
ACEND Virtual Town Hall Meeting
January 16, 2024, 11:00 a.m. Central Time

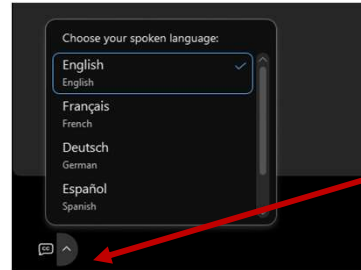
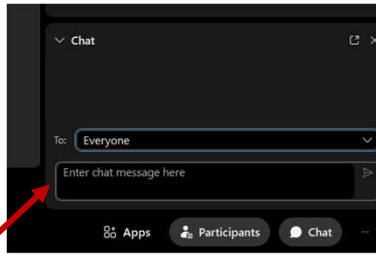
Host: Rayane AbuSabha, PhD, RD
ACEND Executive Director
Presenter: Alison Steiber, PhD, RDN
Chief Science Officer of the Academy of Nutrition
and Dietetics



Webinar Recording Link
<https://vimeo.com/903437860>

Welcome!

- Lines have been muted.
- If you have questions or comments, use the chat feature and post to **EVERYONE**.



Closed Captioning is available! Select CC on the bottom left of your screen and select your preferred language.

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1.0 CPEs have been approved for this webinar



New CPE Evaluation! Please use the link at the end of the webinar

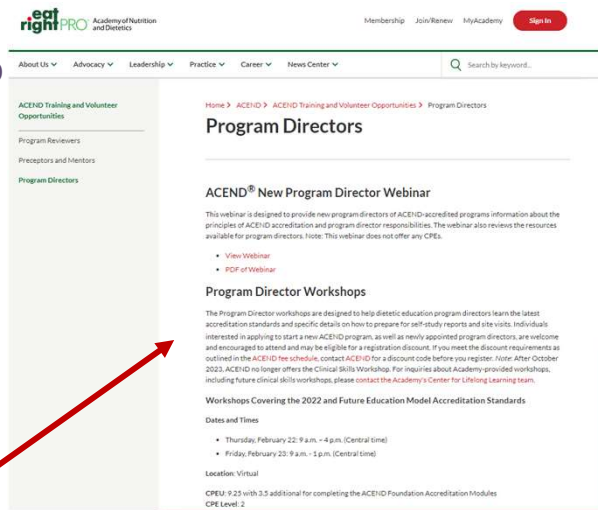


Handout of slides and CPE certificate will be provided via email

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Upcoming ACEND Program Director Training

- **Register Now:** Join us for the virtual Accreditation Workshop (live) for the 2022 and FEM Standards next month.
- **Dates:** February 22-23, 2024
- **Cost:** \$375 per attendee; \$250 for new directors of ACEND-accredited programs.
- Please visit the ACEND website for more information.



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**Accreditation Council
for Education in
Nutrition and Dietetics**
the accrediting agency for the
eat right. Academy of Nutrition
and Dietetics

Making an Impact: The Effectiveness of MNT by RDNs

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Making an Impact: The Effectiveness of MNT by RDNs

Alison Steiber, PhD, RDN
Chief Science Officer,
Academy of Nutrition and Dietetics

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eat right. Academy of Nutrition and Dietetics

Disclosures

Employee of the Academy of Nutrition and Dietetics

Grant funding: Administration on Community Living #90INNU0045-01-00; Academy of Nutrition and Dietetics Foundation and the Egg Nutrition Center, Commission on Dietetic Registration, Relypsa, Brightseed, National Dairy Council, numerous DPGs

Contract funding: National Academy of Science Engineering and Medicine, National Institute of Health (NICHD)

Board member: National Kidney Foundation, American Council on Exercise, University of Illinois's Personal Nutrition Center,

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Learning Objectives

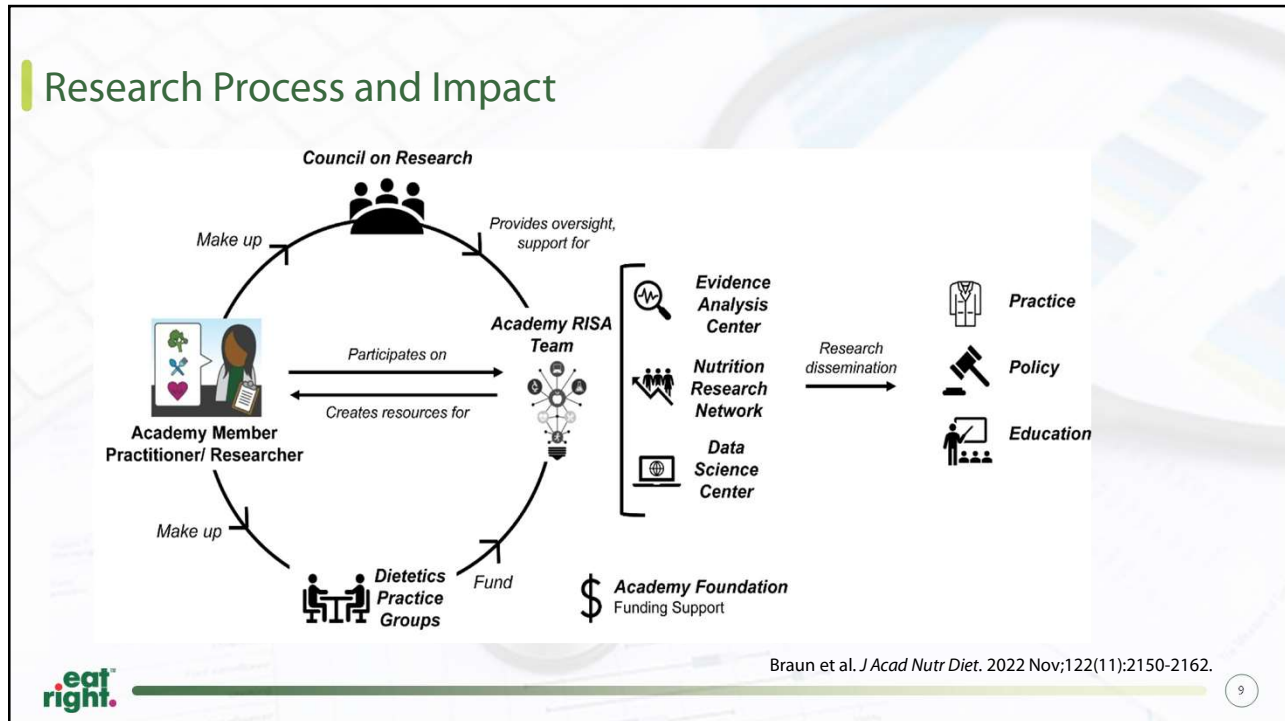
- Review the importance of effectiveness research and in particular effectiveness research on nutrition and dietetic interventions led by registered dietitian nutritionist
- Describe the collaborative fellowship program between the Academy Evidence Analysis Team and the Foundation which trains PhD students in systematic review methods
- Describe the results of recent systematic reviews on the impact of MNT on health outcomes in specific populations and conditions



