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## Nutrition Services Delivery and Payment Action Plan



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### Rationale

The House of Delegates (HOD) conducted a dialogue on Nutrition Services Delivery and Payment on October 18-19, 2013. The purpose of the dialogue session was for delegates and meeting participants to:

1. Identify relevant stakeholders and their needs.
2. Comprehend the impact that current and evolving health care delivery and payment models will have on **ALL** areas of practice.
3. Give examples of successful integration into evolving delivery and payment models.
4. Communicate the need for nutrition and dietetics practitioners to be an essential part of evolving health care delivery and payment models.
5. Promote information to members and stakeholders and encourage members to utilize Academy resources.
6. Empower members to lead efforts and seize opportunities to provide cost-effective nutrition services to optimize the public's health.

Based on the dialogue, a series of guiding principles were identified related to actions needed:

- Recognize urgency in moving forward with the development of a plan for proceeding.
- Address the needs of the various stakeholder groups identified (i.e., practitioners, students, educators, preceptors, employers, legislators/policy makers, health care plan administrators, other health care providers, consumers, etc.).
- Consider the identified gaps, such as lack of member and student knowledge of delivery and payment models, lack of member awareness of current resources available, the need for collaboration with stakeholders, insufficient outcomes data, and lack of member engagement in this effort at the local/state/national level.
- Utilize the opportunities to close the gaps such as positioning the RDN as a key player in prevention and wellness, integration of the RDN/DTR in evolving health care delivery systems, participation of RDNs/DTRs in outcomes data collection, analysis and dissemination to demonstrate value, and, education of members and students in delivery and payment of services.
- Incorporate actions that can be taken by members such as mentoring of new practitioners, obtaining knowledge of evolving delivery and payment models, participating in delivery and payment models, cultivating stakeholder relationships, understanding our own health insurance plans, and sharing success stories with other practitioners and the Academy.
- Affiliates, DPGs, MIGs and Academy organizational units will promote collection of outcomes data and engage in activities to support the needs of members to fully and successfully participate in evolving delivery and payment models.

As a result of this dialogue session, the House of Delegates requested the Coding and Coverage Committee (CCC) and the Legislative and Public Policy Committee (LPPC) collaborate to create a Nutrition Services Delivery and Payment Action Plan (see HOD Fall Meeting 2013 Motion #1).

The following Action Plan includes the following key elements requested by the House of Delegates:

- Current Academy resources for nutrition services delivery and payment and leadership skill development;
- Actions that members will need to take to address the delivery and payment of their services in their practice setting plus recommendations for how affiliates, DPGs, and MIGs can provide support;
- Future educational and practice resources that the Academy will need to provide for practitioners, educators, students and interns;
- An evaluation component to determine the impact of this plan and a means for communicating the outcomes to the membership.

The joint CCC/LPPC Task Force based their development of this Action Plan on the following guiding principles and assumptions:

- Changes in health care delivery and payment are a moving target, necessitating the need for members to stay up-to-date on developments in this arena;
- While members should feel a sense of urgency in defining their role in new health care delivery and payment models, it is important to exercise judgment as to when immediate action is required versus allowing a bit of time to allow some issues to take more shape;
- Members will practice within their individual scope of practice, following evidence-based practice guidelines and in accordance with the Code of Ethics.
- Members will engage in life-long learning to achieve a higher level of competency related to nutrition services delivery and payment; business and communication skills; and team-based delivery of care.
- Delegates play a key role not only in serving as role models for members, but in raising member awareness of this issue as one that impacts most areas of practice and of the Academy resources available to support them.
- Academy staff will collaborate to elevate visibility and enhance ease of access to Academy resources for nutrition services delivery and payment.

The HOD dialogue comments (Pre-meeting Activities, Meeting Workbook Summaries, Consolidated Comments from Motion Review) were utilized by the joint CCC/LPPC Task Force to develop this Action Plan. The Action Plan reflects past, present and future work of these committees as part of their ongoing efforts to position nutrition services and Academy members as integral components of health care delivery and payment models. The Academy resources are organized by topic, type of resource, target audience and level of information to guide users in identifying the best resources to meet their needs. The CCC will conduct a gap analysis of resource needs every 3 years and integrate results into their Plan of Work. Recommended member actions were categorized and prioritized to aid members in identifying initial steps they need to take to address the delivery and payment of their services in their practice setting. Member actions have been cross-walked to Academy resources and suggestions for organizational unit support to show how the elements of the Action Plan interact. For members ready to take action beyond these initial steps, further recommendations are provided in Appendix A. Appendix B contains additional recommendations for actions Affiliates/DPGs/MIGs can take to support member efforts.

