CALIFORNIA WIC ASSOCIATION
WORKING FOR BETTER HEALTH

Preventive Nutrition Services:

Joining Health Reform with a Low-Cost Approach to Improve Health

Widespread poor nutrition – found disproportionately among low-income households – contributes to most of the leading causes of chronic disease and early death, such as heart problems, diabetes, obesity, high blood pressure, stroke, and many cancers. Improving nutrition through preventive nutrition services is a key way to address this problem and fits the current health care reform movement. This movement, called the Triple Aim – to improve the patient experience, improve population health, and reduce per capita cost – was developed by the Institute for Healthcare Improvement as an approach to optimizing health system performance.

Whether services are funded publicly or privately, healthcare administrators, practitioners, and funders are seeking better outcomes for their patients and the population as a whole while lowering the per capita cost of care. Improving the dietary intake of Americans is one of the most straightforward and cost-effective strategies for achieving these goals.

LEADING CAUSES OF DEATH, US 2016[12]

Heart disease:	635,260*
Cancer:	598,038*
Accidents (unintentional injuries):	161,374
Chronic lower respiratory diseases:	154,596
Stroke (cerebrovascular diseases):	142,142*
Alzheimer's disease:	116,103
Diabetes:	80,058*
Influenza and pneumonia:	51,537
Nephritis, nephrotic syndrome, and nephrosis:	50,046*
Intentional self-harm (suicide):	44,965

PRODUCED BY THE CALIFORNIA WIC ASSOCIATION 2018

Preventive Nutrition Services and the ACA

As delineated in the Affordable Care Act (ACA) of 2010, providing preventive nutrition services is one strategy that should be more widely employed to address chronic disease, much of which is preventable with good food and regular physical activity. In fact, the Affordable Care Act mandates comprehensive coverage for preventive nutrition services. In addition to existing medical nutrition therapy (MNT), the ACA requires insurance plans, including Medicaid plans in expansion states, to provide in their Essential Health Benefits, coverage for nutrition counseling, as well as for breastfeeding counseling and support, to be delivered by in-network providers and without co-pays. Unfortunately, the majority of health plans have made little progress in initiating comprehensive preventive nutrition services to all beneficiaries.

This brief explains how preventive nutrition services are defined and what effective services could look like, based on pilot programs and early adoption strategies. It explores the gaps and barriers to full implementation, and examines the opportunity to provide a continuum of preventive nutrition care in a variety of settings.

Related resources specifically regarding breastfeeding support – including direct lactation support and the provision of electric breast pumps – are available from numerous organizations, among them the California WIC Association (CWA)[1]. This brief addresses other components of preventive nutrition services that could create a continuum of nutrition care focused on prevention to help millions of Americans improve their dietary intake and prevent costly chronic diseases throughout their lives.

What Are Preventive Nutrition Services?

As with all Preventive Services covered under Section 2713 of the Affordable Care Act, the components of Nutrition Services have been considered and adopted by the U.S. Preventive Services Task Force. The USPSTF is an independent panel of experts in primary care and prevention, convened by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ), which systematically reviews the evidence of effectiveness and develops recommendations for preventive clinical services.

Nutrition services required by the Affordable Care Act fall under two broad Clinical Care components:

- Maternity and Newborn Care: dietary assessment and counseling for a healthy nutritional intake and breastfeeding support and provision of pumps.

- Preventive and Wellness Services and Chronic Disease Management Services: dietary assessment and nutrition counseling as support for diabetes and heart disease management (blood testing and self-administration of insulin or related therapies), weight-loss counseling and support, and other food and diet-related services.

Section 2713: Nutrition Services Required by the ACA[2]

One example of preventive nutrition services is the USPSTF's recommendations for obese adults:

Federally Recommended Treatment For Obese Adults[3]

The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m^2 or higher to **intensive, multicomponent behavioral interventions**. These include:

- Behavioral management activities, such as setting weight-loss goals
- Improving diet or nutrition and increasing physical activity
- Addressing barriers to change
- Self-monitoring
- Strategizing how to maintain lifestyle changes

As a legal requirement of the ACA, preventive nutrition services have been defined and described only in general terms. Two key publications have provided more detail for health plans and health practitioners: *Bright Futures*[4] *and A Purchaser's Guide to Clinical Preventive Services.*[5]

Bright Futures offers a health and wellness intervention framework designed for pediatricians and others serving children and families. It contains a comprehensive set of assessment and intervention tools for a wide range of nutritional and diet-related issues affecting this population.

A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage is an older document that provides clinical guidance for employers for the

selection of clinical preventive services shown to be effective by the USPSTF, the Centers for Disease Control and Prevention (CDC), and other authoritative organizations. The Guide includes recommendations for screening and follow up for healthy diets, obesity, diabetes, cholesterol and hypertension – all of which have obvious food and physical activity components.

