

# **Advance and Enhance the Unique Role of the RDN in Today's and Tomorrow's Obesity Care Continuum**

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Professor, Department of Nutrition Sciences and Director, Nutrition Obesity Research Center  
University of Alabama Birmingham

# Welcome

## Today's Moderator

### **Hope Warshaw, MMSc, RD, CDCES, BC-ADM**

- Co-coordinator, Academy/Foundation effort to advance the RDN role with obesity medications
- Academy Nominating Committee, member
- Academy Foundation Board, Past chair
- Owner, Hope Warshaw Associates, LLC



# Three-Part Webinar Series

## Obesity Medications and the RDN- Advance Your Knowledge, Enhance Your Role



### **April 17<sup>th</sup>**

The Impact of Obesity Medications on Chronic Disease Management: From Research to Practice

### **May 8<sup>th</sup>**

Considerations for Body Composition, Physical Activity and Nutrition with the Use of Obesity Medications

### **June 4<sup>th</sup>**

Advance and Enhance the Unique Role of the RDN in Today's and Tomorrow's Obesity Care Continuum

**<https://www.eatrightpro.org/obesity-medication>**

*All webinars will be recorded for free on-demand viewing at [eatrightpro.org](https://www.eatrightpro.org).  
These webinars do not provide CPE credit.*

# OBESITY MEDICATIONS & THE RDN

**ADVANCE YOUR KNOWLEDGE,  
ENHANCE YOUR ROLE:  
A 3-PART SERIES**

**eat<sup>®</sup>  
right.** Academy of Nutrition  
and Dietetics  
**Foundation**

This webinar series is made possible through sponsorship from Eli Lilly to the Academy Foundation.



# Planning Committee

**Beth Czerwony**, MS, RDN, CSOWM, LDN,  
Weight Management Dietetic Practice Group  
representative

**Linda Gigliotti**, MS, RDN, CDCES, FAND,  
Academy Foundation Board member

**Laura Russell**, MA, RDN, CDCES, Diabetes Care  
and Education Dietetic Practice Group  
representative

**Hope Warshaw**, MMSc, RD, CDCES, BC-ADM,  
Academy Foundation Past-chair



# 2024 Webinar Archives

## 2024 Webinar Series

Pathophysiology of Obesity and Treatment Using New Anti-Obesity Medications

The Role of the RDN to Optimize Short- and Long-term Use of Anti-Obesity Medications

Anti-Obesity Medications: An Interdisciplinary Panel Discusses Cases

**Watch the 2024 Webinar Series recordings here:**

**<https://www.eatrightpro.org/obesity-medication>**



# Affiliations & Disclosures

## Kelly Horton, MS, RDN

- Senior Vice President, Public Policy and Government Relations, Academy of Nutrition and Dietetics
- Created the Sustainable Food Policy Alliance, food industry collaborative
- Launched Food as/is Medicine movement
- Member of the Tufts University's Friedman School of Nutrition Science and Policy – Tufts Nutrition Council



# Affiliations & Disclosures

## Maureen Chomko, RDN, CDCES

- Neighborcare Health, Primary Care FQHCs/Community Health Center
- Enrolled, Masters of Science, Friedman School of Nutrition Science and Policy, Tufts University, Boston
- RDN consultant for Amgen IBT clinical trial
- American Diabetes Association (ADA) speaker, chapter author & book editor





# Affiliations & Disclosures

## James Hill, PhD

- Professor, Department of Nutrition Sciences, University of Alabama at Birmingham
- Director, Nutrition and Obesity Research Center (NORC) at UAB
- Research grant to study GLP-1 meds and Lifestyle; General Mills, National Cattlemen's Beef Association, National Dairy Council
- Losing the Weight Loss Medications; publication date, December 2025





# Learning Objectives

**At the end of this webinar, attendees will be able to:**

- Detail the importance of advocacy for the coverage of MNT for obesity, comprehensive obesity care including coverage for obesity medications.
- Describe how RDNs can advance and enhance your role to practice at the top of your scope within the clinical setting you practice.
- Describe how RDNs can collaborate with healthcare provider colleagues to: implement obesity medication titration algorithms, assess psychological/behavioral aspects of clients considering use of/using obesity medications and counsel on physical activity.
- Explore the evolving and advancing role of RDNs in comprehensive obesity care and weight loss maintenance in the current and future era of obesity medications.

# Medical Nutrition Therapy & Obesity Medications

**Kelly D. Horton, MS, RDN**

Senior Vice President, Public Policy and Government Relations  
Academy of Nutrition and Dietetics



## Learning Objectives

- Understand the Political Landscape
- Learn the status of the CMS rule on GLP-1s
- Understand the Federal Legislation being considered
- Call to action!

# Political Landscape

The image features a dark green background on the right side, which transitions into a white background on the left. A light green diagonal stripe runs from the bottom left towards the top right, intersecting with a yellow diagonal stripe that runs from the top left towards the bottom right. The text "Political Landscape" is positioned on the white background, to the left of the stripes.



# Political Landscape

## What is new in 2025?

- Republican Control of Congress
- Trump Administration
- RFK and MAHA Movement



# Make America Healthy Again (MAHA) Initiative – Recent Developments

## MAHA Caucus Formation and Leadership

- **Senator Roger Marshall (R-KS)** established the **MAHA Caucus** in the Senate, aiming to enhance health outcomes by emphasizing nutrition, access to affordable, nutrient-dense foods, and primary care availability to address chronic diseases.
- **Representatives Vern Buchanan (R-FL), John Joyce (R-PA), and Lloyd Smucker (R-PA)** launched a corresponding MAHA Caucus in the House. The caucus collaborates closely with the Trump Administration to build a healthier nation.

# Administration's Rule on GLP-1s



# CMS Rule on GLP-1 Coverage

- Last November the Biden administration proposed Medicare and Medicaid coverage of GLP-1 receptor agonist (GLP-1 RA) obesity medications like semaglutide and tirzepatide, with coverage set to start in 2026.
- However, in April CMS announced that it will not finalize the rule. Sec. Kennedy has expressed opposition to the widespread use of GLP-1 weight-loss drugs, describing them as a shortsighted approach to combating obesity.
- Medicare does cover GLP-1 drugs when prescribed for conditions like diabetes and heart disease, but legislation from 2003 prohibits Medicare from covering drugs for weight loss.
- There is a bipartisan push in Congress to allow for obesity medications and services to be covered through a bill called the Treat and Reduce Obesity Act (TROA), but it failed to advance in the last Congress.

# Federal Legislation

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# **Treat and Reduce Obesity Act (TROA) – 118th Congress**

## **Overview**

### **Senate Introduction:**

- S.2407 Introduced by Sens. Cassidy (R-LA) and Carper (D-DE)
- 26 bipartisan cosponsors

### **House Introduction:**

- H.R.4818 Introduced by Reps. Wenstrup (R-OH-2) and Ruiz (D-CA-25)
- 120 bipartisan cosponsors

### **Key Provisions:**

- Expand Medicare Coverage for FDA-Approved Anti-Obesity Medications
- Expand Medicare Coverage for Intensive Behavioral Therapy (IBT)



# Treat and Reduce Obesity Act (TROA) – Policy Developments

## Legislative Actions in the 118th Congress:

- **House Ways and Means Committee Markup:** In June 2024, the Committee favorably reported an amended version of TROA by a bipartisan vote of 36 yeas to 4 nays.
  - Limit coverage of obesity medications to incoming Medicare beneficiaries who have been using these medications with prescription coverage in the year prior to joining Medicare.
  - Directed HHS Secretary to update coverage for Intensive Behavioral Therapy (IBT) for obesity.
- **CBO Score:** In October 2024 the Congressional Budget Office issued a report modeling that expanding coverage for GLP-1s would cost the federal government **\$35 Billion from 2026-2034.**

# Treat and Reduce Obesity Act (TROA) – Policy Developments

## Regulatory Actions in the 118th Congress:

- **Biden Administration's Proposed Rule:** In November 2024, the Centers for Medicare & Medicaid Services (CMS) proposed reinterpreting existing statutes to allow Medicare Part D and require Medicaid to cover anti-obesity medications such as GLP-1s
- **Transition to the Trump Administration:** With the change in administration, the proposed rule's implementation now depends on the current leadership's policy decisions. Cost will be a major factor in decision.

# Medical Nutrition Therapy (MNT) Act – 118th Congress

## Overview

### Senate Introduction:

- S.3297 Introduced by Sens. Collins (R-ME) and Peters (D-MI)
- 8 bipartisan cosponsors

### House Introduction:

- H.R.6407 Introduced by Reps. Kelly (D-IL-2) and Kiggans (R-VA-2)
- 29 bipartisan cosponsors

### Key Provisions:

- Expand Medicare Coverage for MNT beyond diabetes and renal disease to include other chronic conditions including obesity.
- Expand Referral Authority beyond physicians.

Call to Action

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# Urge Congress to pass TROA and MNT Act


## TROA

- Support inclusion of MNT expansion alongside coverage expansion for obesity medications and IBT.
  - GLP-1 therapies create new nutritional needs and risks.
  - Without MNT, Medicare beneficiaries may lack access to the nutrition counseling necessary for safe, effective obesity treatment.
- Align with stakeholders in the obesity and nutrition space to ensure comprehensive care models are adopted.

