



FOOD IS/AS MEDICINE – OPPORTUNITIES FOR SELF-INSURED EMPLOYERS AND OTHER STAKEHOLDERS

Written By Laura Carabello

Now more than a fanciful theory, Food Is/As Medicine (FIM/FAM) is a widespread movement that is gaining significant traction. Shifting from concept to reality with healthcare providers and self-insured companies, stakeholders in the industry increasingly use tailored nutrition to prevent and manage chronic diseases, like diabetes and hypertension. Driven by high healthcare costs and evidence that specific foods improve health outcomes, plan sponsors are supporting programs and services that advance implementation.

"Food is Medicine" (FIM) and "Food as Medicine" (FAM) are often used interchangeably.

- FAM emphasizes food as a complementary tool, like prescriptions or tailored groceries, which are provided in parallel to care for specific conditions. FAM is typically used with nutrition professionals and community organizations addressing food system issues, communicating "food and health" with diverse coalitions across sectors.
- FIM is a broader philosophy recognizing the power of food to prevent/treat disease, integrating nutrition into healthcare for better outcomes, cost savings, and health equity. This often involves systemic changes, highlighting food's therapeutic role. FIM is typically used with healthcare payers and systems for clinical partnerships and reimbursement.

These trends are gaining attention among the highest levels of government and throughout the private sector, although there are differing opinions about what constitutes a healthy diet. Across the country, Governors are driving a new phase of healthcare transformation—one that positions healthy food as a reimbursable, clinically relevant intervention to address chronic disease.

Source: 2026 National Governor's Association

Now, the federal government is taking a stand, stating, “Better health begins on your plate – not in your medicine cabinet.” The United States Department of Agriculture (USDA) and the Department of Health and Human Services (HHS), both part of the Executive Branch, which jointly issue the Dietary Guidelines for Americans every five years, recently released a revamp of recommendations. Americans are now urged to eat more protein and less added sugar, and, for the first time, they are discouraged from consuming highly processed foods.

The new parameters do not eliminate warnings about saturated fats but do encourage eating “healthy fat,” which they say includes beef tallow and butter, as well as olive oil. They also include a new, inverted food pyramid, emphasizing the consumption of fruits and vegetables along with protein, dairy and “healthy fats,” to replace the MyPlate chart that had previously provided visual guidance for American diets. Conspicuously, whole grains are deemphasized.

These guidelines are drawing criticism for their lack of consistency in reflecting scientific consensus and the risk of leaving behind vulnerable populations. Clinical strategists at VIDA Health contend that while they provide a framework, certain areas still need nuance, clarity and practical context.

DEFINING FIM

The American Heart Association (AHA) defines FIM as the provision of healthy food —such as medically tailored meals, groceries or produce prescriptions—to treat or manage specific clinical conditions in a way that is integrated with and paid for by the healthcare system. A growing number of studies, including a scientific statement from the AHA, show associations between FIM programs and improved clinical or patient-reported outcomes (related to both physical and mental health), medication adherence, food and nutrition insecurity and even healthcare use and costs.

Did you know?

- Only 1 in 10 people in this country consume the recommended amounts of fruits and vegetables, reports the Centers for Disease Control and Prevention (CDC).
- According to the Economics Research Institute of the US Department of Agriculture, lower-income households consume less produce and are at a higher risk for food insecurity and diet-related diseases. Healthy eating habits can be hard to adopt or maintain for those living in food deserts or who have difficulty covering the higher costs of fresh, health-conscious foods.
- The number of Americans living with obesity is expected to rise by 19 million and affect nearly 126 million people by 2035, according to a new study published in the Journal of the American Medical Association. Researchers project that almost half of US adults will be living with obesity by 2035.

- Poor diet, exacerbated by food insecurity, is a leading cause of disease and death in the U.S., say professionals at the Nutrition Policy Initiative (NPI) at Tufts University. This includes heart disease, stroke, type 2 diabetes, obesity, hypertension and some cancers, with poor nutrition estimated to account for 500,000 deaths annually.
- NPI attests that poor nutrition is estimated to cost society \$1.1 trillion in yearly healthcare spending and lost productivity, the same amount that the entire food sector contributes to the economy. This means that “our national ‘bill’ for diet-related disease is equal to all the money we currently pay for the food itself.”

