



# The Impact of Clinical Dietitians on New Healthcare Delivery Models



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## OBJECTIVE

This white paper examines how the clinical nutrition function can be maximized to contribute to the overall patient care and business goals within today's hospitals.

## Why is a Value-Focused Clinical Nutrition Program Important?

Proper nutrition plays a key role in both the prevention and treatment of many chronic diseases. An ever-growing body of research demonstrates that in treating common chronic diseases, timely, adequate, and appropriate nutrition intervention can improve patients' clinical outcomes, improve their quality of life, and reduce healthcare costs.<sup>1</sup>

While the business climate for hospitals got better in 2010, according to a recent Moody's outlook report, the improvement in key operating indicators will not likely be sustained given the strong headwinds facing the industry.

Moreover, high readmission rates have long been considered a marker of lower-quality care. In its 2008 recommendation to Congress, the Medicare Payment Advisory Commission (MedPAC) reported that in 2005, 17.6 percent of admissions were readmitted within 30 days of discharge. That same year, readmissions accounted for \$15 billion in Medicare spending, of which \$12 billion was related to potentially preventable readmissions, equating to an average payment of about \$7,000 per case.<sup>2</sup>

"More hospitals are employing more and more physicians and will be challenged to establish and maintain strong hospital/physician relations to succeed in the healthcare reform environment," said Brian Silverstein, MD, Senior Vice President of the Camden Group. "A higher level of care integration is necessary to be effective with the new healthcare delivery and reimbursement models driven by accountable care organizations and bundled payment structures. Clinical nutrition teams must work closely with physicians and nurses to maximize the potential for the hospital."

Because of its experience as one of the leading employers of clinical nutrition experts in the world, ARAMARK Healthcare believes that hospitals have an opportunity to better integrate the expertise of their clinical nutrition partner to support their patients, quality, and financial outcomes.



## MAKING AN IMPACT AT THE BEDSIDE

According to “Nutrition and Diagnosis-Related Care” (2011), 35 to 55 percent of patients are malnourished at admission and 25 to 30 percent more may become malnourished while an inpatient.<sup>3</sup> With this level of prevalence, hospitals have an opportunity to engage their clinical nutrition team to improve patient care, help to reduce readmissions, and increase appropriate reimbursement rates for malnutrition therapy.

“Registered dietitians can play an important role in a multi-disciplinary team at the bedside to apply evidence-based nutritional intervention that can improve patient outcomes,” said Sylvia Escott-Stump, President of the American Dietetic Association (ADA).

Understanding how a malnutrition diagnosis is categorized by Medicare and Medicaid Services and the process for identifying the appropriate malnutrition coding is key to creating a malnutrition therapy program. Registered dietitians must work closely with physicians, as well as medical record and health information systems coders, to document, communicate, and treat a malnutrition diagnosis.

To highlight the difference intervention by a registered dietitian can make, consider the impact that ARAMARK Healthcare’s Inpatient Malnutrition Therapy Program had at Carondelet Health in Kansas City. In one example, a patient arrived at the hospital with a colostomy infection diagnosis. However, because a registered dietitian was a member of the patient care team, severe protein calorie malnutrition was ultimately diagnosed and coded, which is a Major Complication or Co-Morbidity code. The result? The patient received the proper care for malnutrition, and the hospital received appropriate resources for that advanced level of care.

Examples like these over a six-month period demonstrate the impact that registered dietitian interventions have. This effort also put ARAMARK Healthcare’s Inpatient Malnutrition Therapy Program on track to strengthen the quality of patient care supported by appropriate levels of reimbursement.



## MEDICAL NUTRITIONAL THERAPY

More than 50 percent of Americans could have diabetes or pre-diabetes by 2020 at a cost of \$3.35 trillion over the next decade if current trends continue. New estimates show diabetes and pre-diabetes will account for an estimated 10 percent of total healthcare spending by the end of the decade at an annual cost of almost \$500 billion—up from an estimated \$194 billion this year.<sup>4</sup>

Many times outpatients with nutrition and dietary needs might not see a registered dietitian. In the past, a lack of insurance coverage could have been a reason, but today, Medicare Part B beneficiaries with certain conditions are eligible for benefits that provide Medical Nutrition Therapy (MNT). Patients must qualify for Medicare based on age or disability and have chosen Medicare Part B coverage.

