July 2023

Food is Medicine Subcommittee Overview

Co-Convened with Dr. Saria Lofton, University of Illinois, Chicago

The Alliance's Food Action Agenda

Community Partnerships

1. Support community-driven solutions

Economic

2. Entrepreneurship for healthy food: Share best practices from healthcare partnerships supporting community entrepreneurship to launch and run local food businesses
3. Food-related minority-owned businesses (MBEs): training, capacity building, certification, opportunities to connect to food distribution networks
4. Procurement: Explore strategic coordination with CFPAC and others for procurement strategies to support local food businesses

Policy

5. Develop a shared policy agenda across food access and healthcare partners

Screen, Refer, Partner

6. Healthcare organizations across Chicago/Cook County screen patients for food insecurity, including the following core components of screening and referral.
7. Food access points (food pantries, farms, local food businesses, schools etc.) have an established healthy food partnership with healthcare organization(s), including core components of food provision.
8. Develop an aligned or interconnected referral system across Chicago/Cook County
9. Scale VeggieRx programs to serve more Cook County communities & engage more local growers
10. Develop & disseminate a training curriculum/materials for food insecurity screening & referral
11. Develop structures for evaluation, shared learning and for communicating innovations

Our Mission

The Alliance for Health Equity Food is Medicine Subcommittee focuses on **building awareness of the health benefits of food and nutrition** and **advocating for investment** by **creating connections** between healthcare providers, community-based organizations, food justice advocates, industry, insurance, and policy partners who collaborate to **strengthen access to nourishing and culturally relevant food** for **people experiencing inequity**.

We support our partners in creating programs that center **food justice and the power of food to heal or strengthen connections** between families, communities, and providers.