## MNT Act

- Support reintroduction
  - The Academy is preparing to **reintroduce the MNT Act** in the 119th Congress.
- **Our goal:** Expand Medicare MNT coverage to include a broader range of chronic conditions (e.g., obesity, cancer, cardiovascular disease, GI disorders).





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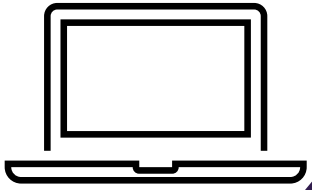
Questions?

# **Enhance and Advance: The Unique RDN Role with Medication Management in Today's and Tomorrow's Obesity Care**

**Maureen Chomko, RDN, CDCES**

Neighborcare Health, Seattle WA

# Slides

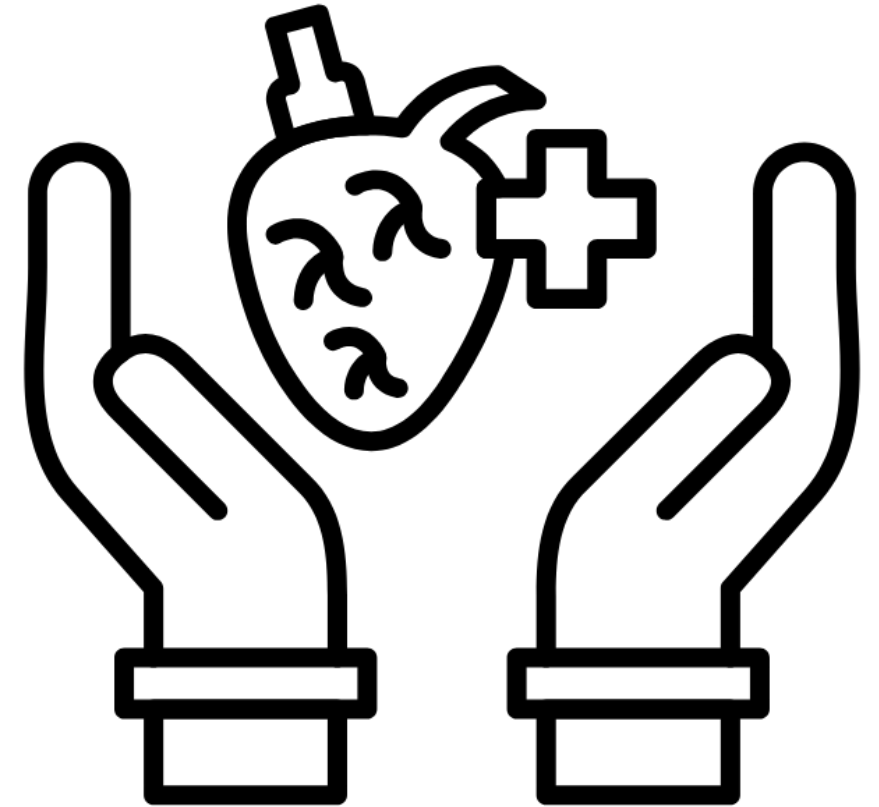


Screenshots are allowed

Attribute my work if you use it, thank you!

# Benefits of Incretin-based Hormone Therapy

- Benefits seen in glucose, lipids, blood pressure, body weight, sleep apnea, liver fat
- Slows gastric emptying, reduces appetite, enhances satiety signals
- Up to 20% body weight loss
- Targets receptors in the pancreas, heart, and brain
  - 20% reductions in death from cardiovascular causes



Created by Muhammad Owais  
from Noun Project

# Real-world Discontinuation Rates: Obesity-only Indication

	Persistent at 3 months
1599 U.S. pts filling GLP-1RA rx between 2015-2022 (Gasoyan, et al; 2023)	57.5%
20,217 U.S. pts filling GLP-1RA rx between 2021 & 2023 (Do, et al, 2024)	64.2%
96,544 U.S. pts filling IBT rx between 2018-2023 (Rodriguez, et al; 2025)	

Gasoyan H, et al. Early- and later-stage persistence with antiobesity medications: a retrospective cohort study. *Obesity*; 2023.

Do D, et al. GLP-1 Receptor Agonist Discontinuation Among Patients With Obesity and/or Type 2 Diabetes. *JAMA Netw Open*. 2024;7(5).

Rodriguez PJ, Zhang V, Gratzl S, et al. Discontinuation and Reinitiation of Dual-Labeled GLP-1 Receptor Agonists Among US Adults With Overweight or Obesity. *JAMA Netw Open*. 2025

# Real-world Discontinuation Rates: Obesity-only Indication

	Persistent at 3 months	Persistent at 6 months
1599 U.S. pts filling GLP-1RA rx between 2015-2022 (Gasoyan, et al; 2023)	57.5%	
20,217 U.S. pts filling GLP-1RA rx between 2021 & 2023 (Do, et al, 2024)	64.2%	55.2%
96,544 U.S. pts filling IBT rx between 2018-2023 (Rodriguez, et al; 2025)		

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# Real-world Discontinuation Rates: Obesity-only Indication

	Persistent at 3 months	Persistent at 6 months	Persistent at 12 months
1599 U.S. pts filling GLP-1RA rx between 2015-2022 (Gasoyan, et al; 2023)	57.5%		28.5%
20,217 U.S. pts filling GLP-1RA rx between 2021 & 2023 (Do, et al, 2024)	64.2%	55.2%	49.7%
96,544 U.S. pts filling IBT rx between 2018-2023 (Rodriguez, et al; 2025)			34.9%*

\*34.7% of non-persistent patients re-initiated within 1 year of d/c, 45% within 2 years of d/c

Gasoyan H, et al. Early- and later-stage persistence with antiobesity medications: a retrospective cohort study. *Obesity*; 2023.  
Do D, et al. GLP-1 Receptor Agonist Discontinuation Among Patients With Obesity and/or Type 2 Diabetes. *JAMA Netw Open*. 2024;7(5).  
Rodriguez PJ, Zhang V, Gratzl S, et al. Discontinuation and Reinitiation of Dual-Labeled GLP-1 Receptor Agonists Among US Adults With Overweight or Obesity. *JAMA Netw Open*. 2025

# Real-world Discontinuation Rates: Obesity-only Indication

	Persistent at 3 months	Persistent at 6 months	Persistent at 12 months	Persistent at 24 months
1599 U.S. pts filling GLP-1RA rx between 2015-2022 (Gasoyan, et al; 2023)	57.5%		28.5%	
20,217 U.S. pts filling GLP-1RA rx between 2021 & 2023 (Do, et al, 2024)	64.2%	55.2%	49.7%	
96,544 U.S. pts filling IBT rx between 2018-2023 (Rodriguez, et al; 2025)			34.9%*	15.1%*

\*34.7% of non-persistent patients re-initiated within 1 year of d/c, 45% within 2 years of d/c

Gasoyan H, et al. Early- and later-stage persistence with antiobesity medications: a retrospective cohort study. *Obesity*; 2023.  
 Do D, et al. GLP-1 Receptor Agonist Discontinuation Among Patients With Obesity and/or Type 2 Diabetes. *JAMA Netw Open*. 2024;7(5).  
 Rodriguez PJ, Zhang V, Gratzl S, et al. Discontinuation and Reinitiation of Dual-Labeled GLP-1 Receptor Agonists Among US Adults With Overweight or Obesity. *JAMA Netw Open*. 2025

# Practicing at the top of our scope via Standing Orders

Increases in...

Collaboration  
among teams

Trust between  
providers & RDN  
team

Referrals to RDN  
team

Patient and  
provider  
satisfaction

RDN job  
satisfaction



## What are “standing orders”?

Written protocols that authorize specified members of the health care team to complete designated clinical tasks without having to first obtain an order from a provider (MD, NP, PA, DO)

FPM Editors. What standing orders can do for your practice. Fam Pract Manag. Published April 24, 2019.  
[https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/potential\\_standing\\_orders.html](https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/potential_standing_orders.html)

# Evidence Base for RDN/RN Standing Order Medication Management

## Leveraging Registered Dietitian Nutritionists and Registered Nurses in Medication Management to Reduce Therapeutic Inertia

Gretchen Benson,<sup>1</sup> Joy Hayes,<sup>1</sup> Theresa Bunkers-Lawson,<sup>1</sup> Abbey Sidebottom,<sup>2</sup> and Jackie Boucher<sup>3</sup>

<sup>1</sup>Minneapolis Heart Institute Foundation, Minneapolis, MN; <sup>2</sup>Allina Health, Minneapolis, MN; <sup>3</sup>Children's HeartLink, Minneapolis, MN

**OBJECTIVE** | To conduct a systematic review of studies that used registered dietitian nutritionists (RDNs) or registered nurses (RNs) to deliver pharmacological therapy using protocols for diabetes, dyslipidemia, or hypertension.

**RESEARCH DESIGN AND METHODS** | A database search of PubMed, the Cochrane Central Register of Controlled Trials, Ovid, and the Cumulative Index to Nursing and Allied Health Literature was conducted of literature published from 1 January 2000 to 31 December 2019.