“MNT by RDs is an essential component of comprehensive healthcare that prevents or alters the course of diseases including diabetes, obesity, hypertension, disorders of lipid metabolism, heart failure, osteoporosis, celiac disease, and chronic kidney disease,” said the ADA’s Escott-Stump.

The Bureau of Labor Statistics in its 2010–11 Occupational Outlook Handbook notes that hospitals will continue to employ a large number of dietitians to provide MNT. Additionally, hospitals also will continue to contract with outside agencies for food service and move MNT to outpatient care facilities. The potential to expand nutrition services also exists under healthcare reform with the Patient Protection and Affordability of Care Act, which may encourage the use of preventive services, such as intensive lifestyle behavioral counseling, for specific disease states.

To help hospitals simplify the complex task of setting up an outpatient MNT program and help to address the increase in diabetes- and obesity-related illness, ARAMARK Healthcare launched the MNT Tool Kit to help its registered dietitians partner with hospitals to encourage preventive patient care through the outpatient nutritional counseling provided under Medicare Part B.

ARAMARK Healthcare’s program includes resources from the Centers for Medicare and Medicaid Services (CMS) that outline Medicare basics and offer quick links to the appropriate documentation for Medicare MNT billing processes. The program and tool kit also incorporate links to the American Dietetic Association’s resources that outline regulations, guidelines, and descriptions of CMS-approved Current Procedural Terminology codes for MNT services. Additionally, resources are provided that summarize how registered dietitian Medicare providers implement the MNT benefit and how registered dietitians can measure and demonstrate the financial effectiveness of the program.



## PATIENT CARE IMPACT

According to the Institute of Medicine standards, early initiation of enteral nutrition has been proven to reduce infectious complications and mortality in mechanically ventilated patients and reduce hospital length of stay. To better meet both patient needs and physician demand at Baylor University Medical Center, registered dietitian/registered nurse (RN) teams were created to place small bowel feeding tubes at the bedside in the Intensive Care Unit (ICU) using an electromagnetic device.

The Cortrak device is designed to improve the safety and effectiveness of bedside feeding tube placement over the more traditional blind placement technique. The scope of practice requirements for registered dietitians and licensure laws in the state of Texas were reviewed and strictly followed to ensure that all registered dietitians performing this procedure are properly trained, competent, and insured.

ARAMARK Healthcare registered dietitians worked closely with Baylor University Medical Center at Dallas to develop the competencies necessary to implement the program. The training required registered dietitians to demonstrate successful feeding tube placement using the electromagnetic device and to follow protocols and a checklist to certify proficiency. Up to seven registered dietitians are trained to actively perform the procedure. The number of trained registered dietitians is kept low as the data prove that frequency improves skill and effectiveness. The registered dietitian/registered nurse feeding tube team has been in place for about six years. The median time between physician order for tube placement and feeding initiation decreased from 22.3 hours to 8.3 hours, contributing to earlier enteral nutrition and improved patient outcomes.

Nutrition intervention can also make an impact on hospital wound care teams. In 2007, CMS reported 257,412 cases of preventable pressure ulcers as secondary diagnoses. The average cost per case where pressure ulcers were listed as a secondary diagnosis is estimated to be \$43,180 per hospital stay. In 2008, CMS stopped reimbursement for specific Hospital-Acquired Conditions (HAC), including decubitus ulcers. The incidence of new pressure ulcers in acute-care patients is around 7 percent, with wide variability among institutions. ARAMARK Healthcare believes that registered dietitian intervention can play a role in helping hospitals manage this HAC because one of the six essential elements of pressure ulcer prevention is to optimize nutrition and hydration.



## CLINICAL PRODUCTIVITY

With hospital administrators pursuing opportunities to improve operational efficiency in every area of their organizations, focusing resources on patients who can benefit the most from clinical nutrition intervention can be an effective strategy to support this goal.

With its proprietary web-based Clinical Productivity Program, ARAMARK Healthcare is able to help focus and measure the effectiveness of clinical nutrition programs within its partner hospitals. The goal is to ensure that registered dietitians provide the appropriate nutritional intervention and directly influence nutritional outcomes for patients who need it most. With this program, managers are able to evaluate their patient mix against the time allocation for their clinical nutrition staff and determine how much time is spent in direct patient care based on acuity.

The tool and training include a database of ARAMARK Healthcare partner sites across the U.S. and provide facilities with an opportunity to assess patient acuity and begin benchmarking against their own site data. The facility is then able to compare its data to nutritional acuity and census data as well as the percentage of patients seen and ultimately develop a staffing ratio to support the most appropriate mix.

