Center for Health Care Strategies
Better care where it's needed most

Medicaid Nutrition Supports: Implementation Innovations

January 9, 2025 1:00 - 2:00 pm ET/ 10:00 am – 11:00 pm PT

Made possible through support from the Kaiser Permanente National Community Benefit Fund at The East Bay Community Foundation

Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field's best thinking and practices to meet critical needs.
- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.
- **Equitable outcomes for people** that improve the overall well-being of populations facing the greatest needs and health disparities.

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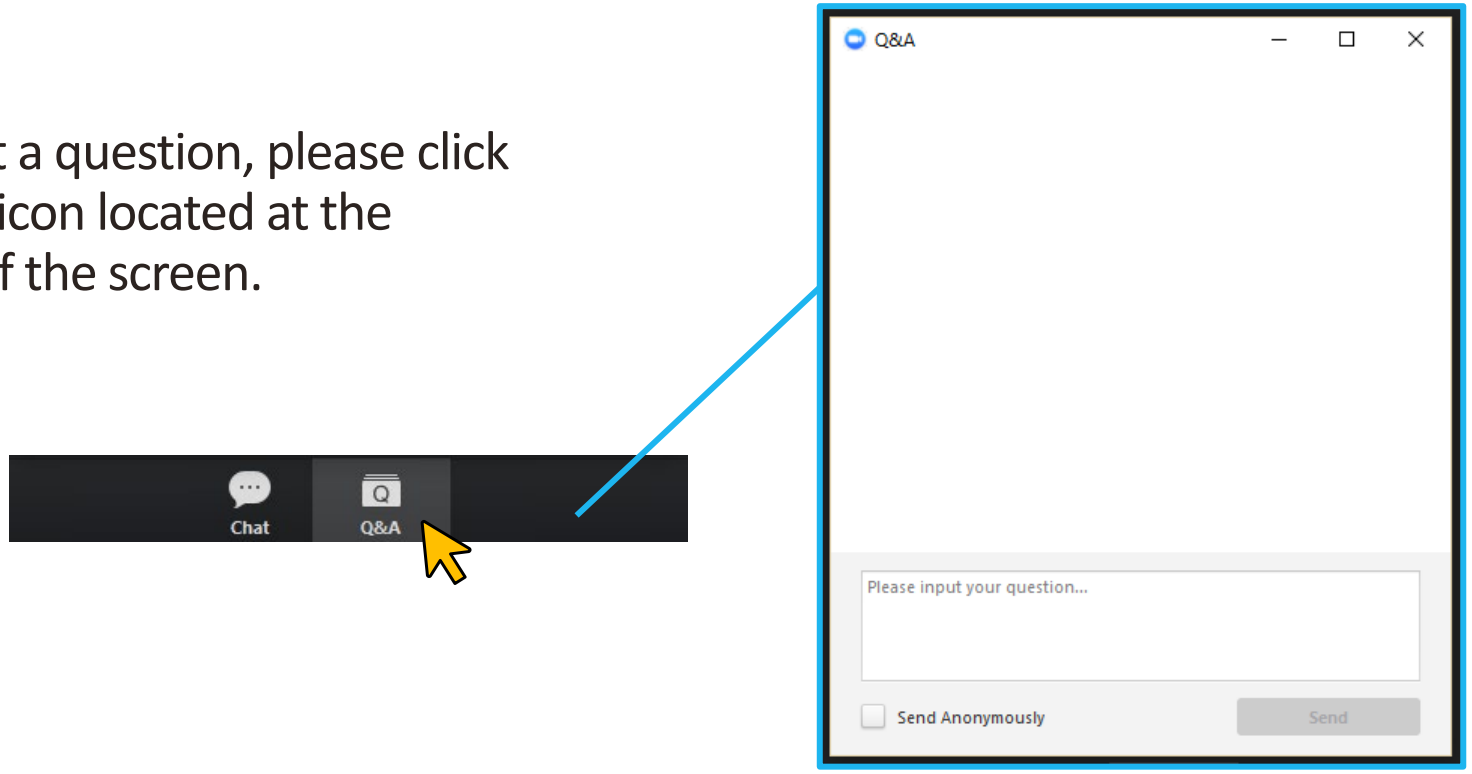
Agenda

- Welcome and Introductions
- Existing Evidence Around Food is Medicine and the Rapid Cycle of Innovation
- State Panel: Implementing Food is Medicine Programs in Massachusetts and Michigan
- Q&A

Questions?

To submit a question, please click the Q&A icon located at the bottom of the screen.



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Funder Remarks

Pam Schwartz, MPH

Executive Director of Community Health, Kaiser Permanente

Meet Today's Presenters

Amanda Bank, MPH

Program Officer, Center for Health Care Strategies

Kevin Volpp, MD, PhD

Director, Penn Center for Health Incentives and Behavioral Economics (CHIBE); Scientific Lead, American Heart Association Health Care by Food (HCXF) Initiative

Center for Health Care Strategies

Current Medicaid Policy Landscape to Address Food Insecurity

Amanda Bank, MPH, Center for Health Care Strategies

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Recent Federal Guidance Encouraging States to Address Health Related Social Needs (HRSN)

Jan. 2021

The Centers for Medicare & Medicaid Services (CMS) releases a State Health Official letter that describes **opportunities to address Social Determinants of Health (SDOH) in Medicaid and CHIP.**

Sep. 2022

The White House launches their National Strategy on Hunger, Nutrition, and Health, which specifically highlights **integrating nutrition into health care as a key policy priority in the years ahead.**

Dec. 2022

CMS announces a new state 1115 demonstration opportunity, **covering housing, nutrition, and case management as official benefits through Medicaid.**

Jan. 2023

CMS releases additional guidance on the use of In Lieu of Services and Settings in Medicaid Managed Care to **meet the HRSNs of Medicaid enrollees more effectively.**

Nov. 2023

CMS publishes a **framework of services and supports** to address HRSN that CMS considers allowable under specific Medicaid and CHIP authorities.

Dec. 2024

CMS publishes an updated Informational Bulletin that **updates the Nov 2023 framework** informed by additional experience with the approval of HRSN services and supports.

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Allowable Medicaid Nutrition Authorities and Services

- **Authorities**
  - → Medicaid/CHIP Managed Care In Lieu of Service or Setting (ILOS)
  - → HCBS Authorities Section 1915(c), 1915(i), 1915(j), 1915(k)
  - → Section 1115 Demonstrations
  - → CHIP Health Service Initiatives (HSI)
- **Services**
  - → Nutrition case management services
  - → Nutrition counseling and instruction
  - → Home delivered meals or pantry stocking
  - → Medically tailored meals
  - → Nutrition prescriptions

Exploring Existing Evidence Around Food is Medicine and the Rapid Cycle of Innovation

Kevin Volpp, MD, PhD, Penn Center for Health Incentives and Behavioral Economics

Center for Health Care Strategies






American Heart Association. | Health Care X Food™

Anchor support from The Rockefeller Foundation

With additional support from Kroger, Walmart, KP, United Way and others

CHCS Webinar January 9, 2025

Kevin Volpp, MD, PhD

Director, Penn Center for Health Incentives and Behavioral Economics

Mark V. Pauly President's Distinguished Professor, Perelman School of Medicine and the Wharton School. University of Pennsylvania

