MARY ANN HODOROWICZ CONSULTING, LLC

Nutrition, Diabetes Care-Education, Health Promotion and Insurance Reimbursement for Professionals for the Healthcare and Food Industry

SIGNATURE TALKS, WEBINARS, SEMINARS and WORKSHOPS: 2010 - 2011

My presentation and webinars are not lectures at all! They are "conversations" with the audience and interactive. My role is the “guide on the side, not the sage on the stage.”

At live programs, when the topic lends itself, I request that my guests are seated at round tables, as we do problem solving, role playing (“hands-on” practice), case studies, self-assessments related to the topic, table conversations, group conversations, fun games, brain-storming sessions, and questions and answers at any time.

I focus on translating theory into easy, practical tools that can be used immediately the next morning. I also include patient and provider forms/handouts/worksheets to supplement adult learning and help the guests incorporate what they've learned in their practice settings.

PowerPoint® slides are used, but only as a back drop to keep me on track, and so guests keep organized, have something to take home and not have to furiously take notes.

In addition to my signature topics listed below, I can also talk on any aspect of diabetes care and self-management education, and on medical nutrition therapy in most disease states.

Money Matters! Increase Your Reimbursement Dollars for MNT and DSME NOW!

OBJECTIVES:

1. Describe the beneficiary eligibility criteria for Medicare DSME
2. List 3 of the coverage guidelines for Medicare MNT telehealth services
3. Name the 3 MNT CPT procedure codes
4. List at least 5 of the items on the MASTER CHECKLIST OF WAYS TO SUSTAIN DSME AND MNT PROGRAMS

OUTLINE for MNT REIMBURSEMENT

1. Coordination of MNT and Diabetes Self-Management Education (DSME) benefits
2. RD’s options with regard to Medicare MNT benefit
3. National Provider Identification Number

MEDICARE:

- Enrollment of RD in Medicare as provider
- Provider eligibility criteria and approved practice settings
- Providers’ MNT quality standards requirement
- Beneficiary entitlement
- Beneficiary eligibility
- Utilization limits in 1st year and structure of initial benefit
- Utilization limits in f/up yrs and structure of benefit
- Claim forms and recipients of (bonus: New CMS 1500 and UB04 paper claim forms)
- ICD-9 diagnosis codes
- MNT CPT codes and modifiers
- Revenue codes for MNT
- Medicare’s 9-digit zip code requirement
- MNT payment regulations (assignment) and fee setting
- Medicare reimbursement rates for MNT
- Medicare MNT telehealth
- Medicare Advantage insurance supplemental plans
- Physician’s Quality Reporting Initiative (PQRI)
- Medicare’s Kidney Disease Education Program and RDs
- Medicare’s new rehabilitation programs and RDs

4. Business models for retaining RD in different practice settings
5, Other CPT codes applicable to RD's OP nutrition services

OUTLINE for DSME REIMBURSEMENT:
1. Who is Currently Getting Paid for DSME?
2. Medicare Billing Options for Employers
3. CMS' National Provider Identification (NPI) Number
4. Furnishing DSME in Off-Site Locations and Adding Locations to DSME Programs
5. Coordination of Medicare MNT and DSME benefits
6. DSME Provider Eligibility Per National Standards of DSME
7. Medicare Provider Billing Eligibility
8. Medicare Part B Billing of DSME to Beneficiaries Accessing Part B Benefits in Home Health or Nursing Home
9. DSME Program Quality Standards and Medicare Requirements
10. Beneficiary Entitlement: Part B Insurance
11. Beneficiary Eligibility
12. DSME Referral
13. DSME Codes; Utilization Limits, 1st Yr; Structure of Benefit
14. Hours covered in 1st/initial and f/up episodes of care
15. Utilization Limits in F/Up Years and Structure of Benefit
16. Claim Forms
17. New CMS1500 & UB04 Paper Claim Forms)
18. Claims Coding: ICD-9 Dx, Procedure and Revenue Codes
19. Other CPT Codes for DSME Not Covered by Medicare
20. Medicare's DSME Reimbursement Rates, 2010
21. Group DSME Financial Breakeven Point
22. DSME Payment Regulations and Fee Setting
23. Medicare's new 9-digit zip code requirement
24. Coverage of DSME by Many Private, Commercial and Medicaid Payers

DESCRIPTION:
This jammed-packed and dynamic presentation is exactly what RDs and diabetes educators have been looking for, and what they need to pocket those elusive Medicare and private payer Medical Nutrition Therapy (MNT) and Diabetes Self-Management Education (DSME) dollars! Medicare's hot-off-the-press latest coverage guidelines will be outlined, including those specifically related to MNT-DSME referrals, MNT telehealth, CPT, ICD-9 and revenue codes for accurate claims processing, billing guidelines, the new "tiered" payment rates and fee setting. Specifics related to private payer reimbursement, pre-diabetes billing and appropriate documentation to meet CMS' and other regulatory agencies' requirements are also thoroughly outlined. Mary Ann also provides you with a MASTER CHECKLIST OF WAYS TO SUSTAIN DSME AND MNT PROGRAMS…reimbursement is only ***one*** of several ways to do this! Bonus: an overview of Medicare's new PQRI program is provided so you can increase your Medicare dollars now!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7170 = Reimbursement, Coverage

