

House of Delegates February 2026 Meeting: Health Care Disruption Discussion

Overview

At the February 10th House of Delegates meeting, members from the Council on Future Practice presented an overview of health care disruption as a driver of change to the profession. Delegates engaged in small group discussions on health care disruption and its implication for the profession. The following questions were posted to all groups with summaries of those discussions below:

1. Which emerging care model do you think is having the biggest impact on nutrition and dietetics right now? How might these shifts in healthcare change the way RDNs provide services, access patients, or demonstrate their value?
2. What skills or competencies will RDNs need most if these models continue to expand, and where are the biggest preparation gaps today? What new skills or competencies might need to be developed?
3. What opportunities or risks do the models create for RDN practice? What equity and ethical concerns do these models raise?

Delegates agreed that telehealth is the most impactful emerging care model, expanding access and shifting nutrition care toward more continuous and group-based services. To keep pace with changing practice environments, there is a need for stronger business, technology, communication, and advocacy skills, along with advanced clinical and behavioral competencies. Delegates highlighted opportunities for greater specialization, entrepreneurship, and visibility within healthcare teams, but warned of risks from uncredentialed providers, income instability, data security concerns, and scope erosion. More details about these points are below.

Delegate Insights

Emerging Care Models with the Greatest Impact

- Telehealth/telemedicine was consistently identified as the most influential model, improving access, flexibility, and continuity of care, especially for rural, working, and mobility-limited populations.
- Concierge medicine, retail/e-commerce, and corporate wellness models were viewed as growing in importance, particularly alongside prescribing GLP-1s and lifestyle medicine, which delegates predict will increase in the near future as demand increases.
- Shared medical appointments and group visits were seen as effective for chronic disease management and peer support.
- Delegates noted increasing involvement of large health platforms and private equity, raising concerns about sustainability and professional autonomy. Profit-driven models may prioritize volume and efficiency over clinical judgment, which may limit RDNs' control over practice decisions and create instability through restructuring or cost-cutting.

Impact on RDN Service Delivery and Value

- Expanded digital and commercial spaces where non-regulated providers (people who may market themselves as “nutrition coaches,” “health coaches,” “wellness experts,” or “weight-loss specialists”) and AI tools compete for patients requiring RDNs to more actively differentiate, promote, and defend their evidence-based expertise.
- Expanded reach through virtual and group services enables RDNs to see more patients and offer ongoing support.
- Greater emphasis on interdisciplinary care and integration with medical teams requires RDNs to actively collaborate with physicians, nurses, and other providers, clearly articulate their clinical expertise, and position themselves as essential contributors to coordinated, patient-centered care.
- Increased need to demonstrate outcomes and value through data, documentation, and reporting means RDNs must increasingly collect, analyze, and communicate measurable patient outcomes to justify reimbursement, secure referrals, and maintain their role within performance-driven healthcare systems.
- Shifts toward private practice and independent contracting for RDNs demands greater business and negotiation skills.

Needed Skills, Current Preparation Gaps, and Emerging Competencies

- Communication, Counseling, and Relationship skills:
 - Group facilitation and program development for shared medical visits.
 - Content creation and development of accessible patient education materials.
- Technology and Digital Practice Competencies:
 - Telehealth platforms, wearables, cybersecurity, and digital accessibility.
 - Responsible and effective use of AI and digital tools in practice.
- Business, Management, and Autonomous Practice Skills:
 - Training in reimbursement, billing, coding, and insurance navigation.
 - Leadership, negotiation, and contract management skills to prepare for a greater shift toward more autonomous practice models, more complex organizational structures, and more commercially driven environments.
- Interprofessional Practice and Clinical Training: particularly in remote and distance programs.
- Cultural, Disability, and Equity Competencies: As care delivery becomes more digital and decentralized, many RDNs are working independently through telehealth platforms, private practices, retail clinics, or contract-based services rather than within large healthcare systems that traditionally provided built-in support for accessibility, interpretation, and equity compliance.
- Policy, Advocacy and Regulatory Skills: Advanced advocacy, policy engagement, and regulatory navigation to be able to interpret regulations, influence policy decisions, engage with lawmakers and payers, and advocate for equitable coverage and accessible care.

- Clinical Innovation and Emerging Practice Areas: Longevity care, lifestyle medicine, and evidence-based integrative practice to keep pace with consumer expectations and industry demand.

Opportunities for RDN Practice

- Expansion of telehealth and interstate practice through the licensure compact.
- Increased income potential, flexibility, and work-life balance due to the growth of telehealth, private practice, and platform-based employment; RDNs can often see more clients, set their own schedules, and reduce overhead costs such as office rent and commuting.
- Growth in specialization and niche expertise, which helps RDNs differentiate themselves from generalist and non-credentialed providers, command higher reimbursement or private-pay rates, strengthen referral relationships with healthcare partners, and demonstrate clearer clinical impact within defined patient populations.
- Enhanced role in preventive care, chronic disease management, and medication support.
- New pathways in informatics, digital health, entrepreneurship, and global practice may lead to a broader and more diverse set of career options for RDNs beyond traditional clinical and food service roles, allowing them to influence nutrition care at systems, technology, and population levels.
- Greater visibility and leadership within interdisciplinary teams when able to consistently demonstrate their clinical impact, communicate their expertise clearly, and actively engage in team-based care rather than working in isolation. This leads to more influence and more credibility to the entire profession.

Risks to RDN Practice

- Competition from uncredentialed providers and automated services, i.e. use of apps rather than consulting a professional.
- Income instability and financial risk in independent and contract models.
- Large telehealth platforms could lead to reduced reimbursement rates by using their size and high patient volume to offer lower payments with insurers and employers, then pass these reduced rates to individual RDNs, limiting practitioners' ability to negotiate and pushing overall reimbursement expectations downward.
- Data privacy and cybersecurity threats. Delegates emphasized that breaches could damage patient trust, expose RDNs to legal liability, and threaten professional credibility.
- As healthcare organizations shift toward outsourcing (away from in-house RDN staff and instead contracting them out to external telehealth and management companies, or to remote staffing agencies and vendors), digital delivery, and revenue-driven models, RDNs may become less integrated into care teams and decision-making processes, reducing their visibility, influence, and long-term stability within healthcare systems.

- Potential loss of traditional clinical and foodservice roles, which could reduce job security, limit opportunities for skill development, weaken inpatient and long-term care nutrition services, and disrupt the pipeline that prepares future practitioners for advanced and specialized practice.

Equity and Ethical Concerns

- Barriers for clients/patients related to cost of care, insurance coverage, internet access, and digital literacy.
- Limited access for rural, low-income, older, and disabled populations.
- Delegates emphasized that without clear guidance and training, RDNs may face ethical dilemmas between financial sustainability, efficiency, and maintaining high standards of evidence-based, patient-centered care. Since responsibility for documentation and billing falls directly on individual RDNs, this increases both pressure and risk.
- With a wide variety of requirements for state licensure, scope of practice, and enforcement, there is inconsistency of regulatory oversight for RDNs practicing in multiple states.
- Questions about data ownership and commercialization of health information: delegates were concerned about the shift of health data from a clinical asset focused on patient care to a commercial asset used for profit. This raises ethical issues about informed consent, transparency, patient privacy, and whether individuals truly control their own health information. It also creates risk that sensitive nutrition and health data could be monetized, shared, or repurposed in ways that do not directly benefit patients or align with professional values.