

CASE STUDY – NDTRs Delivering Nutrition-Related Services via Telehealth

Case - A nutrition and dietetics technician, registered (NDTR) is determining whether providing nutrition education via telehealth is within their individual scope of practice.

Statement: The Revised 2024 Scope and Standards of Practice for the NDTR does not guarantee that an individual NDTR will be able to perform expanded practice skills, but it can guide the NDTR to appropriate resources to evaluate whether they can safely and effectively provide specific care and services that expand and advance their individual practice.

Definition: Located in the [Definition of Terms List](#)

- **Telehealth** - the use of electronic information and telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration.

Explanation of Case: A NDTR is working in a hospital providing outpatient nutrition education services under the direction and supervision of the registered dietitian nutritionist (RDN). The RDN/NDTR team has been receiving more referrals recently for nutrition services for individuals who travel some distance for an appointment. The RDN/NDTR team wants to determine whether providing nutrition education via telehealth is within the NDTR's individual scope of practice, as the hospital has started offering telehealth services to satellite clinics in other communities within the state.

In this example, the NDTR uses the Revised 2024 Scope and Standards of Practice for the NDTR¹ and other resources (see below) to determine whether providing nutrition education via telehealth (under the supervision of the RDN) is within their individual scope of practice. Although the NDTR may seek advice and direction from colleagues and their supervisor, the initial review is the NDTR's responsibility.

Case Study Resources: The resources listed below and throughout the case study are intended to provide additional knowledge, guidance, and tools for NDTRs providing telehealth services.

- Resources from the Academy of Nutrition and Dietetics (Academy) and the Commission on Dietetic Registration (CDR):
 - [Telehealth Quick Guide](#) (*Academy membership required*)
 - [CDR Licensure webpage](#)
 - [CDR Position Descriptions](#)
 - [Practice Tips](#)
 - Delivery of Nutrition-Related Services Using Telehealth
 - What is Meant by "Under the Supervision of the RDN?"
 - The RDN/NDTR Team
 - [Code of Ethics for the Nutrition and Dietetics Profession](#)
 - [Revised 2024 Scope and Standards of Practice for the NDTR](#)
 - [Essential Practice Competencies for CDR's Credentialed Nutrition and Dietetics Practitioners](#)

- Institutional, regulatory, and other resources:
 - [Telehealth Resources Centers](#)
 - [Center for Connected Health Policy \(CCHP\)](#)
 - Organization policies and procedures
 - Facility/program accreditation standards, if applicable

Using the [Scope of Practice Decision Algorithm](#)

The Scope of Practice Decision Algorithm is a resource that guides the NDTR through a series of questions to determine whether a particular activity is within their individual scope of practice. Questions are answered based on a critical evaluation of applicable laws, regulations, and standards, as well as their knowledge, skills, experience, judgment, and demonstrated competence. The tool is intended to evaluate each activity separately.

PRACTITIONER QUESTIONS

Question 1: Does the Scope and Standards of Practice for the NDTR contain information that provides guidance on whether the practitioner can perform this activity?

The NDTR reviews the [Scope and Standards of Practice for the NDTR](#)¹ and finds the following telehealth-related guidance:

- “Telehealth allows NDTRs, under the supervision of an RDN, to reach clients/patients at their homes or other allowed virtual settings.”
- The NDTR uses and participates in or leads in the selection, design, execution, and evaluation of customer programs and services (in person or via telehealth)
- To protect client’s health information, it is important that NDTRs understand the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and use HIPAA-compliant technology for communication, and to maintain electronic health records, assure proper maintenance, storage, and disposal of electronic health records, and any paper records or notes.
- Knowledge, skills, compliance with regulations, and demonstrated and documented competence are critical to the safe provision of quality service. The NDTR recognizes when consultation with or referral to an RDN or another health care professional is required and acts appropriately when limits of individual scope of practice involving patient/client/population nutrition care are reached.

Question 2: Does this activity align with relevant nutrition and/or other practice guidelines described in the resources below?

The NDTR reviews the documents below and finds nothing that would prohibit them from providing services in their unique situation and setting.

1. General Guidelines for Good Business Practices (eg, Academy/CDR Code of Ethics)

While telehealth is not mentioned directly in the [Code of Ethics](#),² there are some principles and standards that apply to this case (Note: not all inclusive, others may apply on a case-by-case basis):

- “Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.”
- “Practice within the limits of their scope and collaborate with the inter-professional team.”

- “Document, code and bill to most accurately reflect the character and extent of delivered services.”
2. Nutrition Practice Guidelines (eg, Academy Evidence Analysis Library)
 3. Other National Organization Standards of Practice and/or Practice Guidelines (eg, ASPEN, ADA)
 4. National and Facility/Program Accreditation Standards (eg, The Joint Commission)
 5. Federal and State laws and regulations
 6. General state/federal telehealth regulations (non-nutrition specific)

Questions 3: If the state(s) where you work (and/or provide telehealth services) license RDNs and NDTRs, is there any language that prohibits the activity? Is there language in any other profession’s statute and regulations that would prohibit an RDN or NDTR from performing the activity?

