



**The National
Resource Center on
Nutrition & Aging**

**MAKING THE CASE FOR
NUTRITION THERAPY:
MNT WORKS FOR SENIORS
TOOLKIT**



**The National
Resource Center on
Nutrition & Aging**

WELCOME & INTRODUCTIONS

A COLLABORATIVE EFFORT

- MNT Works for Seniors Toolkit is a result of an 18-month partnership between:



The NRCNA seeks to build capacity of the aging services network to provide nutrition services for both current and future older adult populations.

www.nutritionandaging.org



The Academy of Nutrition and Dietetics is the world's largest organization of food and nutrition professionals.

www.eatright.org



**The National
Resource Center on
Nutrition & Aging**

PRESENTATIONS

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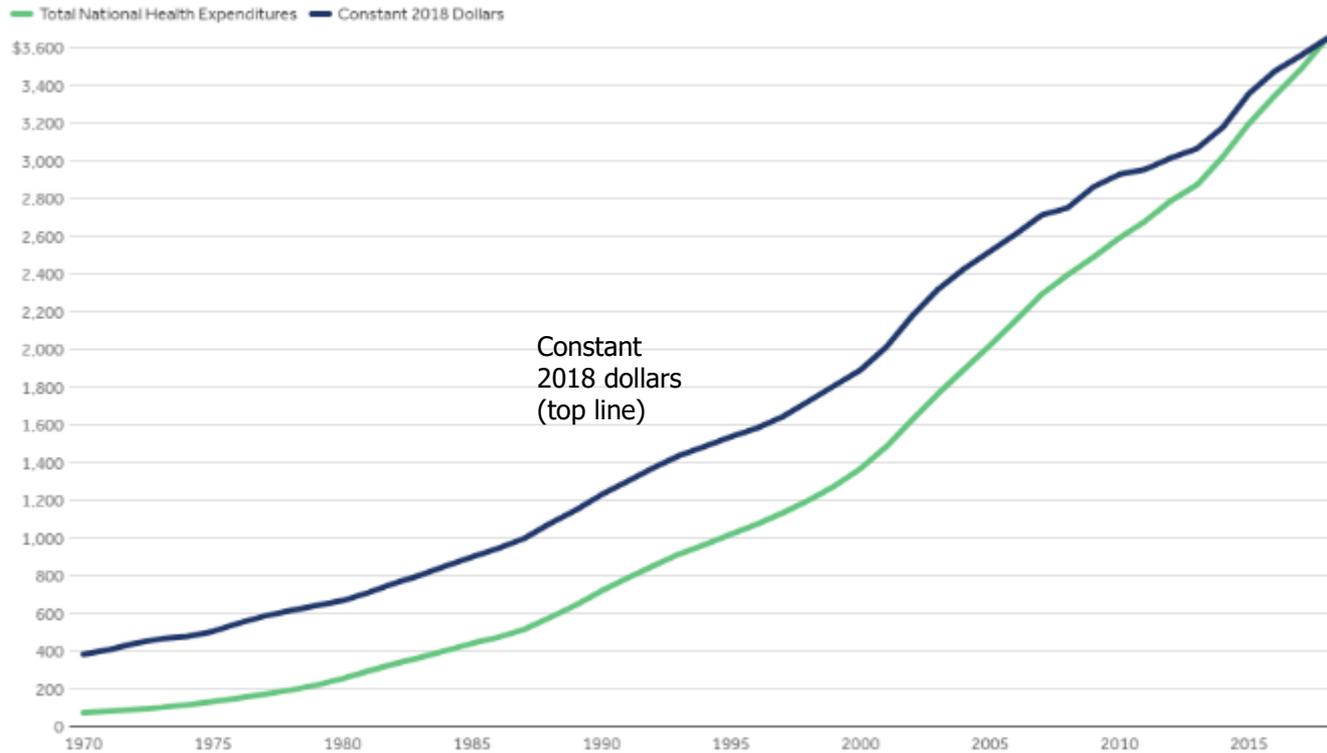
Stars in Alignment



Rising Health Care Costs

Total health expenditures have increased substantially over the past several decades

Total national health expenditures, US \$ Billions, 1970-2018



Constant 2018 dollars (top line)

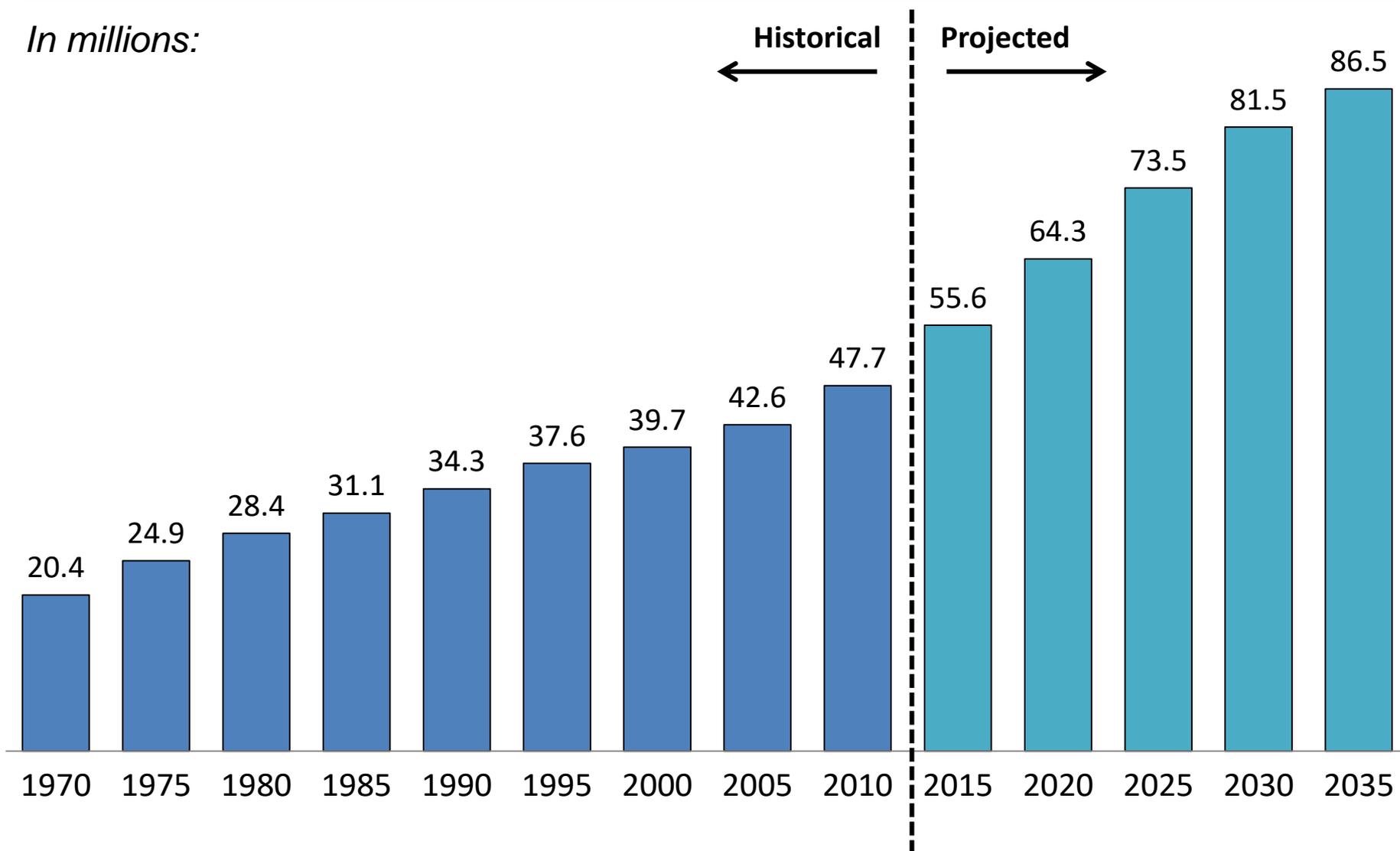
A constant dollar is an inflation adjusted value used to compare dollar values from one period to another.