PRO-ACTIVE SUPPORT FOR HEALTHY FOOD, BETTER HEALTH

From a payer perspective, it’s worth noting that the FIM National Network of Excellence establishes standardized approaches for integrating food-based interventions into healthcare systems and communities. Founded by the Tufts Friedman School of Nutrition Science and Policy and nonprofit health system Kaiser Permanente, the first members of the network include some of the most recognizable plans touching millions of lives—Blue Cross and Blue Shield of North Carolina, CVS Health, Devoted Health, Elevance Health, Geisinger, and Highmark Health. Complementing this program, the HHS launched various public-private initiatives with Instacart, The Rockefeller Foundation and Feeding America.

Another positive market signal is the uptake in training the next generation of physicians to embrace FIM as a foundational part of how they provide care. For example, in addition to 12 hours of dedicated nutrition education, the Kaiser Permanente Bernard J. Tyson School of Medicine has intentionally woven it throughout the curriculum to underscore its importance across health. This includes highlighting the connections to food when teaching about metabolic disorders, vitamin and mineral deficiencies, endocrine disorders, pregnancy, heart disease and many other topics. Their stated goal is to move past a model where physicians sound like chemists when discussing diet with patients, focusing on nutrients rather than providing practical counseling on meal planning and healthy eating.

Today, FAM is regarded as a foundational pillar of Lifestyle Medicine (LM), which emphasizes the interconnected roles of nutrition, physical activity, sleep, stress management, substance avoidance and social connection in promoting holistic health. Lockton says positioning FAM within the LM framework shows multinational employers how nutrition complements other lifestyle approaches, reinforcing cohesive messaging as LM gains influence across healthcare, policy and corporate wellness.

Extending this focus on LM, Lifestyle Spending Accounts (LSAs) now offer an option for self-insured employers to sponsor stipends and reimbursements where employees receive a fixed sum of money separate from their salary that they can spend or expense towards household costs, such as groceries. Monies are set aside as taxable income by the employer into an account that employees can use freely and then be reimbursed at a later date. LSAs might prove to be the impetus for employees to feed themselves better.

Source: Informa



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It appears that more businesses are planning to consolidate stipends or adopt LSAs in 2026.

Compt annual Lifestyle Benefits Benchmark Reports

- 64% of Compt customers offered an all-inclusive LSA in 2025, making it the most common lifestyle stipend structure.
- 82% of multicategory LSAs include five or more eligible categories, signaling a preference for consolidation rather than one-off perks.
- 20% of employers now extend LSAs to international employees in 62 countries, simplifying lifestyle benefits with a single global structure rather than country-by-country programs.

Sequoia Benefits Benchmarking

- 10% of companies offer a Lifestyle Spending Account, and adoption has more than doubled since 2024.
- Among employers requiring full-time office attendance, 13% offer an LSA; this number is expected to rise to 48% in the next year.

EAT "HEART HEALTHY," CONTAIN CARDIOLOGY CLAIMS

FIM may be especially important for cardiovascular disease (CVD), particularly in light of a new study in the Journal of the American College of Cardiology showing that half of Americans still have high blood pressure, unchanged from 2009 to 2023. Both diabetes prevalence and deaths are growing, particularly among younger adults and low-income populations, as upwards of 40% of adults are obese. In some areas of the country, CVD mortality is rising again, particularly among working-age adults and people who have historically faced barriers to care. Researchers report that CVD is shaped as much by where people live, work and eat as by what happens in the healthcare system.

From a cost standpoint, cardiology claims are a major expense for employers, ranking as the second costliest condition category after cancer, driven by complex procedures (CABG, TAVR) and chronic issues. Affordable FIM programs may result in ROI when exorbitant claims hit health plan budgets.

COST OF HEART DISEASE IN AMERICA

Source: American Heart Association

As Bruce Roffé, P.D., M.S., H.I.A., president and CEO of H.H.C. Group, explains recently in BenefitsPRO, "These high-cost procedures and chronic conditions lead to expensive treatments and multi-million dollar claims even in younger workers. Hidden billing abuses -- like inflated assistant surgeon fees-- exacerbate costs, stressing the need for proactive management and negotiation for self-funded plans. The key is to scrutinize cardiology bills for overcharges and billing abuses. Every inflated cardiology claim that goes unchallenged contributes to rising employer healthcare costs, higher stop-loss renewals and increased financial strain on self-insured plans."

