REDEEM YOUR FVRx PRESCRIPTIONS HERE

Wholesome Wave

The Fruit and Vegetable Prescription Program Toolkit
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MODULE 1.
PLANNING FOR A FRUIT AND VEGETABLE PRESCRIPTION PROGRAM

Wholesome Wave
Tools from this Module are available for download in the Network Resource Library

Healthcare Site Identification Questions
Retail Site Identification Questions
Budget Planning Worksheet
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Cover photo by Gabriella Marks

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INTRODUCTION

This module discusses key steps in establishing and planning for a fruit and vegetable prescription program, or prescription program for short. Topics discussed can be applied to all stakeholder groups including: clinicians, retailers, and program administrators. The module discusses building the foundation of a successful program through setting program goals, identifying and building partnerships, identifying potential funders, and creating a program budget.

GLOSSARY

HEALTHCARE PARTNER
A healthcare facility (e.g., Federally Qualified Health Center [FQHC], hospital, school-based clinic) or organization that delivers preventive care, nutrition education, or other type of healthcare services working in partnership with a retail site.

HEALTHCARE SITE
The physical location where a participant receives clinical care, nutrition education, and a fruit and/or vegetable prescription.

PROVIDER
A clinical care staff member who may recruit or refer patients to the program, see program participants to conduct a clinical visit, collect health metrics, set healthy eating goals, and/or provide a prescription. Examples of a provider include but are not limited to primary care physicians, bariatric physicians, pediatricians, residents, nurse practitioners, nutritionists, dieticians, diabetes educators, pharmacists, and community healthcare workers.

RETAIL PARTNER
A business or organization that offers fruits and vegetables and works with a healthcare site to redeem prescriptions. Examples of retail partners include but are not limited to farms, farmers markets, mobile markets, grocery stores, convenience stores, or food resource centers, such as food banks or pantries.

RETAIL STAFF
A staff member who participates in a prescription program. This includes but is not limited to staff such as branch managers, store-owners, market managers, cashiers, bookkeepers, interns, and volunteers.

RETAIL SITE
The business, organization, or location where a prescription can be redeemed for fruits and vegetables.
1 PROGRAM AND PARTNERSHIP PLANNING

Setting Goals
As a preliminary step to planning your program, it is best to start by defining the problem and developing the goals you would like to achieve. Success metrics should be realistic and take into consideration your budget, your time-frame, the needs of the community, the target population, and staff capacity. By setting goals early in your planning process, you will be able to use this toolkit to help you understand how decisions you make in the design of your program and evaluation plan will impact your goals.

Frequently cited goals for prescription programs include:
- To improve affordable food access and food security for patients and their families.
- To increase the consumption of fruits and vegetables by patients and their families.
- To increase patients’ knowledge of a healthy diet
- To increase the viability of local healthy food retailers by expanding their customer base and direct additional funds to local healthy food retailers.
- To create a welcoming community hub for all patients and residents.

Whether you intend to simply identify a few program goals or develop an evaluation plan to capture and report on your program’s impact, program evaluation planning should occur in parallel with program planning and design. For more information on developing an evaluation plan, see Module 5, Measuring and Evaluating a Fruit and Vegetable Prescription Program.

Identifying and Building Partnerships
If you have not identified a partner or are in the process of identifying a partner, the following section guides you through key questions to consider when looking for a healthcare as well as a retail partner. This section also provides suggestions on how to create and build upon successful prescription program partnerships.

Identifying Partners
When researching potential partners, it is important to consider their interests and goals as well as characteristics such as capacity and physical location.

The following questions can help guide you when thinking about what makes a potential partner a good fit for your program.
- Do the goals, objectives, and activities of the program overlap with or augment the partner’s current efforts?
- Is there a provider willing to oversee the program design as well as implementation the project?
- Is the site located in a high-need area?
- Is the farmers market or store in close proximity to the healthcare site?
- Is the healthcare site and/or retailer easily accessible by foot or public transportation?

There are also more specific questions to consider when considering a healthcare partner vs. a retail partner. For a full list of questions to help you identify a healthcare site or a retail site, see the Toolbox on pg. 14 for Examples of Healthcare Site Identification Questions and on pg. 15 for Examples of Retail Site Identification Questions.

RESOURCE

Community Health Needs Assessment, or CHNA, reports can provide information that can be helpful when looking for a healthcare partner. CHNA reports offer an extensive look at a hospital’s most current health data, community demographics, and input from numerous community representatives. CHNA reports also outline a hospital’s priority areas for addressing the needs of their community and an implementation plan. See the CDC’s Community Health Improvement Navigator for a wealth of resources for people who lead or participate in community health initiatives.
Establishing a Partnership with a Healthcare Site

Healthcare providers and clinical stakeholders are extremely busy and have many competing demands for their time. With this in mind, introducing a new program to their schedule may be challenging, therefore establishing the value of the program is important to engaging healthcare partners and gaining their support.

Consider the following when speaking with providers and clinical staff about your program:

- Be clear about your program goals, why you would like to work with healthcare providers, and how you think they can help you achieve those goals.
- Be prepared to speak to how the program will benefit the providers, their patients, and the wider community. See Wholesome Wave’s FVRx reports and fact sheets that speak to the benefits to all three groups.
- Be clear about the responsibilities of a provider who participates in the program, such as seeing patients to provide a health assessment, discussing healthy eating goals, collecting health metrics, issuing a prescription, and delivering nutrition education.
- Be prepared to speak generally about how much time various staff members will need to dedicate to work on the program along with any potential expenses their healthcare site may incur.
- Let them know how your program is funded, what other partners are involved, and any community support you are receiving to implement your program.
- Try to schedule meetings far in advance, early in the morning, or on days when providers are not seeing patients.

Establishing a Partnership with a Retailer

When looking to engage retailers in your program, consider potential concerns retailers may have such as staff time to administer the program, costs associated with increasing produce offerings, or privacy of customer data. Providing a clear picture of how the program will work and the value the program can bring to the retailer can be instrumental in gaining their interest and buy-in.

Consider the following when speaking with retailers about your program:

- If possible, meet retailers in person at their store or market, if at a farmers market preferably not during market hours.
- Be prepared to speak to how the program could operate at the store but let them know that they can participate in designing the redemption process to meet their needs.
• Be prepared to speak about which staff would need to be involved and how much of their time the program would require.

• Be prepared to speak to how the store would be reimbursed for prescription purchases.

• Highlight the economic benefits of the program, such as:
  - Bringing regular foot traffic and purchases of fruit and vegetables.
  - The potential to increase produce sales.
  - Opportunities for marketing.

• Highlight the health and economic benefits the program brings to their customers.

• Use familiar language – instead of voucher, program, or incentive use terms like coupon, deal, or promotion.

Building Strong Partnerships
Launching and maintaining a successful prescription program requires a variety of partners, representing diverse groups that can work collaboratively. Ideally, it is best to have most, if not all, partners in place during the planning phase to facilitate partnership building early on and encourage collaboration throughout all phases of programming. However, building strong partnerships can be challenging and requires a time investment from all partners.

When building partnerships:
• Identify one contact person from each organization.

• Invite retail staff to join recruitment events to talk about shopping at their store or market.

• Invite providers to shop with patients or present healthy eating information at the retail site.

• Establish a schedule and structure to check in with one another regularly to identify challenges and develop solutions, both within internal teams and across partner organizations (e.g., monthly meeting).

• Collaborate on communication materials, such as program brochures, fliers, or reports.

• Pursue joint funding opportunities.

For more resources on creating and maintaining partnerships, see the Work Group for Community Health and Development at the University of Kansas’ Community Tool Box Toolkit on Creating and Maintaining Partnerships, http://ctb.ku.edu/en/creating-and-maintaining-partnerships.

BEST PRACTICE: Building Blocks of Strong Partnerships

Communication – develop open and clear communication with an established process for communicating through formal and informal networks

Sustainability – discuss how you will plan for sustaining your program, such as securing resources beyond the program’s initial implementation period.

Research and Evaluation – discuss evaluation goals and success metrics.

Resources – ensure each partner has access to needed resources, which could be in the form of in-kind, financial, or staff support.

Supportive Leadership – advocate that the leadership of each partner facilitates and supports team building within and across their organizations.

Understanding Community – develop each organization’s understanding and respect of the community, including its people, cultures, values, and habits.

Formal Commitment – establish a Memoranda of Understanding to clarify roles and responsibilities as well as terms related to data collection, data sharing, and confidentiality.
Looking Ahead: A Sample Fruit and Vegetable Prescription Program Timeline

**PROGRAM PLANNING**
- Funding secured
- Community partnerships identified
- Program sites confirmed
- Leadership support and approvals secured

**PROGRAM DESIGN**
- IRB proposal submitted and approved
- Program teams identified
- Evaluation plan developed
- Clinical and redemption protocols designed
- Program resources, tools, and communication materials developed

**TRAINING**
- Clinical and retail teams trained
- Implementation resources and supplies distributed

**IMPLEMENTATION**

**MONTHS 1 – 2**
- Press release posted on social media and distributed to news outlets
- Participant recruitment and enrollment initiated
- Pre-surveys of participants conducted
- Prescription redemption begins

**MONTHS 2 – 5**
- Participant enrollment closes
- Participant visits continue
- Prescription redemption continues
- Site visits are held at the clinical and retail sites

**MONTHS 6 +**
- Participant visits end
- Post-surveys of patients conducted

**EVALUATION**
- Data is reviewed and analyzed
- Program partner debrief and lessons learned meeting held
- Results are shared with partners and the public
2 IDENTIFYING FUNDING AND BUILDING A BUDGET

Identifying Potential Funders

Prescription programs are a relatively new and innovative idea in the world of healthcare. As such, healthcare payment models and preventative healthcare are not currently capable of covering all of the costs of a prescription program. Costs such as the incentives or non-reimbursable provider time need to be covered by funding sought through grants or donations. When seeking financial support for your program, consider dedicating resources to researching and applying for funding as well as exploring other methods of fundraising.

When searching for funding opportunities, consider a wide range of funders, from government agencies (e.g., federal, state/province, or local), private foundations and individual donors, as well as corporate foundations or businesses. As a general rule, when looking for funding, the goals of your program should align with the goals and interests of the funder. The following section looks at specific categories of funders that may align with prescription programs.

Foundations

Foundations are an important source of grants for improving healthy food access or addressing the health needs of underserved communities. When looking for grants from foundations, start locally. Do not overlook corporate foundations, especially those affiliated with health insurance providers.

Prescription programs benefit from being attractive to a wide variety of foundations because of the cross-cutting impact. When searching for foundations that are aligned with your program’s goals look for foundations interested in the following areas:

- Community health
- Hunger and food security
- Health and wellness
- Nutrition
- Obesity
- Diabetes prevention and treatment
- Healthcare innovation
- Agricultural programs that increase access to local foods or support farmers

For information about other potential charitable foundations that may have grants available, go to the Foundation Center’s Foundation Directory Online, http://foundationcenter.org/findfunders/foundfinder/.

Government Agencies

When considering government grants look to local, city, or state agencies first. Getting in touch with your community’s economic development and redevelopment agencies can help determine what programs your state, county, or municipality may offer for financing initiatives devoted to the creation and expansion of healthy food options in underserved communities. City and state departments of health in particular are strong advocates and funders of community programs focused on health, nutrition, and increasing affordable healthy food access.

There are also several opportunities at the federal level that align with the goals of fruit and vegetable prescription programs. The following are government agencies and grant opportunities that might support or augment funding for programs that address chronic diet-related disease, increase access to healthy, local food, and/or improve food security.
• USDA’s Food and Nutrition Service
  - Food Insecurity Nutrition Incentive Program\(^1\)
  - Community Foods Project\(^2\)

• Centers for Disease Control and Prevention (CDC)
  - Racial and Ethnic Approaches to Community Health\(^3\)
  - Community Transformation Grant Program\(^4\)

• Department of Health and Human Services
  - National Institutes of Health’s RO1 or R21 Grants\(^5\)
  - Office of Community Services’ Healthy Food Financing Initiative\(^6\)

The following are resources that can help identify additional federal grant funds that may be suitable for your program:

• USDA’s Know Your Farmer, Know Your Food Portal\(^7\)
• USDA’s Creating Access to Healthy Affordable Food Portal\(^8\)
• Healthy Food Access Portal\(^9\)

Community Partners

Hospitals, universities, and other large organizations within your community may have discretionary funds available to support programs that further their own goals and objectives. One example of discretionary funds available to hospitals are Community Benefits Programs. New IRS regulations state that hospitals may also consider “…the need to prevent illness, to ensure adequate nutrition…” in order for hospitals to fulfill their obligations to the communities they serve. While Community Benefits Funding is highly competitive, prescription programs are increasingly becoming recognized as programs that hospitals can support to increase quality of care and the community’s access to healthy food. For more information on how others have used Community Benefits as a strategy to increase patients’ access to healthy food see Health Care Without Harm’s report, Utilization of Community Benefits to Improve Health Food Access in Massachusetts\(^10\), [https://noharm-uscanada.org/CommunityBenefitsMA](https://noharm-uscanada.org/CommunityBenefitsMA).
Building a Program Budget and Determining the Incentive Amount

The cost of running a prescription program varies greatly and is highly dependent upon variables such as the comprehensiveness of the program, the number of patients involved, the incentive amount, and the healthcare site’s ability to bill for providers’ time.

The following budget provides example line items to consider when developing a projected program budget.

### INCENTIVES

**Prescription Incentives**

For example, a variable incentive rate based on a participant’s household size can be estimated using the following formula: 

\[
\text{Incentive Amount} \times \text{Number of Target Patients} \times \text{Average Household Size} \times 7 \text{ Days per Week} \times \text{Number of Program Weeks} \times \text{Number of Program Months}
\]

\[\$\]

**Additional Program Incentives**

(e.g., gift cards for survey completion, tote bags, plastic sleeves for prescriptions)

\[\$\]

### STAFF/PERSONNEL COSTS

**On-site Program Administration Costs**

(e.g., staff time for an administrator or program coordinator)

\[\$\]

**Clinical Provider**

(if including) consider staff time that may not be reimbursable (e.g., calls, planning)

\[\$\]

**Nutrition Educator**

(if including) consider staff time that may not be reimbursable (e.g., collecting or entering data)

\[\$\]

**Community Health Worker**

(if including) consider staff time that may not be reimbursable (e.g., data entry)

\[\$\]

**On-site Program Administration**

(at the farmers market or retail site)

(e.g., staff time for a market manager to oversee the program, distribute tokens and collect data)

\[\$\]

### MATERIALS & SUPPLIES

**Printing**

of provider resources, patient materials, and communication materials

\[\$\]

**Prescription pads**

/design & printing/) average cost $130 for 24 pads

\[\$\]

**Alternative currency**

/design & printing/) average cost $.10 per token

\[\$\]

### OTHER COSTS TO CONSIDER

**Transportation assistance for patients**

\[\$\]

**Institutional Review Board fees**

\[\$\]

**Translation of patient materials**

\[\$\]

### SUBTOTAL

\[\$\]

**ADMIN/INDIRECT**

(Subtotal x admin %)

\[\$\]

### TOTAL

\[\$\]

---

**Budget Planning Worksheet**

Wholesome Wave has created a budget worksheet that can be used as a template when developing a program budget. It can be useful when calculating incentive program costs as well as estimating personnel costs based on your program’s design. You can download the **Budget Planning Worksheet** from the Network Resource Library.
The Incentive Amount

There are typically two methods employed when structuring the incentive amount: (a) a variable amount based on the patient and their family members and (b) a fixed amount, typically based on a weekly or monthly amount for the patient and not based on family size.

FVRx programs have primarily used an incentive structure of $1 per day per household member when determining the incentive amount for the participant. While this incentive structure can create budgeting challenges, the benefit more accurately accounts for the household as a whole. Providing an incentive based on the household size not only increases the household’s food security, but it can also have a positive effect on the household’s motivation and ability to make behavior changes.

The following is an example of how to calculate a variable prescription rate based on a family size of four (4) people.

$1 x 4 people living in the household x 7 days per week = $28 of fruit and vegetable incentives per week.

TIPS

Incentive Caps

You may want to consider placing a cap or limit on incentives in order to stretch your incentive budget. Some FVRx programs have done this by instituting a cap on the number of household members to use the incentive calculation (e.g., participants with household sizes of five members or more will receive a maximum of $35 per week).

By not placing a limit on incentives you will spend down your budget faster, which could limit the number of patients you are able enroll and/or the number of weeks the program can run.

Considering the Prescription Redemption Rate

In addition to the cost of each prescription, it can be helpful to estimate the rate at which participants will redeem their prescriptions. By making a conservative estimate that at least 90% of prescriptions will be redeemed through the course of the program, you will ensure that you will have enough funding to cover the cost of incentives spent over the course of the program.

Be sure to consider your overall budget, the number of program participants you want to target, and length of the program when considering which incentive structure to use.

Estimating Your Incentive Budget

A Sample Prescription Program:
- Program target enrollment number: 100 patients
- Average household size: 4 members
- Incentive amount: $1 per day per household member
- Program length: 6 months

Based on the sample prescription program shown above, the following is an example of how to estimate a budget for incentives.

Multiply the incentive amount x the number of target patients x the average household size x 7 days per week x the number of program weeks x the number of program months: $1 x 100 patients x 4 household members x 7 days per week x 6 months = $67,200

Administrative and Operational Costs

After establishing a budget estimate for incentives, you will want to think through your administrative and operational costs.