**Part 1: Academy Resources**

**Goals:**

1. Identify current Academy resources for nutrition services delivery and payment and leadership skill development.
2. Identify and/or assess the need for new educational and practice resources for current and future practitioners to equip them with the knowledge and skills needed to integrate their services into health care delivery and payment systems.

Current Academy Resources

Resource	Topic							Audience					Level		
	PCMH	ACO	Integrating into Primary Care	Advocacy	IBT for Obesity	Practice Management/Business Skills	General	Leadership	Members	Students	Educators	Non-members	1	2	3
<b>Website Content</b>															
<a href="http://www.eatright.org/pcmh">www.eatright.org/pcmh</a>	x						x		x	x	x	x			
<a href="http://www.eatright.org/healthcarereform">www.eatright.org/healthcarereform</a> (under "Rules and Programs")		x					x		x	x	x				
Regulatory Comments <a href="http://www.eatright.org/advocacy/comments/">http://www.eatright.org/advocacy/comments/</a>		x		x			x		x	x	x				
2013 HOD Backgrounder: Nutrition Services Delivery and Payment <a href="http://www.eatright.org/hod">www.eatright.org/hod</a>							x		x	x	x		x		
Information on developing business relationships with other health care providers can be found at: <a href="http://www.eatright.org/Members/content.aspx?id=6442451325">http://www.eatright.org/Members/content.aspx?id=6442451325</a>						x	x		x	x	x		x		
Content on <a href="http://www.eatright.org/mnt">www.eatright.org/mnt</a> and <a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a>							x		x	x	x		x	x	x
EAL: MNT Effectiveness Project <a href="http://www.andevidencelibrary.org/mnt">www.andevidencelibrary.org/mnt</a>				x				x	x	x	x	x			
<b>Journal Articles</b>															
Pepin, AT. An Overview of the Intentions of Health Care Reform. <i>J Acad Nutr Diet.</i> 2012;112(suppl 1):S56-S63.							x		x	x	x	x	x		
Article in MGMA magazine on the value of integrating RDNs into office practice			x									x	x		
"Paradigm Shift in Health Care Reimbursement: A Look at ACOs and Bundled Services Payments." <i>JAND</i> 2012; 112 (7):974-976.		x							x	x	x	x	x		
<b>Newsletters</b>															
<a href="http://www.eatright.org/mntprovider/">MNT Provider newsletter www.eatright.org/mntprovider/</a>							x		x	x	x	x	x	x	x
<b>Presentations (Live, Recorded)</b>															
Coding and Coverage Committee Speakers Bureau presentation, "Reimbursement, New Games, New Rules"	x	x	x		x		x		x	x	x		x		
March 13, 2014 Teleseminar recording: "Reimbursement: New Game, New Rules" <a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a>	x	x	x		x		x		x	x	x		x		
February 27, 2014 Teleseminar recording: "The Affordable Care Act: What's in it for Me?" <a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a>							x		x	x	x		x		
2012: "Doing Business in Changing Times: Reimbursement for MNT services under new healthcare delivery models." <a href="http://www.starlibraries.com/fnce/sessions/conference/13">http://www.starlibraries.com/fnce/sessions/conference/13</a>							x		x	x	x	x			x
2013 Business of MNT Boot Camp training materials. MNT Business Leaders charged to serve as train-the-trainers							x		x	x	x	x	x		
Affiliate Train-the-Trainer webinar: Integrating RDNs into Primary Care: Comprehensive Primary Care Initiative (CPCI)	x		x					x	x				x		



