Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models

Health care in the United States is the most expensive in the world; however, most citizens do not receive quality care that is comprehensive and coordinated. To address this gap, the Institute for Healthcare Improvement developed the Triple Aim (improving population health, improving the patient experience, and reducing costs), which has been adopted by Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs). The PCMH and other population health models focus on improving the care for all persons, particularly those with multiple morbidities.

These new healthcare models of care and delivery emphasize the key role of the multidisciplinary team in meeting the challenge of caring for these persons. The looming shortage of primary care physicians shines the spotlight on the other members of this team, and suggests the notion of effectively expanding the new model team to include other health care professionals such as Registered Dietitian Nutritionist (RDNs). RDNs bring value to this multidisciplinary team by providing care coordination, evidence-based care and quality improvement leadership. RDNs have demonstrated efficacy for improvements in outcomes for patients with a wide variety of medical conditions.1

Primary care physicians report seeing the benefit of including RDNs as part of their health care teams, and studies have shown that physicians believe that nutrition is important for the care of their patients.2 Results from several PCMH and population health demonstration projects, including results from the Pennsylvania Chronic Care Initiative, Canada’s Family Health Teams, Vermont’s Blueprint for Health, and Community Care of North Carolina, have reported the benefits of RDNs as part of the integrated primary care team.

PCMH primary care practices are not truly offering comprehensive care unless their healthcare team includes a RDN. While in the past there have been challenges to integrating RDNs into primary care, most notably an insufficient reimbursement model to sustain RDN services, newer innovative payment models provide the opportunity to overcome this barrier.

Role of the Registered Dietitian Nutritionist

RDNs bring value to the PCMH team beyond MNT services. RDNs have the knowledge, skills and training to contribute to person-centered care in many ways, including but not limited to the following:

- Provide medical management, patient self-management support, and care management services
- Manage disease prevention services and outreach to the practice’s patient population
- Participate in and lead continuous quality improvement efforts within the primary care practice
- Measure and report on quality and effectiveness

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Call to Action and Next Steps?

It is imperative that physicians, administrators, payers, and other stakeholders in PCMHs and ACOs fully recognize and embrace the value RDNs bring to new health care delivery and payment models and integrate them into the care team. The Academy of Nutrition and Dietetics’ white paper, “Registered Dietitians Nutritionists Bring Value to Emerging Health Care Delivery Models”, issues a call to action for doing so. Specifically, stakeholders should work collaboratively on the following fronts to create a health care culture that recognizes the value of RDNs and the role of nutrition in person-centered care:

1) **Advocacy**: impact federal, state, and local laws and regulations to support inclusion of and payment for RDN-provided services in the PCMH/population health management models of care.

2) **Positioning**: Demonstrate the value of RDN participation in the PCMH/population health management models as the team member to optimize health through food and nutrition.

3) **Collaboration**: Leverage existing and new partnerships to demonstrate the value of RDN participation in the PCMH/population health management models.

4) **Development**: Incorporate into entry-level and continuing education for all health care professionals the training and skills development needed to provide team-based care that includes RDNs.

The overall health of our population depends upon the health care community providing coordinated and comprehensive care that focuses on the needs of the individual. RDNs are uniquely experienced and positioned to be one of the critical healthcare professionals in our U.S. healthcare model of today and the future. Building on the efforts of the Academy and RDNs, decision-makers within health care delivery and payment, both in the public and private sectors, must create policies and systems that recognize the contributions of RDNs toward achieving the Triple Aim.

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References:
