Nutrition Informatics ~ Frequently Asked Questions
Basic Answers to FAQ are intended only to serve as a foundation for additional discussion.

What is nutrition informatics?
“The intersection of information, nutrition, and technology.”

**Nutrition Informatics Committee 2011**

Why is it important to the profession of dietetics?
It represents an evolution in the way we practice dietetics. As an immensely “data rich” profession (such as food/nutrient analysis tables), it provides us a more efficient way to perform our role in dietetics, which allows us to use our knowledge and skills more effectively.

Is it relevant to anyone other than those practicing in clinical care (those using an electronic health record)?
Yes! It is important for all areas of practice within dietetics. Early work by the Academy in 2007 established the critical need for informatics knowledge in all areas of the profession.

**Nutrition Informatics Work Group 2007**

I hear the term “electronic medical record” or “EMR” and “electronic health record” or “EHR”.
**What is the difference and which term should be used?**
The appropriate term is “EHR”. Digital (or electronic) medical records have been in existence for decades. Originally, the term EMR was used, as it best described the digital rendition of the existing paper chart or paper medical record in use. The term slowly evolved to “EHR” as additional information was added to the records—outside the scope of traditional “medical care” (such as preventative health measures, wellness data and any data considered by the provider to be relevant to health.) In recent years, it has been suggested that we adopt and use the term “EHR” as it better represents a record that collects any pertinent data for an individual’s health, rather than just treatment and medical care associated with disease.

**David Blumenthal, NEJM**

I keep hearing of the “HITECH Act” within the Academy, yet I thought it was an incentive program for EHRs for which we did not qualify. What difference does it make to dietetics?
Regulations under HITECH have tremendous potential to impact dietetics. The HITECH (Health Information for Economic and Clinical Health) Act was passed in 2009, and while it is an incentive program for eligible hospitals and providers, it also authorizes creation of an infrastructure nationally which promotes data exchange or “data following the patient.” For that to occur, many of the policies, standards, medical terminologies and processes must be harmonized so that providers nationwide understand and embrace how to practice using digital data. As this infrastructure to support nationwide exchange of health data evolves, it is critical that nutrition (and the way we practice, such as the nutrition care process) be included in the infrastructure.
So why were dietitians not included in the HITECH Act? We also need money to purchase software.

Two important points: the incentive payments from HITECH are just that—a financial incentive meant to entice providers to adopt and use EHRs in a meaningful way. While many eligible providers and hospitals are using the money directly for purchase and/or implementation costs associated with EHRs, it was never the intention of the regulation to pay for software.

Second, the Act focused on primary care providers and initially critical access providers. Although there has been significant discussion, at present, there has been no change to those not eligible for HITECH incentive payments—physical therapists, speech and language specialists, social workers, dietitians, psychologists, occupational therapists and many medical specialists such as anesthesiologists, and radiologists.

How does the Academy participate in HITECH discussions?

The Academy has participated in the two federal advisory committees created by the legislation since they were established in 2009. All proceedings of the two committees and 20 working groups are “in the public domain”, meaning public comment is allowed at the end of each session and in writing. All meetings, the audio recording, supporting presentations, meeting minutes and other information are available to anyone by accessing: www.healthit.hhs.gov.

What progress has the Academy made concerning HITECH regulations? Will there be opportunities in the future to respond?

The Academy participated heavily in discussions and events leading to Stage 1 and was successful in acceptance of recommendations in two key areas:

1. Body mass index (BMI) included in reporting measures. Providers must record height/weight and all certified EHRs must accurately calculate BMI based upon entered data.

2. Use of “Adult Weight Screening and Follow-Up” (PQRI 128/NQF 0241) or alternate “Weight Assessment & Counseling for Children and Adolescents” (NQF 0024) to replace “High Risk Medications in the Elderly” as one of three core clinical quality measures that eligible providers must report to receive their incentive payments.

