

CASE STUDY – RDNs Delivering Telehealth Nutrition-Related Services in Hospital Outpatient Setting

Case: A registered dietitian nutritionist (RDN) is determining if performing medical nutrition therapy (MNT) activities via telehealth is within their individual scope of practice.

Statement: The Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist (RDN) does not guarantee that a RDN will be able to perform expanded practice skills, but it can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

Definitions:

Term	Definition
Telehealth	Telehealth is the use of electronic information and telecommunications technologies to support clinical health care, patient and professional health-related education, public health and health administration.
Definitions located in the Definition of Terms List: www.cdrnet.org/definitions	

Explanation of Case:

A registered dietitian nutritionist (RDN) is working in a hospital providing outpatient nutrition counseling services. The RDN is receiving an increasing number of referrals for individuals who travel some distance for the appointment. The RDN is interested in determining if providing medical nutrition therapy (MNT) including nutrition assessment, intervention, and counseling via telehealth is within their individual scope of practice as the hospital has begun to offer telehealth services to the hospital's clinics in other communities within the state.

In this example, the RDN uses the Revised 2017 Scope of Practice for the RDN¹, and the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs² to determine whether providing MNT via telehealth is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN's responsibility.

Case Study Resources:

The resources listed below and throughout the case study are intended to provide additional knowledge, guidance, and tools related to telehealth. NOTE: Some of the resources require non-members to pay a fee to access.

- Available from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
 - Telehealth Webpage (member only): <https://www.eatrightpro.org/career/career-resources/telehealth-quick-guide>
 - Practice Tips: Delivery of Nutrition-Related Services Using Telehealth: <https://www.cdrnet.org/tips>

- Medicare Part B MNT Resources - set of all handouts (member only):
<https://www.eatrightpro.org/career/payment/medicare/medicare-practice-settings>
 - Code of Ethics for the Nutrition and Dietetics Profession:
<https://www.cdrnet.org/codeofethics>
 - Revised 2017 Scope of Practice for the RDN: <https://jandonline.org/content/core>
 - Revised 2017 Standards of Practice and Standards of Professional Performance for RDNs:
<https://jandonline.org/content/core>
 - Focus Area Standards of Practice and Standards of Professional Performance: CDR
Webpage: <https://www.cdrnet.org/scope>
 - Nutrition Care Process Terminology (eNCPT online): <https://www.ncpro.org/>
 - Essential Practice Competencies for Commission on Dietetic Registration's (CDR)
Credentialed Nutrition and Dietetics Practitioners:
https://admin.cdrnet.org/vault/2459/web/New_CDR_Compencies_2021.pdf
- Institutional, regulatory, and other resources include:
- Academy Licensure and Telehealth webpages (member only):
<https://www.eatrightpro.org/practice/telehealth-for-dietetics-practitioners/telehealth-quick-guide> and <https://www.eatrightpro.org/advocacy/licensure>
 - Veteran Affairs Telehealth resources: <https://www.telehealth.va.gov/>
 - Center for Connected Health Policy: <https://www.cchpca.org>
 - Telehealth Resource Center: <https://telehealthresourcecenter.org/>
 - Organization policies and procedures
 - In hospital setting, organization and medical staff process and bylaws for RDNs to obtain clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services
 - Facility/program accreditation standards, if applicable
 - State licensure laws and regulations: <https://www.cdrnet.org/LicensureMap>
 - Academy resources on CMS hospital and critical access hospital regulations for RDN order writing privileges (member only):
<https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-critical-access-hospitals>

Using the Scope of Practice Decision Algorithm:

<https://www.cdrnet.org/scope>

The Scope of Practice Decision Algorithm is a resource that permits a RDN to answer a series of questions to determine whether a particular activity is within their individual scope of practice. The algorithm is designed to allow a RDN to critically evaluate their knowledge, skills, experience, judgment and demonstrated competence using criteria resources. The algorithm is used by the RDN to evaluate each separate activity.

PRACTITIONER QUESTIONS:

Question 1: Is this activity consistent with the Academy of Nutrition and Dietetics/Commission on Dietetic Registration (CDR) Code of Ethics, standards of practice and standards of professional performance, evidence-based nutrition practice guidelines, other national organization standards of practice and/or practice guidelines, accreditation standards, federal and state laws and regulations, and good business practices?