Source: KFF analysis of National Health Expenditure (NHE) data • [Get the data](#) • PNG

Peterson-KFF
Health System Tracker

Medicare Enrollment, 1970-2035

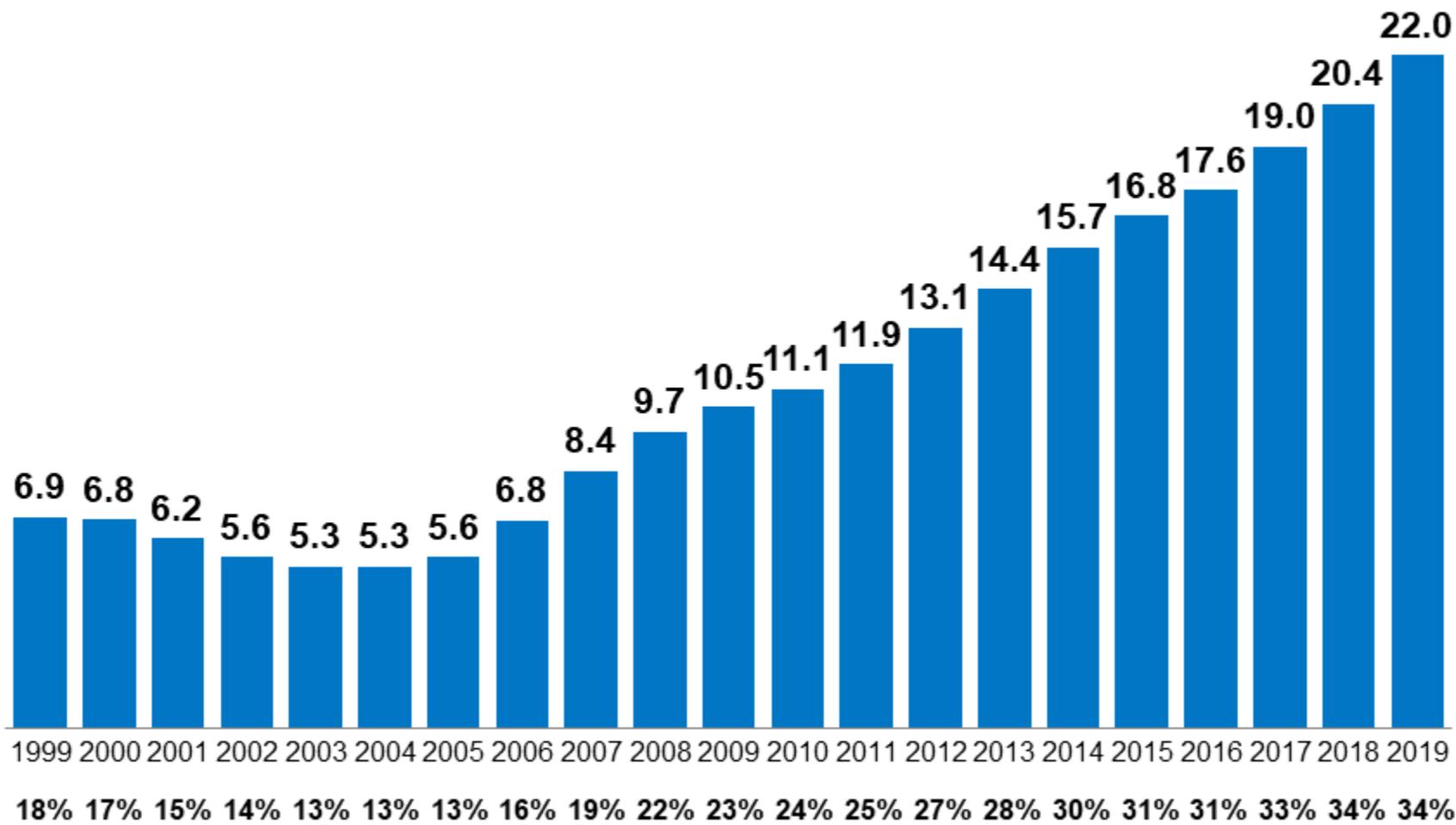
In millions:



SOURCE: 2013 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

Figure 1

Total Medicare Advantage Enrollment, 1999-2019 (in millions)