Scientific Lead

https://healthcarexfood.org

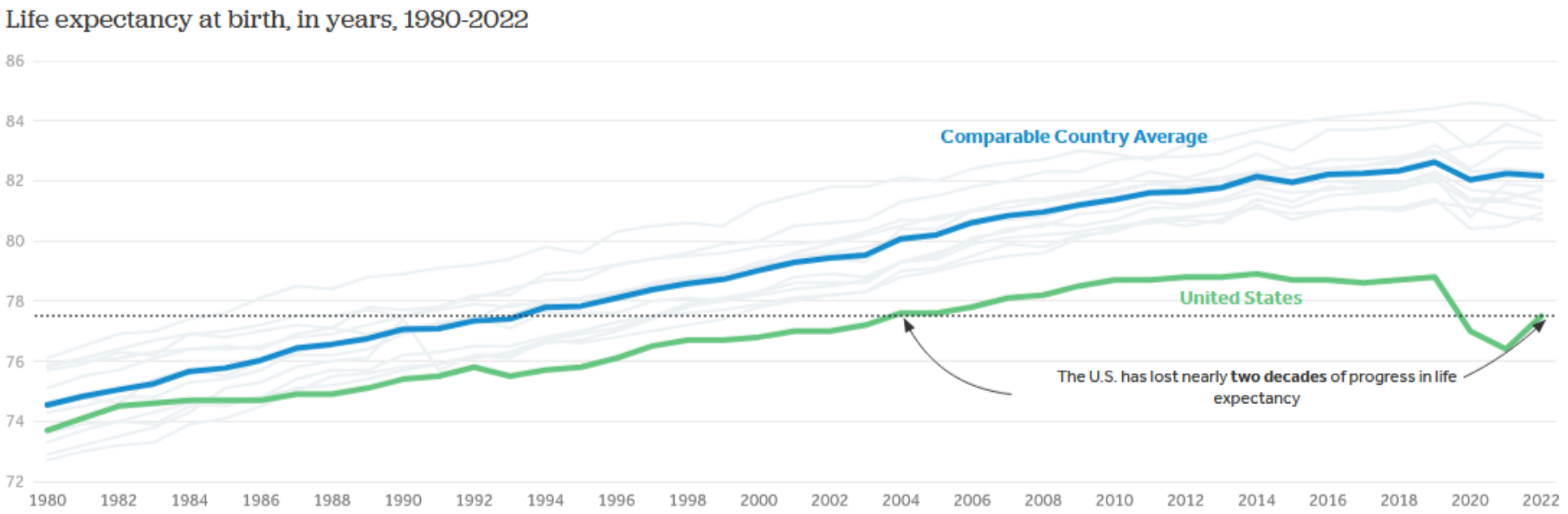
Presentation overview

- Why Food is Medicine
- Some key findings and gaps in evidence
- Rapid cycle innovation – ways to learn faster what works

We need to find more cost-effective ways to improve health. . .

CNN Health

US ranks last on key health care measures compared with other high-income nations, despite spending the most, report says



Notes: Comparable countries include Australia, Austria, Belgium, Canada, France, Germany, Japan, the Netherlands, Sweden, Switzerland, and the U.K. See Methods section of "How does U.S. life expectancy compare to other countries?"

Source: KFF analysis of CDC, OECD, Australian Bureau of Statistics, Japanese Ministry of Health, Labour, and Welfare, Statistics Canada, and U.K. Office for National Statistics data • Get the data • PNG

Peterson-KFF Health System Tracker

1st in spending, 48th in life expectancy

Food Is Central To Health Outcomes

Diabetes

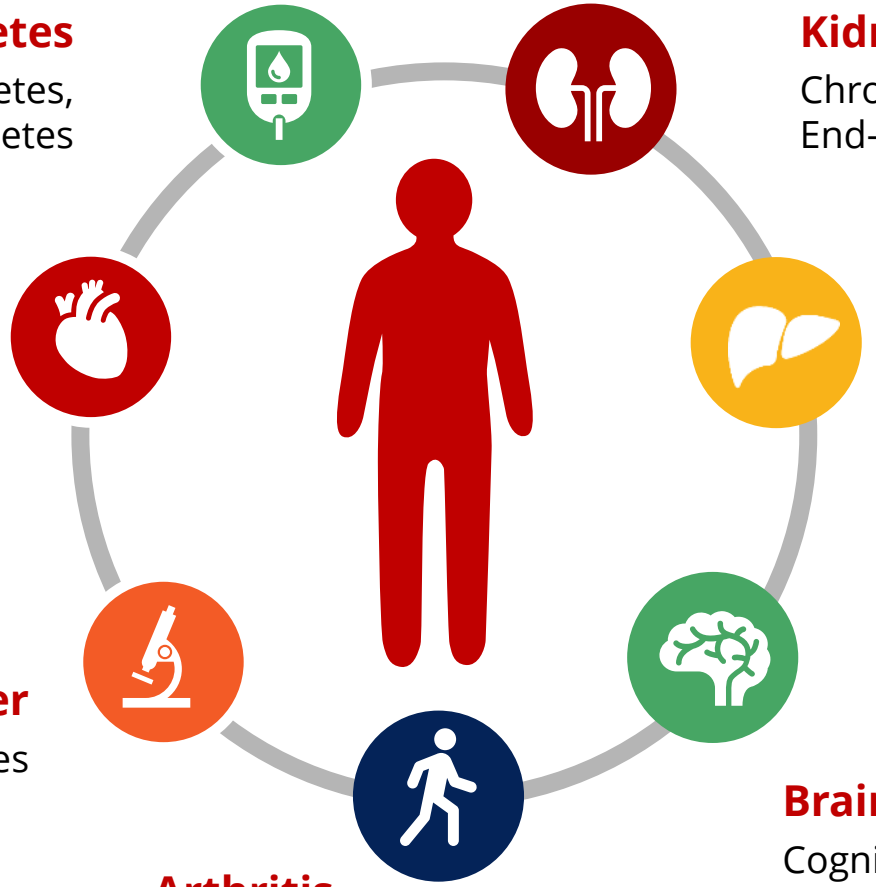
Type 2 diabetes, Type 1 diabetes, Gestational diabetes

Kidney Disease

Chronic Kidney Disease
End-Stage Kidney Failure

Cardiovascular Disease

Atherosclerosis, Coronary Heart Disease, Peripheral Artery Disease, Congestive Heart Failure, Stroke, Heart Attack



Liver Disease

Nonalcoholic fatty liver disease
Alcoholic liver disease

Cancer

Various types

Brain Health

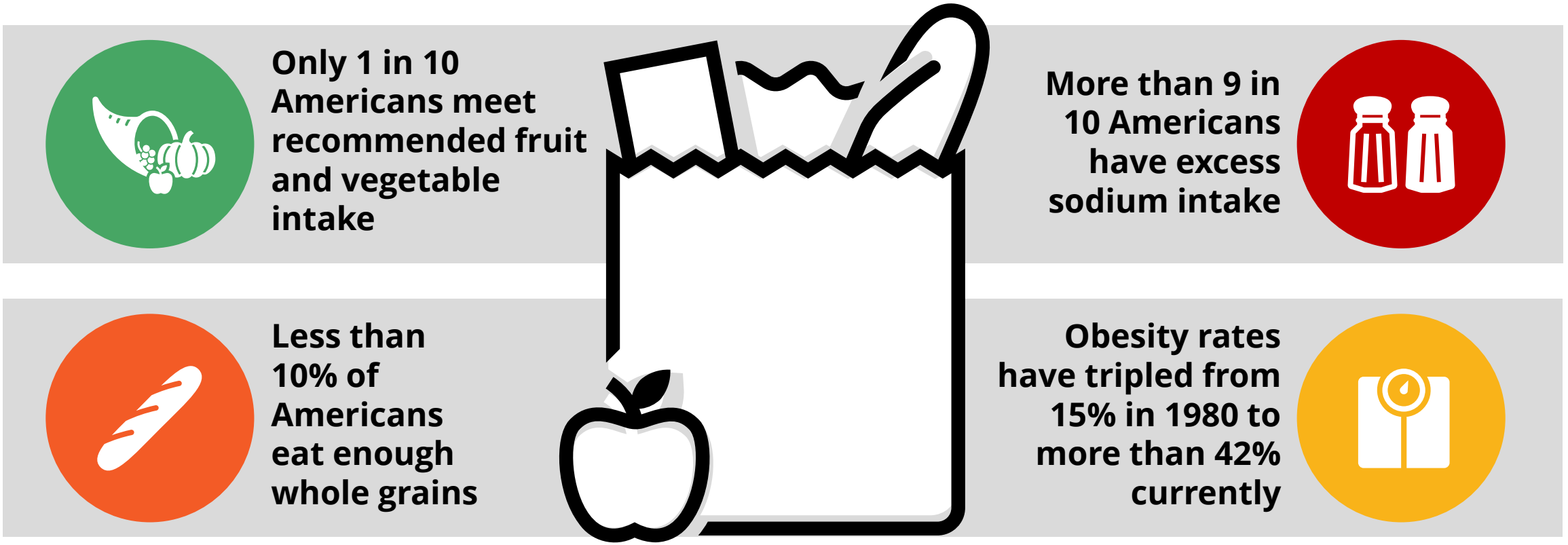
Cognitive decline and Dementia
Mental Health
Migraine
Epilepsy

