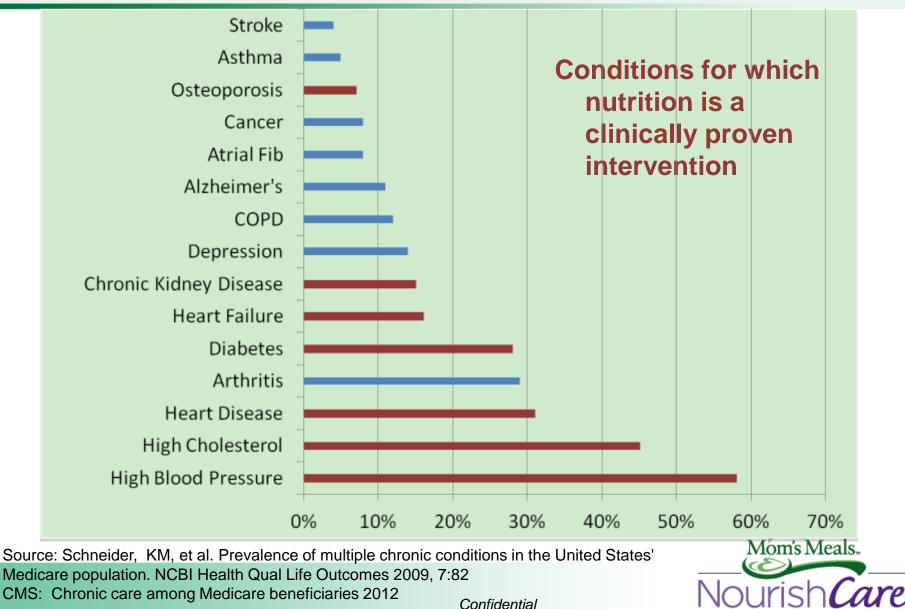
More chronic conditions mean more HOME HEALTH VISITS



CMS: Chronic care among Medicare beneficiaries 2012

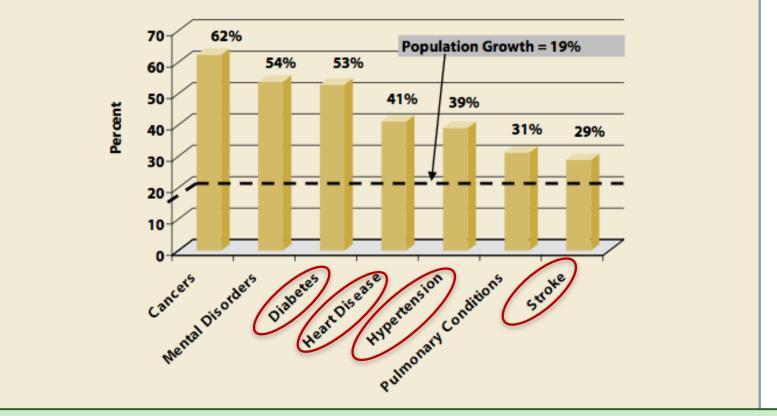
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Nutrition plays a role in many of the most common chronic conditions