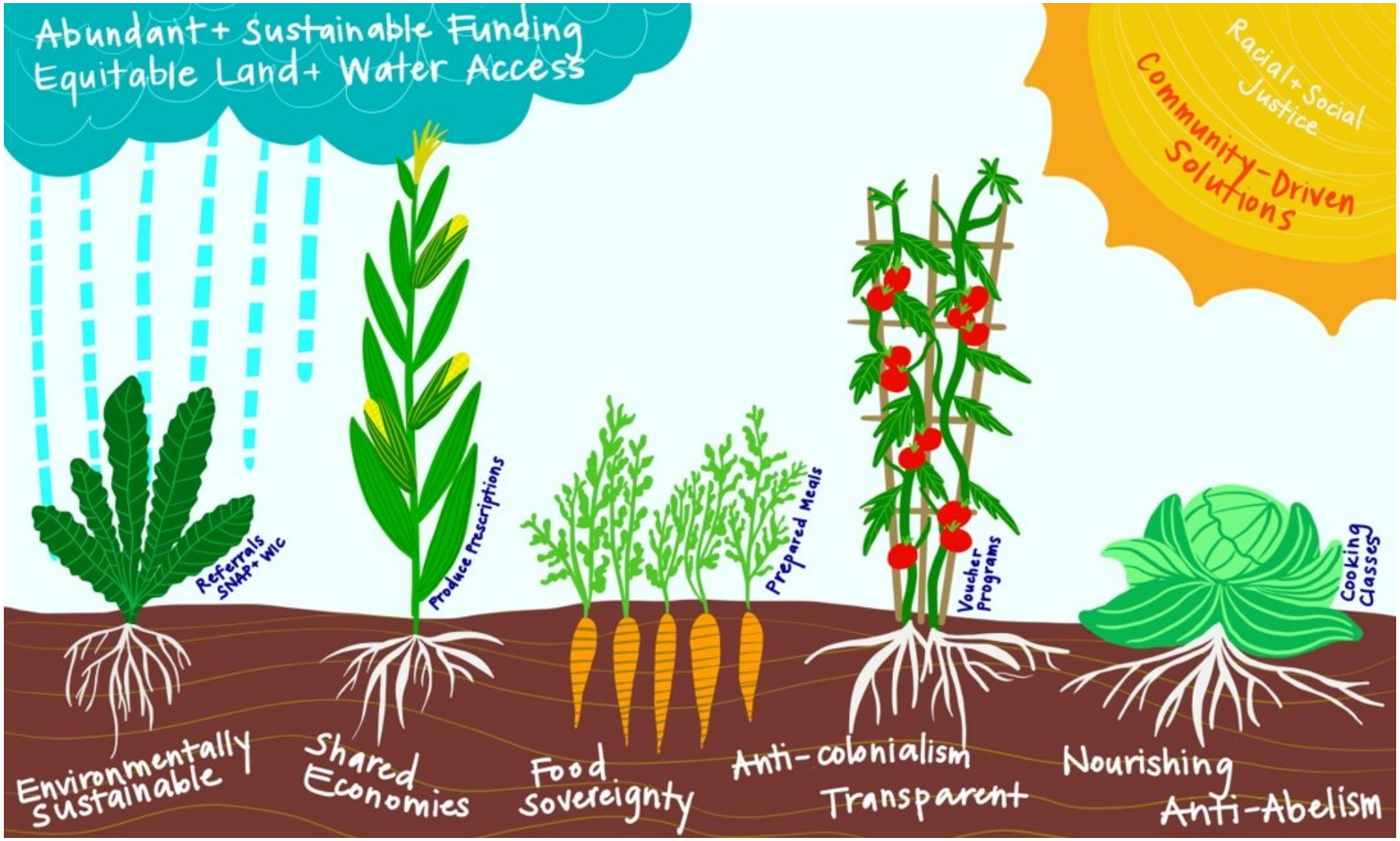
Vision of Food is Medicine Subcommittee

Food is medicine, healing, and justice.

Our future is one where food is a human right, where insurance dollars can be used invest in programs that provide nourishing food, where the resources to procure nourishing food exist for everyone, where food can be grown locally and sustainably by anyone who wants to grow it, and where communities are celebrated for their cultural food practices and traditions.

In our vision, individuals, communities, community-based organizations, hospitals and healthcare systems, insurers, industries, and government partners collaborate to advance healing and justice through shared food is medicine programs.

Grounding in Shared Values



KEY:

- **Plants** – our food is medicine programs
- **Soil** – what nourishes our programs, what we envision our programs should be rooted in
- **Sunlight** – gives energy to our programs to grow, provides our guiding principles
- **Rain** – what sustains our programs and helps them survive and thrive

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Our Members and Structure

- The Food is Medicine Subcommittee is co-convened by the Alliance for Health Equity (part of the Illinois Public Health Institute) and Dr. Saria Lofton (Associate Professor in the College of Nursing, University of Illinois Chicago)
- Members of our Committee include:
  - Hospitals and healthcare systems
  - Growers and producers
  - Community-based organizations
  - Health department representatives
  - Food and nutrition policy experts
  - For-profit partners and insurers
- Our regional focus is presently on Chicago and Suburban Cook County, but the Subcommittee invites food is medicine partners from across the Midwest to join
- We meet virtually on a quarterly basis on the second Wednesday of the month from 10-11am

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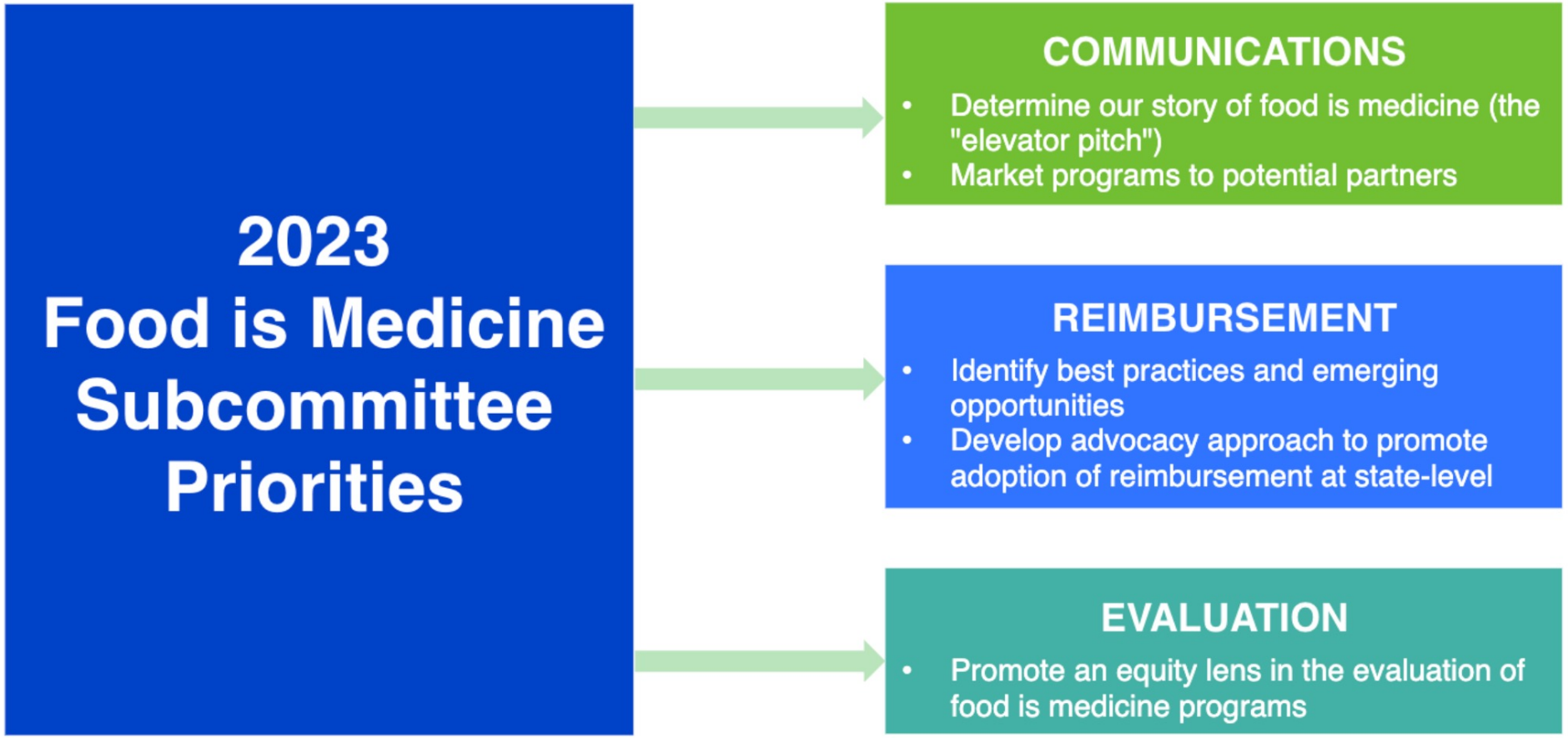
Our 2023 Priorities