Medical Nutrition Therapy:

2010 Nutrition Practice Guidelines for Diabetes, HTN and Lipid Disorders

OBJECTIVES:
1. Compare the latest nutrition interventions to optimize A1c levels
2. Evaluate the 5 key dietary approaches of the DASH eating plan to control HTN
3. Analyze the 'Therapeutic Lifestyle Changes' proven to help normalize blood lipids
4. Explain effective tools that nutrition professionals can use to actively engage pts and increase behavior change
5. Assess the 4 parts of a MNT outcomes management system
6. Describe the 5 types of MNT outcomes that can be monitored for success

NOTE:
For this talk, I developed ***MNT Conversation C.A.R.D.***, ***MNT Intervention Checklists*** and ***B.R.I.D.G.E to Diabetes MNT: Linking Key, Core Messages to Behavior Goals.***

OUTLINE:
1. Diabetes Pathophysiology
2. Anti-Diabetes Medications

3. Diagnosing Diabetes and Pre-Diabetes
4. Blood Glucose and A1C Goals
5. NPGs Formatted Per Nutrition Care Process
6. Diabetes MNT Goals
7. Evidence-Based Rating System
8. NPGs' Clinical Effectiveness
9. Quick Guide: Patient Empowerment and Motivational Interviewing for Behavior Change
10. Nutrition Assessment Matrix
11. Meal Planning Systems
12. Nutrition Prescription
13. Diabetes MNT Intervention Recommendations for:
    a. Carbohydrate, Protein and Fat
    b. Glycemic Index and Glycemic Load
    c. Diabetes and Weight Management
    d. Vitamins and Minerals
    e. Acute Illness
    f. Meal Replacements
    g. Bariatric Surgery
    h. Very Low Calorie Diets
    i. Weight Loss Medications
    j. Resistant Starch
    k. Sugar
    l. Non-nutritive Sweeteners
    m. Alcohol
    n. Fiber
    o. Hypoglycemia
    p. Exercise
14. Hyperlipidemia MNT Intervention Recommendations (including Review of Medications)
15. HTN MNT Intervention Recommendations (including Review of Medications)
16. Nutrition Monitoring and Evaluation of Outcomes

DESCRIPTION:
The current statistics on diabetes morbidity and mortality speak volumes on the need for good metabolic control:

- Each 1% decrease in A1c translates into a 35% - 40% decrease in the frequency of microvascular complications.
- 33% - 50% decrease in coronary & peripheral artery (macrovascular) disease is the result of blood pressure control.
- 20% to 50% reduction in cardiovascular complications can be achieved by normalizing blood lipids (more than 65% of deaths in patients with diabetes are attributed to CVD).

Thus, by managing the 'ABCs' of diabetes . . . A1c, blood pressure and serum cholesterol . . . people with diabetes can significantly reduce their risk of heart disease, stroke, kidney failure and even blindness. Individualized medical nutrition therapy (MNT) provided by a professional is a critical component of managing these ABCs. Numerous studies have proven that MNT can prevent, slow the onset of and/or decrease the progression of these devastating complications. Although there are numerous strategies that can be used to achieve these goals, best practice dictates the use of the American Dietetic Association's MNT Evidence Based Nutrition Practice Guidelines (NPGs) and the MNT protocols. The Center for Medicare and Medicaid Services (CMS) also recommends the use of these NPGs in its statutory language of the Medicare diabetes MNT benefit. In this one of a kind workshop, you will increase working knowledge regarding the use of the NPGs for diabetes, hypertension and disorders of lipid metabolism, including how to use the Nutrition Care Process and Model. Mary Ann will condense and simplify the voluminous content of these NPGs into a ready reference take home guide so that even new practitioners can feel comfortable using them in practice. Mary Ann focuses on serving her audiences practical application without the extraneous theoretical or historical details.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:
5000: Medical Nutrition Therapy 5460: Self-Care Management

Changing Patient Behavior with Motivational Interviewing and Patient Empowerment Strategies

OBJECTIVES:
1. Name 3 key differences between empowerment and compliance counseling

2. List 7 empowerment steps to use during a patient visit to change behavior ('A.D.O.P.T.E.E.')
3. State 5 principles of motivational interviewing (G.R.A.C.E.) and its primary tools (O.A.R.S.).