Lacking in the literature are guidelines or recommendations for such details as educational and system interventions necessary to ensure that clinicians actually deliver preventive nutrition services and that patients can access them. Furthermore, questions of exactly how these interventions should be designed, by whom they should be offered, and perhaps most important, how they are going to be paid for, are left largely unanswered.

At the local level it is up to the state exchanges and individual health plans and medical and physician groups to decide how to implement primary preventive nutrition care. In California, this task is further complicated when health plans subcontract care to other health plans, medical groups, and independent physician associations without required benefits being consistently defined.

Preventive Nutrition Services in California ACA Health Plans

In 2014 the California WIC Association analyzed all of the Essential Health Benefit offerings related to diet and nutrition in the Silver Health Plans of "Covered California" (the state exchange authorized under the ACA). These plans are often used for comparison of benefits. The analysis found significant gaps in preventive nutrition services: not only were preventive nutrition services scarce, but those that were offered were mainly through pamphlets and infrequent referrals to a nurse or dietitian, sometimes only for a telephone appointment.

To explore how to overcome these gaps in services, CWA convened key state and national organizations with a policy or professional stake in preventive nutrition services (see box for list of stakeholders).

KEY STAKEHOLDERS WITH AN INTEREST IN HEALTHCARE NUTRITION SERVICES

- Association of State Public Health Nutritionists (ASPHN)
- Maternal and Child Health Nutrition Council
- Maternal and Child Health Bureau, Health Resources and Service Administration (MCH/HRSA)
- MCH Nutrition Maternal and Child Health Training
- Division of Workforce Development
- Grantees of the Maternal and Child Health Bureau's (MCHB) Division of MCH Workforce Development (DMCHWD)
- American Academy of Pediatrics
- Academy of Nutrition and Dietetics (AND)
- Association of Maternal and Child Health Programs (AMCHP)

One innovative program the group highlighted was the Comprehensive Perinatal Services Program (CPSP) in California, which can serve as a model for weaving a comprehensive, quality continuum of food and nutrition services into care.

Comprehensive Perinatal Services Program[6] – A Model for Care

For more than 30 years, Medicaid (Medi-Cal in California) patients, particularly high-risk pregnant women, have had access to a comprehensive system of nutrition care through the Comprehensive Perinatal Services Program (CPSP). Funded by the federal Title V Maternal and Child Health Block Grant, CPSP has included a strong nutrition and breastfeeding support component that allows allied health providers, including dietitians, to bill Medicaid for their services.

In California, hundreds of Federally Qualified Health Centers (FQHCs) are using CPSP billing to offer services such as dietary counseling and lactation support that improve nutritional care for pregnant and postpartum women.

CPSP is an excellent model for building a system to serve other high-need populations, such as children, other adults, and the elderly, using a team approach to care that incorporates both licensed and unlicensed staff and addresses nutrition across the life span. This would be a particularly effective way to address costly and preventable chronic disease such as diabetes and hypertension.

Costs of Nutrition Counseling

To analyze the costs of nutrition counseling, the California WIC Association engaged Milliman to identify nutrition services available in California for low-income pregnant women, with a focus on comprehensive nutrition counseling and education (as opposed to lower-intensity lifestyle advice and education that might be offered during a routine visit with a clinician).[7] Their findings for the two major funding options point to the low costs of providing these services.

Comprehensive Perinatal Services Program providers are reimbursed for a full set of comprehensive services, including nutrition counseling, psychosocial counseling, and health education. The maximum reimbursement is $1077.23 per pregnancy, based on a woman accessing each of these services once per trimester.

Comprehensive Perinatal Services Program Reimbursement**

CPSP SERVICES:	NUTRITION	PSYCHOSICIAL	HEALTH EDUCATION
Trimester 1	$119.07	$119.07	$119.07
Trimester 2	$119.07	$119.07	$119.07
Trimester 3	$119.07	$119.07	$119.07
SUBTOTAL	$359.08	$359.08	$359.08
TOTAL MAXIMUM PER PREGNANCY: $1077.23*			

*Some patients may receive fewer than 3 visits per service category based on entry to prenatal care and individual need.
** adapted from Milliman Report [7]

Medi-Cal fee-for-service plans reimburse a maximum of three hours of individual and/or group nutrition counseling, for a total reimbursement of $253.66 per pregnancy.

MEDI-CAL NUTRITION COUNSELING REIMBURSEMENT	
Individual Initial Visit	$121.40
Individual Subsequent Visit	$121.40
Group Visit	$27.82
TOTAL MAXIMUM PER PREGNANCY: $253.66	

*Medicaid managed care reimbursement for perinatal nutrition counseling varies. Some plans include these services in the capitation payment, while others may reimburse for these services on a fee-for-service basis.

