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Greetings from the 2008-2009 CNYDA Board

WINTER 2009 President's Message

As we welcome our 44th President of the United States of America, we reflect on his request for a "call to action". It takes each and every one of us to make a difference in the dietetics profession.

How can we respond to the "call to action" for community service in the dietetics profession?

Get involved in the Public Policy Workshop in February
Spread the message about the importance of the RD on RD Day, March 11, 2009

Continue your education by participating in a CEU opportunity such as the NCP workshop on 3/3/09
Volunteer for National Nutrition Month in March to broadcast the *Eat Right* message

Dietetic Professionals are not separated by "clinical or community dietitians", we are all one great profession. We all bring unique characteristics and experiences to the profession, which builds a strong union.

Your CNYDA board of directors has been busy planning CEU events and volunteer opportunities to bolster the dietetics profession in our area.

Have you had a chance to respond to the invitation that you received (through our listserv on 1/14/09) for the Public Policy Workshop plenary party at Robin Neal's home on Sunday Feb. 8th at 3:45 pm? This is sure to be informative and worthy of our time.

Here's something you sure don't want to miss; CNYDA will be hosting a *Nutrition Care Process* follow up workshop on Tuesday March, 3rd, 2009. Four of our CNYDA colleagues will conduct a panel discussion, with case studies to assist us in improving our skills. See the flyer and registration in this newsletter edition. Save the date for the CNYDA changeover dinner tentatively scheduled for June 2, 2009. More information will follow as the date approaches, so plan on coming out to support the out going CNYDA Board and welcoming in the new board. In closing, I would like to quote President Obama once again, "Together we can". Together, we can build a strong, resilient dietetics profession that flourishes in difficult, as well as prosperous times.

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NYSDA Grants Funds for CNYDA Mentoring Program

The NYSDA Grant committee awarded a grant to the Central New York Dietetic Association for \$1040.00 to build a Mentor Program into our website. The proposal involves developing a new “members only” portion for the website that lists available mentors by their area of specialty. Mentees who desire guidance in a particular area are welcome to contact the mentor of their choice to ask questions. Mentee/Mentor etiquette guidelines will be posted as well, to avoid miscommunication and conflict. Website development is scheduled to begin this spring, so check back later in the year if you want a mentor. In the meantime, we are developing a list of mentors by specialty. If you have experience in a particular area, say long-term care or public speaking, we would love to share your expertise with other members of CNYDA. You don’t have to be an “expert”, just experienced and willing to share what you have learned. Please respond to future emails soliciting volunteers for this new program. Alternatively, you can contact Darlene Endy at dendy@twcny.rr.com to volunteer or ask questions.

Darlene Endy, MS, RD, CDN
President-Elect, CNYDA

Membership Improvement Survey Coming Soon!

Have you ever wondered about the benefits of CNYDA membership? Or wished you could see a particular program in place? Or maybe enjoyed our website or one of our programs and wanted to thank those responsible? You will soon get your chance.

Membership in CNYDA is increasing, but we want to make it even bigger. There is strength in numbers! To find out why you joined CNYDA, what you would like changed, or to suggest new programs or benefits, we will soon be emailing a short survey. When it arrives, please take a few minutes to thoughtfully reply. Your answers will be confidential, and the results will be used to make changes for next year. Your input is extremely vital to make CNYDA the best district organization in the state!

Darlene Endy, MS, RD, CDN
President-Elect, CNYDA

NUTRITION CARE PROCESS WORKSHOP II

Standardized language and use of nutrition diagnosis is the latest and best part of the profession. The CNYDA is sponsoring a continuation of the highly attended Sylvia Escott-Stump Nutrition Care Process workshop held in May 2008. Local dietitians representing acute care, long term care, and community settings will present case studies to enhance participants understanding in implementing nutrition care process. Panel members will share successes and barriers in assessing patients, establishing a nutrition diagnosis, intervening, and evaluating care. Join us for an interactive NCP workshop part II to hone your skills.