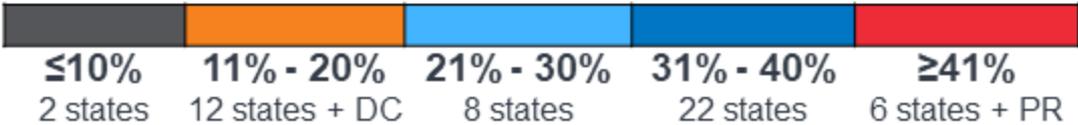
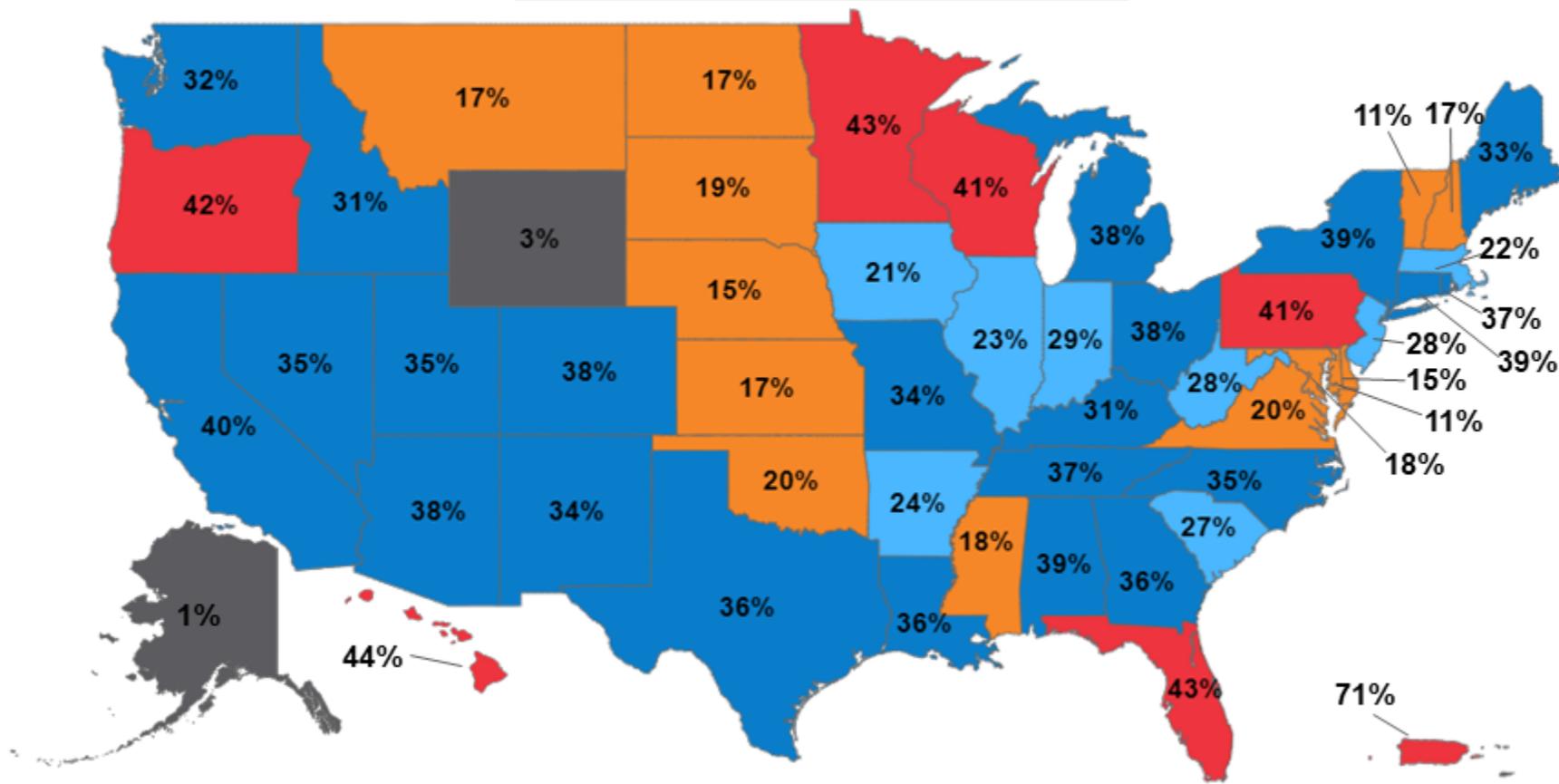
% of Medicare Beneficiaries

NOTE: Includes cost plans as well as Medicare Advantage plans. About 64 million people are enrolled in Medicare in 2019.
SOURCE: Kaiser Family Foundation analysis of CMS Medicare Advantage Enrollment Files, 2008-2019, and MPR, 1999-2007; enrollment numbers from March of the respective year, with the exception of 2006, which is from April.

