

<b>Comparison of the American Dietetic Association (ADA) Nutrition Care Process for Nutrition Education Services and the ADA Nutrition Care Process for Medical Nutrition Therapy (MNT) Services</b>		
<b>Definitions</b>	<b>Nutrition Education:</b> Reinforcement of basic or essential nutrition-related knowledge.	<b>Medical Nutrition Therapy:</b> “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional...” (source Medicare MNT legislation, 2000). MNT is a specific application of the Nutrition Care Process in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.  <i>Nutrition Counseling:</i> A supportive process to set priorities, establish goals, and create individualized action plans which acknowledge and foster responsibility for self-care.
<b>Application of the ADA Nutrition Care Process</b>	<b>Nutrition Education (for individual) [dietetics professional means the DTR or RD]</b>	<b>MNT (for individual)</b>
<b>Nutrition Screen/Referral</b>	Advertise heart healthy nutrition classes to local newspaper and physicians’ offices. Interested individual self-refers or the Primary care provider encourages individual to make appointment with the dietetics professionals .	Primary care provider sends RD written referral for MNT for non-dialysis kidney disease or diabetes. The referral includes current labs, medications and other diagnosis.
<b>Nutrition Assessment</b>	Dietetics professional asks individual his/her concerns/questions about cholesterol, fat, sodium, or prior to the visit sends out a brief questionnaire or pre-test.	RD performs the nutrition assessment utilizing the <i>MNT Evidence-Based Guide for Practice/Nutrition Protocol</i> or best available current knowledge & evidence, client data, medical record data etc.
<b>Nutrition Diagnosis</b>	Dietetics professional determines the nutrition problem as the individual’s knowledge deficit on food choices or cooking techniques for a healthy heart.	RD makes MNT nutrition diagnosis after analyzing assessment data.
<b>Nutrition Intervention</b>	Dietetics professional provides nutrition information for heart health to client with special emphasis on the individual’s identified needs.	RD and client determine goals, care plan, and interventions; Plan follow-up over multiple visits to assist with behavior/lifestyle changes relative to the nutrition problem and medical condition/disease (s)
<b>Nutrition Monitoring and Evaluation</b>	At the end of the visit, dietetics professional checks if the individual’s needs are met, e.g. verbal or written	Monitor serum albumin, hemoglobin, GFR, wt (BMI), goals for food plan/ intake, clinical and behavioral outcomes

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	<p>post-test. Contact individual 2-4 wks later to see if using new cooking techniques or selecting healthier foods.</p> <p>Add data from the verbal or written quiz or self-reported change(s) in behavior on the outcomes data tracking form.</p>	<p>(planned goals). Implement changes to MNT in future visits.</p>
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<b>Nutrition Documentation (supports all steps of the NCP)</b>	<p>Dietetics professional sends a summary note to the primary care provider's office regarding the nutrition education visit with the individual (if a referral was made by a physician). Or dietetics professional maintains documentation of the client's visit outcomes data if self-referred.</p>	<p>RD documents MNT initial assessment, nutrition diagnosis and intervention(s) on the guide progress note forms; shares with physician and keeps copy on file.</p>
<b>Outcomes Management Systems</b>	<p>Use pre and post data to aggregate outcomes from all individual nutrition education visits. Analyze and report to sponsor, employer, and funding agency.</p>	<p>Based on RD analysis and critical thinking, and review of data from the patient's medical and other healthcare professionals, aggregate individual data. Analyze and share quality improvement dept/group as indicated. Implement improvements to MNT services based on results.</p>