DETAILED DESCRIPTION:
The successful management of many common chronic medical conditions is almost entirely related to modifiable health behaviors. The million dollar question asked by healthcare professionals everywhere: "How can I get my patients to change their behavior?" The solid-gold answer: by incorporating patient empowerment (PE) and motivational interviewing (MI) tools. PE and MI are new alternatives to the outdated, and ineffective 'compliance' approach to patient care, and foster a collaborative relationship between clinicians and clients. PE and MI are 'can-do' and 'no-blame' evidence-based counseling methods that help the busy clinician regain satisfaction in their patient relationships and become much more effective in facilitating positive behavior change. Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC, will guide you through a comprehensive overview of the goals, principles, strategies and spirit of PE and MI. She will provide new, practical PE and MI tools you can use with your patients the very next day, and use a variety of learning tools, including group discussion, role-playing, case studies and structured practice. This is not your ordinary "sit and listen seminar" . . . it's a conversational style "do, share and practice" interactive group workshop.

MARKETING DESCRIPTION:
Patient empowerment and motivational interviewing are *patient-centered*, evidence-based counseling strategies that are in direct contrast to the ineffective *clinician-centered* 'compliance' approach to patient counseling. PE and MI allow busy healthcare professionals to regain satisfaction in their patient relationships, and become much more effective in facilitating positive behavior change. Mary Ann Hodorowicz, RD, LDN, MBA, CDE, CEC, will guide attendees through a comprehensive overview of the principles, strategies and spirit of PE and MI, and just as important, provide four new, practical tools HCPs can use the every next day to begin their transformation toward PE and MI.

VALUE-ADDED PROPOSTION FOR ATTENDEES:
Each attendee receives the following PE/MI tools that I developed for individual and/or group pt counseling:

- *MNT Conversation C.A.R.D.*
- *MNT Intervention Checklists*
  - Separate checklists for each type of MNT (diabetes, weight management, HTN, hyperlipidemia, etc.)
  - Help RDs easily employ key MI and PE tools
  - Itemize the key evidence-based nutrition practice guidelines from ADA's online Nutrition Care Manual for the specific disease state, so that the pt can select what topic she/he wants to discuss at each visit
- *B.R.I.D.G.E to MNT: Linking Key, Core Messages to Behavior Goals*
- *6 Question Patient Tool to Access Readiness to Change*
- *4 Question Patient Tool to Access Readiness to Change*
- *Worksheet to Identify Percent Empowerment and Compliance "Mix" Currently Used*
- *If Patients Could Write Poetry, This is What They'd Say (Key PE/MI Strategies for Behavior Change)*

OUTLINE:
A. Key Characteristics of Traditional Clinician-Centered *Compliance* Counseling Model
B. Key Characteristics of Pt-Centered *Empowerment* Model for Pt Behavior Change
C. How Adults Learn and Retain Information
D. How Pt *Empowerment* Model Incorporates Adult Learning/Retention Principles
E. 9 Psycho-Social Factors that are Key to Successful Pt Behavior Change (F.L.A.M.I.N.G.O.S)
F. 12 Empowerment Tools for Increasing Patient Behavior Change
   1. Need for HCP to Have S.T.R.O.N.G.E.S.T. Relationship with Pt
   2. Design Educational Interventions and Teaching Aids to be Sync with Principles of Adult Learning and Retention of Information ("F.A.P. 535" Rule)
   3. Identify Pt's "IV's": Issues and Life Variables that Influence Everything
   4. Use Motivational Interviewing Strategies: O.A.R.S. and G.R.A.C.E
   5. Ask Permission to "Tell" a Pt Anything
   6. Use Transtheoretical Model for Change in order to "Match" Interventions to Pt's Stage of Readiness
   7. Use Stimulus Control of Behavior
   8. Use Readiness to Change Ruler: Importance x Confidence = Readiness to Change
   9. Help Pt Set Own S.M.A.R.T. Goals
   10. Help Pt Identify Barriers to Behavior Change and Seek Ways to Reduce/Eliminate (Incl. Health Belief Model)
   11. Use "PE-MI Quick Guide" During Patient Visit…Lucky 7 Steps to Empowering Pts: Make Your Pt Your A.D.O.P.T.E.E.
   12. Provide Ongoing Pt S.U.P.P.O.R.T.
G. Applying Empowerment Tools in One-on-One and Group Pt Visits
H. Overcoming Clinician Challenges to Using Empowerment Tools

I. Applying Empowerment Tools in One-on-One and Group Pt Visits
J. Overcoming Clinician Challenges to Using Empowerment Tools
K. Pt Perspective: Empowerment is About the 3 R's
L. Clinician Perspective: Empowerment is About the 4 A's

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

3010: Assessment Methodology
3020: Assessment of Target Groups, Populations
5000: Medical Nutrition Therapy
5460: Self-Care Management
6000: Education, Training, Counseling
6010: Behavior Change Theories, Techniques
6020: Counseling, Therapy and Facilitation Skills
6030: Education Theories and Techniques for Adults

Shared Medical Appointments: Maximizing Outcomes, Revenue and Empowerment of Patients with Diabetes

DESCRIPTON:
A shared medical appointment, also known as a group visit, is when multiple patients are seen as a group for follow-up or routine care. These visits are voluntary for patients and provide a secure but interactive setting in which patients have improved access to their physicians, the benefit of counseling with additional members of a health care team (for example, a behaviorist, nutritionist, or health educator), and can share experiences and advice with one another. Shared medical appointments can be satisfying to both the physician and the patient. They can offer an increase in the productivity and efficiency of the health care team and can enhance the patient's visit by offering a holistic and therapeutic approach.

