Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

PRACTICE TIPS: Delivery of Nutrition-Related Services Using Telehealth

Telehealth is a delivery method for the practice of nutrition and dietetics by the credentialed nutrition and dietetics practitioner. Regulations, policies, and standards are in flux until a "gold standard" becomes consensus; but that has not stopped technology from integrating into mainstream practice. The 4th Annual HIMSS Mobile Technology Survey (April 2015) reported that 90% of providers use mobile technology in their day-to-day activities and 47 percent of respondents indicated that implementation of mobile services for access to information is a high priority at their organization.[1]

Registered dietitian nutritionists (RDNs) have many resources available from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR) to seamlessly transition in delivering nutrition-related services from in-person to telehealth. Telehealth as well as Telemedicine are intended to increase access to care and improve health outcomes by overcoming geographical barriers to care using information and communications technology, also known in the industry as ICT.[2]

What is Telehealth? Does It Differ from Telemedicine? And What About Telenutrition?

"While both Telehealth and Telemedicine are recognized to be subsets of the broader electronic health system ("e-health"), no consistent definition for Telehealth or Telemedicine has been adopted in literature or practice. Some organizations distinguish between the two, while others use the terms interchangeably."[2]

CDR has defined Telehealth and Telenutrition in the Definition of Terms List:

> **Telehealth** is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth will include both the use of interactive, specialized equipment, for such purposes as health promotion, disease prevention, diagnosis, consultation, therapy, and/or nutrition intervention/plan of care, and non-interactive (or passive) communications, over the Internet, videoconferencing, e-mail, and other methods of communications for the delivery of broad-based nutrition information.[3]
>
> **Telenutrition** involves the interactive use, by a RDN or NDTR, of electronic information and telecommunications technologies to implement the Nutrition Care Process with patients or clients at a remote location, within the provisions of their state licensure as applicable.[3]

Another definition to consider is **Nutrition Informatics** which is the effective retrieval, organization, storage and optimum use of information, data and knowledge regarding food and nutrition to accelerate improvements in global health and well-being. Informatics is supported by the use of information standards, processes and technology.[3]

RDNs and NDTRs are employed in Nutrition Informatics.[4] These RDN and NDTR roles, services and activities comprise developing and using electronic information management tools for practice, research, and education. This includes electronic systems for managing patient information (electronic health record or personal health record), nutrient database systems for evaluating nutritional composition, foodservice and nutrition system management software, and web-based applications, Telehealth and social media for patient education, public information, business, education, and outreach.[4]

Health care facilities and their RDNs demonstrate daily the benefits of Telehealth programs. Telehealth practice may contribute to expanding RDN practice. One example is the adoption of innovative Telehealth methods by the Veterans Affairs Medical Centers. The programs being utilized offer convenience to their veteran population. Methods range from the "tele-buddy system" of simple phone calls to check-in with patients to more complex uses of technology, such as the Health Buddy monitoring systems that transmit vital signs from veterans' homes to hospital-based practitioners.

Other technologies used in the Veterans Affairs Medical Centers include video nutrition education classes at community clinics and electronic correspondence using secure messaging via the My Healthy Vet program. The veteran is registered for secure messaging, and then they are able to initiate correspondence with a team of providers. This allows the veteran to receive timely feedback to questions and concerns. Documentation in the veteran's electronic medical record shows the communication exchange.[5]

Technology

There are two types of methods currently used to perform Telehealth: real-time communication and store and forward. Store and forward is the transmission of digital images for a diagnosis, commonly used in radiology and dermatology. Real-time communication, the primary method of Telenutrition, consists of a practitioner and the patient present at the same time, but in different locations.

Real-time communication is typically facilitated via secure digital videoconferencing and requires two sites, the "originating site" where the patient is located, and the "distance site" where the health care professional is located.[6] Live, interactive videoconferencing requires high quality, reliable and secure telecommunications.

The technical infrastructure requirements are largely dependent on the targeted services associated with the project. However, nearly all Telehealth programs depend on high rates of data transmission, so access to reliable broadband internet is necessary.[6] Typically, a public internet connection is not sufficient for this purpose even when it is possible to encrypt a digital video conference to keep it from being intercepted.