Arthritis

Osteoarthritis, Rheumatoid arthritis

Aspen Institute. Food is Medicine Research Action Plan. 2022
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001031#d1e367
https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf

Americans Don't Have Healthy Diets. . .45% of deaths from CVD/stroke/diabetes associated with suboptimal diets



Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2019. MMWR Morb Mortal Wkly Rep 2022;71:1–9.
Prevalence of Excess Sodium Intake in the United States — NHANES, 2009–2012. MMWR Morb Mortal Wkly Jan 2016; 64(52);1393-7.
US Department of Agriculture, HHS, Dietary Guidelines for Americans, 2020-2025: 2020; 9th Edition
National Health and Nutrition Examination Survey 2017–March 2020 Prepandemic Data Files Development of Files and Prevalence Estimates for Selected Health Outcomes. NHSR No. 158 Jun 2021
Micha, Penalvo, Cudhea et al JAMA 2017

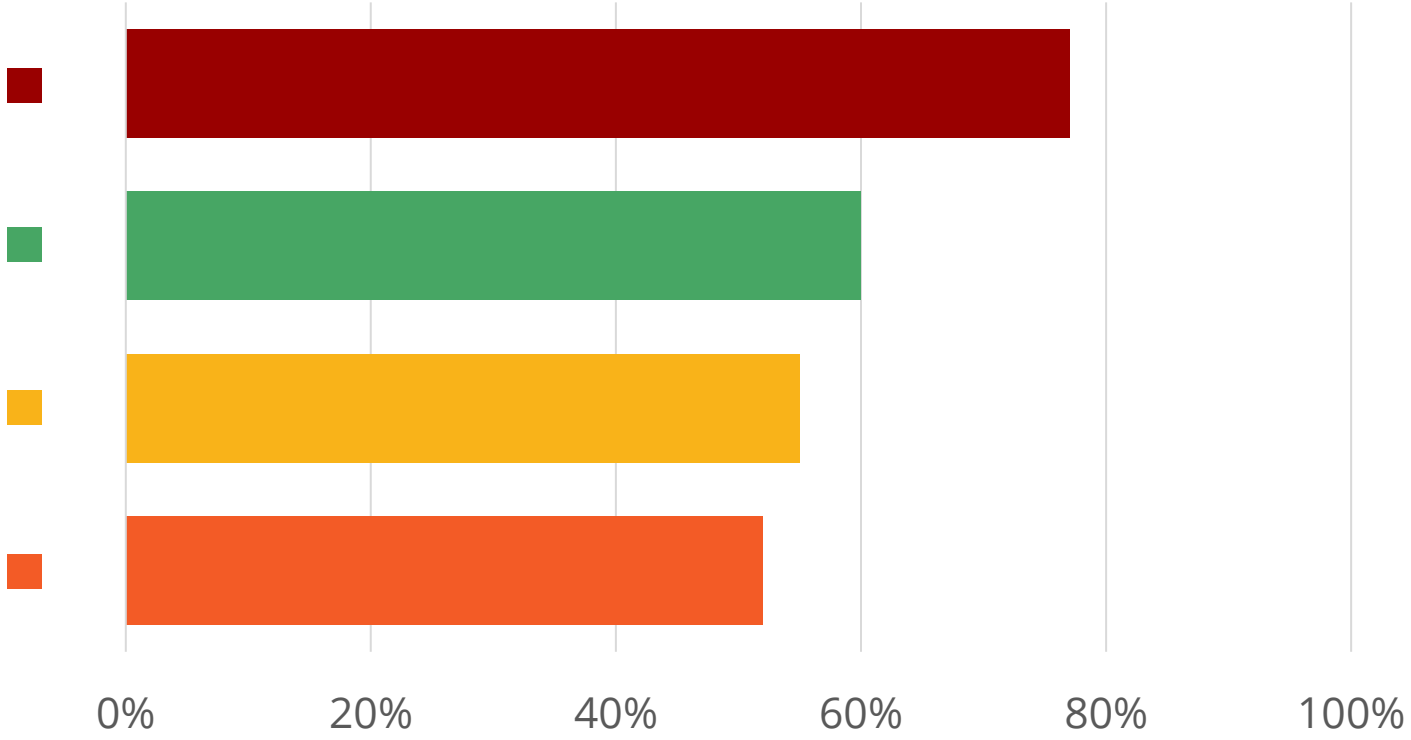
Affordability is a significant challenge for many Americans

77% of Americans would like to have **healthier diets**

The **top barrier** to eating a healthy diet is the **cost of healthy food (60%)**

55% indicated that it often happens that children are eating cheap, unhealthy foods so their families can **pay the rent**

52% indicated that seniors often have to choose between **paying for prescription drugs or paying for food**



American Heart Association, Deloitte, Research!America. US Health and the Future of Food 2024

Original Investigation

April 22, 2019

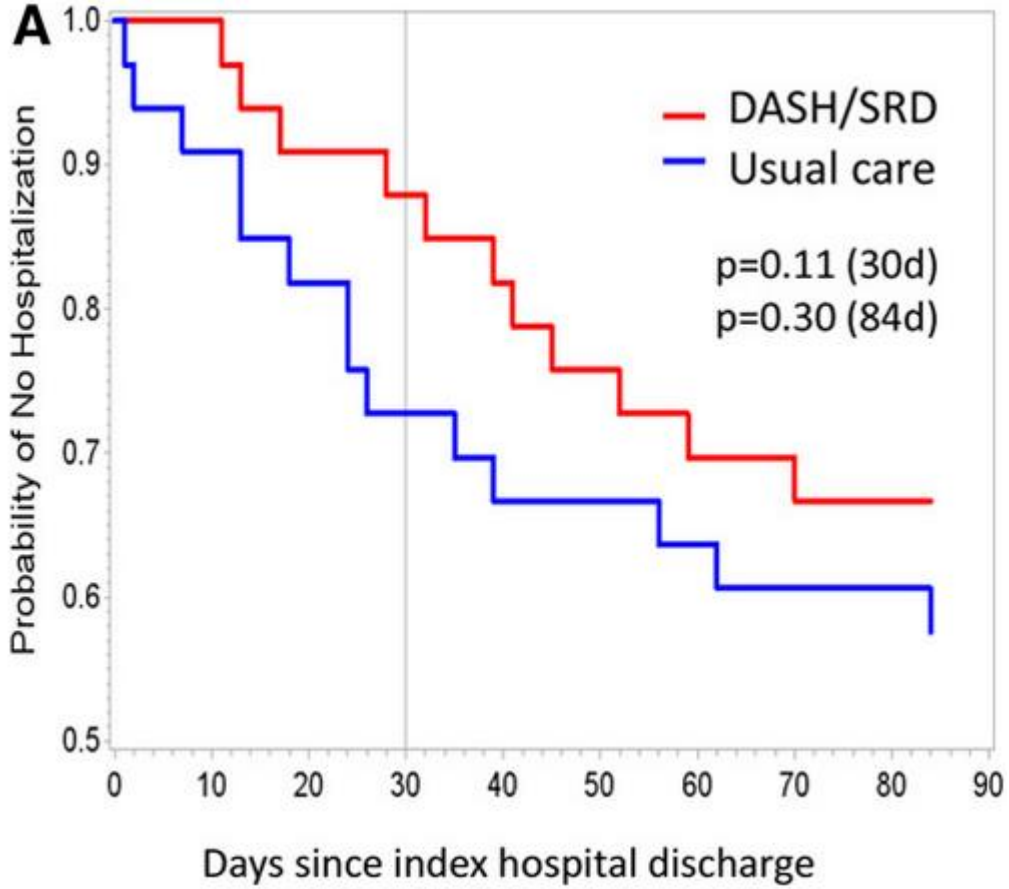
Association Between Receipt of a Medically Tailored Meal Program and Health Care Use

Seth A. Berkowitz, MD, MPH[1,2,3,4]; Jean Terranova, JD[5]; Liisa Randall, PhD[6]; Kevin Cranston, MDiv[6]; David B. Waters, MA[5]; John Hsu, MD, MBA, MSCE[7,8]