Future Academy Resources

Resource	Topic							Audience					Level			Target Date
	PCMH	ACO	Integrating into Primary Care	Advocacy	IBT for Obesity	Practice Management/Business Skills	General	Leadership	Members	Students	Educators	Non-members	1	2	3	
White Paper on the Value of the RDN and nutrition services in PCMHs/ACOs	x	x		x				x	x	x	x	x				September 2014
Revise Medical Nutrition Therapy MNTWorks® Kit and ppt				x				x	x	x	x	x				May 2015
Grassroots Marketing to Self-Funded Employers: Series of 2 webinars				x				x	x	x	x	x	x	x		June 2014
Educators Toolkit							x			x	x		x			Fall 2014
FNCE® educational sessions							x		x	x	x	x	x	x	x	2014 and beyond
PPW educational sessions				x			x	x	x	x	x	x	x	x	x	2014 and beyond
Grassroots Training: Public Policy Panel Forums				x			x	x					x	x	x	3x/year 2014 and beyond
Reimbursement Representatives Quarterly Conference Calls							x	x					x	x	x	4x/year 2014 and beyond
Regulatory Comments <a href="http://www.eatright.org/advocacy/comments/">http://www.eatright.org/advocacy/comments/</a>							x	x	x	x	x					Ongoing
CPCI On-line Community	x		x			x		x	x							Launch April 2014
Submit teleseminar proposals to Center for Professional Development							x		x	x	x	x	x	x	x	1/year 2014 and beyond
CCC develop new presentations for Speakers Bureau based on needs identified through gap analysis							x		x	x	x	x	x	x	x	Ongoing
Drop-in articles for Affiliate/DPG newsletters OR <i>MNT Provider</i> newsletter articles that DPGs/Affiliates can reprint							x		x	x	x		x	x	x	1-2/year
Create on-line resource center (similar to on-line marketing center); could include a section highlighted for educators; could include links to where to find a PCMH/ACO in your area	x	x											x	x	x	2015
Identify individuals for member spotlights/success stories (could be videos) on website (align with Marketing Team efforts)							x		x	x	x					Ongoing
Training on how to develop a business plan; Sample business plan(s), spreadsheets to help calculate the \$ portion of the value equation						x			x	x	x	x		x	x	FY2015
Talking points/tip sheets that translate message into dollars				x		x		x	x	x	x			x	x	FY2015
Repackage existing information on becoming a Medicare provider into a more user-friendly format.							x		x	x	x	x	x			FY2015/2016
Submit proposals for presentations at regional NDEP meetings							x				x					1/year
Include issue on position-specific trainings conducted as part of annual Public Policy Panel member orientation				x				x					x	x		Annually
Include topics related to this issue on Monthly Public Policy Panel Forums				x				x					x	x		Quarterly FY2015 and beyond
Communicate with Public Policy Panels via the Public Policy Panel Weekly News as appropriate		x		x				x					x	x		FY2015 and beyond
Provide resources and train affiliates on how to track legislation				x				x					x			FY2015 and beyond

**Part 2: Member Actions**

**Goals:**

1. Members will access Academy resources and endeavor to understand the impact of current and evolving health care delivery and payment models on their area of practice.
  
2. Utilizing Academy resources, members will recognize that they are in the best position to demonstrate their unique expertise and value to their employer. They will use every opportunity to promote and integrate their services into evolving delivery and payment models in their practice setting.

**General Expectations of Dietetics Professionals**

Priority Action Items	Academy Resources	Support by Affiliates/DPGs/MIGs
Become familiar with and utilize Academy resources on nutrition services delivery and payment, including the monthly <i>MNT Provider</i> newsletter.	See Excel file of Current and Future Academy resources	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites, including “Find a Registered Dietitian.”</li> <li>• On a regular basis, highlight specific Academy resources related to nutrition services delivery and payment on website, social media, newsletters, listservs.</li> </ul>
Read Fall 2013 HOD Backgrounder on Nutrition Services Delivery and Payment.	Available at <a href="http://www.eatright.org/hod">www.eatright.org/hod</a>	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites.</li> <li>• On a regular basis, highlight specific Academy resources related to nutrition services delivery and payment on website, social media, newsletters, listservs.</li> </ul>
Listen to recordings of teleseminars: “The Affordable Care Act: What’s in it for me?” and “Reimbursement: New Game, New Rules”	Available at <a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a>	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites.</li> <li>• On a regular basis, highlight specific Academy resources related to nutrition services delivery and payment on website, social media, newsletters, listservs.</li> </ul>
Learn about coverage for nutrition services and RDNs within one’s own health insurance plan and advocate for expanded coverage and recognition of RDN services as indicated.	<a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a> , Expanding Coverage  Marketing to Employers webinars	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites.</li> </ul>