Be realistic about the amount of staff time it will take to administer your program and consider the following:

Healthcare sites:

- Handling an increased number of visits and time for clinical staff to prepare and distribute prescriptions
- Time to collect data including administering surveys
- Preparing and leading group nutrition education sessions
- Integrating indicators within an EMR
- Oversight, training, and coordination of volunteers, staff, and partners
- Costs for printing program supplies and the translation of program materials
- Incentives to encourage participation in activities such as completing surveys
• Supply costs for items such as prescription pads, alternative currencies (e.g. tokens), and printing. For more information on alternative currencies, see Module 2. Designing a Fruit and Vegetable Prescription Program.

• IRB fees

Retail sites:

• Additional staff time to redeem prescriptions, issue tokens, and/or collect data

• Handling increased transactions

• Administering new or a greater number of alternative currencies

• Off-site administration, including submitting invoices, issuing vendor reimbursements, fundraising, and managing the budget

• Oversight, training, and coordination of volunteers, staff, and vendors

• Creating or printing marketing materials

Be sure to consider which are start-up costs and which are ongoing costs. For example, the printing of alternative currency and the graphic design of an outreach flyer will be most costly when you are first starting your program. However, the costs of printing your outreach materials (posters, brochures, signs, etc.) will be incurred each year, as will staffing costs associated with program operation both on- and off-site.

Finally, look for ways to be creative and utilize community partnerships to offset some costs for your program. Partnering with other organizations can help reduce program costs such as staff time spent on providing nutrition education, supplementary activities like cooking skills classes, or even providing transportation for participants.
HEALTHCARE SITE IDENTIFICATION QUESTIONS

When considering potential healthcare sites you would like to partner with, whether that is a hospital, a family practice, or a community clinic, it is important to consider their interest and ability to participate in a fruit and vegetable prescription program.

The following are examples of questions that can help guide you in thinking about what makes a potential healthcare site a good fit for your program.

- Do the goals, objectives, and activities of your program overlap with or augment the healthcare site’s current efforts?

- Are they located in a high need area?

- Are they in close proximity to a farmers market or a healthy food retail outlet?

- Are they easily accessible by foot or public transportation?

- Are they open during convenient days of the week and times of the day for program visits?

- Have they participated in similar nutrition programs or other types of community health promotion programs before?

- Do they have the staff capacity or existing procedures to support a prescription program?

- Do they have enough patients to support the number of participants you want to target in your program?

- Is there a provider willing to oversee the development of the program model as well as the implementation?

- Are the providers and other staff interested or excited to participate?
**RETAIL IDENTIFICATION QUESTIONS**

When considering a potential retailer you would like to partner with, whether that is a grocery store, farmers market, or CSA, it is important to consider their interest and ability to participate in a fruit and vegetable prescription program.

The following are examples of questions that can help guide you in thinking about what makes a potential retailer a good fit for your program.

<table>
<thead>
<tr>
<th>Questions Specific to Farmers Markets</th>
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<tbody>
<tr>
<td>Does the market make use of volunteers or interns that could help answer questions or communicate with non-English speaking customers?</td>
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<tr>
<td>How many vendors sell fresh/frozen produce?</td>
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<tr>
<td>How are farmers reimbursed for sales using alternate currency?</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Questions Specific to a CSA vendor</th>
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<tbody>
<tr>
<td>Do they deliver, or will an FVRx team member have to pick up the produce boxes?</td>
</tr>
<tr>
<td>Is there an adequate window of time for patients to redeem their prescriptions, and are those times reasonable?</td>
</tr>
<tr>
<td>Do they offer food boxes appropriate for patients’ household sizes?</td>
</tr>
<tr>
<td>What is the cost? How are payments made?</td>
</tr>
<tr>
<td>What is the company’s reputation?</td>
</tr>
<tr>
<td>What is the length of the contract?</td>
</tr>
<tr>
<td>Is there a variety of produce offered and are the offerings culturally appropriate?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions Specific to Supermarkets, Grocery Stores, and Convenience Stores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the store’s register technology have the capability to handle a house charge (a transaction that is covered by the store, which will be reimbursed for at a later date)?</td>
</tr>
<tr>
<td>Does the store already use any forms of alternate currency?</td>
</tr>
<tr>
<td>Does the store have relationships with any local farmers?</td>
</tr>
<tr>
<td>If the store is not independently owned, does the manager need approval from a corporate office to participate?</td>
</tr>
<tr>
<td>Is the store owner or manager willing to implement the project independently and take responsibility for maintaining potential changes to their produce selection and/or supply?</td>
</tr>
</tbody>
</table>

- Do the goals, objectives, and activities of the FVRx program align with the store/market’s current efforts?
- Are they located in a high need area?
- Are they in close proximity to a farmers market or a healthcare site?
- Are they easily accessible by foot or public transportation?
- Are they open during convenient days of the week and times of the day?
- Have they participated in a similar voucher program or other types of community health promotion programs before?
- Do they have an adequate supply of healthy produce to support the number of patients expected to enroll in the program?
- Are there a variety of healthy produce options attractive to the target population?
- Do they have the staff capacity to support FVRx redemption and reporting?
- Is the staff excited to participate? Are the participating vendors/farmers excited to participate?
- Do they offer any programs to increase customers’ knowledge about the health benefits of fruits and vegetables and the ways they can be incorporated into meals? (e.g. cooking demonstrations, taste tests, etc.)
# FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
## BUDGET PLANNING WORKSHEET

### Retail Budget

<table>
<thead>
<tr>
<th></th>
<th>Cost per hour/item</th>
<th>Hours per month</th>
<th>No. of Months</th>
<th>Total</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td><strong>MARKET MANAGER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Program Oversight</td>
<td>$ -0</td>
<td>$ -0</td>
<td>$ -0</td>
<td>-0</td>
<td>Avg # of hours spent on program oversight, reimbursing farmers, etc.</td>
</tr>
<tr>
<td>Program prep/planning/admin</td>
<td>$ -0</td>
<td>$ -0</td>
<td>$ -0</td>
<td>-0</td>
<td>Avg # of hours per week planning for FVRx related programming</td>
</tr>
<tr>
<td>Trainings</td>
<td>$ -0</td>
<td>$ -0</td>
<td>$ -0</td>
<td>-0</td>
<td>Avg # of hours spent on providing/receiving FVRx training</td>
</tr>
<tr>
<td>Additional Item</td>
<td>$ -0</td>
<td>$ -0</td>
<td>$ -0</td>
<td>-0</td>
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<tr>
<td><strong>Market Manager Total</strong></td>
<td></td>
<td>0</td>
<td>$ -0</td>
<td></td>
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</tr>
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*Download these Excel worksheets* on the FVRx Resource Library
## FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
### BUDGET PLANNING WORKSHEET

#### Clinical Budget

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REFERENCES


MODULE 2.
DESIGNING A FRUIT AND VEGETABLE PRESCRIPTION PROGRAM

Wholesome Wave
Tools from this Module are available for download in the Network Resource Library

- Prescription Program Planning and Design Worksheet
- Enrollment Form
- Clinical Visit Form
- Prescription Redemption Log
- Prescription Redemption Log Instructions
- Prescription Program Invoice
- Clinical Billing Codes
- FVRx Prescription Template
- Prescription Redemption Reporting Form
Module 2. Designing a Fruit and Vegetable Prescription Program

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Wholesome Wave

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INTRODUCTION

This module discusses the basic elements of a fruit and vegetable prescription program, or prescription program for short, and the considerations for designing a prescription program that will meet the needs of the participants as well as the staff delivering the program. Ideally at this stage, both clinical and retail partners are working collaboratively to design a program that will be informed by key stakeholders.

THE BUILDING BLOCKS OF A PRESCRIPTION PROGRAM

There are key prescription program building blocks that are best determined early on in the design phase, as they will impact future program design decisions. This chapter will discuss the following prescription program elements:

- The target patient population and eligibility criteria
- The target enrollment number
- The length of the program and frequency of clinical visits
- Eligible purchases
- Incentive amount
- Clinical and redemption indicators

When considering the program design, keep in mind that your program should be designed to reflect the needs of the community, the patient population, the goals of the project, and the capacity of your organization and the partnering organization(s). At the start of the design process, creating a planning team and identifying a primary point of contact from each partner organization to lead the process and seek input from key stakeholders can be instrumental in making decisions and moving the project forward.

Using a group file sharing or collaboration tool such as Google Docs, Dropbox, or Google Groups to share project plans or resources can be helpful when trying to solicit group input and facilitate group decision-making. The Prescription Program Planning and Design Worksheet can act as a helpful group collaboration tool when determining program goals and making programmatic decisions. The Prescription Program Planning and Design Worksheet can be found in the Toolbox on pg. 18.

TIP

Institutional Review Board Approval

As you begin to design your prescription program it is best to inquire with your partnering healthcare site as to whether an institutional review board (IRB) will need to approve your program. An IRB is a committee that has been formally designated to approve, monitor, and review research studies to protect the rights and welfare of vulnerable populations. Most hospitals and healthcare facilities have an internal IRB or an affiliation with an external IRB that can provide guidance on the application and approval process. Not all prescription programs will require IRB approval but it is best to find out early in the process as IRB applications can be lengthy and approval times can vary from a few weeks to a few months.
Module 2: Designing a Fruit and Vegetable Prescription Program

Identifying the Target Population

The term “target population” refers to the people your program is designed to serve. Depending on the needs of your community, you may choose your target population by characteristics such as gender, age, food security status, or type of chronic diet-related disease. For example, if your community has a high proportion of adolescents with chronic diet-related disease, targeting at-risk preadolescents may be high priority.

Consider the following when identifying and defining a target population:

- The prevalence of chronic diet-related disease in your patient population.
- The types of patients who would be willing and able to participate.
- Available funding and existing resources to work with specific target populations.

Defining Eligibility Criteria

Once you have clearly identified the target population, developing eligibility criteria allows providers to effectively screen and recruit patients. The eligibility criteria should be a clear, concise description of the target population, and may also include other requirements you feel are important for your program. The following are sample eligibility criteria for a prescription program targeting pediatric patients:

- Pediatric patients ages 2–18 years
- BMI at or above the 85th percentile for age
- Parent/guardian provides consent to patient participation
- Patient provides assent to participate
- Patient able to attend a minimum of four monthly clinical visits from July – October
- Patient or parent/guardian able to shop at the farmers market on a bi-weekly basis

The Target Enrollment Number

A good rule of thumb when determining how many patients to enroll is to set a manageable goal that you can reach and then increase if there is need and ability to do so. Giving staff time to work on operational challenges and developing efficient systems is easier when the participant size is manageable. It is also smart to overenroll to compensate for participant attrition.

The following considerations may be helpful when determining an appropriate number of patients to enroll:

- Clinical team capacity: How many patients can the clinical team see on a regular basis?
- Project objectives: Did you agree with a funder or other key stakeholders to reach a particular number?
- Project budget: How much funding is set-aside for the incentive amount and how many patients can you reach with that amount?
- Patient population: How many patients at the healthcare site meet the eligibility criteria?

Identifying Patients At Risk for Food Insecurity

If your program aims to address food security within your community, staff, such as providers may want to identify families at risk for food insecurity. Food insecurity screeners can be helpful in identifying patients at risk for food insecurity and to receive a referral for enrollment into a prescription program.

The American Academy of Pediatrics (AAP) has recommended an in-office two-item food insecurity screener, which uses a subset of two questions from the USDA’s Household Food Security Scale. Answering yes to either of the following questions indicates that a family is struggling with food insecurity.

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more. (Yes or No)
2. Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more. (Yes or No)
Program Duration and Frequency of Visits

Consider the following when determining how long participants will participate in the program:

- **Program goals**: How many months of programming and data do you need to demonstrate impact?
- **Funding**: How much funding do you have available to cover staff time and the incentive?
- **Availability of fresh produce**: Implementing your program when fresh fruit and vegetables are not as plentiful or available in variety may discourage participants from fully participating in the program. Therefore, consider when retailers have the highest quality and the most diverse range of fruits and vegetables available and whether this will limit your program to the local growing season.

Consider the following when determining the frequency of which participants will attend a clinical visit.

- How often are participants already coming to the clinic?
- How many visits will be allowable under participants’ insurance plans?
- Is a licensed provider necessary to have at each visit or are there responsibilities that other care providers can take on?
- Are there alternatives to delivering healthy eating messaging that would not require a visit to the healthcare site?

Eligible Fruit and Vegetable Prescription Purchases

Consider the following factors when determining what will be considered an eligible purchase in your program:

- **The Redeeming Partner**: The redemption site will be a large factor in determining eligible purchase items. If partnering with a farmers market, CSA vendor, or network of farmers markets, there will most likely be only fresh produce available. If partnering with a supermarket, grocery store, or convenience store, they may be able to offer a combination of fresh, frozen, and canned produce.
- **Funding Restrictions**: If your program is grant funded check on allowable expenses as some grants, like USDA’s FINI, restrict incentive purchases to fruits and vegetables only.
- **Ease of Implementation**: If you choose to incentivize all fresh, frozen, and canned produce, vendors or cashiers may need to inspect some items to determine if they include added salt, sugars, or fats.

Examples of options for eligible purchases with a fruit and vegetable prescription include:

1. Fresh produce only;
2. Fresh and frozen produce without added sugar, salt, or fat; and
3. Fresh, frozen, and canned produce without added sugar, salt, or fat.
Indicators and Tracking Data

Collecting Clinical Data

Participant demographic data is typically first collected when a participant is enrolled into the program. Data is collected and entered into either an Electronic Medical Record (EMR) or onto a paper form. Whether a clinic uses an EMR or a paper form will depend on the EMR’s capacity and accessibility along with the staff’s preference. An Enrollment Form used by FVRx programs is provided in the Toolbox on pg. 23 and can be modified to your own program’s needs.

If you are collecting data to demonstrate your program’s impact on health, it is important to determine how to collect participant health data. As there are a number of EMR systems and you will need to inquire whether there are existing fields for the indicators you are looking to collect. Paper forms, which require an extra administrative step, can be successful in capturing participant clinical data not available within an EMR. A Clinical Visit Form used by FVRx programs is included in the Toolbox on pg. 24 and can be modified to your own program’s needs.

Participant data can also be self-reported through surveys. Surveys are a helpful way to gain feedback on the program as well as to track changes in participants’ food security, perceptions of health, knowledge, shopping habits, and satisfaction. For more information on choosing clinical and behavioral indicators, samples of survey tools, and best practices on reporting on your program’s data see Module 5. Measuring and Evaluating a Fruit and Vegetable Prescription Program.

Sample Redemption Indicators

Commonly collected data on prescription redemption:

- A unique participant identification number to anonymously tie the prescription usage back to the participant
- The date the prescription was redeemed
- Amount ($) and number (#) of prescriptions issued
- Amount ($) and number (#) of prescriptions redeemed, by location

A prescription program’s ability to collect redemption data at the participant level or on an aggregate level will depend upon the redemption process that is designed and the retailer’s capacity to capture prescription redemption data. See Chapter 3. in this module for more information on how prescriptions are typically redeemed at retail sites.

Tracking Prescription Redemption Data

When implementing a prescription program, it is important to ensure prescription usage is tracked and that there is a system for bookkeeping that provides a detailed audit trail for redeemed prescriptions. Tracking prescription redemption is also critical if you intend to evaluate the effectiveness of your program. When determining how to track and report on prescription redemption data, talk with individuals at the retail site who are responsible for financial systems. Forms and/or systems may already exist that can be used or adapted for tracking and reporting on prescription redemption data.

If you are working with a retailer, such as a farmers market or CSA, a Prescription Redemption Log is provided in the Toolbox on pg. 25 as a sample form for tracking prescription redemption on-site at the market. Information on using the log can be found in the Prescription Redemption Log Instructions attachment in the Toolbox on pg. 26. Both forms can be downloaded from the Resource Library to be adapted to your program’s needs.
In addition to the log, a template for reporting all prescription redemption information to a lead program administrator, called the **Prescription Redemption Reporting Form**, can be downloaded from the Network Resource Library.

If you are working with a brick and mortar store, such as a corner store or a grocery store, a Prescription Invoice is provided in the Toolbox on pg. 27. The Prescription Program Invoice has been used by FVRx programs to track prescription redemption data as well as request reimbursement from a lead program administrator.

If your program is considering using an electronic system to issue incentives at the register or track prescription redemption, you will need to work with the retailer to determine whether their Point of Sale (POS) system is capable, as POS system capabilities vary widely.

While some retailers have the capacity to track fruit and vegetable purchases through loyalty cards or even generate incentive coupons, there have only been a handful of prescription programs incorporating electronic redemption or tracking systems. Due to the complexity and variability of POS systems this toolkit will only cover a paper-based redemption process within Chapter 3 of this module. Wholesome Wave is working with partners to better understand how nutrition incentives can be best integrated at retail.
This chapter discusses considerations for determining a prescription program’s clinical design, which includes suggestions for building the program’s clinical team, determining roles and responsibilities, an example of a clinical visit, and integrating the program into existing billable healthcare services.

Building a Clinical Team

Your program’s clinical team should take into consideration the healthcare site’s capacity, available resources, and the needs of the target population. With this in mind, it is best to approach staff that already work closely with the target population and who will be available to work on the program on a consistent basis. Working with a consistent core team can help reduce implementation challenges as well as encourage program innovation, as team members will be motivated to identify adaptations to streamline and better integrate the program into their work. If your program expands in subsequent years to reach larger enrollment numbers, the core team can always grow to include additional healthcare providers.

Prescription programs also work best when an interdisciplinary mix of providers and administrators such as physicians, nutritionists, nurses, community healthcare workers, and clinical administrators are involved in the design as well as implementation stages. Staff, such as medical students, residents, or interns, can also provide added capacity to the program.

Steps to Building a Clinical Team

When considering the steps below, note that the activities described within each step can be divided and shared among staff at the healthcare site.

- First, assess how many team members you will need based on the program design, staff availability, and when the program will start and end.

- If your program requires approval from an IRB, determine who will act as the Principal Investigator. If IRB approval is not necessary, it is best to have one person responsible for overseeing the program.

