CASE STUDY – RDNs and Health and Wellness Coaching

**Case:** A registered dietitian nutritionist (RDN) is determining if health and wellness coaching is within their individual scope of practice.

**Statement:** The Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist (RDN) does not guarantee that a RDN will be able to perform expanded practice skills, but it can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

**Definitions:**

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<th>Term</th>
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<td>Certified Health Coach</td>
<td>A Certified Health Coach is a health professional with a diverse educational and professional background who uses evidence-based interventions to collaborate with individuals and/or groups to promote improved health choices, thereby improving their health, health risk and overall wellbeing. Certified Health Coaches guide clients to achieve their health goals through lifestyle and behavior choices aligned with their long-term goals and values. A Certified Health Coach should provide expert advice only in the areas where he/she has nationally recognized credentials and/or professional designation (e.g., RDN, physician, psychologist or other qualified health professional) and must adhere to their individual professional scope of practice and code of ethics.</td>
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<td>National Board Certified Health and Wellness Coach (NBC-HWC)</td>
<td>National Board Certified Health and Wellness Coaches (NBC-HWC) “partner with clients seeking self-directed, lasting changes, aligning with their values, which promote health and wellness and, thereby, enhance well-being.” In the course of their work, health and wellness coaches display unconditional positive regard for their clients and a belief in their capacity for change, and honoring that each client is an expert on his or her life while ensuring that all interactions are respectful and non-judgmental”. A NBC-HWC is a professional with a diverse educational and professional background who works with individuals and/or groups in a client-centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness. NBC-HWCs support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes. NBC-HWCs must adhere to all code of ethics and standards of practice for his/her nationally-recognized credential and/or professional designation (e.g., RDN, physician, psychologist or other qualified health professional) or his/her respective healthcare profession, including maintaining an active unencumbered license, registration or special certification to practice if required by law.</td>
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Definitions located in the Definition of Terms List: [www.cdrnet.org/definitions](http://www.cdrnet.org/definitions)
Explanation of Case:
An RDN with an established private practice is interested in expanding services to include health and wellness coaching. Some clients referred for medical nutrition therapy (MNT) counseling for prevention or treatment of chronic diseases and conditions have expressed interest in health and wellness coaching to help them achieve personal health goals. The RDN would like to expand knowledge and skills in coaching techniques to incorporate into MNT counseling; and possibly obtain a coaching certification in order to separately offer health and wellness coaching as a fee-for-service option, if not covered by a client’s health plan. This will support business goals and advance professional practice.

In this example, the RDN uses the Revised 2017 Scope of Practice for the RDN\(^1\), and the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs\(^2\) to determine whether coaching is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN’s responsibility.

Case Study Resources:
The resources listed below and throughout the case study are intended to provide additional knowledge, guidance, and tools related to telehealth. NOTE: Some of the resources require non-members to pay a fee to access.

➢ Available from the Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) (Academy Dietetic Practice Groups [DPGs] require membership to access resources, listservs, and subunits)
  ▪ Code of Ethics for the Nutrition and Dietetics Profession: https://www.cdrnet.org/codeofethics
  ▪ Revised 2017 Scope of Practice for the RDN: https://jandonline.org/content/core
  ▪ Revised 2017 Standards of Practice and Standards of Professional Performance for RDNs: https://jandonline.org/content/core
  ▪ Focus Area Standards of Practice and Standards of Professional Performance: CDR Webpage > https://www.cdrnet.org/scope leads to the Journal Website. To access Journal Website Collections, Focus Area Standards for CDR Specialist Credential and Focus Area Standards for RDNs directly, access: https://jandonline.org/content/credentialed or https://jandonline.org/content/focus, respectively
  ▪ Weight Management DPG Weight and Wellness Coaching Subunit: https://www.wmdpg.org/member-benefits/subunits/wellness-coaching
  ▪ Nutrition Entrepreneurs DPG Coaches Specialty Group: https://www.nedpg.org/groups/coaches/
  ▪ Cardiovascular Health and Well-being DPG: https://www.cvwell.org/home
  ▪ If practice includes telehealth (and/or telenutrition) consultations, refer to the Academy Telehealth Webpage: https://www.eatrightpro.org/career/career-resources/telehealth-quick-guide
Medicare Part B MNT Resources: A set of all handouts (Diabetes and Chronic Kidney Disease [Non-Dialysis]): [https://www.eatrightpro.org/career/payment/medicare/medicare-practice-settings](https://www.eatrightpro.org/career/payment/medicare/medicare-practice-settings)