Respond to Academy Action Alerts on proposed legislation that will enhance the role, recognition, and payment of nutrition services provided by RDNs and DTRs.		<ul style="list-style-type: none"> <li>• Distribute Academy Action Alerts to affiliate, DPG and MIG members in a timely manner, communicating how they might benefit from responding.</li> </ul>
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**Primary Actions for Clinical and Community Practitioners**

Priority Action Items	Academy Resources	Support by Affiliates/DPGs/MIGs
Collect and report outcomes data related to quality and cost-effectiveness of nutrition services to employer/source(s) of patient referrals and ANDHII.	ANDHII	<ul style="list-style-type: none"> <li>• Promote member participation in DPBRN and ANDHII.</li> <li>• Highlight member success stories, outcomes, and best practices via meetings and other communication venues, including social media (and share with the Academy).</li> </ul>
Expand clinical skills needed to expand role, within one’s individual scope of practice, and value as a member of the health care team through appropriate training and certification programs (e.g, physical assessment, blood pressure/blood sugar measurement, vital signs, coaching, case management, quality improvement).	<a href="http://www.eatright.org/scope/">http://www.eatright.org/scope/</a>	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites.</li> <li>• Include at least one session on district meeting or affiliate/DPG conference agendas annually</li> </ul>

**Advocacy**

Priority Action Items	Academy Resources	Support by Affiliates/DPGs/MIGs
<p>Develop and cultivate relationships with decision-makers and stakeholders (e.g., local legislators, facility administrators, primary care providers, other members of the health care team)</p>	<p><a href="#">Information on developing business relationships with other health care providers can be found at:</a>  <a href="http://www.eatright.org/Members/content.aspx?id=6442451325">http://www.eatright.org/Members/content.aspx?id=6442451325</a></p> <p>FNCE 2013: “The Future is Yours: Collaborating with MDs to Maximize Opportunities for Reimbursement.”  <a href="http://www.starlibraries.com/fnce/sessions/conference/680">http://www.starlibraries.com/fnce/sessions/conference/680</a></p> <p>Meeting the Need for Obesity Treatment: A Toolkit for the RD/PCP Partnership (electronic toolkit)  <a href="http://www.eatright.org/shop">www.eatright.org/shop</a></p> <p>Integrating RDNs into Primary Care: Comprehensive Primary Care Initiative (CPCI) Toolkit and Webinar  <a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a></p> <p>“Registered Dietitians – Your Nutrition Experts” brochure  <a href="http://www.eatright.org/Members/content.aspx?id=6442477247">http://www.eatright.org/Members/content.aspx?id=6442477247</a></p> <p>Third Party Payer Brochure. Available at  <a href="http://www.eatright.org/shop">www.eatright.org/shop</a></p> <p>“Why Adding an RD to Your Practice Team is</p>	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites.</li> </ul>

	Good Medicine” (Handout from CPCI Toolkit) <a href="http://www.eatright.org/Members/content.aspx?id=6442477247">http://www.eatright.org/Members/content.aspx?id=6442477247</a>	
Contribute information to state and national database on Medicaid and private payer coverage for MNT services provided by RDNs by completing Nutrition Services Coverage team’s data collection tool.	Include website URL and/or Survey Monkey URL	<ul style="list-style-type: none"> <li>• Provide links to Academy resources on websites.</li> </ul>

**RDN Actions to Facilitate Education of Students/Peers**

Priority Action Items	Academy Resources	Support by Affiliates/DPGs/MIGs
Serve as preceptor for students/interns and/or mentor to RDN colleagues/educators when delivering services as part of patient-centered medical homes or population health management programs (e.g., ACOs.)	Coding and Billing Handbook: A Guide for Program Directors & Preceptors	<ul style="list-style-type: none"> <li>• Facilitate “matching” of practitioners with dietetics education programs to support inclusion of education and experience on nutrition services delivery and payment and evolving models (such as PCMH, ACOs).</li> </ul>
RDNs delivering services as part of patient-centered medical homes or population health management programs (e.g., ACOs) provide “residency” experiences for dietetics educators.		<ul style="list-style-type: none"> <li>• Facilitate “matching” of practitioners with dietetics education programs to support inclusion of education and experience on nutrition services delivery and payment and evolving models (such as PCMH, ACOs).</li> </ul>
Educators: Encourage students/interns to conduct projects that provide them with experience in outcomes research/ outcomes data collection to demonstrate the value of RDN services; MNT business skills; creating marketing messages around the value of RDN services; and/or advocacy activities aimed to increase access to and payment for RDN services.		<ul style="list-style-type: none"> <li>• Promote member participation in DPBRN and ANDHII.</li> </ul>