The alternative is to purchase internet connections designed to support business grade videoconferencing from a telecommunications provider. Government agencies and telecom companies are both interested in improving this infrastructure, especially for medical providers, so check with your local utility company about possible rate discounts or incentive programs.[6]

Regulations and Accreditation Standards

RDNs need to understand regulations and accreditation standards to determine how to facilitate Telehealth and Telenutrition services in their work environments. Below is background information to assist RDN practitioners.

Regulatory: Centers for Medicare & Medicaid Services (CMS) – Conditions of Participation for Hospitals and Critical Access Hospitals

The May 5, 2011 final rule**,** effective July 5, 2011 (https://www.federalregister.gov/articles/2011/05/05/2011-10875/medicare-and-medicaid-programs-

changes-affecting-hospital-and-critical-access-hospital-conditions-of) revises the Conditions of Participation (CoPs) for both hospitals and critical access hospitals (CAHs) to: 1) make current Federal requirements more flexible for rural and/or small hospitals and for CAHs; and 2) encourage innovative approaches to patient-service delivery. This final rule permits hospitals and CAHs to implement a new credentialing and privileging process for physicians and practitioners providing Telemedicine services.

The removal of unnecessary barriers to the use of Telemedicine may enable patients to receive medically necessary interventions in a timelier manner. It may also enhance patient follow-up in the management of chronic disease conditions. These revisions provide more flexibility to small hospitals and CAHs in rural areas and regions with a limited supply of primary care and specialized providers. In certain instances, Telemedicine may be a cost-effective alternative to traditional service delivery approaches and, most importantly, may improve patient outcomes and satisfaction.

RDNs should be aware of the potential impact of three provisions in the final rule. First is the rule's limitation of streamlined credentialing and privileging to licensed practitioners, such that RDNs in States without licensure laws must be credentialed and privileged via the traditional route, by each hospital in which they practice. According to CMS, "Practitioners providing Telemedicine services, as well as the distant-site hospitals and entities under whose auspices they provide these services, must be aware of the licensure laws in the States where they are located in addition to the laws, compacts, and arrangements of those States in which they look to provide their services to patients (FR Doc. 2011-10875)."

Interpretive Guidelines from 482.11(c) in the Hospital CoP further clarify: "When telemedicine is used and the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by State or local laws in both the state where the practitioner is located and the state where the patient is located." Second, many insurers, including Medicare, place limits or restrictions on their payment for Telehealth services to a more narrowly defined set of locations than affected by this final Telemedicine rule. Third, the final rule clarifies that it applies only to inpatients of hospitals and CAH, not other individuals who make use of the facilities for other Telemedicine services.

Accreditation Organization: The Joint Commission (TJC)

Medical Staff Standard – MS.13.01.01 Elements of Performance 1

"Effective immediately but not appearing in Edition or the hard copy accreditation manuals until the spring updates, The Joint Commission is revising its Medical Staff (MS) requirements for hospitals and critical access hospitals. The revisions are for:

- MS.01.01.01, element of performance (EP) 3, which was deleted as it is informational only and noncompliance with the EP would be scored at an appropriate EP that follows in this standard.
- MS.06.01.05, EP 11, which is being revised to allow the time period for acting on completed applications to be addressed in medical staff bylaws, rules and regulations, or policies and procedures.
- MS.13.01.01, EP 1, which is being revised to allow hospitals to credential and privilege licensed independent practitioners providing telemedicine through either the hospital's own credentialing information or the credentialing and privileging information or decision of a distant site that is either Joint Commission-accredited or a Medicare-participating organization."[7]

The Joint Commission Speak Up™ Patient Safety Campaign

Speak Up™ At Your Telehealth Visit, a patient safety campaign from The Joint Commission, is designed to educate patients and their advocates on how to navigate virtual healthcare. Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. Speak Up™ materials are intended hospitals, ambulatory care facilities, behavioral health care centers, and home care organizations; their use does not indicate that an organization is accredited by The Joint Commission.

