Council on Future Practice

Healthcare Disruption

Backgrounder

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Executive Summary

Health care disruption is no longer a future projection but a present reality reshaping how care is delivered, accessed, financed, and experienced across the United States. In this context, **health care disruption** refers to structural changes driven by nontraditional market entrants, digital technologies, and alternative care models that challenge legacy, insurance-driven systems. Unlike incremental reform, current models of disruption fundamentally alter care delivery pathways, redistribute clinical roles, and shift value toward prevention, accessibility, and consumer-centered services.

The convergence of e-commerce, artificial intelligence, and telemedicine reflects a fundamental reorganization of health care delivery and consumer engagement, characteristic of disruptive rather than incremental change[15]. Retail health organizations, virtual care platforms, concierge practices, and digitally enabled service models are already operating at scale, redefining patient expectations and professional responsibilities. These models emphasize convenience, personalization, and longitudinal engagement, moving care beyond traditional clinics and hospitals into homes, workplaces, and virtual environments.

As health care delivery evolves, preventive and lifestyle-focused approaches including nutrition, sleep, stress management, and behavior change are increasingly integrated into workplace and community programs and are positioned as central components of care rather than ancillary services. This shift creates a significant opportunity for Registered Dietitian Nutritionists (RDNs) to assume expanded clinical, leadership, and entrepreneurial roles. However, meaningful integration into disrupted care models requires intentional skill development, role clarity, ethical accountability, and professional advocacy. This paper examines current models of health care disruption, assesses their implications for dietetics practice, and outlines actionable pathways for RDNs to lead within an actively transforming health care system.

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Key Drivers of Change

- Continued growth of chronic and lifestyle-related diseases
- Fragmented, reactive care models
- Limited visit time and clinician burnout
- Rising health care costs with inconsistent outcomes
- Increased patient demand for autonomy, education, and whole-person care

Traditional Models of Health Care

Traditional health care refers to the conventional, insurance-driven medical system focused primarily on acute care, diagnosis, and treatment of disease[6].

Key features include:

- Fee-for-service reimbursement
- Short appointment times (often 10-15 minutes)
- Disease-centered rather than patient-centered
- Reactive (treats illness after it develops)
- Heavy reliance on pharmaceuticals and procedures
- Limited integration of nutrition, lifestyle, or mental health

Emerging Models of Health Care

Concierge Medicine

Concierge medicine is a membership-based payment and access model in which patients pay an annual or monthly fee in exchange for enhanced access to their health care provider and extended visit time[2, 7]. This model primarily alters how care is accessed and financed, rather than how it is clinically delivered.

Concierge practices typically maintain smaller patient panels, allowing clinicians to provide more individualized, relationship-based care. Visits are conducted one-on-one, with an emphasis on continuity, prevention, and personalized care planning.

Key features include:

- Membership or retainer-based payment structure with direct communication via phone, email, or secure messaging
- Longer visit times with same-day or next-day appointments that support complex lifestyle, sleep, nutrition, and stress discussions
- Emphasis on prevention and early detection

- Allows personalized, circadian-aligned protocols (meal timing, exercise timing, cortisol rhythms)
- Integrates wearable technology with data that can inform Hypothalamic Pituitary Adrenal (HPA)-axis stress load, heart rate variability (HRV) trends, sleep efficiency, and recovery
- Enables continuous communication via messaging, telehealth, and app-based support
- Smaller patient panels with enhanced access to clinicians

Benefits include:

- **Higher patient satisfaction and engagement:** Research consistently shows that patients in concierge practices report higher satisfaction, stronger engagement, and greater trust in their providers compared to traditional primary care models[2, 7].
- **Improved access and communication:** Concierge medicine provides easier and faster access to care through same-day or next-day appointments, longer visit times, and direct communication via phone or email, reducing delays and improving continuity of care[2, 7].
- **More time per visit and stronger care relationships:** Smaller patient panels allow clinicians to spend more time with patients, fostering deeper patient–provider relationships and enabling thorough assessment of lifestyle, nutrition, sleep, stress, and other preventive needs[2].
- **Personalized services valued by patients:** Many patients value the individualized services included under concierge fees, such as extended visits, comprehensive preventive screenings, private amenities, and streamlined coordination with specialists, which enhance perceived quality and convenience of care[2].
- **Emphasis on proactive, preventive, and wellness-oriented care:** Concierge practices tend to prioritize prevention, early disease detection, and ongoing monitoring of chronic conditions, supporting long-term health outcomes rather than reactive disease management[5, 2].