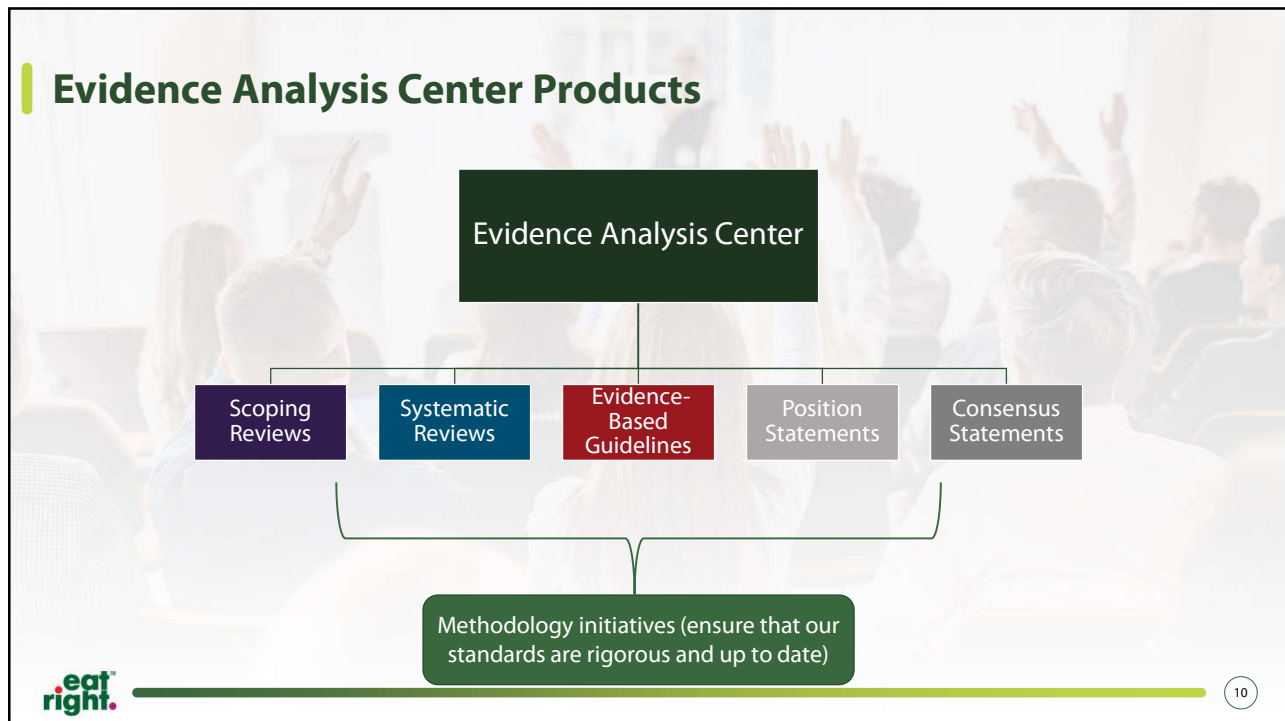
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“Evidence-based Dietetics Practice is the use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.”

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Evidence Synthesis & Translation



Systematic Review= what the evidence says



Evidence is translated using clinical experience and considering client values



Guidelines say what to do and **Position/Consensus papers** clarify evidence and emphasize impact on practice and implementation considerations



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Scoping Review: Research Availability

Review Article

Nutrition and physical activity interventions for the general population with and without cardiometabolic risk: a scoping review

Mary Rozga^{1,*}, Kelly Jones², Justin Robinson³ and Amy Yahiro⁴

¹Evidence Analysis Center, Academy of Nutrition and Dietetics, 120 South Riverside Plaza, Suite 2190, Chicago, IL 60606-6995, USA; ²Kelly Jones Nutrition, LLC, Newtown, PA, USA; ³Adjunct Faculty, Point Loma Nazarene University, San Diego, CA, USA; ⁴North American Spine Society, Burr Ridge, IL, USA

Research Question:

In the adults, **what is the availability of literature** examining interventions to improve or maintain nutrition and physical activity-related outcomes?
Sub-topics included:

1. Behavior counseling or coaching from a dietitian/nutritionist or exercise practitioner,

2. Mobile applications to improve nutrition and physical activity and

3. Nutritional ergogenic aids




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Systematic Review

Impact of Nutrition and Physical Activity Interventions Provided by Nutrition and Exercise Practitioners for the Adult General Population: A Systematic Review and Meta-Analysis

Erin Nitschke¹, Kimberly Gottesman², Peggy Hamlett³, Lama Mattar⁴, Justin Robinson⁵, Ashley Tovar⁶ and Mary Rozga^{7,*}




Expert panel of six multidisciplinary members recruited and selected

- Four exercise practitioners
- Four dietitians
- Two health coaches

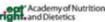
Research Question

- In adults who are healthy or have cardiometabolic risk factors, **what is the effect of nutrition and physical activity interventions** provided by nutrition and exercise practitioners, compared to control conditions, on defined behavioral and anthropometric outcomes and quality of life?



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Site Search

Nutrition and Physical Activity

Grade Chart
Nutrition and Physical Activity: General Population (NPA-GP) Guideline (2022-23)
NPA-GP: ACRONYMS AND ABBREVIATIONS (2023)
NPA-GP: EXECUTIVE SUMMARY OF RECOMMENDATIONS (2023)
NPA-GP: GUIDELINE INTRODUCTION (2023)
NPA-GP: GUIDELINE METHODOLOGY (2023)
NPA-GP: GUIDELINE RECOMMENDATIONS AND SUPPORTING EVIDENCE (2023)
NPA-GP: DISSEMINATION AND IMPLEMENTATION (2023)
NPA-GP: GUIDELINE STRENGTHS AND LIMITATIONS
Nutrition and Physical Activity: General Population (NPA-GP) Systematic Review (2021-22)

NUTRITION AND PHYSICAL ACTIVITY

Welcome to the Nutrition and Physical Activity Project


The Academy of Nutrition and Dietetics (Academy) and the American Council on Exercise (ACE) have collaborated to develop an evidence-based guideline and systematic review on the topic of nutrition and physical activity interventions for adults in the general population.

Lifestyle behaviors, particularly consuming a nutritious diet and obtaining adequate physical activity, can help prevent cardiometabolic diseases (CMDs) such as type 2 diabetes mellitus (T2DM), cardiovascular disease (CVD), and obesity. However, many adults do not meet population-based dietary and physical activity recommendations. While most adults desire to achieve and maintain health, each person experiences unique facilitators and barriers to implementing recommended lifestyle behaviors. Nuanced, biased, and evolving information, from both the media and research, may mislead or confuse consumers about which lifestyle behaviors best improve and maintain health. Further, dissonance may exist between evidence available that guides lifestyle behaviors and the unique needs of an individual adult.