Our 2023 Accomplishments

- Organized key findings on reimbursement based on interviews from local and national partners (Jan-Mar)
- Collaboratively organized and submitted comments to Illinois on 1115 demonstration extension (May)
- Presented at the National Produce Prescription Collaborative State Policy Workgroup call on the IL 1115 demonstration (June)
- Produced op-ed on food is medicine which was published in Chicago Sun Times (June)
- Organized mission, vision, and values for Subcommittee with input from members (July)

Get in Touch

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APPENDIX

Alliance for Health Equity
Key Findings for Reimbursement

April 2023

ALLIANCE for HEALTH EQUITY | Hospitals and Communities Improving Health Across Chicago and Cook County

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Working draft, updated as new findings are added

Emerging Opportunities for Reimbursement of Food is Medicine (FIM) and Other Food-Based Initiatives

1. Defining FIM
    a. Strengthening communication with current and potential partners
2. HCBS and 1115 waivers
    a. Values based procurement and in lieu of servies
3. Medically tailored meals (MTM)
4. Medical chart coding
5. Education of providers & adopting an interdisciplinary approach
6. Strengthening research
7. Pilots & programs leveraging reimbursement
8. Aligning with White House Strategy
9. Other recommendations from partners

Reimbursement Key Findings

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Reimbursement Key Findings

- Define what's included and be specific about how we want dollars to be spent
- Develop our story to tell prospective partners

- Leverage successes of medically-tailored meals
  - Use research, funding streams, and other lessons learned
- Find opportunities to bring an equity lens to medically tailored meals
  - Values-based purchasing and local procurement

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Reimbursement Key Findings

- Advocate for development of medical coding infrastructure
  - Z-codes
  - ICD-10 codes
- Continue to promote screening and referral practices amongst hospitals and healthcare systems

- Demonstrate return on investment (ROI) of food is medicine programs
- Strengthen an equity focus within research of programs
- Include benchmarks beyond biometric data
  - Examples: *Perceived well-being and stress level, perception of hospital or healthcare system, etc.*

- Promote improved nutrition education curricula within medical schools and other medical training programs
- Advocate for physicians to be trained on screening and referral

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Reimbursement Key Findings

- Employ opportunities at the state-level to codify reimbursement processes
  - 1115 waivers
  - HCBS waivers
  - State Plan Amendments (SPAs)

- Adopt lessons learned from local and national pilots
  - Examples: *Healthcare Transformation Collaborative, NC Healthy Opportunities Pilot, etc.*
- Use research from pilots to strengthen the case for reimbursement in Illinois