- Discuss who is most appropriate to see participants face-to-face to take on tasks such as:
  - Provide a physical examination, discuss health concerns, and/or set healthy eating and lifestyle goals;
  - Discuss health behavior change messaging regarding replacement of less healthy foods with fruits and vegetables and provide nutrition education; and
  - Distribute the prescription.

- If you intend to collect data, determine who is most appropriate to collect and report data collected from participants.

- Finally, consider staff who are trusted by the community, who can communicate in participants’ languages, or who already deliver support to the target population. These staff members are well positioned to undertake recruitment efforts, schedule visits, and provide visit reminders.

The Prescription Program Clinical Workflow

The following section provides an overview of the basic elements of a prescription program clinical workflow. It is important to note that there is no standard model for how a prescription program integrates within a clinical workflow, how clinical visits are delivered, or even where visits can take place. It is up to each program to determine how best to engage providers in recruiting and enrolling participants, discussing healthy eating, and delivering the prescription. However, best practice does show that when determining the make-up of your program’s clinical workflow, it is important to consider the staff available to support each step of the workflow, the time allowable for program activities, and the program’s evaluation goals.

On the following page is an example of a clinical workflow process map for a prescription program. Developing your own process map can be a helpful exercise in thinking through the steps staff will need to take in recruiting, enrolling, and seeing participants for clinical and/or nutrition visits.
A Sample Prescription Program Clinical Process Map

TIMELINE

Patient schedules appointment for clinical visit

Prior to patient arrival for appointment, clinic staff screen for:

- Eligibility Criteria 1: Ages 2–18 years
- Eligibility Criteria 2: BMI at or above the 85th percentile for age

Patient arrives for appointment and is screened for Criteria 3

- Eligibility Criteria 3: Patient answers YES to 1 or both food security screening questions:
  1. Within the past 12 months we worried whether our food would run out before we got money to buy more
  2. Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.

If patient meets all 3 screening criteria, the healthcare staff/provider will:

- Ask if the patient is interested in participating in a research study as part of the fruit and vegetable prescription program
- Introduce the program (program benefits, participation requirements, i.e., nutritional counseling visits and any other follow-up health care provider visits required, where and when to redeem prescriptions, and evaluation)

A staff member qualified to consent patient gives the patient’s parent/caregiver the informed consent form. Consent form is completed

At Visit 1: Healthcare staff/provider:

- Completes enrollment form or enters directly into EHR
- Issues fruit and vegetable prescription to patient
- Administers pre-program survey and collects health metrics (BMI, height, weight, blood pressure) and assesses fruit and vegetable consumption

Patient follow-up appointments are scheduled

At Visits 2–6: Patient returns for additional clinical visits:

- Patient returns to see provider as required
- Patient receives nutrition counseling and prescription
- During each patient’s return visit, healthcare staff/provider collects health metrics and assesses fruit and vegetable consumption
- Patient completes post-survey at the last visit

Patient begins to redeem prescriptions at designated retail location(s)

Staff (at redemption location) track:

- Number (#) of prescriptions redeemed by location each day
- Amount ($) of prescriptions redeemed by location each day
- Prescription redemption ends (After 6-mo. Period)

Non-eligible patients and/or eligible patients who do not want to participate are provided with a community resource list

6 MONTHS

Recruitment: 6 – 8 weeks

Initial Screening Process

Clinic Visit #1: Screening Completion and Program Enrollment

6 MONTHS

Program Participation
The Clinical Visit

Prescription program clinical visits can vary from program to program due to a number of factors, such as staff capacity, the needs of the target population, evaluation goals, or the amount of program funding available. For the purposes of this module, the following outlines a typical clinical visit of an FVRx program, however, there are many types of ways organizations have incorporated prescription programs within their clinical care services. The outline below is offered as only one example.

A typical FVRx program clinical visit has included the following elements.

A Provider
- Meets with the participant
- Ensures the participant’s vital signs have been measured, calculated, and collected by a member of the clinical team
- Discusses the importance of a healthy diet
- Goal-sets around overall health, diet, and physical activity
- Provides nutrition education or counseling based on the participant’s health needs
- Completes and distributes a prescription to the participant

Clinical Support Staff
- Prepare participant’s charts and forms
- Collect participant’s vital signs and any other health indicators
- Administer participant’s pre- and post-program surveys
- Provide support materials to the participant and remind them to use their prescription

Nutrition Education
Nutrition education or counseling is typically delivered either through an individual or group setting depending upon the healthcare site’s preference or existing visit structure. Participants receiving nutrition education through an individual visit frequently meet with a nutrition practitioner immediately prior to or after their clinical visit. Participants receiving nutrition education through a group visit typically meet with other participants, anywhere from 30 minutes to 2 hours on the day of their clinical visit. For best practices on implementing a prescription program clinical visit, see Module 4. Implementing a Fruit and Vegetable Prescription Program.
Integrating Within Existing Healthcare Services

Prescription programs hinge on the positive relationships that are forged between a participant and their provider. Questions from both providers and participants tend to arise around billing and how these services and appointments can be covered. The following are types of healthcare services that prescription program visits may be integrated within. For more information on billing codes used for these services, see the brief on Clinical Billing Codes in the Toolbox on pg. 29.

Preventive Care

Although preventive care is viewed as a lynchpin for reducing the chronic disease burden in America, very little is spent on prevention within our healthcare system. Virtually all health plans do cover an annual check-up, which is an excellent opportunity for providers to complete a thorough history and assessment and begin discussions on the importance of a healthy diet. Most preventive services are covered at no cost. However, if a participant receives additional services, they may be billed. Be sure to consult insurance plans prior to delivering services.

For the purposes of reimbursement, a preventive care visit must include:

- A comprehensive history and physical exam findings;
- A description of the status of chronic, stable problems that are not “significant enough to require additional work,” according to Current Procedural Terminology (CPT);

Obesity Screening & Counseling

Adults with a BMI>30 or children, specific to their age and gender, with a BMI in the ≥85th to 94th percentile may be eligible for Obesity Screening & Counseling. This entitles them to 6 months of visits:

- Weekly 15-minute visits during month 1
- Bi-weekly 15-minute visits for months 2 through 6

Medical Nutrition Therapy (MNT) for Certain Conditions

The Centers for Medicare and Medicaid Services allow for payment of medical nutrition therapy for people who have been diagnosed with diabetes or renal disease. Many commercial health plans have also adopted this methodology. Patients with a new diagnosis of diabetes, renal disease, or recent kidney transplant may be eligible for MNT.

Individual vs. Group Nutrition Education Visits:

<table>
<thead>
<tr>
<th>PROS OF INDIVIDUAL VISITS</th>
<th>CONS OF INDIVIDUAL VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provides one-on-one attention, allowing tailoring of information to the individual goals and health needs</td>
<td>• Typically brief and cannot cover as much information as a group visit</td>
</tr>
<tr>
<td>• Requires less of the participant’s time</td>
<td>• Fewer opportunities for peer learning or support</td>
</tr>
<tr>
<td>• Provides confidentiality and anonymity</td>
<td>• May require more of the provider’s time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROS OF GROUP VISITS</th>
<th>CONS OF GROUP VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Longer visits allow for more topics to be covered and in greater depth</td>
<td>• Requires more of the participant’s time</td>
</tr>
<tr>
<td>• Allows for peer learning and support</td>
<td>• Requires preparation time</td>
</tr>
<tr>
<td>• Facilitates interactive discussions or activities</td>
<td>• May discourage some participants from speaking</td>
</tr>
<tr>
<td>• Participant’s family members can join</td>
<td>• Most health insurance plans do not cover group visits</td>
</tr>
<tr>
<td></td>
<td>• Less individualized information</td>
</tr>
<tr>
<td></td>
<td>• Less anonymity/privacy</td>
</tr>
</tbody>
</table>
Behavioral Health Intervention
Behavioral interventions are those designed to affect the actions that individuals take with regard to their health. Examples include programs aimed at encouraging patients with hypertension to take medications or participants with diabetes to exercise.

Patient Self-Management Education and Training
Patients with chronic and complex conditions are better able to manage their condition if they learn how to participate more effectively in the management of their condition. For example, diabetic patients may be eligible for Diabetes Self-Management & Training (DSMT), which covers 10 hours of DSMT per year. DSMT teaches patients about diabetes and how to care for themselves to control their disease. DSMT services are covered when a Certified Diabetes Educator, a Registered Dietician, a Medical Doctor, a clinic, or an outpatient hospital provides these services.

Group Visits
Group visits can be effective for patients who are overweight or obese, or who have diabetes. However, it is important to note that Medicare does not specifically cover group visits and even some private health insurance plans won’t cover group visits because billing codes for group visits don’t exist. Rather physicians use group education and behavioral change coaching codes to bill for services spent outside of an individual visit. For more information, including suggestions on planning, documenting, and coding group visits, see the American Academy of Family Practitioners’ article on “Planning Group Visits for High-Risk Patients.”

Billable Services
Take advantage of these and other services typically available to patients at no cost sharing

Patient Self-Management Education and Training
Preventive Services
Behavioral Health Interventions
Group Visits
Obesity Screening & Counseling
Medical Nutrition Therapy

COST TIP
Most preventive services are covered at no cost. However, if a patient receives additional services, they may be billed. Be sure to consult insurance plans to prior to delivering services.
This chapter discusses considerations for designing the retail elements of a prescription program, which includes building a retail team and an overview of typical processes for redeeming a prescription at a retail location.

Building a Retail Team

The makeup of the retail team can vary by program as the team can be based on your site’s capacity, resources, and needs of the program. Retail teams often consist of a manager or an on-site coordinator, as well as support staff such as bookkeepers, cashiers, interns, or even volunteers. When considering the steps below, please note that the program activities described within each step can be divided and shared among staff as needed.

- First, assess how many team members you will need based on program design, your staff’s availability, and when your project will start and end.

- Discuss who is most appropriate for the following activities based on the type of retail site redeeming prescriptions:
  - Redeeming prescriptions
  - Distributing any alternative currency used
  - Collecting alternative currency from vendors and providing reimbursement
  - Collecting redeemed prescriptions from registers
  - Welcoming participant families and answering questions
  - Requesting reimbursement for prescription purchases

- If your program intends to collect data, determine who is most appropriate to collect and report on data collected from prescriptions

- Finally, consider staff that may be interested in supporting the program through organizing supplemental activities, such as nutrition education activities, cooking demonstrations, or taste tests.
**Determining the Redemption Process**

This section discusses program administration at the retail site and how to work with staff and vendors to ensure your incentives are distributed and redeemed properly. At the end of this chapter, you should have a better understanding of prescription redemption models that can be adapted to the needs of the program and the retailer.

**Markets**

FVRx programs have been implemented at farmers markets across the country and have had success integrating prescription redemption processes alongside existing incentive programs. The most typical redemption design at farmers markets uses an alternative currency system, whereby participants exchange their prescription for tokens or other currency, such as coupons. Participants spend their tokens at participating vendors, who then turn the tokens in to market staff for reimbursement.

The following is a step-by-step example of how a prescription redemption process can easily be integrated into existing market operations.

**Community Supported Agriculture (CSA)** is a network of people who pledge to support a local farm, or farms. Members pay a price at the beginning of the growing season for a share of the anticipated harvest. Once harvesting begins, members receive weekly produce boxes or shares of vegetables and fruits.

Some prescription programs have incorporated a CSA or a food box redemption model into their program when there has been limited access to farmers markets or retailers with fresh produce within the community. Generally, CSAs can work with a fruit and vegetable prescription program to create a selection of shares or produce boxes that will meet the needs of a small family, a mid-sized family, and a large family. Prescriptions can be designed to denote the size of share or food box a family would receive and the prescription can be turned in to receive the food box as well as track redemption data. If you are interested in learning more about running a CSA incentive program see How to Start a CSA Incentive Program.

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Participant visits the market booth with a prescription and receives tokens/coupon from market staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Participant visits market/info booth before shopping</td>
</tr>
<tr>
<td></td>
<td>• A staff member redeems the prescription for the dollar amount written on the prescription</td>
</tr>
<tr>
<td></td>
<td>• A staff member distributes the alternative currency (i.e. token)</td>
</tr>
<tr>
<td></td>
<td>• A staff member logs the transaction, including any data required by market, partners, and/or funders</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 2</th>
<th>Participant shops and pays vendors with tokens/coupon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Participant shops at vendor booth</td>
</tr>
<tr>
<td></td>
<td>• Participant uses tokens to pay for fruit and vegetables</td>
</tr>
<tr>
<td></td>
<td>• Vendor collects tokens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 3</th>
<th>Vendor returns tokens to market staff for reimbursement at the end of the market day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Vendors hand in the tokens to a staff member</td>
</tr>
<tr>
<td></td>
<td>• A staff member records amount and type of currency redeemed</td>
</tr>
<tr>
<td></td>
<td>• A staff member provides vendor with copy of receipt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 4</th>
<th>Off-site administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• A staff member turns in prescriptions receipts to financial administrator at the end of the day</td>
</tr>
<tr>
<td></td>
<td>• Receipts are processed and vendors are paid</td>
</tr>
<tr>
<td></td>
<td>• A staff member enters prescription redemption data from the Redemption Log into the Redemption Reporting Formz</td>
</tr>
<tr>
<td></td>
<td>• A staff member submits an invoice to the lead program administrator for reimbursement</td>
</tr>
</tbody>
</table>
Supermarkets, Grocery Stores, and Convenience Stores

Prescription redemption at brick and mortar stores such as supermarkets, grocery stores, and convenience stores generally differs from processes developed for farmers markets, mobile markets, or CSAs.

The following is a step-by-step example of how prescription redemption can be integrated into existing retail store operations.

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>Participant visits the participating store and shops for fruits and vegetables and any other items.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP 2</td>
<td>Participant checks out and pays cashier with the prescription</td>
</tr>
<tr>
<td></td>
<td>• Participant notifies the cashier of the prescription</td>
</tr>
<tr>
<td></td>
<td>• Participant places all eligible fruits and vegetables on the counter separate from other items</td>
</tr>
<tr>
<td></td>
<td>• Participant hands the prescription over to the cashier</td>
</tr>
<tr>
<td></td>
<td>• Participant pays cashier with prescription for fruits and vegetables</td>
</tr>
<tr>
<td></td>
<td>• Participant receives a receipt for the redeemed prescription</td>
</tr>
</tbody>
</table>

Cashier uses the prescription to pay for fruits and vegetables and places the prescription in the register for collection

- Cashier rings only the eligible fruits and vegetables items
- Cashier accepts the prescription as payment for the fruits and vegetables
- Participant uses alternative payment for any amount spent above what the prescription is worth
- Cashier finalizes the transaction and staples a receipt to the redeemed prescription and places it in the cash register
- Redeemed prescriptions and receipts are collected and given to the bookkeeper
- A bookkeeper records prescription redemption data and submits an invoice to report back data and request reimbursement from the lead program administrator

When designing your program’s redemption process at a brick and mortar store consider:

- Existing store procedures and Point of Sale (POS) technology capabilities
- Offering a house charge account so participants can use prescription dollars over multiple shopping trips instead using an entire prescription amount in one purchase
- Developing processes that will be easy and quick for participants and cashiers
4 DESIGNING THE PRESCRIPTION

This chapter discusses key design elements of a prescription and provides a sample FVRx prescription that can be adapted to your own program’s needs.

Prescription Design Elements

Within FVRx programs, the prescription pads act as the vouchers participants redeem for tokens used to purchase produce or act as payment for the produce at participating retailers.

Design elements of an FVRx prescription include space to enter a unique participant identifier, the issue and expiration date, and the amount the prescription is worth. The prescription also provides a space for the prescriber to enter their name and signature and for the retail partner to note when the prescription has been redeemed.

When developing your own prescription consider the following:

- Can the prescription be designed to work within the participating retailer’s existing procedures?
- Does the prescription contain the necessary data fields for your evaluation?
- Does the prescription state where it can be redeemed?
- Will the prescription be easy for participants to read and use?

- Will the prescription be easy for clinical and retail teams to use?
- Is the prescription fraud proof or difficult to forge?

Prescription pads can be ordered online from a variety of prescription form companies. Reputable prescription form suppliers, such as Rx Security, rxsecurity.com, offer counterfeit-resistant scripts to prevent fraudulent use and duplication. Prescription pads and sheets also come in a variety of formats. Should you wish to adapt an FVRx prescription for your own program the FVRx Prescription Template is available to download from the Network Resource Library.

Issue and Expiration Dates

You may choose to enter issue and expiration dates on your prescriptions. Determining the length of time a prescription is valid can be based on the frequency of a participant’s clinical visits. For example, if participants receive monthly clinical visits, the prescription expiration date could be set at four weeks from the issue date. By entering issue and expiration dates on the prescription, participants are encouraged to shop regularly and return to their provider for a new prescription. It can also prevent participants from stockpiling prescriptions for larger purchases, which can lead to wasted produce.