Priority Action Items	Academy Resources
Read Fall 2013 HOD Backgrounder on Nutrition Services Delivery and Payment.	Available at <a href="http://www.eatright.org/hod">www.eatright.org/hod</a>
Become familiar with and help members utilize Academy resources on nutrition services delivery and payment, including: <ul data-bbox="240 338 786 476" style="list-style-type: none"><li>• Teleseminars: “The Affordable Care Act: What’s in it for me?” and “Reimbursement: New Game, New Rules”</li><li>• CCC teleseminars</li></ul>	See Excel file <a href="http://www.eatright.org/coverage">www.eatright.org/coverage</a> (Health Care Reform; Practice Management Presentations)

**Part 3: Evaluation Plan**

The following data will be collected to determine the impact of this Action Plan:

1. Member access of Academy resources:
  - a. Nutrition Services Coverage (NSC) staff will collect data annually on website hits to nutrition services delivery and payment content and downloads of Academy resources on nutrition services delivery and payment.
2. Educational offerings and participation:
  - a. NSC staff will track number of presentations at regional NDEP meetings.
  - b. NSC and PIA staff will track number of relevant sessions at FNCE® and Public Policy Workshop
  - c. PIA staff will track inclusion of nutrition services delivery and payment content included on monthly Public Policy Panel Forums.
3. Affiliate/DPG Public Policy Panel support:
  - a. NSC will capture efforts of affiliate/DPG Reimbursement Representatives (RR) related to nutrition services delivery and payment via RR Quarterly Reports.
  - b. Policy Initiatives and Advocacy (PIA) staff will track number of news items on nutrition services delivery and payment included in Public Policy Panel Weekly News.
4. Delegate support:
  - a. Delegates will report on their activities related to nutrition services delivery and payment as part of their mid-year and annual evaluations.
5. New Academy resources:
  - a. Coding and Coverage Committee (CCC) will document completion of Academy resources gap analysis and track development of new resources for Academy members.
  - b. CCC will survey the environment related to nutrition services delivery and payment as appropriate

CCC and LPPC will report the above information to the House of Delegates on an annual basis. Delegates will be responsible for disseminating the information to the membership.

### **Additional Recommended Member Actions**

#### **General Expectations of Dietetics Professionals**

1. Know/learn the source(s) of funding for current position and other positions to which you aspire.
2. Join the DPBRN and participate and/or conduct and publish research on the quality and cost-effectiveness of nutrition services as part of evolving delivery and payment models.
3. Utilize social media to share Academy messages and resources on nutrition services delivery and payment.

#### **Primary Actions for Clinical and Community Practitioners**

1. Participate in Academy's Comprehensive Primary Care Initiative On-line Community.
2. Offer assistance in the development of integrated programs (e.g., chronic care coordination, transitional care management, hospital readmission prevention programs) to ensure provision of nutrition services in evolving practice/payment models (ACOs, PCMHs, etc.)
3. Regularly conduct "Take a Decision-Maker to Work" days at place of employment to demonstrate to administrators, legislators, third party payers, physicians and other health care professionals the role of the RDN and the value of their services in relation to the Triple Aim.
4. Become a Medicare provider and work with your facilities/practices to maximize opportunities to bill for their services and maximize consumer access to nutrition services.
5. Work with patient advocates/case managers within insurance companies to gain approval for or to pilot test typically non-covered MNT services for individual patients/higher cost patient populations in your own locale, with the goal of expanding efforts as objectives are achieved.

#### **Advocacy**

1. Identify and proactively market one's services to local patient-centered medical homes and population health management programs (e.g., ACOs), including local demonstration projects.
2. Translate personal outcomes data into effective marketing messages that communicate one's value to decision-makers and stakeholders within one's employment setting, including one's personal "elevator speech."
3. Share personal success stories and best practices with state affiliate, DPG and the Academy on integrating one's services into patient-centered medical homes (PCMHs) and population health management models (e.g., ACOs).
4. Volunteer to serve as affiliate/DPG Reimbursement Representative (or part of committee) or other member of Public Policy Panel to help lead affiliate/DPG advocacy efforts related to nutrition services delivery and payment.
5. Support efforts of affiliate Public Policy Panel related to nutrition services delivery and payment, such as responding to state Action Alerts, participating in educational events, collecting data on coverage of nutrition services by third party payers, utilizing social media to share messages, and responding to other "calls to action."
6. Share with affiliate/DPG leaders existing connections with decision-makers so they can potentially be leveraged as part of affiliate/DPG strategies around this issue.
7. Attend state legislative day and Academy's Public Policy Workshop.
8. Volunteer to represent affiliate dietetic association and actively participate on government committees, boards and task forces; coalitions; other health care professional associations

#### **RDN Actions to Facilitate Education of Students/Peers**

1. Utilize member experts (local or via distance communications technology) as guest lecturers in DPD and Supervised Practice programs.