**RESULTS** | Twenty studies met the inclusion criteria, representing randomized controlled trials (12), retrospective (1) studies (1). In all, the studies include 7,280 participants with a medical condition. Fifteen studies were led by RNs alone, two by RDNs, and three by both. All studies showed improvements in A1C, blood pressure, or lipids. Thirteen studies used standing order medication protocols.

Conclusions: RDN- and RN-led medication management using protocols led to clinically significant improvements in diabetes, dyslipidemia, and blood pressure better than usual care.

### Outcomes with RDN- and/or RN-led medication adjustments:

- All studies improved HbA1c, BP or lipids
- Often led to a higher percentage of participants achieving treatment goals



Why the RDN?

# Why the RDN?

## Reducing Discontinuation Rates

### Improving medication administration

- Planning when & how to take the medication
- Faster/more efficient titration to max dose or dose de-intensification
- Discussing side effects of medication, tactics for reduction or management of potential GI s/e
- Conversation around need for long-term medication use

### Cost Management

- Provide guidance on formulary coverage
- Assist with prior authorization (PA) process
- Discuss alternative lower-cost weight management medications if needed

# Why the RDN?

## Clinical Expertise in Obesity Care

- Stay current with increasing number of IBT medications.
- Possess understanding of titration schedule & doses between different IBT medications.



Saxenda (q week) Titration	Wegovy (q month) Titration	Zepbound (q month) Titration	IBT in the Pipeline:
0.6 mg	0.25 mg	2.5 mg	Orforglipron from Lilly (q day pill)
1.2 mg	0.5 mg	5 mg	GSKR-1290 from Structure Therapeutics (q wk pill)
1.8 mg	1.0 mg	7.5 mg	Pemvidutide from Altimmune (q wk injection)
2.4 mg	1.7 mg	10 mg	Retatrutide from Lilly (q wk injection)
3.0 mg	2.4 mg	12.5 mg	MariTide from Amgen (q month injection)
Notes: titration up to 3.0 may take six weeks for some and six months for others	Notes: 0.25, 0.5 and 1.0 mg doses rx in 2 mL pen quantities, 1.7 and 2.4 rx'ed in 3mL pen quantities	15 mg	.....and believe me, there's more but I have run out of space here...
		Notes: comes in both pens and vials, rx quantities will differ	

<https://www.saxenda.com/about-saxenda/dosing-schedule.html>; <https://www.wegovy.com/taking-wegovy/dosing-schedule.html>; <https://zepbound.lilly.com/hcp/dosage> <https://www.cnbc.com/2024/03/24/amgen-aims-to-enter-weight-loss-drug-market-with-a-new-approach.html>  
Alfaris et al. GLP-1 single, dual, and triple receptor agonists for treating type 2 diabetes and obesity: a narrative review. EClinicalMedicine. 2024  
Melson E, Ashraf U, Papamargaritis D, Davies MJ. What is the pipeline for future medications for obesity? Int J Obes. 2025 Mar;49(3):433-451.

# Why the RDN?

## Clinical Expertise in Obesity Care

- Stay current with increasing number of IBT medications
- Possess understanding of titration schedule & doses between different IBT medications
- Nutrition and lifestyle experts
  - Experienced in patient-led goal setting and nutrition & lifestyle counseling for overall health & well-being
- Greater length of visits compared to  $\leq 20$  minute PCP visits
- Improved patient access via more frequent modalities of care

# Building a Successful Program





Practice

Protocol

Trust and Communication

Training and Competency

# Training & Competency

<input type="checkbox"/>	Reviewing referral
<input type="checkbox"/>	Screening patients
<input type="checkbox"/>	Selecting IbHT with pt
<input type="checkbox"/>	Determine titration sched.
<input type="checkbox"/>	Prevention and managing side effects
<input type="checkbox"/>	Discussion of adjustment of other medications prn
<input type="checkbox"/>	Nutrition & lifestyle evals
<input type="checkbox"/>	Ordering & order sets
<input type="checkbox"/>	Prior authorizations
<input type="checkbox"/>	Documentation
<input type="checkbox"/>	Frequent follow-up

	RDN with Level 1 Competency	RDN with Level 2 Competency	RDN with Level 3 Competency
Nutrition education, essential skills needed for nutrition and lifestyle change	YES	YES	YES
Discussion of medication options	*Yes	YES	YES
Refills of weight loss medications	NO	*Yes	YES
Weight loss medication adjustments	NO	NO	YES
Weight loss medication initiations*	NO	NO	YES
*per standing orders/in collaboration with referring provider			

**Team members will need to:**

- Show understanding of how to use the standing order/protocol
- Acknowledge they will follow the standing order/protocol
- Be observed and be deemed competent prior to starting to use protocol



## FROM THE ACADEMY

### Standards of Practice and Standards of Professional Performance



## Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Adult Weight Management

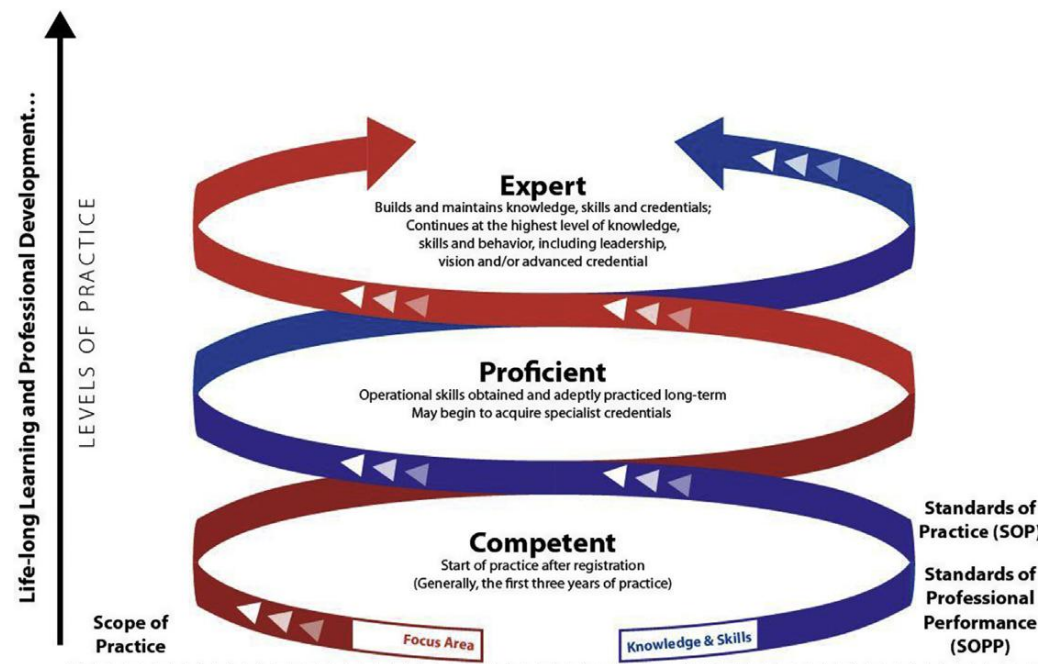


Colleen Tewksbury, PhD, MPH, RD, CSOWM, LDN; Robin Nwankwo, MPH, RDN, CDCES; Janet Peterson, DrPH, RDN, RCEP, FACS

### ABSTRACT

A person's weight is an anthropometric measure factored into assessing health risk, not a measure of worth, ability, or overall health. Adult weight management is a spectrum of lifelong care services available for persons whose goals can be achieved through evidence-based, weight-related interventions and intersects most practice areas of nutrition. An adult weight management registered dietitian nutritionist (RDN) is responsible for providing a psychologically safe, accessible, and respectful setting and empowering care to those seeking nutrition services. This requires the RDN to act as an advocate by proactively seeking to identify personal and external weight biases, understanding the influence of those predispositions, and acknowledging how weight-related prejudices are intricately connected with systems that influence nutrition both inside and outside of health care. Increases in average weight influence potentially counterproductive discussions about judgment, an individual's body, and relationship with health. RDNs are equipped to provide dynamic care and be on the forefront of implementing weight-inclusive built environments, policies, and person-centered communications to minimize harm and maximize benefit for the individual and society. The authors, Weight Management Dietetic Practice Group, and the Academy of Nutrition and Dietetics Quality Management Committee revised the Standards of Practice and Standards of Professional Performance for RDNs in Adult Weight Management to update established criteria of competent practice, further define core values, and set direction for future areas of opportunity. The Adult Weight Management Standards of Practice and Standards of Professional Performance are complementary tools intended for RDNs to benchmark and identify progressive routes and goals for professional advancement.

J Acad Nutr Diet. 2022;122(10):1940-1954.



Adapted from the *Dietetics Career Development Guide*. For more information, please visit [www.eatrightPRO.org/futurepractice](http://www.eatrightPRO.org/futurepractice)

Tewksbury, C et al. *J Acad Nutr Diet*. 2022; **122**:1940-1954.e45

# Incretin-Based Therapies and Lifestyle Interventions: The Evolving Role of RDN's in Obesity Care



## For RDNs at Proficient or Expert Level of Practice:

- Teach and/or evaluate proper injection technique with injectable medication, particularly if medication delivery challenges are identified.
- Teach proper medication storage, pen needle use, and disposal.
- Offer guidance on a missed dose of medication.
- Determine if titration schedule is being followed.
- Provide advice and encouragement to engage in various forms of physical activity to minimize lean body mass loss, maintain muscle mass, physical function, and bone health.