Why do SMAs work? Many factors that can contribute to the success of group visits. Shared medical appointments:

1. Instill hope in patients by allowing them to see examples of success in managing a health issue.
2. Add universality by disconfirming the uniqueness felt by patients regarding their conditions and/or health issues.
3. Impart information and allay patient anxiety.
4. Encourage an unselfish regard for the welfare of others.
5. Promote imitative behavior and allow for positive role modeling among patient peers.
6. Offer interpersonal and cognitive learning within the group setting.
7. Provide group cohesiveness where peers can offer support among themselves.

With appropriate data and documentation, group visits are reimbursable services, even by Medicare. Group visits increase compliance, improve patient satisfaction, reduce health care expenses and significantly help physicians and mid-level practitioners financially sustain their practices. A typical scenario reveals that a MD/DO/NPP can be reimbursed on average $1000 in 1 hour of time. via billing of 10 individual patient follow-up visits in a SMA using the appropriate evaluation and management CPT code.

OBJECTIVES:
1. Name the CPT codes that physicians and mid-levels can use to bill for a shared medical appointment.
2. Name the 2 reimbursable diabetes services that educators can also provide in a SMA.
3. Name 2 of the many benefits patients realize from attending SMAs.
4. Name 2 of the many benefits physicians/mid-levels realize from providing SMAs.
5. List 3 of potential barriers of highly effective SMAs.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7170 = Reimbursement, Coverage

Using the Chronic Care Model to Enhance the Quality of MNT and DSME and Improve Patient Outcomes

OBJECTIVES:
1. List the 3 major deficiencies in current treatments for the chronically ill.
2. Name the 6 essential components of the Chronic Care Model.
3. For each component, describe at least 3 steps to implementation.

DESCRIPTION:
Here is a shocking statistic: Less than 50% of people with chronic illness receive accepted treatments. The problem is *not* noncompliant patients, nor is it uninformed doctors. The problem lies in the fact that there are many system deficiencies in the current management of diseases such as diabetes and heart disease. These deficiencies include: rushed practitioners not following established practice guidelines; lack of care coordination; lack of active follow-up to ensure the best outcomes; and patients inadequately trained to manage their illnesses. To overcome these deficiencies experts universally recommend the use of the evidence-based Chronic Care Model (CCM). The model is a synthesis of 6 evidence-based components that have been shown to improve the quality of care and patient outcomes. Within each component are specific interventions that interact to: 1) make patients more informed and activated and 2) provide the practice team with tools for obtaining patient information, decision support and the people, equipment and time required to deliver evidence-based care and self-management support. Using diabetes care as an example, this interactive session shows how the RD and the healthcare team can incorporate these six elements into the programs used to treat their patients (MNT, DSME, etc.). Mary Ann will also show how and why the RD can take the lead in incorporating these same elements into her/his larger healthcare system in order to improve quality of care and patient outcomes.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160 Quality Management

Newest Medicare Provisions Impacting MNT and DSME Coverage and Utilization

OBJECTIVES:
1. State the new difference between the fees for initial and follow-up MNT
2. State 2 coverage guidelines for Medicare MNT telehealth reimbursement and Medicare's newest lab criteria for diabetes MNT
3. State the newest practice settings in which MNT and DSME are now reimbursable by Medicare

DESCRIPTION:
The task of keeping up-to-date on all the newest Medicare MNT and DSME regulations and related beneficiary provisions is the biggest key in maximizing "R&R": referrals and reimbursement! In this session you will learn these key MNT and DSME updates, including Medicare's new diagnostic lab criteria for the benefits, the three new CPT codes that can use with private payers, the newly approved practice settings for MNT and DSME and much more!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7170 Reimbursement, Coverage

Healthcare Reform Matters in 2010: Why Jump on the Medicare Bandwagon and Provide MNT and DSME?

