

## CASE STUDY – RDNs Delivering Nutrition-Related Services in a Hospital Outpatient Setting via Telehealth

**Case:** A registered dietitian nutritionist (RDN) is determining if performing medical nutrition therapy (MNT) via telehealth is within their individual scope of practice.

**Statement:** The Revised 2024 Scope and Standards of Practice for the RDN does not guarantee that an individual RDN will be able to perform expanded practice skills, but it can guide the RDN to appropriate resources to evaluate whether they can safely and effectively provide 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:** An RDN is working in a hospital providing outpatient nutrition counseling services. They are receiving an increasing number of referrals for individuals who travel some distance for their appointments. The hospital has begun to offer telehealth services to satellite clinics within the state. The RDN is interested in determining if providing medical nutrition therapy (MNT), including nutrition assessment, intervention, and counseling via telehealth, is within their individual scope of practice.

In this example, the RDN uses the Revised 2024 Scope and Standards of Practice for the RDN<sup>1</sup> and additional resources (see below) to determine whether providing MNT via telehealth is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN's responsibility.

### Case Study Resources

The resources listed below and throughout the case study are intended to provide additional knowledge, guidance, and tools for RDNs 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*)
  - [Medicare Part B MNT Resources](#): A set of all handouts (*Academy membership required*)
  - [Therapeutic Diet Orders in Hospitals and LTC facilities](#) (*Academy membership required*)
  - [Nutrition Care Process and Terminology](#)
  - [Advocacy and Licensure](#)
  - [State Licensure/Telehealth Resources](#)
  - [Practice Tips](#): Delivery of Nutrition-Related Services Using Telehealth
  - [Code of Ethics](#) for the Nutrition and Dietetics Profession
  - [Revised 2024 Scope and Standards of Practice for the RDN](#)
  - [Focus Area Standards of Practice and Standards of Professional Performance](#)
  - [Essential Practice Competencies for CDR Credentialed Nutrition and Dietetics Practitioners](#)

- Institutional, regulatory, and other resources
  - [Veteran Affairs Telehealth resources](#)
  - [Center for Connected Health Policy](#)
  - [Telehealth Resource Center](#)
  - Organization policies and procedures
  - In-hospital setting, organization, and medical staff process/bylaws for RDNs to obtain clinical privileges for therapeutic diet order writing or expanded role services
  - Facility/program accreditation standards, if applicable

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

The Scope of Practice Decision Algorithm is a resource that guides a RDN 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 their knowledge, skills, experience, judgment and demonstrated competence. The tool is designed to evaluate each activity separately.

## **PRACTITIONER QUESTIONS**

### **Question 1: Do the Scope and Standards of Practice or applicable RDN focus area standards contain information that provides guidance on whether the practitioner can perform this activity?**

The RDN reviews the [2024 Revised Scope and Standards of Practice for the RDN](#)<sup>1</sup> and finds the following guidance:

*“The RDN provides nutrition counseling; nutrition behavior therapy; lactation counseling, health and wellness coaching, and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care. Alternatives for delivering services to patients/clients/populations beyond in-person visits have expanded since 2020, particularly as an outcome of the COVID-19 pandemic, that enabled more options for virtual (audio only, audio and visual, e-mail, mobile or app-enabled technology) direct care services for patients and their caregivers. Telehealth options offer the benefit of allowing health care professionals including RDNs to reach patients at their homes or other allowed virtual settings. It is incumbent on the RDN providing telehealth services to be cognizant of the legal ramifications of how care is delivered.”*

*“Whether the communication with patients/clients is in-person or virtual, it is important to understand all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) for privacy and security of protected health information (PHI). It is critical to use HIPAA-compliant technology for communication and for maintaining electronic health records; and assure proper maintenance, storage, and disposal of electronic health records, and any paper records or notes.”*

**Question 2: Does this activity align with applicable guidelines, standards of practice, accreditation standards, etc. listed below?**

The RDN 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)

The RDN reviews the Academy/CDR [Code of Ethics](#)<sup>2</sup> for relevant information. While telehealth is not mentioned directly in the Code of Ethics, there are some principles and standards that apply to this topic (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/or 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 RDN discovers that they must be licensed and/or meet all other applicable standards required by state/local laws and regulations in both the state where the RDN is located, and the state where the patient/client is located at the time services are provided. Because laws and regulations are regularly updated, the RDN routinely monitors [licensure laws and regulations](#), as well as [general telehealth regulations](#) (non-nutrition specific) in all relevant states.

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

After confirming that there are no telehealth-specific credentials or formal training required for health professionals to provide telehealth, the RDN uses the Scope and Standards of Practice for the RDN to assess their knowledge and skills, and determines that they may benefit from having additional skills related to delivering telehealth, specifically concerning regulations and payment. The RDN discusses these goals with their supervisor and subsequently reviews the resources listed below.

