

Nutrition in Primary Care: Integrating Dietetic Interns (“RDs in training”) into the Patient-Centered Medical Home

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Project Description

The Oregon State University Dietetic Internship (OSUDI) program has been involved in providing FamilyCare CCO members individual and group nutrition care services at patient-centered medical homes (PCMHs) in the Portland area since 2013. Several PCMHs have participated, and currently we are serving Metropolitan Pediatrics, Wallace Medical Concern, and Rose City Primary and Urgent Care.

Registered Dietitian Nutritionists (RDNs, also called RDs) are trained food and nutrition experts commonly employed in acute and long-term care and community agencies. With the new healthcare model’s emphasis on prevention, RDNs are ideal professionals capable of providing both preventive and therapeutic nutrition care in PCMH settings.

Requirements to become an RDN

RD/RDNs have completed the following through the Accreditation Council for Education in Nutrition and Dietetics (ACEND) through the Academy of Nutrition and Dietetics:

- **Bachelor’s degree** and coursework through an ACEND-accredited Didactic Program in Dietetics or Coordinated Program in Dietetics
- **1200 hours of structured supervised practice** in an ACEND-accredited dietetic internship, coordinated program. Interns are currently meeting this requirement
- **Passing of an national exam** administered by the Commission on Dietetic Registration
- **75 hours of continuing professional education units every five years** to maintain their credential



Current Services Provided

- Individual counseling (scheduled or warm hand-off)
- Preventive Nutrition Group classes (for patients)
- Wellness Nutrition Awareness Topics (e.g., Lunch and Learn for staff)
- Staff development and consultation with healthcare team
- Development of nutrition education materials

Potential Other Directions:

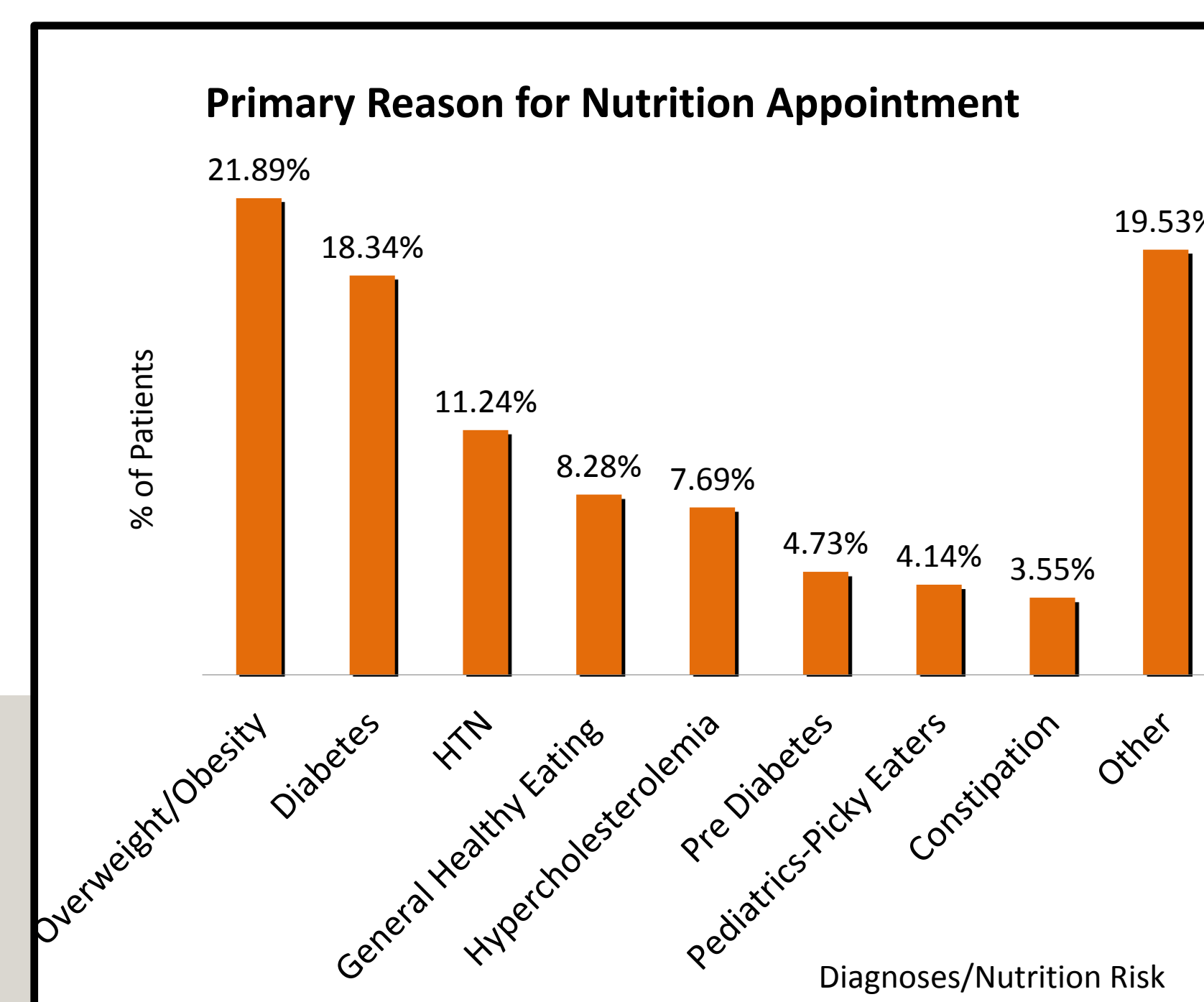
- Grocery store tours
- Telehealth nutrition education and follow-up
- Diabetes quality improvement initiatives
- Translating client food practices into evidence-based nutrition education (e.g., vegetarian diets, overly restrictive parental feeding, healthy eating and lifestyles, etc.)

