The Impact of Medical Nutrition Therapy on Patient Outcomes

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Learning Objectives

• Participants will Understand the Registered Dietitian Nutritionist (RDN) Role in Health Care Models
• Participants will Understand Payment Systems for Medical Nutrition Therapy
• Participants will Understand how Medical Nutrition Therapy can Improve Patient Outcomes
What is a Registered Dietitian Nutritionist

• A Dietitian Nutritionist is the Nutrition Expert for disease management, prevention and cost effective care
• We are trained in the sciences of chemistry, food sciences, human physiology/anatomy, and microbiology in undergraduate universities.
• We complete an internship and often a Masters or above and sit for national boards.
• We complete 75 hours of continuing education every 5 years
• We are licensed in TN
• There are approximately 1500 RDNs in the state of TN
• We are an evidenced based practice
Dietitian Associates, Inc.-Who Are We?

• In business for over 20 years
• Located in the Memphis area
• 4 full time registered licensed dietitian nutritionist
• See patients with most all nutrition related diseases
• We’re the longest running group private practice in TN
• Telehealth for almost 2 years
• We’re one of the few dietitians groups or individuals that bill insurance
So How Has the Affordable Care Act Affected Dietitian Nutritionist

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse service
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision
How MNT Provides Return on Investment

- A six months study at Mass General Hospital on cholesterol showed a 6% decrease in total and LDL cholesterol compared to those not receiving MNT. The study revealed a savings of $4.28 for each dollar spent not including statin drugs.

- The Lewin Group documented an 8.6% reduction in hospital utilization and a 16.9% reduction in MD visits associated with MNT for pts with cardiovascular disease.

- The Lewin Group also documented a 9.5% reduction in hospital utilization and 23.5% reduction in MD visits when MNT was provided to persons with Diabetes.
Mrs R. 48 yr old; lives 2 hours away; wt. loss- pd out of pocket-insurance
SW-42 yrs; DM, Hypothyroid, HTN; Gluc 200 range; wt. 305.8#
JM 68 yr. old female; IBS; constipation for 3-4 days; bloating; Linzess qd

Symptoms prior to FODMAPs and after FODMAPs diet based on wt on symptoms

Different in drug costs; patient was able to stop Linzess

- Cost $345 per month
- Over a period of one year, there is a cost savings of $4140 for one drug
LH 63 yrs IBS; diarrhea 3-7 times prior to lunch, abdominal pain, gas, hemorrhoids
GM 63 yr old female; FBS 133

Obesity,
Pre-diabetes
CKD
AP 26 overweight and wants to eat healthy
ND Tele-Nutrition for DM, HTN, severe Hypoglycemic attacks each morning
Patient Testimony

• Dee

Just wanted to let you know my A1C was 8.4 it is now 7.4 thanks so much for your help I would have never been able to do this with out your advice and what you taught me. THANKS SO MUCH.

• He is his numbers went from 8.5 to 7.4 hooray we are both excited about the numbers coming down and he is now off of Humulin N med and has cut his Novolog as well. We are both grateful for the information you gave us and will never forget the turn around you made in our lives. I just wish everyone would learn this and do it. Thanks again for your support. I have cut back on my long acting insulin as well. Thanks again will be in touch.
I WANT TO THANK YOU FOR ALL YOUR HELP. WHEN DR B TOLD ME I WAS A DIABETIC I WAS SO UPSET. BECAUSE MY SISTER IN LAW IS .SHE HAD TROUBLE ALL THE TIME.BUT I KNOW SHE DIDN'T STICK TO A DIET PLAN EITHER.WHEN I WAS IN HOSPITAL MY AIC WAS 7.4. NUMBER WAS 308 HDL 248 NOW AFTER 3 MONTHS 6.2 NUMBER 115 HDL 148 LOST 24 LB SO FAR. GOT A WAY TO GO BUT IM DETERMINED. I CAN EAT JUST COUNT CARBS . EAT RIGHT SMALLER PORTIONS. I THOUGHT I WOULD NEVER BE ABLE TO EAT ANYTHING SWEET. YOU HELPED ME UNDERSTAND HOW TO DO THE PROCESS. I’VE LOST A LOT ON INCHES ALSO . WANTED TO GIVE YOU A UPDATE ON MY RESULTS. THANK YOU  SHIRLEY ---------------------------------------------
So How Does Telehealth Work with Nutrition? Do Patients Get Billed?

DA files insurance on all patients that have insurance
If insurance does not pay, TPCA is billed at a discounted rate
The grant is for DM, HTN and Overweight/Obesity but at this time TPCA has said that we can see other patients that need our help
Our hours are 8:00 a.m. - 5:00 p.m.; we take our last patient around 4:00 although if there are special request we may work out arrangements for early or late.
We do a report in the EHR of patients seen and will fax to your office 24-48 hrs usually
We need the referral signed by the MD if Medicare.
We need the consent to treat form filled out but may be sent the day of Tx
• We need a copy of their insurance card, their demographics, why we are seeing them; any current physician’s notes, labs and list of medications—one to two days in advance is helpful.

• We can call the patient for their appointment and reminder calls or we can schedule when you call.

• When the paperwork is faxed back, sometimes there will be recommendation and we hope those are shared with the MD or FNP before putting in their chart.

• We need your information as to fax and phone #s especially if it is your first visit.

• When patients are late.
Continued:

• Testing your equipment-if you will let us know we can test with you the day in advance of the session if it is your first time w/DA. There are short cuts that Larry Jones can put on the computer to make it easier for you.

• There is a difference between the cart and the computer with camera.

• Most initial sessions run an hour and f/u 30 minutes.

• We will schedule the f/u and the patient lets the front desk know and it is also noted in our chart note.
Questions
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