

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	Attendees to the American Dietetic Assoc. meeting (partial) (1 page)	06/10/93	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Carol Rasco (Meetings, Trips, Events)
OA/Box Number: 4592

FOLDER TITLE:

American Dietetic Association Ross Laboratories 6-11-93 2:00 p.m.

rw142

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advise between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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DIETITIANS AND HEALTH CARE DELIVERY

Dietitians are extensively trained and educated in the science of nutrition and its application to disease prevention and treatment. In practice, the dietitian integrates and applies the principles derived from the sciences of nutrition, biochemistry, physiology, food management and behavior to achieve and maintain health. The dietitian has become a fundamental team member in effective health care delivery with the rapid advance of the science of nutrition and its correlation with disease prevention and treatment.

THE ROLE OF DIETITIANS IN MEDICAL TREATMENT SETTINGS:

- * Dietitians are a vital component of the medical treatment team for conditions and diseases which have a nutrition component like diabetes, heart disease, renal failure, digestive disorders, high-risk pregnancies, strokes, AIDS, and cancer treatments.
- * As part of an interdisciplinary treatment team (physicians, nurses, dietitians, and other health professionals), dietitians assess the patient's blood chemistry, anthropometric measurements, medical history, and diet history to determine nutritional status; and with the interdisciplinary treatment team develop and administer appropriate nutrition therapies integral to the treatment process and evaluate the patient's response to the nutrition therapies.

SOME FACTS ABOUT DIETITIANS:

- * Dietitians hold bachelors, masters or doctoral degrees from accredited universities. Most dietitians are credentialed as registered dietitians through a voluntary credentialing mechanism that is nationally recognized as the primary indicator of competence to practice.
 - Registered dietitians have met specified educational requirements which includes course work in physiology, biochemistry and nutrition; national examinations; and mandatory continuing education requirements.
- * Over 80 percent of all registered dietitians work in health care delivery.

<u>Work Setting</u>	<u>Percent of Registered Dietitians</u>
Hospitals, HMOs	43%
Long-term Care Facilities	12%
Clinics and Counseling	27%

- * Other work settings which registered dietitians practice in include university faculties and school foodservice. In all of these settings, dietitians pay particular attention to the impact of nutrition on the health status of the public they serve.

**IMPACT OF MEDICAL NUTRITION SERVICES
ON
PATIENTS AT RISK OF MALNUTRITION**

Findings both from randomized controlled clinical trials and from case studies show that nutrition services can save health care dollars and improve outcomes when provided to patients with disease or injury that places them at high risk of nutrition imbalances. Medical nutrition services include: an assessment of medical history, anthropometric measures, and biochemical levels to determine nutritional status; and appropriate nutritional therapies like nutrient modification or medical nutritional supplements (oral, enteral and parenteral).

- * Randomized, controlled clinical trials have found that the provision of nutrition evaluation and therapies reduces length of stay, decreases complications, and lessens the need for high technology nutrition services (by substituting lower-tech and lower cost nutrition services) for those with severe burn injuries, surgery wounds, diabetes mellitus, atherosclerosis, renal failure, and cancer¹.

Among malnourished hospitalized patients receiving nutrition services, retrospective studies have found:

- a length of stay two days shorter (13 days versus 15 days) than for similar patients who did not receive nutrition services in a Chicago children's hospital²;
- a length of stay 24 percent lower than for similar patients who did not receive nutrition services³; and
- among severe burn victims, hospital charges \$14,450 lower per patient than those who did not receive continuous nutrition evaluation and assessment. This savings was attributable to earlier use of enteral nutrition.⁴

- * Five sets of case studies found that nutrition services saved an average of \$11,000 to \$16,000 per patient when provided to those at high risk of malnutrition who sought treatment in emergency rooms, outpatient settings, home health agencies, and hospitals. For every dollar spent on nutrition evaluation and therapy, between \$3.25 and \$600 was saved.

WHO WOULD BENEFIT FROM ROUTINE INCLUSION OF MEDICAL NUTRITION SERVICES IN THE HEALTH CARE SYSTEM?