It is clear that the low costs of delivering these services during a pivotal time in the health of women and children make nutrition counseling a cost-effective preventive care benefit. Additionally, nutrition counseling during the perinatal period can affect health behaviors for women and their children long after delivery and can potentially improve other nutrition-related conditions.[8] Standardization of perinatal nutrition counseling and education across programs and payers could have a significant impact on long-term health outcomes for women and children.

#Some Medi-Cal providers are reimbursed through a negotiated Federally Qualified Health Center (FQHC) rate which includes nutrition counseling and education.

Implementing Effective Preventive Nutrition Benefits

Participants at the CWA stakeholder meeting noted that clinical protocols, professional staffing requirements, billing codes, and other operational details have, for the most part, not yet been worked out by the state exchanges and member plans. They identified two key questions around implementing preventive nutrition benefits:

- How should such benefits be provided? Options include written materials, counseling (individual or group), and food prescriptions.
- Who should provide these benefits? Likely providers are dietitians, degreed nutritionists, peer or community health workers, and collaborations between health providers and community organizations that address nutrition care, food insecurity, and social determinants of health.

Many other questions about methods and services also need to be answered:

- Is a pamphlet sufficient to impart important nutrition information?
- Should clients receive a determined number of visits or hours of individual counseling with a dietitian?
- Would a support group be satisfactory in the place of individual counseling?
- Would a "healthy food prescription" help clients improve their eating habits?
- Are there effective innovative strategies that incorporate peer or community health workers?
- Is there a place for collaborations between health providers and community organizations?

The Center for Medicaid and Medicare Services (CMS) has left many of the details of implementing Essential Health Benefits up to the states.[9] In a 2013 informational update on preventive services, CMS revised previous requirements to include a statement that, although "physicians or other licensed practitioners recommend these services...preventive services may be provided, at state option, by practitioners other than physicians or other licensed practitioners."[10] It is up to states to work with CMS to determine which unlicensed practitioners could be tapped for this necessary preventive care.

This situation opens a historic opportunity for health reform efforts to improve models of food and nutrition access and education by finding ways to link and improve services and programs among health providers, health plan administrators, and community organizations. Such programs could use both licensed and unlicensed practitioners and link new ways of providing services with the well-established networks developed by the Supplemental Nutrition Program for Women, Infants and Children (WIC).

Using Licensed and Unlicensed Practitioners

The need to define how preventive services should be provided presents an opening to build a diverse workforce of culturally and linguistically competent nutrition experts. The workforce could include not only registered dietitians (who, although not licensed in California and many other states, are able to be credentialed with health plans) but also other unlicensed practitioners, such as community health workers specifically trained in nutrition principles and practices as well as in educational and behavioral methods.

The WIC Interface

The WIC program's primary focus is on direct provision of healthy food benefits and nutrition and breastfeeding counseling to WIC-eligible families. The WIC community has long been interested in the intersection of WIC with primary preventive care at the community level, and has worked for years with the Maternal and Child Health sector to produce improvements in prenatal and postnatal health outcomes through nutrition and breastfeeding counseling and support for millions of women and babies.

Beyond WIC, a more effective safety net for prevention of chronic disease in low-income patients of any age could be provided through health plan coverage and supplied by trained nutrition and breastfeeding para-professionals and full professionals. The large and highly educated WIC workforce of registered dietitians, degreed nutritionists, and nutrition assistants could be shared across programs and organizations, such as community health centers and health plan networks, to build a Nutrition Continuum of Care implementing ACA-mandated nutrition services, addressing diabetes, obesity, hypertension, and other chronic disease.

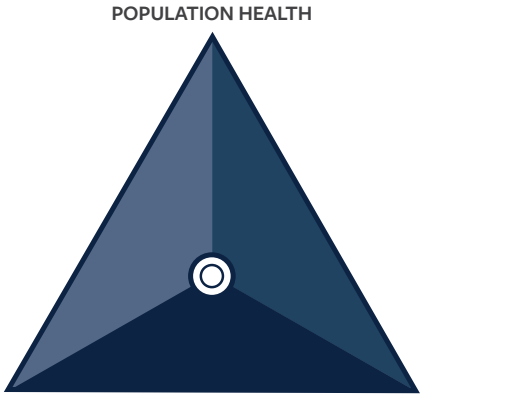
Some local WIC agencies in California and a few other states have already developed agreements with local health centers to share staff, off WIC time, who can provide nutrition counseling for health center patients. These models have improved patient care, streamlined both WIC and health center operations, resulted in good health outcomes, and proven to be a good business return on investment for WIC and for the participating health centers.[11] This is a scalable model that could be adopted widely.

