Expanding Access to Medical Nutrition Therapy (MNT)

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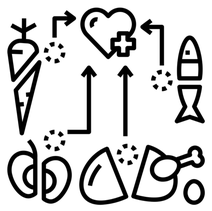
Project Description

Increase the number of patient able to access to MNT by offering group and virtual visits.

Problem Statement:

Patients who receive MNT have improved clinical outcomes (HgbA1C, lipids, weight loss). Current MNT model limits access to 6-8 patients a day per dietitian (RD).



Discovery:

- MNT delivery model has never adapted to meet increased demand for intensive behavioral therapy.
- Conducted interviews, focus groups and survey:
  - "Long visits and long wait time impact effectiveness of your interventions." *-Primary Care Provider*
  - "I need convenient, readily available appointments." *-Patient*
  - "I worry shorter visits will result in losing connections with patients." *-RD*
  - Barriers to embedding RDs in clinics include: space, clinic flow, visit length and leadership alignment.
- Identified clinic with 2 RDs (Positions A and B) willing to pilot alternate approaches to providing MNT.
  - Outlined patient journey.
  - Aligned visits types with journey steps.

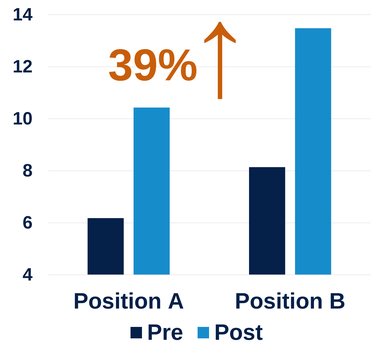
Goal: Increase access to medical nutrition therapy.

Outcome-oriented Objective:

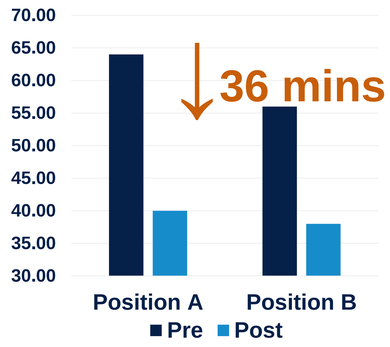
- Increase average daily encounters by 3 patients per RD in 6 months.
- Achieve dietitian productivity rate of 85-87% as measured by RD monthly dashboard in 6 months.
- Decrease wait time from 21 days to 14 days in a 6 month period.

Results

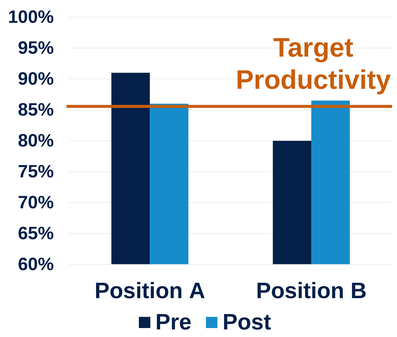
Number of Daily Encounters per RD



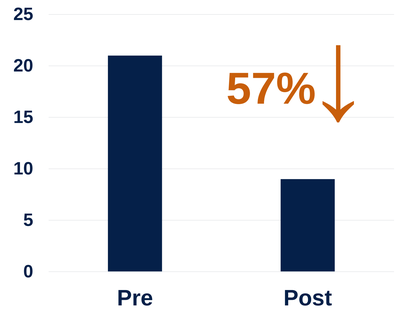
Minutes per Patient by RD



Dietitian Productivity by RD



Average Wait to see Dietitian (days)

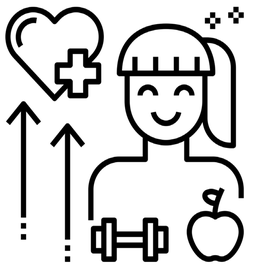


Lessons Learned

- First attempt to change the practice model did not succeed because key partners in the clinics were not ready to adapt.
- Allowing customer to guide you vs. jumping towards the obvious answer can save you time and money.
- Being flexible and persistent helps development relationships and can get you a seat at the table.

Next Steps:

- Testing in other clinics.
- Exploring virtual options for group visits.
- Developing and implementing 2 new group visit types.
- Redesign education materials to better align with the patient journey.



Mission Model Canvas

Key Partners	Key Activities	Value Propositions	Buy-in & Support	Beneficiaries
• *New patient coordinators (NPCs)* • *Medical Assistants (MAs)* • *Registered Dietitians (RDs)*	• *Gain clinician trust* • *Program development* • *Operational design of program* **Key Resources** • *Clinic staff support* • *Work space in clinics* • *RD time*	• *Increase effectiveness of BMI clinic weight management treatment plans by increasing the number of patients able to access MNT in BMI clinic by 25% without adding any additional RD FTE*	• *Clinic director* • *Physicians* • *RDs* **Deployment** • *BMI clinics* • *Group encounters* • *Telehealth* • *Myhealth messages*	• *Physicians in BMI clinic* • *Patients seeking to lose or control weight*

Mission Budget/Cost	Mission Achievement/Impact Factors
• *Increase use of NPC and MA's time* • *Use of additional clinic space*	• *Increase patient access to RD by 25%.* • *Level RD workload measured by productivity* • *Reduce wait time to see RD by 7 days*