

Medically-Tailored Meals Associated with Reduced Hospital Utilization

OVER A ONE-YEAR PERIOD, Moveable Feast's medically tailored meals were linked to reductions in hospital charges, potentially avoidable utilization (PAU), and non-outpatient hospital visits.¹

Reductions vary by subgroups as shown below.

AVERAGE AMONG ALL CLIENTS

(n=2,214)

33%

[\$10,640]

REDUCTION
IN CHARGES



21%

[0.10 PAU]

REDUCTION
IN PAU



24%

[0.57 VISITS]

REDUCTION
IN VISITS



AVERAGE AMONG HIGH-COST PATIENTS

(n=491)

High-cost patients are those in the top 25% of hospital charges.

59%

[\$55,379]

REDUCTION
IN CHARGES



35%

[0.43 PAU]

REDUCTION
IN PAU



38%

[1.8 VISITS]

REDUCTION
IN VISITS



High-cost patients accounted for 77% of hospital charges in the pre-intervention period

High-cost patients were more likely to be Black (vs NH White) and male compared to the rest of the sample

AVERAGE AMONG THOSE WITH CHRONIC ILLNESSES

Those with **DIABETES** (n=1,046)
(primary or comorbid):

24%

[\$6,691]

REDUCTION
IN CHARGES



21%

[0.11 PAU]

REDUCTION
IN PAU



17%

[0.38 VISITS]

REDUCTION
IN VISITS



Those with **CARDIOVASCULAR DISEASE** (n=1,055)
(primary or comorbid):

24%

[\$7,360]

REDUCTION
IN CHARGES



15%

[0.08 PAU]

REDUCTION
IN PAU



19%

[0.44 VISITS]

REDUCTION
IN VISITS



Those with **KIDNEY DISEASE** (n=394)
(primary or comorbid):

28%

[\$11,588]

REDUCTION
IN CHARGES



—

NO SIGNIFICANT

REDUCTION
IN PAU

16%

[0.42 VISITS]

REDUCTION
IN VISITS



OVERALL SAMPLE DEMOGRAPHICS

60% WOMEN

40% MEN

<1% gender diverse

63 yrs

AVERAGE AGE²

74%

BIPOC³

72%

AT OR BELOW
THE FEDERAL
POVERTY LINE

47%
have any diabetes

48%
have any cardiovascular disease

18%
have any kidney disease

¹ The top-line findings presented are based on t-tests and do not include adjustment for any covariates. The sample included inpatient, emergency department, and observation visits.

² Mean 63, median 64; range from 9-101

³ Everyone not non-Hispanic White