



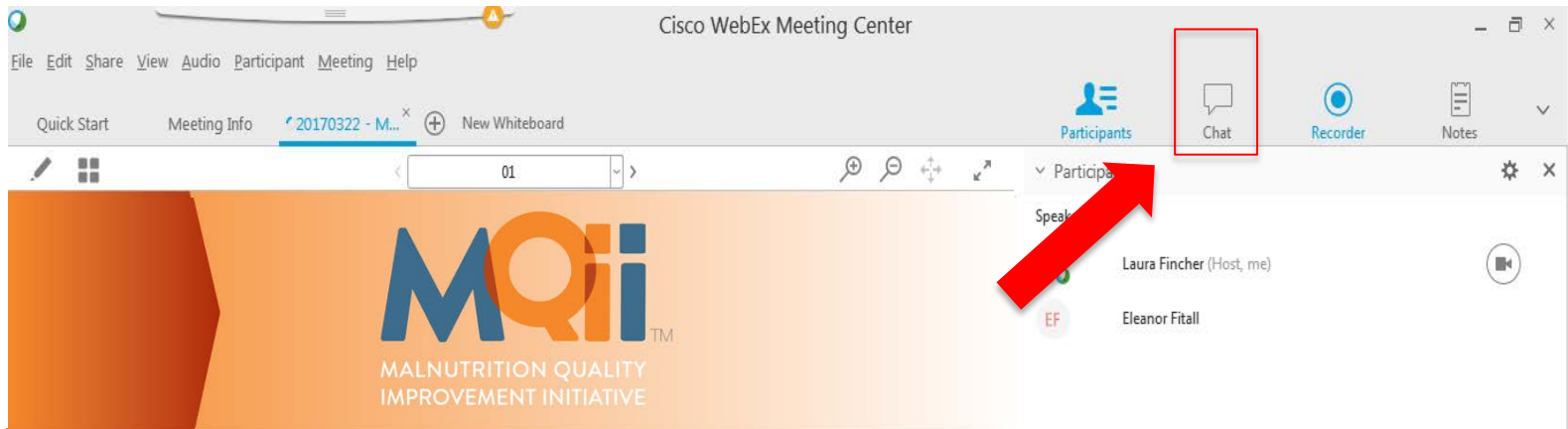
Welcome to Today's Expert Webinar for the 2020
MQii Learning Collaborative:
**“Overcoming Challenges in Telehealth and
Malnutrition Quality Improvement”**

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

Before We Get Started...



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

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The Malnutrition Quality Improvement Initiative (MQii) is a project of the Academy of Nutrition and Dietetics, Avalere Health, and other stakeholders who provided guidance and expertise through a collaborative partnership. Support provided by Abbott.

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Today's Agenda

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

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



MALNUTRITION QUALITY
IMPROVEMENT INITIATIVE



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

COVID-19

Advisory to Clients

WHAT WE ARE DOING |
TELEHEALTH OPTIONS

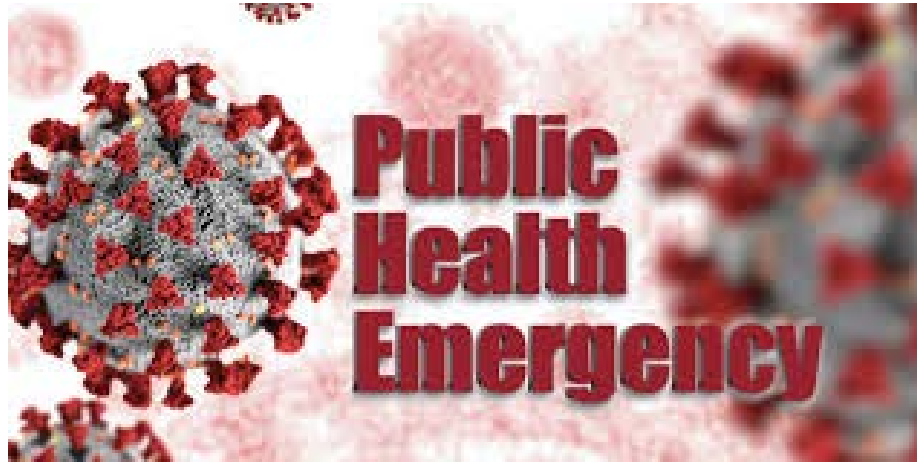


A Communication Tool

From Dietitian to Nurse to Patient, or Directly to Patient



Speeding the Adoption of an Innovation

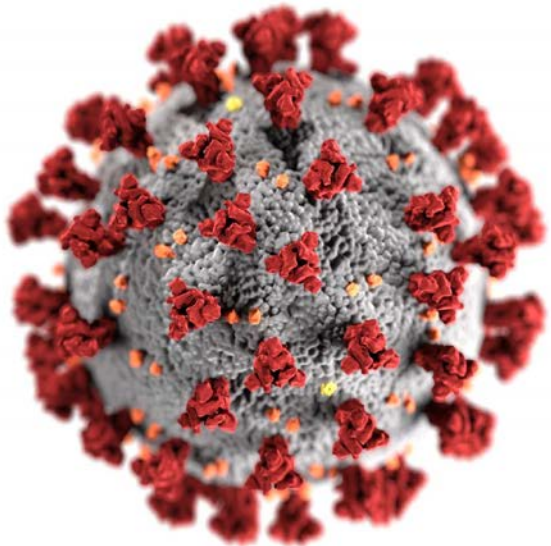


- **Ninety days and renewable**
- **Provides supplies, equipment, and services**
- **CMS pays for Telehealth**