In the article, Roffé suggests that benefits professionals can help employers with self-funded plans fight the abuse by watching for three important red flags.



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1. Assistant surgeons charging at primary surgeon rates

In surgical procedures, it's a standard industry practice for an assistant surgeon to receive only 16% to 20% of the primary surgeon's fee. However, many claims reveal that assistant surgeons are billing at rates far beyond this threshold. In some cases, they're nearly matching the primary surgeon's charges.

Assistant surgeon charges should be flagged and adjusted if they exceed 20% of the primary surgeon's fee. Claim review teams should be trained to apply industry-standard reductions before payments are processed. Additionally, direct negotiation with providers can help challenge these inflated charges, ensuring that self-funded employers pay only what is fair and reasonable.

2. Missing multiple-procedure discounts

When multiple cardiology procedures are performed during the same surgical session, standard industry guidelines require secondary procedures to be billed at a 50% discount. This reduction accounts for the overlap in resources and time, ensuring fair and reasonable reimbursement. However, many providers fail to apply this discount, instead billing every procedure at full price to maximize their reimbursement — at the direct expense of employers and their health plans. Every claim involving multiple procedures should be carefully reviewed to ensure the 50% reduction is correctly applied. And here, too, direct negotiations can defend employers against excessive charges.



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3. Bundling Manipulation

For many surgical procedures, some services and equipment should already be included in the primary cost and should not be billed separately. For example, the use of an operating microscope in cardiovascular procedures is considered incidental to the surgery itself. However, some providers unbundle these charges, billing them separately to increase reimbursement. Claim review teams can be trained to watch for this problem and compare the actual billing with national coding benchmarks.

Furthermore, new evidence now emerges that Alzheimer's genetic risk may be effectively countered with diet. Here are the facts: People who carried the Alzheimer's disease APOE4 risk gene had a lower risk of developing dementia if they followed a Mediterranean diet, according to an observational study of healthcare professionals published in *Nature Medicine*. Greater adherence to the Mediterranean diet was associated with a lower risk of dementia and slower cognitive decline in the overall study population.

Reflecting on this issue, Dr. Will Clower, the founder & CEO of Mediterranean Wellness, shares, "Employee health programs have long searched for the right formula to improve outcomes. But after cycling through countless innovations, perhaps the best solution is to remember what we've forgotten."

He says that as a culture, "We were healthier when we ate real food—not the ultra-processed products that now dominate our shelves. This isn't nostalgia. It's science. Decades of research on the Mediterranean diet show that eating whole, unprocessed foods can improve blood sugar, reduce inflammation, support heart health, and even protect cognitive function."

For employers, food remains one of the most overlooked tools in long-term risk reduction, as Dr. Clower concludes, "Everyone eats—every day. Rethinking food not just as fuel, but as a daily intervention, opens the door to more sustainable, evidence-based health strategies. In tandem with tools like analytics and health coaching, food can become a powerful part of a broader wellbeing solution—already on the table, three times a day."

Further validation emanates from solutions providers. "From health systems to insurers, the future of patient care is increasingly moving toward food-based solutions," shares John Furton, president & COO, Sifter Solutions, a medically tailored grocery solutions for Food-as-Medicine Programs. "To date, the challenge has been how to bridge the gap between what we eat and our health goals. General dietary advice usually breaks down in the grocery aisle, where it becomes confusing to understand product fit and tempting to veer off course."

Furton's company has developed technology to make it easy to transform grocery shopping into a platform for health. Backed by evidence-based nutrition standards of care, the cutting-edge technology is designed to make healthy food choices accessible, actionable and personalized—at scale.

"At the core of our business are hundreds of powerful algorithms that evaluate the universe of food products sold in US supermarkets based on thousands of health attributes—from chronic conditions like diabetes and heart disease to allergens and even medication interactions," he explains. "This allows Sifter to provide personalized food prescriptions -- clinically validated food guidance—in real-time, for everyone from patients to healthcare providers."

