

HOD Fact Sheet

House of Delegates

August 2009

Big Question

With national policy makers focusing on health care reform and the surfacing importance of the patient centered medical home model (PCMH)...What needs to happen to engage ADA members as an integral part of future health care models?

The Stage

Congress is interested in increasing preventive services. Many ideas rely on the recommendations of the United States Preventive Services Task Force which recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet related chronic disease. ADA is committed to working with Congress in drafting a bill that puts the proper emphasis on prevention and disease management while making nutrition a key element of these services.



Health Care Reform

Released in December 2008 by the American Dietetic Association's Health Care Reform Task Group, *Health Care Reform* set tenets by which ADA will analyze and critique national health reform proposals. Efforts will focus on preventive and interventional health promotion and care, highlighting the role of the registered dietitian in maintaining health and wellness, disease prevention, and chronic care management throughout the continuum of life – from prenatal to end-of-life care.



These tenets are as follows:

1. The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.
2. Access to quality health care is a right that must be extended to all Americans.
3. Nutrition services, from prenatal through end of life, are an essential component of comprehensive health care.
4. Stable, sufficient, and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.
5. Health care must be patient-centered.

Patient-Centered Medical Home Definition

The PCMH is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship. Each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians.



Patient-Centered Medical Home Strategic Plan

Patient-Centered Medical Home Strategic Plan released by the Patient-Centered Medical Home Work Group recommended the following goals with strategies further outlined in their May 2009 report:

1. Goal #1: Current and future RDs are empowered to advocate for inclusion in the patient centered PCMH and other health care models as the preferred provider for food and nutrition services.
2. Goal #2: The PCMH providers value and choose RDs as preferred providers for food and nutrition services.

Infrastructure to Support ADA Public Policy

ADA's infrastructure to support our public policy mission through grassroots involvement includes every member. Key persons in grassroots work include:

- Public Policy Coordinators (national issues),
- State Policy Representatives (state issues),
- Public Policy Panels (Affiliate Presidents, PPCs, SPRs and others)
- DPG Legislative Chairs or Public Policy Liaisons
- ADAPAC (Political Action Committee)
- Legislative and Public Policy Committee (national committee)
- Policy Initiatives and Advocacy Team staff
- ADA Communications (*On the Pulse*, *Journal of the American Dietetic Association*, and ADA Web site).

In Preparation for the Fall 2009 HOD Meeting

In preparation for the dialogue session on health reform (October 17, 2009), delegates will be determining what is going on in the states in regards to the role of the RD in health reform? For example, are RDs covered in Medicaid plan; how are ADA members in the state involved in preparing for health reform?

Delegates will be discussing these questions with affiliate Public Policy Coordinators (www.eatright.org/ada/files/PPC_09-10.pdf) and Dietetic Practice Groups Legislative/Public Policy Chairs (contact DPG via www.eatright.org/leaderdirectory).

Delegate contact information can be obtained from www.eatright.org/leaderdirectory.

To obtain the full backgrounder "Health Reform" that includes the documents references above, visit www.eatright.org/HODBackgroundersFall2009.