

# Medical Nutrition Therapy & Nutrition Ed in DSMES – *What's the Difference?*

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WADE CONFERENCE APRIL 25, 2019

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## Objectives

1. Compare and contrast differences and similarities between MNT and Nutrition Education in DSMES
2. List standards of care related to nutrition & MNT in DSMES
3. Recognize the collaborative roles of the various diabetes educators in addressing nutrition in DSMES
4. Identify your current individual scope and areas for improvement in your own practice or amongst your DSMES team

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## My Main Goal for this Presentation

Provide an opportunity to improve your current systems around nutrition education/intervention and identify areas to expand your individual competence and scope of practice in the area of nutrition



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## Let's review these terms:

The **Scope of Practice** encompasses the range of roles, activities and regulations within which practitioners perform.

The **Standards of Practice** address activities related to direct patient and client care.

The **Standards of Professional Performance** address behaviors related to the professional role of practitioners.

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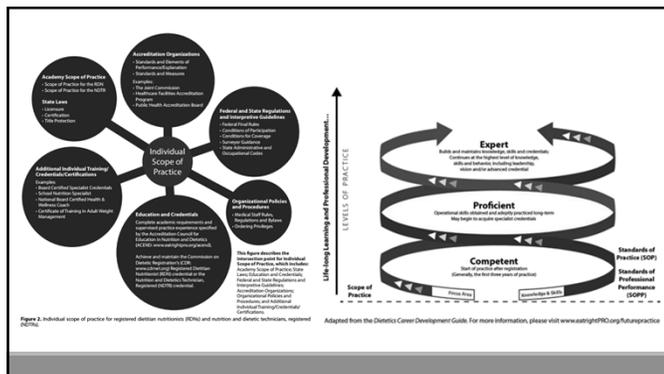


Figure 2. Individual scope of practice for registered dietitian nutritionists (RDs) and nutrition and dietetic technicians, registered dietitians. Adapted from the Dietetic Career Development Guide. For more information, please visit [www.eatright.org/futurepractice](http://www.eatright.org/futurepractice)

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### Levels of Practice: Dreyfus Model

2017 Revised Standards of Practice in and Standards of Professional Performance for RDNs in Diabetes Care

- Novice
- Advance Beginner
- Competent
- Proficient
- Expert

2016 Competencies for Diabetes Educator and Diabetes Paraprofessionals

- Diabetes Paraprofessional, Level 1
- Diabetes Paraprofessional, Level 2
- Diabetes Educator, Level 1
- Diabetes Educator, Level 2
- Diabetes Educator, Level 3




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### Advancing Your Practice and Program

- Reflect / Assess
- Dream / Brainstorm
- Identify Tools / Resources
- Develop Action Plan
- Take the Next Step




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### Principle 14 of Code of Ethics

Academy of Nutrition & Dietetics & Commission on Dietetic Registration

*"The practitioner assumes a lifelong responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice."*




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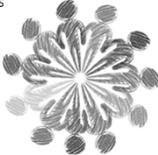
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### Collaborative Care

Standards of Medical Care in Diabetes 2019

4.2 Diabetes care should be managed by a multidisciplinary team that may draw from:

- Primary care physicians
- Nurse practitioners
- Nurses
- Exercise specialists
- Dentists
- Mental health professionals. (p S33)
- Subspecialty physicians
- Physician assistants
- Dietitians
- Pharmacists
- Podiatrists



Current research supports nurses, dietitians, and pharmacists as providers of DSMES (p S47)

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### Lifestyle Management: section 5

Standards of Medical Care in Diabetes 2019

Lifestyle Management is a fundamental aspect of diabetes and includes (S46):

- Diabetes Self-Management Education and Support
- Medical Nutrition Therapy
- Physical Activity
- Smoking Cessation Counseling
- Psychosocial Care

*Only 5-7% of individuals eligible for DSMES through Medicare or a private insurance plan actually receive this benefit. (S47)*

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### DSMES Nutrition Education vs. MNT

NUTRITION EDUCATION IN DSMES	MEDICAL NUTRITION THERAPY
General nutrition and lifestyle information (not individualized)	Individualized nutrition interventions based on labs; medical, diet and psychosocial hx; physical exam, etc
Part of DSMES	Billed to insurance separate from DSMES
Mostly group format	Mostly individual format
Ordering Providers: MD, DO, NP, PA, CNS	Ordering Providers: MD, DO only
All diabetes educators provide	RDN only
30 min billing increments	15 min billing increments (MNT group is 30 min)
No rounding with minutes specified	Rounding with minutes to determine units