Since 2009, more than 20 written comments have been submitted for the purpose of assuring nutrition inclusion in health information technology in the future. The HITECH Act has three different stages: Stage 1 (2010-2012), Stage 2 (proposed 2013), and Stage 3 (proposed 2015). Stage 2 “Proposed Rules” are expected for release in February 2012; the Academy will again
comment with the extensive work accomplished in the past two years which supports nutrition inclusion in the regulations.

With all this focus on technology, will my job be replaced by technology, such as what happened with the travel planning industry?

This is a logical question, but it is unlikely. If your job is only objective, factual data driven work, then it would be more likely. This is not consistent with dietetics practice across any of the six areas of practice. Decision support functions within software and technology are adjuncts to problem solving and skilled, content driven decision making.

Along the same line, the explosion of mobile applications and nutrition analysis tools seem to be competing with what dietitians do. Is this true?

While it is true that the tool or application could be used by individuals who try to practice nutrition, many of the entrepreneurial companies and software companies have hired dietitians to assure that nutrition content and practice is appropriate and evidence based. Most consider this more of an opportunity than a threat.

Do Clinical Decision Support (CDS) processes within software replace our knowledge and role in nutrition care?

Clinical Decision Support functions are typically found within EHR software for the purpose of providing an individual “checklist” for care which should be considered based upon an individual’s diagnoses, medications, allergies and other values affecting their health. There is wide variation amongst these systems and at present are poorly developed and utilized. Even with the best data, critical knowledge and skill from the dietitian is necessary. In addition, dietitians need to advocate for nutrition to be included in algorithms behind the software.

What is the difference between “computer skills” and “informatics”? Which do I need to practice dietetics?

You need both. The level of complexity depends upon the work you perform. Computer skill is that ability to use a computer effectively (software, hardware, etc) to do your job. Informatics is a big picture view into how do you use the information critical to your performance. For example, computer skills are the ability to use different software, such as word processing or a graphical presentation for communication or documentation. An example of informatics knowledge is an understanding that data must be “structured” (or represented in a standard way) to be effectively retrieved (via query or reports) for outcomes evaluation. Standard “text as paragraphs” are of limited use when generating data from health information technology.
So how does the Nutrition Care Process and the IDNT apply to informatics?

They both provide the critical foundation for a standard process within health information technology that will allow for outcomes reporting and information exchange. As health standards evolve, however, they must become a component of endorsed processes and adopted by most practitioners to be of value.

How do nutrition standards and terms become part of EHRs?

At present, most “functionality” of EHRs is being driven by EHR certification criteria from HITECH. Embedded in these criteria are standards, vocabularies, quality measures and health terminologies which support consistent ways of using data exchange. Work is underway in multiple areas within the Academy to support nutrition inclusion in health information technology.

What does the “alphabet soup” of standards mean to the dietetic profession? Health Level Seven International (HL7), International Organization for Standardization (ISO), International Health Terminology Standards Development Organization (IHTSDO), the US Department of Health and Human Services Office of the National Coordinator (ONC) Standard & Interoperability Framework (S&I).

The present climate in health standards is one of both harmonization and disruption. There is considerable uncertainty about which standards will become adopted. As standards are written into the HITECH regulations, some will become more important than others, based in part on how valuable they are to all providers, ease of use and effectiveness in exchanging data electronically.

Where is the Academy involved? What does this mean to the practicing dietitian?

At present, the Academy has a dedicated team involved in ALL organizations listed above. Due to the rapid pace of change in this area, collaboration and flexibility across all standards development arenas is critical.

The practicing dietitian should understand and appreciate the importance of these standards in delivering nutrition care. Adopting and using the NCP using nutrition terminologies from the IDNT is a critical first step in adopting appropriate nutrition standards. Additional information on exchanging data will become more important in the future.

Where can I get additional information?

The Academy has an informatics web page, blog and online community which provide additional resources.