The Projected Growth in Heart-Related Diseases and Diabetes is 29%-53%

Figure 7 :: Projected Rise in Cases of Chronic Diseases, 2003-2023

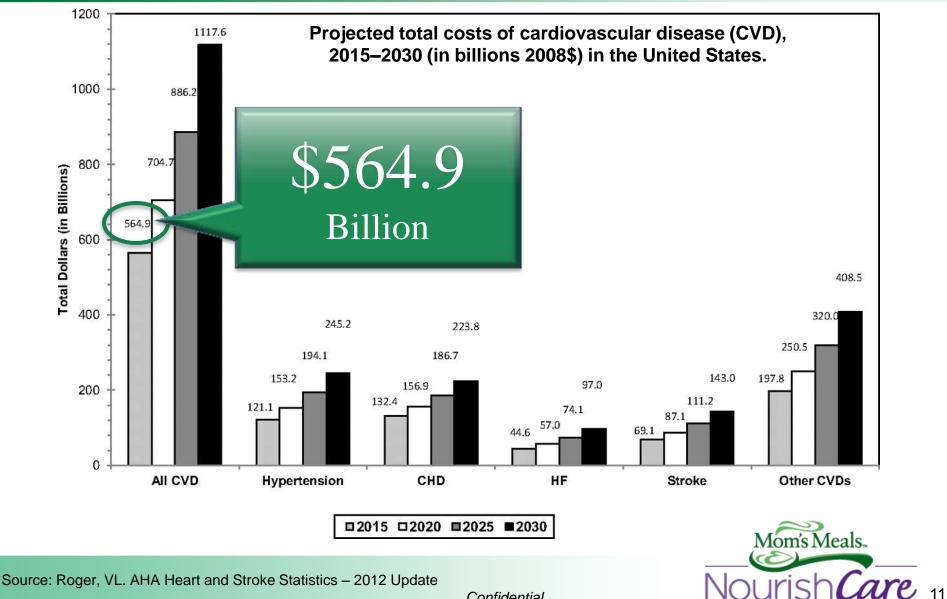


The projected growth in chronic disease is 2-3X that of the population growth

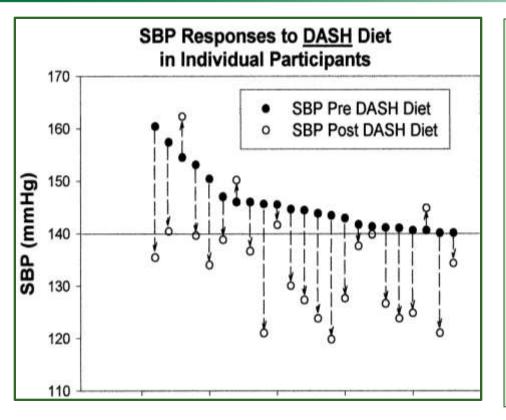


Source: MEPS, Milken Institute

Costs of CVD are Projected to be Over \$500 Billion by 2015



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

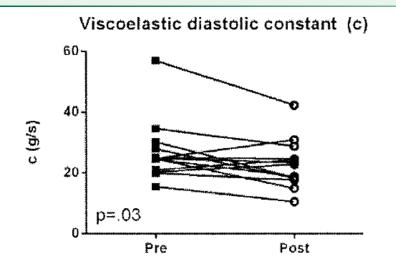
•DASH diet treatment effect on SBP was equal to that of a typical antihypertensive drug

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

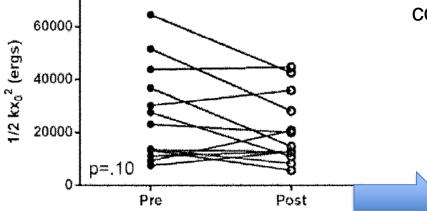
*DASH – Dietary Approaches to Stop Hypertension; SBP = Systolic Blood Pressure Source: Moore, Thomas, et al. Hypertension.2001; 38: 155-158 The preintervention and postintervention blood pressures for each individual are connected by vertical dashed lines. 72 Patiential

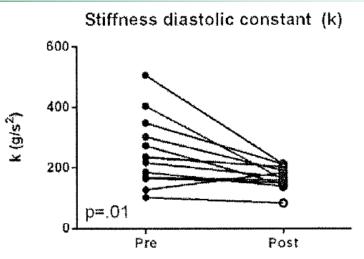


Reducing Sodium Makes A Big Impact On Heart Efficiency And Function



Energy of diastolic filling (1/2 kx₀²)





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

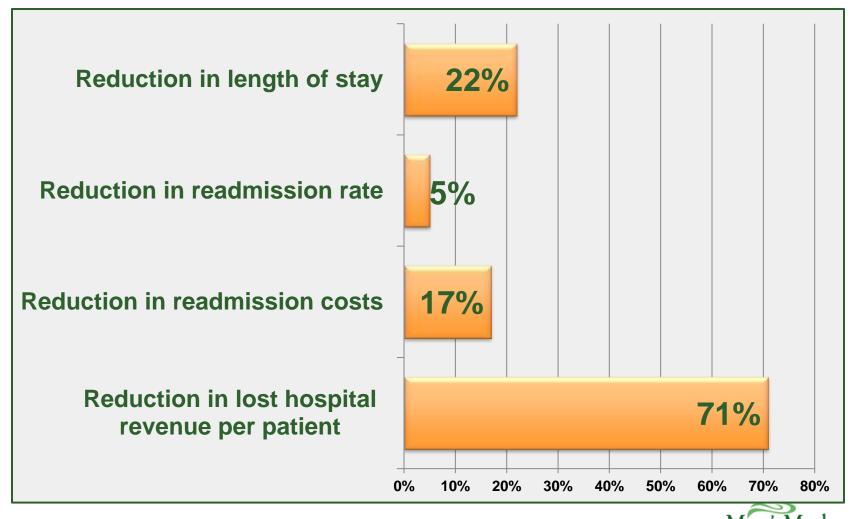
- •Energy to fill heart with blood decreases;
- •Flexibility increases;
- •Efficiency improves.