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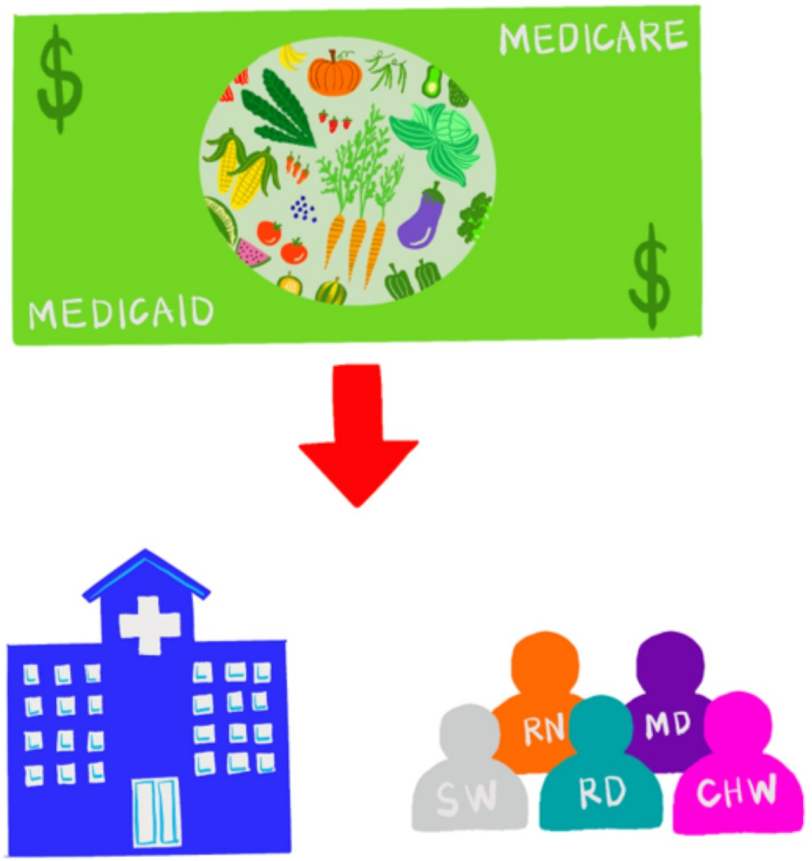
Reimbursement Key Findings



- Dollars from reimbursement should be used to fund programs and support interdisciplinary team
- Beyond doctors (MD) and nurses (RN), dollars should also cover time of:
  - Community health workers (CHW)
  - Registered dieticians (RD)
  - Social workers (SW)
  - Medical assistants
  - Certified nursing assistants
  - Etc.
- Emerging consideration: how to include our for-profit partners in provision of programs

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ALLIANCE for HEALTH EQUITY Hospitals and Communities Improving Health Across Chicago and Cook County

Current Reimbursement Funding Sources in Illinois

- Healthcare Transformation Grant
- Two programs reimburse for food in Medicaid using funding from the Older American Adults Act
  - DHS Division of Rehab Services (DORS) operates a HCBS waiver for adults with physical disabilities; individuals with HIV/AIDS; individuals with traumatic brain injury that includes meals
  - IL Department of Aging has a HCBS waiver that covers the elderly population and provides home delivered meals
- For higher income older adults who do not meet the Medicaid requirements, the Older Adults Services Act provides funding for meals
- GusNIP is one source of federal funding for prescription produce programs.
- 1115 waivers are currently used for behavioral health but are being reevaluated in 2023, providing an opportunity to add language for food access coverage

The Process for Reimbursement in Illinois

- Illinois is a “Medicaid + Medicare only state” meaning it primarily uses designated funding from the federal government and has not historically sought supplementary funding for SDoH programming
- For HCBS waivers, the meal is reimbursed separately from any individuals who may be in the recipient’s home helping with meal preparation or other household tasks
- For the Department of Aging's program that is funded by the Older Adult Services Act, the state or managed care organization (MCO) reimburses for services whether the person is on a plan or fee for service schedule
- For a managed care plan to reimburse for a food access program they would need to find a registered provider who was enrolled in IL and has the authority to serve Medicaid patients. This entity would need to contract with the health insurance plan. To get reimbursed, the contractor needs to submit an "encounter to the state" that says "I reimburse this Medicaid provider for these authorized services for these authorized individuals"
    - The admin fee w/in the capitation rates allows health plans to pay for anything that doesn't qualify under Medicaid spend -- this could be things like home delivered meals. The health plan would likely want to make sure there is an ROI so they can ensure it fits within their care coordination model; supporting the health of their clients; aligns with the state's priorities, etc.