Figure 2

Medicare Advantage Penetration, by State, 2019

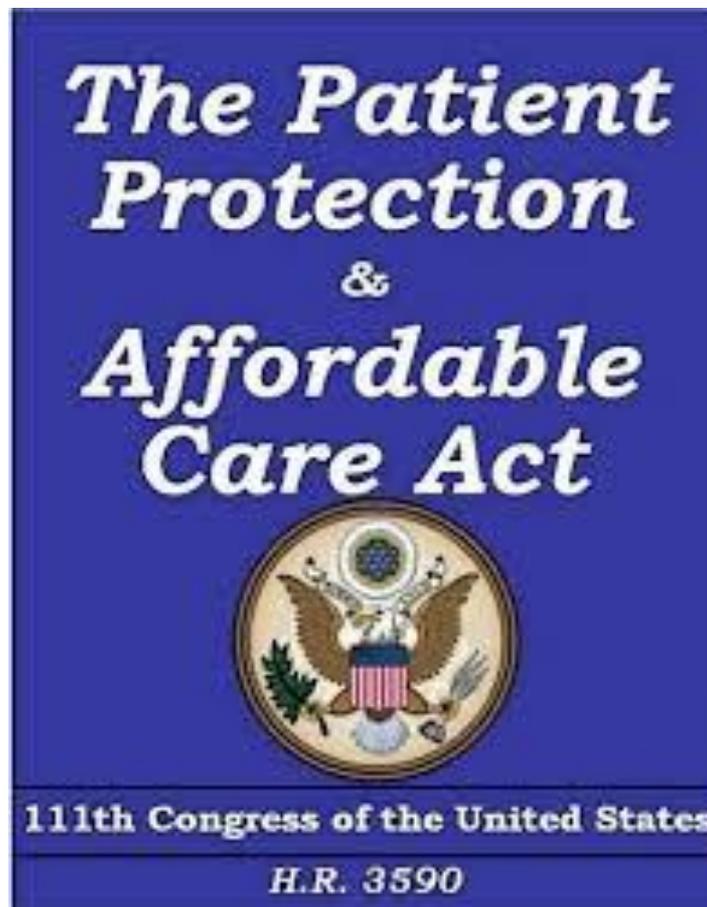
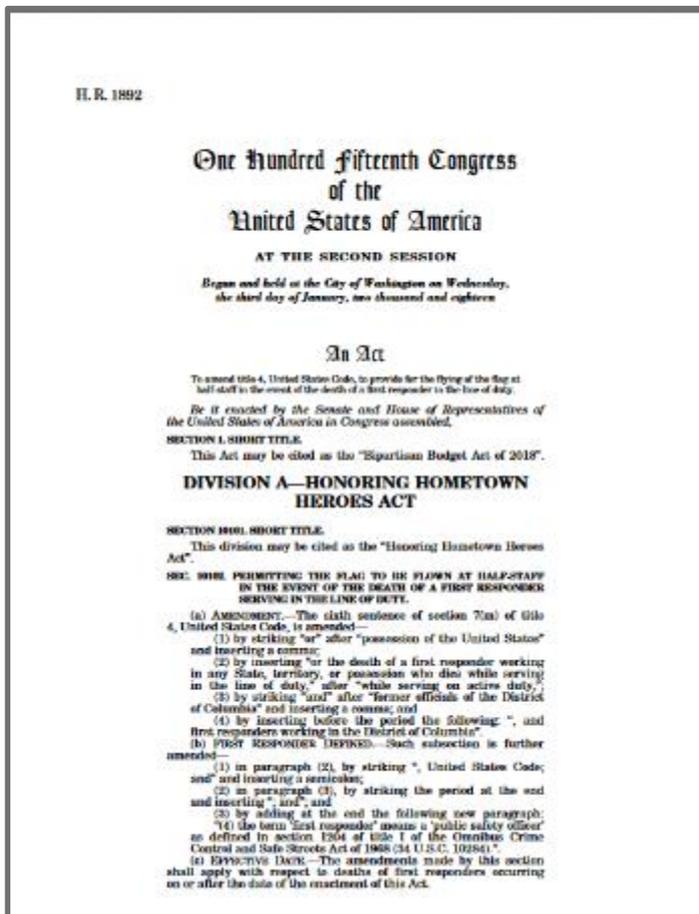
National Average, 2019 = 34%



NOTE: Includes cost plans, as well as other Medicare Advantage plans. Excludes beneficiaries with unknown county addresses.

SOURCE: Kaiser Family Foundation analysis of CMS State/County Market Penetration Files, 2019.

Legislation Creates Opportunities



The New Value Proposition



Discussion Question

How does your program currently fulfill this value proposition?

From Volume to Value



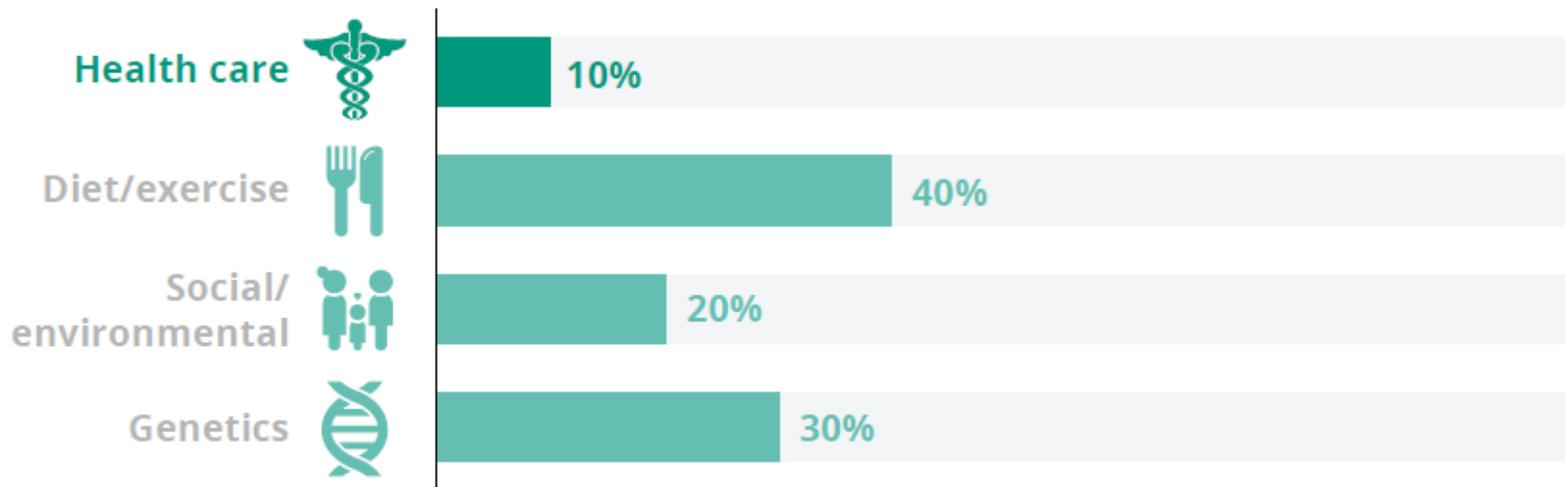
Category 1: Fee for Service- No link to Quality and Value

Category 2- Free for Service – Link to Quality and Value

Category 3- APMS Built on Fee-for-service Architecture

Category 4- Population-Based Payment

Research Shows That Medical Care is Responsible for a Mere **10 percent** of Preventable Mortality



Research shows that Medical Care is Responsible for a mere 10 percent of preventable mortality. Diet/exercise is 40%, Social/environmental is 20% and Genetics: 30%.

Kaiser Family Foundation – Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity
<https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

Building Bridges

Health Care Systems

Community-Based Programs



By Frits Ahlefeldt

Discussion Question

How are you currently building bridges with the health care system in your community?

Are You Leaving Money on the Table?

A stack of several US dollar bills is shown on a light-colored wooden surface. The bills are slightly fanned out, and the top bill is a \$100 bill. The image is semi-transparent, allowing the text to be overlaid on it.

Medicare Part B Medical Nutrition Therapy Benefit

Polling Question

Do you currently offer and bill for MNT services?

