

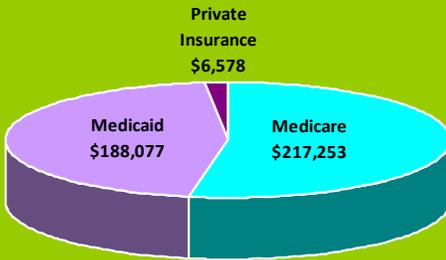


# Invest in Nutrition

Medical Nutrition Therapy works, saves money, and makes money.

## MNT makes money.

- Third Party Payors will reimburse for Medical Nutrition Therapy
- This is a sample of total collections\* for FY 2009 from 4 IHS Service Units



### Service Units:

Phoenix Indian Medical Center  
Northern Navajo Medical Center  
Sells Service Unit  
Whiteriver Service Unit

\*Note that reimbursement rates vary from state to state.

## Steps to Increase Collections:

- 1 Start by checking current collections  
Ask your Billing Office to run reports for MNT reimbursable visits
- 2 Support MNT Billing – Everyone has a role in maximizing MNT reimbursement
- 3 IHS has developed a *Step by Step Guide to MNT Reimbursement* for staff to use as a model to maximize IHS billable services – 2<sup>nd</sup> edition to be released Spring 2010
- 4 Hiring more RD's – increased collections  
Only Registered Dietitians can provide MNT services

*“Teamwork among providers, administrators, and data entry and billing personnel makes a difference – not only to the health of patients, but also to a clinic’s financial bottom line.”*

CAPT Kelly Acton, MD, MPH, FACP  
Director, IHS DDTF



## MNT works.

- **MNT will improve GPRA Performance Outcomes**
  - Blood glucose control
    - MNT intervention decreased A1C levels by 20%<sup>1</sup>
  - Blood pressure control
    - Blood Pressure decrease of 16.1/9.9 mm Hg<sup>2</sup>
  - Blood lipid control
    - Total Cholesterol decreased by 13%, LDL decreased by 15%, Triglycerides decreased by 11%<sup>3</sup>
- **In IHS studies, patients receiving MNT from a Registered Dietitian (RD) have improved glucose and lipid control**
  - Significantly better A1C from RD education compared to non-RD education<sup>4</sup>
  - 20% reduction in LDL and 4.6% increase in HDL<sup>5</sup>
- **National Research on MNT has found:**
  - Significant improvement in A1C from regular MNT visits<sup>6</sup>
  - RD services reduced office visits by 16.9% for CVD and 23.5% for DM<sup>7</sup>
  - The Diabetes Prevention Program found that “every 2.2 pounds of weight loss decreased risk of type 2 diabetes by 16%”<sup>8</sup>

## MNT saves money.

- MNT can reduce health costs for patients with uncontrolled diabetes by up to 34%<sup>9</sup>
- MNT has the potential to pay for itself and provide savings for other hospital and clinic services<sup>9</sup>
- Every percentage point drop in A1c reduces the risk of diabetes complications by 40%<sup>9</sup>
- The cost of treating a patient with controlled diabetes (A1c less than 7%) is up to \$4000 less per treatment, than a patient with uncontrolled diabetes<sup>10</sup>
- U.S. Department of Defense saved \$3.1 million in the first year of a nutrition therapy program utilizing RDs counseling 636,222 patients with cardiovascular disease, diabetes, and renal disease<sup>11</sup>
- MNT results in improved daily glucose monitoring, A1c, cholesterol levels and weight



## Want to increase your revenue?

Contact the IHS Division of Diabetes Treatment and Prevention  
Medical Nutrition Therapy Action Team today.