The RDN verifies consistency with the Scope of Practice for the RDN, which states:

- RDNs “provide nutrition counseling and nutrition education to optimize nutritional status, prevent disease, or maintain and/or improve health and well-being.”¹
- RDNs in clinical practice “Perform assessment of a patient’s/client’s nutrition status via in-person, or facility/practitioner assessment application, or HIPAA-compliant video conferencing telehealth platform.”¹
- “RDNs providing telehealth services where 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.”¹

The Scope of Practice for the RDN¹ also has a segment in the Practice Areas, Services, and Activities section of the article dedicated to telehealth.

The RDN compared this activity to the Academy/CDR Code of Ethics. While telehealth is not mentioned directly in the Code of Ethics, there are some principles and standards that apply to this topic (Note: may not be all inclusive, others may apply on a case-by-case basis):

- “Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.”³
- “Practice within the limits of their scope and collaborate with the inter-professional team.”³
- “Document, code and bill to most accurately reflect the character and extent of delivered services.”³

The RDN reviewed the Revised 2017 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDNs. The Revised 2017 SOP in Nutrition Care and SOPP for RDNs contains a role example for a ‘Telehealth practitioner, nutrition, and wellness’² as well as indicators in both the SOP and SOPP that would be applicable to the delivery of MNT and nutrition-related care and services using telehealth technology.

Question 2: Do you have the necessary knowledge, skills and demonstrated competence in practice to perform this activity?

In reviewing their education and training, the RDN determined additional knowledge related to delivering telehealth, specifically regulations and payment, would be beneficial. The RDN discussed with their supervisor and decided to access applicable Academy learning activities and investigate resources available through the organization. The RDN recorded completion of the webinars and competence verification in their Professional Development Portfolio and personnel records.

- The RDN reviewed and completed the following CDR/Academy Webinars/Resources:
 - Academy Telehealth Webpages (member only):
<https://www.eatrightpro.org/career/career-resources/telehealth-quick-guide>
 - Practice Tips: Delivery of Nutrition-Related Services Using Telehealth:
<https://www.cdrnet.org/tips>
 - Medicare Part B MNT Resources: A set of all handouts (member only):
<https://www.eatrightpro.org/career/payment/medicare/medicare-practice-settings>
 - MNT Provider: monthly newsletter free to Academy members:
<https://www.eatrightpro.org/career/payment/medical-nutrition-therapy/mnt-provider>

Question 3: Did you use the Standards of Practice and Standards of Professional Performance to determine your competence? Did you demonstrate your competence to an individual with the knowledge and skills to appropriately assess your ability to perform the activity? Is your competence documented in your employee personnel record?

The RDN reflects on the '[core' SOP and SOPP](#) indicators² and focus area SOP and/or SOPP applicable to patient/client population (e.g., Diabetes Care, Adult Weight Management) to ensure meeting the minimum competent level of practice related to MNT delivery via telehealth. The following are examples of indicators from the Revised 2017 SOP in Nutrition Care and SOPP for RDNs² and are not all encompassing of indicators related to other focus areas of practice.

Competent Level of Practice
<p>SOP Indicators:</p> <ul style="list-style-type: none"> • Rationale of Standard 1: Nutrition Assessment states "...Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act-compliant video conferencing telehealth platform".
<p>SOPP Indicators:</p> <ul style="list-style-type: none"> • 1.1, 1.3 • 3.2, 3.4, 3.4C • 5.2, 5.2B • 6.3

To strengthen RDN knowledge and skill in the delivery of telehealth, the RDN evaluates their level of practice related to the Revised 2017 SOP in Nutrition Care and SOPP for RDNs². The indicators related to telehealth where the RDN does not meet competent level of practice are opportunities to strengthen knowledge and skills for quality practice.

The RDN plans to request training on how to use the hospital's telehealth technology and on telehealth best practices from their supervisor who has delivered MNT through telehealth and interprofessional team colleagues using telehealth. The RDN wants to ensure that they are adequately trained in using the HIPAA-compliant video conferencing telehealth platform prior to using with patients with their consent. Once the RDN completes training and competence verification, the RDN's supervisor provides documentation for their employee personnel file following hospital procedure.

Question 4: If the state(s) where you work license RDNs, is there any language that prohibits this activity? Are there provisions within the scope of practice of any other professions that would limit performing this activity?

