Welcome to Today’s Expert Webinar for the 2020 MQii Learning Collaborative:
“Overcoming Challenges in Telehealth and Malnutrition Quality Improvement”

October 27, 2020
We will start promptly at 3:00 PM ET
(2:00 PM CT; 1:00 PM MT; 12:00 PM PT)

All phone lines have been muted
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## Today’s Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter</th>
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<tr>
<td>Welcome and introduction to the webinar</td>
<td>Christina Badaracco, MPH, RD, LDN <em>Research Scientist at Avalere Health</em></td>
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<tr>
<td>Telehealth: past, present, and future</td>
<td>Wendy Everett, ScD <em>Senior Advisor at Avalere Health</em></td>
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<td>Opportunities to leverage learnings from malnutrition quality improvement for telehealth success</td>
<td>Cory Brunton, MS, BSN, RN <em>Senior Analyst at Abbott</em></td>
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<td>Questions – 15 min</td>
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Learning Objectives

• Explain the recent trends and policy changes related to opportunities to use telehealth by clinicians, including registered dietitians

• Describe the benefits and potential barriers to identifying and treating patients with malnutrition or those at risk using telehealth

• Identify additional resources and key contacts related to telehealth practices and policy
Wendy Everett, ScD  
Senior Advisor  
Avalere Health

- Telehealth: what is it?
- Recent telehealth trends
- Learning Collaborative “pulse check” and survey
Telehealth By Any Other Name (Not News)
The Evolution of Technology for Health

From Asynchronous Health Information...
The Evolution of Technology for Health

...To Real-Time, Interactive Care
Jumpstarting an Innovation

The Public Health Emergency
A Communication Tool

From Dietitian to Nurse to Patient, or Directly to Patient
Speeding the Adoption of an Innovation

- Ninety days and renewable
- Provides supplies, equipment, and services
- CMS pays for Telehealth
The Pandemic Pulse Check

MQii COVID-19 PULSE CHECK
The Pandemic Pulse Check: Results

MQii COVID-19 PULSE CHECK

• Summary of findings from Learning Collaborative telehealth survey
• Latest research related to telehealth in nutrition care
• Future opportunities for Learning Collaborative members and dietitians in general
Nutrition Care During the COVID-19 Pandemic

• The Malnutrition Quality Improvement Initiative (MQii) leadership explored how MQii Learning Collaborative RDNs were meeting hospitalized patient nutrition needs during COVID-19 pandemic through 2 surveys

• April 2020: “Pulse check” survey on hospital nutrition care and specific responses to COVID-19 pandemic

• August 2020: 2nd survey focused specifically on how RDNs have used telehealth for nutrition care
Survey Respondents’ Characteristics

Dietitians
• 22 RDNs
  • 19 in clinical practice
  • 3 in food service management
  • 14 from academic medical centers
  • 8 from non-teaching hospitals

Hospitals
• Size range: 34–1,400 beds
  • Average 480 beds
• 21 general acute hospitals, 1 rehab facility
• 12 urban, 1 rural setting
  • 7 combination of urban, rural, or suburban
• 18 part of integrated health system
What Telehealth Systems Are Being Used?

- Live video conferencing
- Phone calls
- Remote patient monitoring
- Web-Based Portals
Success!

- RDNs have successfully used telehealth to provide:
  - Screening/assessment
  - Care plans
  - Nutrition education/counseling/recommendations
  - Discharge planning

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<th>Benefits of Telehealth</th>
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<td>• Allow RDNs to provide safe/timely services to patients in their own homes</td>
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<td>• Provide opportunity to “look in” patient’s refrigerator/pantry to better understand home environment</td>
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<td>• Patients more likely to keep appointments</td>
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<td>• Patients don’t have to travel, deal with parking, sit in waiting rooms, etc.</td>
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<td>• Staff able to continue seeing full caseload of patients (outpatient) during pandemic quarantine</td>
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Opportunities

Areas for Improvement

- Not possible to conduct complete NFPE via telehealth (especially if limited to audio-only consultation)
- Inability to have direct patient contact, see patients face-to-face, or physically assess nutritional status
- Telehealth nutrition payment guidelines unclear
- Extra work involved in checking patients’ health plan coverage
- Additional staff may be needed

- Not all patients have access to technology needed for telehealth
- Connectivity and patient user navigation are limiting factors
- Lack of IT departments’ support for high-quality RDN visits; video/audio tech issues
Solutions

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<td>• Pre-screen patients to determine if good candidate for telehealth visit</td>
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<td>• Create “scripts” for RDN use to maximize telehealth visit</td>
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<td>• Send patient educational materials ahead of time for easy review during telehealth visit</td>
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<td>• Designate 1 person to validate coverage/billing codes for all nutrition telehealth visits</td>
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<td>• Schedule call ahead of telehealth visit to walk patient through navigating portal (IT can also support)</td>
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<td>• Engage with family members upon patient’s permission to help with scheduling, tech issues, education, and adherence</td>
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Telehealth and Nutrition Support Examples During the COVID-19 Pandemic

• 1-on-1 visits
  • Existing outpatient RDN 1-on-1 visits transformed to telehealth visits
  • More thorough nutrition history obtained, including visualizing patient’s home environment
  • For children specifically, observing mealtime and parent-child interactions in the home environment provided insight about how to best counsel families

• Group visit formats varied, including:
  • Multiple guardians of the same patient
  • Multidisciplinary visit with several health care providers caring for the same patient
  • Several patients and one health care provider

• Inpatient visits
  • Goal to preserve personal protective equipment
  • Achieved via hospital-provided telehealth cart

Opportunities to leverage Malnutrition Quality Improvement Programs for Telehealth Success

**SIX PRINCIPLES OF NUTRITION CARE TO DESIGN THE PROCESS CHANGE**

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<tr>
<td>I</td>
<td>Create Institutional Culture</td>
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<td>II</td>
<td>Redefine Clinicians’ Roles to Include Nutrition</td>
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<td>III</td>
<td>Communicate Nutrition Care Plans</td>
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<td>IV</td>
<td>Recognize and Diagnose ALL Patients at Risk</td>
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<td>V</td>
<td>Rapidly Implement Interventions and Continue Monitoring</td>
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<td>VI</td>
<td>Develop Discharge Nutrition Care and Education Plan</td>
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Quality Improvement Program (QIP) Components

- Systematic identification of nutritional risk
- Oral nutritional supplement (ONS)
- Patient education on the importance of nutrition and ONS compliance
- Discharge planning; follow-up with patients during transitions of care phone call to support compliance

Nutrition Interventions Are Associated with Improved Patient Outcomes

Opportunities for Learning Collaborative Members and Clinicians

• Start the process of setting up telehealth visits **EARLY** and leverage hospital IT resources
• Develop **patient-specific IT resources**, such as YouTube video demonstrating how to use the telehealth platform, and step-by-step tip sheet
• **Advocate** for public and private coverage of nutrition care via telehealth
• Continue to offer access to telehealth services, even after the pandemic, to maximize opportunities for nutrition impact
• Consider evaluation and dissemination of quality improvement programs
Additional Resources

• Academy of Nutrition and Dietetics
  • “Practicing Telehealth” tips and resources
  • https://www.eatrightpro.org/practice/practice-resources/telehealth/practicing-telehealth

• American Society for Parenteral and Enteral Nutrition (ASPEN)
  • Multiple publications related to telehealth practices
  • https://www.nutritioncare.org/

• Malnutrition Quality Improvement Initiative (MQii)
  • COVID-19 resources related to telehealth
  • http://malnutritionquality.org/covid-19-resources.html
Questions?

15 mins