A Sample FVRx Prescription

Alternative Currency

Some prescription programs will need to introduce an alternative currency to distribute to participants upon redeeming their prescription at a central location at the retail site. This currency is then used by participants to pay for their produce. Farmers markets often use wooden or metal tokens, while other programs have used citywide coupons, such as New York City’s Health Bucks, that can be accepted across multiple markets. To learn more about selecting and designing alternative currencies, download our How to Run an Incentive Program on the Network Resource Library.
FRUIT AND VEGETABLE PRESCRIPTION PROGRAM PLANNING & DESIGN WORKSHEET

I. Partnership Building Activities

<table>
<thead>
<tr>
<th>The Program’s Shared Vision/Goals:</th>
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<table>
<thead>
<tr>
<th>Partner Team Meetings:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEETINGS</td>
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<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>January:</td>
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<td>November:</td>
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<td>December:</td>
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<thead>
<tr>
<th>Communication Plan:</th>
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</tbody>
</table>
II. Program Planning

### Assembling a Clinical Team:

<table>
<thead>
<tr>
<th>Possible Team Role</th>
<th>Name</th>
<th>Title</th>
<th>Email/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Lead</td>
<td></td>
<td></td>
<td>@:</td>
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<td></td>
<td></td>
<td></td>
<td>#:</td>
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<tr>
<td>Provider Champion</td>
<td></td>
<td></td>
<td>@:</td>
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<td></td>
<td></td>
<td></td>
<td>#:</td>
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<tr>
<td>Nutrition Educator</td>
<td></td>
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<td>@:</td>
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<td></td>
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<td>#:</td>
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<tr>
<td>Community Outreach Worker</td>
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<td>Add additional role here</td>
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</tbody>
</table>

### Assembling a Retail Team:

<table>
<thead>
<tr>
<th>Possible Team Role</th>
<th>Name</th>
<th>Title</th>
<th>Email/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Manager/Manager</td>
<td></td>
<td></td>
<td>@:</td>
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</tr>
<tr>
<td>Assistant Manager</td>
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<td>@:</td>
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<td></td>
<td></td>
<td></td>
<td>#:</td>
</tr>
<tr>
<td>Bookkeeper</td>
<td></td>
<td></td>
<td>@:</td>
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<td></td>
<td></td>
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<td>#:</td>
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<tr>
<td>Volunteer/Intern</td>
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<td>@:</td>
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</table>
Choosing a target group:
The below are samples of target groups and the corresponding eligibility criteria. When determining whom your program will target consider factors such as the goals of your program, the makeup of your patient population, and those who are most in need of nutritional support.

- **Overweight/obese children**
  - Pediatric patients between the ages of 2 and 18
  - BMI at or above the 85 percentile for their age
  - Has a parent/caregiver that is willing to give consent participation in the program

- **Pregnant women or new mothers with diabetes**
  - Adult patients 18 years old or greater
  - Pregnant or 24 months post-partum with diabetes
  - Independent living arrangements whereby they have the ability to control food preparation and attend the participating retailer

- **Adult diabetics and pre-diabetics**
  - Adult patients 18 years old or greater
  - BMI greater than or equal to 25
  - Type 2 pre-diabetes or diabetes
  - HbA1c less than 14 (HbA1c < 14)
  - Independent living arrangements whereby they have the ability to control food preparation and attend the farmers market

- **Our Target group**

Potential implementation sites within the target community:

<table>
<thead>
<tr>
<th>Healthcare Site:</th>
<th>Redemption Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Suggested strategies to finding eligible patients:

- Create a list of eligible individuals from patient records
- Post flyers in the waiting rooms, clinic rooms, farmers markets, WIC and SNAP offices, and community gathering spaces.
- Obtain referrals from primary care physicians

Our recruitment strategies:
The Enrollment Period:
The time allotted for recruiting patients can vary greatly based on the number of patients you want to enroll. Enrollment periods have ranged from a number of weeks to a few months. Consider how long staff will need to lead recruitment activities, such as reviewing patient lists, making recruitment phone calls, holding recruitment events, or screening patients during clinical visits.

Date to begin enrollment: ____________________________

Date to end enrollment: ____________________________

Program Length and Frequency of Visits:
When determining the length of your program, consider factors such as incentive funding amounts, the availability of healthy produce at the retail site, and how frequently patients visit the healthcare site.

Program length: ____________________________

Frequency of program visits: ____________________________

The Prescription Incentive Amount:
There are typically two methods to structuring the incentive amount, which include, a variable amount based on the patient and their family members, and a fixed amount. FVRx programs primarily use an incentive structure of $1 per day per household member when determining the incentive amount for the patient.

Below are examples of a variable prescription amount based on household size and a fixed incentive amount.

Variable incentive example:
$1 x 4 people living in the household x 7 days per week = $28 of fruit and vegetable incentives per week

Fixed incentive example:
$10 per week or $40 per month

The prescription incentive amount: ____________________________
III. Evaluation Planning

<table>
<thead>
<tr>
<th>Commonly Collected Demographic Data:</th>
<th>Commonly Collected Biometric Indicators:</th>
<th>Commonly Collected Redemption Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Birthdate (month and year only so as to be HIPAA compliant)</td>
<td>• Height</td>
<td>• FVRx patient ID</td>
</tr>
<tr>
<td>• Race/ethnicity</td>
<td>• Weight</td>
<td>• Date of visit</td>
</tr>
<tr>
<td>• Gender</td>
<td>• Body Mass Index (BMI)</td>
<td>• Total number of prescriptions redeemed by participant</td>
</tr>
<tr>
<td>• Household size</td>
<td>• Blood Pressure</td>
<td>• Total dollar ($) amount of tokens distributed by participant</td>
</tr>
<tr>
<td>• Insurance status</td>
<td>• Hemoglobin A1c</td>
<td>• Total dollar ($) amount of tokens spent or prescriptions redeemed</td>
</tr>
</tbody>
</table>

Commonly Collected Biometric Indicators:
- Height
- Weight
- Body Mass Index (BMI)
- Blood Pressure
- Hemoglobin A1c
- Fruit and vegetable consumption

Commonly Collected Redemption Indicators:
- FVRx patient ID
- Date of visit
- Total number of prescriptions redeemed by participant
- Total dollar ($) amount of tokens distributed by participant
- Total dollar ($) amount of tokens spent or prescriptions redeemed

Reporting on Data:
Consider the following when determining how staff will report on program data:

- How often should the clinical and retail sites report on data?
- How should they report data? For example, on paper forms, Excel document, or data portal.
- Who should they provide their reports to?

IV. Program Protocols

It can be helpful to provide a list of program protocols so that all stakeholders are aware of how the program will be implemented at the clinical and the retail site. Modify the list of example protocols to your program’s own design.

- Identify families to enroll, based on eligibility criteria and any other factors that the program team determines should affect priorities
- Conduct clinical visits [insert frequency of visits] with each of the enrolled program participants during the [insert duration] program
- Educate patients on the importance of fruits and vegetables in their diet
- Collect health metrics (including BMI, height, and weight) and conducting an assessment of fruit and vegetable consumption during [insert frequency] visits
- Disburse nutrition prescriptions to patients within the context of the [insert frequency] visit
- Report data on a [insert frequency] basis
- Survey patients at the beginning and near the end of the program to collect patient information such as shopping, behavior and healthy eating habits
FRUIT AND VEGETABLE PRESCRIPTION PROGRAM ENROLLMENT FORM

One time completion only. May be completed at the first visit.

PARTICIPANT ID#: ________________________________

INSURANCE STATUS (circle one):
Medicaid/Public  Private Insurance  Uninsured  Other

INCOME (circle one):
Less than $25,000  $25,000 – $34,999  $35,000 – $49,999  $50,000 or greater

DATE OF BIRTH: ________________________________
(Month/Year only)

NUMBER OF ADULTS IN HOUSEHOLD: _________
(Include patient if age 18 or older in the count)

NUMBER OF CHILDREN IN HOUSEHOLD: ________
(Include patient if age 17 or younger in the count)

PATIENT’S RACE (circle all that apply):
Black/African or Caribbean American
White/Caucasian
Asian or Pacific Islander
American Indian
Other (please specify) ________________________________

SEX:  Male  Female
FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
CLINICAL VISIT FORM
This form should be completed at each clinical visit.

PARTICIPANT ID#: ____________________  DATE OF VISIT: ____________________

MEDICAL STATUS:
HEIGHT: ___________ IN/CM ___________  WEIGHT: ___________ LB/KG ___________
BMI: ___________ BMI% ___________  BLOOD PRESSURE: ___________ / ___________

NUTRITIONAL ASSESSMENT:
1. Over the last week, how many times per day did you eat FRUIT?
   Prompt: Count any kind of fruit – fresh, canned, and frozen. Include fruit you ate at mealtimes and for snacks. Do not count juices.
   Never  1x per day  2x per day  3x per day  4x per day  5x per day
2. Each time you eat FRUIT, how much did you usually eat?
   Less than 1/2 cup  About 1/2 cup  About 1 cup  More than 1 cup
3. Over the last week, how many times per day did you eat VEGETABLES?
   Prompt: Count any kind of vegetable – fresh, canned, and frozen. Include fruit you ate at mealtimes and for snacks. Do not count French fries.
   Never  1x per day  2x per day  3x per day  4x per day  5x per day
4. Each time you eat VEGETABLES, how much did you usually eat?
   Less than 1/2 cup  About 1/2 cup  About 1 cup  More than 1 cup

BEHAVIORAL HEALTH TOPICS TO DISCUSS:
• Goals around overall, health, diet and physical activity
• The importance of fruits and vegetables in a healthy diet
• Recommendations for dietary and exercise changes
## PRESCRIPTION REDEMPTION LOG

<table>
<thead>
<tr>
<th>Location Name: ____________________________</th>
<th>Location Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market Date: ______________________________</td>
<td>Market Date: ______________________________</td>
</tr>
</tbody>
</table>

### FILL THIS SECTION WHEN SHOPPER BRINGS PRESCRIPTION TO MARKET TABLE

<table>
<thead>
<tr>
<th>Shopper</th>
<th>Participant ID #</th>
<th>Total $ Amount Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>WW00101</td>
<td>$28</td>
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**TOTAL Rx Dollars Exchanged for Tokens**: $____

### FILL THIS SECTION AFTER MARKET TOKENS HAVE BEEN REDEEMED

<table>
<thead>
<tr>
<th>TOTAL # of Rx Tokens Spent at Market</th>
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### FILL THIS SECTION WHEN SHOPPER BRINGS PRESCRIPTION TO MARKET TABLE

<table>
<thead>
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**TOTAL Rx Dollars Exchanged for Tokens**: $____

### FILL THIS SECTION AFTER MARKET TOKENS HAVE BEEN REDEEMED

<table>
<thead>
<tr>
<th>TOTAL # of Rx Tokens Spent at Market</th>
</tr>
</thead>
</table>

**TOTAL # of Rx Tokens Spent at Market**: ____
PRESCRIPTION REDEMPTION LOG INSTRUCTIONS

The Prescription Redemption Log was created to track the following information:

- Participant ID numbers to anonymously track usage and participation in the program.
- The total prescription dollar amount each participant receives from the market manager each market day, usually distributed in tokens.
- The total prescription dollar amount spent at the market by participants each market day.

1. RECORDING THE PARTICIPANT ID
   In the column called “FVRx Participant ID#”, you should record each participant ID number that is written on the prescription.

2. RECORDING THE TOTAL $ AMOUNT DISTRIBUTED
   The column, “Total $ Amount Distributed”, records the dollar amount circled on the prescription and the corresponding amount of tokens given to the participant.

3. HANDLING THE PRESCRIPTION
   Once you have recorded the necessary information, initial and date the prescription and return it to the participant, if they have weeks remaining.
   If the participant had redeemed their fourth week keep the prescription after initialing it.

4. RECORDING TOTAL # OF FVRx TOKENS SPENT AT MARKET
   The total number of tokens spent at the market should be recorded at the end of the market day. Collect all the tokens from the participating vendors and tally them.
   Record the total $ amount in the section called “Total # of Rx tokens spent at the market”.

5. ENTERING DATA
   After the market day, remember to enter the data from the Log sheet into the appropriate database or spreadsheet.

TIP
Make multiple copies of the Log and keep them in a binder for staff stationed at the market table. In the binder, include an example of a completed prescription to help staff know what a valid prescription should look like.
# FRUIT AND VEGETABLE PRESCRIPTION INVOICE

<table>
<thead>
<tr>
<th>Date of Purchase</th>
<th>Participant ID #</th>
<th>Number of Prescriptions Redeemed</th>
<th>BALANCE (Rx $ Spent)</th>
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<tbody>
<tr>
<td>Example: 7/15/2016</td>
<td>WW150008</td>
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<td>$21.00</td>
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Sheet 1 Total:
# FRUIT AND VEGETABLE PRESCRIPTION INVOICE

<table>
<thead>
<tr>
<th>Date of Purchase</th>
<th>Participant ID #</th>
<th>Number of Prescriptions Redeemed</th>
<th>BALANCE (Rx $ Spent)</th>
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</tbody>
</table>

Sheet 2 Total:

TOTAL AMOUNT DUE:

REMIT To: Store Name
Address:
CLINICAL BILLING CODES

Preventive Care Billing Codes:

### Weight Assessment & Counseling for Nutrition & Physical Activity for Children (ages 3-17)

<table>
<thead>
<tr>
<th>CPT</th>
<th>UB Revenue</th>
<th>BMI</th>
<th>Nutrition Counseling</th>
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<tbody>
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<td>051x, 0520-0523,</td>
<td>V85.5</td>
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<td>99211-99215,</td>
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<td></td>
<td>HCPCS: G0270-0271,</td>
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<td>99217-99220,</td>
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<td></td>
<td>S9449, S9452, S9470,</td>
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<td>G0447</td>
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<td></td>
<td>CPT: 97802-97804</td>
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<td>99455, 99456</td>
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*Exclusions: Pregnancy

### Adult BMI Assessment (ages 18 – 74)

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<th>BMI UB Revenue</th>
<th>BMI</th>
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*Exclusions: Pregnancy
# CLINICAL BILLING CODES

## New Medicare Beneficiary Billing Codes:

<table>
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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0402</td>
<td>Initial preventive physical examination; face to face visits, services limited to new beneficiary during the first 12 months of Medicare enrollment</td>
</tr>
<tr>
<td>G0344</td>
<td>Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 6 months of Medicare enrollment</td>
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## Medical Nutrition Therapy (MNT) for Certain Conditions Billing Codes:

A dietitian or nutritionist providing therapy may bill the following codes¹:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>97802</td>
<td>Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes.</td>
</tr>
<tr>
<td>97803</td>
<td>Medical nutrition therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes.</td>
</tr>
<tr>
<td>97804</td>
<td>Medical nutrition therapy; group (2 or more individuals), each 30 minutes.</td>
</tr>
<tr>
<td>G0270</td>
<td>Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes.</td>
</tr>
<tr>
<td>G0271</td>
<td>Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes.</td>
</tr>
</tbody>
</table>

## Behavioral Health Intervention Billing Code:

A behavioral health specialist may bill the following code: 96153.

## Education and Training for Patient Self-Management Billing Code:

A health educator may bill the following code: 98961-98962.

## Group Visit Codes:

Code 99078 describes physician educational services delivered within a group. Managed care companies that provide reimbursement for this code do so mostly for diabetes-related education. However, Medicare and Medicaid do not cover these codes.

REFERENCES


3 HIPAA, the Health Insurance Portability and Accountability Act, sets the standard for protecting sensitive patient data. Any company that deals with protected health information (PHI), such as a person’s date of birth, must ensure that all security measures are in place and followed. For more information on how to handle PHI see HIPAA.com.


MODULE 3.
TRAINING FRUIT AND VEGETABLE PRESCRIPTION PROGRAM TEAMS
Tools from this Module are available for download in the Network Resource Library

- Prescription Program Training Template
- Retail Staff Training Template
- Market Staff Training Template
Module 3. Training Fruit and Vegetable Prescription Program Teams

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Chapter 1. Developing a Prescription Training Program 4
Training Logistics 4
Preparation 4
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Chapter 2. Considerations for Training Clinical Teams 6

Chapter 3. Considerations for Training Retail Teams 7

Wholesome Wave
Cover photo by Jameel Khaja
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INTRODUCTION

Training is critical step in preparing program staff for implementation — and directly impacts the success of fruit and vegetable prescription programs, or prescription programs for short, and the experience of those who participate in them. The following module offers suggestions on the logistics of coordinating a prescription program training as well as considerations for developing training content for both clinical and retail program staff.

1 DEVELOPING A PRESCRIPTION PROGRAM TRAINING

Training Logistics

When training program staff, it can be valuable to conduct a joint partner training where clinical and retail staff attend together. Joint trainings provide staff with comprehensive knowledge of how the program will work in both the clinical and retail setting. Joint trainings have also been beneficial in building community and personal relationships between partners who may not typically have cause to come together. Encouraging both formal and informal relationships are key in building good communication practices, which can be helpful when working through implementation challenges.

Training staff 1–2 months before clinical visits begin gives staff time to understand the program, develop plans for recruitment and enrollment, and finalize team member assignments and schedules. If you are considering training clinical and retail staff together it is best to reserve a half or whole day, with time dedicated for breaks and lunch for partners to talk and get to know each other. If a joint training is not possible, individual trainings can be set up instead. While the duration of training can vary, trainings for clinical staff can typically be completed in 1–4 hours and a retail team training can typically be completed in 1–3 hours.

It is important for all staff contributing to the program to participate in the training. When building a list of attendees, consider inviting staff overseeing as well as implementing the program. For clinical providers this could include senior administrators overseeing the program, providers delivering clinical visits, staff responsible for tracking and reporting on data, and management staff handling administrative aspects of the program. For retail staff, consider inviting senior management, managers overseeing the program implementation overseeing the implementation, staff redeeming prescriptions, and finance staff issuing or requesting reimbursement.

Preparation

To conduct an effective training, it is beneficial to finalize program protocols in advance of the training, such as the clinical and nutrition visit protocols, the prescription redemption protocols, and data collection protocols. If you intend to use the training as a platform for team members to provide input on, discuss, and finalize the protocols, it can be helpful to present clear options for the group to discuss and then collectively decide upon at the meeting.

It is also advantageous prior to the training to create and print any materials and tools that will be used in the training or during implementation, such as a training PowerPoint slide deck, data collection tools, recruitment flyers, and the prescription pad. By having these materials prepared in advance of the training, staff can review the materials together, ask questions, and suggest any necessary adjustments to the program before the program launch date.