The RDN discovered that they must be licensed and/or meet the other applicable standards that are required by state or local laws and regulations in both the state where the RDN is located and the state where the patient/client is located. The RDN studied their state and the state laws and regulations where patients/clients might be located at <https://www.cdrnet.org/LicensureMap>. Since regulations and policies are regularly updated, the RDN routinely monitors the applicable laws and regulations.

Question 5: Are there any additional credentials (i.e., RDN-AP, CSO, CSG, CSP, CDCES, CNSC) or training (i.e., residency/fellowship, adult or pediatric weight management certificate) described in published practice guidelines that would be expected of a health professional performing this activity?

The RDN researched published practice guidelines and discovered there are no telehealth-specific credentials or formal training required of health professionals performing telehealth.

Question 6: Does your employer/organization, in its policies and procedures or medical staff bylaws, rules and regulations recognize the RDN as qualified to perform the activity?

The RDN reviews the organization's governing body documents, such as medical staff bylaws, rules and regulations, and policies and procedures and concludes that telehealth is allowed with appropriate training and documented competence. After the RDN demonstrates and documents their competence in their personnel file, the RDN works to ensure that their description is amended to support performing activities such as MNT via telehealth.

The RDN also reviewed the CMS regulations for performing activities such as MNT via telehealth and the reimbursement codes. The RDN confirms that their hospital is a distant site, and can be reimbursed for telehealth, and that RDNs are listed as a distant site practitioner. Reimbursement codes are listed for Individual or group medical nutrition therapy (<https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>).

The case example provides information on what things need to be considered before beginning to deliver services through telehealth. Before performing a new activity, the RDN should also consider the following:

- Ensure that the activity is included in your job description, in granted privileges if working in a hospital-based facility where privileging is required, and in applicable policies and procedures.
- Ensure that your personnel file contains primary source verification of education, training, credentials, if applicable, and competence in performing the activity.
- Investigate your organization’s liability coverage and need for personal professional liability insurance.
- For billable services, investigate whether this activity, as performed by a RDN, will be reimbursed by health plan insurers, including Medicare.

Some examples of best practices of telehealth are, but are not limited to:

- Make sure the web camera is at eye level and test your audio/visual prior to call
- Look directly at the camera
- Ask if the patient/client can clearly see and hear you
- Use a second screen to write notes and complete journal/internet searches, if necessary, and use a silent keyboard if you are taking notes or completing searches during a call⁴

Role Examples of RDNs Practicing Telehealth:

Role	Examples of RDNs practicing telehealth in different practice roles
Private Practice RDN	A RDN in private practice would like to add a telehealth nutrition consulting option to their practice. The RDN routinely monitors all relevant state laws and regulations, the Academy of Nutrition and Dietetics telehealth resources, and considers requirements in the case that a client lives in another state. The review of resources assists the RDN in recognizing when a referral is needed when a client lives in a state where the RDN cannot provide services, at least at this time.
Veteran Affairs RDN	A RDN accepts a position with a Veteran Affairs hospital that includes providing nutrition counseling and education through telehealth services. The RDN reviews the hospital’s telehealth options and determines training needs to become familiar with the telehealth equipment. While familiarity with the policies and equipment is developed, the RDN identifies mentors for consultation when questions arise.

International RDN	A RDN living abroad would like to offer telehealth services to clients in the U.S. The RDN is credentialed and/or licensed in the country they reside and has maintained their RDN credential through CDR. The RDN reviews all applicable laws and regulations related to performing telehealth within their country and all relevant U.S. state laws and regulations to identify states in which they are eligible to provide MNT services. The RDN completes the Scope of Practice Decision Tool and reviews the CDR telehealth resources. The RDN identifies a colleague providing telehealth in the U.S. for consultation if questions arise.
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Disclaimer: *The Case Studies are intended solely as models to assist practitioners in using the Scope of Practice, Standards of Practice in Nutrition Care, Standards of Professional Performance, and the Scope of Practice Decision Algorithm and in determining their individual scope of practice. They should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.*

In this Case Study, 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).

REFERENCES

1. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet.* 2018; 118(1): 141-165.
2. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet.* 2018; 118(1): 132-140e15.
3. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration CDR). Accessed July 19, 2023. <https://www.cdrnet.org/codeofethics>.
4. Tips You May Not Know to Improve Telehealth for Patients and Providers. Institute for Healthcare Improvement. Accessed August 22, 2023. <https://www.ihl.org/communities/blogs/tips-you-may-not-know-to-improve-telehealth-for-patients-and-providers>.