The Pandemic Pulse Check



MQii COVID-19 PULSE CHECK



The Pandemic Pulse Check: Results

MQii COVID-19 PULSE CHECK

[“Feedback from the Frontline and Best Practices: The Challenges and Impact of COVID-19 on Malnutrition Care in Hospitalized Patients” by Arensberg et al.](#)





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IMPROVEMENT INITIATIVE



Cory Brunton, MS, BSN, RN
Senior Analyst
Abbott

- 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?



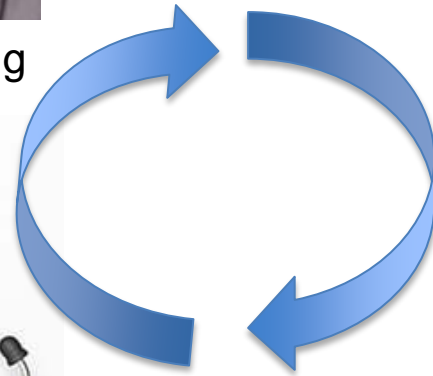
Live video conferencing



Web-Based Portals



Phone calls



Remote patient monitoring



Success!

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

Benefits of Telehealth

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

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

Solutions Suggested

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

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

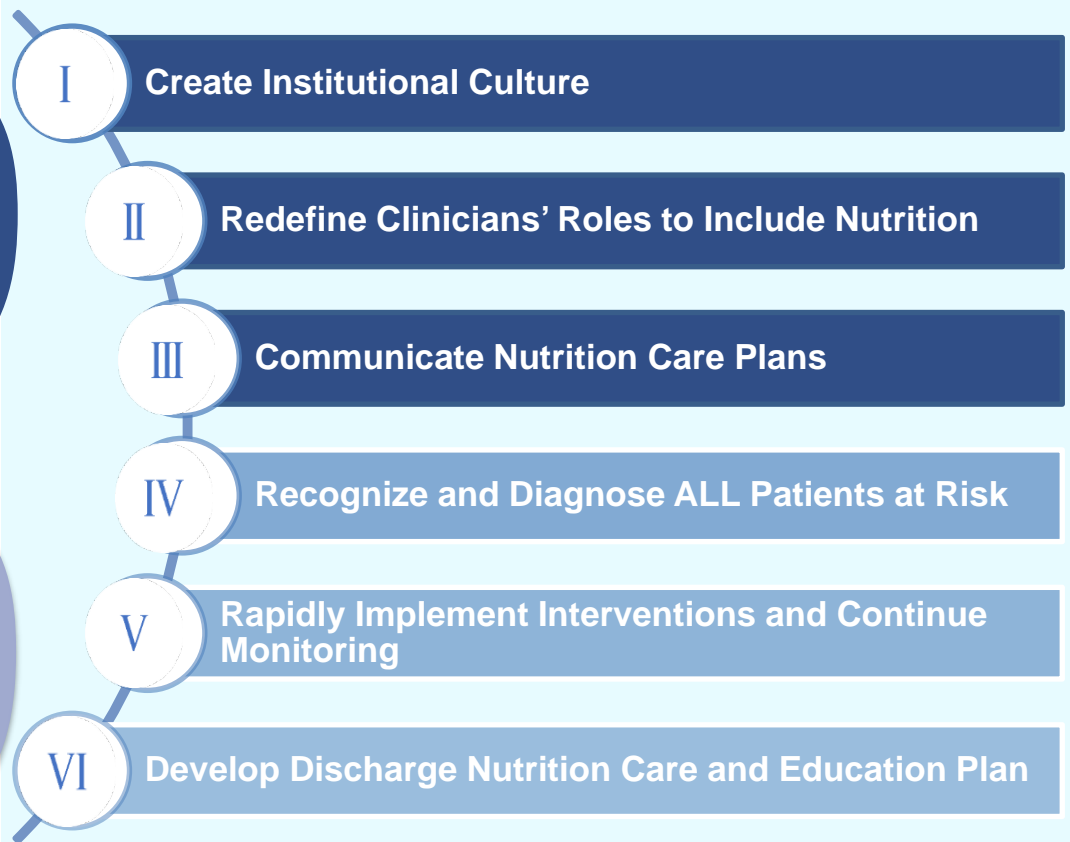


Opportunities to leverage Malnutrition Quality Improvement Programs for Telehealth Success