1. Yes
2. We offer MNT services, but we don't bill for them
3. No
4. We're thinking about doing so

WHAT'S IN IT FOR ME

Maximizing Revenue Streams



PARTNERSHIP





*AVAILABLE
NOW!*

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and Dietetics

The National
Resource Center on
Nutrition & Aging



Medical Nutrition Therapy Works for Seniors

A Resource Guide for Registered Dietitian Nutritionists
and Senior Nutrition Program Administrators



MNT WORKS FOR SENIORS PROJECT REPORT



Commissioned by the
National Resource Center on Nutrition and Aging
in Collaboration with the
Academy of Nutrition and Dietetics
Contractor: Paula Ritter-Gooder PhD RDN CSG LMNT FAND

RATIONALE OF THE PROJECT

- Support community-based nutrition professionals and programs to advocate for coverage of medical nutrition therapy (MNT) by local health plans
- Survey community-based senior nutrition programs and Registered Dietitian Nutritionists (RDNs) working in those programs to determine education, training and resource needs
- Explore examples of innovative programs from the field
- Develop a toolkit as a compendium of information, resources and tools



MNT IS NOT NUTRITION EDUCATION

Medical Nutrition Therapy

- In-depth individualized care
- Uses the Nutrition Care Process to assess, diagnose, intervene, monitor and evaluate outcomes for **treatment and management of disease or medical condition**
- Provided by RDN, required to be licensed to practice in most states

Nutrition Education

- Intervention or training intended to provide, build or reinforce basic nutrition-related knowledge/skills
- Non-individualized offered through group settings or other media
- Planned or provided by RDN or other health professional



POLLING QUESTION

- **What is driving your interest in this webinar/topic?**
 - Client need
 - Already providing MNT services
 - New opportunity/Business development
 - Want to know more about topic
 - Other

- If you have other reasons for joining the webinar today, please enter them in the chat box.



DEVELOPMENT OF MNT WORKS FOR SENIORS TOOLKIT

- Quantitative survey of community-based senior nutrition programs:
 - Determine education, training and resource needs
 - Survey Monkey, Aging and Academy of Nutrition and Dietetic networks
- Qualitative inquiry of innovative programs in the field
 - Explore models of MNT provided by RDNs in community settings
 - Informants identified through previous contacts and survey participants
 - Telephone, semi-structured interviews, written case study report verified by informants



MNT FOR COMMUNITY BASED OLDER ADULTS SURVEY:

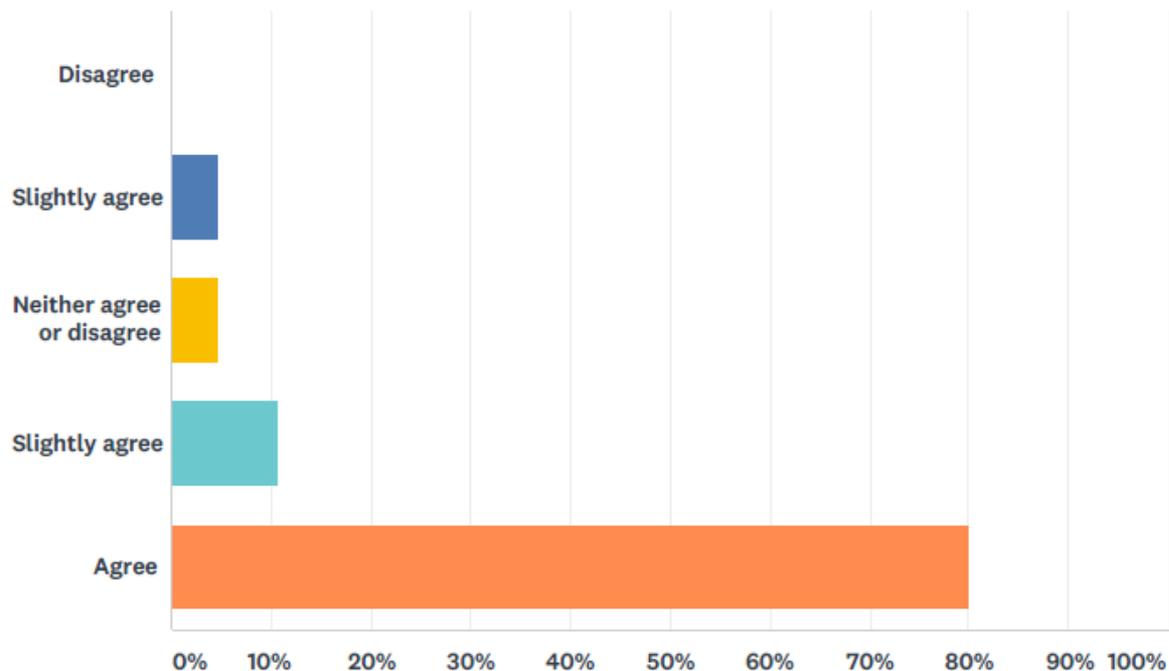
Challenges and Opportunities

- Results of quantitative survey
 - n= 65 respondents
 - 94% were employed at local, state, or regional level to provide congregate, home delivered meals or other services within senior nutrition programs
 - Over half were RDNs
 - 83% do not provide MNT billed to Medicare Part B
 - 86% do not provide MNT billed to Medicare Advantage Plans



Q1 What is your level of agreement to the following statement: Medicare reimbursable MNT is appropriate to offer within senior nutrition programs in the community setting.

Answered: 65 Skipped: 0



OPEN-ENDED QUESTION RESPONSES PART 1

Q5 If not currently providing reimbursable MNT in senior nutrition programs, please explain why (resources, knowledge, etc)

- “We are interested but need more education about the process”
- “We are currently in the process of researching how to do this. Our AAA's are not set up properly to handle the billing at this time, and the RD's find the steps to become Medicare reimbursable confusing so many do not have the qualifications to do so”
- “I did not know we could provide reimbursable MNT”
- “We do not have the level of nutritionists needed to manage all of the congregate programs and provide MNT services. In addition, the billable piece would require programmatic infrastructure that is not in place. We would be very interested in learning more about the billable side of things to see if there is opportunity to build that into our practice.”



OPEN-ENDED QUESTION RESPONSES PART 2

Q6 If currently providing reimbursable MNT in senior nutrition programs, please describe any challenges.