Limitations include:

- **Equity and access concerns:** Membership fees may exclude lower-income or medically complex populations, raising concerns about distributive justice and equitable access to care[7].
- **Potential workforce strain:** Smaller patient panels may reduce the availability of clinicians within traditional insurance-based systems, potentially exacerbating primary care shortages[13].
- **Fragmentation of care:** While concierge medicine provides enhanced access and preventive services, patients typically continue to depend on traditional

insurance-based systems for acute, specialty, and resource-intensive care such as hospitalizations, advanced diagnostics, and procedures. This reliance on parallel systems can create care fragmentation and necessitate deliberate coordination across providers.

- **Limited population-level impact:** While concierge medicine may improve outcomes for individual patients, its limited scalability restricts broader public health impact, particularly for chronic disease prevention at the community level.

Lifestyle Medicine Shared Medical Appointments (LMSMAs)

LMSMAs is a group-based clinical care model that often functions within concierge medicine models, in which an interdisciplinary health care team sees multiple patients simultaneously to address chronic disease prevention, management, and lifestyle modification through evidence-based lifestyle medicine interventions. LMSMAs integrate medical evaluation, education, and behavior-change support within a single structured visit, emphasizing nutrition, physical activity, sleep, stress management, and other lifestyle determinants of health[11]. In LMSMAs, patients are seen collectively in a structured group setting while also receiving individualized clinical attention as needed.

Key features include:

- Delivery of care to multiple patients within a shared clinical visit
- Interdisciplinary team-based care, commonly including physicians, RDNs, and behavioral or lifestyle medicine professionals
- Lifestyle medicine used as the primary therapeutic intervention
- Integration of medical assessment, education, and behavior-change support
- Peer support, shared learning, and social accountability
- Longitudinal follow-up through recurring group visits

Benefits include:

- **Supportive group-based environment:** LMSMAs foster a structured community in which patients benefit from shared experiences, peer support, and social accountability. This environment enhances motivation and supports sustained behavior change for the treatment, reversal, and prevention of chronic lifestyle-related conditions[11].
- **Improved patient engagement and self-efficacy:** Group-based care models have been shown to improve patient involvement in care, increase confidence in self-management, and enhance adherence to lifestyle interventions. Studies demonstrate improvements in clinical outcomes such as blood pressure, weight management, and metabolic markers[11].

- **Increased access and efficiency:** By delivering care to multiple patients simultaneously, LMSMAs expand provider capacity and improve access to comprehensive lifestyle-focused care while maintaining clinical quality.
- **Interdisciplinary, whole-person care:** The LMSMA model enables coordinated, team-based care that addresses nutrition, physical activity, sleep, stress, and behavioral health, allowing RDNs to play central clinical and leadership roles.

Limitations include[13]:

- **Patient appropriateness and readiness:** Not all patients are comfortable with or suitable for group-based care. Differences in readiness for behavior change, medical complexity, or privacy preferences may affect participation.
- **Accessibility concerns:** Membership or retainer fees may exclude lower-income or medically complex populations, potentially exacerbating health care disparities and limiting equitable access to care.
- **Operational and logistical complexity:** Successful LMSMA implementation requires adequate space (physical or virtual), scheduling coordination, trained facilitators, and administrative support. Compliance with HIPAA and documentation standards is essential.
- **Reimbursement and sustainability challenges:** Although LMSMAs can be billed using existing evaluation and management and group-based service codes, reimbursement varies by payer and requires expertise in coding and billing to ensure sustainability[11].

Telehealth and Telemedicine

Telemedicine or Telehealth refers to the remote delivery of health care services using digital technologies to evaluate, diagnose, and manage patient care without requiring an in-person visit[9]. This model primarily alters where and how care is delivered, rather than how it is financed, and has become a foundational component of contemporary health care delivery.

Telehealth can be used as a standalone care modality or integrated into traditional, concierge, or hybrid care models, particularly for chronic disease management, follow-up care, and lifestyle-based interventions[9, 1].