White House Conference on Hunger, Nutrition, and Health

Pillar 2—Integrate Nutrition and Health: Prioritize the role of nutrition and food security in overall health—including disease prevention and management—and ensure that our healthcare system addresses the nutrition needs of all people.

A. Provide greater access to nutrition services to better prevent, manage, and treat diet-related diseases.

Receiving health care to help prevent, treat, and manage diet-related diseases can optimize Americans' well-being and reduce health care costs. However, access to and coverage for this care varies significantly. To better care for all Americans, the Biden-Harris Administration will:

- Expand Medicare and Medicaid beneficiaries' access to "food is medicine" interventions.
- Expand Medicaid beneficiaries' access to nutrition and obesity counseling.
- Expand Medicare beneficiaries' access to nutrition and obesity counseling.
- Increase access to nutrition-related services through private insurance and federal programs beyond Medicare and Medicaid.
- Better support prevention and management of diabetes.
- Support wellness and nutritional care for children, especially those from low-income families.

White House Conference on Hunger, Nutrition, and Health

Pillar 2—cont.

B. Screen for food insecurity and connect people to the services they need.

Social determinants of health (SDOH) can be a strong predictor of health outcomes and are a major driver of health disparities. Incorporating SDOH such as food insecurity screenings, into health care can help practitioners better recognize the root causes that affect health, tailor care to unique individual needs, and connect patients to resources like SNAP, WIC, or a local food bank. However, food insecurity screenings are not universally conducted in the health care system, and most health care professionals have not been trained to assess it. To more fully incorporate SDOH, including food insecurity screenings and referrals, into everyday health care, the Biden-Harris Administration will:

- Universally screen for food insecurity in federal health care systems.
- Incentivize payors and providers to screen for food insecurity and other SDOH.
- Supporting data infrastructure for food insecurity and other SDOH screenings.
- Incentivize hospitals to provide services focused on food insecurity and other SDOH.
- Comprehensively address food insecurity among Veterans.

White House Conference on Hunger, Nutrition, and Health

Pillar 2—cont.

C. Strengthen and diversify the nutrition workforce.

The healthcare workforce, including registered dietitian nutritionists (RDNs), plays a central role in preventing, treating, and managing diet-related diseases. However, patients are less likely to seek care or share information if they perceive ethnic or social differences with their healthcare providers. Thus, a more diverse health care workforce would better serve communities of color, which suffer from higher rates of food insecurity and diet-related disease. To expand and create a more diverse workforce well-trained in nutrition, the Biden-Harris Administration will:

- Bolster the health care workforce, including nutrition professionals, and ensure other medical professionals receive nutrition education.

White House Conference on Hunger, Nutrition, and Health

Pillar 5—Enhance Nutrition and Food Security Research: Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.

- Bolster nutrition research funding to support evidence-based policies
- Implement a coordinated federal vision for advancing nutrition science
- Ensure diversity and inclusion in nutrition, health, and food security research
- Expand and diversify the nutrition science workforce
- Invest in creative new approaches to advance research regarding the prevention and
- treatment of diet-related diseases
- Bolster data collection to better identify trends
- Evaluate federal assistance programs and innovative models to understand impact
- and areas for improvement and scalability
- Better understand the SDOH to help achieve health equity
- Research the intersection of climate change, food security, and nutrition

Defining Food is Medicine (FIM)

Defining FIM

- Finding a clear, widely-used definition will be essential for advancing funding and research opportunities
- Within the Alliance FIM Subcommittee, we want to expand our definition beyond MTM to include other essential FIM programs (i.e., produce prescription, voucher programs, community cooking classes, SNAP and WIC, etc.)
- Need to be mindful about how we communicate about FIM initiatives to avoid bypassing community driven-solutions and allowing for co-option of solutions by industry partners
- We also need to consider the inclusion of children and families, and broader definitions of medically complex cases when outlining programs

Messaging for FIM

- Emphasize how reimbursement for FIM work promotes equity
- Educate stakeholders about what FIM work is, why it's important, how it works, and the dollars that are involved.
- Lead with the dollars for political stakeholders (i.e. governors)
- In states where farming is important, could incorporate local farms into FIM programs as a leveraging point

HCBS and 1115 Waivers

And Other Sources of Funding for Food-Based Interventions

HCBS Waivers in Illinois

- DHS Division of Rehab Services (DORS) operates a HCBS waiver for adults with physical disabilities; individuals with HIV/AIDS; individuals with traumatic brain injury that includes meals
- IL Department of Aging has a HCBS waiver that covers the elderly population and provides home delivered meals
- For higher income older adults who do not meet the Medicaid requirements, the Older Adults Services Act provides funding for meals

