Idaho Academy Centers for Medicare and Medicaid (CMS) Diet Order Rule Committee

Toolkit and Factsheet August 25, 2014

The Idaho Academy’s CMS Rule committee have put together this “toolkit” and factsheet. The committee was appointed by Idaho Academy President, Samantha Ramsay, PhD, RDN, LD, to provide resources and updates for Idaho RDNs during the process of implementing the CMS Diet Order Rule in Idaho facilities.

Committee members are: Carol Julius, RDN, LD (Chair); Molly McIntyre RDN, LD; Becky Swartz, MS, RDN, LD; and Elaine Long, PhD, RDN, LD, FAND. Questions for the committee can be sent by email to idahoacademey@gmail.com or call 208 386 9338.

The committee met with Clinical Nutrition Managers from Saint Alphonsus (Boise) and St. Luke’s (Meridian) on August 22, 2014. Practice examples from Idaho RDNs will be shared as they become available. If you would like to join this committee or participate in a conference call, please contact us. It is important to have all Idaho RDNs on the “same page” during this process.

Background

CMS expects this rule to improve the efficiency and efficacy of nutrition care and save up to $459 million in annual hospital costs. The Academy supports this new rule that will provide patients with better health care and help hospitals function more efficiently.

Since the rule leaves it up to the hospital to make the decision of who can become privileged to independently order diets (in accordance with state law), all RDNs are encouraged to use the available state analysis and practice tips to initiate the process in hospitals. http://www.eatright.org/dietorders/

Although the final rule became effective July 11, 2014, implementing it in each state in various hospital facilities is a process that will take time.

Steps Taken by Your Idaho Academy Board

President Samantha Ramsay sent a letter to the Idaho Board of Medicine on August 21, 2014 and we have received a response.

“I have been aware of the new CMS ruling and have felt that the Board’s Regulations did not impede the implementation of this new ruling.”

Mary Leonard, Associate Director, Idaho Board of Medicine, August 22, 2014
Committee members contacted Sylvia Creswell at Health & Welfare/Facilities and Standards to inquire about IDAPA rule referenced by the Academy in their state analysis.

http://www.eatright.org/dietorders/statestatus/

We have included the IDAPA rule for your reference.

http://adminrules.idaho.gov/rules/current/16/0314 pdf

Modified Diets. All diets, including general diets, shall be ordered by the attending physician. (10-14-88)

a. The nursing service shall transmit the diet order to the dietary department on a written form which

b. A diet manual for all modified diets, approved jointly by the dietitian and the medical staff, shall be available to all staff. (includes at least the patient’s name, age, physician and room number. Additional information pertinent to the dietary department shall be included. (10-14-88)

10-14-88

c. Modified diets shall be planned in writing, conform with the principles of the diet manual, approved by the dietitian, and served as planned. (10-14-88)

Ms. Creswell’s advice was to request a waiver of the IDAPA rule from your facility’s Medical Executive Committee. The reason for requesting a waiver is “CMS allows it.” Additionally, the waiver would only apply to RDNs “licensed in Idaho.” Sylvia Creswell, August 1, 2014.

**Note from committee members “the waiver must be facility driven.”** The committee may need to meet with Board of Medicine and/or hospital association at some point to provide collaborative communication but not until facilities are closer to determining what the waiver they will submit will look like, i.e., therapeutic diets only, or labs included, TPN, supplements, snacks, etc.

Resources

Federal Register – May 12, 2014

The Academy staff recommends having a copy of the rule change with you when meeting with your Medical Executive Committee. Click on the link below to access the Federal Register and use the table of contents in the document to go to Food and Dietetic Services (§ 482.28).

