

# Nutrition Services Delivery and Payment Action Plan

## Annual Evaluation Report

### Fall 2016

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#### Background

Academy members across practice settings are impacted directly or indirectly by the delivery of and payment for nutrition services. While we typically think of this issue in the context of clinical practice and direct providers of services, the fact is that members in a variety of practice settings touch the topic. Massive changes are underway in health care delivery and payment systems that have implications for MNT, nutrition services, the business of dietetics across practice settings and the profession of dietetics.

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.

**To obtain the full background, visit [www.eatrightpro.org/resource/leadership/house-of-delegates/mega-issues-and-backgrounders/archived-mega-issue-backgrounders](http://www.eatrightpro.org/resource/leadership/house-of-delegates/mega-issues-and-backgrounders/archived-mega-issue-backgrounders) >  
*Nutrition Services Delivery and Payment: The Business of Every Academy Member (Fall 2013)***

As a result of this dialogue session, the House of Delegates requested the Nutrition Services Payment Committee (NSPC) (formerly the Coding and Coverage Committee) 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 joint NSPC/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 Nutrition Services Delivery and Payment Action Plan includes four key elements:

1. Current Academy resources for nutrition services delivery and payment and leadership skill development;
2. 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;

3. Future educational and practice resources that the Academy will need to provide for practitioners, educators, students and interns;
4. An evaluation component to determine the impact of this plan and a means for communicating the outcomes to the membership.

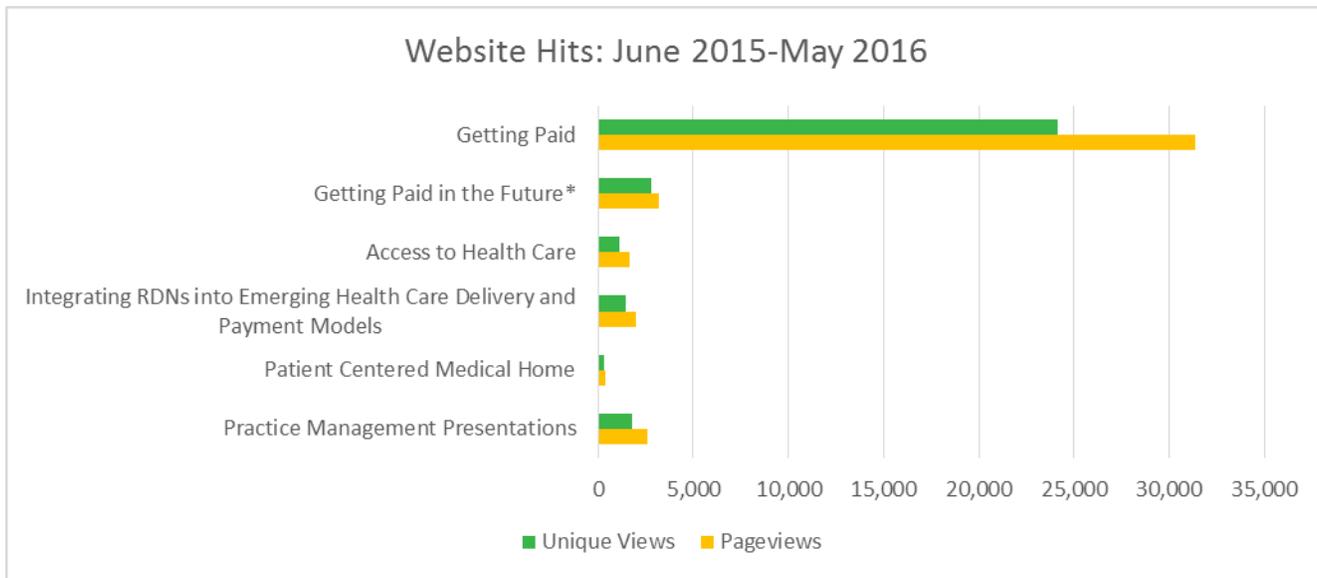
**To read the full Nutrition Services Delivery and Payment Action Plan, go to [www.eatrightpro.org/resources/leadership/house-of-delegates/mega-issues-and-backgrounders](http://www.eatrightpro.org/resources/leadership/house-of-delegates/mega-issues-and-backgrounders) > Updates to Mega Issues > Nutrition Services Delivery and Payment Action Plan**

**Evaluation**

In keeping with the request from the House of Delegates (HOD) for an evaluation component to determine the impact and outcomes of the Nutrition Services Delivery and Action Plan, the Nutrition Services Payment Commitment and the Legislative and Public Policy Committee are pleased to provide this second annual report to the HOD. Overall, significant activity has occurred as a result of the 2013 dialogue session as reflected by the data below. Member leaders and key Academy organizational units have worked in synergy to successfully engage Academy members to take action on many of the items outlined in the Action Plan.