SLOWS DISEASE PROGRESSION



Hummel, Scott et al., 2013

Nutritional Interventions Substantially Improve Patient Outcomes and Reduce Costs



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 *Confidential*

Mom's Meals. Nourish Care

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 dPercentage change in discharge21

7 days

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

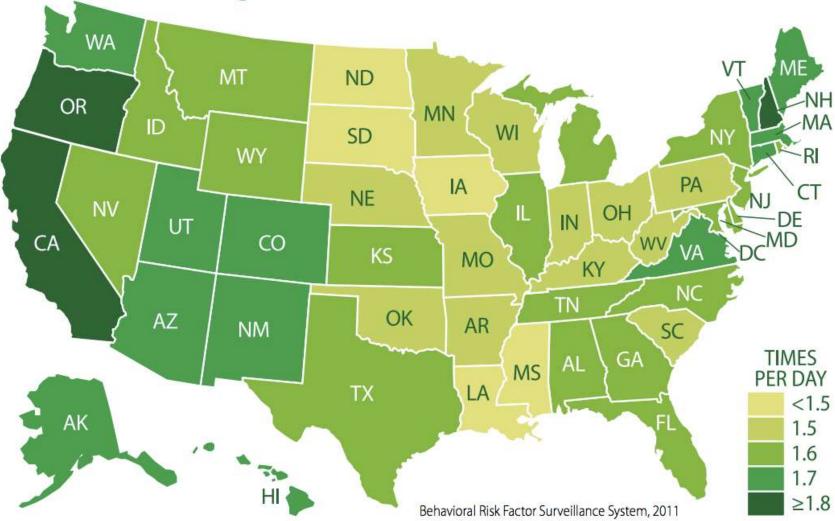
Kaiser Permanente Farmers' Market



An Idea Takes Root...

