Statement for the Record
Submitted to the Special Committee on Aging
United States Senate

Hearing on

Patient-Focused Care: A Prescription to Reduce Health Care Costs

October 3, 2018

Submitted by
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Dear Chairman Collins, Ranking Member Casey, and Members of the Committee:

On behalf of Meals on Wheels America, the network of more than 5,000 community-based senior nutrition programs and the millions of individuals they serve nationwide, we thank you for holding the hearing "Patient-Focused Care: A Prescription to Reduce Health Care Costs" and appreciate the opportunity to submit this statement for the record. We are grateful for your leadership on the Senate Special Committee on Aging and attention to the needs of our nation's older adults and their caregivers. Through this statement, our hope is to provide the Committee an overview of our unique perspective and experience regarding the roles that proper nutrition and socialization play in the overall health and well-being of seniors.

As stated during witness testimonies and questioning in last week's hearing, community-based organizations that administer vital nutrition and social services, like Meals on Wheels, are becoming increasingly important partners for healthcare providers in addressing the healthcare needs of a growing senior population. These types of organizations present a far less expensive, nonmedical alternative to traditional healthcare, and the services they offer often prolong or altogether prevent the onset of chronic disease or other avoidable health consequences, such as falls. Additionally, the trusted relationship that older adults develop with local organizations can better facilitate delivery of care in the event that healthcare services are needed, enabling seniors to remain healthier and independent longer in their own communities.

It is our position, supported by the evidence presented in this statement, that Meals on Wheels is a cost-effective intervention that can be leveraged far beyond its current function to address the unique healthcare needs of older adults. We look forward to working with you as we identify and implement solutions to ensure high-quality and affordable care for our nation's seniors, while bringing down healthcare costs in a sustainable manner.

THE ISSUES OF SENIOR HUNGER AND ISOLATION

For nearly five decades, the Older Americans Act (OAA) Nutrition Program has provided federal support to thousands of local senior nutrition programs, which operate in virtually every community. Home-delivered and congregate meal providers are leading the fight against senior hunger, isolation and malnutrition by serving the seniors who are most at-risk for experiencing the costly negative health outcomes associated with such conditions. The nutritious meals, friendly visits and safety checks that are regularly provided to Meals on Wheels clients allow them to remain healthier and safer in their homes as they age. By helping seniors age in place rather than in hospitals or long-term care facilities, Meals on Wheels programs minimize the strain that the older patient population may otherwise place on our overburdened healthcare system through unnecessary hospitalizations, readmissions and premature institutionalization.

Highlighting the profile of seniors who receive Meals on Wheels reveals the important role nutrition programs play in supporting positive health outcomes:

- Nearly 60% of Meals on Wheels clients are 75 years or older, and most live alone.
- A quarter of the seniors receiving meals through the OAA Nutrition Program live in a rural area, and over a third (35%) live in poverty.
- Over 80% of clients take three or more medications every day and 46% self-report fair or poor health.[1]

While the population Meals on Wheels serves is clearly vulnerable and high-risk, the nutritious meals and friendly visits they receive from staff and volunteers help these individuals feel healthier and safer in their homes. **Nine out of ten Meals on Wheels recipients say that the services make them feel more secure and/or improve their health, and help to prevent eight out of ten recipients who have fallen from falling again.**[2,3] The holistic model of care offered by Meals on Wheels is successfully providing necessary nutrition, companionship and home-safety checks for seniors in the greatest social and economic need.

Despite this effective senior nutrition infrastructure, there remains a significant number of seniors who need Meals on Wheels but are not receiving it as federal funding has not kept pace with need or rising costs. Underscoring this point, **nearly 9 million seniors are facing the threat of hunger today, yet Meals on Wheels is now serving 16 million fewer meals than in 2005.**[4,5] With our nation's senior population expected to increase exponentially in the coming years, the resources available to provide Meals on Wheels services have not kept up with demand, and the number of food insecure older adults will only increase if we fail to act quickly.[6,7] In addition to these stark hunger statistics, one in four seniors live alone, and a fifth of all seniors feels lonely.[8,9] The healthcare costs associated with isolation are significant – roughly the same as those attributable to high blood pressure in older adults, and socially isolated seniors experience negative feelings that have the same health effect as heavy smoking.[10,11] At a time when healthcare spending is already disproportionately concentrated on older adults managing chronic diseases and/or functional limitations, our strained systems are simply unprepared to sustain the impact of a rapidly growing senior population exacerbated by hunger and isolation in the decades to come.

