

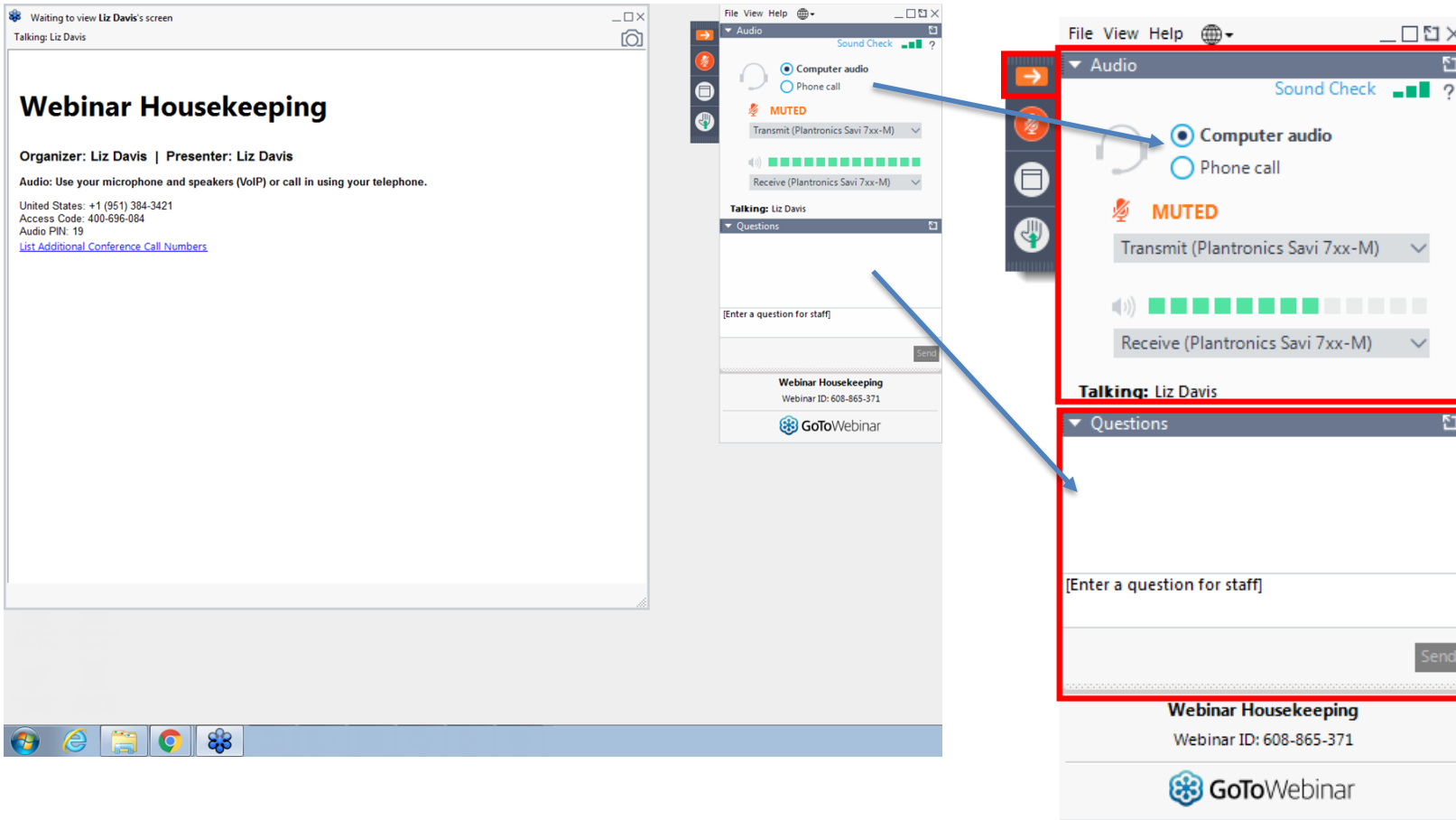
defeat **malnutrition** today



*Bridging the Silos of Health
and Social Malnutrition Care*

Webinar
July 18, 2019





Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use your computer
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Submit questions and comments via the Questions panel

Meet our Presenters



Jean Terranova, JD
Director of Food and Health Policy
Community Servings
Boston, MA



Jennifer Sinnott, MSW
VP of Clinical Services
Serving Seniors
San Diego, CA



Susan Saffel-Shrier, MS, RDN,
Certified Gerontologist, Professor
Department of Family and
Preventive Medicine
University of Utah



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Bob Blancato
National Coordinator



Brenda Schmitthener, MPA
Senior Director, Successful Aging

West Health: Partnering to Make Significant Impact

Dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.