Qualified nutrition and exercise practitioners can address challenges to adopting healthy lifestyle behaviors by providing consistent, individualized, and evidence-based education and programming within their professional scopes of practice to improve client outcomes. Evidence-based practice provided by qualified nutrition and exercise practitioners may offer the most practical and sustainable means of providing comprehensive, effective care to diverse adults in a range of environments, because it combines the best available research with clinical expertise and client values.

Guideline

This evidence-based nutrition practice guideline (EBNPG) aims to inform practice decisions for nutrition and exercise practitioners who provide nutrition and physical activity interventions for adults (≥18 years of age) who are healthy or have cardiometabolic risk factors, such as overweight (body mass index ≥25 kg/m² or as defined for the specific population), pre-diabetes and pre-hypertension. This EBNPG does not focus on adults with a diagnosed disease.



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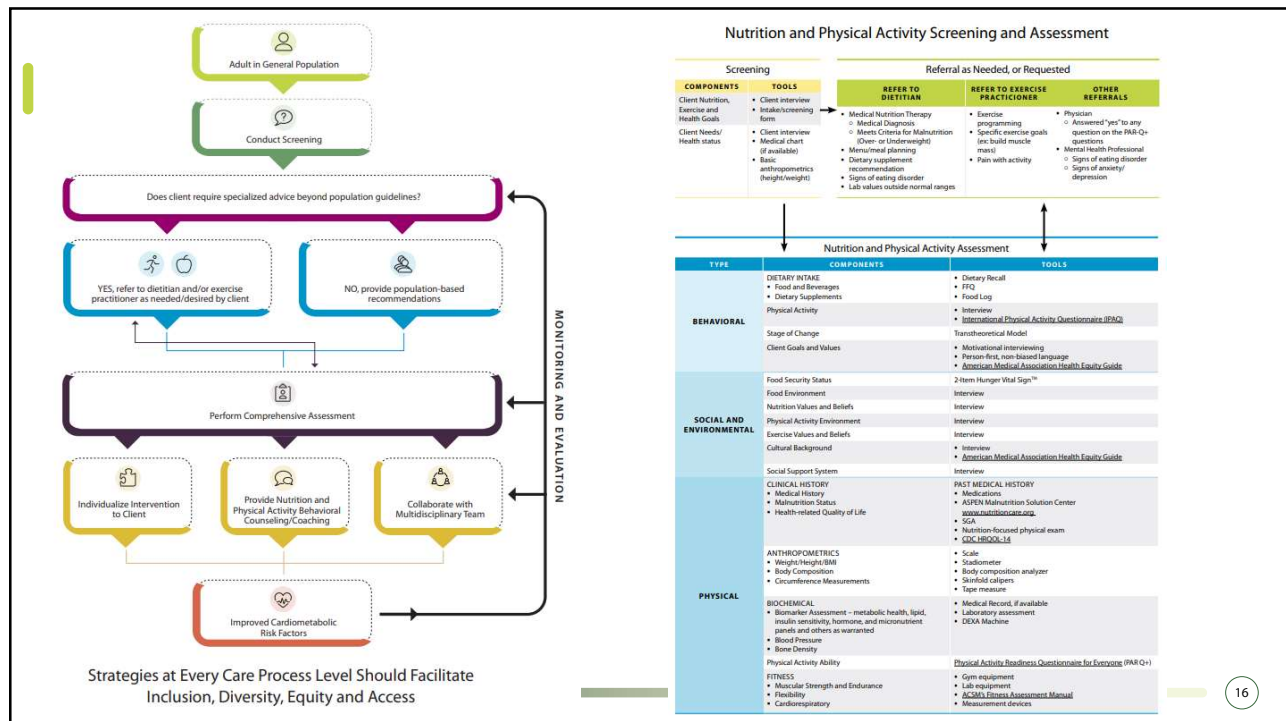
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Implementation Considerations


- Screening and Assessment
- Scope of Practice
- Behavior Change Counseling or Coaching Approach
- Intervention Amount and Delivery Methods
- Population-Based Nutrition and Physical Activity Guidelines
- Individualizing Nutrition and Physical Activity Interventions
- Inclusion, Diversity, Equity and Access



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Disorders of lipid Metabolism

Saturated Fat 2023 Guideline

Academy of Nutrition and Dietetics 2023 Evidence-based Nutrition Practice Guideline for Saturated Fat Intake

Cardiovascular disease (CVD) is the leading cause of death worldwide among adults, and most forms of CVD can be prevented by addressing behavioral risks, such as consumption of an unhealthy diet.

Objective and Users

Provide evidence-based recommendations on saturated fat intake to prevent or manage CVD among adults.

Intended users for the guideline include but are not limited to registered dietitian nutritionist (RDNs) and other healthcare professionals, such as physicians, nurses or public healthcare providers who work with populations who may benefit from saturated fat reduction to prevent or manage CVD.

#1 Amount of Saturated Fat Intake

Healthcare professionals may suggest reduced saturated fat intake within an individualized healthy dietary pattern. Reduced saturated fat intake is associated with decreased total cholesterol and LDL-C levels and CVD events; however, no significant associations were found with mortality (all-cause, CVD, or CHD), coronary heart disease events, or cerebral vascular accidents.

Available Evidence
Expert Confidence

#2 Replacement of Saturated Fat Intake

Healthcare professionals should recommend replacing dietary saturated fat intake with dietary polyunsaturated fat intake. Replacement of dietary saturated fat with polyunsaturated fat promotes healthy eating patterns and reduces total cholesterol and CVD events; however, there was no significant effect on all-cause, CVD, or CHD mortality.

Available Evidence
Expert Confidence

#3 Source of Saturated Fat Intake

Healthcare professionals may prioritize reduction of the amount of saturated fat over reduction of specific sources of saturated fat foods within individualized healthy dietary patterns when providing nutrition education to reduce CVD risk. Low certainty evidence demonstrates that a variety of dairy products are not associated with an increased risk of CVD; however, reduction of red meat and processed meat is associated with reduced CVD risk.

Available Evidence
Expert Confidence

Implementation Tips


#1 Nutrition recommendations should be tailored to the individual based on nutrition assessment.

#2 Individuals that may benefit from saturated fat reduction should replace saturated fat with polyunsaturated fat.

*Nuts, Seeds, Vegetable Oil, Salmon, Tuna

#3 Individualized healthy dietary patterns should be personalized over strict exclusion of food groups or specific foods.

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Adult Weight Management: Systematic Review on Interventions by RDNs

[Visual Abstract]

What is the Effect of Interventions Provided by a Dietitian or International Equivalent in Adults with Overweight or Obesity?