- * For the 16.6 million patients who have cancer, diabetes, renal failure, cardiovascular disease, AIDS, eating disorders, digestive system diseases, high-risk pregnancy, stroke or severe burns or surgery resulting in hypermetabolic states, nutrition evaluation and treatment clearly provides a vital component of disease recovery and health maintenance.
- * At least 40 percent of hospital patients in the U.S. are malnourished based on clinical nutrition evaluations.⁵

HOW DOES NUTRITION ASSESSMENT AND THERAPY REDUCE HEALTH CARE COSTS?

- The need for long-term drug therapies for many chronic illnesses, such as diabetes and cardiovascular disease is reduced, through diet planning and control.

A pregnant woman with gestational diabetes received an assessment and individualized diet planning, resulting in the control of her blood sugar level and appropriate weight gain. These services eliminated the need for insulin use throughout the woman's pregnancy, saving \$2,265.

- Treatment needs for those with renal failure and with disease exacerbated by obesity or severe weight loss are reduced or eliminated by balancing nutrient intake (for example, proteins, calories, electrolytes).

An 83 year old patient with end stage renal disease, chronic diarrhea, and heart disease was being fed parenterally (intravenously). A registered dietitian's assessment followed by a series of counseling and diet planning sessions with her family allowed her to increase her oral intake and substitute enteral (tube feeding) nutrition therapy for her current parenteral therapy. These interventions saved over \$2,400 per month.

- Hospital stays are reduced or prevented by improving patient's nutrition status.

A nine month old male, diagnosed with failure to thrive in an outpatient clinic, was provided (with his parents) individualized nutrition assessment leading to education and counseling of the infant's parents in appropriate diet and nutrition needs. The infant gained three pounds in two weeks and continued steady weight gain, preventing an extended hospitalization for tube feeding placement and subsequent enteral feeding. This treatment saved almost \$6,000.

HOW ARE MEDICAL NUTRITION SERVICES CURRENTLY COVERED?

- * No consistent policy or approach exists for covering the costs or charges of nutrition services.
- * In inpatient settings, dietitians' services are folded into room and board charges and are not reimbursed while equipment and prescribed medical nutritional products are often, but not always, treated in the same manner. As a result, the very health professionals trained to assist in designing quality, cost-effective care are frequently not considered part of the medical treatment.
- * In outpatient settings coverage is inconsistent for both dietitians' services and nutrition therapies. The Medicare program and some Medicaid programs cover physician prescribed medical nutrition therapies as part of a home care therapy benefit. However, professional dietitian services are not covered. Coverage by private health insurance plans varies from plan to plan.

1. While some studies have indicated that provision of high-tech nutrition therapies does not always save health care dollars, no study indicates that total health care costs are increased by providing appropriate nutrition services. (Eisenberg, J.M., Glick H.A., Buzby G.P., Williford W.O.; "Does perioperative total parenteral nutrition reduce medical care costs?"; Journal of Parenteral and Enteral Nutrition, 1993; 17:3:201-209.
2. Smith P., Smith A.; "Superior nutritional care cuts hospital costs"; Nutritional Management Institute; 1988; Chicago.
3. Smith P., Smith A., Toan B.; "Nutritional care cuts private-pay hospital days"; Nutritional Care Management Institute; 1989; Chicago.
4. Smith A. E., Powers C. A., Cooper-Meyer T.A., Lloyd-Stills J.D.; "Improved nutritional management reduces length of hospitalization in intractable diarrhea"; Journal of Parenteral and Enteral Nutrition; 1986; 10:479-81.
5. Roubenoff R., Roubenoff R.A., Preto J., Balke W.; "Malnutrition among hospitalized patients: A problem of physician awareness"; Archives of Internal Medicine; 1987; 147:1462-1465.

COVERAGE OF MEDICAL NUTRITION SERVICES AS A STANDARD BENEFIT:

WHAT ARE THEY AND HOW MUCH WILL THEY COST?