**Outcomes-based
philanthropy**



**Applied medical
research**



**Policy research
and education**



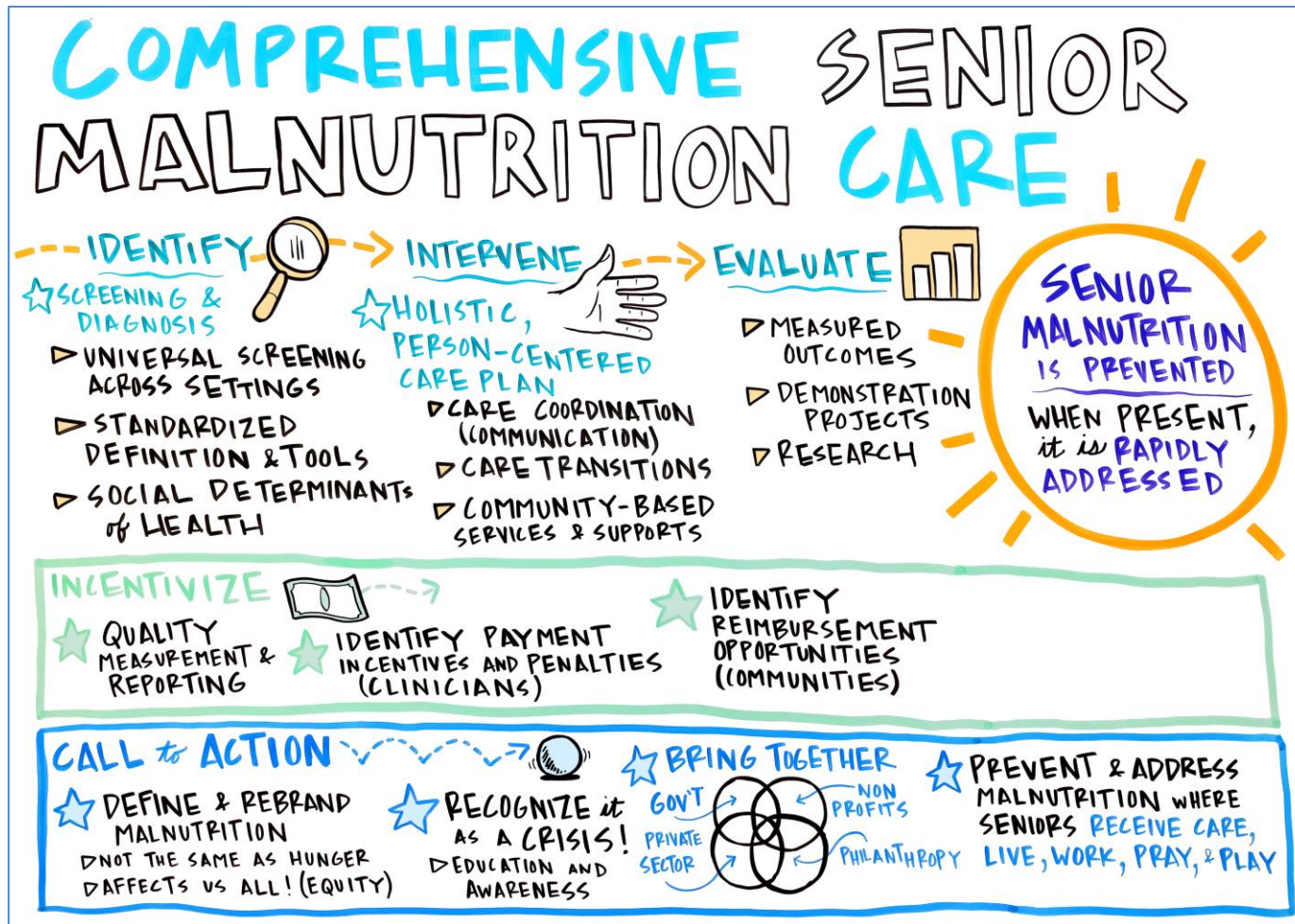
The Human and Financial Impact of Malnutrition

- Up to 1 out of 2 older adults is either at risk of becoming or is malnourished
- Disease-associated malnutrition in older adults is estimated to cost \$51.3 billion annually
- In community care settings an estimated 6%-30% of seniors are malnourished



Executing the Roadmap for Comprehensive Malnutrition Care

Senior Malnutrition Visioning Session

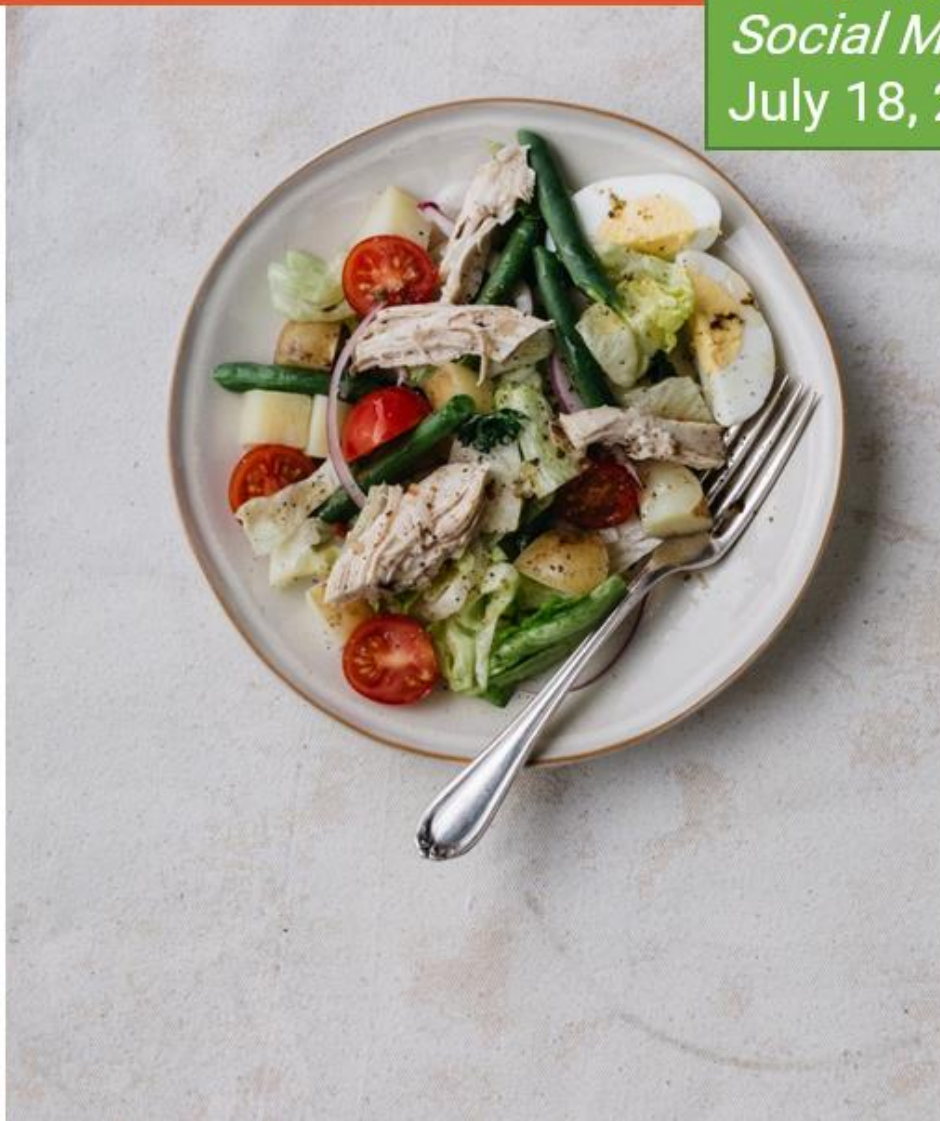




Jean Terranova, JD
Director of Food and Health Policy
Community Servings
Boston, MA