OBJECTIVES:
1. List 4 reasons for RD to be Medicare MNT/DSME provider
2. List 4 reasons for RD to bill Medicare for MNT and DSME
3. List the 8 steps to jump start your MNT/DSME Program reimbursement journey
4. Name 4 ways to promote MNT and DSME programs to physicians and patients

DESCRIPTION:
Healthcare reform is a daunting prospect in 2010, and RDs will surely be affected. Components in the bills from both the U.S. Senate and House include provisions for RDs in disease prevention programs, obesity initiatives and nutrition therapy. Don't be left behind! This presentation will highlight the numerous benefits both patients and RDs can receive when RDs provide Medicare MNT and DSME, and bill for these services. What you don't provide can hurt you…especially in the new healthcare reform arena…so let's jump start this journey together!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:
7170 = Reimbursement, Coverage

The Nutrition Care Process and Model: The Key to Improving Quality Care and Patient Outcomes

OBJECTIVES:
1. Identify how the steps and criteria of the Nutrition Care Process (NCP) and Model promote quality care
2. List the 4 steps in the Nutrition Care Process
3. Name 3 types of MNT outcomes

DESCRIPTION:
Prior to the adoption of this standardized Nutrition Care Process (NCP), a variety of nutrition care processes were utilized by practitioners and taught by dietetics educators. The establishment and implementation of a standardized, evidence-based Nutrition Care Process (NCP) and Model were identified as priority actions for the profession for meeting goals of the ADA Strategic Plan to "Increase demand and utilization of services provided by members" and "Empower members to compete successfully in a rapidly changing environment". Thus, a top priority for today's RDs is to increase their depth of knowledge and expertise in using the NCP. Mary Ann knows first-hand just how steep the 'NCP learning curve' is! She draws on this experience to help attendees bulldoze their fears and quickly jump start their skill in applying the NCP quickly and easily. Just as maps are reissued when new roads are built and rivers change course, this Nutrition Care Process and Model reflects recent changes in the nutrition and health care environment. It provides dietetics professionals with the updated "road map" to follow the best path for high-quality patient/client/group-centered nutrition care.

PRIORITY CDR CPE LEARNING NEED CODES:
5390 Care Planning, Documentation, and Evaluation (Nutritional Care), 5020 Ambulatory (Care Sites)

Dynamic Business Plan for Building and Growing Your Hospital's Outpatient MNT and DSME Programs

OBJECTIVES:
1. Explain how the six goals of an outpatient facility-based medical nutrition therapy (MNT) and/or Diabetes Self-Management Education (DSME) Program perfectly support and promote the six strategic goals of any hospital or healthcare system.
2. List 8 key components of a business plan customized for a hospital-based MNT and/or DSME Program.
3. List the key strategies for ensuring successful MNT/DSME Medicare and private-payer reimbursement.

DESCRIPTION:
This dynamic break-out or general session talk is exactly what you need to keep up on the latest food service department trend of establishing a successful outpatient **Medical Nutrition Therapy (MNT) and/or Diabetes Self-Management Education (DSME) Programs** for your hospital. If YOUR department doesn't do it, another will, sooner rather than later. And this means that your food service budget loses thousands of reimbursement dollars from Medicare and private payers. Now is the time to make your department stand out in the market by being competitive and innovative! Don't wait any longer to service the nutrition therapy and diabetes education needs of your local community, of staff physicians' office patients, and of the patients in other hospital departments. This talk presents attendees with a turn-key, detailed business plan for establishing a successful, for-profit facility-based MNT/DSME Program. The old saying "failing to plan is planning to fail" couldn't be more true! It is NOT a waste of time…instead, it prevents the waste of time, AND money! The key components of the business plan are customized for hospital-based programs, from the marketing plan to the financial plan to the competition analysis. This allows you to have a huge jump start on your own plan Monday morning! This business plan will not only guarantee your success, but also provide you with the recognition and profit margin you deserve and seek.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7010 Business Plan Development

Turn Key Business Plan for Building, Maintaining and Growing a RD's Private Practice

OBJECTIVES:

1. Explain the five business models for a private practice RD to furnish physician-referred MNT
2. List 3 reasons why a business plan is a must for a RD's private practice.
3. List the eight key components of a business plan customized for a RD's private practice.

DESCRIPTION:

This dynamic break-out or general session talk is exactly what you need to build your private practice from scratch or grow it to new heights! This talk presents attendees with a turn-key, detailed business plan for not only for establishing a successful, for-profit private practice, but also for being competitive and innovative. The old saying "failing to plan is planning to fail" couldn't be more true! Creating a business plan is NOT a waste of time…instead, it PREVENTS the waste of time, AND money! The key components of the business plan are customized for RD services, from the marketing plan to the financial plan to the competition analysis. Learning the five business models for a private practice RD to provide physician-referred MNT is a 'must' for any RD thinking about taking the plunge. Mary Ann will also review how to write formal proposals to successfully land a wide variety of contracts in order to differentiate your products and services. This workshop will allow you to have a huge jump start on your planning Monday morning! This business plan will guarantee your success, and provide you with the recognition and profit margin you seek.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7010 Business Plan Development

How to Develop a Successful Marketing Plan for RDs' Programs and Practices

OBJECTIVES:

1. Identify the nine key components of a successful marketing plan for RDs' programs and/or practices
2. Identify 3 key advertising activities with high ROI
3. Identify key target markets and how to strategically influence them

DESCRIPTION:

A common myth among healthcare professionals is that if we are great at we do, those coveted referrals will come! But if our referral sources do not know who we are, or what you do, we'll lose market share steadily. Knowing how to market your nutrition program or practice is one of the keys to increasing both physician and self-referrals, and sustaining organic growth year after year. But for the majority of RDs, their marketing budget is limited. This presentation will reveal one of the biggest secrets of successful marketing: creating a well-rounded plan that combines sales activities **with** your marketing tactics. In this lively presentation, Mary Ann will provide attendees with their own roadmap to marketing success! This is one presentation you won't want to miss!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE: 7120 Marketing

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Developing an Outcomes Management System: It's Easier and More Essential Than You Think!

