

Nutritional Counseling Time to Re-Think Its Need?

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Conflict of Interest Disclosure Statement

- The presenter has no conflicts to declare.

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Use of Trade/Brand Names

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Learning Objectives

- Medical Nutrition Therapy (MNT) is a Ryan White HIV/AIDS Program (RWAP) Core Medical Service that is not limited to “Wasting Syndrome.”
- Psychosocial Services is a RWAP service category that can be used for nutrition counseling that is provided by someone other than a Registered Dietician (RD).
- People with HIV (PWH) are now developing co-morbid conditions (Pre-diabetes, cardio-vascular disease, obesity and type II diabetes) that would benefit from nutritional counseling.

What is Medical Nutrition Therapy(MNT)?

Requires a medical provider (MD, DO, APN, PA) referral.

Based on a plan developed by a (RD).

Counseling services provided by RD.

As per PCN 16-02

- Nutrition assessment and screening.
- Dietary/nutritional evaluation.
- Food and/or nutritional supplements per medical provider's recommendation .
- ***Nutrition education and/or counseling.***

Ryan White HIV/AIDS Program Services:

Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice #16-02, (10/22/2018),

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>

What is Psychosocial Support Services?

As per PCN 16-021

- ***Nutrition counseling provided by persons other than a RD***
- Bereavement counseling
- Child abuse/neglect counseling
- Pastoral care/counseling
- Requires a medical provider (MD, DO, APN, PA) referral
- Based on a plan developed by a (RD)
- Counseling provided by non-licensed person or another licensed person.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds, Policy Clarification Notice #16-02, (10/22/2018), <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>

Texas Department of State Health Services, Care Services Group, Psychosocial Support Services, (2022), [Psychosocial Support Services | Texas DSHS](#)

The Need for Nutrition Counseling Early in the HIV Epidemic¹

Food insecurity¹

*Undernutrition
(micro/macronutrients)*

*HIV associated
wasting*

Weight loss

*Opportunistic
infections*

- *ARV side effects,
(N/V)*
- *Food requirements for
ARV*
- *Malnutrition*
- *Food safety*

¹Gallant J, Hsue PY, Shreay S, Meyer N. Comorbidities Among US Patients With Prevalent HIV Infection-A Trend Analysis. J Infect Dis. 2017 Dec 19;216(12):1525-1533. doi: 10.1093/infdis/jix518. PMID: 29253205.

What's Different Now.....

HIV-infected patients have been shown to be at higher risk for cardiovascular (CV) disease, hepatic & metabolic disorders²

The Swiss HIV Cohort Study, a prospective observational study, found elevated rates of stroke, myocardial infarction, diabetes³

Rsk for metabolic diseases including diabetes mellitus, neurocognitive impairment, liver disease, and cardiovascular disease is increased with excess adiposity⁴

Weight gain in PWH confers greater risk of metabolic disease compared with HIV-negative individuals⁵

Proportion of overweight and obese persons with HIV (PWH) has increased since the introduction of antiretroviral therapy (ART).⁶

- For each 5 pounds of weight gained, the risk of incident diabetes increases 14% in PWH compared with just 8% in HIV-negative individuals⁷
- Women, minorities, and persons of lower socioeconomic status with HIV carry a disproportionate burden of obesity⁸
- Obesity compounds an increasing burden of metabolic disease among PWH⁹
- Compared to general population PWH increased incidence of type 2 diabetes (T2D) & cardiovascular disease (CVD)¹⁰
- T2D in PWH is much higher prevalence in the US population (22.1% vs. 14.9%)¹¹
- 2020 Study on T2D in PWH found U.S. clinical cohort clearly indicate that the rates have doubled in PWH as compared with the general U.S. population¹²

^{2,3}Ibid

^{4,5,6} Bailin SS, Gabriel CL, Wanjalla CN, Koethe JR. Obesity and Weight Gain in Persons with HIV. Curr HIV/AIDS Rep. 2020 Apr;17(2):138-150. doi: 10.1007/s11904-020-00483-5. PMID: 32072466; PMCID: PMC7719267.

^{7,8,9,10,11} Bailin SS, Gabriel CL, Wanjalla CN, Koethe JR. Obesity and Weight Gain in Persons with HIV. Curr HIV/AIDS Rep. 2020 Apr;17(2):138-150. doi: 10.1007/s11904-020-00483-5. PMID: 32072466; PMCID: PMC7719267.

¹² Sears S, Buendia JR, Odem S, Qobadi M, Wortley P, Mgbere O, Sanders J, Spencer EC, Barnes A. Metabolic Syndrome Among People Living with HIV Receiving Medical Care in Southern United States: Prevalence and Risk Factors. AIDS Behav. 2019 Nov;23(11):2916-2925. doi: 10.1007/s10461-019-02487-8. PMID: 30929149.

What's the same now from early in the epidemic

Less seen:^{13,14}

- *Wasting.*
- *OI GI complications.*
- *ARV food requirements.*
- *Weight loss.*

Still a concern and maybe overlooked:^{15,16}

- Malnutrition
- Food safety
- Food insecurity
- Undernutrition

¹³McLinden, T., Stover, S. & Hogg, R.S. HIV and Food Insecurity: A Syndemic Amid the COVID-19 Pandemic. *AIDS Behav* 24, 2766–2769 (2020). <https://doi.org/10.1007/s10461-020-02904-3>

¹⁴Ivers LC, Cullen KA, Freedberg KA, Block S, Coates J, Webb P. HIV/AIDS, undernutrition, and food insecurity. *Clin Infect Dis*. 2009 Oct 1;49(7):1096-102. doi: 10.1086/605573. PMID: 19725790; PMCID: PMC2831619.