Research Question	Outcomes (Mean Difference (95% Confidence Interval))	Evidence Certainty
<p>Population: Adults with overweight or obesity</p> <p>Intervention provided by a dietitian</p> <p>Comparison: No intervention/usual care</p> <p>Methods Systematic Review & Meta-Analysis Published Jan 2008- Jan 2021 Risk of Bias & Certainty of Evidence assessed</p>	<p>BMI -1.5 kg/m² (-1.74, -1.26)</p> <p>Percent weight loss -4.01% (-5.26, -2.75)</p> <p>Waist circumference -3.45 cm (-4.39, -2.51)</p> <p>Systolic blood pressure -2.91 mmHg (-4.90, -0.92)</p> <p>Diastolic blood pressure -1.99 mmHg (-3.02, -0.96)</p> <p>Fasting blood glucose with diabetes -12.47 (-3.92, -0.60)</p> <p>no diabetes -1.37 mg/dL (-2.75, 0.01)</p> <p>Quality of life (SF-36 tool) Physical 5.84 (2.27, 9.41) Mental 2.39 (1.55, 3.23)</p>	<p>Moderate</p> <p>High</p> <p>High</p> <p>Moderate</p> <p>Low</p> <p>High</p> <p>Moderate</p> <p>Low</p> <p>Moderate</p>
<p>Conclusion In adults with overweight or obesity, weight management interventions provided by a dietitian likely improve cardiometabolic outcomes and quality of life.</p>		

[Morgan-Bathke] et al. www.jandonline.org © 2021 Academy of Nutrition and Dietetics

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The screenshot shows the 'Evidence Analysis Library' interface. At the top, there are navigation links for 'PROFILE (ALISON)', 'LOGOUT', and 'CONTACT US'. Below this is a green navigation bar with 'Policy and Process', 'Resources', 'Index', 'About', and 'Site Search'. The main content area is titled 'RECOMMENDATIONS SUMMARY' and 'AWM: Special Populations 2022'. It includes a link to 'Click here to see the explanation of recommendation ratings'. A section titled 'Recommendation(s)' lists three items:

- AWM: Co-Morbidities**: Registered dietitian nutritionists or international equivalents should collaborate with clients and healthcare co-morbidities such as type 2 diabetes mellitus, cardiovascular disease, dyslipidemia and other potential associated with overweight or obesity by tailoring MNT to each client's specific health care needs, including while supporting weight loss. **Rating: Level 1(B) Imperative**
- AWM: Pharmacotherapy and Metabolic and Bariatric Surgery**: Adults with obesity who receive pharmacotherapy or metabolic and bariatric surgery should collaborate with dietitian nutritionists or international equivalents, as part of an interprofessional healthcare team, to improve healthy diet that meets nutritional needs and advances weight-loss efforts to improve cardiometabolic outcomes. **Rating: Level 1(B) Imperative**
- AWM: Members of Groups Disproportionately Affected by Overweight or Obesity and Under-Resourced Communities**: For adults who are members of groups disproportionately affected by overweight or obesity, or under-resourced communities (e.g., adults with low socioeconomic status, adults from racial or ethnic minority groups, older adults with disabilities), registered dietitian nutritionists or international equivalents should provide culturally appropriate interventions that are tailored to each client's values, beliefs and barriers regarding excess weight, and to encourage healthy activity behaviors. **Rating: Level 1(C) Imperative**

Special Implementation Considerations

Position of the Academy of Nutrition and Dietetics: Medical Nutrition Therapy Behavioral Interventions Provided by Dietitians for Adults with Overweight or Obesity

Position Statement:

It is the position of the Academy of Nutrition and Dietetics that medical nutrition therapy (MNT) behavioral interventions for adults (18 years and older) with overweight or obesity should be a treatment option, when appropriate and desired by the client, to improve cardiometabolic, quality of life, and anthropometric outcomes. Registered dietitian nutritionists or international equivalents (dietitians) providing MNT recognize the complex contributors to overweight and obesity, and thus individualize interventions, based upon a shared decision-making process, and deliver interventions in an inclusive, compassionate, and client-centered manner. Interventions should include collaboration with an interprofessional team when needed. Dietitians strive to increase health equity and reduce health disparities by advocating and providing opportunities for increased access to effective nutrition care services.

Accepted for publication, JAND 2023

MNT Topics addressed to date

Effectiveness of Medical Nutrition Therapy in the management of :

Dyslipidemia

- Major findings: improved lipid profile and blood pressure
- Dissemination: Published in Journal of Clinical Lipidology, 2022.

Hypertension

- Major findings: improved blood pressure, anthropometrics and cardiovascular risk
- Dissemination: ASN poster, publication in process

Prediabetes

- Major findings: improved glycemic, anthropometric, and cardiovascular risk factors
- Dissemination: ASN poster, submitted to AJCN

Ongoing project:

Effectiveness of Medical Nutrition Therapy in the management of Malnutrition (undernutrition)



The screenshot shows the 'EVIDENCE ANALYSIS LIBRARY' website. At the top, there is a navigation bar with links for 'PROFILE (ALISON)', 'LOGOUT', 'CONTACT US', and 'HELP'. Below this is a secondary navigation bar with 'Home', 'Projects', 'Policy and Process', 'Resources', 'Index', and 'About'. A search bar is located on the right side of this bar. The main content area is titled 'Medical Nutrition Therapy' and features a 'Grade Chart' on the left and a detailed article on the right. The article includes a welcome message, a definition of MNT, and a list of outcomes for the effectiveness of MNT in dyslipidemia.

Grade Chart
Medical Nutrition Therapy (MNT) Effectiveness: Dyslipidemia Systematic Review (2021-22)
MNT: LIPID PROFILE (2022)
MNT: BLOOD PRESSURE (2022)
MNT: ANTHROPOMETRIC OUTCOMES (2022)
MNT: GLYCEMIC OUTCOMES (2022)
MNT: QUALITY OF LIFE (2022)
MNT: ADVERSE EVENTS (2022)

MEDICAL NUTRITION THERAPY

Medical Nutrition Therapy

Welcome to the **Medical Nutrition Therapy Effectiveness** Systematic Review. Medical Nutrition Therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT to a patient/client may include one or more of the following: nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation that typically results in the prevention, delay, or management of diseases and/or conditions.^{1, 2}

MNT Effectiveness: Dyslipidemia (2022)

The expert panel focused on the effectiveness of MNT for adults with dyslipidemia on the following outcomes:

- Lipid profile
- Blood pressure
- Anthropometric outcomes
- Glycemic outcomes
- Quality of life
- Adverse events



