

RDs and PCPs: A Healthy Partnership for the Comprehensive Primary Care Initiative

Why Adding an RD to Your Practice Team Is Good Medicine

RDs are Effective

Improved health outcomes using medical nutrition therapy (MNT) by registered dietitians (RDs) have been published in the areas of diabetes, hypertension, disorders of lipid metabolism, HIV infection, pregnancy, chronic kidney disease, and unintended weight loss in older adults. Several of these quality measures will need to be reported as part of the Comprehensive Primary Care Initiative (CPCI).

In addition, RDs have demonstrated improved outcomes related to weight management:

- Studies show MNT provided by an RD to overweight and obese adults for less than 6 months yields significant weight losses of approximately 1 to 2 pounds per week.
- MNT provided from 6 to 12 months yielded significant mean weight losses of up to 10% of body weight with maintenance of this weight loss beyond 1 year.
- Overweight/obese individuals who received MNT provided by RDs, in addition to an obesity-related health management program that included physician visits, nursing support, and educational materials and tools, were more likely to achieve clinically significant weight loss than individuals who did not receive MNT.¹

RDs are Cost-efficient Providers

- RDs provide MNT and have experience and training in behavior counseling and weight management.
- RDs' fees are lower than those of physicians, nurse practitioners, and physician assistants.
- RDs have a strong clinical and counseling background and therefore can effectively provide Intensive Behavioral Therapy (IBT) for Obesity and help with the Annual Wellness Visit incident to the primary care provider.

- MNT by the RD for diabetes and chronic kidney disease is a covered, billable benefit by Medicare Part B and many private health insurance companies.
- Many RDs are certified diabetes educators and can provide and bill for Diabetes Self-Management Treatment.

RDs Provide a Positive Return on Investment

- MNT is linked to improved clinical outcomes and reduced costs related to physician time, medication use, and hospital admissions for people with obesity, diabetes, disorders of lipid metabolism, and other chronic diseases.¹
- An RD-delivered lifestyle approach to diabetes and obesity improved diverse indicators of health, including weight, HbA1c, health-related quality of life, use of prescription medications, productivity, and total health care costs.²⁻⁴ For every dollar invested in the RD-led lifestyle modification program there was a return of \$14.58.⁵
- The Lewin Group documented an 8.6% reduction in hospital utilization and a 16.9% reduction in physician visits associated with MNT for patients with cardiovascular disease. The group additionally documented a 9.5% reduction in hospital utilization and a 23.5% reduction in physician visits when MNT was provided to persons with diabetes mellitus.⁶

RD Services are Integral to the Patient-Centered Medical Home and the CPCI

RDs work hand-in-hand with referring providers and multidisciplinary health care team members to deliver coordinated and cost-effective care. In addition to providing MNT, RDs address areas such as glucose monitoring and chronic disease self-management.

Sources

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