

# Medically Supportive Food and Nutrition in San Francisco

**Food Security Task Force Update**

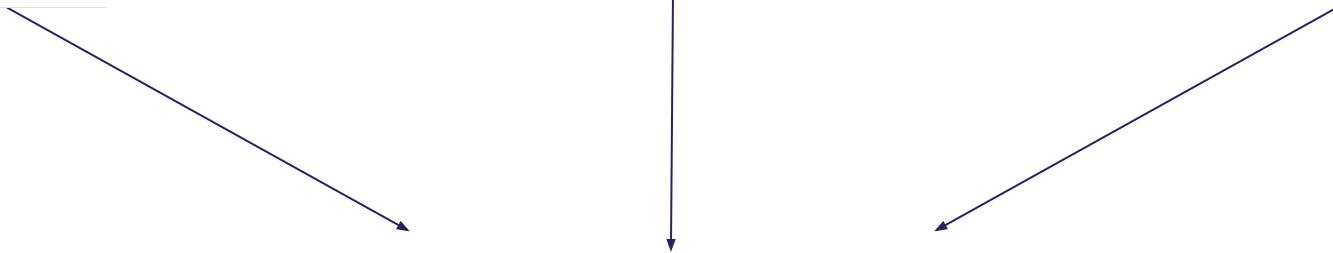
**December 4, 2024**

**Merrill Buice - San Francisco Community Clinic Consortium**

**Erin Franey - Food as Medicine Collaborative**

**Katie Jackson - Project Open Hand**





# Food for Health Collective San Francisco

# Agenda

- Reminder: What are Medically Supportive Food and Nutrition (MSF&N) interventions and how do they fit into CalAIM?
- Optimizing MSF&N in SF
- Current status of implementation
- Upcoming changes
- Opportunities



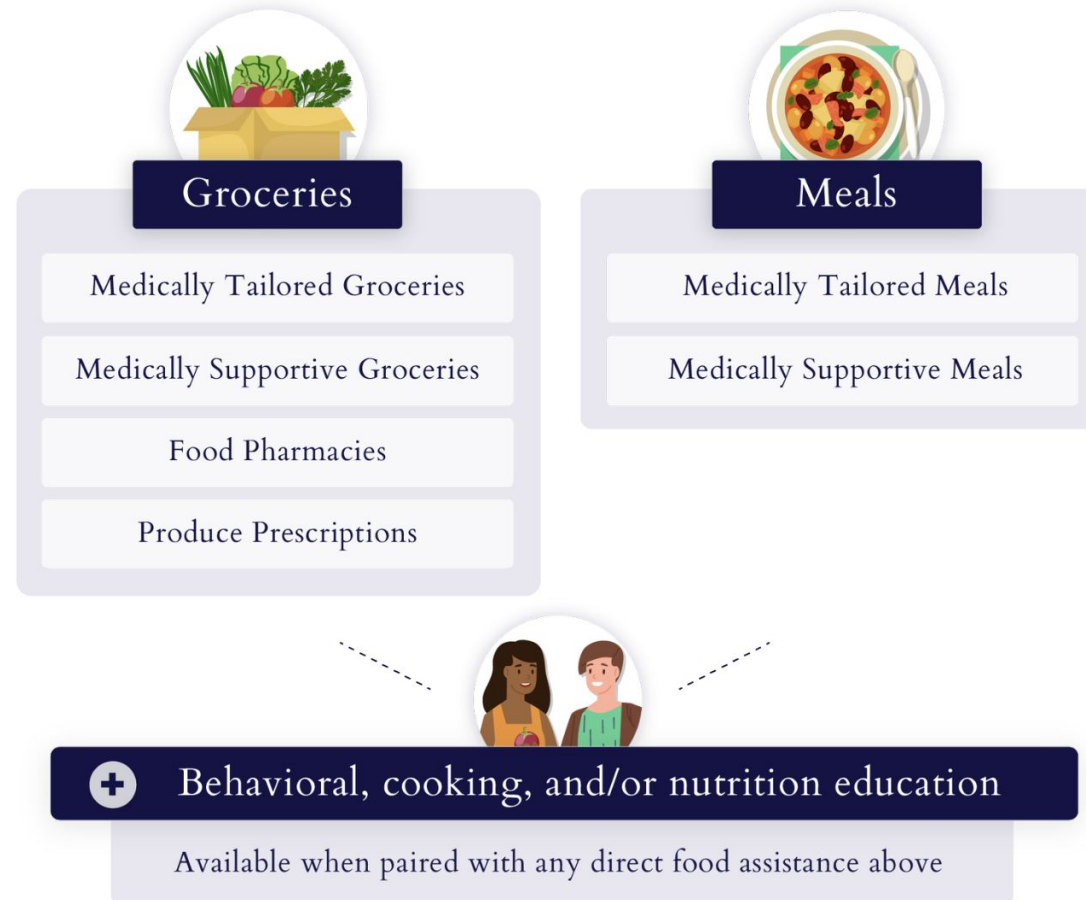
# Medically Supportive Food & Nutrition (MSF&N)