- “It took us a bit of time to get all the necessary approvals and paperwork. It also takes time to work through the referral process”



QUALITATIVE DATA RESULTS

Discussions With Informants Who Offer Medicare Reimbursed MNT In Community Settings

- 3 telephone interviews, each approximately 75 minutes in length
- Innovative and emerging programs of 1 ½-6 years
- Challenge themes- achieving economy of scale, marketing, getting “back end” structure in place (physician referral process, benefit eligibility, billing procedure) working on denied claims
- Opportunity themes- positive client outcomes, positive engagement with health care partners, new revenue stream

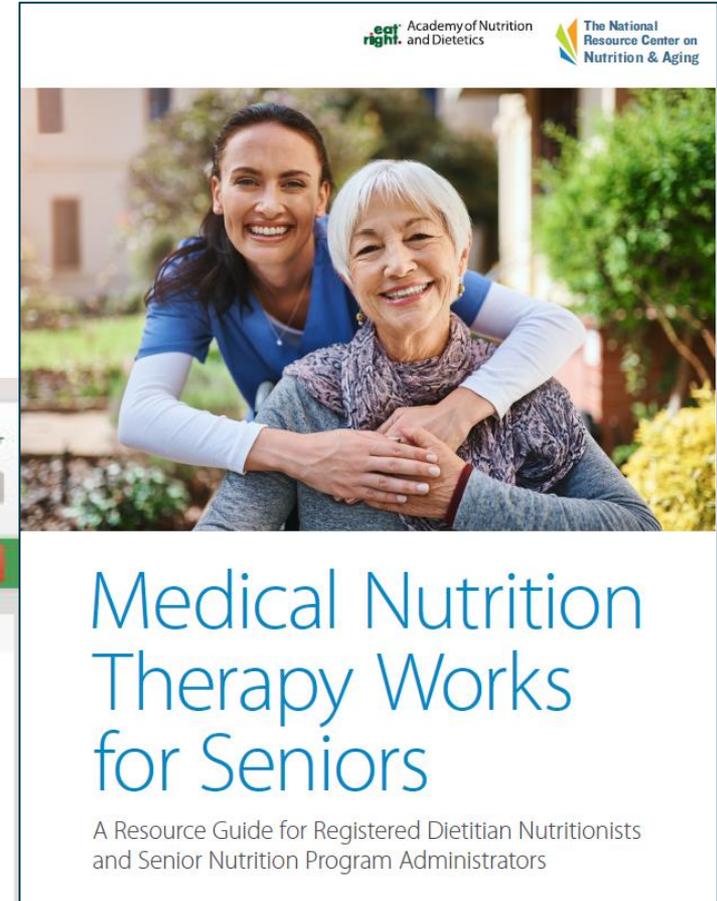


TOOLKIT OVERVIEW

- Access toolkit here:
<https://www.eatrightpro.org/payment#getting-started---payment-basics>



The screenshot shows the eatrightPRO website interface. At the top, there are navigation links for eatright, eatrightPRO, eatrightSTORE, and eatrightCPE. The main header includes the eatrightPRO logo, the text "Academy of Nutrition and Dietetics", and links for Member Benefits, Join/Renew, and News Center. A search bar is also present. Below the header, a green navigation bar contains links for Advocacy, Leadership, Payment, Practice, and Research, along with a Sign In button. The main content area shows a breadcrumb trail "Home » Payment" and a section titled "Payment" with a red heading. Below this, there is a paragraph of text and a featured article titled "Changes in Health Care Delivery and Payment" with a sub-heading and a small image of a healthcare professional.



The graphic features the eatright Academy of Nutrition and Dietetics logo and The National Resource Center on Nutrition & Aging logo at the top. Below the logos is a photograph of a young woman with her arms around an elderly woman, both smiling. The main text reads "Medical Nutrition Therapy Works for Seniors" in large blue font. Below this, it says "A Resource Guide for Registered Dietitian Nutritionists and Senior Nutrition Program Administrators".



EXPLORE TOOLKIT CONTENTS

Section I: Making the Case for Senior Nutrition Programs – Leveraging Emerging Opportunities for Future Readiness and Sustainability Through Health Care Integration 5

Section II: Medical Nutrition Therapy in the Changing Landscape of Medicare and Medicare Advantage 7

Section III: Promising Models for Providing Medicare MNT in Community Settings 16

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LEVERAGE KEY ONE PAGERS

MNT Works for Seniors

- The Value of Registered Dietitian Nutritionists
- RDNs Provide Better Health Outcomes
- MNT Providing Return on Investment

Share with colleagues, employers, funders and partners.

The image displays three overlapping document thumbnails. The top-left thumbnail shows the title 'MNT Works for Seniors' and a section titled 'The Value of Registered Dietitian Nutritionists'. The middle thumbnail shows the title 'MNT Works for Seniors' and a section titled 'RDNs Provide Better Health Outcomes'. The bottom-right thumbnail shows the title 'MNT Works for Seniors' and a section titled 'MNT Providing Return on Investment'. Each thumbnail also features the subtitle 'Medical Nutrition Therapy in the Changing Landscape of Medicare and Medicare Advantage'.

Medical Nutrition Therapy in the Changing Landscape of Medicare and Medicare Advantage

MNT Works for Seniors

The Value of Registered Dietitian Nutritionists

RDNs are NUTRITION EXPERTS. RDNs provide vital food and use their expertise to help in community in hospitals, private practice, wellness programs, and long-term care.

RDNs provide MEDICAL INTERVENTIONS. RDNs are the best qualified to provide therapy services for prevention and treatment of chronic diseases, hospitalizations and reduced costs.

RDNs apply EVIDENCE-BASED PRACTICE. RDNs provide care by applying evidence-based practice guidelines. The guidelines are based on the best available scientific evidence.

RDNs are HIGHLY TRAINED. RDNs receive extensive training and supervision. RDNs must pass a national exam and maintain their credentials.

RDN Services are Integrated. RDNs work hand-in-hand with other healthcare providers to coordinate and monitor patient care and body composition.

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Medical Nutrition Therapy in the Changing Landscape of Medicare and Medicare Advantage

MNT Works for Seniors

RDNs Provide Better Health Outcomes

The inclusion of nutrition intervention as part of a health care team, results in improved clinical outcomes, reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes and disorders of lipid metabolism, as well as other chronic diseases.¹

Overweight/Obesity
Studies show medical nutrition therapy for obese adults for less than six months. MNT provided from six to twelve body weight with maintenance of the statistically and clinically significant weight loss.²

Hypertension
MNT provided by an RDN lowers blood pressure. MNT provided by an RDN significantly reduced blood pressure with sustained effect.³

Diabetes
In studies reporting on the impact of MNT, MNT significantly lowered HbA1c by 0.5 to 1.0 percent in adults with type 2 diabetes and improved quality of life.⁴

Metabolic Syndrome/Prediabetes
MNT provided to older adults by RDNs significantly reduced the prevalence of metabolic syndrome and improved quality of life.⁵

(continued on next page)

Medical Nutrition Therapy in the Changing Landscape of Medicare and Medicare Advantage

MNT Works for Seniors

MNT Providing Return on Investment

Data shows that medical nutrition therapy involving in-depth individualized nutrition assessment and a duration of care using the Nutrition Care Process to manage disease, yields positive results. MNT is linked to improved clinical outcomes and reduced costs related to physician time, medication use and hospital admissions for people with obesity, diabetes and disorders of lipid metabolism, as well as other chronic diseases.¹

University of Virginia School of Medicine² reported that an RDN case management approach to lifestyle care can improve diverse indicators of health, including weight, waist circumference, health-related quality of life and use of prescription medications, among obese persons with type 2 diabetes. These results were seen with a minimal cost of \$350 per year per patient.