OBJECTIVES:

1. State the four main ways MNT outcomes are classified
2. List at least six reasons why MNT outcomes are **essential** for patients, providers and payers
3. List the four major components of an effective MNT Outcomes System

DESCRIPTION:

An effective **MNT Outcomes System** is an essential component of the MNT process, but one that is often overlooked by practicing RDs and/or their affiliated organizations. Patients and payers expect and demand a variety of positive outcomes to ensure that quality of care is maximized in a culture of limited health-care resources. Dietitians can maintain a solid position on the health-care team, attain provider status within insurance companies, and negotiate successful third-party MNT reimbursement by measuring, monitoring, managing, reporting and marketing MNT

outcomes…it's essential, and easier than you think! Mary Ann will provide you with an easy roadmap and simplified outcome tracking forms to use in any practice setting!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160 Quality Management

Finally! A Super Easy, Step-By-Step Guide for Making a Nutrition Diagnosis

OBJECTIVES:
1. State what is meant by "PES" in the PES Statement and the words that link the P to the E and the E to the S.
2. List the 3 domains of the Nutrition Diagnosis.
3. List the 5 classes within the intake domain (most used domain) and the 5 sub-classes.
4. State the key questions to determine if the Etiology is appropriate and if the signs/symptoms chosen are appropriate.

DESCRIPTION:
Even though many dietetics professionals currently provide nutrition care, many are not using the standardized, evidence-based Nutrition Care Process. The NCP requires the development of additional skills especially related to **Nutrition Diagnostics**. The nutrition diagnosis (ND) is the second step of the Nutrition Care Process. Mary Ann knows first-hand just how steep the 'ND learning curve' is from having taught it RDs and interns across the country. She draws on this experience to help attendees bulldoze their fears and quickly jump start their skill in making the best ND quickly and easily. How? By: 1) literally dissecting the 3 component parts of the ND, or **PES Statement**…Problem, Etiology and Signs and Symptoms; 2) explaining the correct use of the standardized language in the 3 ND 'domains' and their classes and sub-classes; 3) revealing the very effective key questions to ask to write the best PES Statement, each time and every time; and 4) having the attendees practice writing the PES Statement for several patient case studies during the workshop.

NOTE:
For this talk, I developed a ***Nutrition Diagnosis Worksheet*** which simplifies the process of making a nutrition diagnosis via the patient answering a series of guided questions.

PRIORITY CDR CPE LEARNING NEED CODES:
5390 Care Planning, Documentation, and Evaluation (Nutritional Care), 5020 Ambulatory (Care Sites)

How to Implement an Advanced Quality Management Plan for a 'Best Practice' Nutrition Department

OBJECTIVES:
1. List the 3 most important benefits of an Advanced Quality Management Plan for a Clinical Nutrition Dept.
2. List the 4 categories that subdivide the components of Advanced QMP.
3. List the 4 components of the Advanced QMP in the ADA-specific category.
4. List the 2 strategies for converting clinical nutrition dreams (shelved programs and projects) into realities.

DESCRITPTION:

"Excellence is the unlimited ability to improve the quality of what you have to offer." Rick Pitino

The changing healthcare environment continues to impact how we deliver quality nutrition care. National healthcare initiatives, regulatory and professional standards, healthcare reform and the highly technological health care environment continue to drive our strategic plans and budget priorities. Thus, clinical nutrition leaders must be proactive in implementing state-of-the-art programs that ensure overall quality via system-wide improvements in their organizations. An **Advanced Quality Management Plan (QMP)** does just that. It absolutely guarantees a 'best practice' clinical nutrition department! Your policies and procedures WILL be efficient, cost-effective and results-producing on a consistent basis, allowing you to maximize key business result areas and competitiveness. To a RD, an advanced QMP is what a saw sharpener is to a tree trimmer! Mary Ann's "**Advanced Quality Management Plan"**, which is comprised of 37 individual components in 4 categories, is consistent with ADA's scope of practice for nutrition professionals and can be customized for the RD's practice setting. In this interactive presentation, attendees will complete their own "**Advanced QMP Checklist"** which also includes little-known and underutilized strategies for moving the shelved programs and projects out of the dream state and into the reality state! Managing quality while at

the same time increasing quantity of work IS feasible with this Advanced Quality Management Plan; it is not simply "fluff"…it is THE "stuff" that ensures a best practice!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160 Quality Management

T.A.P. Your Way to Extraordinary Success: 15 Traits, Attitudes and Practices of Accomplished Professionals

OBJECTIVES:

1. Knowing that success is about getting what you NEED, and not about getting EVERYTHING, state what you need into to be successful in your professional life and personal life.
2. List 4 TRAITS of highly successful people that you want to now develop in your own life.
3. List 4 ATTITUDES of highly successful people that you want to now embrace.
4. List 4 PRACTICES of highly successful people that you now know will help YOU achieve success.