A spectrum of interventions designed to prevent, treat, and reverse diet-sensitive health conditions

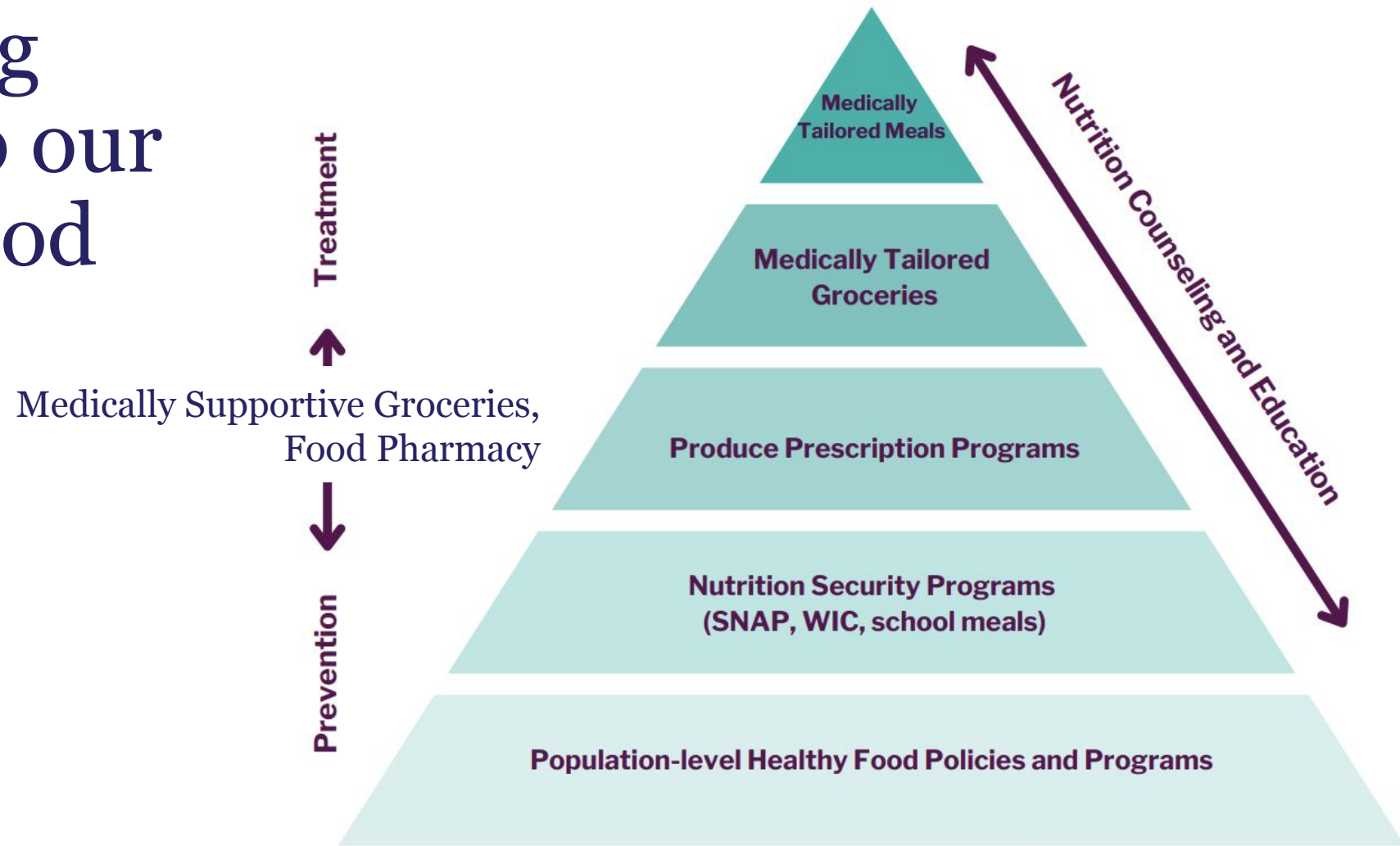


# Medically Supportive Food & Nutrition (MSF&N)

## Spectrum of Interventions

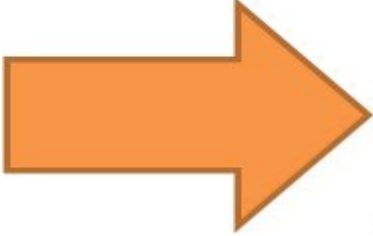


# Connecting MSF&N to our broader food system



Source: Adapted from Dariush Mozaffarian et al., A Food is Medicine approach to achieve nutrition security and improve health, 28 Nature Medicine 2238 (Nov. 2022), <https://doi.org/10.1038/s41591-022-02027-3>

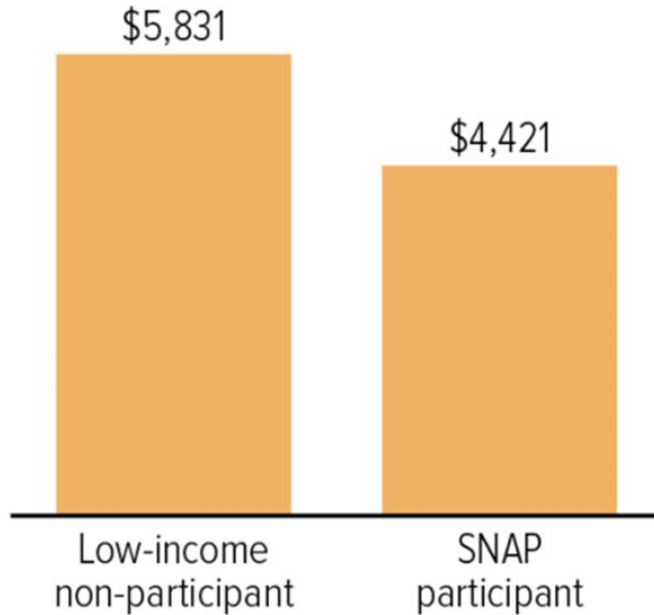
# Food Insecure Patients Engage in Coping Strategies to *Avoid* Hunger that are Detrimental to Health

- Eat low-cost foods
  - Eat highly filling foods
  - Small variety of foods
  - Avoid food waste
  - Binge when food is available
- 
- Higher risk of obesity, diabetes, & other chronic disease
  - Once chronically ill, poorer ability to manage illness



## A SNAP Participant Incurs \$1,400 Less for Health Care

Estimated annual per-person health care spending



Note: Health care spending includes out-of-pocket expenses and costs paid by private and public insurance, including Medicare and Medicaid.

Source: Seth Berkowitz, Hilary K., Seligman, and Sanjay Basu, "Impact of Food Insecurity and SNAP Participation on Healthcare Utilization and Expenditures," University of Kentucky Center for Poverty Research, 2017.