This technology powers a variety of food interventions, including pre-paid food Rx benefit cards, medically tailored grocery ordering and virtual dietitian shopping apps that scan barcodes, ensuring dietary compliance and making grocery shopping easy and fun.

BEHAVIORAL HEALTH CONNECTION TO FIM

"FIM is increasingly recognized as a population-level strategy for addressing diet-related chronic conditions by targeting social drivers that influence health outcomes," Dani Kimlinger, PhD, MHA, SPHR, SHRM-SCP, CEO, Mines and Associates. "From our perspective,

food insecurity, financial strain, stress, and competing life demands are closely linked to both physical and mental health risks and are consistently associated with higher medical and behavioral health claims. For self-insured plans, integrating FIM alongside Employee Assistance Programs and managed behavioral health services offers an opportunity to address these drivers earlier and more holistically.”

EAPs and managed behavioral healthcare play a critical role by identifying social determinants of health through intake and utilization patterns, supporting behavior change and helping members navigate barriers that affect adherence to nutrition-focused interventions.

“When paired with claims and utilization data, these insights can help identify high-risk populations, guide targeted outreach and reduce avoidable emergency department use and inpatient admissions,” continues Kimlinger. “Importantly, FIM approaches can advance health equity when designed to reach populations disproportionately impacted by food insecurity and chronic stress. Aligning nutrition access with behavioral health support strengthens engagement, improves stability, and supports sustainable outcomes across diverse employee populations.”

OPPORTUNITIES FOR SELF-INSURED EMPLOYERS

Food doesn’t replace medicine, but it has the potential to enhance health and well-being, counsel the advisors at Mercer. They acknowledge that many employers have programs in place to address obesity, which is associated with a number of chronic conditions and higher medical costs. With the rapid increase in utilization of GLP-1 medications and the high cost of coverage, they say food programs can play a part in a comprehensive strategy to support weight management.

Employers should also consider some healthy diet suggestions:

- Healthy cafeteria and snack options
- On-site cooking classes and lunch and learns, offering chef-inspired and dietitian-approved recipes that are easy to recreate at home.
- Nutrition education sessions with registered dietitian nutritionists
- Flexible work hours to support healthy lifestyle activities, including time for mindful eating
- Integrating nutrition support programs into existing EAP programs
- If financial barriers are identified, have the system tie in SNAP benefits information and SNAP-eligible foods into meal plans and recipes.

Mercer consultants maintain that employers can potentially address food insecurity and nutrition insecurity by also considering a benefit to deliver and/or subsidize healthy food:

- Produce Prescriptions: Assist employees newly diagnosed with a medical condition.

Offer and/or discount healthy food, providing access to a dietitian to provide culinary education and medical nutrition therapy. Specific nutrients in foods can play a pivotal role in preventing and even managing a number of health conditions.

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For example, the consumption of whole grains and vegetables has been associated with stopping hypertension, while eating a diet high in fresh fruits, vegetables, extra virgin olive oil, legumes and fish has been tied to the prevention of chronic diseases.

Produce prescriptions offer free or discounted produce to ambulatory patients based on a range of eligibility criteria, such as people who have a chronic condition, like diabetes, prediabetes, hypertension, obesity or heart disease, as well as people on low incomes and/or who are food insecure.

Retail-Led Produce Prescription Plans

These initiatives route healthcare dollars directly into produce departments, with retailers serving as the delivery system.

- Eat Well, managed by the non-profit Reinvestment Partners in Durham, NC, launched a pilot at Food Lion in 2016. The 1,100-plus store retailer, headquartered in Salisbury, NC, initially loaded fruit and vegetable funds onto its loyalty cards. Expansion led to a retailer-neutral restricted debit card accepted at major national chains, including Ahold Delhaize banners, Kroger, Albertsons, Walmart and Instacart.

Participants, most often individuals managing diet-related chronic disease, are enrolled through health plans, care managers, dietitians and community health workers. Monthly produce benefits range from \$40 to \$320, depending on program intensity. Funds are limited to fruits and vegetables — fresh, frozen, or canned without added ingredients.