Almost 17 million people each year are treated for illness or injury that stem from or places them at high risk of being malnourished. Whether in hospitals, long-term care institutions, or scattered throughout the community, medical professionals recognize the provision of both nutrition assessment and nutrition therapy as a key factor in improving outcomes and speeding recovery.

Some of the wide range of patients in need of nutrition services include:

- o diabetics for whom control of blood sugar levels reduces secondary health problems, like heart attacks and blindness, and decreases need for drug therapies;
- o high risk pregnant women for whom appropriate weight gain is vital to preventing the birth of low birth weight infants and the multiple health complications associated with low birth weight;
- o infants suffering from failure to thrive (FTT) syndrome, often due to a digestive problem, for whom steady weight gain is essential to prevent mental retardation, learning disabilities, and chronic disease; and
- o severe burn victims for whom hydration and nutrition levels are fundamental to recovery.

For more information on providing nutrition services to these high-risk populations, please review the fact sheet entitled "Impact of Medical Nutrition Services on Patients at Risk of Malnutrition."

WHAT ARE MEDICAL NUTRITION SERVICES?

Based on clinical research and experience, medical professionals (physicians, dietitians, and nurses) identify a range of specific nutrition services that may be necessary to treat illness and injury. Nutrition assessment and nutrition therapy, the two key components of nutrition services, involve:

Assessment of the nutritional status of patients with a condition, illness or injury that places them at high risk of malnutrition. The assessment includes review of medical and diet history; blood chemistry lab values; and anthropometric measurements to determine nutritional status. The result is the development of a course of nutrition therapy.

Therapy ranges from diet modification to administration of intravenous medical nutritional products as determined necessary to manage a condition or treat illness or injury. Components of nutrition therapy are:

- o **Diet Modification and Counseling:** For many patients, key components of nutrition therapy are intervention and counseling leading to the development of a personal diet plan to be followed to achieve nutritional goals -- such as reduced blood sugar levels, reduced protein intake or increased caloric intake. For example, diabetic patients can often control their blood sugar levels without medications after counseling and diet modification intervention from a dietitian.
- o **Specialized Nutrition Therapies:** Professional assessment may identify special nutrition needs which must be met by specialized nutrient supplementation using medical foods, by enteral nutrition delivered via tube, or by parenteral nutrition delivered via intravenous infusion. For example:
 - * supplementation with medical foods would be appropriate for those individuals with pressure ulcers, chronic obstructive pulmonary disease, muscular dystrophy, surgical patients with low biochemical values, and those unable to consume adequate nutrients through food intake.

- * enteral nutrition delivered via tube feedings would be appropriate for those unable to ingest or digest, such as is the case for some stroke victims and head or neck injured patients.
- * parenteral nutrition delivered via intravenous infusion would be appropriate for patients with severe burn injury where hydration, electrolyte balances and adequate caloric intake are vital to recovery and preventing secondary infections or for patients with gastro-intestinal disorders that prevent normal absorption of nutrients.

HOW MUCH WILL MEDICAL NUTRITION SERVICES COST -- AND HOW MUCH WILL THEY SAVE?

The new cost to the health care system for comprehensive nutrition service coverage to all patients with a condition or illness for which nutrition services are strongly recommended for effective treatment is estimated to total \$638 million. Currently, Medicare, Medicaid and private health insurance cover an estimated \$3 billion in nutrition service costs¹. Under comprehensive nutrition service coverage, "new" costs are incurred because coverage for preventive - ambulatory care services, currently not covered, would be available.

More importantly, providing nutrition services and therapies is expected to save health care dollars. For every dollar spent on nutrition assessment and therapy, between \$3.25 and \$600 was saved -- an average of \$11,000 to \$16,000 per patient.²

The breakdown of the costs of nutrition services by the type of service is listed in Figure A below. More detailed breakdowns of the costs of nutrition services by the population served and by the medical treatment setting are in attached tables one and two.