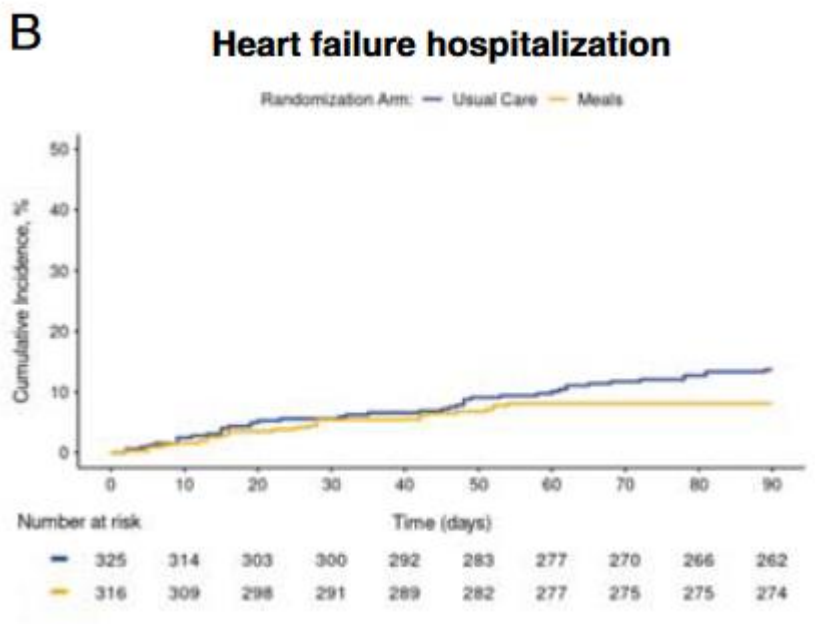
JAMA Internal Medicine

- MTM reduced inpatient admissions:
  - IRR 0.51 (95% CI 0.22-0.80); risk difference, -519 admissions per 1000 person-years (95% CI -360 to -678)
- MTM receipt reduced skilled nursing facility admissions:
  - IRR 0.28 (95% CI 0.01-0.60); risk difference, -913 admissions per 1000 person-years (95% CI, -689 to -1457)
- Models estimated significantly lower mean monthly costs (including cost of meals):
  - $3838 vs $4591 (difference, -$753; 95% CI, -$1225 to -$280)

Promising FIM results in patients with Heart Failure



- Hummel et al 30-day readmission rates 11% vs 27% (p.11)



- Go et al 2022: (7.9% vs 13.2% 90-day readmission rate; aHR: 0.53, 95% CI, 0.33–0.88)

Go, 2022, doi: 10.1097/MLR.0000000000001759

Hummel, 2018, https://doi.org/10.1161/CIRCHEARTFAILURE.117.004886

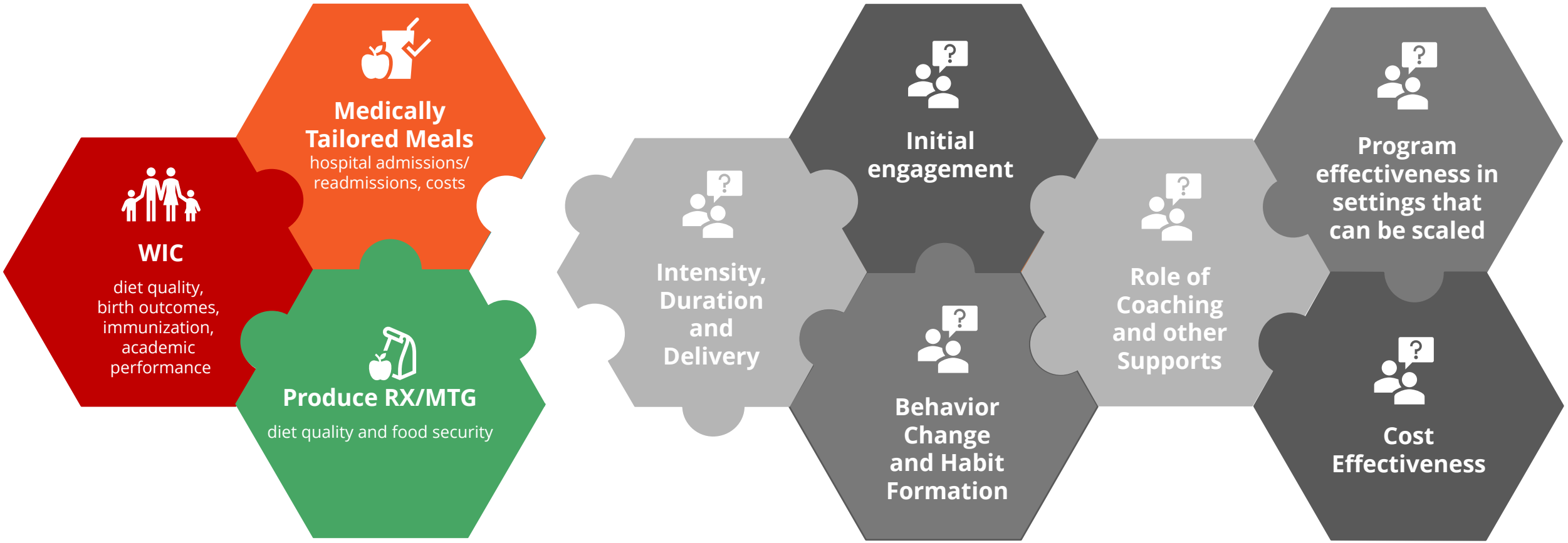
Not enough trials of implementation – important opportunity for Medicaid programs

	MTM	MTG	PRx	Total
Stage 1	3	1	2	6
Stage 2	0	3	1	4
Stage 3	4	1	0	5
Stage 4	0	0	0	0
Stage 5	0	0	0	0

- Stage 1 – early stage pilot
- Stage 2 – efficacy testing (research) setting)
- Stage 3 – efficacy testing real world setting
- Stage 4- effectiveness testing
- Stage 5 – implementation/dissemination

Seligman HK, Angell S, Berkowitz S, Elkind M, Hager K, Moise N, Posner H, Muse J, Odoms-Young A, Ridberg R, Troxel A, Yaroch A, Volpp KG, AHA Scientific Statement 2025 in press

Key questions that need answering to define covered benefits



Existing Evidence

Gaps in Evidence to Address

Circulation

The health system hasn't tried systematically to increase healthy food access for high-risk people

AHA PRESIDENTIAL ADVISORY

Food Is Medicine: A Presidential Advisory From the American Heart Association

Kevin G. Volpp, MD, PhD, FAHA, Chair; Seth A. Berkowitz, MD, MPH, Co–Vice Chair; Shreela V. Sharma, PhD, RD, MA, Co–Vice Chair; Cheryl A.M. Anderson, PhD, MPH, MS, FAHA; LaPrincess C. Brewer, MD, MPH, FAHA; Mitchell S.V. Elkind, MD, MS, MPhil, FAHA; Christopher D. Gardner, PhD, FAHA; Julie E. Gervis, PhD; Robert A. Harrington, MD, FAHA; Mario Herrero, PhD, MSc; Alice H. Lichtenstein, DSc, MS, FAHA; Mark McClellan, MD, PhD; Jen Muse, MS, RD; Christina A. Roberto, PhD; Justin P.V. Zachariah MD, MPH, FAHA; on behalf of the American Heart Association