Nutrition Care Process Terminology (eNCPT online): [https://www.ncpro.org/](https://www.ncpro.org/)

Essential Practice Competencies for Commission on Dietetic Registration’s (CDR) Credentialed Nutrition and Dietetics Practitioners: [https://www.cdrnet.org/essential-practice-competencies-information](https://www.cdrnet.org/essential-practice-competencies-information)

Institutional, regulatory, and other resources include:

- Organization policies and procedures
- In hospital setting, organization and medical staff process and bylaws for RDNs to obtain clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services, as applicable to role in health and wellness coaching
- Facility/program accreditation standards, if applicable
- State licensure laws and regulations: [https://www.eatrightpro.org/advocacy/licensure/licensure-map](https://www.eatrightpro.org/advocacy/licensure/licensure-map)
- Academy resources on CMS hospital and critical access hospital regulations for RDN order writing privileges: [https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-critical-access-hospitals](https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-critical-access-hospitals)

Using the Scope of Practice Decision Algorithm:
[https://www.cdrnet.org/scope](https://www.cdrnet.org/scope)

The Scope of Practice Decision Algorithm is a resource that guides a RDN to answer a series of questions to determine whether a particular activity is within their individual scope of practice. The algorithm is designed to allow a RDN to critically evaluate their knowledge, skills, experience, judgment and demonstrated competence using criteria resources. The algorithm is used by the RDN to evaluate each separate activity.

**PRACTITIONER QUESTIONS:**

**Question 1:** Is this activity consistent with the Academy of Nutrition and Dietetics/Commission on Dietetic Registration (CDR) Code of Ethics, standards of practice and standards of professional performance, evidence-based nutrition practice guidelines, other national organization standards of practice and/or practice guidelines, accreditation standards, federal and state laws and regulations, and good business practices?
The RDN verifies consistency with the 2017 Scope of Practice for the RDN, which states:

- RDNs “provide nutrition counseling and nutrition education to optimize nutritional status, prevent disease, or maintain and/or improve health and well-being.”
- RDNs “provide nutrition counseling; nutrition behavior therapy; lactation counseling; health and wellness coaching; and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care.”

In addition, there is a segment in the Practice Areas, Services, and Activities section of the Scope of Practice article dedicated to coaching:

“RDNs work as health and wellness coaches in health care facilities, private practices, wellness businesses (eg, in-person or via telehealth), nonprofit organizations, and corporate wellness. RDNs:

- Educate and guide clients to achieve health goals through lifestyle and behavior adjustments.
- Have thorough knowledge and advanced understanding of behavior change, culture, social determinants of health, disease self-management, and evidence-based health education research.
- Empower clients to achieve self-determined goals related to health and wellness.”

The RDN compared this activity to the Academy/CDR Code of Ethics. While coaching is not mentioned directly in the Code of Ethics, there are some principles and standards that apply to this topic (Note: may not be all inclusive, others may apply on a case-by-case basis):

- “Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.”
- “Practice within the limits of their scope and collaborate with the inter-professional team.”
- “Document, code and bill to most accurately reflect the character and extent of delivered services.”

The RDN reviewed the Revised 2017 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDNs. The Revised 2017 SOP in Nutrition Care and SOPP for RDNs contains a role example for a ‘Telehealth practitioner, nutrition and wellness’ that describes a role for an RDN with interest and expertise in health and wellness coaching.