To get registration information go to:
<http://www.cnyda.org/forms/NCPFlyerRegistration.pdf>



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March into Spring with National Nutrition Month

Now is the time to spring into action and check out these National Nutrition Month volunteer opportunities:

-Step up and show Syracuse why nutrition is important. Volunteer for an hour or two distributing information at a table in the NE Medical Center in Fayetteville. Days/times are flexible. Suggestions for handouts/activities welcome. For more information contact Darlene Endy at dendy@twcny.rr.com

-Would you like to volunteer at a Health/Wellness Fair on March 11, 2009 at Meachem School? Help lead a hands-on, engaging nutrition activity in the morning (PreK-grade 2) or afternoon (grades 3-5). Suggestions for activities welcome. For more information contact Melanie Hubert at mlhubert@hotmail.com

If you would like to learn about other ways to help promote National Nutrition Month in your community-or perhaps you know of a group that is interested in having a volunteer RD speaker, please contact Melanie Hubert at mlhubert@hotmail.com Phone: (315) 263-9743

Help Wanted!!

Are you looking for a way to give back to your dietetic community!?

Would you enjoy sharing ideas & networking with other local nutrition professionals!?

Then becoming a CNYDA Board member is for you!

We are looking to fill the following elected positions for the 2009-2010 year: President-elect, secretary, professional issues chair & co-chair, nominating committee chair & co-chair/s as well as the following appointed positions: Public relations, national nutrition month chair & co-chair/s, Bylaws & handbook chair, & public policy chair

For more information contact: Jaimie Newman @ jnewman@lorettosystem.org

Or visit <http://www.cnyda.org/howtorun.aspx>

Upcoming Events

February 2009

2/9/2009 ADA 2009 Public Policy Workshop
2/9/09 BOD Meeting 5:15-7PM

March 2009-National Nutrition Month

3/3/09 NCP Workshop Part II
3/11/2009 National Registered Dietitian Day

April 2009

4/7/09 BOD Meeting 5:15-7PM

May 2009

5/1/2009 NYSDA 79th Annual Meeting and Exhibition

And Beyond

October 17-20, 2009 FNCE Denver, CO
November 6-9, 2010 FNCE Boston, MA
September 24-27 2011 FNCE San Diego, CA

Why You Need Your CDN!
Certification for Dietitian- Nutritionist in New York State

By Robin Neal, RD, CNYDA Public Policy Coordinator

When I used to hear about becoming a CDN, I thought about the money that goes with the application. At this time, with our economy on the downward swing, it is challenging to find extra room in your budget for this credential. It is true that when a licensure bill is passed in New York State (NYS), if you do not have your CDN you will probably not be grandfathered into having a license. This is a good reason to obtain your CDN, but there is another, important reason. I am here to convince you that obtaining your CDN is one of the first steps to protecting the public that you serve.

Registered dietitians in New York State might overlook obtaining this credential in their line of work, or might feel a CDN is unimportant. During the process of revising our NYS licensure bill for registered dietitians, the NYS Dietetic Association came across a very surprising figure. **Half of all CDNs are not registered dietitians.** That means as registered dietitians, we have 50% of the say when advocating for licensure. The other 50% of certified dietitian-nutritionists (CDNs) are going to push against licensure, because they want to practice nutrition without an RD. Do you want non-RD's providing medical nutrition therapy?

If your answer to this question is no, then the next step is to take action. Licensure protects registered dietitians' scope of practice, and increases reimbursement possibilities for a licensed person. Instead of sitting back and being upset about nutrition therapy being provided by non-RDs, you as a professional have to do something! If half of all CDNs are not registered dietitians, then we need to start increasing the percentage of RDs that are, so we can have more of a voice! Visit <http://www.op.nysed.gov/dietforms.htm> to apply for your CDN today.

