

July 8, 2021

Effective Health Care Program  
Agency for Healthcare Research and Quality  
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*Re: Telehealth During COVID-19*

Dear Effective Health Care Program Staff:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Agency for Healthcare Research and Quality relative to its June 17, 2021 request for comment on the Key Questions for its research project: *Telehealth During COVID-19*. Representing more than 112,000 registered dietitian nutritionists (RDNs),<sup>1</sup> nutrition and dietetics technicians, registered, and advanced degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition. Every day our members provide medical nutrition therapy for patients in clinical settings across the continuum of care, often via telehealth, with the flexibilities necessary throughout the COVID-19 public health emergency.

**The Academy supports this evidence review and offers the below comments and suggestions to enhance the utility of the planned review in light of our relevant, recent research on this topic.**

#### **A. Academy’s Multi-Phased Survey**

The Academy designed and distributed a multi-phased survey with the specific goal of measuring changes in RDNs’ use of telehealth to deliver nutrition care. The baseline survey was distributed from April 16 to May 15, 2020, and these baseline results were published in early 2021 while the second wave of the survey was being administered (December 18 through January 15, 2021).<sup>2</sup> Results of the baseline survey reported that prior to the pandemic only 37% were using telehealth to provide nutrition care. This number more than doubled to 78% during the pandemic and stayed consistent during the second wave of surveys. Given this enormous surge in use, understanding the cost implications and most effective methods for delivery is extremely valuable to the patients being served.

Although telehealth is an excellent way to provide care when in-person visits are not desirable nor achievable due to health, geographic or other restrictions, it does require technology that individuals who are elderly or those with limited financial means,

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<sup>1</sup> The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

<sup>2</sup> Rozga, Mary, et al. “Telehealth during the COVID-19 pandemic: a cross-sectional survey of registered dietitian nutritionists.” *Journal of the Academy of Nutrition and Dietetics* (2021).

disabilities or mental health conditions may have limited abilities to access or operate. A land line telephone is still a valid method to provide care; however it does not allow the care provider to visually inspect the patient, which is a crucial piece of any assessment. Thus, we strongly support research aimed at understanding the most effective and equitable methods for delivering telehealth care to all individuals.

## **B. Comments on Key Questions**

- 1) *What are the characteristics of patient, provider and health systems using telehealth during the COVID-19 era, specifically:*
  - a. *What are the types of telehealth interventions (e.g., telephone, video visits)?*
  - b. *What are the characteristics of patients (e.g., age, race/ethnicity, gender, socioeconomic status, education, geographic location (urban vs. rural))?*
  - c. *What are the provider and health system characteristics (e.g., specialty, geographic location, private practice, hospital-based practice)?*
  - d. *How do the characteristics of patients, providers and health systems differ between the first four months of the COVID-19 era vs. the rest of the COVID-19 era?*

Understanding the patient and provider populations being served can be important when developing healthcare policies and procedures to ensure equitable care to all. While the Academy's surveys were specifically directed at RDNs—and not at patients or other providers—our results may be of benefit when constructing the qualitative methodologies for these analyses and for term selection/inclusion criteria determined in the systematic reviews.

We found in both waves of surveys that RDNs were providing care most of the time to only individuals (wave 1 – 83%, wave 2 – 73%), very infrequently to only groups (both waves approximately 1%) and occasionally to both groups and individuals (wave 1 – 16%, wave 2 – 26%). The type of interventions were mixed with the majority using both telephone (audio only) and audio-video technology (wave 1 – 49%, wave 2 – 59%), less frequently using only audio-video (wave 1 – 16%, wave 2 - 19%) and occasionally using telephone only (wave 1 – 35%, wave 2 – 22%). The specific types of tools, average time with direct patient (client) contact and the type of intervention provided by the RDN care providers were found to be Zoom and within the local electronic health record system, an average of 30-40 mins per session and the top reported interventions were medical nutrition therapy, general education sessions and wellness counseling.

For many healthcare providers, ensuring they are licensed to practice within a specific jurisdiction is important. Thus, our surveys asked about both the number of states RDNs were licensed to practice (1.4 on average, with 26% reporting they were providing care in states where a license is not mandatory to practice dietetics and nutrition<sup>3</sup>) and if they

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<sup>3</sup> See, Licensure Statutes and Information by State. Academy of Nutrition and Dietetics website. Available at <https://www.eatrightpro.org/advocacy/licensure/licensure-map>. Accessed July 7, 2021. Twenty-seven states (shown in red in the map), in addition to Washington, D.C., Puerto Rico and Guam, require a license and have practice exclusivity, the most comprehensive form of professional regulation; in these states, only licensees

were providing nutrition care outside of the state where they are licensed to practice (wave 1 – 14%, wave 2 – 17%).

2. *What are the benefits and harms of telehealth during the COVID-19 era?*
  - a. *Does this vary by type of telehealth intervention (e.g., telephone, video visits)?*
  - b. *Does this vary by patient characteristic (i.e., age, gender, type of clinical condition or health concern, geographic location)?*
  - c. *Does this vary by provider and health system characteristic (e.g., specialty, geographic location, private practice, hospital-based practice)?*

Regarding the benefits and harms and barriers and enablers of telehealth during the COVID-19 era, the Academy COVID-19 Telehealth surveys inquired about both the benefits and the barriers of delivery from an RDN perspective. Common benefits reported by the RDNs in both waves of the surveys were the ability to promote compliance with social distancing, flexibility of schedule, reduction of transportation costs for patients and improved patient access to care. The most common barriers to telehealth nutrition care were the patients not being interested in receiving nutrition services via telehealth, not being able to conduct the typical assessment and a lack of patient internet access.

These results are clearly specific to RDNs but have many aspects that are transferrable to other types of providers and therefore we hope they will be of benefit to the AHRQ research team as they design this important research project.

The Academy appreciates your consideration of our comment for the *Telehealth During COVID-19* review. Please contact Alison Steiber at 202/775-8277, ext. 4860, or [asteiber@eatright.org](mailto:asteiber@eatright.org); or Pepin Tuma at 202/775-8277, ext. 6001, or [ptuma@eatright.org](mailto:ptuma@eatright.org), with any questions or requests for additional information.

Sincerely,



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



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Sr. Director, Government & Regulatory Affairs  
Academy of Nutrition and Dietetics

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may engage in the practice of dietetics or provide medical nutrition therapy. Individuals providing only generalized nutrition counseling and wellness services are usually exempt from the licensure requirement in these red states, meaning that RDNs can provide many telehealth services in these states without needing to be licensed there. States colored green on the map are states that regulate the practice of dietetics and nutrition by issuing voluntary licenses or certifications, but do not require them for practice.