

Is Change Affecting You or Are You Effecting Change?

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"Your time is limited, so don't waste it living someone else's life. Don't be trapped by dogma — which is living the results of other people's thinking. Don't let the noise of others' opinions drown out your own inner voice. Have the courage to follow your heart and intuition. They somehow already know what you truly want to become. Everything else is second."

Steve Jobs, Stanford's 2005 Commencement

Introduction

Is the health care environment really changing? Will registered dietitians (RDs) need to learn to function differently? Should RDs be proactive in addressing anticipated changes? If you haven't watched the news, don't own a smart phone, haven't heard of Twitter, LinkedIn, or Facebook, you may be unaware that our society is in a state of rapidly changing flux and health care is a vital part of that change. Everyone in health care has been interested with the Patient Protection and Affordable Care Act, scheduled to take effect in 2014, which is bringing about changes that include the creation of entities such as accountable care organizations, a mandate for use of electronic health records, and more emphasis on managed care organizations and patient-centered medical homes.

The 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education, held March 23-24, 2011, looked at the future of the dietetics profession and was summarized in the October 2011 issue of the *Journal of the American Dietetic Association (JADA)*. The ten-change drivers cited in that article

affect the practice, education, and future credentialing of dietetics. These change drivers were based on the Commission on Dietetics Registration's Workforce Demand Task Force-sponsored "Future Changes Driving Workforce Supply and Demand, Future Scan 2011-2021." Change drivers cited in the article included:

- 1) Education within the workforce
- 2) The need for interdisciplinary teaming
- 3) The question of whether RDs should be generalists or specialists
- 4) The population's health risk factors and ongoing nutrition initiatives
- 5) Personalized nutrition plans
- 6) Changes within the food industry
- 7) The aging population base
- 8) Increased diversity in the population and workplace
- 9) Increased technology
- 10) Health care reform legislation

The meeting also included topics such as RD opportunities based on industry need, alternative education, and models offered by other professions, such as physical therapy.

Workforce Changes

The American Association of Diabetes Educators (AADE) *AADE Guidelines for the Practice of Diabetes Self-Management Education and Training (DSME/T)* state, "Approximately 90% of diabetes care is delivered by primary care providers (PCPs), often without the involvement of a qualified diabetes educator. Although DSME/T is recognized as a crucial component in diabetes care, and is both cost-effective and efficacious, many patients never receive formal training. On average, only 14.3% of all diabetes-related primary care visits include diet or nutrition counseling, 10% include exercise counseling, and 3.6% include weight reduction counseling. PCPs may only provide advice on risk reduction rather than training in diabetes self-management; therefore, patients may only receive information about diabetes care without receiving the education and skills training they need to effectively manage their diabetes" (2). This situation needs to change and RDs should position themselves to address this opportunity.

The executive summary of the Future Changes Driving Dietetic Workforce Supply and Demand Future Scan 2011-2021 clearly indicates that the dietetics profession faces many workforce challenges and opportunities and must prepare for

new public priorities and changes in population. One opportunity for RDs is becoming involved in an accredited diabetes education program. The AADE's DEAP (Diabetes Education Accreditation Program) and the American Diabetes Association's ERP (Education Recognition Program) offer enhanced flexibility and employment opportunities for all diabetes educators, including RDs. In 2008, AADE sought to become a Centers for Medicare & Medicaid Services-approved accrediting body, in large part to open up new opportunities that allow multidisciplinary teams of diabetes educators (e.g., an RD and registered nurse) to take on more entrepreneurial roles by setting up their own accredited programs and encourage physicians to contract with these new programs. Per a workforce analysis commissioned by AADE in 2011, "In order for the supply of diabetes educators (DE) to be commensurate with that level of demand (approximately 1.5 percent growth per year), DEs would have to grow at 4 percent per year between now and 2025 " (3).

