

# Medically tailored meals could save US nearly \$13.6 billion per year

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Adopting more programs that make and deliver medically tailored meals to people with serious, diet-sensitive diseases could result not only in improved health outcomes in the form of fewer hospitalizations nationally, but in a net cost savings of approximately \$13.6 billion each

year, according to new research from the Friedman School of Nutrition Science and Policy at Tufts University.

Medically tailored [meals](#) (MTMs) are healthy, home-delivered meals customized and fully prepared for individuals living with advanced illnesses, including diabetes, heart failure, end-stage renal disease, HIV, and cancer. The meals often serve to support those with [lower incomes](#) and limited mobility, as well as individuals who regularly experience food insecurity. The programs typically deliver 10 meals per week—five lunches and five dinners—to eligible patients.

The study, published in *JAMA Network Open* on October 17, analyzed data drawn from a nationally representative survey on health care utilization and costs for American adults, the 2019 Medical Expenditure Survey Panel Survey, and from previously published research on the impact of MTM interventions.

The research team found that implementing additional MTM programs across the country could help prevent 1.6 million hospitalizations and save insurers a net amount of \$13.6 billion per year after paying for the cost of food, with most savings occurring within the public health insurance programs Medicare and Medicaid. Over a 10-year period, \$185.1 billion less could be spent on health care and nearly 18.3 million hospitalizations averted.

"Currently, MTMs are not a covered benefit under Medicare or Medicaid, so they remain unavailable to the vast majority of patients who might benefit from them," said Hager, a 2020 recipient of the Horowitz Foundation for Social Policy grant. "For people with [chronic illness](#) and physical limitations that make it difficult for them to shop and cook for themselves, these programs are a highly promising strategy for improving health and well-being. The estimated reductions in hospitalizations and associated cost savings reflect that."

In 2022, the majority of MTM programs around the country are run by nonprofit organizations like Community Servings in Boston. They are largely supported by grants, donations, and ad hoc funds such as Section 1115 waivers under Medicaid, which offer limited coverage for MTMs in a few states.

"Food is not just for prevention—it can be used for treatment for people with debilitating conditions like heart failure, uncontrolled diabetes, HIV, and cancer," said Dariush Mozaffarian, Jean Mayer Professor of Nutrition at the Friedman School, and senior author on the paper. "With medically tailored meals, patients are treated using the power of food and put on a steady path toward healing. Our study suggests that expanding medically tailored meal programs nationwide—one key recommendation of the new Biden-Harris [National Strategy on Hunger, Nutrition, and Health](#)—would help reverse our 'sick care' system, keep people out of the hospital, and save billions of dollars each year."

Originally created to serve dying HIV/AIDS patients in the 1980s, MTMs have since gained considerable conceptual ground among policymakers for treating complex diet-related chronic disease, given a growing focus on nutrition as a social determinant of health. Recently launched tests are underway in California, North Carolina, Oregon, and Massachusetts, where Representative Jim McGovern of Worcester, MA has [introduced legislation to pilot the largest-ever MTM program](#) under Medicare. Private payers are also trialing MTMs through charitable donations and grants.

While not primarily intended as a budgeting measure, MTMs nonetheless offer a practical solution for cutting costs while making critically ill patients' lives better—in more ways than one. Studies have shown that receiving MTMs can significantly lower stress levels induced by IADLs, or the instrumental activities of daily living, commonly associated with life-threatening illness. Food-insecure patients may also

feel relief with ten weekly meals.

"We know that individuals do their best to make rational choices when buying food or paying for medicine, and that cheaper food tends to be of lower nutritional quality," Hager said. "These are real choices that people are making, all of which can impact health, and not all of which are mediated directly through nutrition. If you're a patient, these powerful drug regimens you are on are simply more effective when you're properly nourished."

The modeling study looked at adults ages 18 and over with one or more diet-sensitive conditions and IADLs. When researchers estimated the impact of MTM interventions over the past 20 years, home-delivered dishes were found to reduce annual healthcare expenditures by 19.7% and annual hospitalizations by 47%. Program prices factored in a visit with a registered dietitian, nutritional tailoring, meal ingredients, and labor, administrative, and delivery costs.

According to Hager, the compelling cost savings linked to MTMs, while compelling, must not overshadow their significant human health implications.

"The goal of MTMs is first and foremost to improve health and well-being, and while the potential for cost savings is highly encouraging, it shouldn't be the sole rationale for investing in these and other programs that address nutrition-related needs," he said. "At the same time, the results are pretty extraordinary. It's very rare to have [cost savings](#) in health care."

**More information:** Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.36898](https://doi.org/10.1001/jamanetworkopen.2022.36898)

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