Figure A

Type of Nutrition Service	New Costs (in millions)	Total Costs
TOTAL	\$ 638	\$3,554
<u>Assessment</u>	\$ 144	\$ 306
<u>Therapy:</u>		
Diet Modification	\$ 26	\$ 93
Specialized Nutrition Therapies	\$ 468	\$ 3,155

1. Costs were estimated by an interdisciplinary team comprised of health data and medical nutrition experts. Care was taken to overestimate rather than underestimate costs of service. Detailed information on the methodology and assumptions are available in a longer document titled "Technical Report: Analysis of Costs Associated with Clinical Nutrition Services". Note, as of 6/11/93, report is available in draft form only, all data is being re-checked prior to release of report final draft.

2. Current clinical studies estimate only the savings accrued by nutrition evaluation and therapies for a few very narrowly defined diagnoses, making estimates of systemwide savings inaccurate. Case study data, however, provides overwhelming evidence that nutrition evaluation and therapies save health care dollars for broad array of conditions, illnesses, and injuries that have nutrition components.

**LEGISLATIVE LANGUAGE
FOR
COVERAGE OF MEDICAL NUTRITION SERVICES AND THERAPIES**

Add to the list of benefits to which all Americans shall be entitled the following:

"nutrition services and therapies --

(a) Assessment -- individuals who are at risk of being malnourished or who suffer from illness or injury shall, where medically appropriate, be assessed by a physician, registered dietitian, or other health care professional qualified to make nutritional assessments, to develop care plans based on appropriate nutritional status.

(b) Treatment -- individuals found to be malnourished or who suffer from illness or injury for which nutrition therapy would be efficacious shall be entitled to receive medically necessary nutrition therapy.

definitions --

The term "nutrition therapy" means therapies, both inpatient and outpatient, to correct malnutrition, to manage or treat disease or injury, or expedite recuperation and recovery from medical treatments and procedures, which are prescribed by a physician as medically necessary. Nutrition therapy may be provided by a physician, registered dietitian, or other health care professional qualified to provide nutrition therapy. Nutrition therapy shall include:

- (1) the professional services required to (a) assess the need for the nutrition therapy, (b) plan the specific course of nutrition therapy to be provided to the particular patient or family member, (c) counsel the particular patient, and (d) deliver the prescribed therapy to the patient.
- (2) medical nutritional products determined to be medically necessary, and
- (3) the equipment required, if any, for the therapy to be delivered.

The term "medical nutritional products" means nutritional products which:

- (1) can be ingested orally or enterally (via tube), or infused parenterally (via I.V.)
- (2) be an intravenous nutrition drug or meet the Food and Drug Administration's definition of medical food, and
- (3) are prescribed by a physician and administered by a registered dietitian as medically necessary for the management or treatment of disease or injury, malnutrition, or to expedite recuperation and recovery from other medical treatments or procedures.

reimbursement --

Nutrition therapy, and the services and products required to deliver such therapy shall be reimbursed as a medical expense pursuant to the fee schedule or any other reimbursement method established by [the Secretary of Health and Human Services] [the National Health Board]."

INCLUSION OF MEDICAL NUTRITION THERAPY IN OUTCOMES RESEARCH AND PRACTICE GUIDELINES

The [the Secretary of Health and Human Services] [the National Health Board] shall include an assessment of the costs and benefits of providing nutrition therapy and services in medical outcomes research authorized by this legislation. For those diagnoses where medical outcomes research shows that nutrition therapy and services are efficacious in the treatment, amelioration, or management of the illness or injury, or preventing illness or injury, the [Secretary][Board] shall include nutrition therapy and services in appropriate medical practice guidelines.

FAX COVER SHEET

TO: Rosalyn

FROM: Lori Stallings

PAGES (INCLUDING COVER SHEET): 2

MESSAGES:

Per our conversation,
 a more update (complete)
 list
 Lori

ANY PROBLEMS PLEASE CONTACT LORI STALLINGS ON 202/662-3720.

