

RDNs and PCPs: A Healthy Partnership for Primary Care

Why Adding an RDN to Your Practice Team Is Good Medicine

RDNs Provide a Positive Return on Investment

- MNT is linked to improved clinical outcomes and reduced costs related to physician time, medication use, and hospital admissions for people with obesity, diabetes, disorders of lipid metabolism, and other chronic diseases.¹
- An RDN-delivered lifestyle approach to diabetes and obesity improved diverse indicators of health, including weight, HbA1c, health-related quality of life, use of prescription medications, productivity, and total health care costs.²⁻⁴ For every dollar invested in the RDN-led lifestyle modification program there was a return of \$14.58.⁵
- The Lewin Group documented an 8.6% reduction in hospital utilization and a 16.9% reduction in physician visits associated with MNT for patients with cardiovascular disease. The group additionally documented a 9.5% reduction in hospital utilization and a 23.5% reduction in physician visits when MNT was provided to persons with diabetes mellitus.⁶

RDNs are Effective

Studies showing improved health outcomes for patients using MNT provided by RDNs have been published in the areas of diabetes, hypertension, disorders of lipid metabolism, HIV infection, pregnancy, chronic kidney disease, and unintended weight loss in older adults. Several of these quality measures will need to be reported as part of Meaningful Use, state quality improvement programs, and to private payers.

In addition, RDNs have demonstrated improved outcomes related to weight management:

- Studies show MNT provided by an RDN to overweight and obese adults for less than

six months yields significant weight losses of approximately one to two pounds per week.

- MNT provided from six to 12 months yielded significant mean weight losses of up to 10% of body weight with maintenance of this weight loss beyond one year.
- Overweight/obese individuals who received MNT provided by RDNs, in addition to an obesity-related health management program that included physician visits, nursing support, and educational materials and tools, were more likely to achieve clinically significant weight loss than individuals who did not receive MNT.¹

RDNs are Cost-Efficient Providers

- RDNs provide MNT and have experience and training in behavior counseling and weight management.
- RDNs have a strong clinical and counseling background and therefore can effectively provide Intensive Behavioral Therapy (IBT) for Obesity and help with the Annual Wellness Visit incident to the primary care provider.
- MNT by the RDN for diabetes and chronic kidney disease is a covered benefit by Medicare Part B and many private health insurance companies.
- Many RDNs are certified diabetes educators and can provide and bill for Diabetes Self-Management Treatment.

RDN Services are Integral to the PCMH and Emerging Health Care Delivery and Payment Models

RDNs work hand-in-hand with referring providers and multidisciplinary health care team members to deliver coordinated and cost-effective care. In addition to providing MNT, RDNs address areas such as glucose monitoring and chronic disease self-management.

Please see reverse side for footnotes

Sources

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3. Wolf AM, Siadity M, Yaeger B, Conaway MR, Crowther JQ, Nadler JL, Bovbjerg VE. Effects of lifestyle intervention on health care costs: The ICAN Project. *J Am Diet Assoc*. 2007;107(8):1365-1373.
4. Wolf AM, Siadaty 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; 51(2):139–145.
5. Wolf AM, Crowther JQ, Nadler JL, Bovbjerg VE. *The return on investment of a lifestyle intervention: The ICAN Program*. Accepted for presentation at the American Diabetes Association 69th Scientific Sessions (169-OR), June 7, 2009, New Orleans, LA.
6. Johnson R. The Lewin Group — What does it tell us, and why does it matter? *J Am Diet Assoc*. 1999;99:426–427.