The Role of Medically-Tailored Home-Delivered Meals in Holistic Patient-Centered Models of Care

Bridging the Silos of Health and Social Malnutrition Care
July 18, 2019



About Community Servings

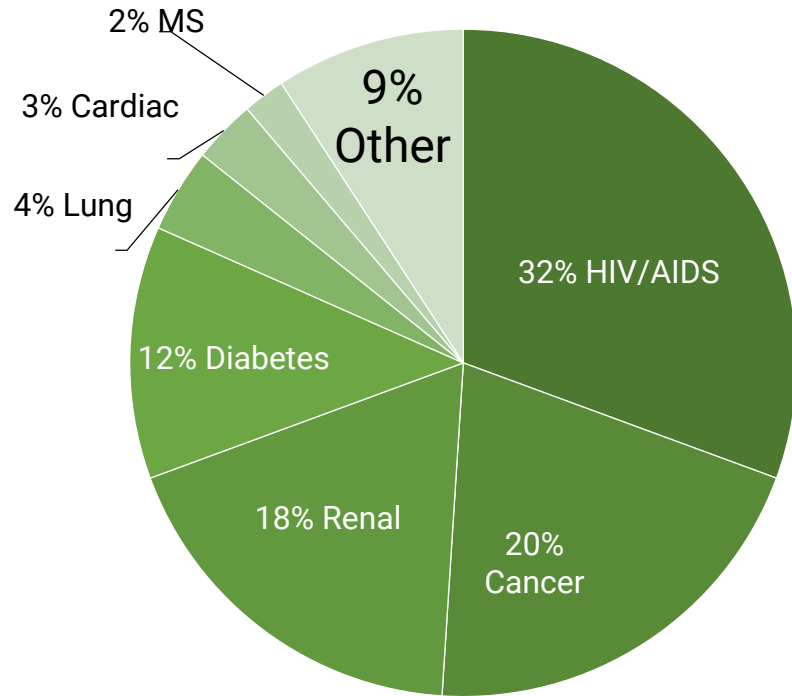


Founded in 1990 to provide home-delivered meals to individuals living with HIV/AIDS, we initially served **30** clients a day in two neighborhoods of Boston.



We now serve medically-tailored home-delivered meals to **1200** clients a day in 21 cities and towns in Massachusetts, and will soon have the capacity to serve the entire state. Through a *Food is Medicine Accelerator*, we are working towards expanding the service to un-served and under-served communities throughout the US.

We serve high-need, high-cost patients who have multiple chronic conditions



71% of clients have **multiple diagnoses**
90+% also experience **poverty**

Medically-tailored home-delivered meals (MTM) program design

- Scratch-cooking with whole, fresh ingredients
- Menus developed and executed by a Registered Dietitian Nutritionist (RDN) and Chef
- 15 medically tailored meal selections, customized with up to three combinations
- Initial nutrition assessment and optional ongoing nutrition counseling
- Continuous evaluation and quality improvement



My health has been improving week by week since receiving your meals: I have been able to get to all of my doctors' appointments, and my fears about not eating, and not eating well have been erased. -- A Meals Client

MTM Impact

Peer-reviewed claims-based and clinical studies demonstrate that medically-tailored home-delivered meals:

- Reduce utilization of acute-care services including hospital admissions, emergency room visits, and ambulance service
- Reduce medical costs
- Improve health outcomes for individuals with complex illnesses, including HIV, diabetes, and Congestive Heart Failure
- Improve self-efficacy and quality of life

16%



NET REDUCTION

In average monthly healthcare costs for patients who received our home-delivered, medically tailored meals



Integration of MTM into healthcare payment and delivery models

- Reimbursed through managed care plans serving individuals dually-eligible for Medicaid and Medicare
- Piloting reimbursement through a Medicare Advantage plan
- Pursuing contracts through the Massachusetts Medicaid Flexible Services Program
- Qualified as a First Tier, Downstream, and Related Entity