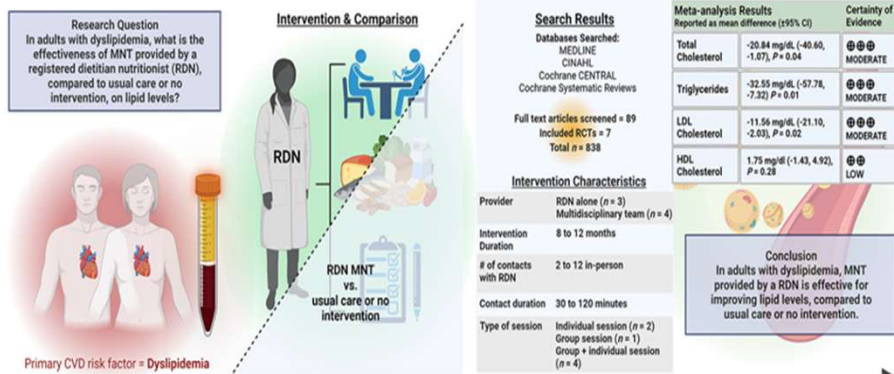
EAC Summer Fellows 2021 funded by Foundation

Two fellows worked on a Systematic Review with EAC

Title: **Effectiveness of Medical Nutrition Therapy in the management of Adult Dyslipidemia: A Systematic Review and Meta-analysis .**

- *Mohr A, Hatem C, Sikand G, Rozga M, Moloney L, Handu D. J of Clinical Lipidology, June 25th 2022; <https://doi.org/10.1016/j.jacl.2022.06.008>*

Systematic Review: Effectiveness of Medical Nutrition Therapy (MNT) for Managing Dyslipidemia

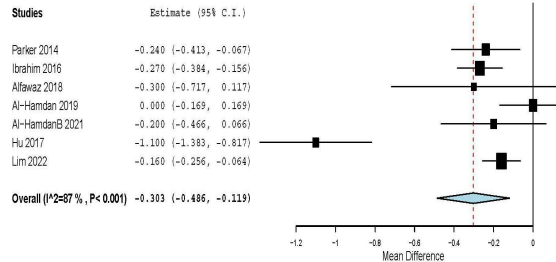


EAC Summer Fellows 2022 Effectiveness of MNT and Prediabetes

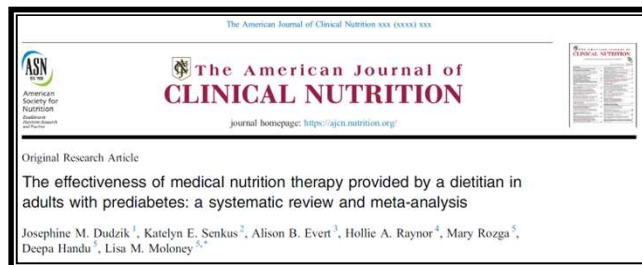
Objective: to examine the effectiveness of MNT provided by a registered dietitian, on glycemic, cardiometabolic, and anthropometric outcomes in adults with prediabetes.

Results Overview:

- 13 randomized controlled trials were included
- All studies included MNT intervention led by RDN
- Meta-analysis of included studies indicated:
 - MNT provided by a dietitian resulted in improved hemoglobin A1c (HbA1c) [MD (95% CI): -0.30% (-0.49, -0.13); I² = 87.0%]; and fasting blood glucose (FBG) [-4.97 mg/dl (-6.24, -3.71)]



Forest plots describing the effect of MNT on HbA1c



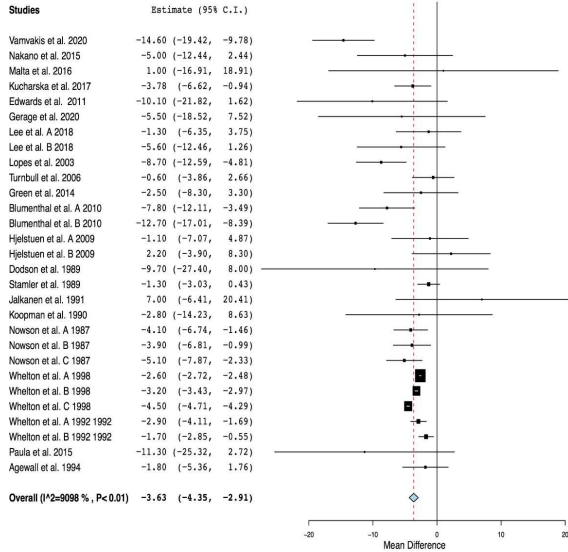
EAC Summer Fellows 2022

Effectiveness of MNT and Hypertension

Objective: To examine the effect of MNT delivered by a registered dietitian nutritionist or international equivalent in adults with pre-hypertension or hypertension.

Results Overview:

- Included 41 publications, representing 30 randomized controlled trials.
- All studies included MNT intervention led by RDN
- Meta-analysis of included studies indicated:
 - MNT significantly decreased systolic blood pressure by a mean difference of -3.63 mmHg (95% CI: -4.35, -2.91; I2 = 90.98%) and diastolic blood pressure by a mean difference of -2.02 mmHg (95% CI: -2.56, -1.49; I2 = 94.57%)



Forest plots describing the effect of MNT on Systolic Blood Pressure (mmHg)



More Prospective Research Needed!

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RESEARCH GAPS

Additional Research Needed!

As of May 1, 2015, the EAL has published 40 systematic reviews with over 1,100 conclusion statements based on nearly 5,700 analyzed research articles. Unfortunately, nearly 250 of the conclusion statements received a Grade V. This means that a grade is not assignable because there is no evidence available that directly supports or refutes the conclusion. This indicates that additional research is needed!

If you are looking for a research project for yourself and/or your students, consider one of the many Grade V evidence analysis questions. Remember that these questions did not have adequate evidence at the time the EAL project was completed and gaps could have been filled since that date. After selecting a question of interest we suggest a literature review to identify what recent work has been done in this area.

The Nutrition Research Network, or NRN, has a comprehensive list of research resources. We encourage Academy members to identify a research mentor. For tips on using the Academy's e-mentoring program to locate a mentor, visit the NRN section of the Academy's website.