Registered Dietitians are an important public health workforce in California for WIC, California Diabetes and Pregnancy Program (CDAPP) and the Comprehensive Perinatal Services Program (CPSP). They could also be a valuable resource for chronic disease prevention and care for children, adults and seniors being served in health centers and medical offices.

Action Recommendations

Public health workers serving young families directly know the value of both nutrition counseling and innovative strategies to prevent overweight, obesity, diabetes, and associated diseases and to improve the outcomes of acute and chronic health problems. For health plans and medical groups and associations, the value of including the foundations of health reform – prevention, improved population health and reduced costs – with collaboration, including working with upstream public and private partners that address social determinants of health, such as food insecurity, housing, and employment – make implementing these strategies a cost-effective choice.

The following recommendations outline important ways health care providers and policymakers can offer effective and innovative preventive services in the context of the current health reform movement to enhance health and provide a positive return on investment.



"Triple Aim" refers to the simultaneous pursuit of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Developed by the Institute for Healthcare Improvement, ihi.org.

Incorporate preventive nutrition services:

- Health plans should ensure nutrition counseling and education in their benefits, and use models of care and periodicity of patient visits/encounters, such as that provided in A Purchaser's Guide to Clinical Preventive Services, and implement the ideas in Bright Futures.
- The National Committee for Quality Assurance should include preventive nutrition services as an asset for Patient Centered Medical Homes certification.
- Commercial and public health plans and state Medicaid programs should include preventive nutrition services in payment reform, value-based purchasing or performance incentives.
- Medical providers should create collaborations with community partners, such as food banks, retail establishments, and upstream public and private partners that address social determinants of health, such as housing and employment, among others, to deliver preventive nutrition services.
- Public and commercial health plans should explore incentives for members' use of Farmers' Markets and additional purchases of fresh fruits and vegetables.

Expand the workforce available to provide preventive nutrition services:

- Health plans (public and commercial), medical groups, and independent physician associations should establish working relationships (through memorandums of understanding, service agreements, contracts, or other means) with local WIC agency parent organizations to offer preventive nutrition services that utilize WIC's nutrition workforce outside of WIC services with eligible patients.
- The WIC model of Nutrition Assistants working with Registered Dietitians should be adopted to provide access for health plan members to basic nutrition education and information.
- Licensure should be eliminated as a barrier to providing preventive nutrition services so the workforce can include unlicensed, trained nutrition associates, as recommended by the Centers for Medicaid and Medicare Services.[10]

Offer the most effective services to recipients:

- Health plan members must be able to meet in person with Registered Dietitians for nutrition counseling provided through the health plan, medical group, or independent physician association.
- Nutrition Counseling should be available without Treatment Authorization Referrals.
- Group options for nutrition care should be provided.
- Nutrition education and support should be available using current technology, such as texting, video conferencing, and web-based platforms, applications or social media.

Notes

1 California WIC Association. WIC, Public Health, and Health Care Reform. *http://calwic.org/focus-areas/wic-public-health-a-health-care-reform*

2 Section 2713: Nutrition Services Required by the ACA

3 U.S. Prevention Services Taskforce. Obesity in Adults: Screening and Management. *https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/obesity-in-adults-screening-and-management*

4 American Academy of Pediatrics. *Bright Futures: Prevention and Health Promotion for Infants, Children, Adolescents and their Families.* 4th Edition 2017 https://brightfutures.aap.org/Pages/default.aspx

5 Center for Disease Control and Prevention. *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage. 2006.* https://stacks.cdc.gov/view/cdc/11422/

6 California Department of Public Health. *Comprehensive Perinatal Services Program. https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx*

7 Milliman. Report prepared for California WIC Association, *Perinatal Nutritional Counseling Services for Low-Income Women in California*, Susan Philip, MPP, Diana Govier, MPH, Susan Pantely, FSA, MAAA, May 31, 2018.

8 Dunneram Y, Jeewon R. Healthy Diet and Nutrition Education Program among Women of Reproductive Age: A Necessity of Multilevel Strategies or Community Responsibility. Health Promot Perspect 2015; 5(2): 116-127.

9 Centers for Medicare and Medicaid Services, Center for Consumer Information Insurance and Oversight. Essential Health Benefits Standards: Ensuring Quality, Affordable Coverage. 2013. https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/ehb-2-20-2013.html

10 Centers for Medicare and Medicaid Services. Update on Preventive Services Initiative. November 27, 2013. https://www.medicaid.gov/federal-policy-guidance/downloads/cib-11-27-2013-prevention.pdf

11 California WIC Association. Opportunities for Nutrition and Breastfeeding Interventions Under Health Care Reform. 2012. http://www.calwic.org/storage/documents/reports/CWA-Lactation_and_Nutrition_Counseling_Under_Health_Reform_May_2012.pdf

12 https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

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California WIC Association is a non-profit organization, whose members are the 83 local WIC agencies.

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