## For RDNs at Expert Level of Practice:

Assist with development and implementation of organization approved medication-adjustment protocols and policies to independently titrate medications, if indicated.



# Trust and Communication

- Identify a provider champion within your practice
- Choose between models of care:
  - Extension of care between usual PCP clinic visits **and/or**
  - Integration within a PCP visit/team co-visit
- Utilize strong referral process



Image from Microsoft Stock Images

# Start with a Strong Referral

## Referral must:

- Be current
- Include **clear direction from referring provider** how they want RDN to operate
  - Initiate/adjust medications per standing order protocols?
  - Nutrition Education only?

Diabetes Education and MNT ✓ Accept ✗ Cancel

Process Instructions:

Class:

Appointment Urgency?

Reason for visit

❗ Education / Management Needs (Additional hours may be needed)

☐ Medication Start/Educator to Choose, Initiate and Adjust per Standing Order; DM Education

☐ Evaluate for Continuous Glucose (CGM) Sensor, initiating either Professional or Personal; DM Education

☐ Pregnancy, with Existing DM; Individual DM Ed

☐ Clinician to Choose Medication, Educator to Initiate and Adjust per Standing Order; DM Education

☐ Other (document in comment section); Individual DM Education

❗ Participation Barriers (To Small Group Ed)?

☐ None ☐ English Second Language ☐ Hearing ☐ Vision ☐ Cognitive ☐ Other

Certification statement

Plan of Care

Individuals may be eligible for both DSMT and MNT services in the same year. I approve the delivery of initial MNT (3hrs) and/or annual follow-up MNT (2hrs).

Reference Links:

- HealthPartners Standing Orders
- Park Nicollet Standing Orders
- Hutchinson Standing Orders
- Valley Standing Orders
- Olivia Standing Orders

Comments:

Other Barriers or Additional Comments:

Last 2 A1c Performed in lab: Hemoglobin A1C (%)

Date	Value
11/07/2022	6.0 (H)
07/08/2022	8.7 (H)

# Start with a Strong Referral

Medication initiation/adjustments are always done in collaboration with referring provider

## Nutrition Education / Weight Management Needs:

- ☐ Medication Start/ RDN to Choose, Initiate and Adjust per Standing Order; Nutrition Education
- ☐ Prescriber to Choose Medication, RDN to Initiate and Adjust per Standing Order; Nutrition Education
- ☐ Other (document in comments); Individual Nutrition Education

# Protocol: Key Partners

## ❑ Legal & Compliance

- Check state licensure laws for RDNs
- If not addressed in licensure law → matter of local facility discretion

## ❑ Pharmacy & Therapeutics

## ❑ Dietitian Supervisor

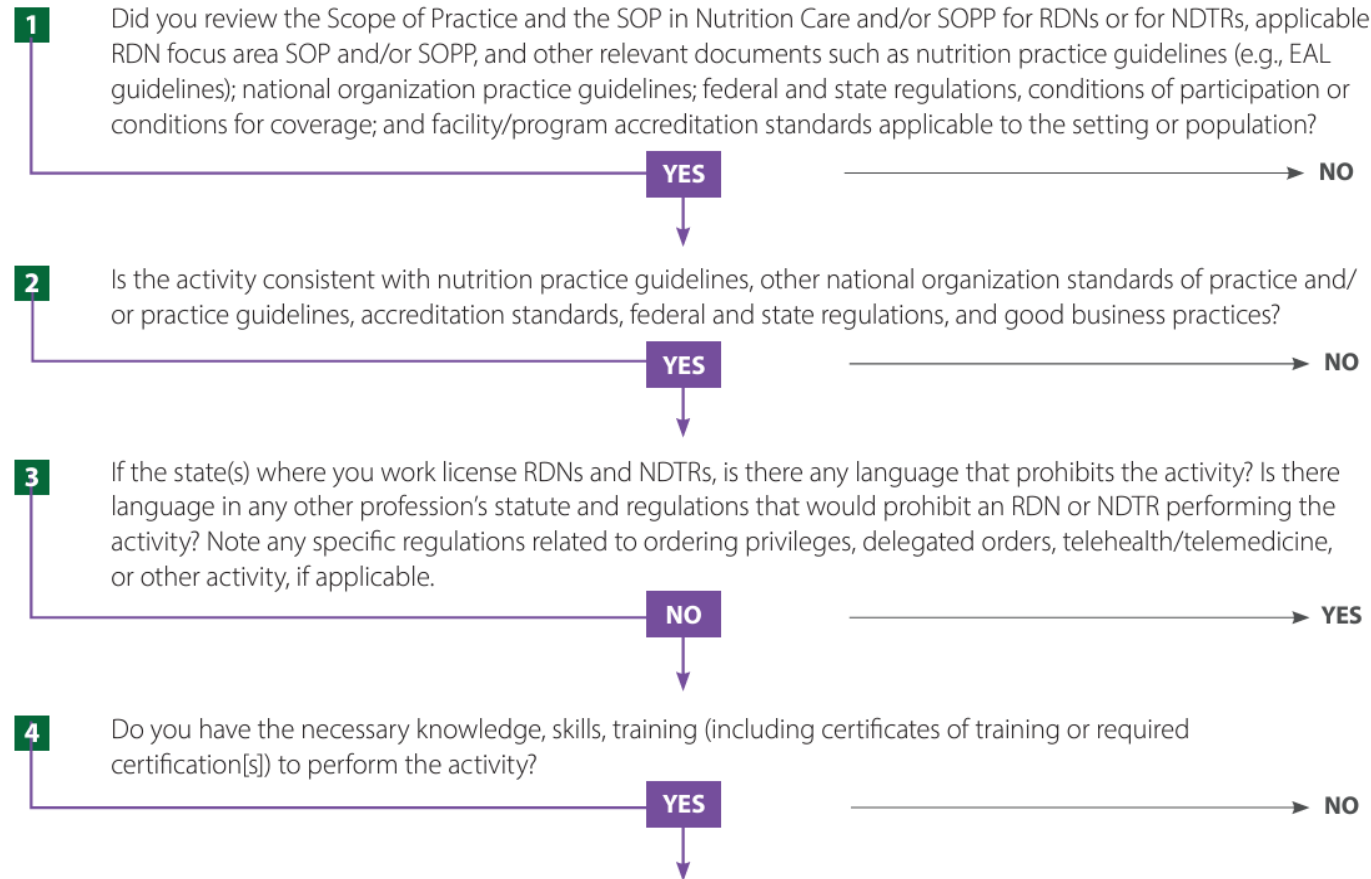
- Review any other existing standing orders that can be adapted
- If not - reach out to network for examples from other organizations

## ❑ Medical Director (or clinic leadership of referring locations)

- Discuss standards and expectations of RDN team
- Utilize provider champion

1. Scope of Practice / Standards of Practice
2. State laws (licensure, certification)
3. Federal and State Regulations & Interpretive Guidelines
4. Accreditation Organization Standards
5. Organization Policies and Procedures

# Scope of Practice Decision Algorithm



[www.cdrnet.org/scope](http://www.cdrnet.org/scope)

# Practice: Assessment

## Who is **not** a candidate for these medications?

- Personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2
- Ischemic optic neuropathy
  - OSA, HTN, DM, CVD put someone at risk
- Pancreatitis or gastroparesis
- Current/history of suicidal ideation and/or self-harm
- Disordered eating, body dysmorphia
  - “Most of the providers prescribing these drugs are not trained to assess or treat those kinds of risks,”

Gigliotti L, et al. Incretin-Based Therapies and Lifestyle Interventions: The Evolving Role of Registered Dietitian Nutritionists in Obesity Care, *Jour Acad Nutr Diet* (2024).

Warshaw H. The New Weight Management Meds. *Today's Dietitian* (2023) Vol 25 No 9 P 2

Szabo L et al (2023). Weight loss drugs may trigger eating d/o in some patients, doctors warn. *NBC News*.

# What is Disordered Eating?

- Frequent dieting, anxiety associated with specific foods or meal skipping
- Chronic weight fluctuations
- Rigid rituals and routines surrounding food and exercise
- Feelings of guilt and shame associated with eating
- Preoccupation with food, weight and body image that negatively impacts quality of life
- Using exercise, food restriction, fasting or purging to "make up for bad foods" consumed
- A feeling of loss of control around food, including compulsive eating habits



# What is Disordered Eating?

- **Frequent dieting, anxiety associated with specific foods or meal skipping**
- **Chronic weight fluctuations**
- **Rigid rituals and routines surrounding food and exercise**
- **Feelings of guilt and shame associated with eating**
- **Preoccupation with food, weight and body image that negatively impacts quality of life**
- **Using exercise, food restriction, fasting or purging to "make up for bad foods" consumed**
- **A feeling of loss of control around food, including compulsive eating habits**

# What is Disordered Eating?

- Frequent dieting, anxiety associated with specific foods or meal skipping
- Chronic weight fluctuations
- Rigid rituals and routines surrounding food and exercise
- Feelings of guilt and shame associated with eating
- Preoccupation with food, weight and body image that negatively impacts quality of life
- Using exercise, food restriction, fasting or purging to "make up for bad foods" consumed
- **A feeling of loss of control around food, including compulsive eating habits**

## MODIFIED SCOFF QUESTIONNAIRE

### 5 minute Eating Disorder Screening Tool

#### Administration and scoring guidelines

The SCOFF, a self-administered 6 question quiz is a simple, reliable screening tool to detect the presence of and aid in the treatment of an eating disorder of any type. A positive score on the SCOFF indicates suspicion of an ED. Further evaluation to confirm an accurate diagnosis. The SCOFF can be administered as needed or as part of an overall health evaluation process.