**\$77.5  
billion**

**additional health care  
expenditures due to food  
insecurity**



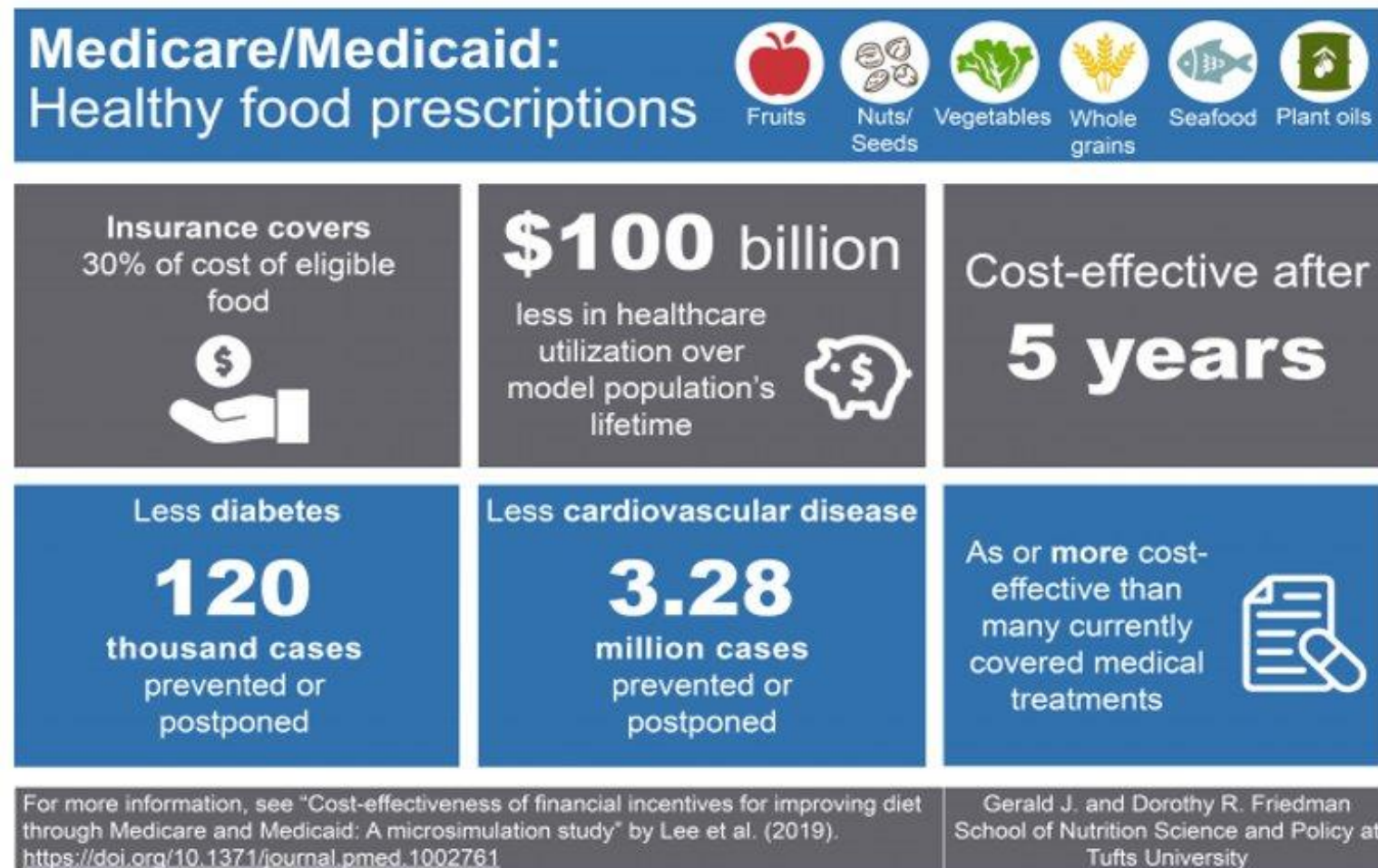
There is a **ROBUST**  
(and growing) body of  
**EVIDENCE**

that Medically  
Supportive Food &  
Nutrition  
interventions are  
**EFFECTIVE**