- Giant Food's Healthy Flexible Rewards program is a loyalty rewards program that gives more points for healthier purchases.
- Oscar offers \$100 per year for healthy groceries for members with type 1 or type 2 diabetes who have an annual physical or wellness visit. Generally, these "prescriptions" come in the form of a voucher for fresh fruits and vegetables as described above.

- **Medically Tailored Meals (MTMs):** Support employees who are experiencing complex health issues by offering delivery of MTMs once the patient returns home from the hospital.

MTMs are fully prepared home-delivered meals designed by a registered dietitian to address specific medical needs. Highmark Health recently launched such a pilot for members with qualifying chronic health conditions who are at high risk for food insecurity.

A recent study published in JAMA found that national implementation of MTMs for high-risk individuals could produce a net cost savings of \$13.6 billion annually (\$2,500 per patient year). Adults with serious medical conditions who received 10 MTMs per week for an average of 9 months per year were 49% less likely to be admitted to the hospital and 72% less likely to be admitted to skilled nursing facilities — producing a 16% reduction in total healthcare costs, even with the cost of the MTM program.

While MTMs are not widely covered by public or private health insurance plans, pilot programs have shown a significant decrease in hospitalizations and overall improvement in chronic disease management, and some plans are taking steps in that direction.

Now, employers are leveraging employee discretionary spending programs to cover the costs. Meal-delivery service Trifecta is partnering with food-tech platform Prado, which connects prepared food businesses with healthcare professionals and other specialists to distribute medically approved meals that employees can pay for with their health savings account (HSA) or flexible spending account (FSA).

- **Education and Information:** Lockton says FAM is gaining global traction as a transformative approach to healthcare—one that multinational employers are uniquely positioned to champion.

This forward-thinking framework emphasizes the role of nutrition in preventing, managing, and even reversing chronic conditions. They maintain that the inclusion of FAM tactics has the potential to improve overall well-being while achieving long-term cost savings. Lockton's U.S. National Benefits Survey indicates that 33% of self-funded plan sponsors offer intensive lifestyle programs that emphasize nutrition, physical activity and mental health.

Furthermore, FIM has particular relevance for reproductive health, as G. David Adamson, MD, FRCSC, FACOG, FACS, CEO, ARC Fertility, says, "ARC regards this as a good movement. Our infertility and fertility care program places significant focus on a healthy lifestyle, which is important for good reproductive health. This includes emphasis on diet as a critical factor in good health."

Dr. Adamson believes strongly that self-insured stakeholders take action to integrate FIM into standard healthcare for better patient outcomes – especially for those members who are at risk.

"This is an absolute yes," he emphasizes. "A healthy diet is absolutely essential to obtain better health outcomes, especially as diet is related to overweight and obesity. The ROI to companies for a good diet and resulting in better weight and reduced chronic conditions affecting the cardiovascular, metabolic, orthopedic and other systems is extremely high. FIM absolutely should lower the prevalence of chronic conditions and related expenses."

INDUSTRY UPTAKE

United Healthcare is now offering medical nutrition therapy nationwide to UnitedHealthcare members who are pregnant, during postpartum, or with chronic conditions. In partnership with medical device company Aeroflow Health, the company is combining telehealth services with devices, such as breast pumps,

continuous glucose monitors (CGMs) and continuous positive airway pressure (CPAP) machines for sleep apnea, to bring physiological data into nutrition care. Virtual medical nutrition therapy (MNT) is available to patients enrolled in commercial plans, Medicare, and select Medicaid plans.

Just in from NationsBenefits®, a leading provider of supplemental benefit and healthcare fintech solutions, an announcement of a new retail integration with Tops Friendly Markets, the neighborhood grocer that operates 147 full-service supermarkets across Upstate New York, northern Pennsylvania, and Vermont. Through this partnership, health plan members can immediately use their NationsBenefits BenefitsMastercard® Prepaid Card at all Tops locations to purchase fresh produce, pantry staples, and over-the-counter wellness essentials with each transaction validated in real time by NationsBenefits' Basket Adjudication Service.

Another program from SmartRise Health, a clinical consultancy and technology-enabled firm dedicated to advancing value-based care and population health outcomes, serves as an example for utilizing FAM programs to cultivate health activism and cultural vitality.

