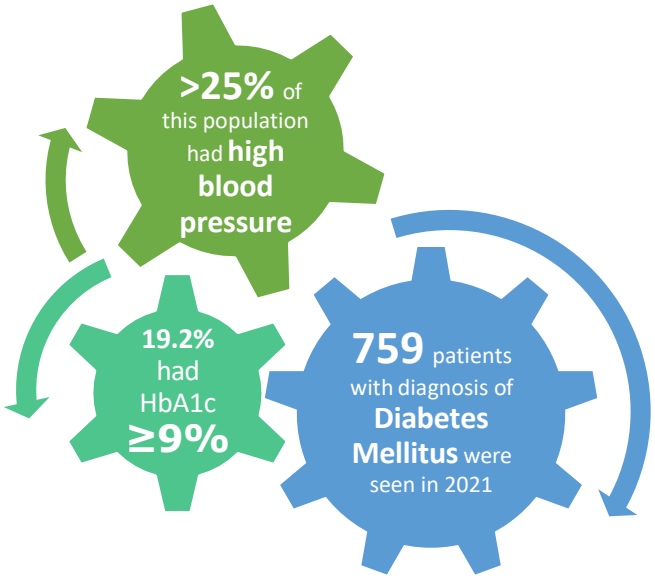
Food program II Cohort [2022]

Changing lives, one bite at a time

Sanitas New Jersey

Food program 2022 – Changing lives, one bite at a time.

*Executive Summary



Due to our dedication to our holistic strategy and our desire to promote the health of our community, we created a food pilot program in 2021 for our patients with type 2 diabetes mellitus [T2DM] or prediabetes that included educational sessions that served as a roadmap for helping them make better dietary decisions and food preparations.

Internal data shows that in 2021, a total of 759 patients with diagnosis of T2DM were seen at Sanitas Medical Center of New Jersey. 19% of them had a HbA1c equal or greater than 9% and 25% of also had high blood pressure with readings ≥140/90mmHg.

Our first cohort's results, which were statistically significant, demonstrated that patients with T2DM or prediabetes can have their metabolic panels controlled by a mix of primary healthcare, social prescription, care coordination, education, and access to healthy food. Moreover, there was a decrease in the amount of emergency room visits and hospital admissions, which reduced the cost of care.

The program was expanded from one to two sites in 2022, with the aim of raising awareness of the disease and the influence of lifestyle choices on potential complications.

48 patients were pre-selected by their PCPs from Sanitas Belleville [35] & Sanitas Union City [32], under the following criteria:

- Established patients
- Considered at higher risk of acute or chronic complications.
- Have shown willingness to improve their clinical condition.
- Willing to receive follow-up calls by Care Coordinators.
- Consent to participate in the program as per Sanitas Compliance Department.

Enrollment // Social Prescription

- 48 patients agreed to participate in pilot food program. 35 from Sanitas Belleville & 23 from Sanitas Union City.
- All received a social prescription to the food program by PCP

Demographics // Our participants

- Females > Males
- Average age: 57 years
- 72% of the patients were Horizon BCBS members (All LOBs > 57% of them were Medicaid member)
- Spanish was the preferred language for 65% of the participants.
- 45 patients with diagnosis of diabetes mellitus.
- 3 patients with diagnosis of prediabetes.
- 87.5% of the patients had a BMI within overweight or obesity ranges.

Interventions // What makes the program different

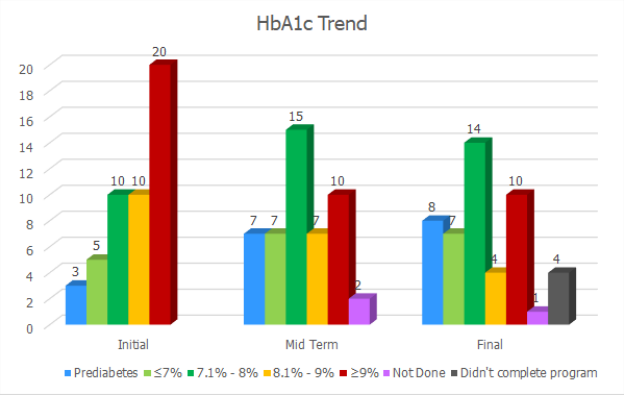
- 7 sessions: One for enrollment and detail explanation of the program dynamics. Five in-person monthly group meetings with Registered Dietitian [RD] to present diabetes-related nutrition topics and final session is program summary/graduation ceremony)
- We worked with Common Market & Food Connect to provide and distribute weekly fresh produce to the patients on a weekly basis throughout the program (6 months). Recipes approved by RD and written in their preferred language were given during the initial session.
- Clinical questions answered by Providers & Regional Medical Director.

- Round table setting and promotion of open discussion and personal experiences: recipes, preferences, feedback of quality of produce and inclusion of new produce into diet
- Weekly follow up by Care Coordinator
- Support by Behavioral Health counselor
- Evaluation of Social Determinants of Health [SDoH] & Wellbeing assessment
- Discussion of 6 gems of health based on the book "The Compassion Project" A case for hope & human kindness from the town that beat the loneliness by Dr Julian Abel & Lindsay Clarke.
- Education about community resources
- Satisfaction and food preference were given
- Closed monitoring of gaps in care

Outcomes

Four patients dropped out of the program before completion and only one patient did not complete all the lab tests.

For our primary objective, there was a significant difference (decrease) in HbA1c between initial and final measurements. This is shown by the decrease in the number of patients with HbA1c ≥9% (poor controlled) from 20 to 10, the increase in the number of patients with HbA1c ≤8% from 15 to 21 (well controlled) and an increment in the number of patients within prediabetes ranges from 3 to 8.



During the program there was one admission to the hospital and zero visits to the emergency room.

Quality metrics for patients with diabetes, including eye exam, microalbuminuria, and foot exam, were completed in 29%, 77% and 37.5% of the patients respectively.

2021 Results

For our primary objective, there was a significant difference (decrease) in HbA1c between initial and final measurements.
This is shown by the decrease in the number of patients with HbA1c ≥9% (poor controlled) from 11 to 7 and the increase in the number of patients with HbA1c ≤7% from 6 to 9 (well controlled).