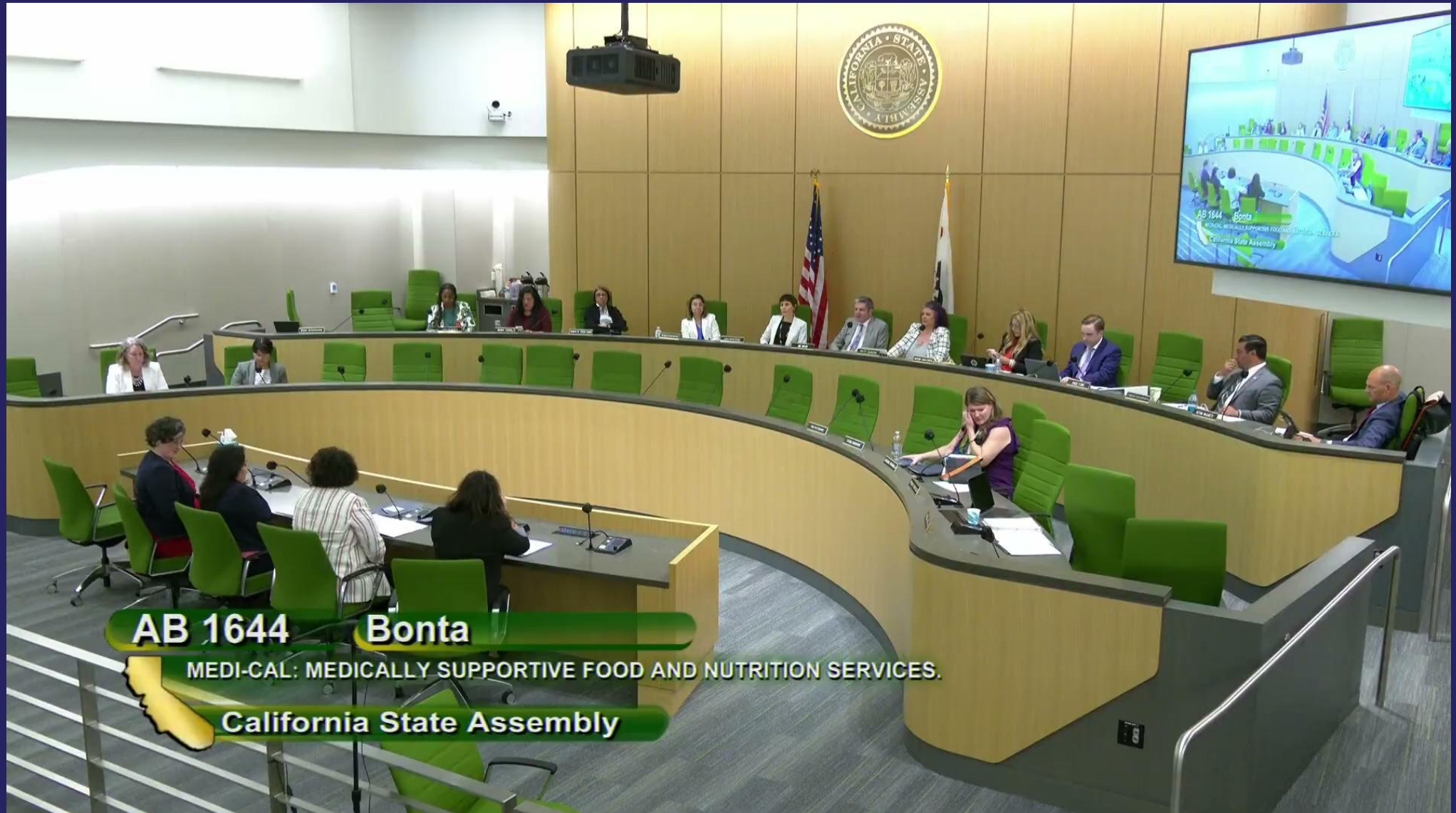
and incur significant  
**COST SAVINGS**

## Prescribing healthy food in Medicare/Medicaid is cost effective, could improve health outcomes

New study finds that health insurance coverage for healthy food could improve health, reduce healthcare costs, and be highly cost-effective after five years



# Patient Testimony to Assembly Health



# CaAIM

(California Advancing and Innovating Medi-Cal)



# Medicaid Waivers (1115)

- Medicaid is a federal program administered by each state
- 1115 Waivers allow states to test out innovative programming through their Medicaid service
- Many states including California, Massachusetts, North Carolina, Oregon, and Arkansas have used this kind of Medicaid waiver to address health related social needs.

# Community Supports (CS)

Community Supports are services that help address members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care.

# Current status of MSF&N in Medi-Cal

Medically Tailored Meals/Medically Supportive Food is 1 of 14 approved Community Supports

Optional, pilot services - MSF&N currently most utilized Community Support!

2023 - 62,000+ Medi-Cal members statewide

5 year demonstration project:

January 1, 2022-December 31, 2026

# CalAIM Advocacy

Food Security Task Force supported successful advocacy to include MSF&N services in CalAIM



# FSTF 2024 Recommendations

## 3. Focus on health equity in funding opportunities

Support and expand medically supportive food and nutrition interventions (e.g., medically tailored and medically supportive meals and groceries, produce prescriptions, food pharmacies).

Similar recommendation in the FSTF 2023 annual report.



