Introduction and Background

Engaging physicians in clinical programs can be challenging, and in the case of malnutrition may require additional efforts and tactics, since medical school education in this arena is inadequate. While the association of nutrition and health has been known for centuries, particularly in defined nutrient deficiencies, it was not until the development and introduction of intravenous hyperalimentation by Dudrick et. al. that a focus on under nutrition as an integral part of malnutrition was established in the late 1960’s and 1970’s. Blackburn, Bistrian and colleagues promoted the concepts of nutritional assessment of the hospitalized patient via a multi/interdisciplinary team. Others quickly followed in establishing those teams in their particular healthcare institutions.

As with new concept, encouraging physicians to adopt the new technology and malnutrition program was challenging, but gained success in many centers. Following the introduction of Prospective Payment System and DRG’s in 1983 some Nutrition Support Teams disappeared as well as a number of physician champions, leaving dietitians, pharmacists and nurses to advocate for the malnourished patient in many instances.

With the emergence of Evidence Based Medicine (EBM), physicians began to scrutinize the existing information and mixed outcomes being presented. The diagnosis of malnutrition was established on disparate criteria varying from physician to physician and institution to institution. In a collaborative effort between A.S.P.E.N. and AND the definition of malnutrition and characteristics have been developed over the past 2-3 years and are currently being considered for changes in the ICDM coding process.

The need for better documentation and coding will also impact on the quality scores, reimbursement rate, readmission rates and Hospital Acquired Conditions (HACs). Many of the aforementioned are currently being monitored by CMS and other insurers resulting in lower reimbursement for underperforming institutions. In addition, the performance data is already being publicly reported via websites such as hospitalcompare.gov. A similar process is scheduled for physicians starting in 2014 which may be one of the convincing factors in getting physicians on board of malnutrition programs.

Physician Engagement Tactics

The presentation will cover a variety of tactics that have been employed in the past to obtain physician buy in on a variety of programs. In addition, at least 3 case studies from members of the CNM DPG will be presented. Lastly, ample time will be allotted for audience participation in the form of case studies, anecdotes, questions and answers from the floor.