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.

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 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 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.

**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 (formerly the Coding and Coverage Committee) and the Legislative and Public Policy Committee are pleased to provide this first 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

![Website Hits: September 2014-June 2015](attachment6.0)
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. This data currently is not available due to limitations in website analytics)

Educational offerings and participation

- Nutrition Services Payment Committee collaborated with NDEP to provide webinar on “Coding and Billing Handbook: A Guide for Educators and Preceptors,” February 2015 (410 participants)
- FNCE®2014 sessions
  - Integrating RDNs into Emerging Health Care Delivery Models [Pre-FNCE® Public Policy Panel Round table discussions, led by affiliate leaders] (24 attendees)
  - Inquiring Minds Want to Know…Public Policy Open Mic
  - Open Discussion: The Skinny on Implementing Medicare’s IBT for Obesity Benefit (75 attendees)
- Public Policy Workshop 2015 sessions
  - “Connecting the Dots: Reimbursement, Policy and Advocacy” (350 attendees)
- Public Policy Panel Forums
  - September 2014: Setting Group Priorities and Identifying Local Insurance Plan (75 participants)
  - January 2015: Meeting with Insurance Commissioner to Advocate for Medical Nutrition Therapy (72 participants)
- Reimbursement Representative Quarterly Calls:
  - February: “Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models“: Introduction of white paper and talking points
- Nutrition Services Payment Committee Speakers Bureau presentations (FY2015):
  - Opportunities under the Affordable Care Act: Florida Academy of Nutrition and Dietetics, Greater Cleveland Academy of Nutrition and Dietetics.
  - Emerging Health Care Delivery Models and the Role of the RDN: Academy Student Community on-line discussion.
  - “What’s New in Coding, Billing and Reimbursement“: Virginia Academy of Nutrition and Dietetics.
  - “Alphabet Soup”: West Suburban Academy of Nutrition and Dietetics, Medical Nutrition DPG (IDN subunit), Women’s Health DPG.
- RDNs in Health Care Transformation Learning Collaborative: The Nutrition Services Coverage Team invited 45 RDNs working in Patient Centered Medical Homes (PCMH), 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 Business of MNT Boot Camp Level II: Intensive, two-day train-the-trainer program on business aspects of providing medical nutrition therapy services under changing health care delivery and payment models. The original 24 MNT Business Leaders selected for the Level I Boot Camp were invited to attend this follow-up training event sponsored by the Nutrition Services Payment Committee and the Nutrition Services Coverage team.

Affiliate/DPG Public Policy Panel support:

- Efforts by Reimbursement Representatives per Quarterly Reports to the Nutrition Services Payment team:
  - Minnesota: Contacted Minnesota Department of Health regarding inclusion and expansion of RDN role in PCMH/ACO.
  - Rhode Island: Conversations with Medicaid to discuss inclusion of RDNs in PCMH
  - Wyoming: Preparing business plan to propose PCMH/RDN partnership; wrote article for Academy newsletter on “RDNs and the Medical Home Team.”
- Public Policy Panel Weekly News included news items on nutrition services delivery and payment on a regular basis (distributed to over 800 members).
  - National Diabetes Clinical Care Commission Act – 2,628 members responded (4.4% participation rate)
  - Treat and Reduce Obesity Act: 5,382 members responded (7.2% participation rate)
  - SGR Fix: 1,196 members responded (1.6% participation rate)

Delegate support:
Promotion of the nutrition services delivery and payment action plan on June 26, July 17 and December 4, 2014. A call to action was given to delegates to advocate for nutrition services delivery and payment. A request was made on December 4, 2014 and January 22, 2015 for delegates to share how they or their constituents are advocating for nutrition services delivery and payment. Several responses were shared, and this information was shared with the HOD via the Speaker Message on February 12, 2015.

New Academy resources:


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!