Accreditation Organization: Accreditation Commission for Health Care (ACHC) [Formerly: Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association]

Telemedicine Privileging Provisions through Distant-Site Hospital Agreement – 03.00.07
Telemedicine Privileging Provisions through Distant-Site Telemedicine Entity Agreement – 03.00.08
When the Telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital or a distant-site Telemedicine entity, the governing body of the hospital whose patients are receiving the Telemedicine service may choose to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site hospital or by the distant-site Telemedicine entity. Recommendations on privileges for the individual distant-site physicians and practitioners and the contracted distant-site Telemedicine entity providing such services should have a written agreement with the distant-site hospital, comply with condition of participation for contracted services, and meet all provisions and elements.[8]

Reimbursement

Private insurance coverage and reimbursement for MNT in general varies significantly by insurance company and specific products/plans. Since there is no federal legislation requiring private payer reimbursement for telehealth services, states are left to determine if and how they will regulate telehealth practice and reimbursement. [9, 10] Some insurance companies value the benefits of telehealth and will reimburse a wide variety of services. Others have not yet developed comprehensive reimbursement policies, so payment for telehealth may require prior approval. Each insurer will set its own policies related to coverage, coding and payment for these services. [10]

Medicare covers certain health care services, including Medical Nutrition Therapy (MNT),Diabetes Self-Management Training (DSMT) and Intensive Behavioral Therapy for Obesity, when provided via Telehealth when it meets specific criteria (Medicare Benefit Policy Manual, *Medicare Payment for Telehealth Services* at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf).

Licensing

CDR defines Licensure (Regulatory) as: Licensure is the process by which a state governmental agency grants time-limited permission (that may vary by state) to an individual to be recognized as and/or practice a given occupation after verifying that the individual has met predetermined, standardized qualifications. The goal of licensure is to ensure that licensees have the minimum degree of competency necessary to ensure that the public's health, safety, and welfare are reasonably well protected. If a

person works in multiple states, they must be licensed in each of those states unless an exemption allows practice (often time-limited) by practitioners licensed in another state.[3]

As you delve into Telehealth practice, licensure requirements can be challenging and complicated. Considerations need to be explored, such as:

- *if* all of your patient/client interactions are within the State in which you are licensed or certified, and you maintain your licensure in good standing, and you are in compliance with recognized standards, you are unlikely to have any significant licensure issues;
- *if* you electronically interact with patients/clients in other states, you must be licensed or certified (check State-specific regulations) in each State in which you electronically practice; and
- *if* the current license is with a State of equal or higher standards, some States' laws provide for reciprocity. It is important to note though that this may qualify a licensee to obtain licensure but it may still be required to file the form and pay the fee. The ability to practice in a State prior to obtaining a license varies from State to State and should be reviewed.

National landscape: Telehealth informed consent laws and policies

"The increase in Telehealth use has prompted some states to create laws or policies that heighten patient care requirements and standards. For example, a number of states have implemented some form of informed consent legislation or policy that requires providers to obtain informed consent or permission from a patient prior to delivering Telehealth services. Like many of the other legal and regulatory issues facing Telehealth, navigating the variation in state laws can be challenging for interstate Telehealth providers. Further, some laws may require Telehealth providers to obtain informed consent from patients prior to providing Telehealth services, when they may have relied on other providers or their employing organization to do so."[2] Access the following link to review telehealth-related laws, regulations, and reimbursement policies: https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-spring-2023/

Privacy

Covered entities, including credentialed nutrition and dietetics practitioners, must comply with the HIPAA privacy regulations for use and disclosure of patient and client information. The rules require covered entities to:

- distribute a privacy notice to all patients;
- post the privacy notice in practitioners' offices;
- make good-faith-effort to obtain the written acknowledgement from the patient of their receipt of the notice;
- as requested allow patients access to their records; and
- complete training and train staff to understand and fully implement privacy requirements.[11]

The Privacy Rule and the Administrative Simplification Rules apply to health plans, health care clearinghouses, and to any health care provider who transmit health information in electronic form in connection with transactions for which the Secretary of Health and Human Services has adopted standards under HIPAA.[11]

The Privacy Rule protects all *individually identifiable health information* held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."[11]

"Individually identifiable health information" is information, including demographic data, relating to the:

- individual's past, present or future physical or mental health or condition;
- provision of health care to the individual; and
- past, present, or future payment for the provision of health care to the individual.