Diabetes and obesity are associated with elevated rates of lost productivity and disability. In 2007, people with diabetes lost 15 million days of work due to diabetes, costing the U.S. economy approximately \$2.6 billion.³

A modest-cost, RDN-led lifestyle intervention provided to people with diabetes and obesity reduced the risk of having lost work days by 64.3 percent and disability days by 87.2 percent, compared with those receiving usual medical care. For every dollar an employer invests in the lifestyle modification program for employees with diabetes, the employer would see a return of \$2.67 in productivity.⁴

Massachusetts General Hospital⁵ reported that participants receiving group MNT in a six-month randomized trial had a six percent decrease in total and LDL cholesterol levels, compared with the group not receiving MNT. The non-MNT group had no reduction in total cholesterol or LDL levels. The study revealed a savings of \$4.28 for each dollar spent on MNT, much less than the cost of statin therapy.

The Lewin Group documented an 8.6 percent reduction in hospital utilization and 16.9 percent reduction in physician visits associated with MNT for patients with cardiovascular disease. The group additionally documented a 9.5 percent reduction in hospital utilization and 23.5 percent reduction in physician visits when MNT was provided to persons with diabetes mellitus.⁶

Prenatal nutrition programs that target high-risk pregnant women have been shown to improve long-term health outcomes in children, saving at least \$8 for each dollar invested in the program.⁷

¹Academy of Nutrition and Dietetics Evidence Analysis Library. Medical Nutrition Therapy Effectiveness (MNT): Systematic Review (2013-2019). <https://www.eatright.org/dietetics>. Accessed August 19, 2020.
²Wolf AM, Caraway MR, Crowther JQ, et al. Translating lifestyle intervention to practice in obese patients with type 2 diabetes: Improving Control with Activity and Nutrition (ICAN) study. *Diabetes Care*. 2009;32:1530-4.
³American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2002. *Diabetes Care*. 2008;31:596-615. [PubMed: 18008683].
⁴Wolf AM, Slezacek MS, Crowther JQ, et al. Translating Lifestyle Intervention on Lost Productivity and Disability: Improving Control with Activity and Nutrition (ICAN). *J Occup Environ Med*. 2009 February;51(2):138-146.
⁵Goldman MB, Sorensonberg LM, Higgins D, Nathan DM. Clinical and cost outcomes of medical nutrition therapy for hypercholesterolemia: A controlled trial. *J Am Diet Assoc*. 2003;103:1010-1016.
⁶Johnson, Rachel. The Lewin Group—What does it tell us, and why does it matter? *J Am Diet Assoc*. 1999;99:426-427.
⁷Duganite MM, Piyatita H, Moutquin JM, Cuenca T, Desrosiers-Chiquette J. Validation of a screening tool to identify the nutritionally at-risk pregnancy. *J Obstet Gynaecol Can*. 2008 Jan;30(1):26-32.
Adapted and printed by permission of the Academy of Nutrition and Dietetics from the Medical Nutrition Therapy MNTWorks Kit.
Medical Nutrition Therapy Works for Seniors | 14



REVIEW CASE STUDIES

Section III:
Promising Models
for Providing
Medicare MNT
in Community
Settings

- Understand what works
- Identify opportunities to leverage learnings to strengthen your organization's MNT service offerings
- Identify important talking points



GET STARTED!

- Step 1. Understand the Landscape
- Step 2. Obtain a National Provider Number
- Step 3. Obtain an Employee Identification Number
- Step 4. Enroll as a Medicare Provider
- Step 5. Understand Medicare Requirements for Referral and Billing



EXPLORE OFFERING MNT IN YOUR COMMUNITY SETTING

- Inform and engage leadership using “MNT Works for Seniors” toolkit to understand framework.
- Research market, emerging trends, and prospective partners that would be incentivized to partner with you.
- Survey seniors, conduct information sessions.
- Evaluate readiness to change in organization and barriers to moving forward.
- Network with other programs or RDNs:
 - Contact the local Area Agency on Aging and State Unit on Aging.



NEXT STEPS

- Stay touch, stay tuned
- Feedback on Toolkit Evaluation form following the webinar
- Keep the conversation going:
 - Join NRCNAengage <https://nrcna.mn.co/>
 - An online networking community



CONCLUSION & CALL TO ACTION

- Providing MNT in community settings is intended to increase beneficiaries access to service and respond to changing healthcare environment.
- Resources are available to advocate and initiate MNT service and assist with challenges.
- For future sustainable programming that enhances the health of seniors, senior nutrition programs and RDNs are encouraged to be innovative, be collaborative, and establish programs within their community.



RESOURCES

- Position of the Academy of Nutrition and Dietetics and the Society for Nutrition Education and Behavior: Food and Nutrition Programs for Community-Residing Older Adults. *J Acad Nutr Diet*. 2019;119(7):1188-1204. Available at: https://www.eatrightpro.org/-/media/eatrightpro-files/practice/position-and-practice-papers/position-papers/pp_foodnutritionprogramsolderadults.pdf.
- Academy of Nutrition Dietetics. Payment. Available at: <https://www.eatrightpro.org/payment#getting-started---payment-basics>.
- National Coalition of Care Coordination. Building the Business Case: Community Organizations Responding to the Changing Healthcare Environments for Older Adults. https://www.rush.edu/sites/default/files/N3C_Building%20the%20Business%20Case_final.pdf
- Leadership Council of Aging Organizations. Issue Brief: The Growing Role of Aging Network in Improving Health Care and Reducing Healthcare Costs. Available at: <https://www.lcao.org/issue-brief-role-aging-network-health-care/>





**The National
Resource Center on
Nutrition & Aging**

**UPCOMING TRAINING &
NETWORKING
OPPORTUNITIES**

CELEBRATE THE SENIOR NUTRITION PROGRAM THIS MARCH

During March 2020, the Administration for Community Living will kick off, together with the National Resource Center on Nutrition and Aging, a series of weekly webinars.