**Member access of Academy resources**

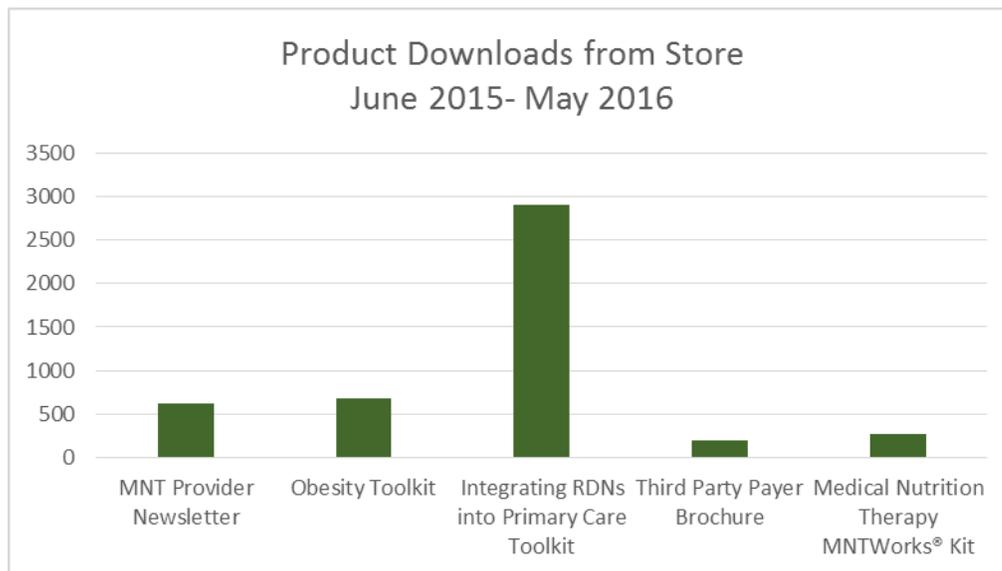
- a. Website hits to nutrition services delivery and payment content



\*"Getting Paid in the Future" page was merged with "Getting Paid" page in late November 2015.

Website traffic has remained steady from the 2015 report in terms of unique views for 3 areas of content: "Access to Health Care," "Patient-Centered Medical Home," and "Getting Paid in the Future." A significant increase in unique views of website content is noted for the other pages: "Getting Paid" (68% increase), "Integrating RDNs into Emerging Health Care Delivery and Payment Models (122% increase), and "Practice Management Presentations (57% increase).

- b. Downloads of Academy resources on nutrition services delivery and payment (*Note: The following data does not include downloads of products from [www.eatrightpro.org](http://www.eatrightpro.org). This data currently is not available due to limitations in website analytics*)



Compared to the 2015 report, a major increase in downloads of the “Integrating RDNs into Primary Care Toolkit” (up 615%) as seen. While the overall numbers remain small, downloads of the “Third Party Payer Brochure” and the “Medical Nutrition Therapy MNTWorks® Kit were also seen (100% and 155%, respectively).

### Educational offerings and participation

- Webinars:
  - “How to Integrate RDN Services in the New Primary Care”, February 2016 (770 participants)
- FNCE®2015 sessions
  - [Pre-FNCE® Public Policy Panel Round table discussions, led by affiliate leaders] (24 attendees)
  - “How RDNs Can Partner to Improve Patient Outcomes and Decrease Healthcare Costs”
  - “Taking it to the Max: Increasing RDN value and revenue by practicing at the top of your scope”
  - “Addressing the Stigma of Obesity by Advocating for Access and Treatment”
- Public Policy Workshop 2015 sessions
  - “Connecting the Dots: Reimbursement, Policy and Advocacy” (350 attendees)
- Public Policy Panel Forums
  - September 2015: The Road to Medicaid Coverage: The Tale of Two Affiliates (89 participants)
  - January 2016: Working Together to Improve Nutrition Services Coverage: How Public Policy Panels Do It! (94 participants)
- Reimbursement Representative Quarterly Forums:
  - November: “NPIs and RDNs and Getting Started with Meeting Your State Medicaid Director/Staff – The First Steps”
  - February: “Members Have Questions – Strategies for Meeting Their Needs”
- Nutrition Services Payment Committee Speakers Bureau presentations (FY2016):
  - “Reimbursement: New Game, New Rules”: Ohio Academy of Nutrition and Dietetics, Louisiana Academy of Nutrition and Dietetics, Arizona Academy of Nutrition and Dietetics
  - “Long-Term Care: Changes in Medicare and the ACA and What it Means for the RDN and NDTR”: DHCC DPG
  - “Billing for MNT: Past, Present and Future”: Maryland Academy of Nutrition and Dietetics
  - “Make Yourself at Home: RDNs in the Patient Centered Medical Home”: Florida Academy of Nutrition and Dietetics

