

Analysis of Nutrition Services Survey of Oregon's Coordinated Care Organizations

By Judy A. Sundquist, MPH, RDN

2014/2015 OHA, Transformation Center Clinical Innovation Fellow

April 14, 2015

Oregon's Coordinated Care Organizations (CCOs) were surveyed in the Fall of 2014 to obtain information about how they use nutrition services. This was the first nutrition services survey of CCOs since their inception in 2012. Eleven out of sixteen CCO Medical Directors responded, which is close to a 70% response rate. This analysis is written to provide highlights of the survey results and to offer practical recommendations as a result of the project.

CCOs are regionally based health system entities that focus on unique community needs, a vast array of health conditions and health disparities of Oregon Health Plan (Medicaid) members. In 2015 Public Employees will also have the CCO option; this means well over a million individuals or more than 25% of Oregon's population will receive care through the CCOs.

The current challenging health problem for all CCOs is the high prevalence of chronic diseases and finding innovative and effective approaches to prevent, ameliorate and postpone them. We know that unhealthy diets and eating practices are major contributors to chronic diseases such as diabetes, cancer, hypertension and heart disease. Furthermore, there is strong evidence for the inclusion of nutrition services in health systems from notable entities like the US Preventive Services Task Force (USPSTF). For example, USPSTF made a "B" recommendation, Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors.¹ Identifying innovative and scalable models of chronic disease prevention and care is critical for today's health system transformation. Innovative yet practical nutrition services are being created around the state. Below are two examples.

Examples of Innovative Nutrition Services

Examples of innovative approaches with nutrition services were obtained through interviews separate from the survey. While there are many innovative changes occurring, these examples exemplify a more integrated systems approach.

Mosaic Medical is a federally qualified health center in the Bend area that is offering and building an innovative care coordination approach to complex care called, "Bridges Health". Christa Ohlrich, RDN, LD, Registered Dietitian Nutritionist for Mosaic Medical described the inclusion and integration of nutrition services for complex patients. The care team assesses complex patients for their motivation and interest using both patient activation measures and motivational interviewing. Nutrition services are part of a varied menu of services that are right sized: right time for the right patient and in the right way. For instance, patients may need stabilization with pharmacy tooling and behavioral support before they initiate lifestyle changes related to nutrition and physical activity practices. On the horizon are tailored group medical appointments to augment individual Medical Nutrition Therapy. Behavioral changes and patient confidence are the first outcomes seen with this innovative model.

Yakima Valley Farm Workers Clinic is a federally qualified health center in four Oregon locations: Woodburn, Salem, Portland and Hermiston. In three of the locations, RDNs see most of the chronic disease patients as well as prevention patients using a hybrid approach of Shared Medical Appointments. RDNs are readily available for brief nutrition and physical activity counseling via warm hand-off from the medical provider. Amy Allen, MPH, RD, CD, supervising RDN has been working on iterations of this model for the last three years. Both providers and patients have responded positively to short patient focused contacts using motivation interviewing as evidenced by greatly reduced no show rates and increased provider demand for the service. The service is in expansion mode plus it will be integrated with a patient entry screening approach in their Rosewood Clinic in Portland.

Significant Survey Highlights

The survey spanned many questions relevant to CCOs: use of community health workers, availability of nutrition services in out-patient settings, type of nutrition services available, influencers to include nutrition services, expectations from the service, priority populations, barriers to service, priority member conditions and interest in additional resources to facilitate the inclusion of nutrition services. Four out of the thirty-two questions merit highlighting because of the strong response and relevance to the purpose of the survey.

1. In Exhibit 4.3, 100% responded with the following expectations for patient outcomes when nutrition services are included in outpatient care settings. This shows significant agreement and is very relevant to health system transformation with an emphasis on chronic diseases.

Responses	Expected Outcomes
9/9	Improved patient engagement
9/9	Improved patient long-term health
9/9	Reduced patient co-morbidities
9/9	Increased patient self-management

2. In Exhibit 4.5, 80% responded with ALL patient categories receiving care from nutrition providers. This indicates a strong interest in a lifespan approach for using nutrition services.

