

Medically tailored meal delivery service reduces costs for high utilizers of health care

April 4 2018

A medically tailored meal delivery service provided to homebound and critically or chronically ill individuals in Massachusetts achieved a 16 percent net reduction in health care costs, according to a new study published today in the April issue of *Health Affairs*. Dually eligible for Medicaid and Medicare services, these individuals are among the highest cost, highest needs patients.

Lead author of the study is Seth Berkowitz, MD, MPH, an assistant professor of general medicine and clinical epidemiology in the UNC School of Medicine. During the time of the study, he was an assistant professor at Massachusetts General Hospital/Harvard Medical School, in Boston.

"We know from decades of research that poor diet is associated with worse health, and there is no doubt that poor diet leads to higher [costs](#) of care. Now we have clear evidence that medically tailored meals can have a positive effect on patient health while lowering the cost of care," said Berkowitz."

Darren DeWalt, MD, MPH, chief of the division of general medicine and clinical epidemiology and John Randolph and Helen Barnes Chambliss Distinguished Professor of Medicine at UNC, is a co-author of the study.

The research, funded by AARP Foundation and undertaken in partnership with Massachusetts General Hospital and the community-

based health plan Commonwealth Care Alliance, is the first to demonstrate how this specialized yet basic intervention – providing made-from-scratch medically tailored meals to a nutritionally vulnerable population – can lead to fewer costly emergency department visits and hospital admissions.

"This rigorous study reinforces our belief that there is significant potential for improved health outcomes and cost savings if health plans cover medically tailored meals for patients with complex health issues," said David B. Waters, CEO of Community Servings, which provided the medically tailored meal delivery service. "Food is, in fact, medicine and we are excited about the tremendous effect of medically tailored home-delivered meals on the health and well-being of homebound and critically or chronically ill individuals."

The study examined two meal programs and medical claims data for adults who were dually eligible for Medicaid and Medicare coverage. One group received home-delivered meals from Community Servings, whose meals are developed by a registered dietitian and executive chef and are tailored to fit the complex medical and nutritional needs of those with diabetes, HIV/AIDS, cancer, heart disease, kidney disease, and other life-threatening illnesses. The other group was served by a traditional home-delivered meals program, which also provides nutritious meals but does not tailor them to individual medical needs. Both groups were compared to a control group of patients with similar demographics and illness profiles.

Researchers found that participants in both meals programs experienced fewer emergency department visits and emergency transportation services, but only Community Servings clients who received medically tailored meals had fewer inpatient admissions – resulting in a 16 percent net reduction in [health care costs](#). In dollar terms, the average monthly medical costs for medically tailored meal participants was \$843,

compared to \$1,413 for the control group, reflecting gross savings of \$570 per month, or net savings (factoring in the cost of the meals) of \$220 per month.

Nutrition is increasingly recognized as a key social determinant of health because [poor diet](#) and food insecurity are connected to chronic [health](#) problems and frequent use of costly medical services. Food insecurity causes more than an estimated \$77 billion in additional [health care expenditures](#) annually in the United States.

More information: Seth A. Berkowitz et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries, *Health Affairs* (2018). [DOI: 10.1377/hlthaff.2017.0999](https://doi.org/10.1377/hlthaff.2017.0999)

Provided by University of North Carolina at Chapel Hill School of Medicine

Citation: Medically tailored meal delivery service reduces costs for high utilizers of health care (2018, April 4) retrieved 25 April 2024 from <https://medicalxpress.com/news/2018-04-medically-tailored-meal-delivery-high.html>

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