Key features include:

- Video and audio virtual visits
- Secure patient portals and messaging
- Remote patient monitoring (RPM) devices (e.g., BP cuffs, glucose monitors)
- Electronic prescribing and lab ordering
- Integration with electronic health records (EHRs)
- Asynchronous care (store-and-forward messaging, photo uploads)

Benefits include:

- **Improved access to care:** Telehealth expands access for rural, underserved, and mobility-limited populations by reducing geographic and transportation barriers.
- **Convenience and continuity of care:** Virtual visits reduce travel time and missed appointments while supporting continuity for chronic disease management and preventive care.
- **Cost and system efficiency:** Telehealth is associated with reduced health care costs, fewer missed visits, and more efficient use of clinical resources. It also supports continuity of care for chronic disease management.
- **Reduced exposure risk:** Remote care lowers exposure to infectious diseases for both patients and clinicians.
- **Support for multidisciplinary and lifestyle-based care:** Telehealth facilitates integration of nutrition, behavioral health, and lifestyle interventions into routine care, enabling collaboration across disciplines.

Limitations include[9]:

- **Clinical limitations:** Telehealth restricts the ability to perform comprehensive physical examinations and is not appropriate for emergencies or complex diagnostic cases.
- **Technology barriers:** Limited internet access, device availability, and digital literacy may disproportionately affect older adults and low-income populations.
- **Privacy and cybersecurity concerns:** Remote care increases the importance of data security, HIPAA compliance, and secure digital infrastructure.
- **Regulatory and reimbursement challenges:** Licensure restrictions across state lines and variability in reimbursement policies may limit scalability and provider adoption.

E-Commerce and Retail-Based Medicine

E-Commerce and Retail-Based Medicine encompasses consumer-facing health care models operated by large retail and technology companies that deliver clinical services, prescriptions, and basic care through integrated digital platforms. Examples include Amazon Clinic and Pharmacy, CVS Health, Walmart Health, and similar retail-based health care services[8, 10]. Environmental scan data indicates that private payment and membership-based primary care models are already operating at scale in comparable health care systems, offering bundled medical and wellness services marketed around convenience, personalization, and timely access[4]. The integration of e-commerce into health care represents a broader structural shift toward consumer-centered, digitally mediated care delivery, with rapid growth in areas such as telemedicine, online

pharmacy services, and AI-enabled health platforms, particularly following the COVID-19 pandemic[15].

Key features include[8]:

- Online prescriptions with home delivery
- Transparent, upfront pricing (with and without insurance)
- Virtual visits for common, non-emergency conditions
- Integration with Amazon accounts and Prime benefits
- Nationwide mail-order pharmacy services
- Limited asynchronous care (questionnaires and messaging)
- Easy refills and medication reminders

Benefits include[1, 8]:

- **High convenience and accessibility:** Retail-based platforms offer rapid, on-demand access to care and medications, appealing to consumers seeking efficiency and ease of use.
- **Price transparency and cost predictability:** Clear pricing structures reduce cost variability and increase consumer understanding of health care expenses.
- **Improved medication adherence:** Home delivery, automated refills, and reminders support consistent medication use.
- **Lower barriers for episodic care:** These models reduce access barriers for individuals without an established primary care provider, particularly for minor or self-limiting conditions.
- **Streamlined consumer experience:** Digital-first platforms offer intuitive interfaces and integration with existing retail accounts, appealing to tech-savvy users.

Limitations include[1, 8]:

- **Limited clinical scope:** Retail-based services are not designed to manage complex, chronic, or multisystem conditions.
- **Minimal continuity of care:** These platforms often lack long-term patient–provider relationships and longitudinal care coordination.
- **Restricted diagnostic capability:** Virtual and asynchronous formats limit physical assessment and nuanced clinical evaluation.
- **Data privacy and ethical concerns:** Corporate ownership of health care data raises concerns related to privacy, governance, and commercialization of care.
- **Limited integration with interdisciplinary teams:** Retail-based models often operate independently of comprehensive care teams, restricting holistic or lifestyle-focused interventions.

