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POST

## “Eliminate the Choice Between Food or Medicine”

*Co-authored by David B. Waters CEO, Community Servings &  
Seth Berkowitz Internist and faculty member at Massachusetts General Hospital and Harvard Medical School*

FRIDAY, JANUARY 23, 2015 — Hi-tech medical treatment can be complicated and costly, especially for those with life-threatening illnesses.

But sometimes things that should be simple and affordable, like food, can have the greatest impact on health care costs.

An ever-increasing number of scientific studies have shown what common sense suggests: nutrition is a cornerstone of health improvement. While the list of benefits offered by medically tailored meals for patients with chronic illnesses is long, it includes, improved medication adherence, fewer missed doctors' appointments, lower hospital readmission rates, improved energy levels, and reduced complications.

It is not surprising that patients with chronic illnesses have very specific and complex dietary needs -- for example, individuals who are prescribed the blood thinner Coumadin require a low vitamin K diet. What is surprising, and deeply troubling, is that an increasing number of Americans are forced to make a heartbreaking choice: food or medicine.

According to a Feeding America study called “Hunger in America 2014,” 66 percent of food insecure households that received food from Feeding America's network of food banks -- the largest in the United States -- must decide whether to purchase food or their medicine because they simply can't afford both. Thirty-one percent of individuals said they make that decision every month.

Those numbers reinforce the results of a survey published in The American Journal of Medicine earlier this year, which found that individuals with difficulty affording food were almost four times more likely to skip their medications due to cost issues.

This dire tradeoff has significant implications for our entire health care system. One recent study estimated that, nationwide, as many as one in three patients enter the hospital malnourished, while another determined that the cost of treating patients with nutrition related risks is 20 percent higher than that of treating well-nourished patients with the same disease.

One face amongst these numbers is Martin, a resident of Boston who is battling end stage renal disease and diabetes. Because he lacked the resources to adhere to the required renal diet, Martin did not qualify for a

kidney transplant, and instead had to undergo costly dialysis three times per week. In 2012, Martin enrolled in a medically-tailored meals program that created a custom diet for him, one that gives him the nutrients he needs. With this diet, Martin has been able to maintain a stable weight and keep his renal lab values within a healthy range, proving to doctors he could handle the complicated regimen necessary for a transplant. Martin's medically tailored diet saved his life.

There are millions of individuals in the U.S. like Martin, who suffer from devastating illnesses, but cannot afford the foods required to manage them. Considering that, according to the CDC, 75 percent of health care costs are due to chronic conditions, utilizing food as medicine to improve health and reduce costs should be an obvious intervention. Unfortunately, there are fewer than a dozen nonprofit organizations across the country able to deliver complex, medically tailored meals to vulnerable patients like Martin. While agencies in Boston, Atlanta, Philadelphia, Denver, New York and Washington D.C. all reported increases in clients served last year, far too many patients are still unable to get the food they need.

Part of the reason that the demand so far outstrips the supply of these services is that, despite their ability to reduce costs and improve outcomes, they have not been effectively integrated into the broader strategy to combat health care costs and improve patient outcomes. While home nursing care, prescriptions, and medical equipment are all commonly covered by insurance, medically tailored meals are not. For patients, and for our economy, the consequences of this gap have been disastrous.

But it doesn't have to be this way. The Affordable Care Act provides new opportunities for states to better integrate medically tailored meal services into the health care system, and a few -- particularly New York and Massachusetts -- are working with health insurers to include these services in their plans.

There's little doubt that doing so makes sense, both from an economic and health point of view. Health care costs continue to rise and the sickest five percent of Americans are responsible for nearly half of all health care spending -- in part due to hospital admissions that may have been preventable had the patient had access to a medically tailored diet. A hospital stay -- the likely destination for seriously ill patients who can't access the right foods -- can cost more than \$2,500 a day. After discharge, patients are often on medications that cost insurers hundreds or even thousands of dollars a month.

Home-delivered medically tailored meal services could likely prevent these costs for \$25 a day or less.

It's time to address this glaring and growing crisis in our health care system. The demand is certainly there. For all of us, the price is far too high when patients are forced to choose between food or medicine.