The NDTR understands that they must work under the supervision of a RDN and that the RDN must be licensed and/or meet other applicable standards that are required by state/local laws and regulations, both in the state where the RDN/NDTR team is located, and in the state where the patient/client is located at the time the services are provided. The NDTR routinely monitors [licensure laws and regulations](#) for their state and the state(s) where their patients/clients are located, as well as [general telehealth regulations](#) (non-nutrition specific) in these states.

Question 4: Do you have the necessary knowledge, skills, training and/or required certificates of training or certifications to perform this activity?

After confirming that there are no telehealth-specific credentials or formal training required for health professionals to perform telehealth, the NDTR uses the 2024 Scope and Standards of Practice for the NDTR to assess their knowledge and skills. The NDTR determines that they may benefit from having a better understanding of how to use telehealth platforms and how to effectively provide nutrition education to their patients/clients. The NDTR discusses these goals with their supervisor and investigates the resources below.

- [Academy Telehealth Quick Guide](#) (*membership required*)
- [Academy Eatright Store](#) (*membership required*) - resources on providing effective education
- [Practice Tips: Delivery of Nutrition-Related Services Using Telehealth](#)

Question 5: Have you demonstrated your ability to perform the activity competently to an individual with the knowledge and skills to appropriately assess your competence performing the activity (according to accepted standards), including those for the required certification? Has this evolution been documented in your personal record?

To determine whether they meet the minimum competent level of practice when delivering nutrition screening and education via telehealth, the NDTR reviews relevant standards and indicators from the [2024 Scope and Standards of Practice for the NDTR](#). Indicators for which the NDTR determines they do not meet competent level of practice are opportunities to strengthen knowledge and skills for quality practice.

Standard 1: Demonstrating Ethics and Competence in Practice (Indicators 1.2.4, 1.3.2)

Standard 4: Demonstrating Leadership, Interprofessional Collaboration, And Management of Programs, Services and Resources (Indicator 4.2.2)

Standard 6: Providing Effective Communications and Advocacy (Indicators 6.1.2, 6.1.3)

Standard 7: Supporting Person-/Population-Centered Nutrition Care (Indicators 7.2.1, 7.2.2, 7.4.2, 7.4.3, 7.4.5, 7.5.1, 7.5.4, 7.6.3)

After completing their self-assessment, the NDTR determines that they do not meet competent level of practice in all areas, and subsequently seeks out opportunities to strengthen relevant knowledge and skills. The NDTR requests training from their supervisor on how to use the hospital's telehealth technology and on telehealth best practices. The NDTR wants to ensure that they are adequately trained to use the HIPAA-compliant video conferencing telehealth platform prior to working with patients/clients. Once the NDTR completes training and competence verification, the NDTR's supervisor provides documentation for their employee personnel file following hospital procedure.

Question 6: Does your employer/organization in its governing documents, policies and procedures, or other documents (eg, medical staff bylaws, rules, and regulations; medical director-approved policy or protocol) recognize the credential (eg, RDN, NDTR, or specialist credential[s]) held as authorized to perform the activity?

The NDTR reviews their organization's governing body documents and policies/procedures, and concludes that telehealth is allowed if performed under the supervision of the RDN and with appropriate training and documented competence. After the NDTR's competence is verified, documented, and saved in their personnel file, the NDTR works to ensure that their job description is amended to support performing these new activities.

Question 7: Have you worked with your supervisor and/or organization representative to ensure organization-required steps and necessary documents (eg, organization and department/services policies and procedures, billing procedures, personal job description) are completed and approved by committees, when applicable, to allow the RDN or NDTR to perform the activity?

The NDTR works with their supervisor to ensure all required documents and steps have been completed and approved by applicable committees.

The case example provides information about considerations for delivering care and services through telehealth. Before performing the new activity, the NDTR should also consider the following:

- Ensure that the activity is included in your job description.
- Ensure that your personnel file contains primary source verification of education, training, credentials (if applicable), and competence performing the activity.
- Investigate your organization's liability coverage and need for personal professional liability insurance.
- For billable services, investigate whether this activity, as performed by a NDTR and under the direction and supervision of the RDN, may be reimbursed by health plan insurers, including Medicare.

Below are some examples of [best practices](#) for delivering nutrition education via telehealth.

- Make sure the web camera is at eye level and test your audio/visual prior to call.
- Look directly at the camera.
- Ask if the patient/client can clearly see and hear you.
- Use a second screen to write notes and complete journal/internet searches, if necessary, and use a silent keyboard if you are taking notes or completing searches during a call.⁴

Disclaimer: *The Case Studies are intended solely as models to help practitioners determine their individual scope of practice with guidance from the Scope and Standards of Practice and the Scope of Practice Decision Algorithm. Case Studies should not be used to determine a particular inquiry or outcome, as the results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.*

In this Case Study, CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References

1. Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered. Commission on Dietetic Registration Scope and Standards of Practice Task Force. www.cdrnet.org/scope. Accessed September 23, 2024.
2. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR). Accessed September 23, 2024. <https://www.cdrnet.org/codeofethics>.