Scoring is simple. One point for every “yes” answer. A score of 2 or more indicates a likely case of eating disorder (sensitivity: 100 percent; specificity: 87.5 percent). In this instance, further evaluation is recommended.

Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. *BMJ* 1999; 319:1467. Modified SCOFF developed by Dooley-Hash, S. and Banker, JD, 2011, Center for Eating Disorders, center4ed.org

#### Modified SCOFF Questionnaire

*This is a brief questionnaire that is looking at your inner attitudes and feelings about food. Please read the questions below and check Yes or No as appropriate.*

- 1) Do you ever make yourself throw up (or use laxatives, water pills or exercise) because you feel uncomfortably full?  
☐ Yes ☐ No
- 2) Do you worry you have lost control over how much you eat?  
☐ Yes ☐ No
- 3) Have you recently lost or gained more than 10-15 pounds in a 3 month period?  
☐ Yes ☐ No
- 4) Do you believe yourself to be fat when others say you are too thin?  
☐ Yes ☐ No
- 5) Do thoughts and fears about food and weight dominate your life?  
☐ Yes ☐ No
- 6) Do you feel bad about yourself because of your weight, shape, or eating habits?  
☐ Yes ☐ No

# Practice: Assessment

## Who is a candidate for these meds?

- Age  $\geq 21$  yrs
- BMI  $\geq 28^*$  with co-morbid condition (HTN, joint disease, DM) or BMI  $\geq 30^*$  with/without comorbid condition
- Has attempted nutrition & lifestyle interventions
- Not currently pregnant and are on reliable long-term birth control if pregnancy possible
- Willing to keep regular follow up visits with PCP, RDN and behavioral health counselor (if indicated)

\* Asian Americans consider using BMI's of  $\geq 23$  and  $\geq 25$



## Adult Patients Guide to Start/Re-start Healthy Habits for Weight Management

<b>Level One: NCH-Based Referrals</b>	<b>RDN:</b> Nutrition/Activity Rx + habit change goal setting In depth discussion of Health At Every Size	<b>BHC:</b> mental health/stress management counseling, disordered sleep, patient-perceived barriers to habit change, body image concerns	<b>SW:</b> assistance with food access, housing access, SDOH barriers
<b>Level Two: NCH-Based Medication Management</b>	<b><u>Candidates for Weight Loss Medications:</u></b> <ul style="list-style-type: none"> <li>• Patient has met with clinic RDN</li> <li>• Patients w/ BMI <math>\geq 28</math></li> <li>• Not pregnant/on reliable birth control if could become pregnant</li> <li>• Meeting basic nutrient needs</li> <li>• Screened for eating disorder*</li> <li>• Low risk of side effects**</li> </ul>	<b><u>Options:</u></b> Phentermine +/- Topiramate, Saxenda (liraglutide), Wegovy (semaglutide), Contrave (bupropion + naltrexone), Orlistat  <b><u>Off-label:</u></b> Metformin, Victoza (liraglutide), Ozempic (semaglutide), Mounjaro (tirzepatide), Topiramate, Bupropion	<b>Patients will have significantly better outcomes if they meet with RDN/BHC.</b>  Communicate that weight loss meds are considered a long-term medication.  <b>Weight gain is common when meds are stopped.</b>

\* Eating disorder Screening tool: [Microsoft Word - Modified SCOFF.doc \(eatrightmich.org\)](#)

\*\* See weight loss medication chart on page [7] for side effects



# New & Revised! DDPG Scope and Standards of Practice

***Coming Soon!***

## ***Revised 2025 Scope and Standards of Practice for RDNs in Diabetes Care***

Focus on Scope and Standards of  
Practice (all areas):

<https://www.cdrnet.org/focus>



**Learn More**



# Telehealth with Obesity Medications and RDNs

Expanding and creating job opportunities for  
RDNs.

# Knowledge and Insights Gain, Thanks to RDNs...

- **Julia Axelbaum**, RD, CSOWM
  - Director of Clinical Nutrition, Form Health ([formhealth.co](https://formhealth.co))
- **Shannon Pedersen**, MPH, RDN, LD, CDCES
  - Clinical Quality Manager, Nourish ([usenourish.com](https://usenourish.com))
  - Recently published [white paper](#) on Optimizing GLP-1 RAs Therapy using Nourish programs
- **Laura Russell**, MA, RDN, LD, CDCES
  - Program Coordinator, Endocrinology Clinic of Minneapolis
  - Nourish RDN Practitioner
- **Julie Schwartz**, MS, RDN, LD, CSOWM, ACSM-EP
  - Obesity Medicine RDN
  - FlyteHealth ([joinflyte.com](https://joinflyte.com))
- **Gretchen Zimmermann**, MBA, RD, LD, CDCES, CSOWM
  - VP, Clinical Strategy, Vida Health ([vida.com](https://vida.com))



# Telehealth, RDNs and Obesity Medications Landscape, Gamut

- Recent growth and evolution stimulated by newer obesity meds, predicted to continue and grow
- Large gamut of businesses and models
  - Obesity care exclusively
  - RDN-only counseling clients with broad range of medical/nutrition needs, including obesity care
  - Individual referral by client thru website, provider referral, service offered by employer-sponsored healthplan
  - Heavily automated on built-in technology/AI driven solutions
- Variety in how RDNs practice, manage clients, interact with prescribers (MDs, NPs, PAs)
  - Support/counsel clients with obesity (and related health issues) in teams with employed colleagues
  - Support/counsel clients with ability to be in contact with client's prescriber
  - Frequency/cadence of RDN visits vary
- Growth opportunities and potential for RDNs within businesses
  - Yes!! From business development, to quality management, CE planning, data analysis, and more

# RDN Job Opportunities Galore, But...**Do your Due Diligence!**

## **Questions to Ask** (for starters):

- Entity business model, track record, funding, reviews?
  - What expertise in obesity care is required by RDN?
  - Prescribe obesity medications? If so, FDA-approved? Which ones limited, all? Who prescribes, manages titration?
  - Can RDN, how does RDN communicate with obesity med prescribers?
  - Compensation: based on entity billing for services? Hourly 1099? Salaried W-2? Benefits?
  - How does entity use/value role RDN? Required number of client visits/day, week? Length time of visits?
  - What is entity onboarding training and onboarding timeframe?
  - What is ongoing training and support, CE in obesity care, related content?
  - Are client-focused educational materials available? Can you develop own?
  - How does the entity deal with/manage RDN state licensing regulations? Cover malpractice insurance? Academy membership?
  - **Ready in your career to work on your own? Can you set yourself up to work from home?**
- Tech comfort and capabilities?**

# Value of Tailored, Comprehensive Care<sup>1</sup>


Katherine Saunders, MD, co-founder of FlyteHealth stated<sup>2</sup>

**“We achieve these results<sup>1</sup> [16% weight loss at 1 year in program, 86% GLP-1 adherence at 1st 6 mos] thanks to our expert clinicians, patent-pending algorithms, and comprehensive evaluations of each patient. Thus, personalized medical treatment plans align with patients’ medical complexity. Our JAMA-published behavioral program, tons of patient education and long-term support make these outcomes possible.”**

**Adherence:** Degree to which person correctly takes medication as prescribed.

**Persistence:** Length of time person remains on medication. Of those naïve to GLP-1 RA, persistence rate ranged from 63% to 90%.

1. Milliman White Paper: Observational study of FlyteHealth’s comprehensive obesity care program with State of Connecticut: Year one insights. Botros B, et al. <https://www.milliman.com/en/insight/flytehealth-obesity-care-connecticut-year-one>.
2. ConscienHealth blog (5/28/25). Surprise! GLP-1s don’t have to blow the bank for a health plan. <https://conscienhealth.org/2025/05/surprise-glp-1s-dont-have-to-blow-the-bank-for-a-health-plan/>
3. Webinar #1, 2024. Ryan & Saunders. Pathophysiology of obesity treatment using new anti-obesity medications. <https://www.eatrightpro.org/obesity-medication>



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Questions?

# What is Success with Obesity Medications?

**James O. Hill, Ph.D.**

Professor of Nutrition Sciences and Director, Nutrition Obesity Research Center

University of Alabama at Birmingham

# Learning Objectives

- To better understand how obesity medications can be used in the short and long term to manage body weight
- To understand potentially different role for obesity medications in weight loss vs weight loss maintenance
- To consider how obesity medications can be used in conjunction with other weight management tools

# Question I Hear From Those Taking Or Considering Medications

- How much weight will I lose?
- What other benefits will I get from the medication?
- Is it cheating to take obesity medications?
- How long do I need to take these medications?
- Why does my weight plateau on the medications?
- Do I need to work with a registered dietitian nutritionist (RDN)?
- Do I need to worry about loss of muscle
- Can I taper my meds?
- Can I stop the medications and keep the weight off?