Date: Wednesday March 4

Time: 3:30pm – 5pm ET

Focus: Congregate Nutrition Program

Details: Register at

www.nutritionandaging.org/training



ANNUAL 3-PART TRAINING SERIES



STAY TUNED

Join us for a Virtual and In-Person Training Series this Summer:

July, August and September 2020

Learn more:

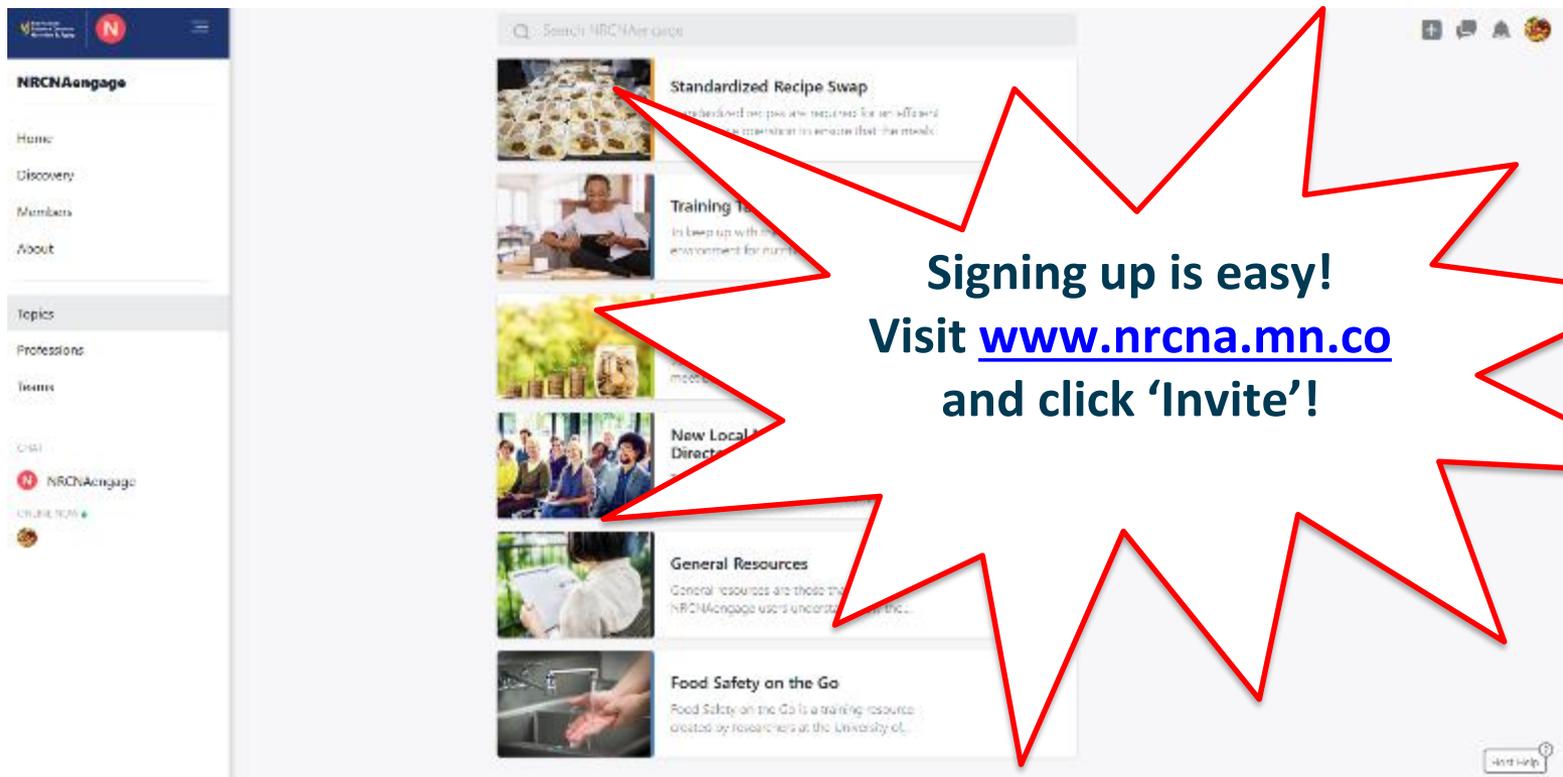
<https://nutritionandaging.org/past-events/>

CONNECT WITH YOUR PEERS VIA NRCNAengage

The screenshot displays the NRCNAengage web application. On the left is a dark navigation sidebar with a yellow 'N' logo and menu items: Home, Discovery, Members, About, Topics, and ONLINE NOW. The main content area features a search bar at the top with the text 'Search NRCNAengage'. Below this is the 'NRCNAengage' header with a 'Manage' button and a plus sign. A text input field prompts the user to 'Share what's on your mind...'. Below the input are filters for 'SHOWING PERSONAL FEED' and 'SORTED BY LAST ACTIVITY'. A section titled 'Meet members near Arlington, VA' shows a carousel of member profiles, including one for 'Sammi Helton' with a 'Follow' button. At the bottom is a large blue promotional banner with the NRCNAengage logo and the text: 'Invite More Members in One Big Push. The most successful Mighty Networks invite new members in big waves, so members join at the same time. Build your next invite push now.' with an 'Invite Now' button.

CONNECT WITH YOUR PEERS VIA NRCNAengage

- NRCNAengage is an online venue for nutrition and aging professionals and stakeholders across the country to connect, share best practices, resources, recipes and ideas for action!



The image shows a screenshot of the NRCNAengage website. On the left is a navigation menu with links for Home, Discovery, Members, About, Topics, Professions, Issues, and a list of users including NRCNAengage. The main content area features a search bar and several article cards: 'Standardized Recipe Swap', 'Training in...', 'New Local Direct...', 'General Resources', and 'Food Safety on the Go'. A large red starburst graphic is overlaid on the right side of the page, containing the text: 'Signing up is easy! Visit www.nrcna.mn.co and click 'Invite'!'.

THANK YOU!



Q & A

Reminders:

Please complete the webinar evaluation! CPEU Forms will be sent via email.