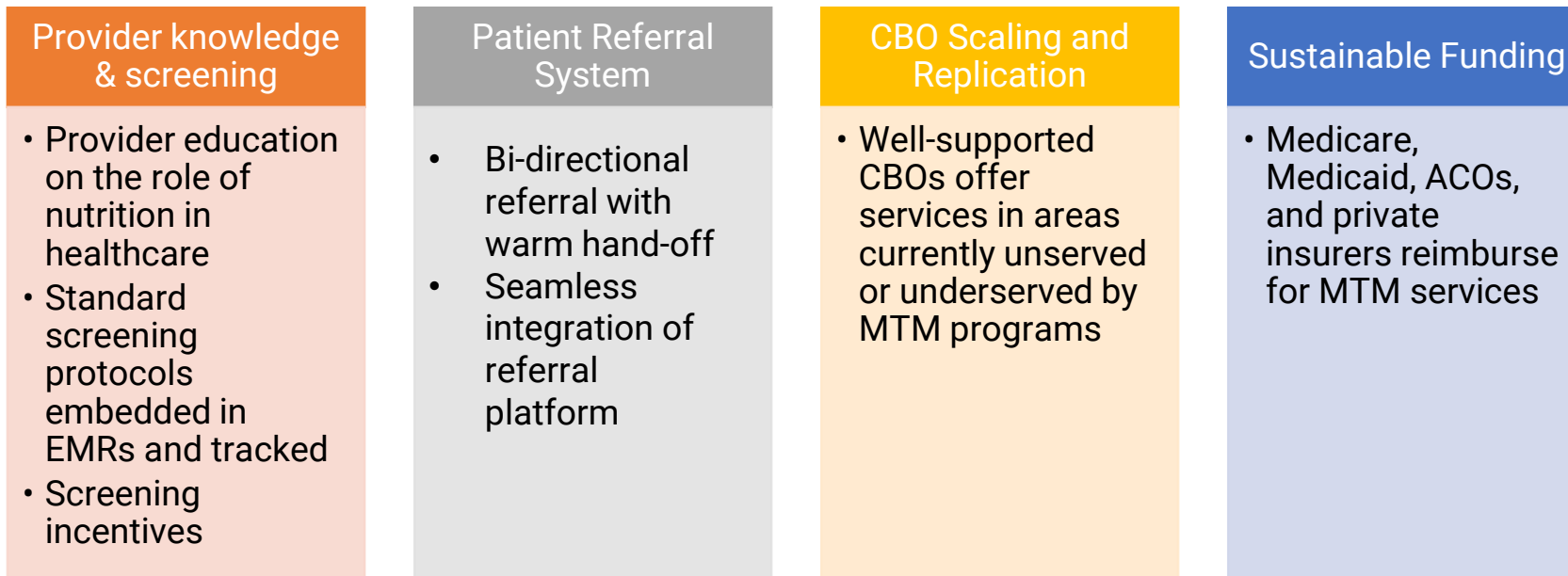
The need to break down silos

Full integration requires uniformity or consensus on:

- Screening and referral criteria and processes
- Program design (duration of service, inclusion of nutrition assessments, counseling, and education, providing meals to family members)
- Evaluation
- Feedback
- Continuous quality improvement

To streamline program administration and realize the potential of the program's impact.

Our vision of how to integrate MTM services into the healthcare system



Systematic change throughout private and public sectors to support MTM



Similar conclusions and recommendations have been published in the [Massachusetts Food is Medicine State Plan](#), a project we are co-leading with the Center for Health Law & Policy Innovation of Harvard Law School



SERVING SENIORS

Jennifer Sinnott, MSW
VP of Clinical Services
Serving Seniors
San Diego, CA

SERVING SENIORS

Helping seniors in poverty live healthy and fulfilling lives

SERVING
SENIORS

History & Mission

- Helping seniors in poverty live healthy and fulfilling lives.
- Since 1970, Serving Seniors has been transforming the aging experience through our innovative approach in the provision of comprehensive services.
- In April 2010, Serving Seniors opened the Gary and Mary West Senior Wellness Center in downtown San Diego.



Demographics

Gender

- 49% Female
- 51% Male

Race

- Asian – 21%
- African/African American – 12%
- Latino – 21%
- White – 39%
- Other – 7%

Income

- Median Income – \$950/per month
- Social Security is the primary source of income



80% of senior clients live at or below the poverty level.

Programs & Services



Nutrition

A hot meal is the #1 reason people seek our assistance.

- 620,000 meals served annually
- 175,000 meals served to more than 2,200 low income seniors each year at the GMWSWC
- 600 clients receive home delivered meals daily
- Meals developed in partnership with a Registered Dietician, meeting 1/3 of the dietary recommendations for older adults
- 10 congregate meal sites
- Access to meals 365 days of the year