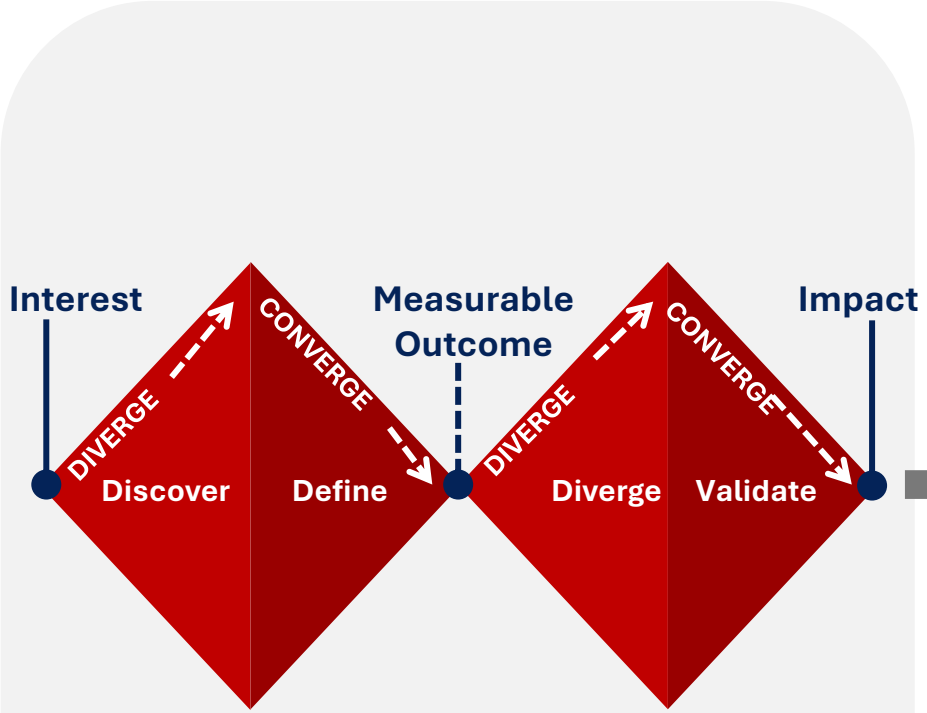
ABSTRACT: Unhealthy diets are a major impediment to achieving a healthier population in the United States. Although there is a relatively clear sense of what constitutes a healthy diet, most of the US population does not eat healthy food at rates consistent with the recommended clinical guidelines. An abundance of barriers, including food and nutrition insecurity, how food is marketed and advertised, access to and affordability of healthy foods, and behavioral challenges such as a focus on immediate versus delayed gratification, stand in the way of healthier dietary patterns for many Americans. Food Is Medicine may be defined as the provision of healthy food resources to prevent, manage, or treat specific clinical conditions in coordination with the health care sector. Although the field has promise, relatively few studies have been conducted with designs that provide strong evidence of associations between Food Is Medicine interventions and health outcomes or health

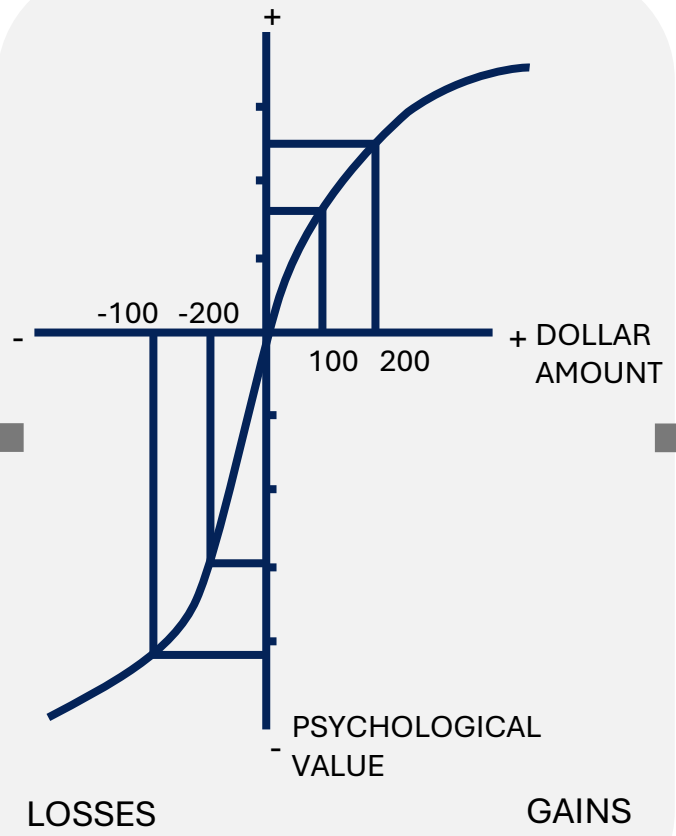
1. Achieving maximal impact in improving health requires doing more than providing free or subsidized food. . .

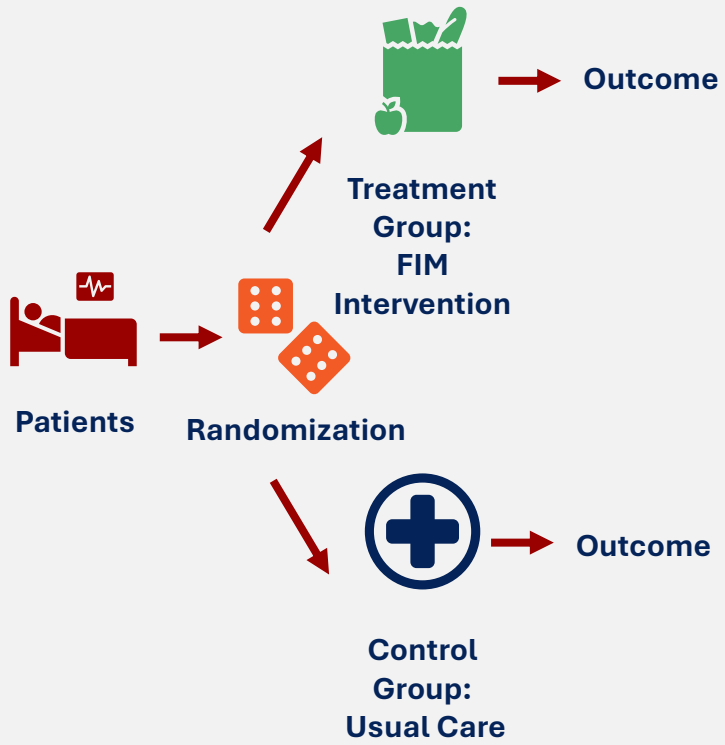
- About 50% of pregnant women eligible for WIC enroll nationwide
- In the USDA's GusNIP program redemption rates of free vouchers averages about 65%
- In 2022, California started offering FIM coverage through 1115 Medicaid waiver. In the first year 6,400 out of 15 Million Medi-Cal recipients (0.04 percent) were provided FIM

➢ A/B testing of alternative ways to increase uptake and engagement *is key to these programs achieving potential impact on health and health care costs*

2. AHA HCXF approach: Human-centered Design + Behavioral Science + Rigor in testing





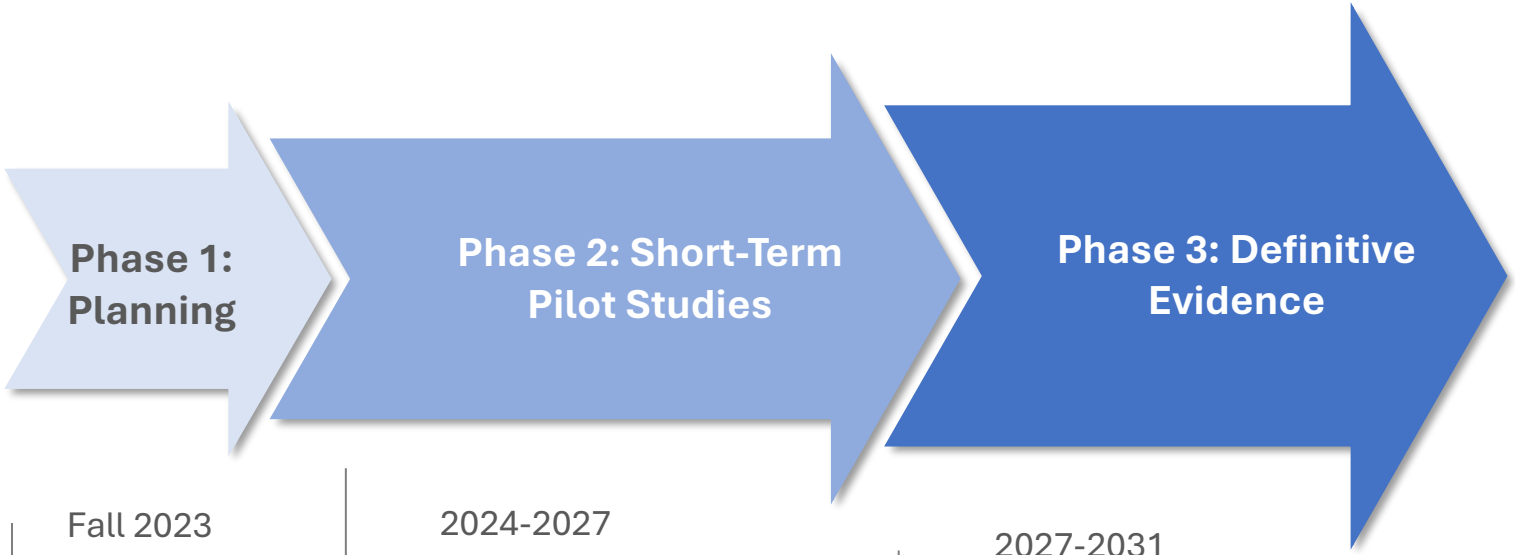


Kahneman Thinking Fast and Slow 2011; Volpp, Asch, Loewenstein Harrisons Internal Medicine 2022