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## Charting & Billing: Practical Logistics



- Appropriate referral for MNT vs DSMES  
*DSMES Ordering Providers: MD, DO, NP, PA, CNS vs MNT Ordering Providers: MD, DO only*
- Attention RDNs: MNT chart notes and Diabetes Education chart notes should be different  
*Example: Medicare Pt that has both DSME & MNT benefits vs. Medicaid Pt that has only DSME*
- Remember time increments and rounding issues when switching between MNT to DM Ed  
*15 min units for MNT (with rounding) vs 30 min units for DSMES (rounding not specified)*

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## DSMES

DSMES in T2DM Joint Position Statement 2015

All members of the health care team should be versed in the basic principles of diabetes nutrition therapy so that they can facilitate basic meal planning, clarify misconceptions and/or provide reinforcement of the nutrition plan developed collaboratively by the registered dietitian nutritionist and the patient. (p10)



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## Healthy Eating

Domain 4: Self-Management Education  
2016 Competencies for Diabetes Educators



- DIABETES EDUCATOR LEVEL 1**
- Reviews meal plan and eating habits. Refers to RD/RDN for MNT as appropriate.
  - Teaches and reinforces principles of healthy eating.
  - Teaches how to read food labels.
  - Teaches basic principles of carbohydrate counting.

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## Healthy Eating

Domain 4: Self-Management Education  
2016 Competencies for Diabetes Educators

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**DIABETES EDUCATOR LEVEL 2**

Reviews and discusses BMI, weight trend, and food log in personal health record.

Teaches advanced concepts of carbohydrate counting and meal-based insulin dosing as appropriate.

Explains the relationship between food, activity, medication, and blood glucose in preventing hypoglycemia and hyperglycemia.

Evaluates nutrition-related lab values and refers to RD/RDN as appropriate.

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## Healthy Eating

Domain 4: Self-Management Education  
2016 Competencies for Diabetes Educators

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**DIABETES EDUCATOR LEVEL 3**

Uses comprehensive knowledge of nutrition and diabetes meal planning to provide or support MNT to/for person with complex needs.

Assess person's ability to manage blood glucose with carb counting, continuous glucose monitoring, and/or insulin pumps.

Assesses adequacy of daily nutrition intake and refers to RD/RDN as needed.

Assists endurance/competitive athletes with meal planning for training and competition, or refers if appropriate.

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## Basic Nutrition Education

Standards of Medical Care in Diabetes 2019

**Carbohydrates (S50):**

- Monitor individual carbohydrate intake and consider the blood glucose response; typical intake is around 45%
- Recommended approach is to individualize meal plans to meet caloric goals with a macronutrient distribution that is more consistent with the individual's usual intake to increase likelihood for long-term maintenance.
- Minimize intake of refined carbohydrates and added sugars and instead focus on carbohydrates from vegetables, legumes, fruits, dairy (milk and yogurt) and whole grains.
- Certain groups are not appropriate for low-carbohydrate eating plans, including women who are pregnant or lactating, children and people who have renal disease or disordered eating behavior.

**Protein (S50):**

- Individualize goals based on typical eating patterns (1-1.5% g/kg body weight/day or 15-20% without kidney disease); some research that higher (20-30%) protein may contribute to satiety; 0.8% g/kg bw/d with CKD (ie RDA)

**Fat (S50-51):**

- AMDR: 20-35%; type of fat is more important than total amount for metabolic goals and CVD risk
- Limit saturated fat and encourage polyunsaturated and monounsaturated, such as in Mediterranean style

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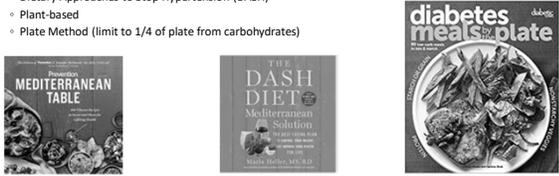
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## Basic Nutrition Education

Standards of Medical Care in Diabetes 2019

Emphasis should be on healthful eating patterns containing nutrient-dense foods, with less focus on specific nutrients. (S4B) For example:

- Mediterranean
- Dietary Approaches to Stop Hypertension (DASH)
- Plant-based
- Plate Method (limit to 1/4 of plate from carbohydrates)



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## <5 Min Nutrition in Prep for MNT

- Take home, fill-out and bring back 3 Day Food Record to MNT appt
- Start looking at the distribution of food on your plate; provide Diabetes Plate Guide
- Start identifying which foods are considered mostly carbohydrates; provide carb list
- Write down foods consumed when checking BG after a meal; provide log sheet
- Start reading and gathering labels to bring to MNT appt; provide reading labels handout
- Start considering portion sizes; provide handout on what is a portion




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## What resources / tips do you need?