The following is a list of suggested materials to provide to training attendees prior to or on the day of the training:

- The agenda
- Copies of the training PowerPoint slide deck
- Enrollment Form
- Clinical Visit Form
- Clinical Protocol Tear Sheets
- Fruit and Vegetable Serving Size Guides
- Participant Pre and Post-Survey
- Participant Brochure
- The Prescription Pad
Module 3: Training Fruit and Vegetable Prescription Program Teams

- Retail Protocol Tear Sheet
- Invoice & Data Reporting Forms
- Recruitment Flyers

Presentation Materials

FVRx trainings have typically relied on PowerPoint slide decks to train both clinical and retail staff. PowerPoint slides can be a useful tool in guiding staff through understanding their roles and responsibilities as well as more detailed implementation information, such as recruitment and enrollment processes, the clinical workflow, how to redeem a prescription, or how to use data collection tools.

The customizable training templates are included in the Toolbox to aid you in developing your own training presentation. The templates include PowerPoint slides that can be modified based on the specifics of your own program design. The details provided within the template serve only as an example of the type of information that can be helpful when training staff. The templates provided follow key considerations in developing a training as outlined in the following section.

A customizable Fruit and Vegetable Prescription Program Training Template, a Retail Staff Training Template, and a Market Staff Training Template can be downloaded from the Network Resource Library. The Fruit and Vegetable Prescription Program Training Template is geared toward training both clinical staff and retail staff appointed to overseeing the program’s implementation. The Retail Staff Training and Market Staff Training Template are designed specifically for training staff on-site at the redemption site.

NOTES FROM THE FIELD

Training Best Practices

Communicating with staff prior to the training with information or pre-training materials on what the program is, why they are being invited, and what the training will cover will get staff ready to participate and come to the training with questions and ideas in mind.

Creating an implementation guide that can be printed or viewed electronically provides staff with a resource they can refer to before and after the training. The guide can include information on clinical protocols, roles and responsibilities, redemption protocols, and data collection protocols.

If new staff join mid-way through the program remember to introduce them to the program and provide any training and materials that is appropriate for their role.
CONSIDERATIONS FOR TRAINING CLINICAL TEAMS

Consider the following objectives when training clinical team members:

- Staff understand their roles and responsibilities
- Staff understand clinical workflow and are prepared to implement it
- Staff understand how to use program tools and data collection forms
- Staff understand how and when to report on data
- Staff understand how prescriptions are redeemed at retail sites
- Strategies are developed to facilitate effective communication on participant care as well as project management

Based on your implementation approach, the details of your training may vary but consider including the following:

- A brief overview of the program goals
- An overview of the program partners
- A detailed look at clinical team roles & responsibilities
- The recruitment and enrollment process:
  - Eligibility criteria
  - Recruitment strategies
  - Enrolling and scheduling participants
- A detailed look at the clinical visit
  - A description of the clinical visit through the lens of each clinical team member
  - How nutrition education will be delivered
  - How to issue a prescription
- Data collection expectations
  - Enrollment data collection procedures
  - Clinic visit data collection procedures
  - Participant pre- and post-survey procedures
  - How and when to report on data
- A brief look at the prescription redemption process

Sample Clinical Training Agenda

Part 1: Opening
- Welcome message and introductions

Part 2: The Fruit and Vegetable Prescription Program
- Overview of the project

Part 3: Clinical Training
An Overview of the Clinical Program Design and Operations
- Clinical team roles and responsibilities
- The recruitment and enrollment process
- The clinical visit
- The prescription
- Expectations of data collection and reporting
- Q&A

Lunch

Part 4: Prescription Redemption
An Overview of Prescription Redemption at Participating Retailers
- How participants redeem prescriptions at retail sites
- The recruitment and enrollment process
- Q&A

Part 5: Next Steps and Closing
- Program launch and implementation timeline
- Next steps and upcoming meetings
- Q&A
CONSIDERATIONS FOR TRAINING RETAIL TEAMS

Consider the following objectives when training retail team members:

- Staff understand their roles and responsibilities in the program
- Staff understand how to redeem a prescription
- Staff understand how to use data collection tools and on how to report on data
- Finance staff understand how to reimburse vendors and/or submit an invoice for reimbursement for redemption
- Strategies are developed to create a welcoming environment and encourage prescription use

Based on your program implementation approach, the details of your training may vary but consider including the following:

- A brief overview of the program goals
- An overview of the program partners
- A detailed look at retail team roles & responsibilities
- Prescription redemption policies and procedures
- Examples or pictures of the alternative currency
- A list of eligible products
- An overview of data collection and reporting forms and procedures
- Invoicing procedures

Sample Retail Training Agenda

Part 1: Opening
- Welcome message and introductions

Part 2: The Fruit and Vegetable Prescription Program
- Overview of the project
- Introduction to the program

Part 3: Retail Training
Retail Program Design and Operations
- Retail team roles and responsibilities
- Prescription redemption process
- Data collection
- Reporting on data and invoicing process

Part 4: Next Steps and Closing
- Program launch and implementation timeline
- Next steps and upcoming meetings
- Q&A
MODULE 4.
IMPLEMENTING A FRUIT AND VEGETABLE PRESCRIPTION PROGRAM

Wholesome Wave
Tools from this Module are available for download in the Network Resource Library

Sample Provider Tear Sheet
Sample Nutrition Education Tear Sheet
Sample Redemption and Reporting Guide
Sample Cashier Guide
Sample Invoicing Guide
Participant Brochure Template
Provider, Participant and Retail Resources
# Module 4. Implementing an FVRx Program

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<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
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<td>Tips for Healthcare Sites</td>
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INTRODUCTION

This module discusses fruit and vegetable prescription program, or prescription program as it will be referred to throughout the module, best practices and tips for implementation at health care and retail sites. The module provides suggestions for clinical providers on recruiting and enrolling participants, as well as scheduling and conducting clinical visits. The module includes materials and links to resources to support providers to support providers delivering healthy weight, eating and nutrition programming and services. The module also provides materials and links to resources that provide further support to retail partners and their staff implementing a prescription program.

1 IMPLEMENTING AT A HEALTHCARE SITE

Recruitment and Enrollment

Participants can be recruited through a number of strategies. Much like other health programs, recruitment strategies for FVRx programs have typically included identifying eligible patients through provider referrals, medical chart review, phone calls, mailings, or regularly scheduled clinical visits.

When determining the amount of time necessary to recruit patients, first consider the number of participants you want to enroll. In FVRx programs, enrollment periods have ranged from a number of weeks to a few months. Speaking with healthcare staff that have implemented similar health programs or that have worked with the target population is a good place to start to discover successful recruitment strategies.
Module 4: Implementing a Fruit and Vegetable Prescription Program

Recruitment Best Practices

- Set a start and end date to the recruitment and enrollment period to keep staff on track.
- Designate a staff member to lead recruitment and enrollment efforts and act as the point person for referrals and program inquiries.
- Conduct weekly check-ins with program team members to coordinate and evaluate recruitment efforts.
- Distribute materials that provide information on how the program works to potential participants during clinic visits.
- Post recruitment flyers in exam rooms, around the clinic, or at the participating retailer.
- Hold group recruitment events at the clinic or at a community event.

Recruitment Materials

Recruitment can be greatly improved with compelling printed materials advertising the program to your target audience. Some important components of a good flyer include:

- The program and partners’ names, as well as logos
- A brief, clear explanation of the program, and especially the benefits:
  - Details of the clinical visits
  - How much the prescription is worth (e.g. $1 per day per family member, $10 per week)
  - Any cap amounts
  - What type of products the incentives can purchase
  - Length of the program
- Where and when the program is offered:
  - Deadline for enrollment
  - Address/location of the clinical visits
  - Address/location of the participating retailer
- A visually appealing picture, such as fruits and vegetables or the prescription
- Phone number and/or website (or other social media platforms) where patients and potential donors can get more information
- A mention or logo of the program’s funders

Sample Recruitment Flyer

**FREE FRUITS & VEGETABLES**

When you participate in the Navajo Fruit and Vegetable Prescription Program® (Navajo FVRx®)

CALL to find out if you are eligible TODAY!

Phone #:

$1.00 a day per household member to buy fruits and vegetables*

*Voucher amounts will vary by family size

**AM I ELIGIBLE?**

- Children ages 3 to 6 years old
- Women who are pregnant or who gave birth within the last 3 years
- No income requirement necessary
- Participation won’t interfere with food benefits, like SNAP, WIC, commodities, or SSI
- Some additional requirements exist

**TOOL**

THE FRUIT AND VEGETABLE PRESCRIPTION (FVRx) PROGRAM

Participant Brochure Template

If you are interested in providing participants with a program brochure, a Participant Brochure Template can be downloaded from the Network Resource Library and customized with your program’s own details, photos, and logos.
Just as flyers at the healthcare site can help promote your program to potential participants, flyers posted at the participating retailer can promote the program outside of the healthcare site as well as help participants identify where to redeem prescriptions and spend their incentives. By including the retailer’s name and/or logo, the flyers can also represent an opportunity to promote the retailer as a local business that cares about their community. While most retailers are willing to use promotional material they may need to check with a marketing department or management for approval, make sure to consider this during flyer production.

Sample Prescription Redemption Flyer

### TIPS

#### Issuing Participant IDs

- Make sure to not use information that may tie a participant to their ID, such as a medical record number or date of birth.
- Try using a combination of letters and numbers. For example: a two letter abbreviation for the healthcare site name, two digits for the year, and two digits to denote the number enrolled in the program.
- Create a master list of patient names and their associated IDs and save in a protected file or locked file cabinet.

#### Obtaining Informed Consent/Assent

A consent form is typically used for adult participants. If you are working with a pediatric population, caregivers will sign the consent form on behalf of their young child, and children over the age of 7 will sign an assent form to acknowledge their participation in the program. Once informed consent has been obtained and a consent form has been signed, consent forms are typically kept on file or uploaded to a participant’s electronic medical record. For more information on informed consent, see the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality Informed Consent and Authorization Toolkit for Minimal Risk Research.

#### Issuing a Unique Participant ID

Issuing participants an unique identifiers, or IDs, allows personal health information to be confidentially reported as data within a research study. By using participant IDs, a participant’s data can be collected by the clinical team and linked to their prescription redemption data collected by the retail team, without the participant’s identity being know. If your program intends to collect health data, the same ID should be used consistently for the duration of the program, be included on participant forms and surveys, and be collected by the retail partner when tracking prescription redemption data. No one outside of the program’s clinical team should have access to identifying information about program participants. If your program is not a research study and/or not collecting participant health data then there may be no need to issue participant IDs.

Enrolling Participants

Enrolling participants typically entails obtaining informed consent/assent from participants and/or caregivers, issuing a unique participant ID number, and collecting enrollment information. It is suggested that you enroll participants as part of their first clinical visit; however, participants can always be enrolled prior to their first program visit, i.e., during a recruitment or launch event. If you do enroll participants prior to the first program visit, be sure to schedule the participant’s first clinical visit during enrollment.
The Clinical Visit

Scheduling and Delivering the Clinical Visit

To effectively manage scheduling clinical visits, providers often reserve blocks of clinical time, such as 1–2 days per week, to schedule all program visits. Depending upon the existing clinic workflow and preference of the providers, having 1 or 2 days a week dedicated to program visits allows providers to maximize their time, especially if nutrition education is being delivered through group sessions.

Providing handouts, or tear sheets, that detail the protocols of your program’s clinical visit can be a helpful reminder for program staff. See samples of a Provider Tear Sheet and a Nutrition Education Tear Sheet in the Toolbox on pg. 12 and pg. 13. Both can be customized to your program’s unique design.

TIPS

Recommendations on Scheduling Clinical Visits

• Allow two months before clinical visits begin to plan visit schedules across program team members.

• Streamline visits by designating one day of the week for prescription program clinical visits.

• If targeting pediatric participants, be mindful of scheduling visits after school hours or allow for follow-up visits that don’t require the child to attend, only the parent or primary caretaker.

• Plan visits to occur on the same days that participants can shop at the partnering retail site.

• Incorporate visit reminder calls the day before or day of participants’ visits.

Delivering Nutrition Education

Helping participants and their families put nutrition education into practice involves more than providing information on the right kinds of food to eat. Therefore, incorporating nutrition specialists and health care professionals into your program who have expertise in helping families make healthy dietary changes is ideal. Specialists such as registered dieticians and nutritionists offer a wealth of experience and knowledge in delivering nutrition education and supportive information on making healthy lifestyle changes.

If your program is looking for complementary weight management or nutrition education curriculum many FVRx programs have found success in aligning their program with 5-2-1-0 Let’s Go!. Let’s Go! is a nationally recognized prevention program that offers an easy way to begin an open discussion with patients about the ways to increase physical activity and healthy eating.

What does 5-2-1-0 stand for?

5 – Eat at least five fruits and vegetables a day.

2 – Limit recreational TV or computer use to two hours or less.

1 – Get one hour or more of physical activity every day.

0 – Drink more water and low-fat milk; limit or eliminate sugary beverages.

You can find more information about 5-2-1-0 Let’s Go! and 5-2-1-0 resources to aid in the prevention, assessment, and treatment of overweight youth online at www.letsgo.org.
### Health and Nutrition Messaging

The following are examples of healthy eating and lifestyle messaging as well as activities typically offered by providers during a prescription program clinical visit.

Provider messaging can include:

- The importance of physical activity
- The importance of a healthy diet
- The health consequences of chronic diet-related disease
- Goal-setting around overall health, diet, and physical activity

Sample nutrition messaging and discussion topics:

- Healthy behavior change messaging regarding replacement of less healthy foods with fruits and vegetables
- The importance of fruits and vegetables in a healthy diet
- Reducing intake of sugar-sweetened beverages, and replacement with water
- Increasing physical activity
- Reducing screen time
- Eating a variety of foods from all food groups, balancing intake
- Safe food storage and management ideas
- Healthy portion sizes

Sample nutrition education activities:

- A review of plate composition and portion sizes using measuring cups or resources on www.ChooseMyPlate.gov
- An introduction to reading sample nutrition facts and food labels
- Distributing recipes or ideas for tasty ways to cook fruits and vegetables
- Providing participants with reminders about retail locations and hours
- Discussion on how to redeem prescriptions

### Provider Resources and Tools

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<thead>
<tr>
<th>Resources</th>
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<tr>
<td>•</td>
<td>The Oregon State Childhood Food Insecurity Course³</td>
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<td>USDA Food Security Screening Resources⁴</td>
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<td>•</td>
<td>Motivational Interviewing⁵</td>
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<td>•</td>
<td>CDC Growth Charts⁶</td>
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<td>•</td>
<td>CDC Child and Teen BMI Calculator⁷</td>
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<td>•</td>
<td>KidsHealth BMI⁸</td>
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<td>•</td>
<td>Children’s BMI Risk Category Dependent on Age⁹</td>
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### Nutrition Education and Healthy Eating Resources and Tools

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<tr>
<th>Resources</th>
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<tr>
<td>•</td>
<td>The USDA Nutrient Database¹⁰</td>
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<td>•</td>
<td>The USDA Dietary Guidelines for Americans¹¹</td>
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<tr>
<td>•</td>
<td>ADA Evidence Analysis Library¹²</td>
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<td>•</td>
<td>ADA Pediatric Nutrition Care Manual¹³</td>
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<td>•</td>
<td>SNAP-ED¹⁴</td>
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<td>Understanding Nutrition Labels¹⁵</td>
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### Participant Resources and Tools

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<td>Make Your Calories Count²²</td>
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<td>Fruits &amp; Veggies More Matters²³</td>
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<td>Good and Cheap²⁴</td>
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<td>Eat Right and KIDS Eat Right²⁵</td>
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<td>Food Hero²⁶</td>
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<td>Just Say Yes²⁷</td>
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Links to these resources can also be found on the Network Resource Library at [http://www.wholesomewave.org](http://www.wholesomewave.org).
IMPLEMENTING AT A RETAIL SITE

Retail Site Operations

The beginning weeks of running a prescription program can spark questions from both staff and participants. Providing resources, such as a program reference guide, to staff can be instrumental in helping staff implement the program as well as answer questions. Simple one-page resources such as step-by-step instructions on redeeming a prescription or how to collect data can be just as helpful. One-page guides can be kept at a market table, posted at a register, or wherever staff can easily reference them.

The following are guides that can be customized to your program’s protocols and staff roles and responsibilities. Samples can be found in the Toolbox from pg. 14 to pg. 16 or downloaded from the Resource Library for customization.

- Redemption and Reporting Guide
- Cashier Guide
- Invoicing Guide

Preparing the Retail Site

- If working with a store, look into whether you will need to designate a key on the register as a prescription house charge.

- Determine where the prescriptions will be stored, how often they will be collected, and how often invoices will be submitted for reimbursement.

- Consider how the site is sourcing produce and if there is enough to keep up with new or increased demand.

- Consider how the site is stocking produce and managing any spoils.

- Consider the placement and promotion of produce.
  - Are fruits and vegetables highly visible and attractive to customers?
  - Within stores, can you create healthy end-caps, a healthy checkout aisle, or fruit baskets at the register?

Retailer Resources and Tools

- The Commercial Storage of Fruits, Vegetables, and Florist and Nursery Stocks
- How to Adopt a Shop: A Guide to Working with your Local Food Retailer
- The Healthy Corner Stores Network
- Fresh Produce and Floral Council
- Produce Marketing Association
- CDC’s Healthier Food Retail: An Action Guide for Public Health Practitioners

In addition to increasing patient’s access to affordable produce, many prescription programs have a secondary goal of increasing the amount and variety of healthy offerings available at retail sites such as small stores, convenience stores, or bodegas. The following are helpful resources whether you are looking for information on increasing or promoting healthy options at retail stores.
ENGAGING PARTICIPANTS & COMPLEMENTARY PROGRAMMING

Tips for Healthcare Sites

Communicating regularly with participants is critical to engaging and retaining participants in the program. Following up with participants via phone or email help ensure high attendance rates at clinic appointments. It is also helpful to remind participants at their clinic visits to regularly visit the retail site to redeem their prescriptions.

