

Maximizing Cost-effectiveness of New York State's Health Insurance Exchange Program



New York's Food and Nutrition Leaders

New York State Dietetic Association's
Policy Recommendation

May 2011



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OVERVIEW

The New York State Dietetic Association (NYSDA) is an organization of registered dietitians, residing, and working in New York State. Affiliated with the American Dietetic Association (ADA), NYSDA has over 5,600 members. There are ten district associations within NYSDA that represents all 62 New York State counties,

- Central New York
- Genesee
- Greater New York
- Hudson Valley
- Long Island
- Mid-Hudson
- Mohawk Regional
- Southern Tier
- Western New York
- Westchester Rockland

Registered dietitians are nutrition experts who provide food and nutrition services such as medical nutrition therapy. RDs work throughout every community; in hospitals, private practice, physician offices, clinics, long term care facilities, corporate, wellness programs, schools and public health programs, such as food banks, WIC and other like programs.

Registered dietitians utilize a standardized nutrition care process to apply evidence based science in the provision of care and services. By applying best practices through interventions such as medical nutrition therapy, RDs provide treatment and chronic disease management for specific diseases or conditions to reach positive outcomes. The quality of our work is supported by continuing and extensive training and education that prepares an RD to provide nutrition care. The RD credential, established by the American Dietetic Association, is recognized by the National Academy of Sciences, Institute of Medicine report on the role of nutrition in health care,

“With regard to the selection of health care professionals to provide nutrition therapy, the registered dietitian is currently the single identifiable group with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy.”¹

Registered dietitians are intrinsically focused on prevention and chronic disease treatment and management. Most primary care physicians agree that nutrition is a significant factor in the prevention treatment and management of chronic

¹ The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population (Free Executive Summary) <http://www.nap.edu/catalog/9741.html>



disease; 94% for prevention of chronic disease and 95% for the treatment and management.²

NYSDA's HEALTH INSURANCE EXCHANGE PROPOSAL

The New York State Dietetic Association values the opportunity to present our profession's recommendation to New York State's Health Insurance Exchange Committee. We fully appreciate the depth and complexity of the charge before the committee. As such, we respectfully limit our recommendation to the areas that registered dietitians have direct expertise and for which there is data to support increased patient outcomes and long-term cost savings.

With that, the New York State Dietetic Association recommends that the New York State Health Insurance Exchange Committee extend provider privileges to registered dietitian for the purpose of providing medical nutrition therapy for prevention services and chronic disease treatment and management.

Cost Savings through Effective Care

Research shows that medical nutrition therapy (MNT) and the application of the Nutrition Care Process to manage disease yields positive outcomes.

Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process focused on prevention, delay or management of diseases and conditions involving an in-depth assessment, periodic reassessment and intervention.

The rise of obesity in New York State is staggering.

- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently, a third of New York's children are obese or overweight.
- Health care to treat obesity-related illnesses and conditions cost the United States an estimated \$150 billion and New York State more than \$7.6 billion every year.³

² The Role of Nutrition in the Treatment and Management of Chronic Disease: A Survey Among Primary care Physicians, Hart Research Associates, June 2009

³ New York State Department of Health <http://www.health.state.ny.us/prevention/obesity/>



Data show, that the application of medical nutrition therapy by registered dietitians to adults who are obese or overweight for less than six months resulted in weight loss of approximately 1-2 pounds per week. When provided between 6 to 12 months, MNT resulted in a weight loss of up to 10% of body weight and continued maintenance beyond one year.⁴

Considered the “twin epidemic” by the American Diabetes Association, with the rise of obesity so too have we seen increase cases of Type 2 diabetes, with 1 out of every 12 adults in New York diagnosed.⁵ Multiple studies conclude that MNT produces improved clinical outcomes and reduces health care costs for individual with obesity and diabetes.⁶ Studies from the American Dietetic Association’s Evidence Analysis Library states that when MNT is provided between 3 to 6 months by a registered dietitian, patients experienced a reduction on A1C ranging from 0.25% to 2.9% depending on the type and duration of the diabetes. MNT applied for 12 months show either sustained or improved outcomes.

