

ON THE **CUTTING EDGE** Diabetes Care and Education

THE ROLE OF THE REGISTERED DIETITIAN IN INTER/MULTIDISCIPLINARY PRACTICE

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Message from the Theme Editor:

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Change is Inevitable. Are We Prepared for Changes Affecting our Professional Roles?

The dietetics profession faces many changes now and in the future. One change driver is interdisciplinary teaming. An **interdisciplinary** team is defined as a team made up of specialists from several disciplines who work in a coordinated manner toward a common goal for the patient. A **multidisciplinary** team is one consisting of many health care professionals who coordinate but do not overlap the contributions of each profession to improve patient care. How do interdisciplinary teams differ from multidisciplinary teams or are they the same? Will we need to learn different skills to work on interdisciplinary teams? This issue of *On the Cutting Edge* (OTCE) explores some of the changes that have occurred or will be occurring in the future. Many resources are referenced for use in your practice as you encounter such changes.

In our opening article, Deborah Fillman, MS, RD, LD, CDE, discusses the changing

health care environment. She explains the Affordable Care Act, the electronic health record, the recent Academy of Nutrition and Dietetics Future Connection Summit held in March 2011, and the American Association of Diabetes Educators (AADE) Guidelines for the Practice of Diabetes Self-Management Education/Training (DSME/T). She also provides a public health sector tool to get us started down the road to this new world.

Alison Evert, MS, RD, CDE, reviews the standards of practice (SOP) and standards of professional practice (SOPP) in diabetes care, explaining newly adopted terminology and defined levels of practice. She also examines scope of practice. Licensure of health care professionals is defined in state practice acts, but do you ever wonder if you can perform a specific task? Competency to perform a specific task or service in diabetes is referenced

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DCE members are the most valued authorities on nutrition and diabetes prevention, education, and management.

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in the AADE's Competencies for Diabetes Educators. Finally, Alison offers some common scenarios on invasive procedures with which registered dietitians (RDs) may be confronted and what they may need to do in these situations.

Mary Ann Hodorowicz, MBA, RD, CDE, a certified endocrinology coder, has written two articles for this issue of *OTCE*. In the marketing article, she defines a multidisciplinary team and describes business models providing services in this environment. She also discusses the "7 Ps" of a marketing plan that should be of use to all readers.

Mary Ann's second article reflects her expertise in obtaining reimbursement for RD services. For example, she lists and references the codes to use for diabetes and predialysis renal medical nutrition therapy (MNT). Have you ever considered providing your services via telehealth? As of January 2011, Medicare has approved this benefit. Mary Ann also identifies codes for private payers and Medicaid reimbursement and offers the latest information on reimbursement.

As changes occur in diabetes care, so does the role of the RD. Anne Daly, MS, RD, BC-ADM, CDE, outlines the

background leading to the development of the 2009 Diabetes White Paper, which describes who may deliver nutrition services in MNT versus DSMT. The revised standards were published in the 2012 January issue of *Diabetes Care* and are available at http://care.diabetesjournals.org/content/35/Supplement_1/S97.full.pdf+html.

In the final article, Cecilia Sauter, MS, RD, CDE, reviews the patient-centered medical home and how it will change health care and the delivery of care to patients. A medical home is a team-based model led by the primary care physician, who coordinates the care of the patient with other health professionals, including the RD. This model is a good example of what the future may hold for RDs working as members of an interdisciplinary team.

We hope this issue of *OTCE* will enlighten you to some of the many changes that have occurred or will occur in our profession. We will continue to update you through our website at www.dce.org. Check the website for further information related to the topics discussed in this issue. Our goal is to prepare you for your role as an RD in the 21st century.

STRATEGIC PRIORITY AREAS

GOAL 1: Sustain and grow a high level of satisfaction and retention among members.

- Use electronic technology to engage new and existing members.
- Promote and support member professional development.
- Maintain a high value of membership.

GOAL 2: Advance DCE's unique position as the authority in nutrition and diabetes prevention, education and management.

- Promote and maintain new DCE image.
- Develop domestic and global alliance and stakeholder relationships.
- Promote and support evidence-based practice and research.