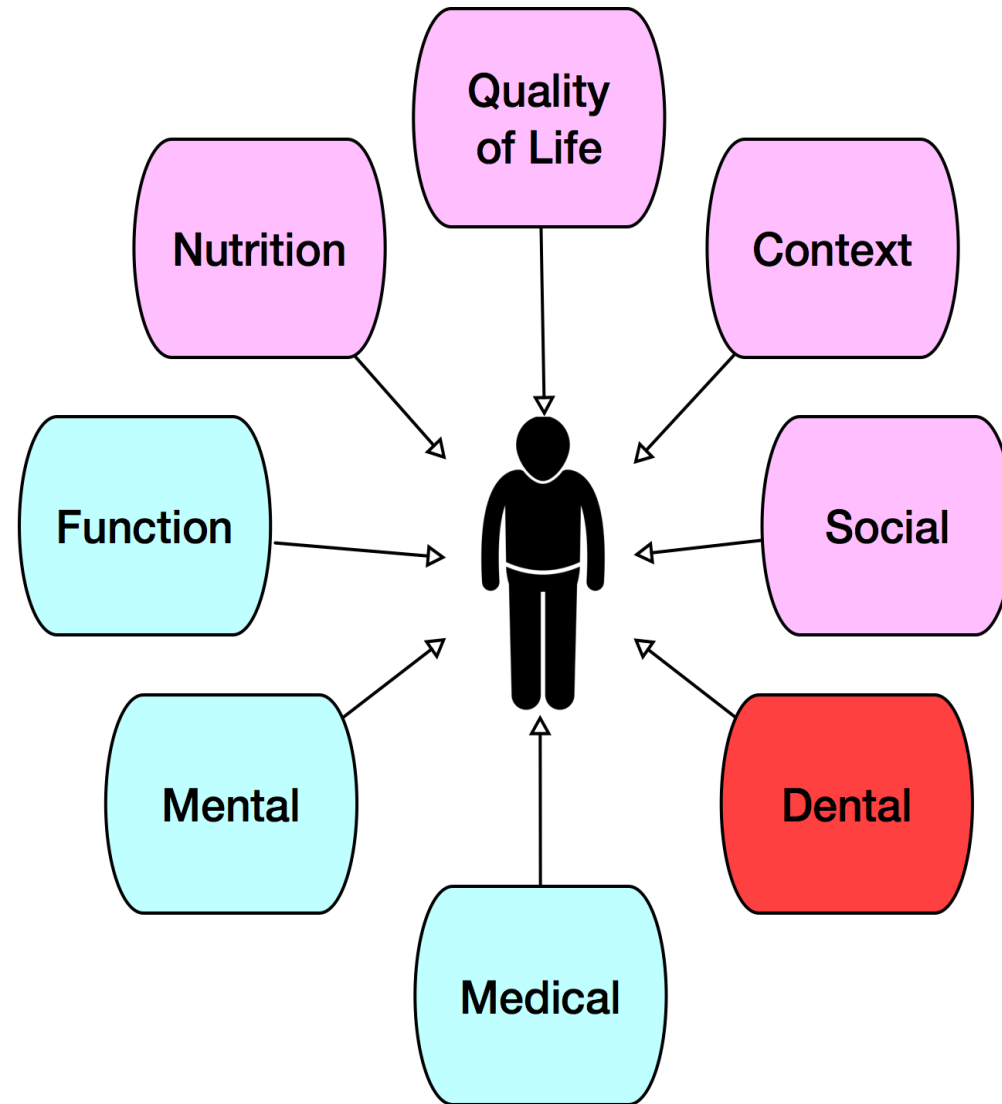


Services Include...

- Nutrition
- Social Services
- Health & Wellness
- Activities and Events
- Transitional Housing
- Permanent, Supportive Housing
- Collaborative Partnerships
- West Senior Dental Center



Comprehensive Geriatric Assessment (CGA)



Dimension	Details	References
Demographics	Age, sex, race, ethnicity, primary language	UCLA Rand CGA
Social Determinates	Loneliness Health behaviors (smoking, drinking) Health literacy , education, monthly income, housing, insurance, household size, need for translation, Social Support, Isolation and Loneliness, Sense of safety	UCLA 3-item Revised Loneliness Scale Don't know MICASA, Chew, Bradley & Boyko 2004
Nutrition	Appropriate Food consumption Food worry	National Health and Nutrition Examination Survey The Q
Function	Functional Status, Fall History Hearing, Vision, Memory problems	Vulnerable Elder's Survey 13– Saliba et al. (2000)
Quality of Life	Older People's Quality of Life-Brief	Older People Quality of Life Measure – Brief
Medical	Self-rated health Active Medical Problem Recent symptoms Allergies Pain	UCLA Rand CGA
Dental	Access Barriers Utilization History Recent Symptoms Treatments needs Hygiene Behaviors Barriers to care Dental pain	SOL, NHANES
Mental	Mental Health History (active problems) Active Symptoms Depression and Suicide screen	UCLA RAND CGA Patient Health Questionnaire PHQ-9

General

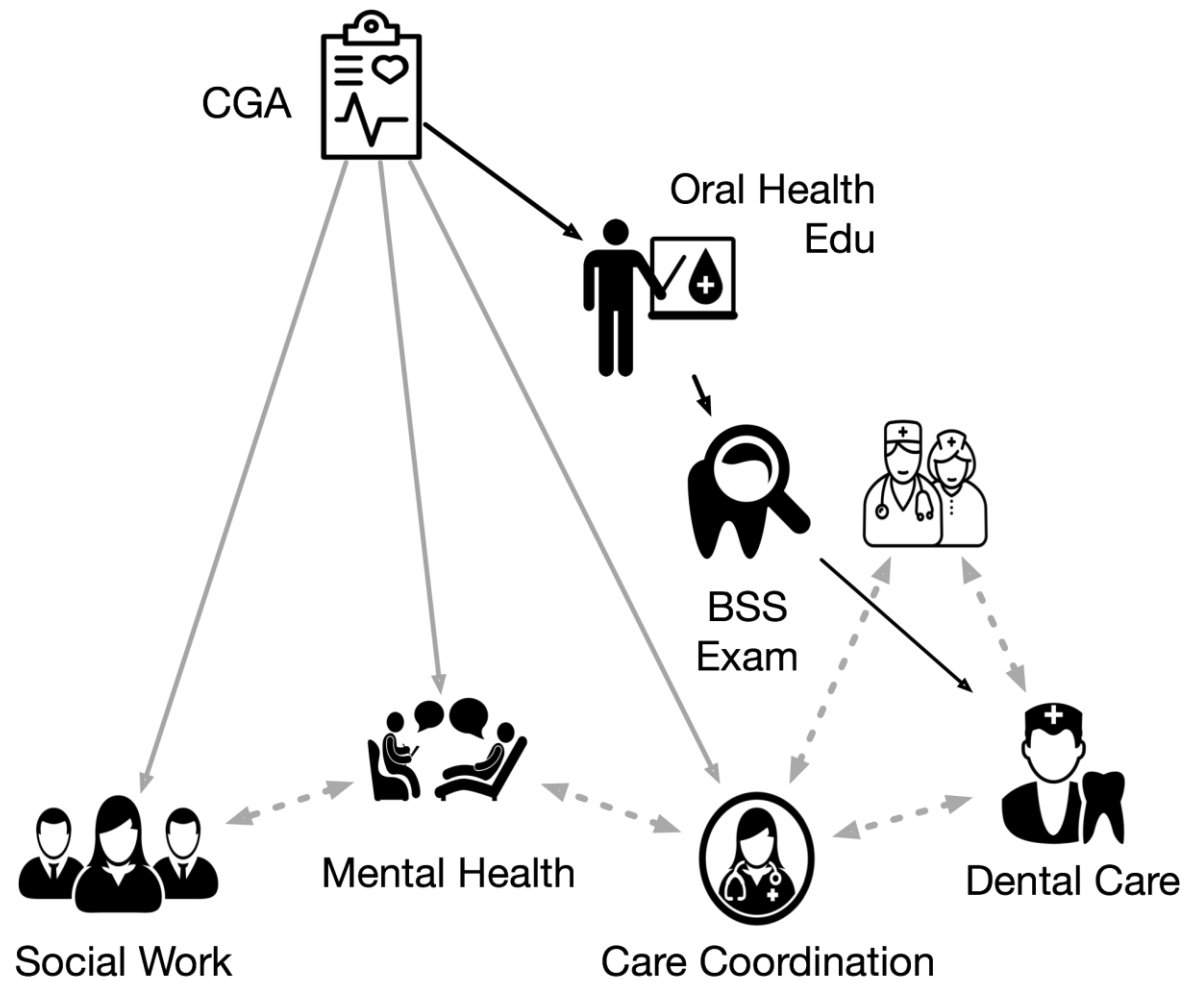
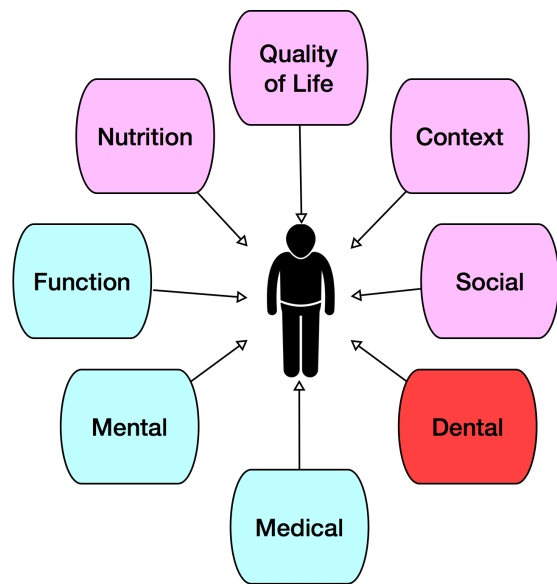
- HIGH Cancer Risk
- LOW Case Management
- HIGH Fall Risk
- LOW Functional Status
- HIGH Medical Complexity
- HIGH Nutrition
- HIGH OPQOL
- LOW Overall Health
- HIGH Pain Status
- LOW Substance Abuse Risk
- LOW Tobacco Risk