There is no doubt that obesity and diabetes strains more than the health care system. In 2007, people with diabetes lost 15 million days of work, resulting in approximately \$2.6 billion to the U.S. economy.⁷

The investment in MNT by a registered dietitian over the long term will result in reduced obesity, lower diagnosis of diabetes and increase in worker productivity.

The benefits of MNT by a registered dietitian are not limited to obesity and diabetes. The Lewin Group documented an 8.6% reduction in hospital utilization and a 16.9% reduction in physician visits with patients with cardiovascular disease who had access to MNT services. Patients without access to MNT showed no reduction in total cholesterol or LDL levels.⁸

“Dietitians with expertise and experience in dietary counseling for lipid lowering can be especially effective in facilitating adherence to TLC [therapeutic lifestyle changes]”.⁹

⁴ ADA MNT Toolkit: Grade 1 data: ADA Evidence Analysis Library, <http://www.adaevidencelibrary.com/topic.cf?cat=3949>, April 2010

⁵ Over 1 million New Yorkers are diagnosed. <http://www.nyhealth.gov/diseases/conditions/diabetes/>

⁶ American Dietetic Association Evidence Analysis Library; <http://www.adaevidencelibrary.com>

⁷ Economic Costs of Diabetes in the US in 2007, American Diabetes Association, Diabetes Care. 2008; 31:596-615 {PubMed: 18308683}

⁸ What does it tell us, and why does it matter? The Lewin Group, Johnson Rachel. J Am Diet Assoc 1999;99:426-427

⁹ Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults: Final Report, National Cholesterol Education Program, National Heart, Lung, and Blood Institute, National Institutes of Health, NIH Publication No. 02-5215, September 2002



For every dollar invested in providing access to MNT services by a registered dietitian resulting in a savings of \$4.28. This represents a significant saving compared to the costs of statin therapy.¹⁰

The benefits of investing in access to MNT by registered dietitians was acknowledged in 2000 when the U.S. Medicare program extended provider privileges to registered dietitians to provide medical nutrition therapy to beneficiaries diagnosed with diabetes or renal disease upon referral by a physician.

CODES FOR MNT USED BY RDS FOR MEDICARE

HCPCS/CPT Code	Code Description¹¹
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face- with the patient, each 15 minutes (only used for initial visit)
97803	Medical nutrition therapy; re-assessment and intervention, individual face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; group (2 or more individuals), each 30 minutes
G0270	Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, individual, face-to-face with patient, each 15 minutes
G0271	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen group (2 or more), each 30 minutes

Further expanding access, in January 1, 2006, Medicare updated the list of telehealth services to include coverage for individual MNT (HCPCS/CPT Code G207, 97802 and 97803). At this time, registered dietitians were added to the list of practitioners who may provide and receive payment for a telehealth service.

Providing access directly to registered dietitians rather than relying on primary care physicians to provide nutrition services not only increases successful and meaningful outcomes by having the services delivered by nutrition professions, it also results in savings to the health care system through the use of lower

¹⁰ ¹⁰ What does it tell us, and why does it matter? The Lewin Group, Johnson Rachel. J Am Diet Association 1999;99:426-427

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reimbursement costs. For example, a physician CPT code {under Medicaid} for a chronic disease visit is \$56.18 while a MNT reassessment/intervention visit is \$26.93 {under Medicare}.¹²

Conclusion

The New York State Dietetic Association recommends that the New York State Health Insurance Exchange program extend provider privileges to registered dietitians for the purpose of providing medical nutrition therapy for prevention services and chronic disease treatment and management. RDs are the best qualified healthcare professional to deliver nutrition education, and medical nutrition therapy services for prevention, wellness and disease management

Once again, the New York State Dietetic Association appreciates this opportunity and is available to the members of the New York State Health Insurance Exchange Committee should any have question, comments or require additional information.

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¹² Medicaid rates for physician (99214)/Medicare rates for MNT (97803)