DESCRIPTION:
People can be put into 1 of 3 categories: those who make things happen, those who wait for things to happen, and those who wonder what happened. Sadly, the research reveals that the vast majority, some 85%, fall into the last two categories. Ask yourself: "Do I feel trapped in an "ordinary" career or personal relationship, when I know in my heart I'm capable of much, much more"? If the answer is yes, accept Mary Ann's invitation to a total make-over of your Traits, Attitudes and Practices so that they are in line with the T.A.P.'s of highly successful people. This make-over comes complete with your own "T.A.P. into Success Checklist" guaranteed to super-charge your career, goal achievement, leadership skills and your relationships. This is a "show and tell and apply" presentation: real objects are used to drive home the T.A.P.'s of highly successful people, along with true life examples. People who enjoy real success are NOT the most educated, the most dedicated, the hardest workers, nor are they slaves to personal relationships. They simply discovered and embrace the **T**raits, **A**ttitudes and **P**ractices that naturally lead to success!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
1070 Leadership, Critical and Strategic Thinking

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6 Super Star Metrics for MNT and DSME Programs: How Revenue is Only 1/6 of the Programs' True Value!

OBJECTIVES:

1. List the "Six Super Star Metrics" for evaluating the performance and value of medical nutrition therapy (MNT) and diabetes self-management education (DSME) Programs
2. List the 7 main goals of MNT and DSME Programs
3. List the 7 main strategic goals of hospitals/clinics
4. List at least one customized metric (Financial, Quality, Process/Operations, Customers/Marketing, Clinical, Professional Development) for each Program goal that is used to evaluate Program performance

DESCRIPTION:
FINALLY, the time has come to stop worrying about whether administration will cut your Medical Nutrition Therapy (MNT) and/or Diabetes Self-Management Education (DSME) Programs for lack of revenue! Money doesn't buy happiness, nor should revenue be the ONLY factor that makes or breaks your MNT and DSME Programs' success! The "**Six Super Star Metrics"** are a collection of balanced measures (metrics) to evaluate the viability and sustainability of your clinical programs: **Financial, Quality, Process (Operations), Customers + Marketing, Clinical and Professional Development…**note that only one is financial! Mary Ann will give you a great matrix that demonstrates the value of your Programs by showing how the 7 main **Program goals** significantly help your hospital/clinic to meet its 7 main **strategic goals**. Then, she will show you how to customize the **objectives** for each of the Programs' 7 main goals into one or more "super star metrics". These metrics are used by dietitians to easily evaluate Program performance…that is, whether the Programs' goals have been met. This very balanced, comprehensive approach to Program evaluation is used by gurus in 'best practices' in several types of industries. Now, it can be successfully used by RDs, thanks to Mary Ann's tweaking of this evaluation system!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160, Quality Management

Implementing Diabetes Standards of Care in Nursing Facilities: Dual Training and Education Approach for Staff and Residents

OBJECTIVES:

1. Name 5 of the 8 recommendations on diabetes mellitus (DM) care of older adults, per American Diabetes/ Association's Standards of Medical Care for Diabetes, 2008 (SMCD)
2. State target pre- and post-meal BG goals for all adults with DM, and A1C
3. List 10 major body parts at risk for serious complications when BG not WNL
4. Name top 10 meal planning tips to help control BG, BP and cholesterol
5. Explain why residents with DM to have routine BG monitoring in nursing homes
6. List the 6 major goals of residents with DM on tube feeding enteral nutrition

DESCRIPTION:
Diabetes mellitus (DM) is epidemic among older Americans. Approximately one-half of people with DM are 65 years old or older, with many being residents in nursing facilities What we know for sure is that DM is often unrecognized and under-treated in this population. Older adults with diabetes are simply NOT receiving adequate care to control ABC's of diabetes: A1C, blood pressure and cholesterol, while at the same time research has shown that diabetes complication prevention and control IS possible in the nursing home facilities. This presentation reviews the standards of care for older people with DM, and introduces a unique approach to meeting the standards called "It Takes Two": dual training of staff and residents on diabetes care that correlates with the new nursing home culture and meets the special and individualized needs of the residents.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

3010: Assessment Methodology
3020: Assessment of Target Groups, Populations
5000: Medical Nutrition Therapy
5460: Self-Care Management
6000: Education, Training, Counseling
6010: Behavior Change Theories, Techniques
6020: Counseling, Therapy and Facilitation Skills
6030: Education Theories and Techniques for Adults