Other successful strategies for communicating with and engaging participants include:

- Visit reminders through postcards or phone calls
- Phone or text reminders on how, where, and when to use prescriptions
- Identifying participants in need of transportation and offering assistance
- Ensuring participant feedback is solicited and taken into consideration

Creating personal relationships with participants is an important component of program retention — keeping participants engaged and interested in the program encourages participants to attend appointments, adhere to provider recommendations, and use their prescriptions. The following are examples of successful and fun activities FVRx programs have integrated within their clinical practices.

- Shopping tours at the retail site
- Hosting a wellness booth at the retail site
- Providing recipe cards or healthy eating handouts, such as:
  - Farm Fresh Rhode Island’s (English and Spanish) Farmers Market Recipes
  - Connecticut Department of Agriculture’s Farm Fresh Summertime Recipes
  - American Diabetes Association’s Recipes for Healthy Living
Tips for Retail Sites

Regardless of your community setting or resources available to you, there are a number of ways to enhance participants’ shopping experience whether it is at a farmers market, grocery store, or convenience store. Additional programming or activities can take a number of forms, and require different levels of coordination, but all are useful for engaging participants as well as other customers, and ultimately increasing the impact of your program. The following are fun activities FVRx programs and other nutrition incentive programs have utilized to engage participants and customers alike.

- Cooking demonstrations or tastes tests allow customers to try new items and learn new skills and preparations. Keep it simple with recipes that require little equipment. The following offer great ideas and recipes:
  - Farm Fresh Rhode Island’s Healthy Food, Healthy Families
  - Cooking Matters
  - SNAP-Ed

- Get customers to move and interact through local live music or entertainment.

- Offer kid promotions or games. For example, Power of Produce provides children with produce vouchers they can use to purchase their favorite item at farmers markets.

- Offer kid promotions or games. For example, The Power of Produce (POP) Club introduces children to where their food comes from through fun activities and offers vouchers to purchase their produce at farmers markets. Check out the Farmers Market Coalition for tools, guides, and templates to help you run your own POP Club.
SAMPLE PROVIDER TEAR SHEET

This guide provides sample step-by-step instructions for providers. Customize this sheet to your program’s protocols.

**Medical Status:**
Capture participant health data at each clinical visit on the Clinical Visit Form.

**Behavioral Assessment:**
- Discuss family/patient concerns
- Discuss eating patterns and food preferences

**Health Eating Discussion Topics:**
- Importance of physical activity
- Importance of diet
- Health consequences of obesity

**Behavioral Plan Discussion Topics:**
- Goal setting
- Major wins/accomplishments
- Challenges/barriers/concerns

**Prescription Distribution:**
- Fill out a prescription
- Explain how and where the prescription can be redeemed
- Provide participant with a handout on how and where to use the prescription
SAMPLE NUTRITION EDUCATION TEAR SHEET

This guide provides sample step-by-step instructions. Customize this sheet to your program’s protocols.

Nutrition Assessment:
Capture fruit and vegetable consumption data at each clinical visit on the Clinical Visit Form.

Healthy Eating Discussion Topics:
• The importance of fruits and vegetables in a healthy diet
• Reviewing portion sizes
• Reading nutrition and food labels
• Strategies for incorporating more fruits and vegetables and replacing less healthy foods with fruits and vegetables
• How to prepare or store fresh fruits and vegetables
• Recipes or ideas for tasty ways to cook fruits and vegetables

Behavioral Plan Discussion Topics:
• Goal setting
• Major wins/accomplishments
• Challenges/barriers/concerns
SAMPLE FARMERS MARKET REDEMPTION AND REPORTING GUIDE

This guide provides sample step-by-step instructions on redeeming a prescription at a farmers market as well as reimbursing vendors. Customize this document to reflect your program’s protocols.

Redeeming a prescription:

1. **Ensure the prescription is valid**: check that the prescription is signed by the provider, is not expired, has a Participant ID# on it, and indicates the how much the prescription is worth.

2. Provide the customer with the alternative currency for which he/she is eligible and track any necessary prescription data (i.e. Participant ID#, amount of prescription redeemed, number of prescriptions redeemed) on the Prescription Redemption Log.

3. Note on the prescription the number of weeks redeemed or keep the redeemed prescription for the market’s records.

Recording data and reimbursing vendors:

1. Collect alternative currency from vendors.

2. Complete vendor receipts with the amount due for reimbursement based on Rx dollars ($) spent that day and distribute the reimbursement and receipts to the vendors.

3. Count and record the total number of Rx dollars ($) used at the market for that day on the Prescription Redemption Log.

4. Enter data into the Prescription Reporting Form.
SAMPLE CASHIER GUIDE

This guide provides sample step-by-step instructions for cashiers on redeeming a prescription. Customize this document to reflect your program’s protocols.

Completing an Rx transaction:

• Ensure the prescription is valid: check that the prescription is signed by the provider, is not expired, has a Participant ID# on it, and indicates the how much the prescription is worth.

• Ask participants to separate Rx-eligible fruit and vegetables from all other items, and ring produce in one transaction.

• Run the prescription voucher as a house charge up to the voucher amount listed on the prescription.

• If the customer has purchased more than what the prescription is worth, ask the customer how they would like to pay the remaining balance.

After the transaction:

• Print a receipt of the Rx transaction.

• Staple the receipt to the redeemed prescription voucher and store it in the cash register for collection.
SAMPLE INVOICING GUIDE

This guide provides sample step-by-step instructions for recording prescription redemption data and submitting an invoice. Customize this document to reflect your program’s protocols.

Recording Rx Purchases and Prescription Data

Using the Rx Invoice record:

- The date of purchase in the “Date” column
- The Participant ID number in the “Check/Invc #” column
- The number of prescriptions redeemed by a participant during one visit.
- The dollar amount of the FVRx prescription voucher run as a house charge in the “Amount” column.

Submitting a Prescription Invoice

- Submit the Prescription Invoice monthly
- Email a scanned copy to the program administrator
- Mail the original copy to the program administrator along with the redeemed prescriptions
REFERENCES


## PROVIDER, PARTICIPANT AND RETAIL RESOURCES

### Provider Resources and Tools
- The Oregon State Childhood Food Insecurity Course
- USDA Food Security Screening Resources
- Motivational Interviewing
- CDC Growth Charts
- CDC Child and Teen BMI Calculator
- KidsHealth BMI
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- Fresh Produce and Floral Council
- Produce Marketing Association
- CDC’s Healthier Food Retail: An Action Guide for Public Health Practitioners
MODULE 5. MEASURING AND EVALUATING A FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
Tools from this Module are available for download in the Network Resource Library

Pediatric Pre-Survey
Pediatric Post-Survey
Adult Pre-Survey
Adult Post-Survey
Nutritional Assessment Tool
Fruit and Vegetable Serving Size Guides
Measures and Data Collection Worksheet
INTRODUCTION

This module discusses fruit and vegetable prescription program, or prescription program for short, measurement and effectiveness reporting, through the Centers for Disease Control’s (CDC) six steps to evaluation design and monitoring framework. Data collection tools and additional evaluation resources are provided as samples to adapt and use within your own program should you wish. Content presented in this module can be applied to all stakeholder groups including: clinicians, retailers, and program administrators.

While this module goes into depth on measurement and evaluation methods, keep in mind that the kind of evaluation you undertake need only to meet the goals of your program and the needs of your funders and stakeholders. Based on your own program you may choose to use and implement only some of the information or tools presented within this module. Ultimately, any level of program evaluation you do is better than none at all.

1 PURPOSE OF EVALUATION

Simply put, program evaluation exists in order to understand the impact of a program. Was the program effective in meeting its goals? Impact can be measured in a variety of ways, depending on a specific program’s goals. Policy makers, program sponsors, and other stakeholders need to understand the impact of a program, to measure its success.

Wholesome Wave has adapted the CDC’s framework to better illustrate how prescription programs can be evaluated and save you time in developing your own evaluation goals and plans. If you are interested in reading the CDC’s workbook, “Developing An Effective Evaluation Plan”, in its entirety, it can be found here.

The steps outlined in the CDC’s workbook for creating an evaluation plan are below:

1. Engage stakeholders
2. Describe the problem
3. Focus the evaluation design
4. Gather credible evidence
5. Justify conclusions
6. Ensure use and share lessons learned

The framework will also be utilized to help you determine how to take your organization’s vision and identify program goals, how to capture data, and how to report on and improve your program as a result of learnings.
2 Engage Stakeholders and Describe the Problem

As detailed in Module 2, Designing a Fruit and Vegetable Prescription Program, program design and development takes a community wide effort. The CDC framework agrees that engaging all stakeholders in identifying the goal(s) of your program is a key step. This module will not detail engaging of stakeholders here, as this is discussed in further detail in Module 1, Planning for a Fruit and Vegetable Prescription Program.

Clarity the Vision

Visions are broad, inspirational. The vision will help to clarify the need in your community that your program is addressing. You may have a vision whereby your program helps people with chronic conditions adhere to their self-care regimen. How will you measure this?

How will you know that your vision is being realized? Questions that may assist in framing the discussion include:

- Why did you choose to design and implement a fruit and vegetable prescription program?
- Do you envision more retail locations due to the increased customer demand?
- Do you desire to improve the health of a subset of your patient population?

Describe the Problem

The next step involves detailing your program. A program description will clarify why your program exists: the vision, purpose, and activities. The CDC notes that most program descriptions include a logic model, which details the resources required to implement the program (inputs), program activities, and outcomes (outputs).

The logic model relays a hypothesis: that the work you (inputs) are undertaking (activities) will yield results (outputs). What results do you seek? What are the outcomes or outputs that mark progress to this goal?

Let’s think through an example of defining a vision and outcome together:

- Vision: To improve the health of patients with obesity
- Outcome: To reduce the BMI of program participants with obesity by an average of 5%

There may be multiple outcomes that could indicate progress towards the vision of “improved health.” Moreover, improved health is one vision; other visions for a prescription program could include increased market revenue, policy development, and broad nutrition education.

The CDC notes that “Describing the Program” includes listing specific expectations as goals, objectives, and criteria for success; this can be best achieved through the development of SMART goals.

Developing SMART Goals

As you document your list of program outcomes/goals, bring to mind the S.M.A.R.T. acronym. Goals will be: Specific, Measurable, Achievable, Results-focused, and Time-bound. SMART goals assist in clarifying the problem that you are attempting to solve.

- Specific: specific goals target one particular area for improvement (i.e., targeted population)
- Measureable: allow for measuring progress; quantifiable
- Achievable: realistic, given available resources
- Results: focused specific as to a “line in the sand”
- Time-Bound: identified within a certain timeframe

THE LOGIC MODEL

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<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-term Outcomes</th>
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Environmental Context
Utilizing the example from the previous page, let’s construct a SMART Goal

- **Vision:** To improve the health of patients with obesity
- **Outcome:** To reduce the BMI of program participants with obesity on average by 5%

**SMART Goal:**
To reduce the BMI of 85% of program participants by 5% in the 6 months post-program enrollment.

The goal is SMART:

- **Specific:** targeted population
- **Measureable:** BMI is captured in the E.M.R.
- **Achievable:** 5% BMI reduction in 6 months is reasonable in patients with obesity
- **Results Focused:** 5% is quantitative
- **Time-Bound:** within 6 months post-enrollment

Please note that as you begin developing SMART goals, it will be helpful to offer definitions for your program measurement. For example, how do you define “participant” or what constitutes “program enrollment”?

After you have constructed SMART goals, there is a need to identify how your program’s activities are linked to your goals (outputs).

In the BMI SMART goal example above, an assumption was made that the program activities support the outcome of reduced BMI of participants by 5%. What activities, exactly, are tied to this reduced BMI?

Immediate thoughts might include:

- **Increased consumption of fruits and vegetables**
- **Increased redemption of a prescription**
- **Increased knowledge of fruits and vegetables impact on nutrition/weight**

In truth, the above activities may be tied to BMI, however they are participant activities rather than program activities.

- **The program activities tied to the above (and ultimately BMI reduction) may include:**
  - **Enrollment phone calls**
  - **Prescription redemption**
  - **Nutritional education at each clinic visit**

Discussions around how your program activities will impact outcomes are essential and will clarify the work that you and your partners are undertaking. Ultimately, the goal in your program description documentation is to understand how you will measure progress toward your vision, and in documenting what activities support those outcomes.
FOCUS THE EVALUATION

Once you have clarified the problem you are trying to solve, identified SMART goals, and noted which activities are most likely to yield positive results; you are ready to focus the evaluation.

You potentially have limitless amounts of data you may capture throughout your program’s life cycle. This segment of the CDC framework requests “focus”. The key here is to understand how your measures will be used and who needs to be made aware of the results of those measures. What information is most pertinent to your stakeholders?

Will you use data to inform program improvement opportunities? Will you utilize the data to woo new partners? Do you wish to appeal for additional funding? As you document your goals and evaluation methods, note the audience(s) who will require this information.

Using Data: Process Goals and Outcomes Goals

In reviewing the CDC framework and logic model example, the first three boxes in the model focus on process measures and the last three boxes focus on outcomes.

Process Measures

Process measures answer questions about how the program operates. These measures can highlight challenges faced in delivering prescription programs and strategies for overcoming these challenges. They are useful to program staff and potentially other prescription program operators in replicating or adapting successful program strategies.

Process evaluations tend to be utilized most frequently for internal purposes: workflow improvement, training, staff engagement. Process measures may be captured monthly and used to inform program improvements. The primary audience of process indicators are internal: program managers, administrators, clinical team members, and retail staff.

Process measures, however, can also indicate future success in outcomes. In these instances, the audience may be external to your organization. You may utilize process indicators as leading indicators of long-term outcomes.

Outcome Measures

Outcome measures focus on questions of causality. For example, did your program have its intended effects? If so, what was the impact? What activities or characteristics of the program created the impact?

Outcomes can be delineated into short-term, intermediate, and long-term outcomes. An example of a sample prescription program logic model, below, will help to illustrate.

Inputs

Clinical Team, Retail Team

Activities

FVRx Prescriptions, Nutrition Education Clinical Appointment

Outputs

# Program Participants, # Rx Redeemed, Other Operations

Short-term Outcomes

Increased Use of Retail, Increased FVRx Redemption, Increased F&V Consumption, Increased PCP visits

Intermediate Outcomes

Satisfaction, Health Status, Reduced BMI

Long-term Outcomes

Reduced BMI, Cost Savings, Shopping Behavior, Reduced Morbidity/Mortality

In this example, program activities such as targeting a population with fruit and vegetable prescriptions and nutritional education could be measured by outputs such as numbers of program participants, number of prescriptions redeemed, etc. These activity metrics may demonstrate short-term outcomes such as increased customer usage of retail sites and increased visits to the doctor. In the long-term, you may see retail sites expanding hours (to accommodate influx of new customers).
Selecting Measures (Indicators)

In the last section, we discussed the difference between process and outcomes measurement. This portion of the module will focus on the measures, also known as indicators, within each of those areas.

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<thead>
<tr>
<th>PROCESS MEASURES</th>
<th>OUTCOME MEASURES</th>
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<tr>
<td>Capture program activities</td>
<td>Capture causality (if this, then that)</td>
</tr>
<tr>
<td>Capture program process steps</td>
<td>Sometimes referred to as “effectiveness” indicators</td>
</tr>
<tr>
<td>Primarily internally focused</td>
<td>Primarily externally focused</td>
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Monitoring your program provides information on key aspects of how your program is operating and the extent to which your program objectives are being achieved (e.g., numbers of patients served compared to your target enrollment goal). Funders and policymakers often use these types of results to assess or promote the program’s performance and accomplishments.

You may be familiar with clinical process measures. The Centers for Medicaid and Medicare Services (CMS) and specifically the Healthcare Effectiveness Data and Information Set (HEDIS) will often measure processes before measuring outcomes (i.e., HbA1c test was administered rather than measuring HbA1c test results). The thinking behind this is that if processes are completed, the likelihood of improved outcomes increases.

Outcome Measures

These, on the other hand, focus on questions of causality. Did your program have its intended effects? What was the impact? What activities or characteristics of the program created the impact?

As noted in the CDC framework, outcomes may be short-term or long-term in nature. When questioning a

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<th>EVALUATION QUESTION</th>
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<tr>
<td>Are we targeting enough patients?</td>
<td>Number of patients targeted for outreach</td>
<td>Program enrollment spreadsheet</td>
<td>Enrollment targeting (list pull)</td>
</tr>
<tr>
<td>Are our engagement techniques working?</td>
<td>Number of participants enrolled in program</td>
<td>Program enrollment spreadsheet</td>
<td>Enrollment calls/events</td>
</tr>
<tr>
<td>Will we increase sales revenue?</td>
<td>Amount of prescription sales at retail location ($$)</td>
<td>Retail log</td>
<td>Program promotion</td>
</tr>
<tr>
<td>Will majority of participants redeem their prescriptions?</td>
<td>Number of prescriptions redeemed</td>
<td>Retail log</td>
<td>Program promotion, Visit completion</td>
</tr>
<tr>
<td>Will we increase knowledge of importance of fruits and vegetables?</td>
<td>Number of participants aware of nutritional content information</td>
<td>Pre-/Post- Survey</td>
<td>Survey Administration</td>
</tr>
</tbody>
</table>
program's effectiveness, many funders and stakeholders are envisioning long-term impacts of the program, such as improved health of a population, reduced costs to care, etc.