- RDNs in Health Care Transformation Learning Collaborative: In May 2015, the Nutrition Services Coverage (NSC) Team invited 45 RDNs working in Patient Centered Medical Homes, Accountable Care Organizations (ACO), Comprehensive Primary Care (CPC) initiative practices, and state health transformation initiatives to participate in a two-day event designed to understand the challenges of RDNs already working in health transformation and understand the educational needs of members at all levels of engagement. The NSC Team continues to expand this networking group and keep them engaged via on-line discussions and webinars:
  - October 2015 webinar: “Getting Started Measuring Outcomes”
  - January 2016 webinar: “RDNs Organizing as Stakeholders: Colorado RDNs Making It Happen”

#### Affiliate/DPG Public Policy Panel support:

- Efforts by Reimbursement Representatives per Quarterly Reports to the Nutrition Services Coverage team:
  - Alabama: Advocated for Medicaid to incorporate nutrition services into the 11 Regional Care Organizations in Alabama.
  - California: Wrote article for affiliate newsletter on the importance of getting an NPI.
  - Connecticut: Met with state Insurance Commissioner.
  - Georgia: Conducted workshop focusing on pediatrics and steps necessary to bill Medicaid and private insurers for nutrition services in the state of Georgia.
  - Kentucky: Raised affiliate member awareness of the Comprehensive Primary Care Initiative in Kentucky.
  - Michigan: Surveyed members to gather information regarding reimbursement for RDNs in the private sector and shared information via affiliate website.
  - Ohio: Successfully advocated with Medicaid office to add RDNs in private practice to the list of recognized Medicaid providers.
  - Wyoming: Successfully advocated the state legislature to allow RDNs to be director health care providers for Medicaid.
  - Clinical Nutrition Management DPG: Developing reimbursement guide for hospital outpatient nutrition programs.
  - Oncology DPG: Survey members to gather information on current level of knowledge on reimbursement and billing practices for nutrition services for oncology patients.
- Public Policy Panel Weekly News included news items on nutrition services delivery and payment on a regular basis (distributed to almost 800 members).
- Action Alerts (January 2015 – December 2015):
  - Preventing Diabetes in Medicare Act – 6,246 members responded (9.1% participation rate)
  - Treat and Reduce Obesity Act: 5,761 members responded (8.3% participation rate)
  - Diabetes Hearing in the House of Representatives: 1,204 members responded (1.8% participation rate)
  - Protect the Prevention and Public Health Fund: 2,023 members responded (2.9% participation rate)

#### Delegate support:

Promotion of the Nutrition Services Delivery and Payment Action Plan Annual Evaluation Report on December 10, 2015. Promoted release of the revised toolkit, “RDNs in the New Primary Care: A Toolkit for Successful Integration” and accompanying webinar.

#### New Academy resources:

- “RDNs in the New Primary Care: A Toolkit for Successful Integration” (revision) published December 2015 and available at [www.eatrightstore.org](http://www.eatrightstore.org) (free for members; \$40 for non-members).
- Webinar on “The ABCs of PQRS” offered January 2016 (recording available at: <http://www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/medicare-physician-quality-reporting-system>).
- Webinar on “How to Integrate RDN Services in the New Primary Care” offered February 2016 (recording available at: <http://www.eatrightpro.org/resource/practice/getting-paid/expanding-payment-and-coverage/integrate-rdn-services-new-primary-care-webinar>).
- Superbill for MNT Services available at [www.eatrightstore.org](http://www.eatrightstore.org) (free for members; \$5 for non-members).
- Academy Telehealth Practice Survey 2015 Summary available at [www.eatrightpro.org/telehealth](http://www.eatrightpro.org/telehealth).

## Summary

Health care delivery and payment models are changing. Academy members need to understand these changes and proactively position themselves and their services within this evolving environment if they are to achieve the recognition, respect and remuneration they seek. Branding starts with the individual, as does the task of integrating RDNs, DTRs and nutrition services into the current and future health care system. At the end of the day, it's about the quality of nutrition services provided by RDNs. The evolving business models impact all health care settings and all areas of practice. **Opportunities abound but, as with all opportunities, Academy members need to seize them before other health care providers do.** Delegates are encouraged to share this report with their members and continue to encourage and support their engagement in helping to position the profession for success in the evolving health care environment.

Seize the opportunities that are waiting for you. Join the experiment. We can come out on top!