Mental

- HIGH Dementia Risk
- MED. Depression Risk
- LOW PHQ-2
- LOW Suicidality

Dental

- HIGH Gum/Periodontal Risk
- LOW Oral Cancer Risk
- LOW Oral Health Acuity
- MED. Oral Health Status
- MED. Tooth Loss & Decay



Collaborative Partnerships

- Consumer Center for Health Education and Advocacy
- Sharp HealthCare
- Elder Law & Advocacy
- AmeriCorps
- San Diego State University
- County of San Diego's Aging & Independence Services
- Family Health Centers of San Diego

Thank you!



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Professor, Department of Family and Preventive Medicine
University of Utah

Bridging High Quality Malnutrition Screening, Assessment, and Intervention for Older Adults from Hospital to Home

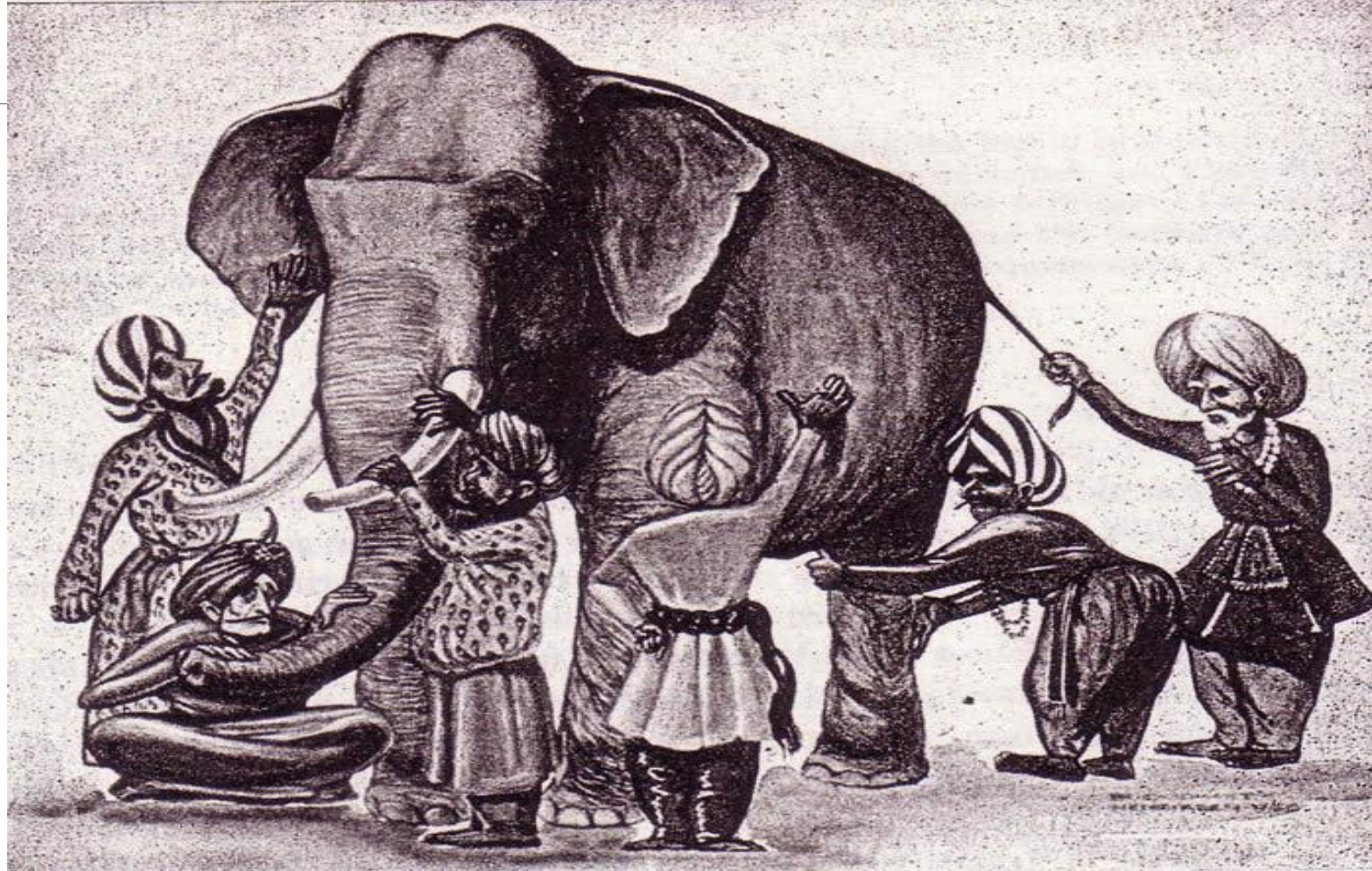
SUSAN SAFFEL-SHRIER, MS, RDN, CERTIFIED GERONTOLOGIST

CHARLOTTE VINCENT, PHD, RDN, CD

AMY COVINGTON, MS, RDN

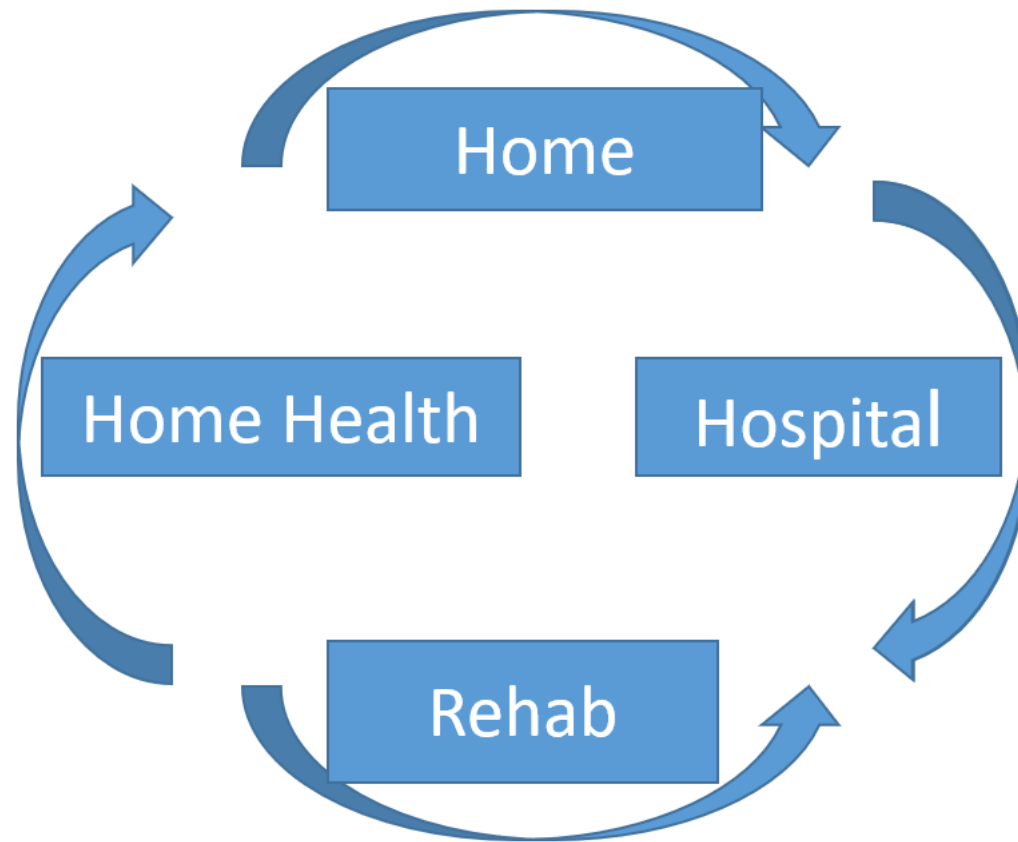


United States Healthcare & Services



The Blind Men and the Elephant **John Godfrey Saxe**
(1816-1887)

Malnutrition Cycle



Overview of Pilot Study

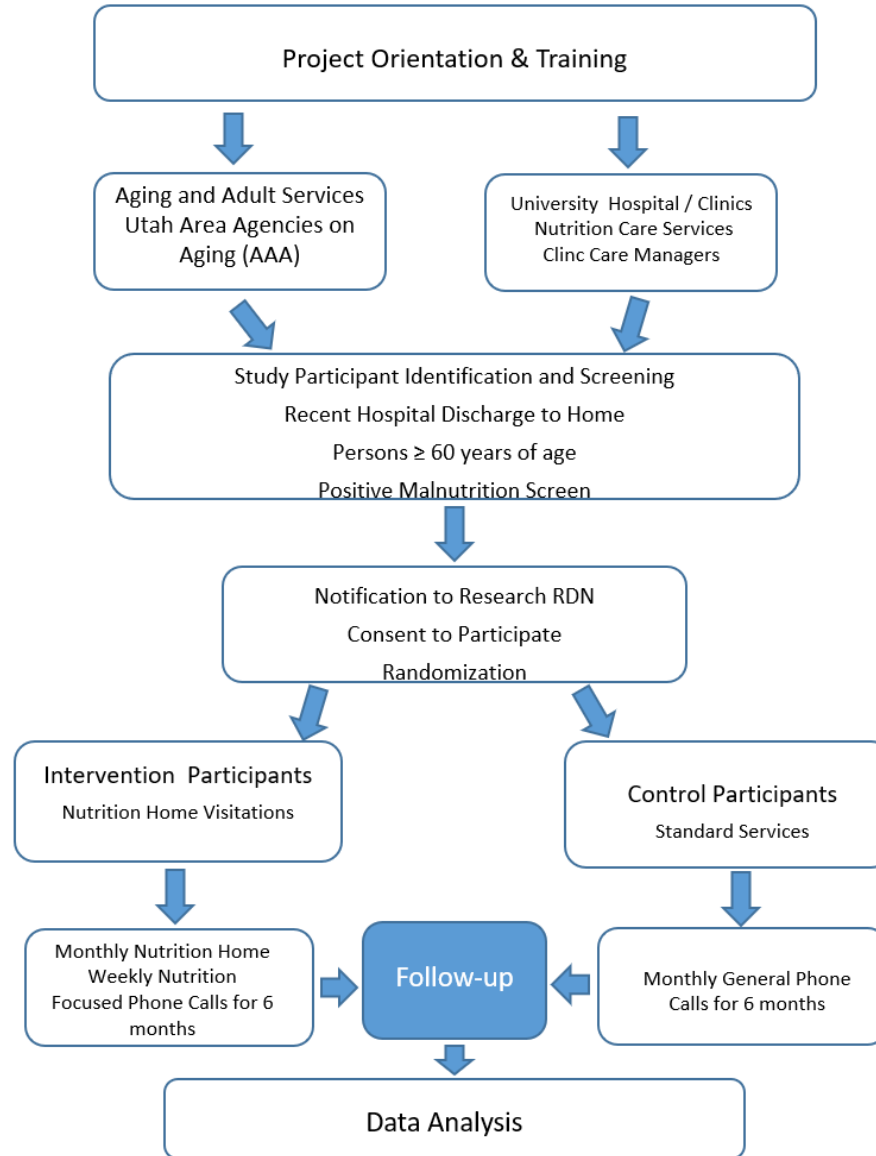
University of Utah and Aging and Adult Protective Services and three Utah Area Agencies on Aging (AAA)