It is important to note that health and wellness coaching is not MNT thus, it may or may not be a reimbursable service covered by health plans or insurer. Some employer health plans may cover coaching with a goal of potentially lowering the organization’s health care costs. The client may be self-referred (no physician referral required) or an existing client who has seen the RDN for MNT with a physician referral (client provided or RDN obtained if self-referred). For an RDN offering health and wellness coaching, an existing or former client may express interest in continuing to see the RDN post
MNT services for support to implement and follow through with recommended nutrition, physical activity and other lifestyle practices to achieve personal health goals. It would be important to clearly explain the difference between MNT and health and wellness coaching along with what may be covered by insurance or what services are for self-pay.

**Question 2: Do you have the necessary knowledge, skills, and demonstrated competence in practice to perform this activity?**

In reviewing their education and training, the RDN determined additional knowledge and skills related to coaching would be beneficial. The RDN decided to investigate applicable Academy learning activities, CDR Certificates of Training (e.g., Weight Management) and resources available through other health and wellness coaching certification websites.

- The RDN reviewed and completed the following Academy/CDR Webinars/Resources:
  - CDR Certificates of Training in Obesity in Pediatrics and Adults: https://www.cdrnet.org/obesity-pediatrics-adults
  - CDR Assess and Learn- The Role of Nutrition in Health Promotion and Disease Prevention: https://www.pathlms.com/cdr/courses/26779
  - Weight Management DPG- Weight Management Matters Newsletters: https://www.wmdpg.org/member-benefits/newsletters
  - Medicare Part B MNT Resources: A set of all handouts (Diabetes and Chronic Kidney Disease [Non-Dialysis]): https://www.eatrightpro.org/career/payment/medicare/medicare-practice-settings
  - MNT Provider: monthly newsletter free to Academy members: https://www.eatrightpro.org/career/payment/medical-nutrition-therapy/mnt-provider

**Question 3: Did you use the Standards of Practice and Standards of Professional Performance to determine your competence? Did you demonstrate your competence to an individual with the knowledge and skills to appropriately assess your ability to perform the activity? Is your competence documented in your employee personnel record?**

The RDN reflects on the ‘core’ SOP and SOPP indicators² (https://jandonline.org/article/S2212-2672(17)31625-8/fulltext) and focus area SOP and/or SOPP applicable to patient/client population (e.g., Diabetes Care, Adult Weight Management) to ensure meeting the minimum competent level of practice related to coaching activities and/or techniques. The following are examples of indicators from the Revised 2017 SOP in Nutrition Care and SOPP for RDNs² that may be applicable depending on role and responsibilities, the list is not all encompassing of indicators related to other focus areas of practice.
Competent Level of Practice

SOP Indicators*:

- Rationale of Standard 1: Nutrition Assessment states “…Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act-compliant video conferencing telehealth platform”.
- 1.5D, 1.5F, 1.5G, 1.7
- 3.7, 3.9
- 4.3B, 4.3D

*Note: Health and wellness coaching does not involve MNT. However, coaching techniques may be used in the delivery of MNT.

SOPP Indicators:

- 1.2, 1.3
- 2.6, 2.10
- 3.2, 3.4, 3.4B
- 4.2, 4.3
- 5.2, 5.2B, 5.4B
- 6.3

To strengthen knowledge and skills related to a RDN in a coaching role, the RDN evaluates their level of practice related to the Revised 2017 SOP in Nutrition Care and SOPP for RDNs and applicable focus area SOP and/or SOPP, e.g., Adult Weight Management (focus area SOP and/or SOPP can be found at: https://jandonline.org/content/credentialed, and https://jandonline.org/content/focus). The indicators relevant to health and wellness coaching where the RDN does not meet the competent level are opportunities to strengthen knowledge and skills for quality practice.

After consulting with colleagues on best practices and reviewing the resources in Question 2 and applicable indicators, the RDN decides to complete an Assess and Learn in Health Promotion & Disease Prevention and review the newsletters (e.g., Weight Management DPG) and other resources to become more competent in incorporating coaching techniques. The RDN records completion of the webinars in their Professional Development Portfolio. The RDN uses the Assess and Learn as documentation of their competence. Once the RDN completes training and competence verification, the RDN maintains documentation in their personnel file following accepted business procedures.