To view these questions, log into the EAL and follow these steps:

- Step 1: Select a topic and click **Grade Chart** from the left navigation tab
- Step 2: Click the **Grade V** section of the pie chart
- Step 3: A list of questions that were given a Grade V will populate - Select a question for available information



Example of need

The screenshot shows the 'Evidence Analysis Library' website. The main heading is 'CD: MEDICAL NUTRITION THERAPY (2021)'. On the left is a 'Grade Chart' with a list of topics, including 'CD: MEDICAL NUTRITION THERAPY (2021)' which is highlighted. The main content area on the right is titled 'CD: MEDICAL NUTRITION THERAPY (2021)' and contains several sections:

- Intervention:** 'In patients with celiac disease, how does medical nutrition therapy (MNT or nutrition counseling) provided by a registered dietitian or international equivalent, compared to a control, affect anthropometrics?'
 - CONCLUSION
 - GRADE: Very Low (D)
 - EVIDENCE SUMMARY: In patients with celiac disease, how does medical nutrition therapy (MNT or nutrition counseling) provided by a registered dietitian or international equivalent, compared to a control, affect anthropometrics?
 - SEARCH PLAN AND RESULTS: CD: MNT 2020
- Intervention:** 'In patients with celiac disease, how does medical nutrition therapy (MNT or nutrition counseling) provided by a registered dietitian or international equivalent, compared to a control, affect nutrition-related laboratory measures?'
 - CONCLUSION
 - GRADE: Very Low (D)
 - EVIDENCE SUMMARY: In patients with celiac disease, how does medical nutrition therapy (MNT or nutrition counseling) provided by a registered dietitian or international equivalent, compared to a control, affect nutrition status?
 - SEARCH PLAN AND RESULTS: CD: MNT 2020
- Intervention:** 'In patients with celiac disease, how does medical nutrition therapy (MNT or nutrition counseling) provided by a registered dietitian or international equivalent, compared to a control, affect gastrointestinal health and gastrointestinal symptoms?'
 - CONCLUSION
 - GRADE: Very Low (D)

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ANDHII Documentation

Individual Practitioner

- Monitor "My" Patients' Trends

Care Site

- Quality Improvement measurement capture

Education

- Didactic classroom activities
- Internship/Supervised Practice Clinic
- Student-led research

Research

- Surveillance studies
- Validating practice guidelines

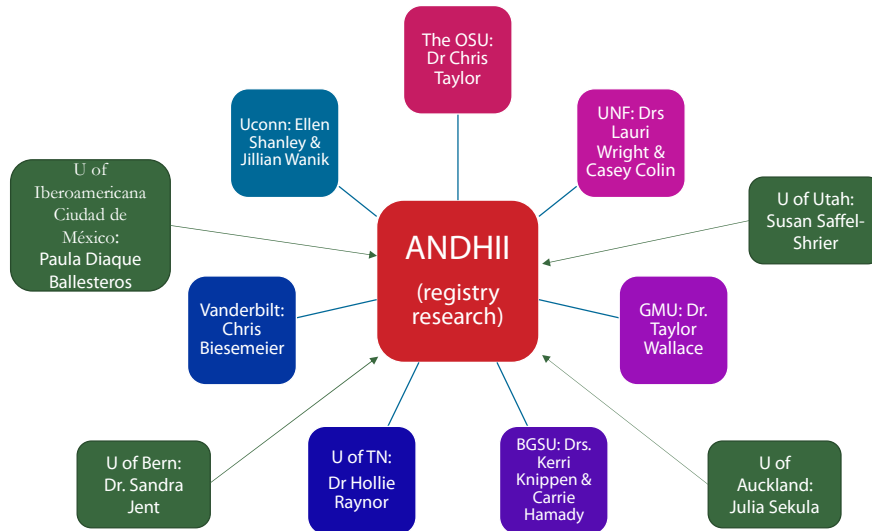
Group subscriptions and customization available.

The screenshot shows the ANDHII software interface. At the top, it says 'ANDHII Academy of Nutrition and Dietetics Health Informatics Infrastructure'. The page is for a patient profile. It includes sections for 'Patient' (with fields for ID and address), 'Previous Visit Entries', and 'Attached Patient Files'. Below this is a 'New Nutrition Care Process Visit Entry' section with a date field (9/7/2022) and a 'Measures' dropdown. The 'Assessment' section contains a table with columns: NCP Item, Value, Units/Reference, Evaluation/Standard, and Method/Source. Below that is a 'Diagnosis' section with a table with columns: Problem, Etiologies, Signs/Symptoms, and Diagnosis Status.

One Tool to Collect Meaningful Nutrition Data

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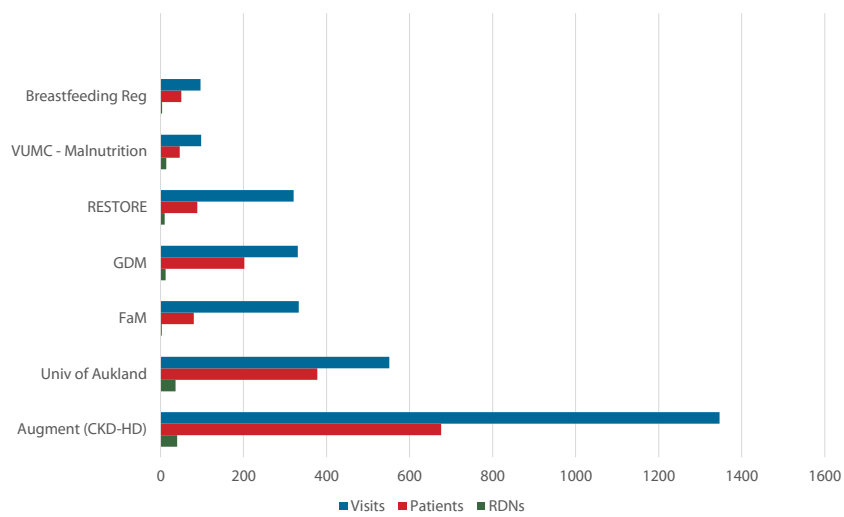
Collaborations with Researchers



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Registry Outcome Studies:

Current Registry Project:



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Conducting Registry Research Across Settings

- FAM Study, ANDHII is the data collection tool, grocery store setting
- Demonstrate **proof of concept** that:

RDNs can implement a Food as Medicine program in food retail settings that utilizes grocery e-Commerce.

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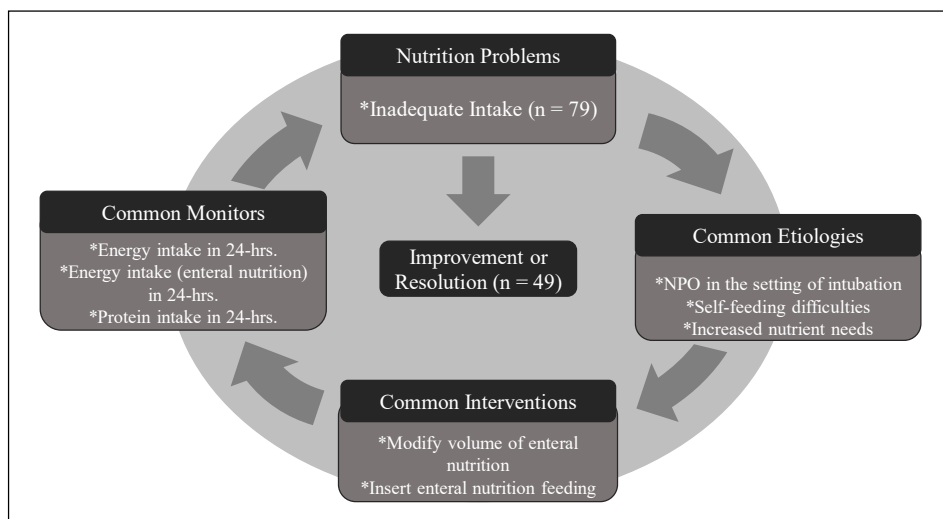
The process of measuring program outcomes is feasible.



