Academy of Nutrition and Dietetics

Academy of Nutrition and Dietetics Telehealth Practice Survey 2015
Executive Summary

Academy efforts to address the needs of individual members and the overall profession around telehealth services crosses several teams within the organization as the topic is multi-faceted, including issues related to licensure, state and federal regulations, scope of practice, third party payment, and technology. As a result, Academy staff from Policy Initiatives and Advocacy, Nutrition Services Coverage, Quality Management, and Nutrition Informatics have been working collaboratively since 2010 in an informal workgroup to strategize and implement programs to meet the education needs of members as well as the advocacy work for the profession to enable members to successfully practice in this rapidly growing arena.

Methodology

In summer 2015, the staff workgroup identified the need to survey credentialed practitioners to inform future advocacy and education efforts for this area of nutrition services delivery. A survey instrument was designed to identify current knowledge and service delivery of nutrition practice related to telehealth, identify challenges, and identify practitioner needs and expectations from the Academy. After field-testing the survey instrument with a small group of Academy members, the final survey was distributed in September 2015 via email to all non-retired credentialed RDNs and NDTRs who agreed to receive emails from the Academy for a total sample size of 111,330 individuals. A reminder email was sent to all survey recipients and the survey was promoted from September 10 – October 14 via the Academy's website Member Home Page, Eat Right Weekly, Academy social media outlets, the House of Delegates, affiliates, dietetic practice groups, member interest groups, and the September issue of the MNT Provider newsletter. Computers were available at the Genius Zone at FNCE® in Nashville to allow attendees the opportunity to complete the survey on-site.

Results

A total of 5,087 individuals responded to the survey, representing a 4.6% response rate. 98% of respondents currently practiced in the United States. 30% of respondents (n=1,478) indicated they use telehealth to practice with clients/patients located within the state or country of their primary practice location. 612 individuals reported practicing telehealth across state/country lines, with fairly equal representation of states within the United States. The majority of these individuals use the title RD, RDN, DTR, NDTR, dietitian or nutritionist when communicating with clients/patients; 16.7% reported using another title, the most common on which was some form of "coach" (health coach, nutrition coach, wellness coach). 863 respondents indicated they were licensed/certified to practice in one or more states other than their home state. Respondent demographics are noted below and indicate they are representative of credentialed practitioners.

Respondent Demographics

Area of Practice	
Clinical nutrition, acute care/inpatient	28%
Clinical nutrition, ambulatory care	30%
Clinical nutrition, long term care	16%
Community	28%
Food and nutrition management	12%
Consultation and business	20%

Education and research	14%
Other	19%
Years in Practice	
<5	670 (17.0%)
5-9	527 (13.4%)
10-19	835 (21.2%)
20+	1801 (45.8%)
RDN	90%
NDTR	4%
Student	2%

The majority of respondents (64%) reported they were not familiar with the Academy's definition of telehealth while 88% were not familiar with the Academy's website resources on telehealth. Of those who have utilized the Academy's telehealth resources on the Academy website, 84% describe the resources as somewhat to very helpful.

Of those individuals who provide telehealth services, 14% reported receiving payment from public or private insurance companies, 26% reported receiving payment from their clients, 32% reported providing the services for free, and 32% reported the service was offered through an employer group or other business entity. The most commonly reported CPT® codes used by respondents when utilizing telehealth for their practice included (note: the VA system is a leader in telehealth services and has its own coding system):

- 98966-98968 Telephone assessment and management services provided by a qualified nonphysician health care professional
- 98969 Online assessment and management service provided by a qualified nonphysician health care professional, internet or electronic communications
- 97802/97803 MNT initial assessment and intervention; MNT reassessment and intervention
- G0108 Diabetes self-management training
- G0270 MNT reassessment and subsequent intervention following second referral in same year
- S9470 Nutritional counseling, dietitian visit
- V65.3 Dietary surveillance and counseling

Many respondents indicated they did not know what codes were used for billing, which is consistent with coding surveys conducted by the Academy (in 2006, 2009 and 2013).

While Medicare, Medicaid and Blue Cross/Blue Shield plans were the most commonly reported insurers that reimbursed for telehealth services (reported by 38%, 35%, and 37% of the 238 individuals who responded to this question, respectively), a wide variety of the top private payers were all reported to provide some degree of reimbursement for these services.