3. Strategy: Make a lot of small bets before making big bets. . .

Status Quo

1st in spending, 48th in life expectancy. . .healthy food accessibility a major challenge for many with diet-related chronic conditions



Fall 2023

Data infrastructure, select initial pilot studies, plan interdisciplinary collaboration

2024-2027

De-risk definitive trial(s) to follow through multiple, simultaneous small trials of rapid cycle testing implementation questions and short-term efficacy in improving healthy eating

2027-2031

Definitive trials focused on longer-term clinical effectiveness, cost effectiveness and scalability;

Vision

High-risk people with diet-related chronic conditions who can't afford healthy food have insurer support

Initial Cohort of 25 Studies (23 RCTs)

Focus on the populations that need FIM most:

Cardiometabolic
9 RCTs

Heart Failure
4 RCTs

Pregnancy/Post-Partum
4 RCTs

Low-income/Food Insecurity
6 RCTs

Our Collaborators:
Health Care + Corporations

Our Collaborators: CBOs

Within-state rapid cycle testing to enhance learning

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PERSPECTIVE

The Effects of Medicaid Coverage — Learning from the Oregon Experiment

Authors: Katherine Baicker, Ph.D., and Amy Finkelstein, Ph.D. Author Info & Affiliations

Published August 25, 2011 | N Engl J Med 2011;365:683-685 | DOI: 10.1056/NEJMp1108222 | V

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The NEW ENGLAND JOURNAL of MEDICINE

SPECIALTIES TOPICS MULTIMEDIA CURRENT ISSUE LEARNING/CME AUTHOR CENTER PUBLICATIONS

SPECIAL ARTICLE

The Oregon Experiment — Effects of Medicaid on Clinical Outcomes

Authors: Katherine Baicker, Ph.D., Sarah L. Taubman, Sc.D., Heidi L. Allen, Ph.D., Mira Bernstein, Ph.D., Jonathan H. Gruber, Ph.D., Joseph P. Newhouse, Ph.D., Eric C. Schneider, M.D., Bill J. Wright, Ph.D., Alan M. Zaslavsky, Ph.D., and Amy N. Finkelstein, Ph.D., for the Oregon Health Study Group* Author Info & Affiliations

Published May 2, 2013 | N Engl J Med 2013;368:1713-1722 | DOI: 10.1056/NEJMsa1212321 | VOL. 368 NO. 18

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The NEW ENGLAND JOURNAL of MEDICINE

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PERSPECTIVE

Effect of Medicaid Coverage on ED Use — Further Evidence from Oregon's Experiment

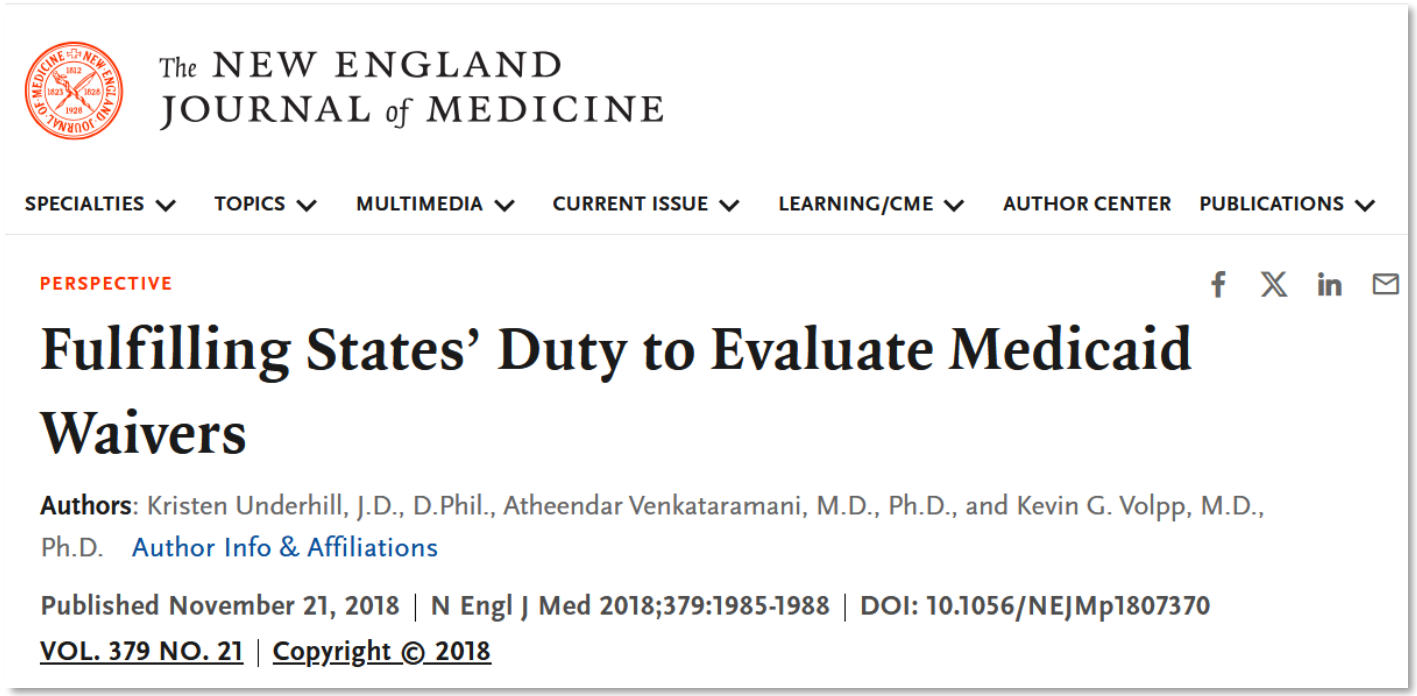
Authors: Amy N. Finkelstein, Ph.D., Sarah L. Taubman, Ph.D., Heidi L. Allen, Ph.D., Bill J. Wright, Ph.D., and Katherine Baicker, Ph.D. Author Info & Affiliations

Published October 20, 2016 | N Engl J Med 2016;375:1505-1507 | DOI: 10.1056/NEJMp1609533

VOL. 375 NO. 16 | Copyright © 2016

- Oregon - Available funding sufficient to offer coverage to a subset of those eligible
- Lottery was the most fair way to determine eligibility
- Limited budget for FIM means States can't offer FIM program – or most deluxe version of the program - to all who would benefit

Advantage to States: Provides better answers + more fair



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SPECIALTIES TOPICS MULTIMEDIA CURRENT ISSUE LEARNING/CME AUTHOR CENTER PUBLICATIONS

PERSPECTIVE

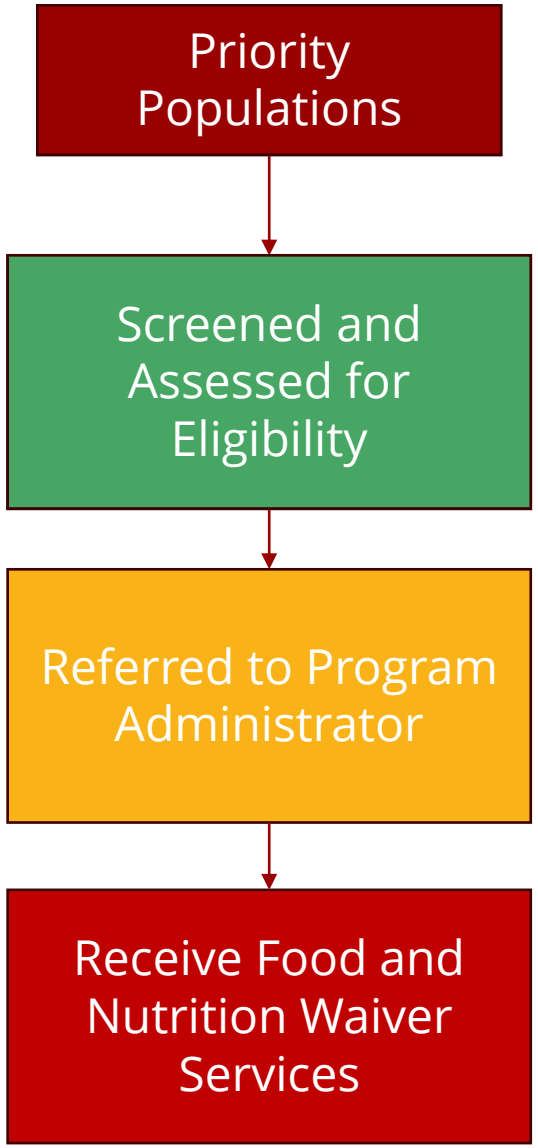
Fulfilling States' Duty to Evaluate Medicaid Waivers