SIX PRINCIPLES OF NUTRITION CARE TO DESIGN THE PROCESS CHANGE¹

Principles to Transform the Hospital Environment

Principles to Guide Clinical Action



Quality Improvement Program (QIP) Components



Systematic identification of nutritional risk



Oral nutritional supplement (ONS)

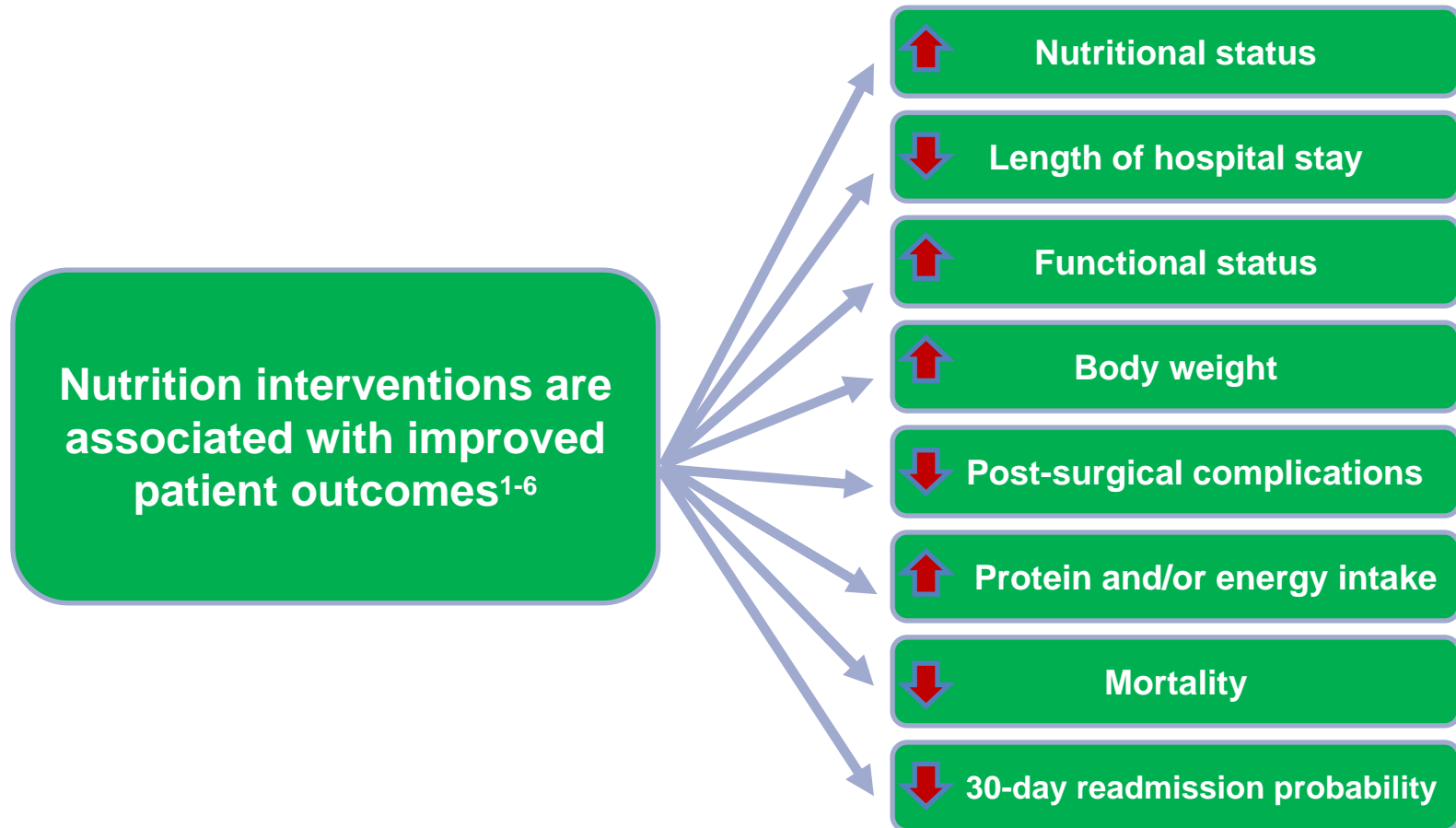


Patient education on the importance of nutrition and ONS compliance



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>




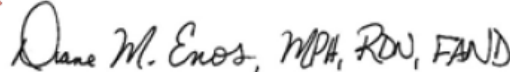
Questions?





15 mins



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	Activity Number: <u>159044</u>	
	Date Completed: <u>10/27/2020</u>	Number of CPEUs Awarded: <u>1.0</u>
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		Provider Code: <u>AM003</u>
	<u>Diane M. Enos, MPH, RDW, FAND</u>	
Provider Signature		RETAIN ORIGINAL COPY FOR YOUR RECORDS <i>*Refer to your Professional Development Portfolio Guide For PIs</i>