# Optimizing MSF&N in SF



# Fully Embraced MSF&N in SF

- **Covered benefits by all insurers (SFHP & Anthem)**
- **Full spectrum of interventions available**  
Meals, groceries, produce prescriptions, food pharmacy, etc.  
Step down models to titrate and avoid “cliffs”
- **Ecosystem of providers**  
Multiple contracts to best meet patient needs
- **Integration in healthcare system**
- Referrals and tracking through EHR
- Training (SF DPH, Community Clinics, UCSF, ZSFGH, etc.)
- **Citywide awareness / infrastructure**
- **Data Tracking & Reporting (ideally through EHR)**

# Pillars of MSF&N San Francisco

- High quality standards
- Community-driven and patient-centered
- Culturally relevant, high quality, nourishing food
- Accessible to or tailored for SF's low-income Medi-Cal populations
- Equitable sourcing

# Need for Wide Adoption of MSF&N in SF

## Health Plans

- **Covered benefits by all insurers**
  - San Francisco Health Plan, Anthem, and Kaiser
- **Full spectrum of interventions**
  - Meals, groceries, produce RX, food pharmacy, etc.
  - Step down models
- **Ecosystem of providers**
  - Multiple contractors

## City Wide Systems

- **Integration in healthcare system**
  - Referrals and tracking through EHR
  - Training (SF DPH, Community Clinics, UCSF, ZSFGH, etc.)
- **Citywide awareness/  
infrastructure**

## Data Tracking & Reporting

# Current implementation in San Francisco



# San Francisco MSF&N CS Providers

## **SFHP:**

1. Project Open Hand
2. On Lok
3. Meals on Wheels SF

## **MSF&N Services provided:**

1. Medically Tailored Meals
2. Medically Tailored Groceries

## **Anthem:**

1. Project Open Hand
2. Mom's Meals
3. 18 Reasons

## **MSF&N Services provided:**

1. Medically Tailored Meals
2. Medically Tailored Groceries
3. Medically Supportive Groceries

# Eligibility:

## **Active Medi-Cal Enrollment in San Francisco AND one of the following conditions:**

- Diabetes
- Cardiovascular (heart) disorders
- Congestive heart failure
- Chronic kidney disease
- Stroke
- Chronic lung disorders
- Human immunodeficiency virus (HIV)
- Cancer
- Chronic of disabling mental or behavioral health disorders
- Gestational diabetes or high-risk perinatal conditions

OR

- Member is being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement

OR

- Member has extensive care coordination needs

# Community Supports Data from DHCS

Community Supports Utilization Rate in the Last 12 Months of the Reporting Period by County



County	Total MCP Members	County HHP/WPC Status	# of Services Available	# of Services Provided	Utilization Rate
San Francisco	223,696	Y	13	1,799	80
Los Angeles	3,875,816	Y	14	73,921	191
Marin	51,427	Y	8	569	111
Alameda	442,169	Y	12	7,922	179

- **Total MCP Members:** The total number of individuals enrolled in a Medi-Cal MCP in this county in the average month of the last 12 months of the reporting period.
- **HHP/WPC Status:** A Y indicates that the county had a Whole Person Care (WPC) Pilot or the Health Homes Program.
- **# of Services Available:** The number of Community Supports services offered by one or more MCPs in that county in the last 12 months of the reporting period.
- **# of Services Provided:** The total number of Community Supports provided to MCP members in that county in the last 12 months of the reporting period.
- **Utilization Rate:** The number of Community Supports services received per 10,000 MCP members in that county in the last 12 months of the reporting period.

For MSF&N, San Francisco Health Plan estimates ~40,000 members are eligible



# Challenges - CalAIM Community Supports implementation ambitious and complex

- San Francisco Health Plan: changing staff + competing priorities
- Lack of understanding of MSF&N (education and awareness gap)
- Many CBOs endeavoring to contract and experiencing challenges
  - Piloting different contracting models
- Barriers to referrals for healthcare providers
  - Epic integration - DPH, SFCCC, UCSF

# Anticipated changes



# Coming Soon...

- New referral forms - standardized across state
- Updated guidance from DHCS
- Additional HCPCS codes (Healthcare Common Procedure Coding System)

## But also, changes in...

- Political and economic landscape
  - federal administration
    - threats to Medicaid rules
    - waiver approvals, benefits approvals
  - state economy: resistance to new benefits
  - local context: new mayor and supervisors

# Opportunities



# Opportunities/Ask

## **FSTF Letter of support to:**

- **Mayor**
- **Board of Supervisors**
- **Relevant Department Heads**
- **Health Plans**
- **Health Commission**

**encourage wide adoption of spectrum of MSF&N interventions and for department heads to support integration and training**

**Include MSF&N in annual Task Force recommendations and ask departments for regular updates**

**Train staff, increase awareness and understanding, and refer!!!**

# Thank you!

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