Authors: Kristen Underhill, J.D., D.Phil., Atheendar Venkataramani, M.D., Ph.D., and Kevin G. Volpp, M.D., Ph.D. Author Info & Affiliations

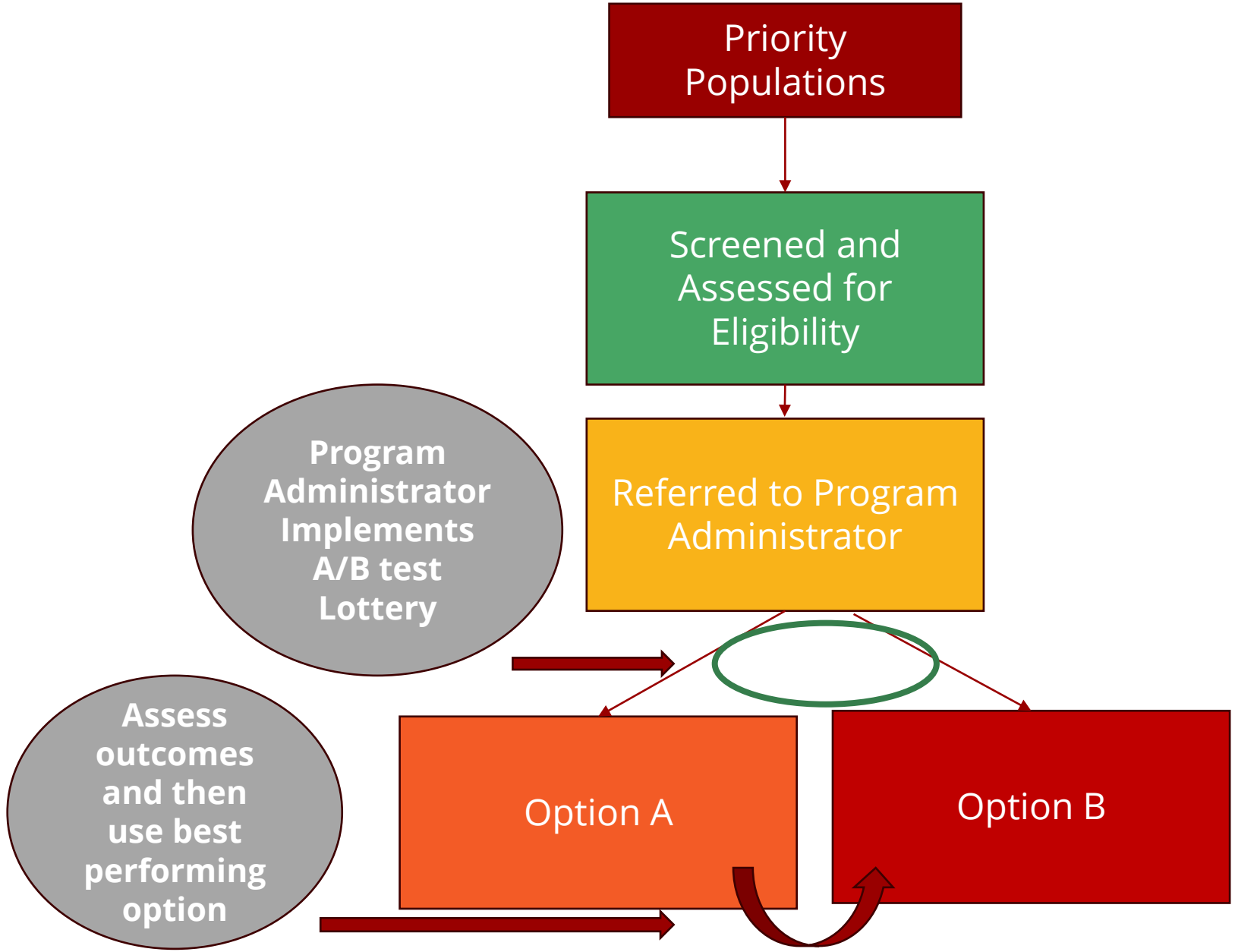
Published November 21, 2018 | N Engl J Med 2018;379:1985-1988 | DOI: 10.1056/NEJMp1807370
VOL. 379 NO. 21 | Copyright © 2018

- A/B testing within States allows **for more accurate measures of effect**
- A/B testing of program features before implementing statewide **informs decision on what to scale**
- A/B testing by lottery is **fairest way** to determine who gets more FIM program features (given limited resources)

"Basic Implementation"



"Rapid Cycle Testing"



What are some A/B tests to consider?

- #1 - FIM support for individual patients vs FIM support to household
  - Household support could have significant benefits BUT adds considerable expense. Testing on a limited basis to determine whether benefit is worth the cost
- #2 - Amount of FIM support (7 vs 14 vs 21 MTM per week)
  - It is unknown what is optimal. Standard could be enrollees receive 7 MTMs per week
  - Group B could receive14 MTMs or 21 MTMs per week
- #3 - FIM alone vs. FIM + on-ramp to WIC or SNAP
  - Once enrolled in FIM some participants would receive personal assistance or other supports to facilitate enrollment in WIC/SNAP
  - Many do not enroll because of challenges enrolling/stigma. This could offset this and offer a path to years of FIM-like coverage (CMS priority)
- #4 – Messaging strategies to increase program enrollment

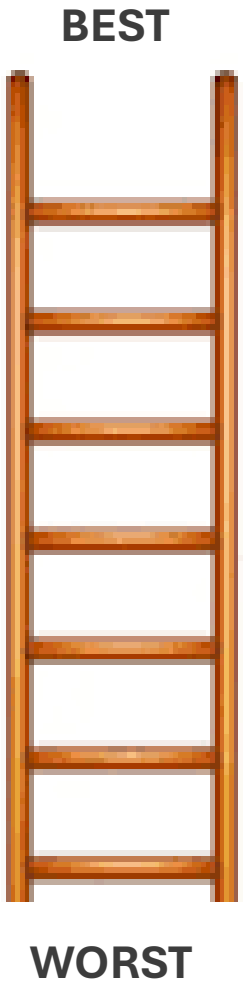
Higher on evaluation ladder = more reliable evidence on what works

BEST: A/B Testing in early phases and overall

VERY GOOD: Planned staggered rollout at geographic or provider level + A/B testing in early phases

GOOD: Planned staggered rollout at geographic or provider level

NOT PREFERABLE: Simultaneous implementation across all providers and geographic areas, Rollout based on provider readiness,



Conference presentation

Stay tuned – AHA will be offering more support to states in 2025!

https://healthcarexfood.org/

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State Panel:
Implementing Food is Medicine Programs in Massachusetts and Michigan

Meet Today's State Panel

Stephanie Buckler, Esq.
Deputy Director of Social Services Integration, Massachusetts Executive Office of Health and Human Services

Brad Barron, MPA
Director, Managed Care Plan Division, Michigan Department of Health and Human Services (MDHHS)