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2. "Take an Academic to Work Day" - RDNs with revenue producing positions host site visits for educators

### **Delegates**

1. Read the MNT Provider newsletter monthly
2. Encourage members to respond to Academy Action Alerts on proposed legislation that will enhance the role, recognition, and payment of nutrition services provided by RDNs and DTRs.
3. Support efforts of affiliate Public Policy Panel related to nutrition services delivery and payment, such as participating in Panel conference calls and meetings, utilizing social media to share messages, attending meetings with third party payers and other decision-makers, providing input on affiliate action plan for this issue.
4. Learn about coverage for nutrition services and RDNs within one's own health insurance plan and advocate for expanded coverage and recognition of RDN services as indicated.
5. Attend state legislative day and Academy's Public Policy Workshop.
6. Join the Reimbursement COI and monitor periodically to better understand current concerns of members

### **Additional Recommendations for Support by Affiliates/DPGs/MIGs**

#### **Member Education/Resources**

1. Share drop-in articles and ads provided by the Academy via their communication venues.
2. Highlight member success stories, outcomes, and best practices via meetings and other communication venues, including social media (and share with the Academy).
3. Create directory of or link to external websites that provide a directory of PCMHs, ACOs and alternate health care delivery and payment demonstration projects within the state.
4. Offer grant-writing workshops and/or make members aware of workshops/training opportunities within the state.
5. Include sessions on district meeting and affiliate/DPG conference agendas annually on one or more of the following topics:
  - a. Nutrition services delivery and payment
    - i. Request presentation from CCC Speaker's Bureau (live or webinar)
    - ii. Utilize recorded presentations available from the Academy
    - iii. Apply for Affiliate Speakers Grant to support programming
    - iv. Invite Affiliate or DPG Reimbursement Representative or MNT Business Leader to serve as speaker.
  - b. Outcomes research/data collection, including information on DPBRN and ANDHII
  - c. Effective communication/messaging on the value of nutrition services
  - d. Business skills
  - e. Team-based care/collaboration with primary care physicians
6. Offer incentives and/or awards to recognize member efforts (local "Rock Stars") in at least one of the following areas:
  - a. Integrating nutrition services into various health care delivery and payment models.
  - b. Grassroots advocacy efforts related to nutrition services delivery and payment.
  - c. Mentoring (students, educators, colleagues) around nutrition services delivery and payment.
  - d. Developing/expanding relationships with decision-makers (legislators, government officials, third party payers, health care administrators, primary care providers, etc).
  - e. Effective messaging around the value of the RDN and nutrition services (e.g., similar to the PPW video challenge).
  - f. Innovations in education/practice/research related to nutrition services delivery and payment.

#### **Advocacy**

1. Provide support to Reimbursement Representative and other members of the Public Policy Panel (including Delegate) through funding to attend Academy sponsored-training (as needed) and sufficient time on meeting agendas to discuss strategies and share information/resources on nutrition services delivery and payment.
2. Provide funding to support member representation and active participation on government committees, boards and task forces; coalitions; other health care professional associations.
3. Reach out to state and local chapters of primary care provider associations (and other health care professional associations) to identify opportunities for joint education around evolving health care delivery and payment models and strategies to enhance integration of RDNs and DTRs.
4. Include content related to evolving health care delivery and payment systems as part of state legislative day.

Approved: June 13, 2014

### **Marketing**

1. Develop affiliate specific directory of members working in or available to work in patient-centered medical homes and population health management models (e.g., ACOs). Market directory to physicians and other decision-makers.

### **Leadership Development**

1. Create mentoring and succession-planning for Reimbursement Representative and other members of the Public Policy Panel by creating/supporting expanded committee structure (such as Chair/vice-chair, district representatives, etc).