

Transcript

NCP 2023 Tutorial

Module 2

Welcome to Module 2 of the Nutrition Care Process tutorial series. My name is Doctor Casey Colin and I will be taking you on this journey.

In this module, we will review the Nutrition Care Process and terminology. We will also discuss the rationale for the implementation of each.

Here we have some key factors to note regarding the Nutrition Care Process. First, the Nutrition Care Process is a systematic method for planning and providing nutrition care. Dietetic pioneers who built the foundation of the NCP did so using medical and nursing models as a foundation of thinking. The nursing practice has their own model which helps to frame the unique, specific way in which nurses impact patient outcomes. So do the physical therapy and occupational therapy disciplines. The nursing care process provided a scaffolding upon which Nutrition Care Process built the NCP with verbiage identifying the specific function of a Nutrition Care Process and medical nutrition therapy. One of the earliest NCP visionaries, Marianne Hammond, recognized the barriers imposed for capturing the role of medical nutrition therapy provided by a Nutrition Care Process in patient care and outcomes resolution and sought to redefine a new nutrition practice structure to fill this need. Hammond, Myers, and Trosler displayed Hammond's hand drawn 1970 original Hammond model entitled Nutrition Counseling Cycle in their 2014 Odyssey paper. The Nutrition Care Process and model is revised periodically and the most recent version has emphasized outcomes and people centeredness and reassessment in the paper by Swan and colleagues. The Nutrition Care Process is designed to improve the consistency and quality of nutrition care. A significant amount of critical thinking, expertise and evidence based clinical judgement is the solid foundation upon which the NCP is built and allows for tailor made nutrition care in the setting of a standardized process. The Nutrition Care Process is not intended to standardize nutrition care for clients, but to establish a standardized process. It is very important to distinguish that standardizing the process in which Nutrition Care Process provide nutrition care organizes the way in which individualized care is provided, not to be confused with standardized nutrition care, which would make the care exactly the same for all patients receiving medical nutrition therapy. And lastly, the NCP is designed to guide critical thinking across all care settings, whether individual or population based, and across all clinical and community settings.

Here is a summary of key rationale to support why Nutrition Care Process should use the Nutrition Care Process in terminology. Standardized terminology provides a

uniform method for Nutrition Care Process to link medical nutrition therapy with outcomes. Standardized language through the Nutrition Care Process and terminology also provides clarity and consistency in the documentation from Nutrition Care Process, which allows improved continuity of care across providers. Notably, the revised 2024 Scope and Standards of Practice for the Nutrition Care Process nutritionist requires use of the Nutrition Care Process for all Nutrition Care Process across all settings.

As mentioned previously, standardized terminology provides a uniform method for Nutrition Care Process to link medical nutrition therapy with outcomes. Tracking of outcomes can occur either in small scale settings such as within facilities or teams, or it can occur large scale such as within research studies. Tracking of outcomes is key in demonstrating objective data in support of the powerful impact Nutrition Care Process have on health outcomes. This data in support of medical nutrition therapy is a key factor to advance the role of the Nutrition Care Process in terms of insurance reimbursement, salary increases and more.

Here you can see in detail the full overview of the four steps of the Nutrition Care Process and the domains within each step. Each of these steps and domains will be covered in detail as you progress through each module within this tutorial series. What is important to note is that although the Nutrition Care Process steps are numbered in sequential order, the real world application of the process is not always linear. For instance, amidst providing nutrition care to a client, the Nutrition Care Process will utilize critical thinking to identify potential nutrition problems while performing the assessment and may apply nutrition interventions while still eliciting further assessment data from the client. The linear structure of the Nutrition Care Process is, however, useful when documenting nutrition care as it provides standardization to the documentation across providers.

The Nutrition Care Process terminology is the structured language used within the Nutrition Care Process, and it is often referred to as standardized language or standardized terminology. The Nutrition Care Process terminology, or NCPT, standardizes the way Nutrition Care Process communicate with the interdisciplinary team regarding patient care and standardized language. Defining outcomes is paramount for medical nutrition therapy insurance reimbursement. The practice of MNT by Nutrition Care Process seemed inadequately captured by the existing nomenclature used within the medical field, particularly International Classification of Diseases, also known as ICD codes, and current procedural Terminology, also known as CPT codes. The dietetics field made progress in 2001 when legislation passed to include reimbursement for MNT under Medicare Part B and the American Medical Association added MNT to their current procedural terminology or CPT codes. Standardized, professional, comprehensive MNT language underscores the value of

the Nutrition Care Process in the medical model. At the same time the NCP was developed, so was the International Dietetics and Nutrition Terminology, or IDNT. In 2006, only 62 nutrition diagnosis terms existed and only nutrition diagnosis terms within the IDNT. Now, after many revisions over many years, terms exist within every step of the Nutrition Care Process, and the nutrition diagnosis terms have been more than doubled. The International Confederation of Dietetic Associations endorsed global use of the IDNT Swan and colleagues provide a summary of the transition from IDNT to NCPT, eventual conversion of the NCPT to the completely electronic NCPT in 2014, and a detailed description of the specific changes within the NCP revisions. Some of the major changes from the 2008 update to the 2015 update include the addition of criteria for the Nutrition Focused Physical Exam, malnutrition term updates, revisions which streamline each step, and the inclusion of the Academy of Nutrition and Dietetics Health Informatics Infrastructure to collect data which facilitates research. The NCPT Advisory Work Group published the newest update to the NCPT in 2023.

The Nutrition Care Process Terminology contains terms with unique meanings that are organized in a hierarchy similar in structure to other healthcare terminologies. The structure includes domains, which are the largest subset of terminology within each step of the NCP, classes which organize the terms within the domains, and indicators, which are the terms used to clearly identify measurable data to monitor and evaluate the effectiveness of nutrition care. The numerical codes associated with the NCP terminology that are seen on each terminology sheet downloaded from the ENCPT web portal should not be documented in the medical record. However, these codes can be a helpful way to ensure you are documenting Nutrition Care Process terminology in the correct place within your ADIME note since the numerical structure corresponds with the domain it belongs in. However, future updates of the NCP proposed phasing out the numerical codes.

Here is an example of the hierarchical structure of the Nutrition Care Process terminology using an excerpt from the Nutrition Assessment and Monitoring and Evaluation terminology sheet. Here you will see that the nutrition assessment step within that the domain is food and nutrition related history. Notably, beside this domain you will see an FH in parentheses. All terms that belong in the food and nutrition related history will have an FH in their numerical coding which can be very helpful when ensuring you are documenting the correct terms in the correct place of the ADIME note. The class in this example is Food and Nutrient Intake. When building an ADIME template in the electronic medical record, using the Nutrition Care Process Terminology steps, domains and classes can be a great way to add clarity and standardization to the location of information in the ADIME note across providers, which can improve continuity of care. Within each class is a subclass of terms to further drill down the type of data you are trying to capture within your documentation. Lastly is the indicator, typically the lowest level terminology in the

hierarchy that provides very specific data point label. From here you can use this terminology in this example total energy estimated intake in 24 hours to label the data you are documenting. Then add in individualized free text to further narrate what is happening for that particular client. Once again, the numerical hierarchy is helpful for conceptualizing where the terminology belongs in the ADIME note, but should not be used in documentation. Only the term itself should be documented.

This concludes your introduction to the Nutrition Care Process. Please proceed to Module 3.