1115 Waivers in Illinois and Nationally

- States that have used 1115 waivers for food-based interventions: OR, MA, NC, AR, and AZ
- In Illinois:
  - COVID-19 1115 waiver: includes coverage of MTM
  - Behavioral Health 1115 waiver: opportunity to include mention of food-based interventions in 2023 modification
- Timelines and budget in the 1115 waivers were constraints and that research showing improvements to health outcomes was limited when waivers were only for 6 months
- Other inclusions for 1115 waivers: coverage for prenatal (ideally 1st trimester), pediatrics, and families

1115 Waivers Nationally

Oregon

- The waiver provides services to address health-related social needs to at-risk individuals in a life transition.
- Oregon's waiver is unique in its focus on adult and youth experiencing a major life transition.
- Services eligible include nutrition counseling; up to 3 MTMs per day for 6 months; meals and pantry stocking for youth involved in the child welfare system, youth w/special healthcare needs and pregnant individuals for up to 6 months.
- Fruit and vegetable prescriptions for up to 6 months.
- The health-related social needs services are on a county by county basis during the phase in through 12/31/24 (currently still in the planning phase).

Massachusetts

- Participants must be enrolled in MassHealth's Accountable Care Organization (ACO) and meet one health needs-based criteria and one risk factor (e.g. at risk of homelessness or nutritional deficiency)
- The health needs-based criteria includes behavioral and physical health conditions.
- Includes up to 3 home delivered meals per day for up to 6 months. Additional meal support if children or pregnant individuals are in the household.

Other Funding Sources We Know of in IL

- GusNIP is one source of federal funding for prescription produce programs
- Healthcare Transformation Collaborative (see section on Pilots)

1115 Waiver Best Practices

- 12 months versus 6 months
- Coverage for patients and their families
- Provision of a suite of food is medicine programs to fit needs of different patients
- Emphasis on culturally relevant food

Medically Tailored Meals (MTM)

MTM Landscape

- Most researched type of FIM program/food-based intervention
  - A caveat is that these programs are often prescribed solely for individuals experiencing a diet-related chronic disease combined with a limitation on daily activities
- Is the primary focus of coalitions like FIMC
- Local pilot programs:
  - GCFD's Nourish Project
- National pilot programs: see FIMC MTM partner list

From White House Conference, Pillar II - Integrate Nutrition and Health

COMMUNITY SERVINGS: Community Servings, a regional nonprofit organization, will provide 10 million medically tailored, home-delivered meals to individuals and families experiencing nutrition insecurity and chronic illness in Massachusetts and Rhode Island. It will co-lead the national Food is Medicine Coalition's Accelerator program to incubate 15 new medically tailored home-delivered meals programs in states that are unserved or underserved by existing programs. It will additionally expand a workforce development training program for individuals experiencing barriers to employment, so that they are trained in food service production, and provide resources to help trainees subsequently receive employment in the food service industry.

Upcoming MTM Policy Opportunities in IL

ILSB2440

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that medically tailored meals shall be covered under the medical assistance program for persons otherwise eligible for medical assistance. Requires the Department of Healthcare and Family Services to apply for any federal waivers or approvals necessary to implement the amendatory Act. Provides that upon federal approval, the Department shall at a minimum determine by rule (i) a list of qualifying medical conditions or illnesses a person must be diagnosed with to be eligible for medically tailored meals and (ii) the number of medically tailored meals an eligible person shall receive coverage for per day.

Federal MTM Policy Opportunity

H.R. 5370–Introduced in House 9/24/21

This bill requires the Centers for Medicare & Medicaid Services to establish a demonstration program to allow hospitals to provide medically tailored, home-delivered meals to Medicare beneficiaries who have a diet-impacted disease (e.g., kidney disease) and have daily living limitations.

Participating hospitals must (1) retain a physician, registered dietitian or nutrition professional, or clinical social worker to screen, monitor, and coordinate services for individuals who receive meals through the program; and (2) contract with experienced organizations for meal delivery. Hospitals may choose to also provide meals to an individual's primary caregiver or to a dependent under the age of 18 who resides in the same household.