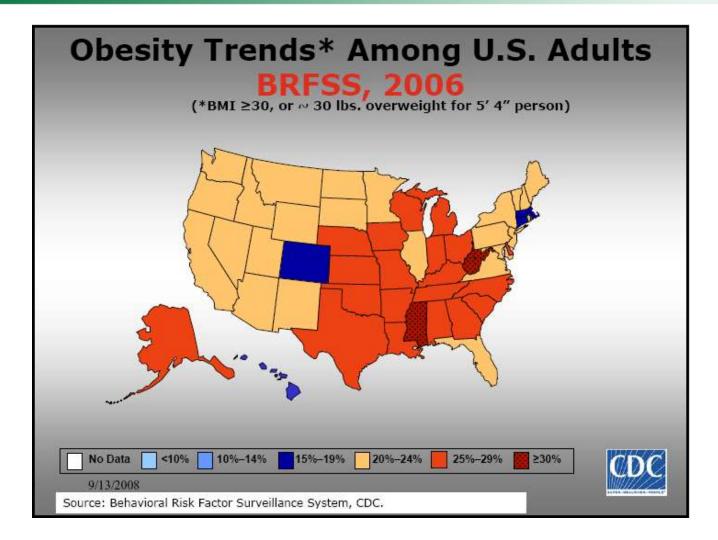


Median **Daily Vegetable Intake** Among Adults in the United States

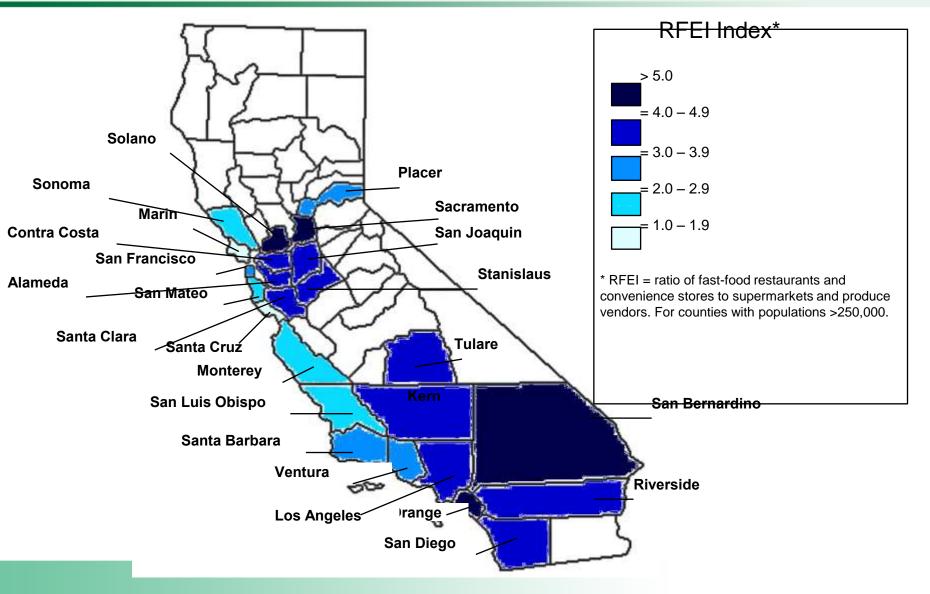




Obesity Trends



Food Desert and Food Swamps: A County-Level Analysis



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WELLS FARGO

Date:	05/27/11
Time:	10:34 AM
Location:	40TH-PIEDMONT
ATM:	0089B
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.
Tax averticat coll 1 0	00 060 2557

For questions, call 1-800-869-3557 Business customers call 1-800-225-5935

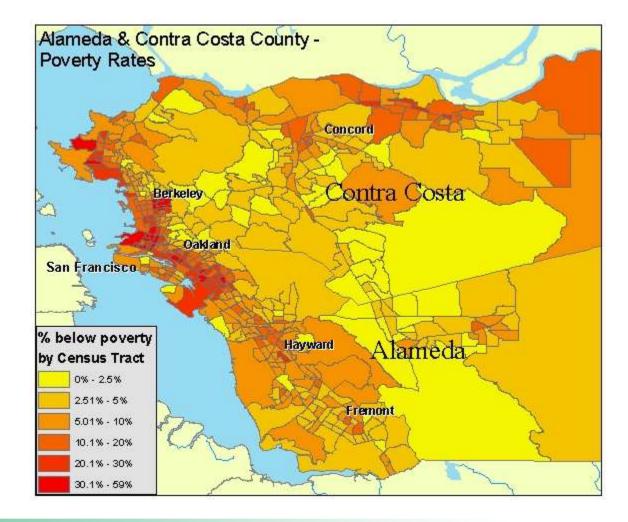
WELLS FARGO

Date: Time:	02:03 PM
	BERKELEY
ATM:	0132B

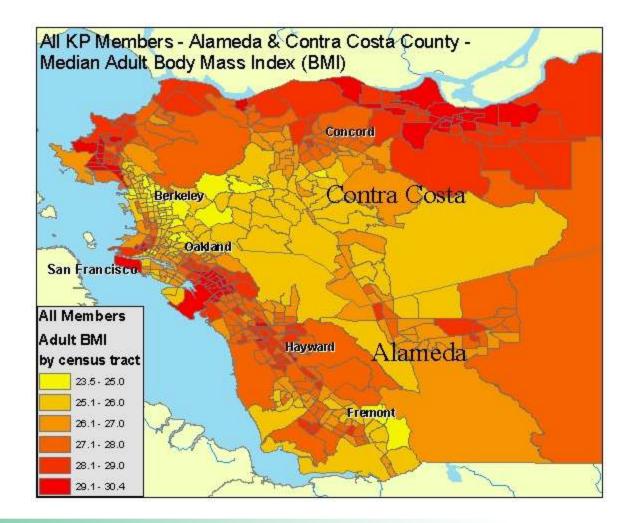
Customer Card: XXXXXX0349 Transaction #: 7232 Transaction: Withdraw From Checking Amount: \$300.00 From Account #: XXXXX4936 Available Balance: \$163,452.22 Total Balance: \$163,452.22

Thank you for using our ATM. For questions, call 1-800-869-3557 Business customers call 1-800-225-5935