# How Much Weight Can You Lose?

Average weight loss **15-20%** of starting body weight

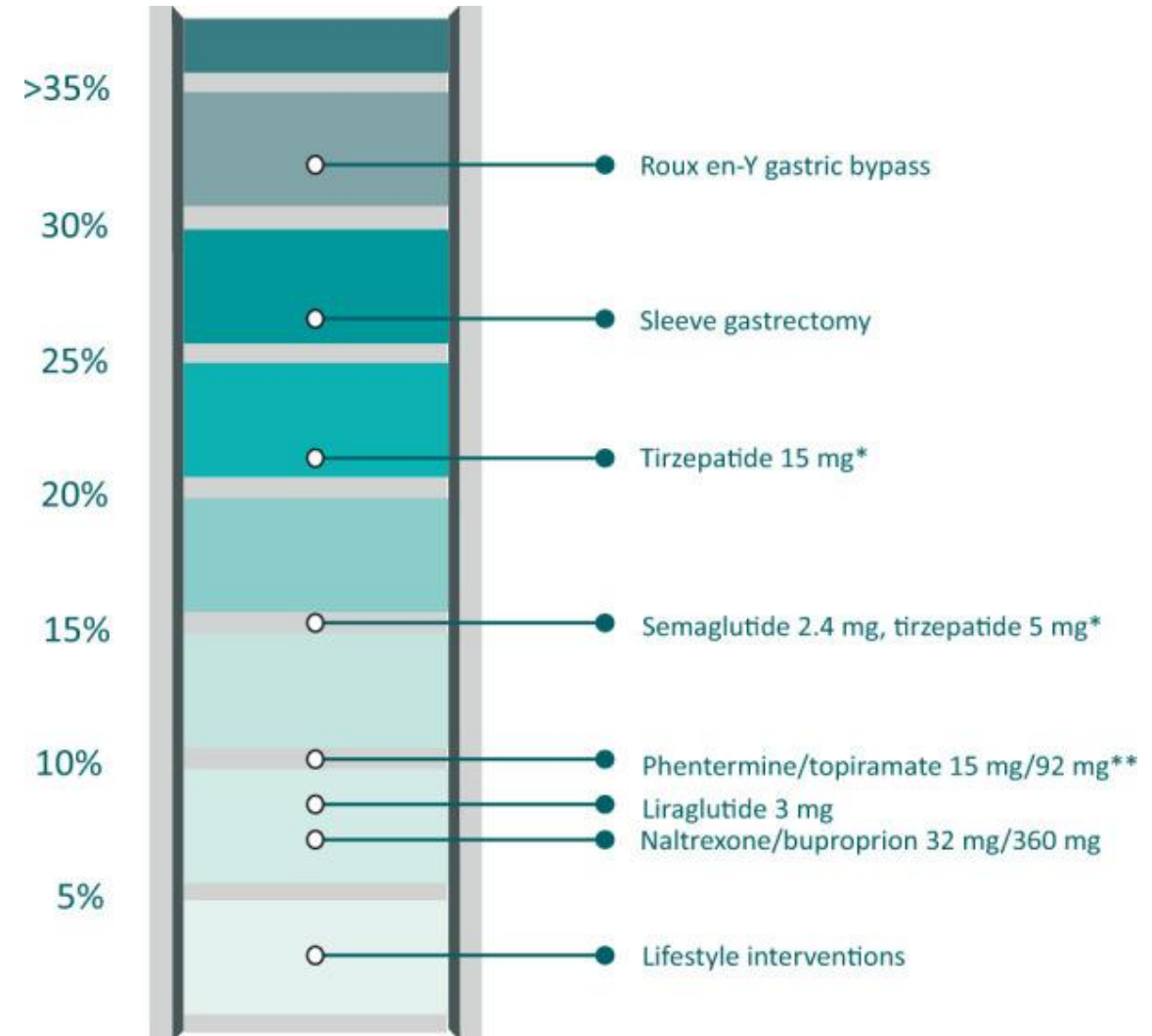
- 250 lbs. (38-50 lbs.)

**26%** weight loss with Mounjaro with intensive lifestyle program (close to weight loss surgery)

Zepbound slight advantage over Wegovy

## Benefits beyond weight loss

- Diabetes
- CVD
- Kidney
- Addiction
- Sleep apnea
- Cognition



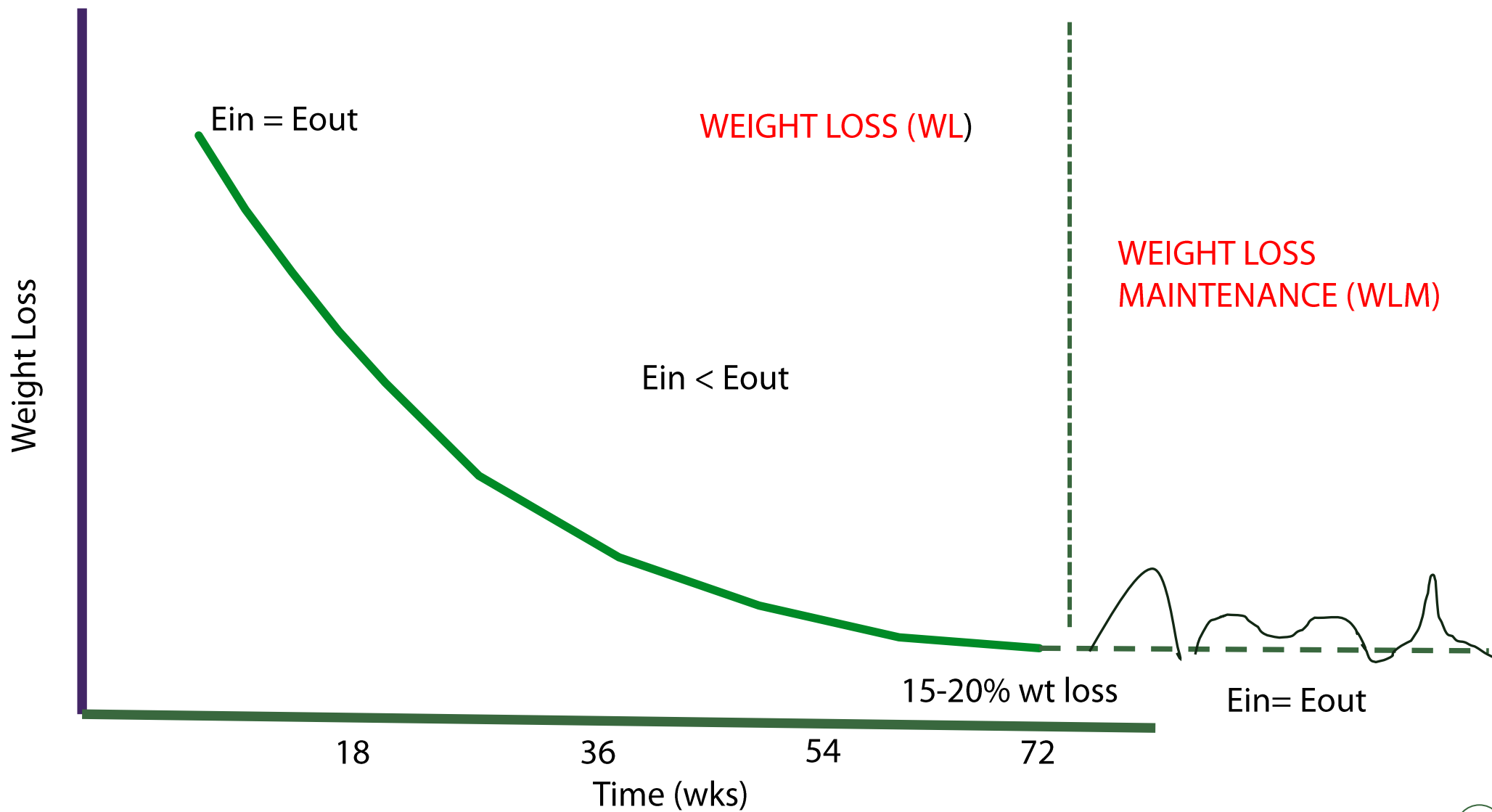


# Is It Fair? Or Are You Cheating?

- Not everyone supports the medications
- Some are worried about safety
- Some think weight loss could or should be done by working hard
- Obesity is **not** a problem of lack of willpower
- **Biology** and environment drive weight gain
- Some need extra help to resist weight gain
- It is different for different people
- We have medications for other lifestyle diseases
- Leveling of playing field