Responses	Patient Categories
7/9	Pregnant women
7/9	Women of reproductive age
7/9	Infants (0-1 yr.)
8/9	Children (2-12 yr.)
7/9	Adolescents (13-17 yr.)
8/9	Children/youth with special health care needs (0-26 yr.)
7/9	Men
7/9	Seniors (65 yr. +)

3. In exhibit 8, over 81% agreed with priority areas for nutrition services. And over 55% responded with specific chronic diseases such as diabetes, cardiac disease and obesity as identified member conditions or risk factors that are priority areas for receiving nutrition services. Prevalent chronic diseases are identified and prioritized which is consistent with quality health metrics. Just upstream from chronic disease is the prioritization of obesity and overweight.

Responses	Chronic Diseases
9/11	identified priority areas or priorities are under consideration
7/9	Diabetes
5/9	Cardiovascular Diseases
5/9	Obesity

4. In Exhibit 11, over 85% of CCO staff would use potential resources as a follow-up to this survey, if available. This response indicates a strong interest in strengthening nutrition services using all listed resources.

Responses	Resource
10/11	Clinical and nutrition care resources
10/11	New evidence-based nutrition care models
10/11	Access to additional funding
9/11	Conference presentations, professional development, trainings
9/11	Needs assessment survey of clinics and providers
9/11	List of nutrition providers in your catchment area
9/11	Technical assistance to set up services

Inconclusive Responses

Equally important are specific inconclusive responses which may provide additional insight into the use of nutrition services. With a response rate of 9 -11 responses, Exhibits 4.4, 4.6 and 7 regarding qualifications of providers, use of clinical guidelines and barriers to nutrition services are highly equivocal as evidenced by equally distributed responses between Yes, No and I don't Know. Three responses identified a Registered Dietitian Nutritionist (RDN) as a nutrition provider. This suggests a defined system of nutrition services may not be available or working. RDNs can address this disjuncture and assist the CCOs in defining and innovating nutrition services systems most relevant to their respective populations.

Recommendations

Nutrition services systems encompass a wide breadth of activities such as Medical Nutrition Therapy, planning and conducting prevention programs, participating in team care and coordinating population-based interventions. The following recommendations may facilitate a rapid inclusion of innovative nutrition services:

1. Share the survey report and analysis with all current CCO Medical Directors. Eleven out of the sixteen CCO Medical Directors participated but significant turnover has occurred since the time of the survey.
2. Share the survey report and analysis with the Oregon Health Authority to explore action on significant survey responses:
 - Consider making additional resources available to strengthen CCOs' nutrition services;
 - Explore workforce implications in regards to the current health system transformation;
 - Identify effective features of outpatient care settings that successfully and innovatively integrate nutrition services, especially as related to chronic diseases;
 - Develop ways to standardize effective nutrition services throughout the patient lifecycle;
 - Identify how to build a continuum of service from population-based through clinical based nutrition services.
 - Consider developing a wellness metric that is readily available and will increase and measure effective prevention approaches.
3. Engage the Oregon Academy of Nutrition and Dietetics (OAND), one of the survey endorsers and the professional organization for registered dietitian nutritionists to advocate for innovative practices and the integration of best practices in CCOs' systems of care.
4. Widely share survey results and analysis with stakeholders, such as the OHSU Moore Institute, one of the endorsers of the survey. Identify and engage relevant organizations to assist with identifying promising practices and funding their replication.

This project was made possible as a result of OHSU Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) interest and investment. Special thanks to OCCYSHN staff: Alison Martin, Susan Filkins and Elizabeth Adams of OHSU Child Development and Rehabilitation Center.

ⁱ Annals of Internal Medicine, (February 24, 2015), Behavioral Counseling to Promote a Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: U.S. Preventive Services Task Force Recommendation Statement. Retrieved 03.28.15.