

**Written Testimony submitted by Michele L. Francis, MS, RD, CDE, LDN**

House Democratic Policy Committee Public Hearing

April 9, 2012

Since I am unable to testify in person, I am submitting my written testimony to be entered into the hearing's record. My name is Michele Francis, and I am currently employed as Manager of the Diabetes and Nutrition Services Department at The Chester County Hospital and Health System in West Chester, PA. As a practicing Registered Dietitian since 1989, I have educated countless patients, helping them to make lifestyle changes to improve their health outcomes. I have worked with many dietitians and have seen the value patients receive when working with these qualified health professionals. I firmly believe that people should have the right to access the services of a Registered Dietitian. For this reason, I am asking that you would recognize Registered Dietitians as providers in all health insurance plans in our state.

Our hospital outpatient program provides Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) to patients with diabetes. Last year, we educated approximately 600 patients. Because these patients have a diagnosis of diabetes, insurance companies including Medicare, Blue Cross, Aetna, and Medicaid covered most, if not all of these services.

Our program has proven patient outcomes:

1. A1c reductions of greater than 2% (A1c is a measure of average glucose; research has shown that even a 1% reduction significantly reduces the risk of diabetes-related complications such as kidney disease, eye disease and nerve damage)
2. Average weight reduction of 6.6 pounds
3. Behavior change goal achievement greater than 90% for patients

These outcomes clearly demonstrate that DSMT and Medical Nutrition Therapy by a Registered Dietitian can significantly improve the health outcomes for patients who can access these services.

In my opinion, there are barriers that exist for patients to access a Registered Dietitian for MNT. First, most insurance plans only cover MNT for patients with a diagnosis of diabetes or kidney disease. This is very short-sited, since we know that other disease states are significant contributors to the rising cost of health care. There are 79 million people in the United States who have pre-diabetes. According to the American Diabetes Association, people with pre-diabetes could already have damage to the body, especially the heart and circulatory system. Without intervention, people with pre-diabetes will likely develop Type 2 diabetes within 10 years. These patients need access to qualified dietitians to decrease their risk of developing diabetes. We know that lifestyle management, including medical nutrition therapy, can reduce the risk of developing diabetes by 58% in this population. Dietitians are proven behavior change experts. These patients, who are often obese with lipid abnormalities, should have access to MNT services to promote positive health behavior changes to reduce their chances of developing Type 2 diabetes.

Reducing hospital readmission rates is a recent and important initiative in health care cost-containment. According to a study presented at the American College of Cardiology's annual meeting, dietary counseling, as part of a "checklist" was shown to be a proven intervention to significantly reduce hospital readmission rates in patients with heart failure. The checklist required that patients were provided with

information on how to modify their diet and exercise and encouraged them to schedule an appointment with a dietitian. After reading about this study, I realized that despite the demonstrated benefits, our hospital system could not fully implement this program because heart failure, while being a significant contributor to hospital readmission rates, is currently not a covered diagnosis for MNT services.

Another barrier which we have noted in our Health System is that while Independence Blue Cross (IBX) will cover MNT for obese patients for 6 visits/year, IBX has limited its number of “Diet and Nutrition Providers” by excluding hospital-based dietitians. The Registered Dietitians employed by The Chester County Hospital are not on “the list” and therefore, we are not able to provide this wonderful and much needed service, which incidentally is free to participants. Our own employees, who seek weight management counseling, have to go outside of our system to see a dietitian. It would be much more convenient and cost-effective for our employees to have on-site access to MNT services. We also get calls for weight management services on a regular basis from the general public and we have to turn these patients away, as they cannot afford the out-of-pocket cost they would incur because we are not approved providers. I believe that insurance companies need to recognize all Registered Dietitians as approved providers. After all, we are all licensed healthcare providers in the state, so we should be able to get credentialed under their plans.

The Institute of Medicine has acknowledged that Registered Dietitians are “the single identifiable group of health care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary” to be recognized as providers of MNT services. We need to be viewed as an integral part of the health-care cost containment solution. So once again, I ask that you please work on legislation that would recognize Registered Dietitians as providers in all health insurance plans in our state. Thank you for your time and consideration.

Sincerely,



Michele L. Francis, MS, RD, CDE  
Manager of Diabetes and Nutrition Services  
The Chester County Hospital  
701 East Marshall Street  
West Chester, PA 19380