Practitioners reported currently using or expecting to use within the next five years the following technologies and applications for telehealth:

- Tablet (weighted average 2.72)

- Telemedicine platforms (weighted average 2.71)
- Video conference apps (weighted average 2.29)
- Smart Phone (weighted average 2.14)
- Lap top (weighted average 1.78)

Other technologies and platforms reported by a large number of respondents included email, proprietary platforms, desktop computers and Apps/software.

Respondents were asked what disruptive technologies they envisioned in the provision of telehealth over the next 5 years. A disruptive technology was defined as one that displaces an established technology and shakes up the industry or a ground-breaking product that creates a completely new industry. The following technologies were commonly identified:

- Smartphone apps
- Text messaging
- Targeted, scripted programs sent to clients via the internet
- Smart watches/wearable technology
- Diet analysis by photo of foods
- Counseling by the computer itself using algorithms
- Social networks
- Live recorded video
- On-site cameras in skilled nursing facilities, patient homes, etc.
- Self-monitoring devices (including implanted technology)
- Group telehealth via Skype, Apple watch
- High tech kiosks
- Robotics; nanotechnology; artificial intelligence

Results of the survey indicate expectations for a significant increase in the provision of nutrition care services via telehealth within the next five years:

	Currently provide via telehealth	Envision providing via telehealth within next five years
E-visits for MNT	**17.90%** 327	**84.07%** 1,536
Nutrition assessment/re-assessment	**31.57%** 649	**71.30%** 1,466
Nutrition diagnosis	**26.84%** 412	**75.57%** 1,160
Nutrition education	**35.29%** 961	**68.75%** 1,872
Nutrition counseling	**33.81%** 870	**69.80%** 1,796
Coordination of nutrition care	**25.89%** 487	**77.09%** 1,450
Nutrition monitoring and evaluation	**32.68%** 703	**70.66%** 1,520
Intensive behavioral therapy	**18.60%** 221	**84.01%** 998
Health and wellness coaching	**28.80%** 717	**74.42%** 1,853
Self-management training/support for diabetes	**21.78%** 416	**80.58%** 1,539

Respondents were mixed in their perception of major barriers to providing telehealth. Significant perceived barriers consistently identified included:

- Limitations of existing payer coverage for telehealth services
- Inconsistent 3rd party payer coverage for telehealth services
- Unsecure technologies

Some respondents considered state licensure issues, clarity around HIPAA compliance issues, incompatible technologies, lack of training in telehealth best practices, and expansion of technology before laws and regulations keep apace as major barriers, while fairly equal numbers considered the same issues as minor barriers.

The majority of respondents (69%) were not sure whether or not it was legal to provide telehealth services to clients/patients who don't reside in the same state in which the provider is licensed/certified. Respondents appear to understand the differences between health coaching and MNT.

When asked what additional information the Academy could provide related to telehealth and dietetics practice, the following themes emerged:

- Clarification around licensure and telehealth services
- Clarification around scope of practice related to nutrition education vs. MNT vs. health coaching
- Scope of practice for NDTRs for telehealth services
- Information on reimbursement for telehealth services (includes coding, billing, coverage)
- Ethical issues
- Privacy and security issues
- How to's
- Hardware/software
- Documentation requirements
- Job opportunities
- Best practices

Conclusions

Telehealth offers promising opportunities for RDNs and NDTRs, although it is not without its challenges. While many RDNs are already seizing these opportunities and are anticipating doing more so in the future, others have many questions related to the legal, ethical, scope of practice, reimbursement, technology and general "nuts & bolts" of telehealth. Large numbers of Academy members and non-members are not aware of the information and resources the Academy currently provides to guide them in their efforts. Practitioners are looking for definitive information and cost-effective solutions to state licensure issues, both from within the United States as well as internationally. As with many areas of dietetics practice, there is not a "one size fits all" solution to these questions and challenges. Just as this service delivery for practice is evolving, so is the work of the Academy to meet the needs of members and the profession.