"Critical Connections" to Advance the RD's Career & Profession: Performace, Advocacy, Competency and Expertise Sharing

OBJECTIVES:

1. List 4 required "ingredients" for leadership, nutrition practice advancement and active pursuit of ADA public policies, all of which will positively shaping future of dietetics practice (hint: summarized in acronym P.A.C.E.)
2. Explain what grassroots advocacy is
3. Name 3 tools RD can use to be grassroots advocate for dietetics profession from ADA, affiliate dietetic associations and DPGs
4. Name 3 public policy initiatives the ADA is working on now

DESCRIPTION:
In the field of nutrition, what exactly "does it take" for RDs to advance their job, their career and their profession? How can RDs be leaders in nutrition and healthcare, skillfully advance state-of-the-art nutrition practices and also advance ADA's public policy issues?" This presentation will outline "what it takes", which is four elements: **Performance, Advocacy, Competency and Expertise Sharing, or "P.A.C.E."** This talk will also provide a detailed overview of ADA's advocacy goals and how the ADA strategically and proactively targets several key public policy areas which have the greatest potential for improving the health status of Americans and for offering the greatest opportunities for the members of our profession. The speaker will show how and why it is critical for RDs to become grassroots advocates for nutrition-related legislation at both the state and federal level. And last, the audience will be presented with a list of advocacy tools readily available by the ADA, its state affiliates and DPGs, and also shown examples of how use of these tools have led to the passage of federal laws that have strengthened nutrition, such as Medicare MNT. It's a jungle out there…and it's time to **"Embrace P.A.C.E."**.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:
1080 Legislation, Public Policy, 1000 Professional Skills 1081

RECENT ATTENDEE EVALUATIONS OF MARY ANN'S TALKS

- I want more!! Excellent!!
- Great info-much needed. The whole conference could have focused on this.
- Loved the detail!
- Very good-really knows her info.
- Good presentation on a very hard topic.
- WOW! Great info.
- Thorough. Great handouts. Lots of work from speaker---thanks.
- Wow---very impressive and helpful!
- Great speaker-high content-but I took a few things back to check with our program coordinator-we're up to speed.
- Awesome speaker, humorous.
- Excellent!!
- Great speaker!! I learned valuable info about reimbursement even with it being a difficult subject to teach.
- Acrobatic effort to complete.
- Great explanations of information, especially considering the complexity.
- It is a confusing topic, but she made it as down to earth as possible.
- This section needs to have more time! Should be 2 hours at least!
- A terrible topic-presented very well (necessary evil).
- Awesome! Could we have this on CD?
- Fantastic!!
- Extremely well informed.
- Excellent speaker for such a complex subject, best speaker of the program.
- Learned a lot of new information! Thanks!
- Speaker is a great detail person. She needs to run for president!
- Thanks for getting this speaker!
- Great style and content delivery----thank you!
- Unbelievable.
- Good info very much to think about.
- For such a complex, dry topic, she made this fun to learn. Have her again! Very good job!!
- Very informative and useful!
- Very interesting and applicable info
- Very good and helpful info, thank you; it would be helpful if we spent a bit more time on the latter part of the presentation over the differences between empowerment vs. compliance
- Very good speaker
- Phenomenal, very interesting, applicable to so many situations
- Lot of new techniques can be applied on my counseling sessions, motivates me to change
- Excellent---would like more info on books to read, etc.…
- Mary Ann your presentation was awesome. You made me proud to be a dietitian. It was creative how you presented a boring topic. Great for the RN's to see exactly what we do also. Very impressive.
- Hi Mary Ann, I truly enjoyed your presentation at the ADA conference this past weekend. I could sit and listen to you all day. I am hoping that you are able to come back and present at another time.
- Hi Mary Ann! I was in both your lectures yesterday at the MDA annual conference (the woman that you spoke with before you went into the meeting room). You did an amazing job!! Thank you!
  I am an "oldie but goodie" too so it felt good that you had such a command of the audience, in both groups, (even with tech difficulties!) as I thought experience brings power. Great job!
- Thank you SO much for giving valuable information while keeping us entertained at the end of the MDA conference last week. FABULOUS job.
- Your tools are so user friendly, yet client oriented! I need all the help I can get, but this annual meeting was great for where I am headed! Keep having fun!
- I attended your presentation on reimbursement Wednesday night, at CDA*, and it was fabulous!!! I learned so much for you. You are a fantastic and very entertaining speaker also! Thank you so much. (*California Dietetic Association, 2009).

REPRESENTATIVE SAMPLE OF PESI HEALTHCARE SEMINAR ATTENDEE EVALUATIONS 5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Poor 8 Hour CEU Seminars for: CDE's, RD's, RN's, CNS's, NP's, PA's, RPh's, SW's,			
Program	**Speaker**	**Delivery**	**Knowledge**
4.78	4.86	4.79	4.93
4.64	4.68	4.68	4.82
4.88	4.86	4.89	4.91

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