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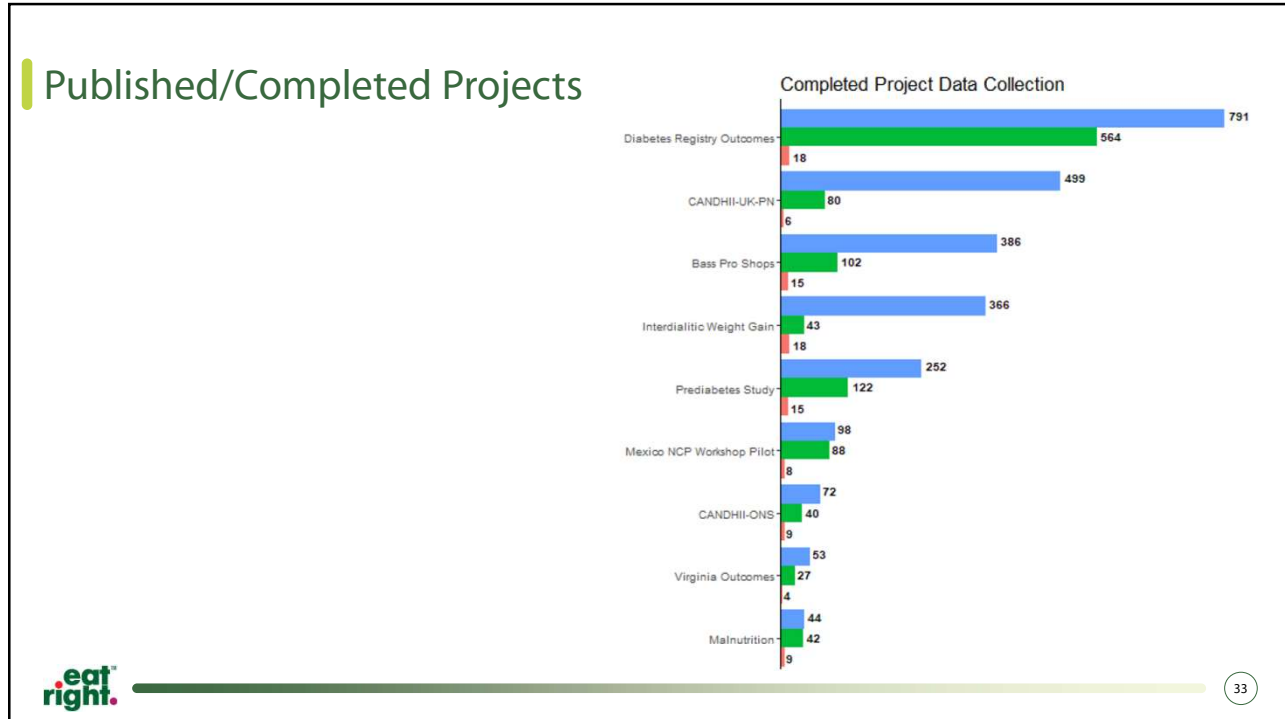
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RESTORE: Patients with COVID 19 in Intensive Care Units



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Publications: sample of recent papers from ANDHII data

Article

Vol. 10, Issue 5, 2021 • September 07, 2021, AEST

Using a web-based platform to apply the Nutrition Care Process and capture nutrition outcomes and patient

ORIGINAL ARTICLE

Learning Outcomes From a Virtual Nutrition Care Process Workshop Delivered to Nutrition and Dietetics Professionals in Mexico

DOI: 10.1002/jpen.2106

BRIEF COMMUNICATION

Nutrition care practice patterns for patients with COVID-19—A preliminary report

Velarie Ansu MS¹ | Constantina Papoutsakis PhD, RDN² | Nana Gletsu-Miller PhD¹ | Lisa A. Spence PhD, RD¹ | Kathryn Kelley MPH² | Lindsay Woodcock MS, RDN² | Taylor C. Wallace PhD, CFS^{3,4,5} | Alison Steiber PhD, RDN^{2,6}

¹Department of Applied Health Sciences, School of Public Health, Indiana University Bloomington, Bloomington, Indiana, USA
²Academy of Nutrition and Dietetics, Chicago, Illinois, USA
³Think Healthy Group, Washington, District of Columbia, USA

Abstract
Background: Severe acute respiratory syndrome coronavirus 2 is a respiratory virus that poses risks to the nutrition status and survival of infected patients, yet there is paucity of data to inform evidence-based quality care.
Methods: We collected data on the nutrition care provided to patients with coron-

BRIEF RESEARCH REPORT article

Front. Nutr. 12 September 2022
 Sec. Clinical Nutrition
<https://doi.org/10.3389/fnut.2022.969360>

This article is part of the Research Topic Health Education and Type 2 Diabetes
[View all Articles >](#)

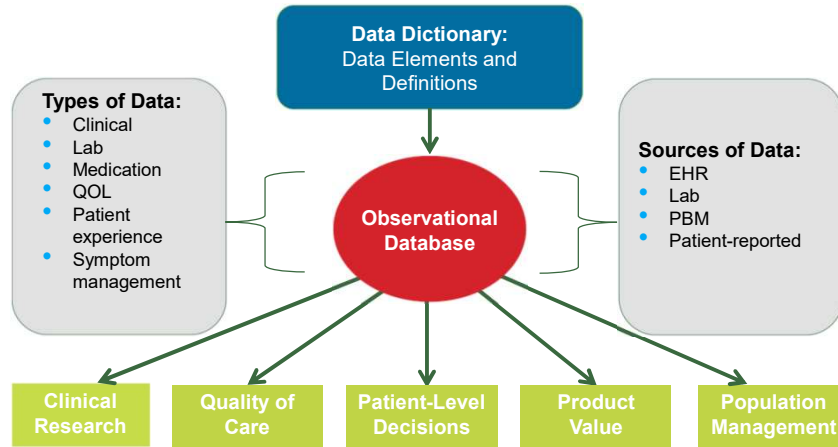
A quasi-experimental study provides evidence that registered dietitian nutritionist care is aligned with the Academy of Nutrition and Dietetics evidence-based nutrition practice guidelines for type 1 and 2 diabetes

Erin Lamers-Johnson¹, Kathryn Kelley², Kerri Lynn Knippen³, Kimberly Feddersen⁴, Damien M. Sanchez⁵, J. Scott Parrott⁶, Casey Coliri⁷, Constantina Papoutsakis⁸ and Elizabeth Yakes Jimenez^{1,7}