Katherine Commey, MPH
Manager, Strategic Engagement and Planning, MDHHS

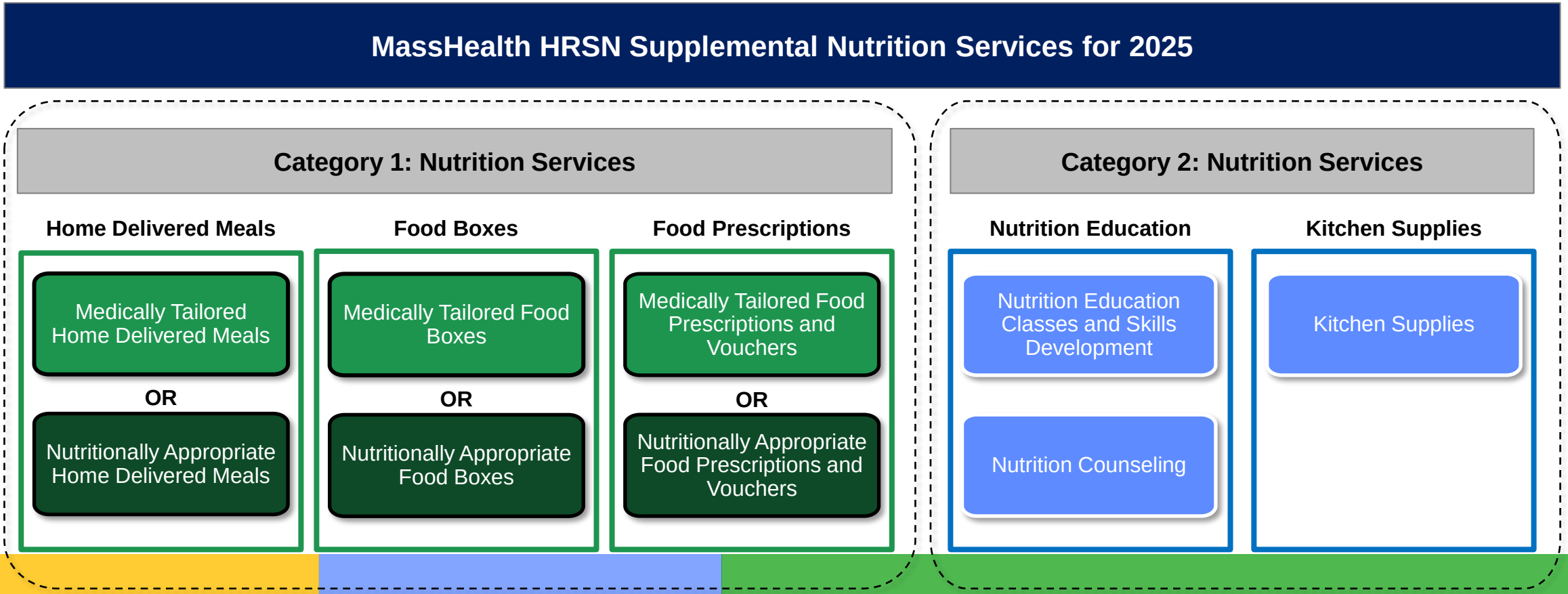
Massachusetts Health Related Social Needs (HRSN) Supplemental Nutrition Services

The Centers for Medicare and Medicaid approved an extensive list of nutrition services for MassHealth to offer via its 1115 waiver.

Accountable Care Organizations must choose <u>at least</u> **one** HRSN Supplemental Nutrition Service. Those services must be provided to eligible ACO Enrollees.

If ACOs choose to provide more than one Category 1 service, they may only select one ‘service type’ from each Category 1 service ("Medically Tailored" or "Nutritionally Appropriate“).

- Nutrition assessment and coordination is integrated into all Category 1 Services.
- Category 2 services may only be provided to members receiving Category 1 services.



Addressing Nutrition Needs through Michigan Medicaid

Encourage Michigan Medicaid health plans to offer in lieu of services (ILOS) to address Enrollees' nutrition needs.

- **RATIONALE: Evidence indicates that we can improve health and control health care costs with investments in health-related social needs (HRSNs). MDHHS wants to promote availability of services to meet Enrollee needs, improve health, and reduce the future need for medical services.**
- **DETAILS:** ILOS were selected based on:
  - Their potential to impact Enrollee health outcomes and healthcare utilization and spending.
  - Input from community partners and learnings from other states.
  - Alignment with state goals to address social drivers to improve health and well-being of Michiganders.

Michigan identified four (4) nutrition-focused ILOS

- **Medically Tailored Home Delivered Meals**
- **Healthy Home Delivered Meals**
- **Healthy Food Pack**
- **Produce Prescription**

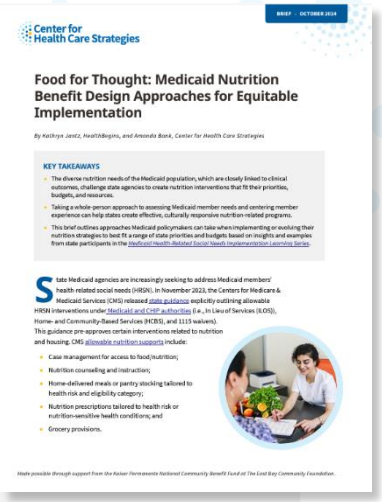
Q&A

Moderated by Amanda Bank, CHCS

Center for Health Care Strategies

Related Resources

- Brief: **Food for Thought: Medicaid Nutrition Benefit Design Approaches for Equitable Implementation**
- Upcoming:
  - CHCS Resource Library: **Meeting Health Related Social Needs through Medicaid**
    - Launching **January 15**
  - SIREN and the Center for Health Law & Policy Innovation of Harvard Law School Webinar: **State Medicaid Program Requirements for Community Reinvestment: Will They Improve Health?**
    - January 14, 9 am ET/ 12 pm PT



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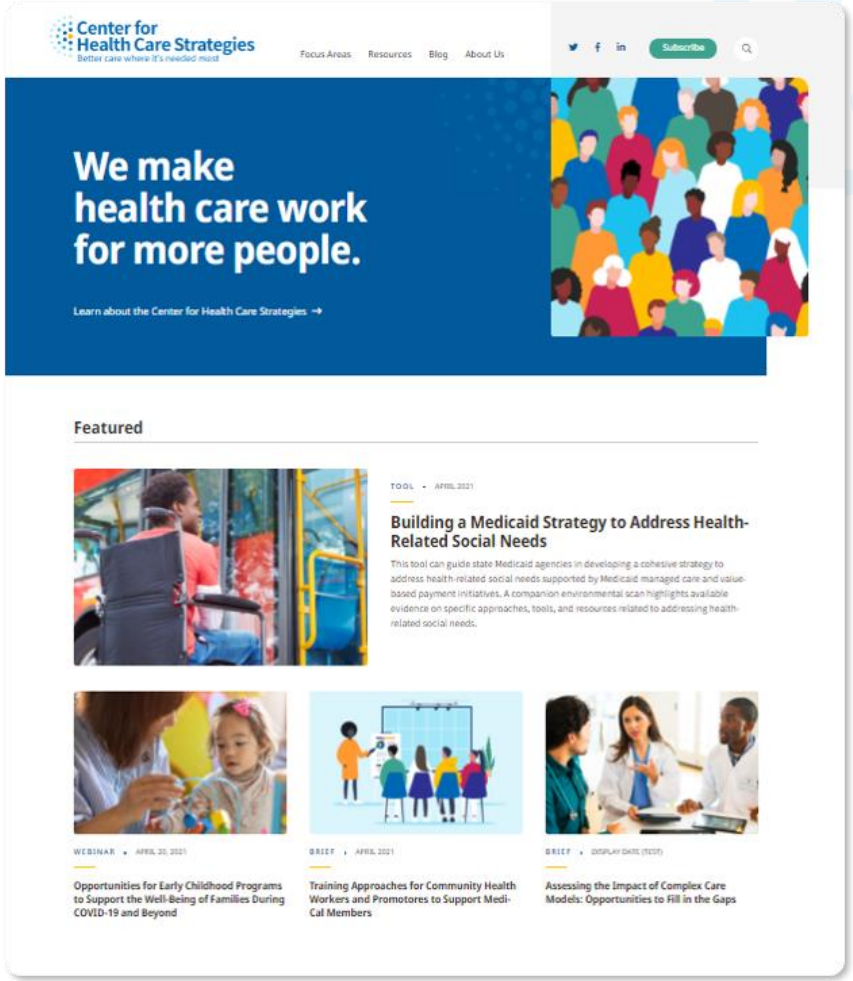
Visit CHCS.org to…

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
- **Follow us on Twitter** @CHCShealth.



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