Even within traditional primary care settings, disruption is occurring through the adoption of service-oriented roles designed to improve patient experience. For example,

the introduction of a “waiting room concierge” role in an academic primary care practice improved patient satisfaction related to wait times and communication, illustrating how health care delivery is increasingly borrowing from retail and hospitality models to enhance access and experience[12].

What These Shifts Mean for Dietetics

Collectively, these emerging care models reflect a fundamental shift toward prevention, accessibility, and longitudinal engagement domains where nutrition intervention is both evidence-based and clinically essential. As health care delivery becomes more decentralized and lifestyle-focused, RDNs are uniquely positioned to move from peripheral, referral-based roles into core clinical leadership positions. However, realizing this potential requires intentional preparation, role clarity, and professional accountability.

Opportunities for Growth in Dietetics

Explicit Practice-Level Action Steps

Skills RDNs should prioritize developing:

- Group facilitation and LMSMA leadership
- Evidence-based behavior change frameworks
- Digital care delivery and remote monitoring interpretation
- Outcomes evaluation and quality improvement
- Practice and business model design

Practice settings RDNs should actively pursue:

- Concierge and Direct Primary Care (DPC) practices
- LMSMA programs within health care systems
- Employer-based and occupational health programs
- Virtual-first and hybrid care models

Short-term actions:

- Obtain continuing education in lifestyle medicine and behavior change
- Gain experience in group-based or virtual care delivery
- Establish interdisciplinary collaborations

Long-term actions:

- Lead or co-design LMSMA programs
- Develop outcomes-driven nutrition services
- Advocate for reimbursement reform and scope recognition

Clear Role Definition for RDNs

RDNs can assume leadership roles as LMSMA program leads, clinical program designers, outcomes evaluators, and interdisciplinary care coordinators. Unlike health coaches, RDNs bring regulated credentials, clinical training, and evidence-based nutrition expertise, positioning them as accountable clinicians capable of managing complex medical nutrition therapy within disrupted care models.

Policy and Professional Leadership

RDNs and professional organizations, including the Academy of Nutrition and Dietetics, have opportunities to influence policy related to telehealth parity, reimbursement reform, interstate licensure compacts, and formal recognition of lifestyle-based care models. Active engagement in advocacy ensures that nutrition services remain clinically integrated rather than commoditized within emerging health care structures. Research examining private-payment primary care models highlights the importance of active regulatory oversight to protect equitable access and maintain ethical boundaries between publicly insured services and privately paid wellness offerings[4].

Risks and Mitigation Strategies

Organizational Risks: Data privacy, regulatory complexity, and care fragmentation.

Mitigation: Robust governance structures, interdisciplinary coordination, and ethical oversight.
Evidence from an environmental scan of private-pay primary care clinics demonstrates that concierge and membership-based models tend to cluster in urban areas, emphasize personalized and wellness-oriented services, and may exacerbate inequities in access to care and provider distribution, underscoring the need for policy oversight and ethical safeguards[4].

Practitioner Risks: Scope ambiguity, liability concerns, and burnout.

Mitigation: Advanced training, mentorship, credentialing, and clear role delineation.

Consumer Risks: Fragmented care, inequitable care, and overreliance on convenience.

Mitigation: Patient education, care coordination, and integration with primary care systems.

Call to Action

The ongoing disruption of health care delivery presents RDNs with both opportunity and responsibility. As concierge medicine, telehealth, and LMSMAs expand, nutrition care is increasingly positioned at the center of prevention and chronic disease management. However, opportunity alone does not ensure impact.

To remain relevant and effective, RDNs must move beyond traditional referral-based roles and intentionally prepare to practice within systems that demand longitudinal engagement, interdisciplinary collaboration, and measurable outcomes. Academic programs and professional organizations must align training with emerging care models, while individual practitioners must critically assess readiness, pursue advanced education, and uphold ethical standards.

Health care disruption will continue to redefine where, how, and by whom care is delivered. RDNs who actively shape these models, rather than passively adapt, are positioned to lead the future of prevention, lifestyle medicine, and whole-person care.

Future Research Directions

Future research should evaluate the clinical effectiveness, cost efficiency, and equity impact of RDN-led LMSMAs, concierge-integrated nutrition services, and virtual-first care models. Establishing outcomes-based evidence will strengthen the profession’s role in shaping health care innovation and policy.

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