## SHAPING TOMORROW'S DIETETIC LEADERS

Trends and new developments happen in the dietetics profession at an escalated rate. Social, technological, and demographic changes are driving opportunities to develop new specialties such as obesity/weight management, nutrigenomics, and nutrition informatics. Developing the next generation of registered dietitians is an important aspect of ensuring that hospital clinical nutrition programs remain on the cutting edge.

ARAMARK Healthcare is a sponsoring organization of a distance learning program with more than 60 placement slots and 30 rotation sites at hospitals across the U.S. Qualified college graduates who have completed the Didactic Program in Dietetics course requirements are given the opportunity to develop skills to become entry-level dietitians. The program prepares eligible students to take the Commission on Dietetic Registration credentialing exam to become a registered dietitian and has a first-time pass rate that far exceeds the national average.

The program offers some of the country's top registered dietitian candidates the opportunity to concentrate on emerging trends through hands-on projects targeting needs within ARAMARK Healthcare and their host hospitals. This work is meaningful and important.

For example, a 2011 graduate of the ARAMARK Healthcare Dietetic Internship Program conducted a secondary research project focused on the postoperative diet progression. The work led to a significant change in how the company approaches postoperative diets.



The literature review concluded that early solid feeding of some postoperative patients versus traditional liquid diets encouraged more calorie consumption. Part of the project included an evaluation of six studies that showed a decreased length of stay in early solid fed patients by 1.6 days in a total of 980 subjects. Additionally, the literature concludes that 91 percent of patients prefer solid postoperative meals.

As a result of the advantages brought into focus by this project, ARAMARK Healthcare is considering removing the full liquid diet from its patient menu in 2012.

Outcomes-based research is needed to evaluate the effectiveness of current programs and policies used in clinical nutrition practice and to supply evidence for change if necessary. In 2007, the ADA published its "Priorities for Research" which notes that research is the foundation of the profession.

To better prepare its registered dietitians, one of ARAMARK Healthcare's 2011 dietetic internship projects focused on conducting a self assessment of its registered dietitians and interns to determine their knowledge to perform outcomes research. As a result of the survey, the company is introducing a program to increase the competency of its registered dietitians and interns to design research methodology, write research proposals, apply for grants and funding, measure outcomes of programs, and publish research results.

This effort will help ARAMARK Healthcare provide increased scientific validation for the programs and policies that are in place in its partner hospitals.



## CONCLUSION

With the growing prevalence of obesity-driven disease states as well as the financial pressures and emerging healthcare reform requirements, hospitals must closely examine every area of their patient care and operational performance. Now more than ever, it makes sense to explore how patient interventions involving registered dietitians can contribute to improving clinical, financial, and operational outcomes.

ARAMARK Healthcare has a strong clinical nutrition practice as one of the world's largest employers of registered dietitians, with more than 750 working at more than 1,000 hospitals across the U.S.

Day-to-day expertise built on the best practices and learning among ARAMARK Healthcare's registered dietitians who are working closely with the nutritional and clinical teams at its partner hospitals places the organization in a unique position to create and maximize clinical nutrition programs that can influence core hospital outcomes.

## ABOUT ARAMARK HEALTHCARE

ARAMARK Healthcare is a leader in providing best-in-class support services that are essential to healthcare delivery. Understanding that clinical excellence and the environment are interdependent, ARAMARK Healthcare directly impacts the entire healthcare continuum—patient, employee, nurse, and physician satisfaction; operational efficiency; and service excellence. Through its facility, food, and clinical technology services, ARAMARK Healthcare helps more than 1,000 U.S. hospitals and senior living facilities, as well as 2,500 global healthcare organizations, deliver the optimal experience for patients and residents, their families, and the physicians, nurses, and staff who care for them. For more information, visit <http://www.aramarkhealthcare.com>.



## Notes:

1. Abbott Laboratories Study, "Improving Outcomes in Chronic Diseases with Specialized Nutritional Intervention."
2. Thomson Reuters Research Brief, "Healthcare Reform: Pending Changes to Reimbursement for 30-Day Readmissions," (August 2010).
3. Escott-Stump, Sylvia, "Underweight and Protein Calorie Malnutrition in Nutrition and Diagnosis-Related Care," (2011).
4. UnitedHealth Center for Health Reform & Modernization







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