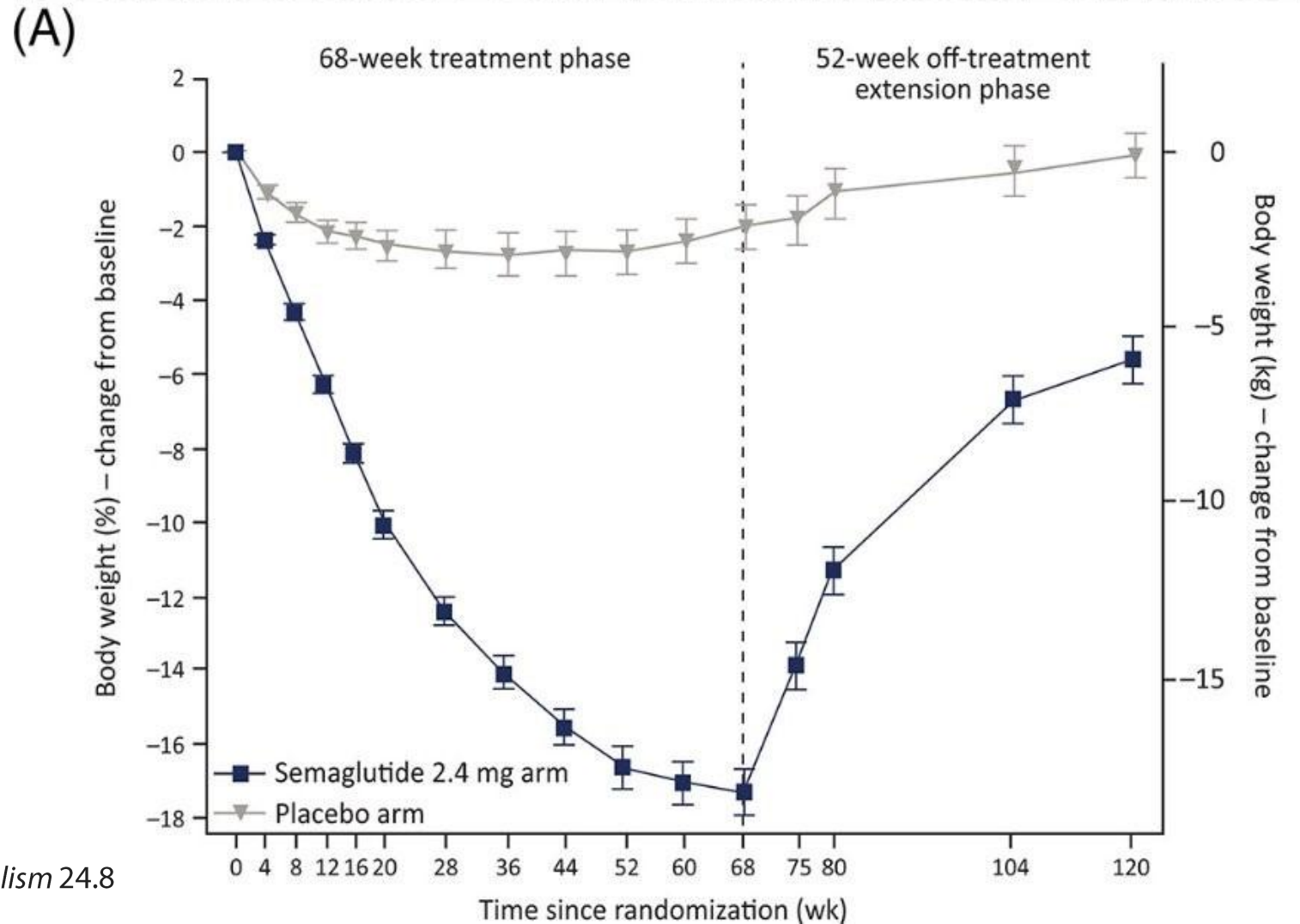


# Why Does Weight Plateau?



# What Happens When You Stop the Medications?

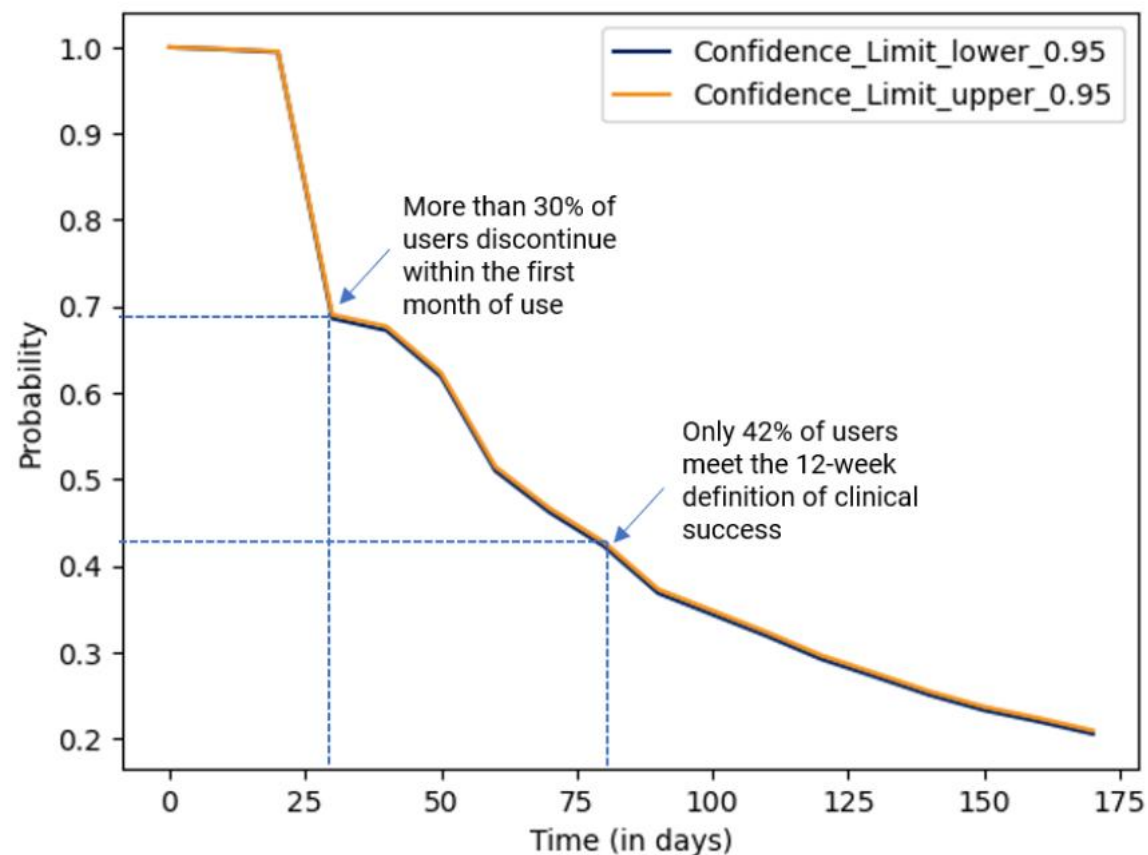
- Hunger increases
- Satiety decreases
- Food noise returns
- Weight gain follows



Wilding, John PH, et al. *Diabetes, Obesity and Metabolism* 24.8 (2022): 1553-1564.

# Data Outside Clinical Trials

Figure 5: Overall time to treatment discontinuation in GLP-1 users for weight management.



# Reasons People Stop Taking The Meds

- Not everyone feels great on the medications
- Not everyone loses a lot of weight
- Insurance may not cover long-term medication use
- Can't afford to continue
- May not be a reliable supply of the medication
- Some people are not comfortable with the thought of taking medication forever
- Some people just do not enjoy food anymore
- Want to get pregnant