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<b>Application of the ADA Nutrition Care Process</b>	<b>Nutrition Education and Training (for group)</b> [dietetics professional means RD or DTR]	<b>MNT (for group)</b>
<b>Nutrition Screen/Referral</b>	Advertise heart healthy nutrition classes to local newspaper and physicians' offices. Interested individuals self-refer or the physician encourages attendance.	Primary care provider sends RD written referral for MNT for non-dialysis kidney disease or diabetes, including current labs, medications and other diagnosis.
<b>Nutrition Assessment</b>	Dietetics professional asks audience their concerns/questions about cholesterol, fat, sodium, or prior to the class sends out a brief questionnaire or pre-test on the class topic(s).	Taking into consideration the facilities' policies and RD staffing, the nutrition assessment for individuals referred for group MNT may be performed through activities such as: <ul style="list-style-type: none"> <li>• an individualized MNT visit (for each member referred to the group) utilizing the <i>MNT Evidence-Based Guide for Practice/ Nutrition Protocol</i> or best available current knowledge and evidence to perform the MNT assessment; or</li> <li>• prior to the group encounter, review patient data from the medical chart or electronic medical record, review assessment data provided separately by the individuals, (e.g. food record, completed diet history form), and collect additional data through discussions with participants during the group MNT session; or</li> <li>• review assessment data compiled by other health care professionals and recorded in the electronic/paper medical record along with data collected through discussions with participants at the group session, or</li> <li>• apply a combination of the above to perform the nutrition assessment for individuals referred for group MNT.</li> </ul> <p>Note: when the RD does not perform an individual assessment with the respective clients prior to the group MNT session, the RDs' skill in group dynamics, group facilitation and group interviewing skills should be at a high level to assure group participants will benefit from the group and their individual learning needs and goals can be accomplished through the group MNT session.</p>

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<b>Nutrition Diagnosis</b>	Dietetics professional determines the collective group's nutrition problem(s), e.g. knowledge deficit on food choices or cooking techniques for a healthy heart.	RD determines the nutrition diagnosis after analyzing assessment data and interaction with the client(s) (e.g. the assessment data may be obtained from the individual MNT session, or through data reviewed prior to the group along with information provided by participants during the group setting). Then, using the assessment data and based on stratification of similar patients with similar nutrition diagnosis and their identified learning style, refer the patient for group MNT or initiate the intervention for the group MNT session.
<b>Nutrition Intervention</b>	Dietetics professional teaches heart healthy nutrition class, with special emphasis on participants' identified needs.	<p>Interventions for the group are based on the assessment data and the nutrition diagnosis for individuals in the group, which considers their similar nutrition diagnosis and their identified learning styles.</p> <p>The RD implements the intervention(s) using a nutrition curriculum based on interventions outlined in the <i>MNT Evidence Based Guide for Practice/Nutrition Protocol</i>, or best available, current knowledge and evidence; and the collective groups' interests and needs. Group MNT sessions are provided over a series of sessions/ classes. The RD and clients determine the MNT goals/care plan.</p> <p>Plan follow-up via group MNT sessions, or as needed, individuals with unique needs may be referred for individual MNT in place of the group session(s).</p>
<b>Nutrition Monitoring and Evaluation</b>	Dietetics professional reviews the pre and post class data, e.g. at the end of class the dietetics professional checks if attendees' needs are met. Contact attendees 2-4 wks later to see if using  (continued next page)	<p>Monitor serum albumin, hemoglobin, GFR, wt (BMI), etc., goals for food plan/intake, clinical and behavioral outcomes (planned goals).</p> <p>Implement changes to MNT or need for additional visits based on results.</p>

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<b>Nutrition Monitoring and Evaluation, continued</b>	new cooking techniques or selecting healthier foods. Add data from the verbal or written quiz or self-reported change(s) in behavior on the outcomes data tracking form.	
<b>Nutrition Documentation (supports all steps of the NCP)</b>	Dietetics professional sends a summary note that describes the topic areas covered, recommendations and any further follow up to the primary care physician's office regarding who attended the class (if the individual was referred by a physician). Or the dietetics professional maintains a list of the class attendees and their outcomes data if self-referred.	For each client in the group, RD documents MNT initial assessment, nutrition diagnosis, and nutrition intervention(s) on the guide/protocol progress note forms. RD shares the progress note with physician and keeps a copy on file.
<b>Outcomes Management Systems</b>	RD or DTR aggregates data from all groups, analyze and report to sponsor, employer, and funding agency.	RD aggregates data for each individual in the group. Analyze and share quality improvement dept/group as indicated. Implement improvements to MNT services based on results.