The Telehealth Practice Survey provided valuable insight into current knowledge and service delivery for nutrition and health practice. It also helped identify needs that will be used to inform Academy strategies on both the education and advocacy fronts. As the telehealth service line is further utilized by practitioners, the Academy staff workgroup continues to explore and pursue viable solutions to licensure and regulatory issues.

The staff workgroup will be developing a promotion campaign to raise awareness of existing Academy resources on this topic. They will be looking at approaches to locate website information quicker, such as consideration for a shorter url and expanded search terms. The staff workgroup will review existing resources to determine the need to repackage the content to better meet member needs based on insights gained from the survey. Potential gaps in existing content will also be identified and addressed. And finally, the Academy staff workgroup will be making with Executive Summary available to survey participants and all Academy members as part of the education and awareness campaign for telehealth.

Appendix: Academy of Nutrition and Dietetics Telehealth Practice Survey 2015
Summary of International Responses

Results

A total of 78 individuals reported practicing outside of the United States. 13 of these individuals reported their primary place of practice as being in the US. 24% of respondents indicated Canada as their primary place of practice. The following information is shared for informational purposes only. Due to the small number of international respondents (2% of total number of survey respondents), comparisons cannot be made to response for US-only respondents nor can one say results are a valid reflection of international telehealth practice.

29% of respondents (n=23) indicated they practice telehealth with clients/patients located within the state or country of their primary practice location. 9 individuals reported practicing telehealth across state/country lines, with 3 individuals noting they practice within the United States. 24 respondents reported holding licensure or certification in 1 or more states other than their home state. Telehealth services were primarily provided free to clients or as a self-pay service. Third party payment was reported by only 1 individual using CPT® code 98967 (Telephone assessment and management services provided by a qualified nonphysician health care professional, 11-20 minutes). Respondent demographics are noted below.

Respondent Demographics

Area of Practice	
Clinical nutrition, acute care/inpatient	35%
Clinical nutrition, ambulatory care	28%
Clinical nutrition, long term care	20%
Community	35%
Food and nutrition management	13%
Consultation and business	39%
Education and research	24%
Other	13%
RDN	77%
NDTR	4%
Student	2%
Other	17%

Practitioners reported currently using or expecting to use within the next five years the following technologies and applications for telehealth:

- Telemedicine platforms (weighted average 3.31)
- Tablet (weighted average 2.00)
- Smart Phone (weighted average 1.69)
- Video conference apps (weighted average 1.53)
- Lap top (weighted average 1.25)

Results of the survey indicate expectations for a significant increase in the provision of nutrition care services via telehealth within the next five years:

	Currently provide via telehealth	Envision providing via telehealth within next five years	Total Respondents
E-visits for MNT	20.83% 5	83.33% 20	24
Nutrition assessment/re-assessment	36.36% 12	66.67% 22	33
Nutrition diagnosis	26.92% 7	76.92% 20	26
Nutrition education	35.71% 15	76.19% 32	42
Nutrition counseling	32.43% 12	72.97% 27	37
Coordination of nutrition care	14.81% 4	92.59% 25	27
Nutrition monitoring and evaluation	23.53% 8	79.41% 27	34
Intensive behavioral therapy	16.67% 3	88.89% 16	18
Health and wellness coaching	20.51% 8	87.18% 34	39
Self-management training/support for diabetes	12.90% 4	90.32% 28	31

Significant perceived barriers consistently identified included:

- Limitations of existing payer coverage for telehealth services
- Inconsistent 3rd party payer coverage for telehealth services
- Unsecure technologies

Conclusions/Take-aways

Providing nutrition services via telehealth is occurring on an international level, both as services provided between the US and foreign countries as well as between foreign countries. We don't know the extent of such practice. Interest exists in expanding the use of telehealth to deliver nutrition services in the international arena. Major barriers to telehealth practice may be similar within and across national and international lines. Issues related to licensure arise when services are provided to patients/clients residing in the US. Nutrition services delivered via telehealth in non-US countries primarily is not reimbursement by third party payers which may be reflective of the way health care is funded/paid for outside of the US. Similar technologies and applications appear to be used for telehealth practice both nationally and internationally. Member needs and questions related to practicing nutrition via telehealth appear to be similar for individuals practicing both within and outside the US.