Vanessa Guzman, MS, ME, CPCHE, CEO & president, explains, "While Value-Based Care (VBC) has long provided the structural framework for quality, its true promise is realized when we infuse real, personalized value into the member experience. We believe that care plans achieve maximum impact when they move beyond clinical checklists to empower individuals as activists of their own health. By leveraging our platform, we integrate FAM as a tech-enabled clinical intervention that meets members exactly where they live and eat."

Guzman affirms this approach transforms healthy eating into a precise treatment that respects cultural identity, ensuring that nutritional prescriptions resonate with a member's heritage rather than feeling like a restriction.

"For employers, this cultural alignment is a powerful driver of population health outcomes: it addresses the root causes of chronic disease, provides a vital strategy to manage the escalating costs of treatments like GLP-1s, while fostering community transformation," says Guzman. "When members feel seen and supported by culturally relevant care, they don't just improve their metrics -- they become catalysts for wellness within their families and neighborhoods."

Throughout the healthcare ecosystem, one reality is becoming impossible to ignore: Nutrition is one of the most powerful tools we have to prevent, manage, and in some cases, even reverse chronic disease. As the FIM movement continues to gain momentum, organizations are asking important questions: How should we respond? How do we best integrate nutrition into care? And will it make a difference financially?

"At MedWatch, our answer is clear and already in motion," explains Theresa Chickering,

BSN, RN, MedWatch, director of Population Health Management. "FIM is based upon evidence and supported by programs such as medically tailored meals, produce prescriptions, and clinically guided nutrition counseling, recognized for their ability to reduce chronic disease risks and improve patient outcomes."

At MedWatch, a registered dietician works directly with the Disease Management (DM), Case Management (CM) and wellness teams, providing members with targeted, real-time support, including:

- Virtual nutrition education sessions

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Chickering further explains, “Treating nutrition as a core clinical intervention, not a lifestyle choice, offers a powerful framework for managing chronic disease. By incorporating medically tailored meals and nutrition counseling, we can help reduce complications and stabilize high-risk patients, populations, and strengthen care coordination. As more healthcare systems and employers adopt FIM programs, we see a clear path toward addressing the root causes of disease while improving long-term outcomes.”

She provides a recent case example: A member with Crohn’s disease was experiencing recurrent flare-ups. MedWatch’s clinical staff reviewed eating patterns, identified potential trigger foods, and developed a personalized lower-residue meal plan to decrease bowel irritation. During remission, foods were gradually reintroduced to help maintain nutritional balance. The dietitian also assessed the risks of nutrient deficiencies from malabsorption and provided guidance on supplement options and lifestyle adjustments.

The result: reduced symptom frequency, fewer disruptions to daily living, and an improved quality of life.

Proper nutrition guidance can create meaningful clinical and quality-of-life improvements, as Chickering attests to the value of FIM in showing that better nutrition can correlate with:

- Lower blood pressure
- Improved glucose control
- Reduced inflammatory episodes
- Fewer hospitalizations and emergency room visits
- More stable chronic disease management
- Decreased reliance on high-cost interventions

“When it comes to transformative dietary changes, many members simply need the right tools, information and support, which make nutrition education a true preventive intervention,” she emphasizes. “MedWatch is working to embed FIM principles into its DM management program because improved access to nutrition supports, education and services can transform population health.”

When organizations embrace FIM ideals, Chickering says they have the opportunity to lower healthcare costs, reduce avoidable utilization, enhance member well-being, and shift toward a more preventative, population-focused model.

“We believe these programs are not only beneficial, but they’re also essential for the future of sustainable, effective healthcare,” she concludes. “FIM is transforming how people think about care, and MedWatch is proud to be helping lead that transformation.”

MEDICARE AND MEDICAID PROVIDE DOCUMENTATION

FAM initiatives are already active in Medicare Advantage and Medicaid programs, where nutrition counseling, medically tailored meals and grocery support are being used to help manage chronic conditions such as diabetes, cardiovascular disease and obesity.