Screening and Referral (S&R) and Medical Chart Coding

What We Know About S&R, Z-Codes, & ICD-10 Codes

- In Illinois:
  - Currently doing a Z-codes pilot at some locations. Not getting reimbursed for work associated with the Z-codes but hope to in the future
  - New EMS codes for 2023 went into place on Jan 1—point of codes: if your care plan for a patient is based on social influencers of health, you're able to increase the severity of the CBT code for the patient encounter (all venues have access to "upped" codes)
- Coding at a fundamental level requires use of screening in hospital or healthcare system
- Clinicians must be involved from the beginning in order to ensure uptake and success
  - The screening and charting process for providers should be a low-burden clinical task incorporated into the EMR
  - Clinician word-of-mouth helps with S&R uptake in clinics
- A low hanging fruit that's accessible right now while coding is still being built up is expanding screening and strengthening referrals
  - Many healthcare organizations are screening in some clinics, but not all
  - Many organizations that are screening haven't closed the loop on referrals
- Other resources we know of:
  - Rush has mapped their Z-codes onto the Epic wheel
  - FIMC is developing a report on how to use Z-codes for states
  - Gravity Project led training on Medical Coding for Food-Based Interventions

From White House Conference, Pillar II - Integrate Nutrition and Health

NEMOURS CHILDREN'S HEALTH: Nemours Children's Health, a multi-state pediatric health system, will expand access to donation programs and educational tools to reduce food insecurity and health disparities. The health system will develop and disseminate a comprehensive Social Determinants of Health Implementation Guide, which will help other health systems detect and address social determinants of health (SDoH) like food security; scale its existing SDoH screening tool to new specialty clinics in Delaware and to all its primary care clinics in Florida; create and disseminate at least 10 articles in English and Spanish on primary prevention related to nutrition and food; and expand partnerships with two Delaware-based food security initiatives: Nemours Cares Closets – which stocks primary care practices with personal hygiene items, clothes, and non-perishable food items – and the Backpack program, which provides children access to nutritious meals outside of school hours.

USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are Z codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age.

Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.[1]

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.[2]

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- **Identify individuals'** social risk factors and unmet needs.
- **Inform health care** and services, follow-up, and discharge planning.
- **Trigger referrals** to social services that meet individuals' needs.
- **Track referrals** between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

For Questions: Contact the **CMS Health Equity Technical Assistance Program**

[1] https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
[2] aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf

USING SDOH Z CODES

Can Enhance Your Quality Improvement Initiatives

Health Care Administrators

Understand how SDOH data can be gathered and tracked using Z codes.

- Select an SDOH screening tool.
- Identify workflows that minimize staff burden.
- Provide training to support data collection.
- Invest in EHRs that facilitate data collection and coding.
- Decide what Z code data to use and monitor.

Develop a plan to use SDOH Z code data to:

- Enhance patient care.
- Improve care coordination and referrals.
- Support quality measurement.
- Identify community/population needs.
- Support planning and implementation of social needs interventions.
- Monitor SDOH intervention effectiveness.

Health Care Team

Use a SDOH screening tool.

- Follow best practices for collecting SDOH data in a sensitive and HIPAA-compliant manner.
- Consistently document standardized SDOH data in the EHR.
- Refer individuals to social service organizations and appropriate support services through local, state, and national resources.

Coding Professionals

Follow the ICD-10-CM coding guidelines.[3]

- Use the CDC National Center for Health Statistics ICD-10-CM Browser tool to search for ICD-10-CM codes and information on code usage.[4]
- Coding team managers should review codes for consistency and quality.
- Assign all relevant SDOH Z codes to support quality improvement initiatives.

Z code Categories

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **Z58** – Problems related to physical environment
- **Z59** – Problems related to housing and economic circumstances
- **Z60** – Problems related to social environment
- **Z62** – Problems related to upbringing
- **Z63** – Other problems related to primary support group, including family circumstances
- **Z64** – Problems related to certain psychosocial circumstances
- **Z65** – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

[3] https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
[4] https://www.cdc.gov/nchs/icd/icd-10-cm.htm

Revision Date: June 2022

Education & Interdisciplinary Approach

Education of Healthcare Providers

- Nutrition education of healthcare providers was named as a critical element of the success of FIM programs at the White House Conference Panel 2 meeting
- Will strengthen screening and referral processes in addition to familiarity with types of nutrition-related interventions
  - May providers still need to be educated on S&R let alone the importance of providing nutrition interventions to manage chronic disease