In terms of the employment market for DEs, the scope of work settings would be broader, ranging from traditional hospital outpatient and physician office positions to such roles in industry sales (both pharmaceutical and medical device), medical weight management clinics, community health centers, and workplace wellness programs for large self-insured companies. In terms of job responsibilities, it is anticipated that more DEs will be called upon to serve as program managers and coordinators. Given the results of Medicare claims analyses, which showed declining reimbursement for group sessions versus individual sessions, many health care delivery systems will

bring in lower-level DEs such as community health workers to deliver the group sessions, with higher-level DEs (CDEs and BC-ADMs) supervising them, meeting with patients individually, and creating curricula. Higher-level DEs will also help design technology interfaces, such as patient Web portals, that will allow remote delivery of more services. DEs will also likely be asked to expand their scope into the realm of performance measurement and quality achievement. Currently, quality measures for diabetes care focus on glycemic control, blood pressure control, lipid control, tobacco non-use, and aspirin use. In upcoming years, quality measures should be developed specifically for diabetes education.

Sylvia A. Escott-Stump, MA, RD, LDN, president of the Academy of Nutrition and Dietetics (the Academy), had this message for dietitians in the *JADA* October 2011 issue: "An ongoing, cyclical approach to planning, with regular reassessment and adjustment as necessary, is as useful to individual practitioners as it is to an organization, and I encourage all Academy members to develop and follow your own strategic plan. An annual self-review prior to an evaluation with your supervisor could well be a practitioner's strategic plan. Think hard about your strengths, your needs, and your goals and write them down. Putting your plan on paper (including setting deadlines for completing tasks or attaining objectives) is shown to increase the likelihood you will work toward achieving your plan"(4).

Public Health Arena

As an RD in the public health arena, I have become involved in examining the future of public health in a

continually changing environment. As public health agencies move toward accreditation, the sector is learning to plan and measure for success before the change. The 10 Essential Public Health Services (EPHS) (5) provide the basis for the National Public Health Performance Standards; A Guide for Accreditation (6).

The public health sector is very serious about making sure its workforce is ready to meet future health care challenges. The 8th EPHS is "Assure a Competent Workforce." Meeting this EPHS requires an assessment of the workforce (including volunteers and other lay community health workers). The Academy and AADE have each conducted studies examining the future of their respective professions and workforce. In addition, both organizations have maintained public health workforce standards, including efficient processes for licensure/credentialing of professionals, and have incorporated core public health competencies to include the EPHS into personnel systems. Both the Academy and AADE have defined competencies for the RD and the DE as well as professional continuous quality improvement and lifelong learning programs for all members of the public health workforce, including opportunities for formal and informal public health leadership development. Both organizations offer numerous lifelong learning opportunities for their members, but it is up to the individual to become involved in such lifelong learning. Visit their websites (the Academy at eatright.org or AADE at diabeteseducator.org) to find information on a variety of topics to keep professionals educated and moving toward the future.

Mobilizing for Action Through Planning and Partnerships

One tool to help move the public health sector toward accreditation and ultimately success in improving the health of the communities served is the Mobilizing for Action through Planning and Partnerships (MAPP) tool (7). The community drives the process for this tool, creating and implementing a community health improvement plan by using resources efficiently and effectively. It provides a long-term strategy that leads communities to: 1) define measurable improvements; 2) increase their visibility; 3) identify community advocates; 4) develop the ability to anticipate and manage change effectively; and 5) build a stronger public health infrastructure, partnerships, and leadership.

The MAPP framework could be used by many RDs as they move toward positioning themselves for a changing environment through:

- Step 1: Organizing for success
- Step 2: Developing partnerships
- Step 3: Becoming visionary
- Step 4: Assessing the situation
 - a) What are your strengths?
 - b) What is happening in the system that surrounds you?
 - c) What is the status, such as health indicators (access to care, disease statistics, etc.)?
 - d) What are the positive and negative external forces that affect your profession?
- Step 5: Identifying strategic issues based on the information gathered from the four assessments to reach an individual vision
- Step 6: Formulating goals and strategies

Step 7: Taking action by planning, implementing, and evaluating your plan

This is only one example of a planning tool to help the RD prepare for the future. Many other tool sets are available. The key is to begin the process!

Conclusion

So, what does the future hold for you and your profession? Are your skill sets and competencies ready for the challenges you will face in a changing workforce? Will you apply to start a DEAP or ERP? Are you prepared to become part of a multi/interdisciplinary team? Will you be part of or lead an accountable care organization? What does health care reform hold for you? Are you depending on the professional association to lead the way or can the professional association depend on you to set the path forward?

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