“These programs are generating meaningful engagement,” reports Dr. Roman Kalista, CEO and co-founder of RxDiet, a New York-based health-technology company working with leading national payers on containing chronic disease costs using food and AI technology. “In our program, we had a 98% retention rate and sustained weekly app use averaging about 30 minutes. That level of ongoing interaction supports adherence to dietary guidance and chronic disease management plans. As employers look for more effective, prevention-focused benefits, these public-sector models provide useful evidence and a practical roadmap for integrating nutrition into population health strategies.”

He recommends that self-insured employers consider integrating FAM programs, particularly for at-risk populations, using a risk-stratified approach similar to emerging Medicare and Medicaid models.

“Fully funded nutrition benefits often deliver the clearest ROI for high-risk members, while mid-risk groups may benefit from subsidized programs with dietitian access and education,” says Dr. Kalista. “These approaches can also complement GLP-1 strategies: nutrition programs may support step therapy before prescribing, improve outcomes during treatment and help sustain habits if medications are tapered. While comprehensive programs can add cost alongside GLP-1s, ongoing digital tools and member grocery spend can support longer-term sustainability.”

Dr. Kalista points to the growing evidence that FAM programs can improve outcomes while helping control healthcare costs, particularly for high-risk populations.

“For example, California DHCS has reported medically tailored meals and supportive food programs associated with meaningful reductions in inpatient and emergency department utilization,” he states. “Clinical pilots also show promising economic impact. In our own diabetes intervention study, participants with uncontrolled Type 2 diabetes saw significant HbA1c improvement and estimated cost savings of about \$48,000 per participant over six months, largely tied to reduced acute care use and better disease management.”

MORE DATA NEEDED

While there is enthusiasm for introducing programs and services, Vincent Esposito, CEO, Reflect Health, expresses the need for more data to support this direction.

“We are open to FIM but have not yet initiated,” he shares, noting that the company’s Benefits Hub integrates administration, network access, and a powerful marketplace of cost-saving solutions to enable its partners to manage costs more effectively, serve members better and grow stronger. “I’d also appreciate it if the stop-loss market validated some of this as preventive before we invest too heavily. Short answer – open-minded but won’t be the first on this.”

Esposito sees little downside risk here and thinks it is an opportunity, adding, “I think with more data, better outcomes may be the result. I believe that, for now, investing in collectible data that can validate the impact is worthwhile. My instinct is that it will have a positive impact and lower the cost due to prevention of care.”

EMPLOYER PATHWAYS TO ‘SMART EATING’

The phrase “you are what you eat” was first recorded in versions that date back over 200 years in the French and German literature, stating that the food one eats has a bearing on one’s state of mind and health. During the 1920s and 1930s, an American nutritionist, Victor Lindlahr, coined and popularized

the phrase in an advertisement, “Ninety per cent of the diseases known to man are caused by cheap foodstuffs. You are what you eat.”

It appears that the time-tested catchphrase has materialized into widespread publicity about the downsides of eating ultra-processed foods (UPFs), such as fast food, sugary snacks, and packaged convenience items. Today, people are alerted to the value of making lifestyle changes as junk foods make up more than half of the calories consumed in the US.

In a new study conducted by researchers from the Keck School of Medicine of USC, investigators explored how consuming UPFs affects the body’s ability to process glucose, which is a key indicator of diabetes risk. The study authors, who published their findings in the journal *Nutrition and Metabolism*, noted that an increase in UPF intake was linked to a higher risk for prediabetes.

The food industry is responding. Packaged food makers and fast-food restaurants may be forced to overhaul more of their products next year as newly approved, appetite-suppressing GLP-1 weight loss drugs become more available. Food companies are already dealing with shifts in consumer tastes toward higher protein and smaller portions:

What’s also prompting these changes is news that households using GLP-1 medications cut spending at grocery stores by 5.3% and fast-food restaurants by about 8% on average. According to a Cornell Research study recently published using purchase data collected by Numerator from about 150,000 households:

- French dairy company Danone, which makes Oikos Greek yogurt, stated that it is seeing double-digit growth in its high-protein offerings, a trend that has accelerated with the adoption of GLP-1 medications.
- Nestle, the world's biggest food company, has also introduced new frozen meals that cater specifically to GLP-1 users, called Vital Pursuit.
- Fast-casual Mexican chain Chipotle on Tuesday added a "High Protein Menu" that features, among other items, a single cup of chicken or steak.
- Some restaurant chains, including Olive Garden, have added menu items for smaller, cheaper portions.
- Noodles & Company marketing head said menu additions were about offering guests “options that satisfy without going overboard.”