Question 4: If the state(s) where you work license RDNs, is there any language that prohibits this activity? Are there provisions within the scope of practice of any other professions that would limit performing this activity?

When providing direct patient/client care involving medical nutrition therapy and chronic health diseases or conditions, the RDN discovered that to work with clients through telehealth that they must
be licensed and/or meet the other applicable standards that are required by state or local laws and regulations in both the state where the RDN is located and the state where the patient/client is located (https://www.eatrightpro.org/advocacy/licensure/professional-regulation-of-dietitians). Since regulations and policies are regularly updated, the RDN routinely monitors the applicable laws and regulations.

**Question 5: Are there any additional credentials (i.e., RDN-AP, CSO, CSG, CSP, CDCES, CNSC, NBC-HWC) or training (i.e., residency/fellowship, CDR Certificates of Training in Obesity in Pediatrics and Adults) described in published practice guidelines that would be expected of a health professional performing this activity?**

The RDN researched published practice guidelines and reviewed coaching-specific certificates of training, credentials, and formal training suggested for health professionals performing coaching to develop and demonstrate the necessary competence. The Scope of Practice for the RDN’s Figure 4: Coach credential or certification options for RDNs (not all inclusive)\(^1\) highlights coaching credentials and certification that could be considered by RDNs.

![Figure from: https://jandonline.org/article/S2212-2672(17)31624-6/pdf](https://jandonline.org/article/S2212-2672(17)31624-6/pdf)

Completing the Assess and Learn helped to confirm the RDN’s intention to be a coach. The Assess and Learn increased competence level for the present position and was a steppingstone in the process that piqued the RDN’s interest in reviewing the various coaching certifications available. The RDN decides to pursue the National Board Certified Health and Wellness Coach credential (NBC-HWC) that requires taking a NBC-HWC-approved health and wellness training program and completing other requirements for the certification to qualify and sit for the exam.\(^4\) Holding a certified health and wellness coach credential, in addition to the RDN credential, would indicate qualifications to provide health and wellness coaching services to potential clients, and be a marketing tool for the practice.
Question 6: Does your employer/organization, in its policies and procedures or medical staff bylaws, rules and regulations, if applicable, recognize the RDN as qualified to perform the activity?

A RDN who works in private practice ensures there is documentation of qualifications in their personnel file and amends any business/organizational policy or procedure to reflect added scope.

The case example provides information on what things need to be considered before beginning to deliver health and wellness coaching services. Before performing this new activity, the RDN should also consider the following:

- Ensure that the activity is included in job description or list of services for private practitioners, in granted privileges if working in a hospital-associated program where privileging is required, and in applicable policies and procedures.
- Ensure that their personnel file contains primary source verification of education, training, credentials, if applicable, continuing education for maintenance of certification(s), and competence in performing the activity.
- Investigate organization's/business's liability coverage and need for personal professional liability insurance or additional coverage to include health and wellness coaching.
- For billable services, investigate whether this activity, as performed by a RDN, will be reimbursed by health plan insurers, including Medicare or what service is for self-pay, e.g., health coaching not related to delivery of medical nutrition therapy (MNT).
  - Coaching techniques can be incorporated into counseling for MNT that is reimbursed by insurers as outlined in conditions for coverage from Medicare or private insurers.
  - Health and Wellness Coaching services may be covered by some employer health plans so client should investigate and share information with the RDN when applicable.
  - The RDN is responsible for explaining the difference between counseling for MNT with physician referral (i.e., covered by insurance), and health and wellness coaching that may be fee-for-service (i.e., self-pay).

Disclaimer: The Case Studies are intended solely as models to assist practitioners in using the Scope of Practice, Standards of Practice in Nutrition Care, Standards of Professional Performance, and the Scope of Practice Decision Algorithm and suggested resources, and in determining their individual scope of practice. They should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.

In this Case Study, CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).
REFERENCES