I hope you are inspired to act after reading this article. If you are still not convinced that a CDN is important please visit www.eatrightny.org/legislation/faqs.php and learn more! We as dietitians need to protect the public and provide safe, reliable, and scientifically based nutrition therapy for our hospitals, nursing homes, and communities. Email your CNYDA public policy coordinator, Robin Neal, RD at rterat@email.com with questions or for debate☺.

What is ADA PAC?

ADAPAC is a political action committee, pursuing legislative action in food, nutrition and health. Donations from ADA members enable ADAPAC to contribute to political candidates for federal office who support ADA's objectives. ADAPAC facilitates important conversations with key members of Congress and strengthens ADA's position on Capitol Hill.

What you need to know about ADAPAC

- #1 ADAPAC was set up to promote and further the profession of dietetics.
- #2 ADAPAC focuses on many issues important to you.
- #3 ADAPAC funds are used solely for contributions to candidates to the US congress who support ADA's mission and legislative priorities.
- #4 ADAPAC gives to both Republicans and Democrats.
- #5 All ADAPAC contributions are approved by ADA members.
- #6 ADA needs a political action committee to be successful in political venues.
- #7 Supporting candidates helps foster relationships with a member of Congress and his or her staff
- #8 Any contribution, big or small, makes a difference.
- #9 ADAPAC is regulated by the Federal Election Commission.
- #10 ADAPAC does not take money from corporations.



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Defining the RD's Professional and Financial Value

Piek Tan, RD, CDN, CDE

CNY Family Care – Director of Dietetic Services & Diabetes Education Coordinator

CNYDA 2008-2009 Reimbursement Chair

Over the years I have had the privilege and pleasure to preceptor and mentor dietetic interns in various clinical settings. Yes, it is a privilege to have the opportunity to introduce them into the world of dietetics as I also always learn something from them. For the chance I give my interns a peek into the real working life of a dietitian and learn the trade from me, they in return, bring me back to that time in my life where the prospect of becoming a dietitian yielded the ultimate excitement. I was on my way to becoming someone ...a defined professional. Yet, when asked to define the dietitian, many of my interns aren't so sure, and neither was I at the time. Are all of us Registered Dietitians (RDs) sure of who we are? How do we define ourselves?

Who r'you gonna call?

Remember that old song from The Ghost Busters? Well, if we are not clearly defined as a profession, we are NOT going to be called. Look back into the history of Medical Nutrition Therapy (MNT) reimbursement, we did not get called by the Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS) until the second train arrived in November of 2001. Never again, shall we as a health profession miss the opportunity to sit at the drawing board while healthcare policies are being drawn.

This late entry into becoming a recognized and reimbursed health profession has been costly. It has cost us not only our financial value, but even more, it cost us our visibility and voice in society drowned by "pseudo-nutritionists" at nutritional supplement stores, spas, unregulated back-door nutrition/homeopathic counseling operations, popular sensational media and fad diets. All these have made it extra difficult for us to establish our presence as the professionals to call when a nutrition and diet question is raised. We must claim back the spotlight. Registered Dietitians are the nutrition experts in disease management, prevention and cost-effective care. ***RDs are who you'r gonna call.***

>>Fast-forward to 2008

Thanks to the perseverance and relentless efforts of some very dedicated RDs and The American Dietetic Association (ADA), MNT reimbursement by Medicare took shape in 2001. Since then, the work of these dedicated individuals have continued and the ADA's Coding and Coverage Committee (CCC) continue to shape the professional and financial value of RDs by their involvement in every occasion where healthcare policies are being drawn, to ensure that the RD's services and coverage for reimbursement are expanded and we become visible and recognized as the nutrition experts in the healthcare industry.

Their efforts have paid off again in 2008 when Congress passed the bill that would not only stop Medicare's 10.6% reimbursement cut to healthcare providers, but instead increase providers pay by 0.5% immediately and retrospectively, 1.1% increase from January through December 2009, and expand MNT coverage to cover diseases beyond diabetes and renal disease. This means that Medicare Part B coverage for MNT will expand their current limited coverage of only diabetes and renal disease to cover other diseases that are still being determined. Once the final determination of covered diagnoses and process of delivery of services are established, qualified Medicare MNT providers will be able to render MNT services to patients beyond diabetes and renal disease, and be reimbursed for their services at the determined fee schedule.