High-quality malnutrition home visitation pilot program for home delivered meal (HDM) Recipients Recently Discharged to Home

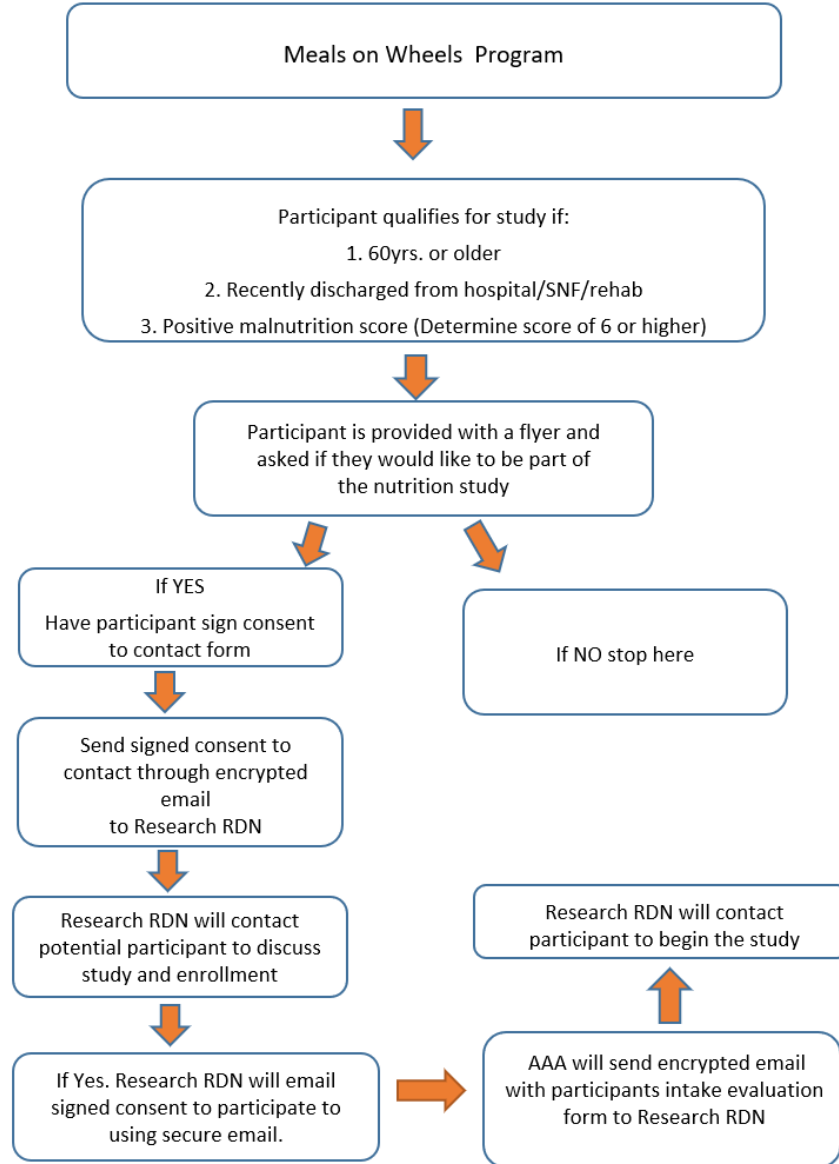
Malnutrition project outcomes:

- Implement malnutrition protocol, training, and resources for nutrition home visitation programs
- Demonstrate a transferable home visitation model program
- Provide RDN directed nutritional assessment and interventions
- Improve coordination of home- and community- based services (HCBS) to address malnutrition risk factors
- Tailor nutrition home visitation programs for urban, rural or frontier

Study Design Flowchart



Area Agency on Aging Flowchart



Pilot Project Evolution

Extensive recruitment process analysis

- Multiple processes
- Silo effect
 - Internal identification only
 - Development of processes beyond participant identification

Continual training

- Comprehensive geriatric assessment and standardization

Continual contact with project partners

- Attend regularly-scheduled meetings with both AAA and hospital and clinics

Active recruitment

- Expansion from only hospital referrals and added skilled nursing home and rehabilitation
- Expansion to multiple hospital discharge groups
- Provide contact information for AAAs

Thank You!





Questions?

Thank you!

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 **westhealth**
westhealth.org