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001. list	Attendees to the American Dietetic Assoc. meeting (partial) (1 page)	06/10/93	P6/b(6)

**This marker identifies the original location of the withdrawn item listed above.
For a complete list of items withdrawn from this folder, see the
Withdrawal/Redaction Sheet at the front of the folder.**

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Carol Rasco (Meetings, Trips, Events)
OA/Box Number: 4592

FOLDER TITLE:

American Dietetic Association Ross Laboratories 6-11-93 2:00 p.m.

rw142

RESTRICTION CODES

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THE WEXLER GROUP

1317 F Street, N.W.
Suite 600
Washington D.C. 20004
202-638-2121
202-638-7045 Telecopy

The following will be attending the American Dietetic Association (ADA) meeting w/ Carol Rasco on June 11, 1993 at 2:00pm:

Susan Calvert Finn
President of the ADA
Director, Nutrition Services for
Ross Laboratories
Columbus, Ohio
DOB: P6/b(6)
SS#: [REDACTED]

Margaret Mary McGovern
Clinical Dietitian for Georgetown University Hospital
Washington, D.C.
DOB: P6/b(6)
SS#: [REDACTED]

Robert A. Schuckman
General Counsel for ADA
Chicago, Illinois
DOB: P6/b(6)
SS#: [REDACTED]

Waxed 6/11/93
(MK)

Betsy Wright
The Wexler Group
DOB: P6/b(6)
SS#: [REDACTED]

Jody Hoffman
The Wexler Group
DOB: P6/b(6)
SS#: [REDACTED]

May 12, 1993

TO: CAROL RASCO

FROM: LINDA BERGTHOLD 

RE: NUTRITIONAL SERVICES IN THE PLAN

Following are some talking points regarding the delivery of nutritional information through our Plan:

- * The benefits package includes reimbursement for the delivery of health education and health promotion classes for enrollees in the Plan.
- * In particular, we encourage plans to offer on a regular basis health guidance and health promotion activities that will help reduce behavioral risk factors. Possible classes which we specifically mention are smoking cessation, nutritional counseling, weight loss, physical training and parenting classes.
- * In the preventive health services section of the benefit package, we emphasize stress management, automobile safety, skin cancer prevention and self-examination techniques (e.g. breast, skin, etc.) to promote healthy lifestyles.
- * **Health Plans will have strong financial incentives to keep their enrollees healthy.** They should do at least as much or more than current Health Maintenance Organizations.
- * Health Plans will compete for enrollees on their ability to deliver these services in accessible locations.
- * The "report cards" published periodically on each plan will mention patient satisfaction and report attempts by plans to address these issues.
- * **We do not specifically cover nutritional services or products.** This is consistent with our approach to benefit design, in which we give plans considerable flexibility in the mix of providers they use and the methods by which they keep people healthy.

THE WHITE HOUSE


WASHINGTON

TO: Christine Heenan
FROM: Carol H. Rasco
SUBJ: Meeting on Monday, May 17
DATE: May 12, 1993

See attached which references a meeting I will hold at Betsey Wright's request on Monday, May 17 at 11 a.m.

Is there anything I should know as background even if I don't share it with them?

Thanks.

Set | 
to Christine
today -
send BW's
copy memo w/
it.

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202-638-7045 Telecopy

FAX COVER SHEET

NAME: Rosalyn

COMPANY NAME: The White House

FROM: LORI

PAGES: 3
(INCLUDING COVER)

DATE: 5/16/93

ANY PROBLEMS PLEASE CONTACT: LORI ON 662-3720

MESSAGE:
Please see attached from
Betsy
Thanks!

CONFIDENTIALITY NOTE:

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THE WEXLER GROUP

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May 6, 1993

MEMORANDUM

TO: Carol Rasco, Domestic Policy Adviser to President Clinton
FROM: Betsy Wright *BW*
RE: Appointment for representatives of the American Dietetic Association and Ross Laboratories

I would like to bring representatives of the above listed clients to meet with you concerning the need to include nutrition services, e.g. screening, diagnosis-assessment, therapy, and counseling, as part of the standard benefit package for acute care and as part of primary care delivery for high risk groups.

I would appreciate an appointment with you during either the week of May 10th or May 17th.

P.S. Today's report on stars-in-halo indicated that yours went up by 4.5 gold ones yesterday! Thanks a jillion!

A handwritten signature in black ink, appearing to be the name 'Paul', located to the right of the main text block.