A COST-EFFECTIVE SOLUTION

The unsustainable trajectory of our current healthcare system and its associated cost curve have helped initiate the transition towards more person-centered models of care delivery and value-based payment structures. We see this with the rise of interdisciplinary care coordination in primary care. As such, community-based organizations are becoming increasingly critical peripheral healthcare structures, whose services directly address social determinants of health. As we learned in the hearing last week, social determinants of health greatly dictate an individual's quality of life, and often contribute to the underlying causes of acute and chronic conditions that medical providers are tasked with treating.

Meals on Wheels is a cost-effective public-private partnership that operates at the local level, allowing it to adapt to the needs of the communities it serves. These programs have the ability to

tailor services to best serve their clientele, from offering culturally- or medically-tailored meals, to providing home-safety modifications or other unique services. Even with these locally-attuned service offerings, a commonality seen across all programs is the delivery of a nutritious meal (one that meets the current Dietary Guidelines for Americans and contains one-third of the Daily Reference Intakes for older adults), the opportunity for recipients to socialize with the volunteer or staff who comes to their door, and the critical safety check and monitoring of any changes of condition to confirm the health and well-being of every senior who is served.[12] The basic model of service offered by Meals on Wheels is, in fact, much more than a meal, and it addresses several social determinants of health where they intersect. The high-impact and relatively low cost of this service perfectly positions it to support the delivery of person-centered healthcare across the continuum of care for seniors. For the same cost or less as one day in a hospital or ten days in a nursing home, Meals on Wheels can serve a senior for an entire year.[13]

As we noted earlier, Meals on Wheels participants perceive themselves to have better health as a result of the service, but there is also an increasing evidence base – reflected in the growing body of scientific literature – for improved health outcomes and reduced healthcare service utilization and spending among seniors who receive meals.

- A rigorously designed study from 2015 found that seniors receiving the Meals on Wheels model of service experienced greater improvements in health than their counterparts who did not receive services. Between baseline and follow up, the group of seniors who received home-delivered meals and safety checks were more likely to have improved physical and mental health, including reduced feelings of anxiety and loneliness, and fewer hospital admissions and falls.[3]
- A study published in *Health Affairs* earlier this year found that among dual-eligible beneficiaries, those who received non-medically tailored home-delivered meals experienced fewer emergency department visits than those who did not.[14] Participants receiving medically-tailored meals also experienced fewer inpatient admissions and reduced healthcare spending.

Findings from this recent research demonstrate how meal delivery services may be a key solution to reducing overall healthcare costs, either as a preventative or therapeutic intervention.

POLICY RECOMMENDATIONS

While we are encouraged by the prospects of a healthcare system transitioning to a more holistic model of delivery, we understand that there are still many policies needed to ensure smooth integration of services. Below, we provide you with three high-impact recommendations that could guide your legislative work in aging and healthcare issues:

1. Allow Congregate and Home-Delivered Meals as Covered Benefits
As you are aware, the Bipartisan Budget Act (BBA) of 2018 is set to expand supplemental benefits for chronically-ill Medicare Advantage (MA) beneficiaries – beginning in 2020 – to include nonmedical items and services, as long as they are expected to improve or maintain the beneficiaries' health or functioning.[15] Additionally, the Centers for Medicare and Medicaid Services (CMS) proposed regulatory policies that would increase flexibility for nonmedical services to be covered as a supplemental benefit and to adopt an expanded definition of "supplemental health care benefits" under MA plans to include items or services that can "diminish the impact of injuries or health conditions and reduce avoidable emergency and health care utilization."[16] *As CMS implements the provisions of the BBA, it is imperative that nutrition services provided by a community-based organization, like Meals on Wheels, are included as a covered benefit and ultimately available under all Medicare and Medicaid plans as prescribed by medical practitioner.*

2. Standardize Food Insecurity and Malnutrition Screenings
Additionally, we recommend that a standardized assessment and screening process for both food insecurity and malnutrition for seniors be utilized at hospital admission and discharge, as well as being administered as a part of the annual wellness and *Welcome to Medicare* physical exams. This would include implementation of validated malnutrition and food insecurity tools that assess a senior's ability to access nutritious food, which is critical as malnutrition alone contributes to $51 billion in healthcare costs among seniors.[17] Such measures would ensure a greater understanding of the clinical impact of nutrition, as well as facilitate appropriate interventions.

3. Support and Improve Record and Referral Systems
Increased interdependence between healthcare providers and community-based organizations creates a need for clear and effective communication and referral systems. More formalized methods of information sharing ensures that healthcare providers are aware of interventions, like Meals on Wheels, that exist within communities and are able to efficiently access and refer to these services. Similarly, community-based organizations will need a method of receiving appropriate referrals, expediting services as needed and providing critical follow-up information to the referring provider. We recommend examination of and investment in technology-based solutions that are affordable and accessible in order to further expedite, formalize and solidify partnerships between healthcare providers and community-based organizations.