Photo by Joshua Hoehne on Unsplash

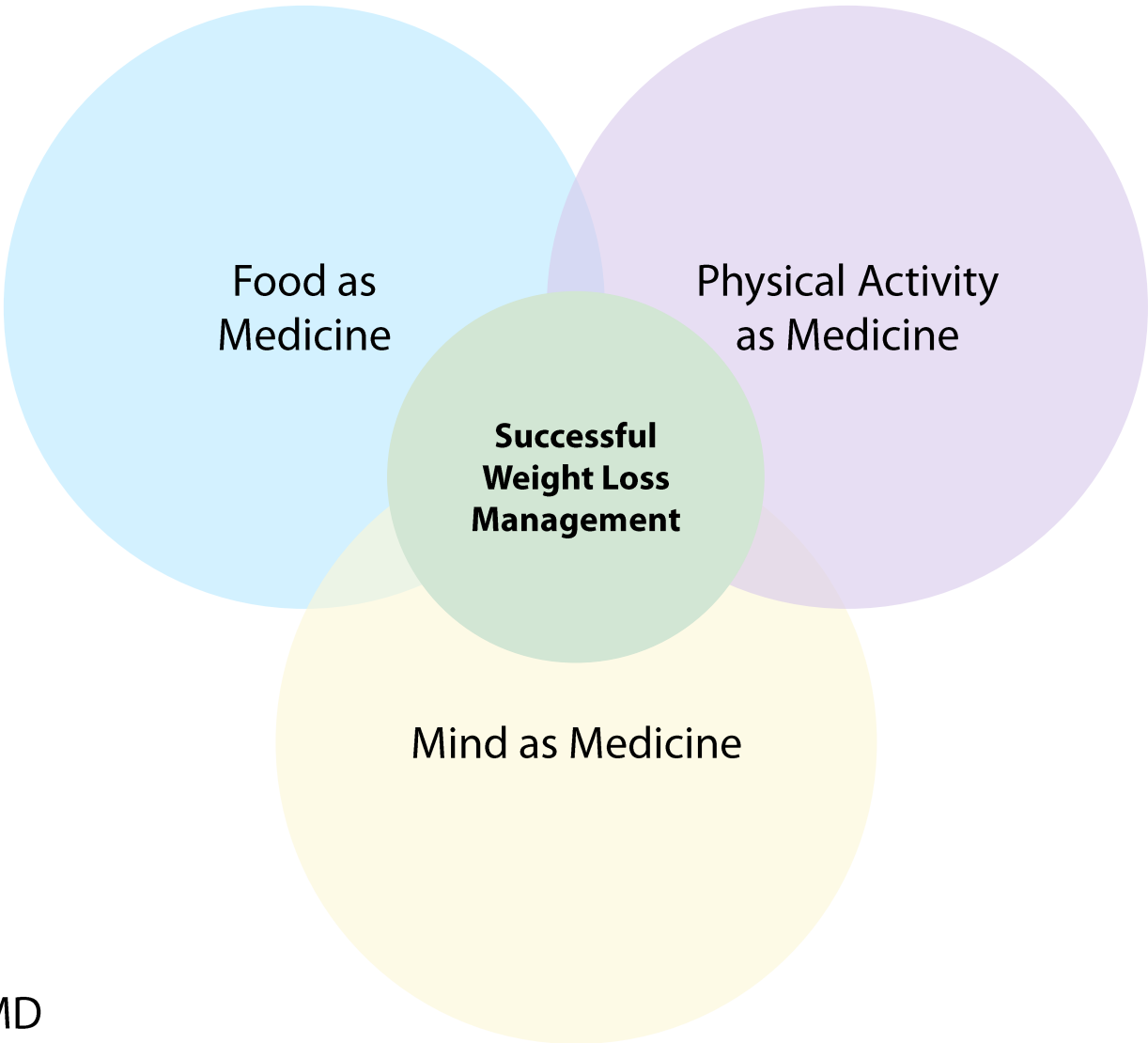
# Paths To Weight Loss Maintenance

Weight Loss	Weight Loss Maintenance	Questions
Obesity Medications	Obesity Medications	<ul style="list-style-type: none"><li>• Continued efficacy</li><li>• Do Lifestyle factors impact success?</li><li>• Adherence</li><li>• Additional Health/Life Goals</li><li>• Satisfaction</li><li>• Body Composition?</li></ul>
Obesity Medications	Lifestyle	<ul style="list-style-type: none"><li>• Transition from meds to lifestyle</li><li>• What interventions work</li><li>• Sustainability of behavior change</li><li>• Redefining success</li></ul>
Obesity Medications	Lifestyle and Obesity Medications	<ul style="list-style-type: none"><li>• Is constant med use necessary?</li><li>• Meds as rescue strategies?</li><li>• Intermittent AOM use</li><li>• Satisfaction</li></ul>

# Weight Loss VS Weight Loss Maintenance

	Weight Loss	Weight Loss Management
Timeframe	Short-term	Long-term
Approach to Energy Balance (EB)	Produce Negative EB	Exact match of intake and expenditure
Primary Behavioral Driver	Food restriction	Increase physical activity
Mindstate	Will power Structure Temporary Avoid high risk	Resiliency Flexibility New habits, routines Must live your life
Success	Weight change	Life change

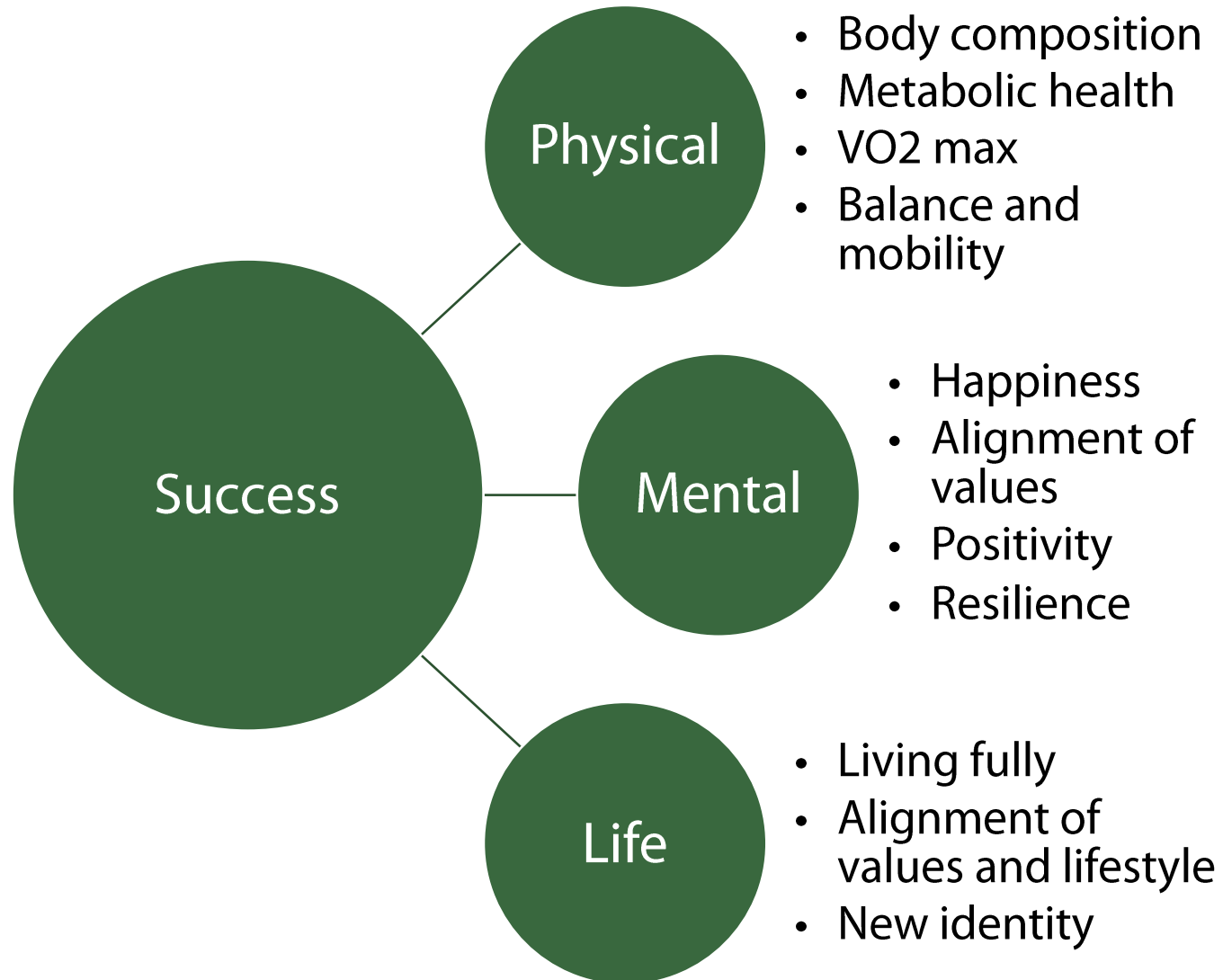
# Keeping Weight Off Without Medications



Source: Holly Wyatt, MD



# Rethinking Success



# It Is Time To Be Bold – This Is Your Moment

**Obesity medications are powerful tools – who better than you to use them in the best way?...and in combination with other tools.**

- Weight loss success – with or without medications
- Success beyond weight loss

# Learnings From Newer Obesity Medications


- People want to lose weight
- Weight impacts peoples lives
- Obesity is not simply a matter of bad behavior and can't be reversed by willpower alone
- We need tools for weight loss and weight loss maintenance
- Satiety signals to the brain are important
- The medications show the huge impact on our health if we reduce obesity

# The Future

- More, better medications coming
- Most people will be able to reach weight loss goals with medications
- Challenge is long-term – meds can play a role
- Weight loss alone is not success
- What about prevention?
- What do people want? How do they want to live their lives?
- **Big opportunities for dietitians**

# Discussion Questions

- When should clinicians (prescriber, RDN, etc) be talking to a client about their weight loss expectations and their plan for long term weight loss maintenance?
- Why is it important/valuable to have people taking an obesity med work with an RDN – initialing, thru weight loss, during weight loss maintenance?
- Are there (at this point) recommendations on: how long people should be on these meds? Should people (who can) be on them indefinitely? If not, how/when meds should be/could be tapered or d/ced if need be?
- How much do we really know now (from research) what happens post weight loss, maintenance of health benefits?
- What do you envision (crystal ball) weight maintenance options over time with/due to these obesity meds and others coming down the pike? (with or without obesity meds, varying doses or intermittent use of meds, other weight maintenance strategies)?



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Questions?

# Academy's Obesity Medications Landing Page Link - Resources

<https://www.eatrightpro.org/obesity-medication>



## 2024 Webinar Series

Pathophysiology of Obesity and Treatment Using New Anti-Obesity Medications

The Role of the RDN to Optimize Short- and Long-term Use of Anti-Obesity Medications

Anti-Obesity Medications: An Interdisciplinary Panel Discusses Cases



## 2025 Webinar Series

The Impact of Obesity Medications on Chronic Disease Management: From Research to Practice

Considerations for Body Composition, Physical Activity and Nutrition with the Use of Obesity Medications

Advance and Enhance the Unique Role of the RDN in Today's and Tomorrow's Obesity Care Continuum

# Thank you!

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