The FAM movement is actually quite simple and straightforward, as Brown & Brown advises: Use food to help better manage health. As one of the world’s largest insurance brokerages, How to Eat’s advisory states that employers can increase access, improve quality and remove cost barriers to nutritious foods. Helping to increase food security and making healthy food easily available ultimately decreases the risk and costs of chronic and other poor health conditions, which can lead to high-cost claims. Here are some of their recommendations:

ESTABLISH THE RIGHT PROGRAMS

- **Vendors.** Work with vendors such as Foodsmart, Season Health, or similar vendors to help remove barriers to nutritional counseling and increase access to nutritious food through discounted delivery services. Some of these vendors even help qualified individuals enroll in programs like SNAP and WIC. And depending on the health insurance carrier or TPA, these vendors may already be part of your ecosystem!
- **Teaching Kitchen Programs.** Implement an on-site Teaching Kitchen to help employees learn ways to eat, cook, move, and think more healthfully.
- **Well-being Reimbursements.** Offer a well-being reimbursement account, which helps reduce the financial barrier to accessing locally grown healthy produce.
- **On-site Food.** Offer healthy snacks throughout the office, at catered events and in on-site cafeterias. Make the healthy food choice the easy food choice for your employees.

NUTRITIONAL SUPPORT IS ESSENTIAL – NOT OPTIONAL

Across the board, current clinical evidence and obesity management guidelines advise that nutrition and lifestyle therapy are essential components of GLP-1–based treatment, supporting both therapeutic efficacy and tolerability. However, Registered Dietitian Michele Rager DCN, RD, LDN, FAND, director, Nutrition Programming at Weight Watchers, says, “In my experience leading clinical nutrition programs across health systems and telehealth platforms, most care pathways — and payers — still treat structured nutrition support as optional rather than essential.”

Source: Women’s Health / Viawomenshealthmag.com

Dr. Kalista suggests that information about FAM is increasingly available, highlighting, “The primary challenge isn’t awareness, it’s engagement and behavior change. Traditional evidence-based behavioral change interventions may demonstrate strong ROI in controlled settings, but adherence is frequently low, which limits their overall impact. Food-centered programs can change that dynamic: they create high engagement by meeting tangible needs while reinforcing healthier habits.”

He calls attention to programs that combine nutrition support with peer cohorts, coaching, and structured habit-building drive stronger participation and persistence, adding, “In clinical pilots with people managing Type 2 diabetes, pairing food-focused interventions with group support has improved adherence and produced real outcomes. We believe these approaches can deliver strong ROI at scale.”

From health systems to insurers, the future of patient care is increasingly moving toward food-based solutions, as John Furton shares, “To date, the challenge has been how to bridge the gap between what we eat and our health goals. General dietary advice usually breaks down in the grocery aisle, where it becomes confusing to understand product fit and tempting to veer off course.”

Furton has developed technology to make it easy to transform groceries into a platform for health. Backed by evidence-based nutrition standards of care, Sifter leverages cutting-edge technology to make healthy food choices accessible, actionable, and personalized—at scale.

“At the core of our business are hundreds of powerful algorithms that evaluate the universe of food products sold in US supermarkets based on thousands of health attributes—from chronic conditions like diabetes and heart disease to allergens and even medication interactions,” he explains. “This allows Sifter to provide personalized food prescriptions - clinically validated food guidance—in real-time, for everyone from patients to healthcare providers.”

This technology powers a variety of food interventions, including pre-paid food Rx benefit cards, medically-tailored grocery ordering, and virtual dietitian shopping apps that scan barcodes – ensuring dietary compliance and making grocery shopping easy and fun.

Bottom-line for employers: If you are hungry for a better way to help manage your employees’ health, remember to help them eat smartly.■

About the Author

Laura Carabello holds a degree in Journalism from the Newhouse School of Communications at Syracuse University, is a recognized expert in medical travel and is a widely published writer on healthcare issues. She is a Principal at CPR Strategic Marketing Communications. www.cpronline.com