Examples of Short-term and Long-term Outcomes

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>GOAL</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index (BMI)</td>
<td>25% of participants reduced BMI by the end of the intervention</td>
<td>BMI from EMR data</td>
</tr>
<tr>
<td>Fruit and Vegetable Consumption</td>
<td>85% of participants increase daily fruit and vegetable consumption by 1 cup</td>
<td>Patient Survey</td>
</tr>
<tr>
<td>Access to Fruits and Vegetables</td>
<td>85% of participants realize increased access to fruits and vegetables</td>
<td>Prescription Redemption Log</td>
</tr>
<tr>
<td>Health Status</td>
<td>85% of participants end program with “Top Box” satisfaction (Very Good, Excellent)</td>
<td>Patient Survey</td>
</tr>
<tr>
<td>Food security</td>
<td>50% of participants are more food secure during the intervention</td>
<td>Patient Survey</td>
</tr>
<tr>
<td>Fruit and Vegetable Sales</td>
<td>Fruit and vegetable sales increase by 1% during the intervention</td>
<td>Retail Accounts</td>
</tr>
<tr>
<td>Reduced Morbidity and Mortality related to condition</td>
<td>Reduced incidence of diabetes complications or hospitalizations</td>
<td>Morbidity/Mortality Rates and/or EMR data</td>
</tr>
<tr>
<td>Reduction in Total Cost of Care</td>
<td>Reduction in total cost of care</td>
<td>Healthcare Claims</td>
</tr>
</tbody>
</table>

**Examples**
- **Body Mass Index (BMI):** 25% of participants reduced BMI by the end of the intervention
- **Fruit and Vegetable Consumption:** 85% of participants increase daily fruit and vegetable consumption by 1 cup
- **Access to Fruits and Vegetables:** 85% of participants realize increased access to fruits and vegetables
- **Health Status:** 85% of participants end program with “Top Box” satisfaction (Very Good, Excellent)
- **Food security:** 50% of participants are more food secure during the intervention
- **Fruit and Vegetable Sales:** Fruit and vegetable sales increase by 1% during the intervention
- **Reduced Morbidity and Mortality related to condition:** Reduced incidence of diabetes complications or hospitalizations
- **Reduction in Total Cost of Care:** Reduction in total cost of care

**Leading Indicators**

When talking about clinical and cost-related outcomes, many of these are long-term. This means that you may not see clinical outcome improvement for a year or longer; cost reductions may not be realized for multiple years after the completion of your program. Since there is often need to demonstrate progress throughout program implementation, it is of the utmost importance to have short-term outcomes identified in addition to long-term outcomes. These are often referred to as “leading indicators”, because they indicate future success.

To put this in context of a prescription program, what could be a leading indicator for a future reduction in BMI?

What program activities might occur in the short-term that you hypothesize will have long-term clinical results?

Examples could include:
- Increased consumption of fruits and vegetables
- Increased redemption of prescriptions
- Increased knowledge of fruits and vegetables

Examples of Leading Indicators

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>LEADING INDICATOR</th>
<th>DATA SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mass Index (BMI)</td>
<td>Increased fruit and vegetable intake</td>
<td>Patient Survey</td>
</tr>
<tr>
<td>Hemoglobin A1c (HbA1c)</td>
<td>HbA1c test completed</td>
<td>Claims</td>
</tr>
<tr>
<td>Self-reported health status</td>
<td>Confidence measure</td>
<td>Patient Survey</td>
</tr>
<tr>
<td>Reduced Morbidity and Mortality related to condition</td>
<td>Reduced Blood Pressure</td>
<td>EMR</td>
</tr>
<tr>
<td>Increased availability to fruits and vegetables</td>
<td>Increased fruit and vegetable retail revenue</td>
<td>Retail accounting</td>
</tr>
</tbody>
</table>

**Frequency of Measurement Reporting**

There are different audiences who may require data at different frequencies. Program staff and managers will likely want to see process indicators weekly or monthly, while other stakeholders (such as funders and board members) may only require annual reports.

**Sample Schedule of Reporting Frequency**

- **Weekly & Monthly:**
  - Provide updates to team/staff on activities and process measures
  - Report on “hitting your numbers”

- **Quarterly:**
  - Roll up monthly activities into quarterly results
  - Report out on leading indicators

- **Annually:**
  - Report patient, provider, and staff satisfaction rates with the program
  - Report program outcomes data
As your program goals are being identified, your team will need to think through how to collect the data to answer the program questions. Data can be qualitative or quantitative; it may be experienced or observed. Data may already be captured and available for program use or your program may require new specifications for data capture. The CDC notes that credibility may also rely on: the evaluator, sources of data, how questions were posed, methodology, and quality assurance practices.

Considering an Evaluator
Who will evaluate your program on an ongoing basis? As you develop your evaluation plan, it will be important to understand who and how to provide management and outcomes reporting at regular intervals.

Things to consider:
- Should you use an external evaluator?
- What are the credentials of your evaluator?
- Do you need to secure resources to fund evaluation role/position?
- What are the audience preferences vis a vis evaluation needs?

Qualitative or Quantitative Data
There are two general types of data. Quantitative data is information that can be measured and is number-based, such as a person’s height or weight. Qualitative data is information that can’t actually be measured, such as a person’s underlying reasons and motivations for behaving in a certain way.

Qualitative methods add depth, detail and meaning to your research. However, quantitative evidence is usually needed to show that a program had a significant impact on changing patients’ health or health behavior. Quantitative data provide useful background information to help interpret qualitative data and using both qualitative and quantitative information can help provide a more holistic picture of how your program is performing and impacting your patients, their families, and the community.

Comparing Methods

<table>
<thead>
<tr>
<th>QUALITATIVE</th>
<th>QUANTITATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods include focus groups, in-depth interviews, and reviews of documents for types of themes</td>
<td>Methods include surveys, structured interviews &amp; observations, and reviews of records or documents for numeric information</td>
</tr>
<tr>
<td>More subjective: describes a problem or condition from the point of view of those experiencing it</td>
<td>More objective: provides observed effects of a program on a problem or condition</td>
</tr>
<tr>
<td>Text-based</td>
<td>Number-based</td>
</tr>
<tr>
<td>More in-depth information from a fewer number of sources</td>
<td>Less in-depth but more breadth of information across a large number of sources</td>
</tr>
<tr>
<td>Unstructured or semi-structured response options</td>
<td>Fixed response options</td>
</tr>
<tr>
<td>No statistical tests needed</td>
<td>Statistical tests are used for analysis</td>
</tr>
</tbody>
</table>

Data Sources and Tools
There are various sources of data that can be collected to measure the effectiveness of your program, such as:
- Electronic Medical Record (EMR) data
- Program Enrollment Information
- Retail Log Sheets, Accounting Records
- Publicly Reported Data
- Healthcare Claims Data
- Patient Reported Data (e.g., survey, clinical visit, focus group, health risk assessment)

The source of your data will depend on the goal that has been selected. EMR data, as an example, serves organizations well for reporting clinical outcomes. EMR data may also be structured to capture program enrollment information, such as demographics (age, sex), but may not capture other program participant data (e.g., income).
Electronic Medical Record Data

As mentioned above, EMR data tends to be the source of clinical data which is most trusted by providers. EMR data is available as soon as it is entered into the system, permitting it is entered accurately; therefore, this data is seen as timely for action to be taken. EMR data will let you know that a test was administered as well as the result of that test (information not found in claims data).

Healthcare Claims Data

Each time a healthcare service is rendered, whether it is an office visit, pharmacy refill, or hospital stay (to name a few), there is a cost associated, and therefore, an invoice that is created. For those invoices sent to insurance companies, a “claim” is generated.

Healthcare claims include a wealth of information about a patient, what service was received, who provided the service, etc. In terms of reporting clinical process measures and healthcare cost measures, claims are used readily in the U.S. healthcare system.

While healthcare claims are reliable in that they mark whether or not a service happened, there are some challenges with claims data. The primary complaint with claims data is that it is not timely, and therefore, not “actionable”. The amount of time from date of service to claim payment is approximately 3 months; many refer to this information as “lagging.” It is helpful for long-term outcomes, but not necessarily as data that can promote immediate action.

When developing your evaluation plan, reducing cost of care may be a consideration. Many health promotion and prevention programs strive to demonstrate cost savings due to program participation. Claims data is one source that can support this type of data pull. Health plans may have access to claims data, but you may need to rely on the other data sources to get claims data. For a more complete discussion around reporting cost reductions, see Reducing the Cost of Care in the Toolbox on pg. 28.
**Participant Reported Data**

Patient reported data is primarily gained through surveys. There are multiple reasons to survey your program participants. Participant feedback lets you know not only how your program operations run, but can also lend insight to program outcomes and satisfaction. Surveys can also be used to gather information about participants’ consumption patterns, shopping habits, and knowledge of the importance of fruits and vegetables.

Pre-and post-surveys are typically self-administered by the participant and it is best to make the surveys available in the appropriate languages. When administering surveys, it is important that the administration method remains consistent for all participants before and after the program and should not be leading. For example, interviewers should ask questions exactly as they are phrased on the survey and use neutral phrases that allow patients to answer honestly, not as if they need to provide an answer the interviewer is looking for.

**TIP**

**Posing Questions**

A correctly designed survey or questionnaire is an excellent tool for collecting and evaluating data and as such should be considered in your evaluation plans. However, writing effective survey questions can be difficult. As such, it is recommended when possible to work with an experienced survey researcher or use already tested/validated questions when developing a survey or questionnaire. Due to the complexity of developing survey questions this toolkit will not go into detail on how to develop a survey but will highlight some of the “Do’s” and “Don’ts” for consideration when crafting a survey or administering a questionnaire.

**DO:**

- Provide confidentiality and anonymity — Provide a statement to assure the respondent that they and their answers will remain anonymous. Also, try to provide a confidential space where they can answer questions without others potentially listening in.
- Write questions and responses with clear objectives, concise language, complete sentences, correct grammar, and simple words.
- Utilize questions that allow you to compare your participants’ responses against questions that have been validated among other studies.
- Allow “don’t know” and “not applicable” responses where appropriate.
- Use probes to motivate the patient and focus their attention on the particular question — When a patient answers, “I don’t know” try asking, “What would be your best guess on that?”
- Test your questionnaire — Be sure to pilot or pre-test it on individuals who represent your target population to identify difficult wording or confusing questions.

**DON’T:**

- Use many abbreviations, acronyms, or jargon — Patients may not be familiar with technical terms or acronyms.
- Ask “double-barreled questions” — A double-barreled question contains two or more distinct questions but allows only one answer resulting in either a non-response or a response that is hard to interpret.
- Ask leading questions — A leading question suggests an answer and thus will influence the respondent’s answer.
- Ask double-negative questions — Patients can easily be confused deciphering the meaning of a question that uses two negative words. This is even more so if English is not the patient’s first language.
- Ask hypothetical questions — It is difficult to answer questions that relate to circumstances that you have not experienced.
- Ask open-ended questions unless necessary — Patients may feel overwhelmed with open-ended questions. Try to limit open-ended questions to one or two.
Survey questions, used in FVRx programs, are included in this module to provide samples of validated survey questions on topics such as participant satisfaction, self-reported health status, and behavior change. See the Toolbox from pg. 16 to pg. 23 for a Pediatric Pre-Survey, Pediatric Post-Survey, Adult Pre-Survey, and Adult Post-Survey used in FVRx programs, which can also be downloaded from the Network Resource Library and adapted to your needs.

For more information and resources on gathering patient reported data see the following links:
- National Health and Nutrition Examination Survey²
- What We Eat in America survey interview questions³
- Dietary Recall Questions⁴
- Measurement Guides for “dietary recall questions”⁵
- National Collaborative on Childhood Obesity Research (NCCOR) Measures Registry⁶

Retail Data
Collecting data on prescription usage at retail sites serves a greater purpose than keeping track of how much participants are spending and how much to be reimburse stores or vendors for prescription purchases. Retail data collected through prescription redemption can be used to show the program’s impact on participants’ health, participants’ access to fruits and vegetables, as well as ability to increase the viability of the partnering retailer.

Public Data
There is a wealth of healthcare data that is publicly available. Local, regional, and State data can be found online regarding morbidity and mortality rates, nutritional/obesity programming, and fruits and vegetable availability. A long-term outcome of your program may be “reduced obesity related morbidity and mortality rates” in your local area; this can be measured utilizing public data.

While the benefit(s) of these data are that they are accessible, public data poses a challenge because the data cannot be linked explicitly to your program’s activities.

For a complete listing of Public Health data tools and statistics, visit the Partners in Information Access for the Public Health Workforce website⁸.

TOOLS

Fruit and Vegetable Serving Size Guides
The Fruit and Vegetable Serving Size tools provide a visual aid when assessing fruit and vegetable consumption. This tool may aid patients in understanding what a serving size is as well as estimating their fruit and vegetable consumption. Serving size guides can be found in the Toolbox on pg. 25 and pg. 26.

Measures and Data Collection Worksheet
The Measures and Data Collection Worksheet may be a useful tool when working with partners to determine and record your program’s key measures, the data sources to draw them from, and the frequency you intend on collecting them. The worksheet can be found in the Toolbox on pg. 27.

Fruit and Vegetable Consumption Assessment Tools
FVRx programs have typically used a brief dietary assessment tool to evaluate their program’s impact on increasing the consumption of fruit and vegetables in participants’ diet through measuring fruit and vegetable intake. A fruit and vegetable consumption assessment tool is typically integrated into each FVRx clinical visit and data is captured in an EMR or on paper through a form like the Clinical Visit Form. The dietary assessment questions included on the Clinical Visit Form are a modified version of the National Cancer Institute’s Eating at America’s Table Study, Quick Food Scan⁷. The sample dietary recall questions can also be found on the Nutritional Assessment Tool in the Toolbox on pg. 24. These tools are available in the Network Resource Library and customizable to your own needs.
Collecting Program Data

Program Data refers to both participant data (i.e., demographics) and program activity data that can be specifically captured in a spreadsheet or database (i.e., retail log or clinic form). Program data may also be captured in an EMR, in an accounts receivable system, or in participant surveys.

Since program data may come from a variety of sources, ensure that these data sources allow you to “de-duplicate” participants (i.e., each participant is only counted once). As we have previously discussed EMR and survey data, we will focus on program reporting tools or spreadsheets.

Program participant data is captured in order to understand the population you are targeting; participant information can include general demographics (age, sex) as well as BMI, income level, and eligibility for nutrition benefits, among other health and social indicators. These indicators may contribute to future health outcomes.

Program activity data supports assessing program effectiveness in terms of prescription redemption, engagement, and satisfaction. Reporting tools, such as spreadsheets can support the tracking and reporting of program activity. Farmers markets participating in FVRx program have used forms and spreadsheets, such as the Prescription Redemption Log and Prescription Redemption Log, whereas retailers such as grocery stores and convenience stores have used a Prescription Invoice to report on prescription redemption. These tools can be found in the Toolbox. For more information on how the tools can be designed within your particular program see Module 2. Designing a Fruit and Vegetable Prescription Program.

Quality Assurance

In addition to identifying appropriate data sources, it is paramount to understand how you will provide quality assurance for your data capture and collection.

“Garbage in, Garbage Out” is a term often quoted by data analysts. The information that you pull out of a system for reporting or analysis is only as good as the data you put into the system.

Considerations for Data Quality Assurance

- Provide “scales” for patient reported data (i.e., Rate from 1–5 or utilize “Poor”, “Fair”, “Good”, “Very Good”);
- When possible, utilize data that is already captured for other purposes. Minimizing duplicate system entry will not only help in encouraging staff to participate, it will reduce instances of human error.

Evaluation Plan Methods

Throughout this section on Gathering Credible Evidence, you have considered: the role of evaluation in capturing your program’s effectiveness; the data sources available (including quantitative and qualitative); the quality assurance process.

At this point in your evaluation planning, it is essential to think through how each data element will be captured. The primary target here is to pull together all the components you have learned throughout this section: linking the evaluation question to your expected use of data (and audience) and the method(s) by which you will collect that data.
5 JUSTIFY CONCLUSIONS

Once you are at the point in the process that you have data, you will need to think through how the data may answer the questions you originally posed.

- Interpret findings while keeping in mind
  - Program goals
  - Environmental considerations
  - Stakeholder needs (use of data)

- Think through how the data supports your program’s effectiveness. Can this data be used to improve the program? What is working well and what may need to be altered?

- Share preliminary findings with stakeholders. They may have insights that you have not considered.

It is essential to understand that the data analysis portion of understanding program effectiveness is a long (and iterative) process. As you review the data, you may discover a heightened need for additional resources (time, staff or vendors) to complete sufficient analyses.

6 SHARE FINDINGS AND LESSONS LEARNED

Once you find yourself at a point where you have:

- Identified measure types (process and outcomes)
- Identified and documented leading indicators
- Developed reporting templates and scheduling frequency
- Reviewed data sources and additional factors impacting the credibility of your evaluation
- Created and vetted conclusions as a result of your data

It is time to share the information you have collected and tell your program’s story. As you may surmise, documentation is critical throughout this (and other program development and implementation) process. Aligning your documentation in a structured format will allow your audience(s) to easily understand your findings.

The CDC template suggested for use can be found in the workbook, “Developing An Effective Evaluation Plan”.

Ensure that your stakeholders are on board and understand your findings completely; they can be helpful in sharing findings with funders, policy makers, and other stakeholders involved in your process, operations, and financial viability.
Participant’s ID# __________________________ Today’s Date: __________________________

FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
Pre-Program Survey (Pediatric)

Please complete these questions when you get your first fruit and vegetable prescription. The survey should be completed by a person who lives with the child and does at least half of the grocery shopping for the family. Your answers will be kept private and will not affect your family’s food benefits in any way. Thank you!