Data

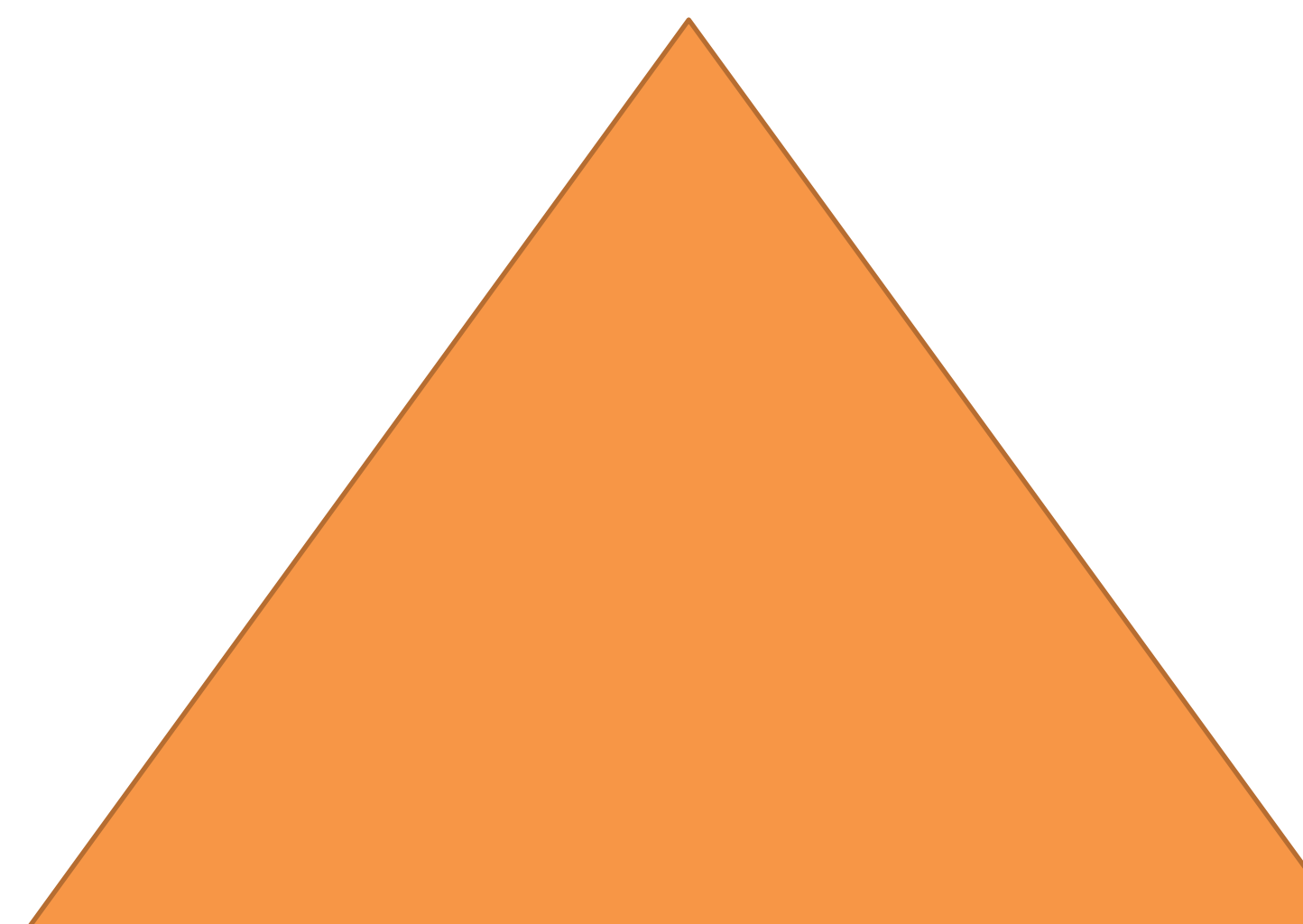
Data was collected on intern productivity in individual counseling from January to May 2015. Interns recorded the number of patients seen, time spent in patient care, and the reason for the visit.

- 202 total clients seen in individual counseling sessions
- 152 hours spent with those clients
- Interns spent an average of 45 minutes with each client

Table 1: Patient Diagnoses/Nutrition Risk of Intern Visits



Institute for Healthcare Improvement Triple Aim



Population Health

Effect of improved nutrition on multiple health parameters:

- Weight/BMI
- A1c
- Cholesterol levels
- Improved knowledge of nutrition/food choices

Experience of Care

- Improve patient access and experience by having nutrition services in same location
- Provide clients with subject matter expert on-site improves client experience of care
- Time to conduct targeted counseling and follow-up with patient
- Translate information into eating patterns, and food choice information

Per Capita Cost

- RDN services decrease time spent by providers on nutrition care
- Ability to provide preventive nutrition care reduces need for chronic disease services

Advantages of using “RDs in training”

- Instills perspective/understanding of the new healthcare model
- Increases innovation and technology skills used in practice
- Provides immediate access to nutrition services (no need to refer/travel to outside RDN)
- Saves primary care providers time
- Participation in primary care team
- Patient and provider convenience
- RDNs are subject matter experts in both primary and preventive nutrition care on site
- Improves efficiency for other healthcare providers

Challenges

- Initiating new nutrition care services into PCMH
- Uncertainty on how to integrate role of nutrition

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OSU Dietetic Internship Program
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