Individually identifiable health information identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).[11]

Legal and Insurance

Prior to starting or transitioning to a Telehealth practice, malpractice and liability insurance policies must be reviewed with legal counsel to ensure Telehealth is a covered activity; in some policies it is specifically excluded or not mentioned. If Telehealth is not specified as a covered activity, supplemental insurance may need to be procured.[12] Check with the Academy insurance offered to private practice or traditional employment as administered by Mercer Consumer. Product is available to members in the Membership > Member Benefits > Discounts on Products and Services category and located on the Academy Website at (membership required): Discounts through the Member Advantage Program (eatrightpro.org).

Quality Assessment and Performance Improvement

A Telenutrition service can be delivered with a range of quality and efficiency, depending on how it is implemented and executed. It can also improve or degrade over time as those involved get acclimated to the process and develop either good or bad habits. The best way to address this is to implement a systematic plan for process monitoring and quality improvement that focuses on the delivery of the Telehealth consultations.[13]

Cost and Benefit

The benefits of a new Telehealth program may take time to accrue. The cost savings achieved through Telehealth technology may not be realized by the practice, so be wary of basing the budget on an outside source's view of the benefits of the technology. Efficiency savings may also take time to be realized. Even if the implementation schedule is generous, it will take practice before new procedures become routine and run smoothly.[6]

Telehealth and Public Health Emergencies

The Academy and CDR provide resources and guidance about practicing telehealth in the context of a national public health emergency as Medicare, commercial/private payers, and some Medicaid programs may temporarily modify their policies and rules to expand access to care via telehealth. It is incumbent upon practitioners to remain up to date with changing regulations as the declaration of the public health emergency is made, enforced, and concluded (ie. Creating a Roadmap for the End of the COVID-19 Public Health Emergency | CMS)

- Telehealth Quick Guide (eatrightpro.org) (Membership required)
- State Licensure - Commission on Dietetic Registration (cdrnet.org)
- Telehealth - Commission on Dietetic Registration (cdrnet.org)
- Practice Tips, Case Studies, and Credentialing

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Summary

The Practice Tip is intended as an overview of Telehealth and Telenutrition. To determine if you should add Telehealth or a Telenutrition service to your practice, please use the Scope of Practice Decision Algorithm. The Scope of Practice Decision Algorithm is a tool that permits an RDN and NDTR to answer a series of questions to determine if a particular activity is within their scope of practice. The Tool is designed to allow an RDN or NDTR to critically evaluate their knowledge, skill and demonstrated and documented competence with criteria resources.

Resources: Academy/CDR Practice Documents - Scope/Standards of Practice

The *Scope and Standards of Practice for the Registered Dietitian Nutritionist (RDN)* and the *Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered (NDTR)* are an all-inclusive set of documents that answer what the RDN and NDTR need to acquire for the purpose of providing quality nutrition and dietetics care. The Resources describe the tasks and services RDNs and NDTRs perform to meet employer, government, customer/client/patient and other stakeholder requirements and opportunities. These core documents are located on the CDR Webpage: https://www.cdrnet.org/scope which leads to the *Journal* Website to access the Scope and Standards for RDNs and NDTRs Collection: https://jandonline.org/content/core.

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Focus Area Standards of Practice (SOP) and Standards of Professional Performance (SOPP) Collections are located on the *Journal* Website; to access *Journal* Collections: https://jandonline.org.

Academy telehealth practice resources are located at Telehealth Advocacy (eatrightpro.org).

On-Line Resources

American Telemedicine Association

State Telehealth Laws and Reimbursement Policies Report, Spring 2023 – CCHP (cchpca.org)

Federation of state medical boards

Health Care Innovations Exchange

Health Resources and Services Administration (HRSA): Telehealth

Medicaid and Telehealth

Medicare and Telehealth

National Conference of State Legislatures: State Telehealth Policies

National Rural Health Association

Telehealth Resource Center

VHA Office of Telehealth Services

In this Practice Tips, CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

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