Information on Eatright.org

Learn about the CMS Rule on Therapeutic Diet Orders on the Academy website – what is the new rule, FAQ’s, and practice tips

http://www.eatright.org/dietorders/

FAQs - CMS Final Rule Related to Therapeutic Diet Orders List of Questions – you can click on the question to see the answer.  http://www.eatright.org/dietorders/

1. What does this final rule do?
2. Who will be able to order therapeutic diets?
3. What is a "qualified dietitian or qualified nutrition professional"?
4. Is this final rule a good thing?
5. Does the rule do anything else in addition to making this change in diet ordering?
6. What is the history of this final rule?
7. How is "therapeutic diet" defined?
8. When will I be able to start ordering therapeutic diets for my patients?
9. What does it mean to have hospital privileges?
10. Would this include the ordering of nutritional supplements, too?
11. How does this apply to RDNs in long term care facilities? Will I be able to order therapeutic diets or provide nutritional supplements to my residents?
12. Our state does not license dietitians (or our state only certifies dietitians); does this rule change apply to RDs in our state?
13. What are the next steps the Academy will take to help members with regard to therapeutic diet ordering?

Practice Tips: Hospital Regulation - Ordering Privileges for the RDN - access at http://www.eatright.org/dietorders/

Practice Tips: Implementation Steps - Ordering Privileges for the RDN – access at http://www.eatright.org/dietorders/

Notes from August 12, 2014 Academy Webinar

CMS Rule – State Affiliates Next Steps

Rule change proposed in 2013. Final rule passed by Congress on May 12, 2014.

Recommend having a copy of the May 12, 2014 Federal Register ... it is 85 pages long.

Rule allows RDNs to independently order diets and lab tests (as well as supplements and snacks).

Authority to implement the rule lies with each hospital’s Medical Executive Committee.

Hospitals have the authority to decide who is competent and qualified to order diets
Information for state affiliates

CMS study estimates a cost savings to hospitals of $459 million/year.

For the average 164 bed hospital this is a savings of $45,000/year.

The Academy’s staff (Pepin Tuma) has researched state regulations in all 50 states and prepared the red/yellow/green coded map posted at http://www.eatright.org/dietorders/statestatus/

Idaho is coded as a red state which means that there is a state regulation that needs to be addressed.

The logic behind the statement after licensure for our state, which is a “No,” means that there is no impediment to RDNs ordering diets in our licensure statute.

The Academy is working hard to have RDNs in each state “on the same page” and also to help affiliates initiate conversations with key stakeholders before taking any action.

Stakeholders that were identified are: hospital association, licensure boards, state licensing and certification, physicians and pharmacists. (Later in the webinar, nurses we mentioned).

When speaking to stakeholders, personal connections, asking questions, and following up are key.

The speaker from Virginia (President of the Virginia Academy) mentioned that it is okay to say “you don’t know” but then get back to the group with an answer. She stressed the importance of “building relationships.”

Preparation for meetings:

- Work with Academy staff (Pepin Tuma)
- Provide suggested wording
- When you meet, state where RDNs work, provide background for rule change
- Text of revised CMS CoP 482.28
- Have a copy of the May 12, 2014 Federal Register (highlight key points; Pepin is working on this for affiliates)
- Provide information on research on efficiency of RDNs ordering diets (...need to get this if we can)
- Access the FAQ on http://www.eatright.org/dietorders/
- Accept advice

Key talking point for affiliates – “Echo Federal guidelines”

The ASK = support for the CMS rule – align state regulations with CMS

Be brief, get to the point, keep the big picture in mind, and establish relationships.

Other talking points:

- Cost savings
- Efficiency
- Patient health

Toward the end there was a brief discussion about working with nurses (as in some states nurses can only follow physician orders (and not RDNs).
Concluding remarks:

CPOE (Medical Executive Committees) are key.

Take a collaborative approach.

**Recommend that in a hospital a physician’s diet order always supersedes the RDNs.**

Discuss your work with licensure board during this process even if there are no statute impediments.

Questions about this webinar? Contact Elaine Long or Molly McIntyre. Academy members can view this webinar and earn 1 CPE. A certificate of participation is sent to participants.

Toolkit prepared by Elaine Long

August 25, 2014