- [Academy Telehealth Webpages](#) (membership required)
- [Practice Tips](#): Delivery of Nutrition-Related Services Using Telehealth
- [MNT Provider](#) monthly newsletter (membership required)

- [Medicare Part B MNT Resources](#) - set of all handouts (membership required)

**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?**

The RDN uses relevant indicators from the [2024 Scope and Standards of Practice for the RDN](#), as well as those from [focus area Scope and Standards of Practice articles](#) applicable to the patient/client population (eg, Diabetes Care, Adult Weight Management) to evaluate their level of competence specific to providing MNT and/or diabetes education via telehealth. The indicators for which the RDN does not meet competent level of practice are opportunities to strengthen knowledge and skills to ensure quality practice.

- 1.2.4 Recognizes advantages and accounts for disadvantages of technology related to privacy, confidentiality, effectiveness, and safety for clients and organization
- 1.3.1 Performs within individual and statutory scope of practice and complies with applicable federal, state, and local laws and regulations and organization/program policies applicable to practice setting and for diverse and specific populations, including those with intellectual and developmental disabilities or with mental health and substance use disorders
- 1.3.2 Complies with Health Insurance Portability and Accountability Act (HIPAA) and organization's policies and standards regarding sharing of protected health information and personally identifiable information
- 4.1.3 Communicates with the interprofessional team and referring party consistent with the Health Insurance Portability and Accountability Act (HIPAA) and complies with the organization's policies and standards regarding sharing of protected health information and personally identifiable information
- 4.3.4 Uses and participates in or leads in the selection, design, execution, and evaluation of customer programs and services (in person or via telehealth).
- 6.1.3 Selects appropriate information and the most effective communication method or format (eg, oral, print, one-on-one, group, visual, electronic, social media) that considers person-centered care and services and the needs of the individual/group/population or target audience

After completing their self-assessment, the RDN determines that they do not meet competent level of practice in all areas and seeks out opportunities to strengthen relevant knowledge and skills. Since their supervisor and other members of the interprofessional team have experience delivering MNT through telehealth, the RDN requests training on telehealth best practices and technology, as well as using the HIPAA-compliant video conferencing telehealth platform. Once training is complete the RDN's supervisor uses organization procedures to verify and document competency and store records in the employee personnel file.

**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 RDN reviews the organization’s governing body documents, such as medical staff bylaws, rules and regulations, and policies and procedures, and concludes that telehealth is allowed with appropriate training and documented competence. After the RDN’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 RDN reviews the [CMS regulations](#) for performing MNT via telehealth and the reimbursement codes. The RDN confirms that their hospital is a distant site, and can be reimbursed for telehealth, and that RDNs are listed as a distant site practitioner. Reimbursement codes are listed for Individual or group medical nutrition therapy.

The case example provides information on factors to be considered **before** delivering services through telehealth. The RDN should also consider the following:

- Ensure that the activity is included in your job description, in granted privileges if working in a hospital-based facility where privileging is required, and in applicable policies and procedures.
- Ensure that your personnel file contains primary source verification of education, training, credentials, if applicable, and competence in 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 RDN, will be reimbursed by health plan insurers, including Medicare.

Examples of [best practices for providing telehealth](#) include, but are not limited to:

- 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

**Role Examples of RDNs Practicing Telehealth**

Role	Examples of RDNs practicing telehealth in different practice roles
Private Practice RDN	A RDN in private practice would like to add a telehealth nutrition consulting option to their practice. The RDN routinely monitors the CDR/Academy telehealth resources, as well as all relevant state laws and regulations, both where the RDN and the client are residing when services are provided. Reviewing these resources in advance will help the RDN recognize when they can legally provide services or when a referral is needed.
Veteran Affairs RDN	A RDN accepts a position with a Veterans Affairs hospital that includes providing nutrition counseling and education through telehealth services. The RDN reviews the hospital’s

	telehealth options and determines the will need additional training to become familiar with the telehealth equipment. As the RDN becomes more familiar with the policies and equipment, they also identify mentors to assist when questions arise.
International RDN	A RDN living abroad would like to offer telehealth services to clients in the U.S. The RDN is credentialed/licensed in the country where they reside and has maintained their RDN credential through CDR. The RDN reviews all applicable laws and regulations related to performing telehealth within their country, as well as relevant U.S. state laws and regulations to identify states-specific licensure and/or telehealth requirements for providing MNT services. The RDN completes the Scope of Practice Decision Tool and reviews the CDR/Academy telehealth resources. The RDN identifies a colleague providing telehealth in the U.S. for consultation if questions arise.

**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 Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. [www.cdrnet.org/scope](http://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>.