¹⁵K. Sashindran, V., & Thakur, R. (2020). Malnutrition in HIV/AIDS: Aetiopathogenesis. Nutrition and HIV/AIDS - Implication for Treatment, Prevention and Cure. doi: 10.5772/intechopen.90477

¹⁶Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>. Accessed 2/12/2023

Other Payer Coverage for MNT

Requirements	Medicare	Texas Medicaid https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/cshcn/2020-10-oct/26_Med_Nutri_Srvcs.pdf	Commercial Insurance <ul style="list-style-type: none">https://www.healthcare.gov/preventive-care-adults/https://www.nutritioned.org/insurance-cover-nutritionists/https://www.aetna.com/cpb/medical/data/1_99/0049.html
Medical Provider Referral (PCP)	X	X	X
Services by RD	X	X	X
Services by RN (Specially Trained)			X
Specific conditions*	T2DM, Renal DZ,	Abnormal weight gain, CVD, T2DM, HTN, GI DO, Obesity Nutritional deficiencies	Plans can limit but these are common: CVD, T2DM, HTN, GI DO, Obesity, dyslipidemia, metabolic DO, IFG,
Services By PCP			Diet counseling for persons higher risk for chronic disease under Affordable Care Act

So, What's the Problem?

- Funding and resource allocation reflects early epidemic and not the changing landscape of client conditions: For example, rising co-morbid conditions and aging PWH.
- *PWH may lack 3rd party coverage (10%).⁸*
- Lack of time for providers to provide teaching.^{9,10,11}



¹⁶Kaiser Family Foundation. (2023). *Insurance coverage and viral suppression among PLWH, 2018*. Retrieved from <https://www.kff.org/hiv/aids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/>

¹⁷Prasad K, Poplau S, Brown R, Yale S, Grossman E, Varkey AB, Williams E, Neprash H, Linzer M; Healthy Work Place (HWP) Investigators. Time Pressure During Primary Care Office Visits: a Prospective Evaluation of Data from the Healthy Work Place Study. *J Gen Intern Med*. 2020 Feb;35(2):465-472. doi: 10.1007/s11606-019-05343-6. Epub 2019 Dec 3. PMID: 31797160; PMCID: PMC7018911.

¹⁸Kuipers SJ, Nieboer AP, Cramm JM. Easier Said Than Done: Healthcare Professionals' Barriers to the Provision of Patient-Centered Primary Care to Patients with Multimorbidity. *Int J Environ Res Public Health*. 10=2021 Jun 4;18(11):6057. doi: 10.3390/ijerph18116057. PMID: 34199866; PMCID: PMC8200113.

¹⁹Alicea-Planas, Jessica, Alix Pose, and Linda Smith. "Barriers to Providing Health Education During Primary Care Visits at Community Health Centers: Clinical Staff Insights." *Journal of community health* (2015): 1-6. doi:10.1007/ s10900-015-0085.2

PWH and Providers Limited Options



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Possible Options to Expand Client Access to Nutritional Counseling

Clinicians talk to their Administrative Agencies (AA) about the need for Nutrition Counseling and help them understand



AA's put more \$ into Nutrition Counseling/MNT

- For rural areas (scarcity of RD's) use telehealth or
- *Take advantage of psychosocial services*
- Use telehealth to provide psychosocial services

Summary

Rather than the wasting syndrome that generated referrals for MNT in the past, more clients are developing obesity along with a sequelae of chronic diseases associated with obesity.

Medical providers should take advantage of a HRSA/HAB funded service categories (MNT/Psychosocial Services) and refer clients with cardiovascular disease, obesity and metabolic conditions for MNT.

Jurisdictions should include the rising incidence of obesity, diabetes and cardiovascular disease during resource allocation to make MNT/Psychosocial Services accessible to clients and providers who care for clients at risk for chronic diseases.

Nutrition Resources

Nutrition and Food Safety:

- www.eatright.org
- <https://www.heart.org/en/healthy-living/healthy-eating>
- <https://www.fda.gov/food/nutrition-education-resources-materials/health-educators-nutrition-toolkit-setting-table-healthy-eating>
- <https://www.fda.gov/food/nutrition-education-resources-materials/health-educators-nutrition-toolkit-setting-table-healthy-eating>
- <https://www.fda.gov/food/nutrition-education-resources-materials/new-nutrition-facts-label>
- <https://www.fda.gov/food/food-labeling-nutrition/nutrition-education-resources-materials>
- <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-nutrition-and-food-safety>

Resources for Providers Who Care for Clients with T2DM::

- Texas Diabetes Council-Client [education materials](#)
- Texas Diabetes Council-Provider [tool kit with algorithms includes weightloss/nutrition](#)

Supplements and Complimentary Medicine

- <https://ods.od.nih.gov/>
- <https://www.nccih.nih.gov/health/dietary-and-herbal-supplements>
- <https://www.nccih.nih.gov/>

Food and Drug Administration No Cost CME

- **Dietary Supplements:**
<https://www.fda.gov/food/healthcare-professionals/foodborne-illness-continuing-medical-education-program>
- **Foodborne Illness:**<https://www.fda.gov/food/healthcare-professionals/dietary-supplement-continuing-medical-education-program>

Thank You for Your Valuable Time