The Need

If you are sick and hungry in the United States, there is no federal nutrition support for you, unless you have HIV, and even that is not adequate to cover all who are in need. To meet this need, FIMC agencies raise most of their budgets, and some are forced to create waiting lists, because the need in their communities is so great. As more and more people are diagnosed with chronic illnesses that require specific diets, this need will only grow.

Predicted rise in chronic illnesses by 2020 [WHO]

86%
Portion of healthcare spending attributed to individuals with chronic health conditions [CDC]

92%
Older adults with at least one chronic disease

1 in 3
People enter the hospital malnourished

77%
Older adults with at least two [NCoA]

Our clients are a complicated population, often living with multiple co-morbid illnesses. They require nutrition counseling and tailored meals not available from traditional meal or food providers.

The Intervention

Medically tailored meals (MTM) are meals approved by a Registered Dietitian Nutritionist (RDN) that reflect appropriate dietary therapy based on evidence-based nutrition practice guidelines to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes. MTM are often paired with medical nutrition therapy (MNT), an evidence-based application of the Nutrition Care Process (Academy of Nutrition and Dietetics) focused on prevention, delay or management of diseases and conditions, and involves an in-depth assessment, periodic reassessment and intervention.

The Solution

By making medically tailored nutrition a reimbursable service in our healthcare system for this high risk, high need, high cost population, we can produce:

- better health outcomes
- lower cost of care
- improved patient satisfaction

The Outcomes

- 16% net healthcare cost savings
- 28% reduction in hospitalizations
- 23% more likely to be discharged to home
- 50% increase in adherance
- 11 new studies on the impact of MTM are in progress across the country at FIMC agencies

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FIMC Integration in Healthcare
Through concerted advocacy, many FIMC agencies have successful partnerships with healthcare across the United States.

**Medicaid**
- 1915 (c) Waivers
- 1115 Waivers
- Traumatic Brain Injury (TBI) & Aged and Disabled (AD) Waivers
- Delivery System Reform Incentive Payment Models
- Community First Choice Option (CFCO)
- In Lieu of Services Option

**Medicare**
- Medicare Part B - Nutrition Counseling/Medical Nutrition Therapy (select populations)
- Medicare Part C - Medically Tailored Home Delivered Meals (at plan’s discretion)

**Other**
- Dual Eligible Demonstration Projects (Medicaid/Medicare)
- Private Insurance

Policy Opportunities
MTMs are not available in every community or for all who need them. The most effective way to change this reality and bring life-saving meals to the sickest in our communities is through federal policy change.

**PROTECT**
**Protect Access to Affordable Care for Individuals with Severe Illness**
- Protect Medicaid Expansion and the Traditional Medicaid Funding Structure
- Protect Access to Care on the Individual Market
- Protect Investments in the Ryan White HIV/AIDS Program

**PROMOTE**
**Promote Innovation**
- With a demonstration project through CMMI
- In the Farm Bill through a Food Is Medicine Pilot

**CLARIFY**
**Clarify the status of MTM**
- Call on HHS to issue sub-regulatory guidance on MTM integration into HHS programs
- Clarify where MTM is a benefit in Medicare and Medicaid

FIMC Service

54,000
clients served in FY17

Over 10 million
meals served in FY17

Primary Diagnosis
- 37%: HIV/AIDS
- 20%: Cancer
- 8%: CVD
- 8%: Diabetes
- 7%: COPD
- 6%: ESRD
- 14%: Other

Our Priorities

**To provide**
a complete, evidence-based, medical food and nutrition intervention to critically and chronically ill people in their communities

**To advance public policy**
that supports access to medically tailored food and nutrition services for people with severe and/or chronic illnesses

**To promote research**
on the efficacy of food and nutrition services on health outcomes and cost of care

**To share best practices**
in the provision of medically tailored meals and of nutrition education and counseling

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