This is a huge victory for RDs all over the nation. Although Medicare had only allowed MNT coverage for diabetes and renal disease in the past, ***some*** private health insurance companies had been ahead of Medicare and provided MNT coverage to ***some*** of their health insurance plans/products beyond diabetes and renal diseases, covering chronic diseases such as cardiovascular diseases, pulmonary disease, oncology, GI disorders, women's health including pregnancy, weight management, nutritional support, disease prevention and many others; Kudos to these progressive thinkers in the health insurance industry. Medicare's 2008 expanded MNT coverage will mean extra pressure to ***all*** health insurance to follow suit with their MNT coverage in the future, as Medicare's coverage validates the healthcare industry's recognition and admission to the benefits and necessity of MNT as an indispensable part of our national healthcare.

This solidifies our position in the healthcare industry.

The National Healthcare Reform: Moving from Treatment to Prevention

Slow as it may appear, the healthcare industry is realizing the old saying “the best medicine is prevention” to be not only true, but also grossly cost-saving. The research and numbers are out there to prove it. In the case of MNT, the cost-effectiveness has been measured as anywhere from \$10 savings for every MNT dollar spent (Oxford Health Plan) to \$3.1 million saved by the US Department of Defense the first year it utilized RDs to provide MNT for cardiovascular diseases, diabetes and renal disease. This is also the reason why some health insurance companies have had the foresight and provided MNT coverage beyond what Medicare provided coverage for.

Comparisons of the leading causes of death in 1900 and 2000 will show that the leading causes of death in 1900 were acute illnesses and injuries such as tuberculosis, pneumonia, diarrheal diseases, pregnancy complications and childbirth, etc., while in 2000 they are chronic diseases such as cardiovascular & metabolic diseases, kidney disease, sexually transmitted diseases, etc. that are preventable. Many of these chronic diseases I call “diseases of indulgence” as their root cause stem from excessive indulgence by the individuals or society as a whole. Family Medicine practitioners used to fondly call their practice “womb-to-tomb”. While this is still true to distinct themselves from Internists and Geriatricians, the healthcare industry and they themselves see their practice as *preventive medicine*. The family is the most basic social entity, and therefore, where better to deliver preventive healthcare than from the nucleus of society, the family itself?

The healthcare industry recognizes this unique and strategic position that Family Medicine holds. With this recognition, expectations and responsibilities have shifted, and the family doctor must change the direction and style of their practice to meet these emerging expectations. While most family medicine practitioners realize these changes, others have taken the lead to meet not only the new expectations, but also rise to the new standards of care by implementing more efficient chronic care pathways to identify at-risk patients, electronic medical records, and hiring other healthcare professionals such as dietitians and diabetes educators into their staff. These new breed of family practitioners appreciate the value of other professionals who have in-depth knowledge and training in their particular field. They realize that just because they are the Medical Doctors (MD), it does not mean that they have to deliver every aspect of healthcare to their patients all by themselves. And, with the right management strategies, the patients can benefit greatly from these professionals while the practice can benefit financially from providing the services. This is especially true since the healthcare industry is moving towards “pay-for-performance” and outcomes based reimbursement.

Opportunities for the RD

These unique times in healthcare present unique opportunities for RDs. Family Medicine and Dietetics share a common niche: Preventive Medicine. Together we can bring powerful synergy into this new era of healthcare.