THE OPPORTUNITY EXISTS

As you well know, the current state of healthcare utilization and spending by the aging population is approaching a critical tipping point. The existing nationwide network of senior nutrition programs, supported in part through the OAA, can and should be leveraged further to support medical providers in their efforts to provide quality and efficient healthcare to a rapidly

growing senior population. Meal on Wheels programs bring with them more than forty-five years of experience in providing vital nutrition and social services to older adults across the country, helping them remain safer, healthier and more independent in their own homes and communities. With that expertise also comes an unparalleled level of trust and credibility to support our nation's most vulnerable, high-risk, and potentially high-cost individuals. Although public policy is moving in the right direction, much more could be done to ensure that community services like Meals on Wheels can be used to their maximum potential. We at Meals on Wheels America, along with and on behalf of programs across the country, stand ready to tackle this together and seek solutions for the future.

We respectfully request that you please consider the recommendations presented to you in this statement, and encourage your colleagues to do so, as well. We thank you again for your leadership and support for the thousands of senior nutrition programs and the millions they serve, and we look forward to working with you in the months ahead.

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[1] Mabli et al. 2017. *Evaluation of the Effect of the Older Americans Act Title II-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality.* Report prepared for Administration for Community Living, U.S. Department of Health and Human Services by Mathematica Policy Research, Cambridge, MA. Accessed at https://www.acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf.

[2] Administration for Community Living (ACL). 2016. National Survey of Older Americans Act Participants. Accessed at https://agid.acl.gov/CustomTables/.

[3] Meals on Wheels America, Thomas & Dosa. 2015. *More Than a Meal Pilot Research Study.* Accessed at https://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal/pilot-research-study.

[4] Ziliak & Gunderson. 2018. *The State of Senior Hunger in America 2016*. Report prepared for Feeding America and The National Foundation to End Senior Hunger. Accessed at https://www.feedingamerica.org/research/senior-hunger-research/senior.

[5] ACL. 2016. State Program Reports. Accessed at https://agid.acl.gov/CustomTables/.

[6] U.S. Census Bureau. 2016. Population Estimates Data. Accessed at https://agid.acl.gov/CustomTables/.

[7] U.S. Census Bureau & Centers for Disease Control and Prevention. 2016. Special analysis of American Fact Finder Population Estimate Programs and National Vital Statistics System. Accessed at https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2016_PEPAGESEX&prodType=table; https://www.cdc.gov/nchs/products/databriefs/db293.htm.

[8] U.S Census Bureau. 2016. American Community Survey Demographic Data for the population 60 and older. Accessed at https://agid.acl.gov/customtables/.

[9] Hawkley, Kozloski & Wong. 2017. *A Profile of Social Connectedness in Older Adults.* Report prepared for AARP Foundation by Academic Research Centers, NORC at the University of Chicago, IL. Accessed at https://connect2affect.org/wp-content/uploads/2017/03/A-Profile-of-Social-Connectedness.pdf.

[10] Holt-Lunstad et al. 2015. *Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review.* Perspectives in Psychological Science, 10(2), 227-237. Available at https://www.ncbi.nlm.nih.gov/pubmed/25910392.

[11] Flowers et al. 2017. *Insight on the Issues: Medicare Spends More on Socially Isolated Older Adults.* Report by the AARP Public Policy Institute, Washington, DC. Available at https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html.

[12] ACL. 2018. Nutrition Services. Accessed at https://www.acl.gov/programs/health-wellness/nutrition-services

[13] ACL, Kaiser Family Foundation (KFF) & Genworth Financial, Inc. 2016. Author calculation using ACL State Program Report, KFF Hospital Adjusted Expenses per Inpatient Day, and Genworth Long Term Care Costs Across the U.S. Available at https://agid.acl.gov/CustomTables/, https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day, https://www.genworth.com/aging-and-you/finances/cost-of-care.html.

[14] Berkowitz et al. 2018. *Meal Delivery Programs Reduce the Use of Costly Health Care in Dually Eligible Medicare and Medicaid Beneficiaries*. Health Affairs, 37(4), 535-542. Accessed at https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0999.

[15] Bipartisan Budget Act of 2018, Pub. L. 115-123.

[16] Centers for Medicare and Medicare Services. 2019. 2019 Medicare Advantage and Part D Rate Announcement and Call Letter. Accessed at https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf.

[17] Snider et al. 2014. *Economic Burden of Community-based Disease-associated Malnutrition in the United States.* Journal of Parenteral and Enteral Nutrition, 38(2S), 77S-85S. Available at https://www.ncbi.nlm.nih.gov/pubmed/25249028.