Find someone you do not know and that does not have your same credential

2 Minutes to ask them a nutrition question

2 Minutes for reverse questioning

What were some questions posed?



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### Medical Nutrition Therapy Definition

DSMES in T2DM Joint Position Statement 2015

“MNT is an evidence-based application of the nutrition care process provided by the registered dietitian nutritionist. It includes:

- an individualized nutrition assessment
- nutrition diagnosis
- intervention
- monitoring
- and evaluation

and is the legal definition of nutrition counseling by a registered dietitian nutritionist practicing in the US.” (p 11)

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### Medical Nutrition Therapy

Standards of Medical Care in Diabetes 2019  
DSMES in T2DM Joint Position Statement 2015

All individuals with diabetes should be offered a referral for individualized MNT provided by a Registered Dietitian (S48)

**MNT is associated with A1C decreases of 1.0-1.9% for pwT1 and 0.3-2.0% for pwT2 (S48)**

- Series of 3 to 4 encounters of 45 – 90 minutes each; additional as needed
- Time frame: from diagnosis (or referral) to within 6 months
- At least 1 follow-up per year to monitor outcomes and identify changes in MNT or medications that may be needed (Table 5 p11 of Joint Position Statement)

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### MNT Reimbursement Rates

CMS Physician Fee Schedule 2019

CPT / HCPCS Code	RDN Non-Facility Rate per Unit in WA (excluding King County)	RDN Facility Rate per Unit in WA (excluding King County)
97802	\$32.37	\$29.49
97803	\$27.97	\$25.18
97804	\$14.75	\$13.82
G0270	\$27.97	\$25.18
G0271	\$14.75	\$13.82

1 Hr Individual MNT = ~\$120/hr      1 Hr Group MNT = ~\$28/hr

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## Medical Nutrition Therapy

Standards of Medical Care in Diabetes 2019



- Individual assessment of current eating patterns, preferences and metabolic goals (S48)
- Tradition, culture, religion, health beliefs and goals, economics (S48)
- Assess overall nutrition status (S48)
- Create a personalized meal plan that considers the individual's health status, skills, resources, food preferences and health goals (S48)
- This meal plan should coordinate and align with the overall treatment plan including physical activity and medication (S48)
- Approach should consider the ability of the person to sustain the recommendations in the plan (S50)

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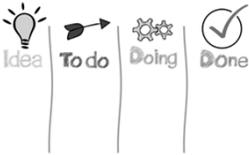
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## Medical Nutrition Therapy: CQI



- Assessment:**
- Diagnosis: PES**
- Intervention:**
- Monitoring:**
- Evaluation:**

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## 2017 Revised Standards of Practice in and Standards of Professional Performance for RDNs in Diabetes Care

Each RDN:			Competent	Proficient	Expert
1.1	Patient/client/population history: Assesses current and past information related to personal, medical, family, and psychosocial/social history		X	X	X
	1.1A	Evaluates diabetes history, including assessment of diabetes education, support, skills, and behaviors considering EAL <sup>2</sup> diabetes-related guidelines and AADE <sup>7</sup> and DSMES <sup>8</sup> guidelines	X	X	X
Each RDN:			Competent	Proficient	Expert
	1.3B2	Evaluates and interprets food intake, glucose monitoring (eg, SMBG, CGM, device settings, and/or electronically generated data reports) and procedures (eg, in/outpatient surgery, MRI or CT) for more complex decisions in pattern management and medication adjustments			X

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## Optimizing Your DSMES Program



- Offer both DSMES and MNT >> obtain appropriate referrals
- Utilize additional MNT visits (G codes) when appropriate >> develop a system
- Do not provide DSMES and MNT to pt on the same day >> Medicare won't cover one of these
- Improve internal communication and collaboration>> resources, game plan
- Utilize a system for ongoing nutrition ed / MNT >> avoid lost to follow-up
- Adhere to National Standards for DSMES in order to maintain accreditation/recognition and comply with Medicare reimbursement guidelines

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## Advancing Your Practice and Program

- Reflect / Assess
- Dream / Brainstorm
- Identify Tools / Resources
- Develop Action Plan
- Take the Next Step



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## Thank You!

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Davidson P, Ross T, Castor C. **Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Diabetes Care.** Journal of the Academy of Nutrition and Dietetics , Volume 118 , Issue 5 , 932 - 946.e48.

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