12 ANDHII papers in peer-reviewed journals, 4 more accepted for publication, 4 in active draft stage

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Potential Structure and Functions of a Registry

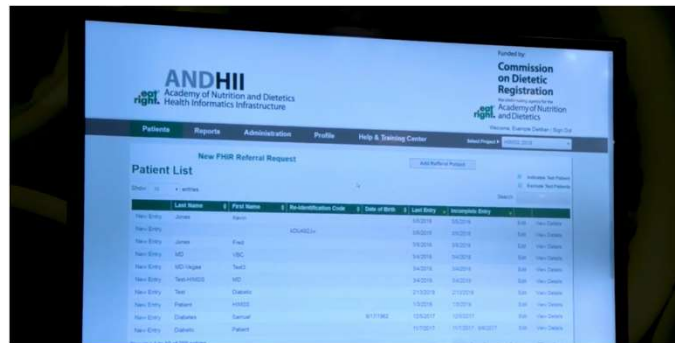


The role of registries is expanding from traditional uses (e.g. disease burden, surveillance) to measuring product value and quality of care while enabling population management and patient level decision-support


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Present initiatives

- ✓ Interoperability piloted at the [HIMSS 2018 Interoperability Showcase](#), which demonstrated the ability of ANDHII to connect with EHRs to pull data into the template
- ✓ Interoperability roadmap has been created



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CONNECT Study

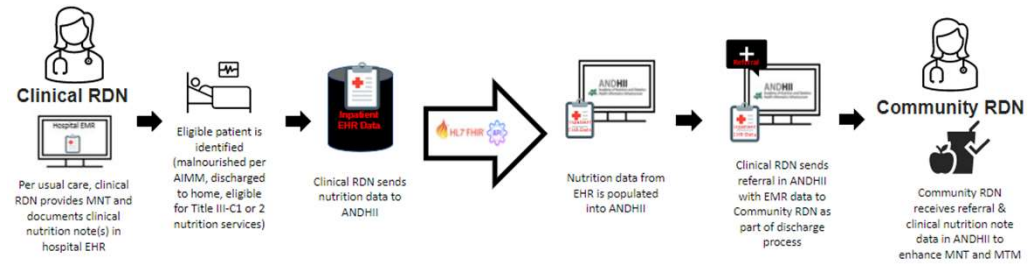
Essential Connections: How improved referrals from hospital to community meal provision can impact malnutrition outcomes in older adults

Funding: Administration on Aging Funding Opportunity Title: 2023 Innovations in Nutrition Programs and Services –Research.

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Background

The purpose of this research is to test a new referral process that will allow continuity of nutrition care for malnutrition treatment across settings and determine if it improves food security and quality of life in patients 60 years and older who are eligible for Title III C1 or Title III C2 meal provision services.



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    graph LR
      A[Clinical RDN  
hospital EHR] --> B[Eligible patient is identified  
(malnourished per A1MM, discharged to home, eligible for Title III-C1 or 2 nutrition services)]
      B --> C[Clinical RDN sends nutrition data to ANDHII]
      C --> D[Nutrition data from EHR is populated into ANDHII]
      D --> E[Clinical RDN sends referral in ANDHII with EMR data to Community RDN as part of discharge process]
      E --> F[Community RDN receives referral & clinical nutrition note data in ANDHII to enhance MNT and MTM]
  
```

Clinical RDN
Per usual care, clinical RDN provides MNT and documents clinical nutrition note(s) in hospital EHR

Eligible patient is identified (malnourished per A1MM, discharged to home, eligible for Title III-C1 or 2 nutrition services)

Clinical RDN sends nutrition data to ANDHII

Nutrition data from EHR is populated into ANDHII

Clinical RDN sends referral in ANDHII with EMR data to Community RDN as part of discharge process

Community RDN
Community RDN receives referral & clinical nutrition note data in ANDHII to enhance MNT and MTM

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Objectives & Outcomes



OBJECTIVE 1:

➤To test the feasibility of a patient identification, cross-referral, data reporting and communication (including data transfer) process from an acute care hospital to a community meal provision organization.

➤Outcome measures: Program Sustainability Assessment Tool, barriers and facilitators to implementation

OBJECTIVE 2:

➤To increase the rate of patients older than 60 years of age with malnutrition receiving care (MNT, MTM) in the community setting.

➤Outcome measures: change in percent receiving MNT/Nutrition care and meals from the meal provision Title III-C1 and C2 funded organization

OBJECTIVE 3:

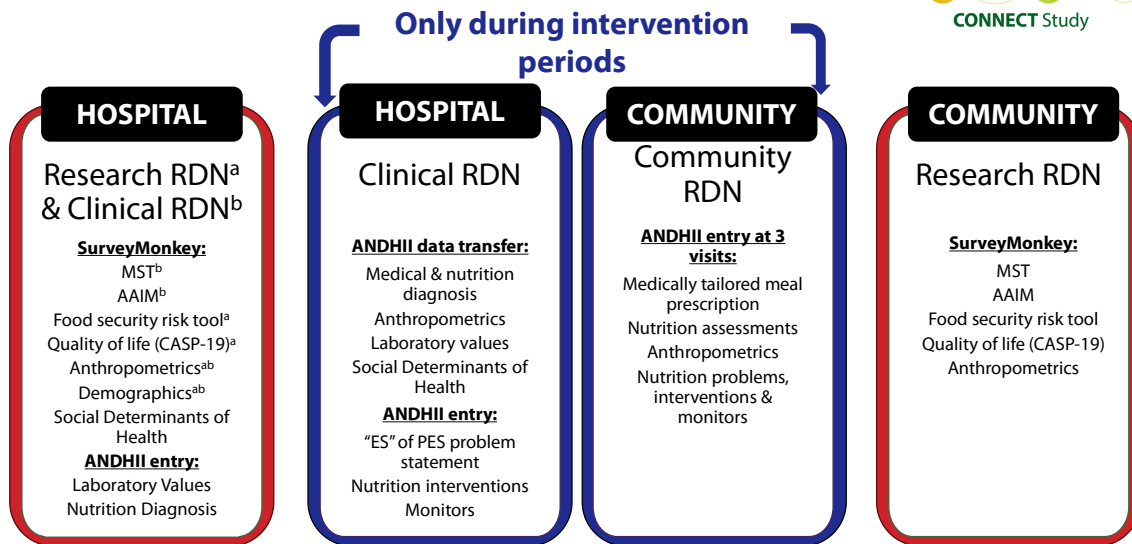
➤To improve food security, determinants of malnutrition, and quality of life in persons older than 60 years of age discharged home from the hospital and have a diagnosis of malnutrition

➤Outcome measures: food security risk, quality of life (CASP-19), risk of malnutrition (MST), malnutrition (AAIM)



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Patient Data Collection



References

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Making an Impact: The Effectiveness of MNT by RDNs