Email : IHSMNTEActionTeam@ihs.gov / Call: 928-214-3947

## About MNT

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

### Medical Nutrition Therapy provided by Registered Dietitians can:

- Improve a patient’s health and well-being
- Increase satisfaction levels through decreased hospitalizations and reduced prescription drug use
  - The Lewin Group documented an 8.6% reduction in hospital utilization and 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 23.5% reduction in physician visits when MNT was provided to persons with diabetes mellitus.<sup>12</sup>
  - Doctors estimate that if Americans followed the DASH diet, a diet low in fat and high in vegetables, fruits, and low fat dairy foods, and had the degree of blood pressure reductions seen in the "Dietary Approaches to Stop Hypertension" trial of 1997, there would be about 15 percent less coronary heart disease and 27 percent fewer strokes in the U.S.<sup>7</sup>

### Medicare covers outpatient MNT provided by RDs for beneficiaries of the following conditions:

- Diabetes
- Chronic renal insufficiency/end-stage renal disease (non-dialysis renal disease)
- Post kidney transplant

MNT benefits for Medicaid and private insurance coverage varies by state.

## The Division of Diabetes Treatment and Prevention Medical Nutrition Therapy Action Team

**CAPT Tammy Brown, Lead**  
 IHS Division of Diabetes Treatment & Prevention

**LCDR Diane Phillips, Co-Chair**  
 IHS Tele-nutrition Program

**CDR Leslye Rauth, Co-Chair**  
 IHS Office of Information Technology

**Brenda Broussard**  
 Broussard Consulting

**LCDR Susan Jones**  
 Northern Navajo Medical Center

**LT Dolores Addison**  
 Tucson Area Diabetes Consultant

**CAPT Karen Bachman-Carter**  
 Navajo Area Diabetes Consultant

**Stefanie McLain**  
 Wewoka Indian Health Center

**LT Revondolyn Scott**  
 Pinon Health Center

**LT Kelli Wilson**  
 Wewoka Indian Health Center

**Roslyn Bolzer**  
 Kyle Indian Health Center

1. Johnson EQ, Thomas M. “Medical nutrition therapy by registered dietitians improves HbA1c levels.” *Diabetes*. 2001;50(2):A21.
2. Blumenthal JA, Babyak MA, Hinderliter A, et al. “Effects of the DASH diet alone and in combination with exercise and weight loss on blood pressure and cardiovascular biomarkers in men and women with high blood pressure: the ENCORE study. *Arch Intern Med*. 2010;170(2):126-35.
3. Sikand G, Yang I, Kashyap ML, et al. “Beneficial outcome and cost savings with medical nutrition therapy by registered dietitians in hypercholesterolemia. *J Am Diet Assoc*. 1996;96(9):A13.
4. Wilson C, Brown T, Acton K, and Gilliland S. “Effects of Clinical Nutrition Education and Educator Discipline on Glycemic Control Outcomes in the Indian Health Service.” *Diabetes Care*. 2003;26:2500-04.
5. Burden RW, Kumar RN, Phillips DL, et al. “Hyperlipidemia in Native Americans: Evaluation of Lipid Management Through a Cardiovascular Risk Reduction Program. *J Am Pharmaceutical Assoc*. 2002;42(4):652-55.
6. Franz M, Monk A, Barry B, et al. “Effectiveness of medical nutrition therapy provided by dietitians in the management of non-insulin dependent diabetes mellitus: A randomized, controlled clinical trial.” *J Am Diet Assoc*. 1995;95(9):1009-17.
7. Johnson, Rachel. “The Lewin Group – What does it tell us, and why does it matter?” *J Am Diet Assoc*. 1999;99:426-27.
8. Hamman RF, Wing RR, Edelstein SL, et al. “Effect of weight loss with lifestyle intervention on risk of diabetes. *Diabetes Care*. 2006;29(9):2102-07.
9. Sheils JF, Rubin R, Stapleton DC. “The Estimated costs and saving of medical nutrition therapy: The Medicare Population. *J Am Diet Assoc*. 1999;99:428-35.
10. Gilmer TP, O’Connor P, Manning WG, Rush WA. “The cost to health plans of poor glycemic control. *Diabetes Care*. 1997; 20(12):1847-53
11. The cost of Covering Medical Nutrition Therapy Services under TRICARE: Benefit Costs, Cost Avoidance and Savings. Final report prepared by the Lewin Group, Inc. for the Department of Defense Health Affairs, 11/15/98.
12. “Dietary Approaches to Stop Hypertension (DASH) trial, April 17, 1997, *The New England Journal of Medicine (NEJM)*.