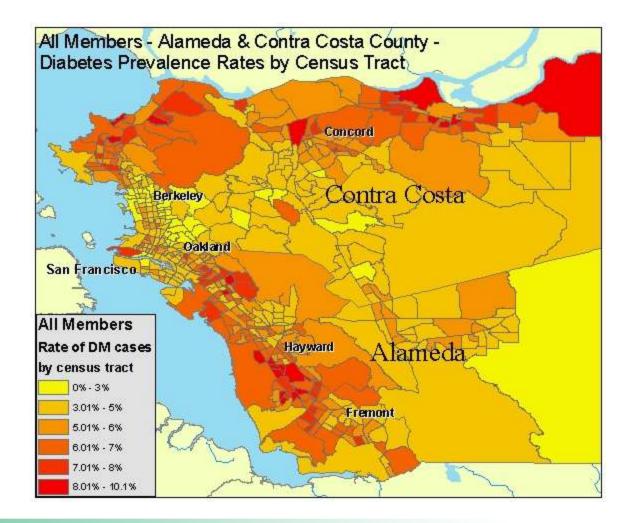
Census data – Poverty Rates

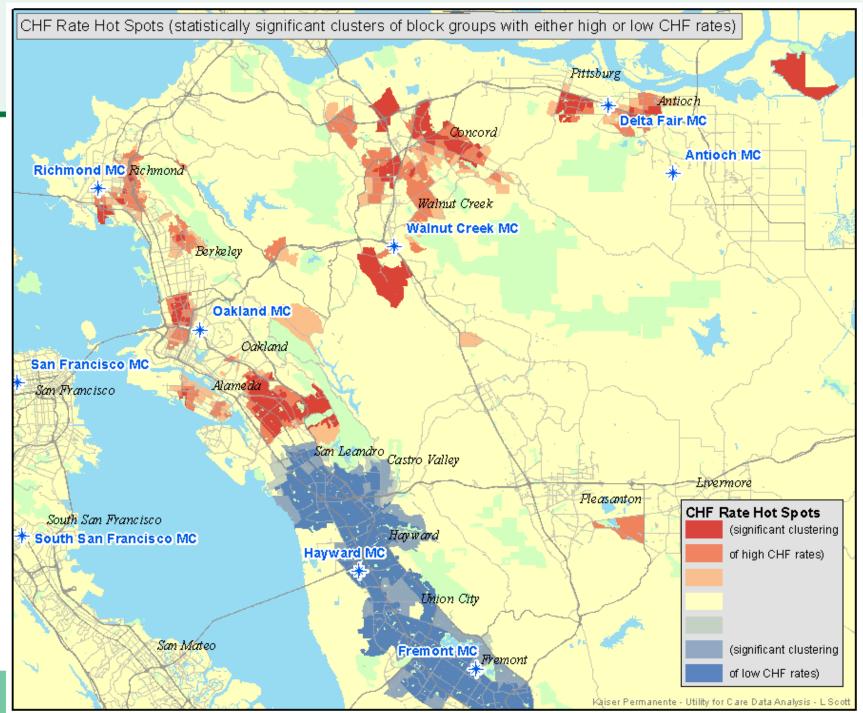


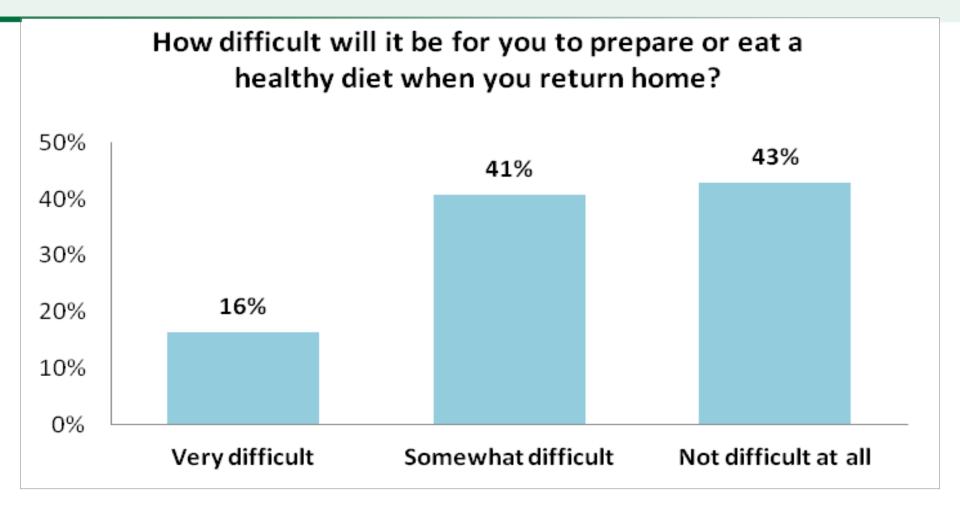
Median Adult BMI - All KP Members



Diabetes Prevalence Rates - All KP members







What Patients Say About a Nutrition Rx: Home Delivered Meal Support



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 Compentencies





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

People served Congregate	People served Home
Meals:	Delivered Meals:
Portage – 738	Portage – 765
Stark – 856	Stark – 628
Summit – 2,784	Summit – 669
Wayne – 96	Wayne - 349
Congregate Meals served: Portage – 32,624 Stark – 44,834 Summit – 84,537 Wayne – 12,113	Home Delivered Meals served Portage – 26,167 Stark – 68,581 Summit – 34,478 Wayne – 40,753