Family doctors are realizing the value of the dietitian in their practice. They are appreciating the enhanced benefits the skilled dietitian brings to their patients and practice. We make the difference between just good medicine, and excellent medical care. We have become the added-value that separates them from other general practitioners. And these new breed of doctors are willing to voice their faith in our potential when challenged by the less willing patients or insurance companies. To quote one of the doctors that I have had the privilege to work with, **Joseph Augustine, MD** stated this “...just because insurance will not cover for her service (MNT), does not mean that it is not necessary”

Let’s rise to this occasion and fulfill these expectations and faith that other healthcare providers have placed in us. This, my fellow RDs, is the time for you to take action and take that first step towards realizing your buried desire that every RD holds, to make a positive difference in someone’s life. This is the opportunity you cannot afford to miss.

Now, I am not saying that every RD should become a clinical dietitian and work for a Family Doctor Practice to make a difference in society and define the value of the RD. Everyone of us will have our own place and niche in this dietetic profession and none are superior or inferior to the other. However, if you have been going to work each Monday dragging your feet through Friday, and on Sunday you must pop an anti-depressant, maybe it's time to reconsider. Better yet, reignite that fire and act on what you had always wanted to do. Preventive medicine as part of chronic disease management is a perfect entry point for you to enter and establish the RD's symbiotic existence in healthcare.

We are here to help. The reason why local chapters of the ADA exist is to harness the strength of each member and empower us to fly farther – the power flight of birds that flock together in the V-formation. So, if you know of RDs who are not members of the ADA, make a copy of this article and pass it along to them. Let's fold them back into the flock, and fly farther together.

First Steps

First, you must become a NY State Certified Dietitian Nutritionist (CDN). This is crucial for our future licensure, and the first step to becoming a Medicare provider. Our rightful position as the experts in nutrition is threatened in NY State by other practitioners such as chiropractors, cosmetologists, etc, who together make-up more than half of all NY State CDNs. That's right, more than half of CDNs are not RDs. This means that when we push for licensure for NY State Dietitians, we will be out voiced by the objections of these other non-RD CDNs who have enjoyed the privilege of calling themselves Certified Dietitian Nutritionists without the schooling and training that RDs have had.

Next, you must get a National Provider Identification (NPI). The NPI is a personal lifetime 10 digit government issued number that serves as a standard identifier mandated by the Health Insurance Portability and Accountability Act 1996 (HIPAA). The NPI is used on all claims and submissions to private insurance and government transactions for all healthcare services rendered. The NPI is designed to simplify the administration of health care information. It is free and easy to obtain, and you will not be obligated to start your practice and bill right away once you have an NPI, and should you move jobs, the NPI stays with you. So, even if you are currently not a billing RD, it is a good idea to get an NPI now, who knows where your career may lead to. The NPI will facilitate your transition to becoming a billing RD: 1. The NPI is mandated under HIPAA; 2. Required for the Physician Quality Reporting Initiative (PQRI); 3. Required for Medicare Part B enrollment; 4. The NPI replaces all other identifiers such as UPIN, etc. To apply for an NPI, go to the CMS website: www.cms.hhs.gov/NationalProvIdentStand/, you will be linked to apply for an NPI. Trust me, it's painless.

Then, you want to enroll to become a Medicare provider, or not, it is your choice. Most billing RDs choose to become a Medicare provider, but you may choose to not be one. If you choose to not become a Medicare provider however, you are obligated to refer patients with Medicare to a qualified RD Medicare provider. Or the last option would be to enter into an Opt-out agreement with a Medicare beneficiary where both of you will be bound by an affidavit for 2 years where Medicare claims will not be submitted. This is very complicated and risky, so be sure you know what you are entering before you choose this Opt-out option. The article "Opting out of Medicare: A serious business decision" from the Journal of the American Dietetic Association, August 2002, Volume 102, Number 8 is worth reading.

Lastly, get connected with and seek the help of more experienced RD's who have been billing and know the ropes to getting established. There are so few of us, we won't see you as competition. In fact, I personally welcome the prospect of more RDs entering the field, and am more than willing to mentor if sought. The more of us providing quality MNT services, the more visibility our profession receives, which means more people will seek our services. And this is how we will define our professional and financial value.