From White House Conference, Pillar II - Integrate Nutrition and Health

AMERICAN COLLEGE OF LIFESTYLE MEDICINE (ACLM): ACLM will make an in-kind donation of $24.1 million to improve nutrition training for medical professionals. Specifically, ACLM will donate 5.5 hours of Continuing Medical Education course credits on nutrition and “food is medicine” topics to 100,000 health care providers located in regions with high rates of diet-related disease. ACLM will also coordinate with the American Board of Lifestyle Medicine to cover half the cost of lifestyle medicine training and certification for 1,400 primary care providers – one from each Federally Qualified Health Center across the nation.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) and ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME): AAMC and ACGME commit to organizing and hosting the first-ever Medical Education Summit on Nutrition in Practice in March 2023. This national initiative will convene 150 medical education leaders – across medical schools, residency training, and continuing education programs – to identify, discuss, and determine the best strategies for integrating nutrition and food insecurity into medical education curricula, with a focus on interprofessional care and health equity

From White House Conference, Pillar II - Integrate Nutrition and Health

FOODSMART: Foodsmart is a “food is medicine” company that integrates dietary assessments and nutritional counseling with online food ordering services. Over the next five years, Foodsmart will provide no-cost training and secure employment for over 10,000 nutrition professionals of color by building partnerships with universities, online continuing education companies, and accreditation bodies.

UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE GREENVILLE: The University of South Carolina School of Medicine Greenville will make a $4.8 million in-kind donation to help implement its open-source Lifestyle Medicine curriculum in all interested medical schools. It will also provide guidance to the National Board of Medical Examiners, the primary organization assessing competency of medical providers, on adding questions and content related to lifestyle medicine. Finally, the school will provide 637 health systems and 755 YMCA associations with consulting and free access to its Exercise is Medicine Greenville toolkit, a comprehensive, 12-week program for using exercise to mitigate risk for chronic diet-related diseases.

Reimbursement for Interdisciplinary Team

- Coverage from reimbursement should extend to providers who aren't always directly involved in clinical care (i.e., social service providers) but are essential to the success of FIM programs, including:
  - Registered dieticians/registered dietician nutritionists
  - Community health workers
  - Social workers

Research

Emerging Best Practices

- Important to include biometric data (i.e., A1C, BP, etc.) and other barometers for wellbeing (i.e., perceived wellness, family benefits, healthcare system usage, etc.) in program evaluation
- Leverage pre-existing partnerships, especially with universities, to improve research
- Look for emerging opportunities to strengthen research in the Healthcare Transformation Collaboratives
- Resources:
  - Food is Medicine Research Action Plan (Aspen Institute)
  - Nutrition Incentive Hub Resource Library (GusNIP)

From White House Conference, Pillar V - Enhance Nutrition and Food Security Research

ROCKEFELLER FOUNDATION and the AMERICAN HEART ASSOCIATION: Launching in spring of 2023, the Rockefeller Foundation and the American Heart Association, with inaugural partners including Kroger, plan to mobilize $250 million to build a national Food is Medicine Research Initiative. This research initiative will generate the tools and definitive evidence necessary to help the health sector design and scale “food is medicine” programs to improve both health and health equity and reduce overall health care costs. Alongside patients and leaders in government, academia, health care, industry, and community-based organizations, this initiative will accelerate public understanding and use of “food is medicine” programs as an integral part of the health care system.

Local and National Pilots & Programs Leveraging Reimbursement

Running List of Pilots and Programs Leveraging Reimbursement

ILLINOIS

- Healthcare Transformation Collaboratives
- AIDS Foundation Chicago, Ryan White Services
- Hospital/healthcare systems:
  - Lurie Children's (EMR changes for S&R)
  - Rush University Medical Center (coding)
  - Cook County Health (coding)
- The Gravity Project

NATIONAL

- Healthy Opportunities Pilot (NC)
- God's Love We Deliver (NY)
- National Produce Prescription Collaborative
- American College of Lifestyle Medicine (coding)
- Stakeholder Health Food Prescription Model
- ProMedica Not-for-Profit Grocery Stores

AHE Reimbursement Padlet, Sept 2022

Other recommendations from partners

- Embed equity
  - Food must be culturally relevant or folks may not want to consume it and efforts are not impactful
  - Improve opportunities for BIPOC folks to receive quality care
- Connect Food is Medicine work to maternal and child health (Momnibus Act; WIC; etc.)
- Focus on community integration - getting folks out of the nursing home and back into their homes. Pitch how reimbursement for food programs can aid in this process/goal.
- Future directions + connections
  - Aetna is a managed care organization that has a lot of experience using Z codes
  - Tapestry 360 is a potential org to connect w/ about reimbursement for group based services (i.e nutrition education classes)
  - Wholesome Wave
  - Fair Food Network
  - Connie Spreen - local to Chicago
  - Rush/Top Box Foods - had (or maybe still have) prescription produce program
  - Windy City Harvest/Lawndale Christian Health Center - have prescription produce program
  - Chairman McGovern and his staff
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