Nutrition

Meal	Sites:
	<u> </u>

Portage County – 7 Stark County – 18 Summit County – 22 Wayne County - 6

Meal Providers:

Congregate – 9 Home Delivered – 6



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

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Care Management

Ohio Medicaid Waivers

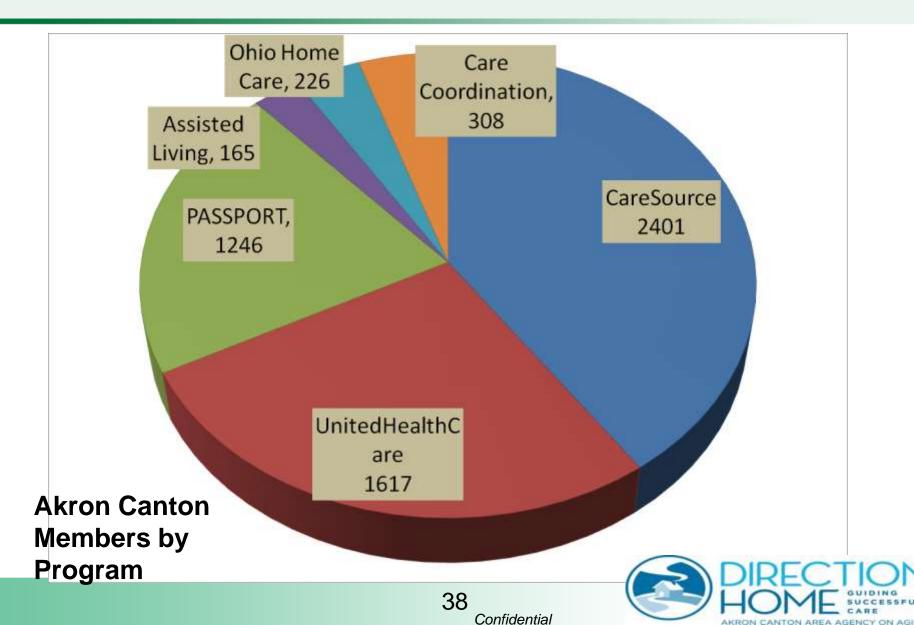
- 60+ waivers (PASSPORT/Assisted Living)
- Under 60 Waiver (Ohio Home Care)

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



Care management

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

Program	Members	Receiving Meals
PASSPORT*	1411	65%
Ohio Home Care	226	57%
MyCare Ohio	4018	65%

* 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:

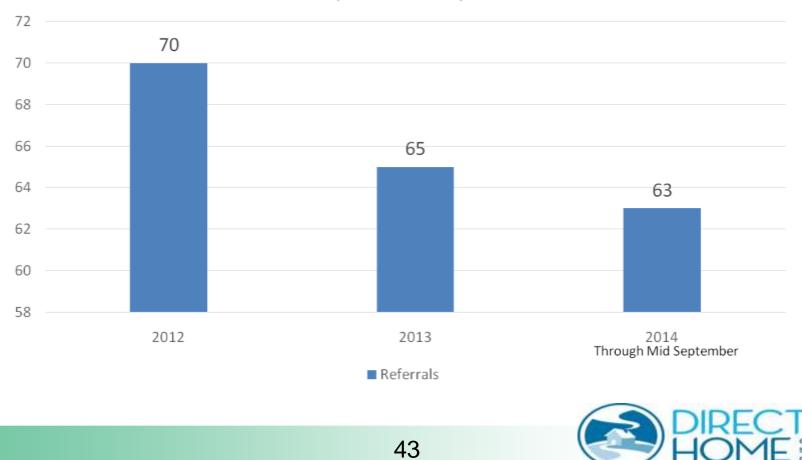
Acute

- 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)



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ON AG

Transitional care

Nutritional Consultations

- Cardiac—Low Sodium diet requests
- Newly diagnosed Diabetic diet requests—both insulindependent 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

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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?





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