1. How often do you or someone who lives in your home shop at farmers market?
   - □ 1. Never
   - □ 2. Less than once a month
   - □ 3. About once a month
   - □ 4. 2–3 times per month
   - □ 5. Weekly or more

2. How much do you feel you know about the following items?

<table>
<thead>
<tr>
<th>Know a lot</th>
<th>Know some</th>
<th>Know only a little</th>
<th>Know nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The fruits and vegetables that are grown locally in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>How to prepare fresh fruits and vegetables</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Where to buy locally grown produce in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>The retailer or farmers market(s) that participates in this program</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>The importance of fruits and vegetables in your family’s diet</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

3. In general, how healthy is your overall diet?
   - □ 1. Excellent
   - □ 2. Very good
   - □ 3. Good
   - □ 4. Fair
   - □ 5. Poor
4. Please note if the following were often true, sometimes true, or never true for you and your household and your food situation in the last 30 days.

<table>
<thead>
<tr>
<th></th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I/we couldn’t afford to eat balanced meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- □ 1  Yes
- □ 2  No
- □ 3  Don’t know

6. If you answered yes above, in the last 30 days, how many days did this happen?
   _____ Days

7. In the last 30 days...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you ever eat less than you felt you should because there wasn’t enough money for food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever hungry but didn’t eat because there wasn’t enough money for food?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Do you or anyone who lives with you get these benefits?
(Please check all that apply, answering will not affect food benefits in any way).

- □ 1  Food stamps (SNAP)
- □ 2  Senior farmers market checks (FMNP)
- □ 3  WIC farmers market checks or Cash Value Voucher (CW)
FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
Post-Program Survey (Pediatric)

Please complete these questions when you get your last fruit and vegetable prescription. The survey should be completed by the person who lives with the child and does at least half of the grocery shopping for the family. Your answers will be kept private and will not affect your family’s food benefits in any way. Thank you!

1. How often have you been to the retailer or farmers market to use your fruit and vegetable prescriptions this season?
   - □ 1. Never
   - □ 2. Less than once a month
   - □ 3. About once a month
   - □ 4. 2–3 times per month
   - □ 5. Weekly or more

2. How much do you feel you know about the following items?

<table>
<thead>
<tr>
<th>Item</th>
<th>Know a lot</th>
<th>Know some</th>
<th>Know only a little</th>
<th>Know nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The fruits and vegetables that are grown locally in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>How to prepare fresh fruits and vegetables</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>Where to buy locally grown produce in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>The retailer or farmers market(s) that participates in this program</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>The importance of fruits and vegetables in your family’s diet</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

3. In general, how healthy is your overall diet?
   - □ 1. Excellent
   - □ 2. Very good
   - □ 3. Good
   - □ 4. Fair
   - □ 5. Poor
Participant’s ID# ______________________  Today’s Date: ____________________

4. Please note if the following were often true, sometimes true, or never true for you and your household and your food situation in the last 30 days.

| The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more | Often true | Sometimes true | Never true | Don’t know |
| I/we couldn’t afford to eat balanced meals | Often true | Sometimes true | Never true | Don’t know |

5. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

☐ 1  Yes  
☐ 2  No  
☐ 3  Don’t know

6. If you answered yes above, in the last 30 days, how many days did this happen?

_____  Days

7. In the last 30 days...

| Did you ever eat less than you felt you should because there wasn’t enough money for food? | Yes | No | Don’t know |
| Were you ever hungry but didn’t eat because there wasn’t enough money for food? | Yes | No | Don’t know |
FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
Pre-Program Survey (Adult)

Please complete these questions when you get your first fruit and vegetable prescription. Your answers will be kept private and will not affect your family’s food benefits in any way. Thank you!

1. How often do you or someone who lives in your home shop at farmers market?
   - □ 1 Never
   - □ 2 Less than once a month
   - □ 3 About once a month
   - □ 4 2–3 times per month
   - □ 5 Weekly or more

2. How much do you feel you know about the following items?

<table>
<thead>
<tr>
<th>The fruits and vegetables that are grown locally in your area</th>
<th>□ 1 Know a lot</th>
<th>□ 2 Know some</th>
<th>□ 3 Know only a little</th>
<th>□ 4 Know nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to prepare fresh fruits and vegetables</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>Where to buy locally grown produce in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
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<tr>
<td>The retailer or farmers market(s) that participates in this program</td>
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<td>□ 2</td>
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<td>□ 4</td>
</tr>
</tbody>
</table>

3. In general, how healthy is your overall diet?
   - □ 1 Excellent
   - □ 2 Very good
   - □ 3 Good
   - □ 4 Fair
   - □ 5 Poor
Participant’s ID# ____________________  Today’s Date: ____________________

4. Please note if the following were often true, sometimes true, or never true for you and your household and your food situation in the last 30 days.

<table>
<thead>
<tr>
<th></th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I/we couldn’t afford to eat balanced meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. In the last 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

☐ 1. Yes  
☐ 2. No  
☐ 3. Don’t know

6. If you answered yes above, in the last 30 days, how many days did this happen?
   _____  Days

7. In the last 30 days...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you ever eat less than you felt you should because there wasn’t enough money for food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you ever hungry but didn’t eat because there wasn’t enough money for food?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Do you or anyone who lives with you get these benefits?  
(Please check all that apply, answering will not affect food benefits in any way).

☐ 1. Food stamps (SNAP)  
☐ 2. Senior farmers market checks (FMNP)  
☐ 3. WIC farmers market checks or Cash Value Voucher (CW)
FRUIT AND VEGETABLE PRESCRIPTION PROGRAM
Post-Program Survey (Adult)

Please complete these questions when you get your last fruit and vegetable prescription. Your answers will be kept private and will not affect your family’s food benefits in any way. Thank you!

1. How often have you been to the retailer or farmers market to use your fruit and vegetable prescriptions this season?
   - □ 1 Never
   - □ 2 Less than once a month
   - □ 3 About once a month
   - □ 4 2–3 times per month
   - □ 5 Weekly or more

2. How much do you feel you know about the following items?

<table>
<thead>
<tr>
<th>Know a lot</th>
<th>Know some</th>
<th>Know only a little</th>
<th>Know nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The fruits and vegetables that are grown locally in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>How to prepare fresh fruits and vegetables</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Where to buy locally grown produce in your area</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>The retailer or farmers market(s) that participates in this program</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>The importance of fruits and vegetables in your family’s diet</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

3. In general, how healthy is your overall diet?
   - □ 1 Excellent
   - □ 2 Very good
   - □ 3 Good
   - □ 4 Fair
   - □ 5 Poor
Participant’s ID# ___________________ Today’s Date: ___________________

4. Please note if the following were often true, sometimes true, or never true for you and your household and your food situation in the last 30 days.

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</table>

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☐ 2. No
☐ 3. Don’t know

6. If you answered yes above, in the last 30 days, how many days did this happen?

____ Days

7. In the last 30 days...

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<th>Yes</th>
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<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you ever hungry but didn’t eat because there wasn’t enough money for food?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
SAMPLE NUTRITIONAL ASSESSMENT TOOL

Participant ID#: ______________________  DATE OF VISIT: ______________________

Please read this section to the patient before asking the questions below.

For the following four questions, please think about all the fruits and vegetables that you ate last week. Include those that were:

- Eaten alone and mixed with other food
- Eaten as snacks and at meals
- Raw and cooked
- Eaten at home and away from home

NUTRITIONAL ASSESSMENT:

1. Over the last week, how many times per day did you eat FRUIT?
   Prompt: Count any kind of fruit — fresh, canned, and frozen. Include fruit you ate at mealtimes and for snacks. **Do not count juices.**
   - Never
   - 1x per day
   - 2x per day
   - 3x per day
   - 4x per day
   - 5x per day

2. Each time you ate FRUIT, how much did you usually eat?
   - Less than 1/2 cup
   - About 1/2 cup
   - About 1 cup
   - More than 1 cup

3. Over the last week, how many times per day did you eat VEGETABLES?
   Prompt: Count any kind of fruit — fresh, canned, and frozen. Include fruit you ate at mealtimes and for snacks. **Do not count French fries.**
   - Never
   - 1x per day
   - 2x per day
   - 3x per day
   - 4x per day
   - 5x per day

4. Each time you ate VEGETABLES, how much did you usually eat?
   - Less than 1/2 cup
   - About 1/2 cup
   - About 1 cup
   - More than 1 cup
FRUIT SERVING SIZES GUIDE

EXAMPLES OF 1 CUP OF FRUIT

1 small apple
1 large banana
1 small watermelon wedge
8 strawberries

EXAMPLES OF ½ CUP OF FRUIT

1 small orange
16 grapes
1 small peach
1 large plum
VEGETABLE SERVING SIZES GUIDE

EXAMPLES OF 1 CUP OF VEGETABLES

1 large bell pepper
1 medium potato
12 baby carrots or 2 medium carrots
1 large ear of corn

EXAMPLES OF 1/2 CUP OF VEGETABLES

1 small tomato
1 large celery stalk
5 broccoli florets
2 cups raw leafy greens
### MEASURES AND DATA COLLECTION WORKSHEET

This worksheet allows you to develop and record your plan for collecting key program measures. Included are suggested program indicators, space to note any additional program indicators, evaluation tools to collect the data, and when data will be collected.

<table>
<thead>
<tr>
<th>KEY MEASURES</th>
<th>DATA COLLECTION TOOL</th>
<th>MEASUREMENT TIMING/FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Weight</td>
<td>Clinical Visit Form</td>
<td>At the monthly clinical visit</td>
</tr>
<tr>
<td>Height</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit and vegetable consumption servings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit and vegetable consumption servings over time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of fruits and vegetables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reported health status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription redemption rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Additional Indicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Additional Indicator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Additional Indicator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REDUCING THE COST OF CARE

There is much research to attest to the cost of poor nutrition and obesity in America. Medical treatment for obesity (such as surgery) is still relatively rare, therefore the costs associated with obesity are more likely calculated from the conditions related to obesity such as diabetes, metabolic syndrome and cardiovascular disease. (Harvard). In 2012, the U.S. spent an estimated 20.6% of healthcare costs on obesity related conditions.

When measuring reductions in cost of care, we are entering a slippery slope. If we hypothesize that a subset of the population is going to cost x amount due to their poor nutrition/obesity, and we implement a program, and they cost x/2 (half) of what we predicted, did we “save” money? It is difficult to measure because we are measuring assumed savings.

This appendix will delve into the “Cost of Care”; by the end of this section, you will have a better understanding for what the term “total cost of care” means, what data you need to report it, and how to structure cost savings reports.

What is Total Cost of Care?

Across the nation, healthcare affordability is a concern. How will we continue to fund and support our sick-care system? HealthPartners of Minnesota is well known for disseminating a total cost of care measure across healthcare systems in the U.S. Their Total Cost of Care (TCOC) measure was the first to be endorsed by The National Quality Forum (NQF); TCOC is population-based and applies NCQA’s risk adjustment methodology (to account for illness burden, population disparities). TCOC is intended to be utilized by providers, payers, employers, researchers, and individuals in order to estimate overall costs of care and to alter actions accordingly. (Health Partners)

In layman’s terms, TCOC can be calculated as the “all in” cost of care – total healthcare costs for a population, including inpatient, outpatient, professional, and pharmacy costs. When thinking about healthcare costs, a few things to note:

• Healthcare costs do not happen all at once nor are they always consistent;
• A few people within the population tend to be the most costly. This is commonly referred to as the 80/20 Rule (80% of the membership accounts for 20% of the costs);
• Claims data is a “lagging” indicator, because they often take 3 months to process post-event. This means you may choose to consider additional “leading” indicators as a proxy for cost savings.
What Data Do You Need in Order to Calculate Total Cost of Care?

In healthcare as well as in other areas that detail cost calculations, there are direct costs and indirect costs. In healthcare cost savings, direct costs include: doctor visits, pharmacy prescriptions, etc. Indirect costs could be absenteeism, productivity, smoking, etc. This section on cost savings will focus on direct costs, which can be most easily understood through the use of healthcare claims data.

Enquire with the health plans that you are working with to see if they can create cost savings reports for you, as health plans generally utilize cost savings methodologies in their standard reporting packages. If you are working with a health plan to generate reports, you can send a list of eligible program participants as well as program enrollees to the health plan in order to understand the costs associated with that population.

If you choose to produce cost savings reports in your organization, you will need to receive healthcare claims data. Claims data can be received from a health insurance company or through an all-payer claims database (APCD) or voluntary database. These databases are usually run by a state or region’s “healthcare improvement collaborative”. As claims data can be difficult to get from a health insurance company, you may also want to look into drawing on clinical (EMR) data, patient survey data, as well as FVRx retail data in order to produce leading indicators of future cost savings.

How Do You Calculate Cost Savings

Per Member Per Month (PMPM) is a unit of measurement designed to understand how much something costs (or how much resource is utilized) each month across your membership (or program participation).

When trying to understand the costs of an effort, it is helpful to know how much that program costs and how that can be absorbed by the membership (program funding). Whether you create and deliver cost savings reporting yourself or have reports produced externally, the term “er” is one that you will hear associated with cost savings.

As an example, if a program costs $5,000 to operate in one month, and you have 1,500 members that month, what is the PMPM cost of that program?

### Monthly PMPM

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>PROGRAM COST</th>
<th>PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500</td>
<td>$5,000</td>
<td>$3.33</td>
</tr>
</tbody>
</table>

### Annual PMPM

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>MEMBER MONTHS (members x 12 mos)</th>
<th>ANNUAL PROGRAM COST</th>
<th>PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500</td>
<td>$18,000</td>
<td>$60,000</td>
<td>$3.33</td>
</tr>
</tbody>
</table>

Just as you can calculate PMPM cost for program implementation, you may also calculate PMFM savings due to program participation.

To calculate savings, the more historical data you have on your program participants, the better. If you have data on how much your program participants cost before they started the program this will provide a “Before” picture for comparison purposes.

### Before (Pre-Program Enrollment)

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>HEALTH COSTS (no Rx)</th>
<th>HEALTH COSTS (with Rx)</th>
<th>PMPM (no Rx)</th>
<th>PMPM (with Rx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500</td>
<td>$500,000</td>
<td>$750,000</td>
<td>$333.34</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

This is a group of high health resource utilizers; either that, or you have a couple of high cost participants (whose costs are attributed to a catastrophic incident like a motor vehicle accident).

### After (Post-Program Enrollment)

<table>
<thead>
<tr>
<th>MEMBERS</th>
<th>HEALTH COSTS (no Rx)</th>
<th>HEALTH COSTS (with Rx)</th>
<th>PMPM (no Rx)</th>
<th>PMPM (with Rx)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500</td>
<td>$300,000</td>
<td>$500,000</td>
<td>$200.00</td>
<td>$333.34</td>
</tr>
</tbody>
</table>
The numbers listed on the previous page demonstrate $166.67 in total health care cost savings per member per month (or almost $3 million in savings). As you can imagine, demonstrating this information on an annual basis can conclude large numbers and big savings opportunities. However, month-to-month, this sort of savings calculation may not fluctuate with such impact. For this reason, it will be important to include leading indicators of future cost savings.

**Leading Indicators of Cost Savings**

What indicates cost savings? The largest healthcare costs are associated with inpatient stays (hospital, skilled facility, etc). Emergency department use (outpatient cost) is also a high cost activity. What activities do we see as having an impact on those large dollars?

If a participant sees his/her provider on a regular basis, will that reduce his/her healthcare costs? If a participant has low income, is s/he more likely to use the Emergency Department for care?

Healthcare research has shown that socioeconomic status, lifestyle (obesity, smoking), high utilization of services and increased pharmacological intervention all contribute to high healthcare costs (Squires). Based on this research and the data available via the FVRx program, the following leading indicators may be used for future cost savings:

- Number of healthcare touch points — claims data
- Utilization of Emergency Dept. — claims data
- Appointments kept — EMR data and/or Clinic FVRx spreadsheet
- FVRx prescriptions redeemed — FVRx Retail log
- Patient Survey data — FVRx Survey
- Number prescriptions moved to in house (clinic or retail) pharmacy — Retail log

**Reporting Frequency**

As mentioned previously, Total Cost of Care utilizes claims based data (with potentially a three month lag in data receipt). Reports are best structured utilizing a 12-month rolling design. This means that each month, you will look back at the previous 12 months. The last quarter of your reporting will be most valuable, whereas the first three quarters of TCOC reporting will act as “leading indicators” of future TCOC outcomes (Q4, Total Year).

When reporting “leading indicators”, you may include monthly reports of # of appointments kept, Emergency Department utilization, # prescriptions redeemed, etc.
Claims Data Requirements for Cost Savings Reporting

If you choose to pull the data in your own organization, you may decide to utilize a methodology such as HealthPartners, whereby specifications have been built and documented for public use. In this case, please see the complete data specifications and requirements here: website. of future TCOC outcomes (Q4, Total Year).

When reporting “leading indicators”, you may include monthly reports of # of appointments kept, Emergency Department utilization, # prescriptions redeemed, etc.

Claims Data will include:

<table>
<thead>
<tr>
<th>Inpatient Claims</th>
<th>Outpatient Claims</th>
<th>Professional Claims</th>
<th>Pharmacy Claims</th>
</tr>
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<tbody>
<tr>
<td>MEMBER_ID</td>
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<td>MEMBER_ID</td>
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<td>PILL_CNT</td>
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<tr>
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<td>RVN_CD</td>
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<td>TOTREIM_AMT</td>
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Complete SAS and non-SAS user recommendations can be found on the HealthPartner’s TCOC Toolkit website².

References


²Health Partners, Total Care Relative Resource Values Application. Available at: https://www.healthpartners.com/ucm/groups/public/@hp/@public/documents/documents/cntrb_042093.pdf


AADE https://www.diabeteseducator.org/practice/ask-the-reimbursement-expert/reimbursement-q-a
REFERENCES


