

## Nutrition & Exercise in EHRs

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At present, nutrition, diet and physical activity are not included as core data for the Care Summary or Transitions of Care exchange in Stage 2 Meaningful Use. Following is a brief overview of standards, terminology and process harmonization by the Academy of Nutrition and Dietetics. This work is completed in expectation of supporting meaningful data exchange between patients, dietitians, providers and other care team members. It is important that “raw” clinical data based upon evidence-based care be included in all health information technology, so that patients may use and exchange structured nutrition data from consumer health technologies, and for nutrition to be included as part of the clinical decision support function of electronic health records (EHR).

The following information, with the exception of Health Level Seven (HL7) Diet/Nutrition Orders Project, have been included, by consensus, in the [Standards & Interoperability Framework's Transition of Care](#), [Clinical Element Data Dictionary](#).

### Nutrition Care Process (NCP)

The [NCP](#) is a systematic problem-solving method that food and nutrition professionals use to think critically and make decisions that address practice-related problems. The NCP provides a consistent structure and framework for food and nutrition professionals to use when delivering nutrition care and is designed for use with patients, clients, groups, and communities of all ages and conditions of health or disease. It includes four different processes:

1. Nutrition Assessment
2. Nutrition Diagnosis
3. Nutrition Intervention
4. Nutrition Monitoring and Evaluation

In a 2011 statistically significant survey by the Academy of Nutrition and Dietetics, clinical dietitians responded to which terms they had implemented (each category was developed and implemented sequentially):

Diagnosis terms: 61%

Nutrition Assessment terms: 52%

Nutrition Intervention terms: 47%

Nutrition Monitoring & Evaluation terms: 42%

In the same survey, >34% of dietitians used EHRs with structured terminology/screens for either/or the NCP and IDNT.

### **International Dietetics & Nutrition Terminology (IDNT)**

This [standardized language](#) or controlled vocabulary was developed in 2003 to describe the unique functions of dietetics in nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. The IDNT is designed to facilitate clear and consistent descriptions of the services Registered Dietitians (RDs) provide both within and outside the profession.

The NCP and [IDNT](#) are complementary tools. The NCP is a problem-solving model, while the IDNT provides a standardized set of terms used to describe the results of each step of the model.

### **IDNT Submission to Systematized Nomenclature of Medicine-Clinical Terms (SNOMED-CT)**

After more than 10 years of professional effort to develop and define a list of nutrition care terms, the Academy responded to a nationwide directive to create a “universal health language” by submitting IDNT terms for inclusion in SNOMED CT. Working with international dietetic organizations from Canada, Japan, Australia, Israel, Netherlands, and Sweden, the Academy has taken the lead in matching IDNT to SNOMED CT, to describe each step of the Nutrition Care Process. Completion of a restructuring of the nutrition domain within the International Standards community is planned for completion by 2014.

### **Health Level 7 (HL7) Version 3 Domain Analysis Model: [Diet and Nutrition Orders, Release 1](#) – May 2012 Ballot Cycle**

The ultimate goal is to develop V3 Clinical Messages and V3 Clinical Documents to support the exchange of information between nutrition care providers, foodservice operations responsible for feeding patients and residents via structured Diet/Nutrition Orders in all levels of care and other healthcare providers.

### **Evidence Analysis Library**

The Academy of Nutrition and Dietetics Evidence Analysis Library<sup>®</sup> is a synthesis of the best, most relevant nutritional research on important dietetic practice questions in an accessible, online, user-friendly library. Additional discussions are underway on how best to integrate this into the EHR. This is a member benefit of the Academy; a [7 day free trial](#) is available.

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The following does not represent the work of the Academy of Nutrition and Dietetics, but supports the same mission of improved health and well being of Americans. Physical Activity and nutrition are complementary determinants for appropriate nutritional status, weight and health.

### **Exercise Vital Sign (EVS)**

Physical Activity (PA) is one of the least expensive, actionable factors which engaged consumers can use to reduce the incidence of chronic disease, including obesity and stress.

Kaiser Permanente has implemented the EVS as a part of ambulatory care and is included in their Electronic Health Records (EHR).

The EVS is a component of the [National Physical Activity Plan](#) (NPAP) which promotes 150 minutes of PA for adults each week and 60 minutes/day for children. The NPAP focuses recommendations on eight different sectors including "[health care](#)". Within the six strategies are three priority tasks:

1. Make physical activity a patient "vital sign" that all health care providers assess and discuss with their patients.
2. Establish physical inactivity as a treatable and preventable condition with profound health implications
3. Use a health care systems approach to promote physical activity and to prevent and treat physical inactivity.

Bob Sallis, MD is the champion of EVS and [founder](#) of [Exercise is Medicine](#), a program established under his tenure as Past President of the [American College of Sports Medicine](#) (ACSM).

Implementation of the EVS digitally involves asking 2 Questions/3 Steps:

1. On an average week, how many days do you exercise? (0-7 Days)
2. How many minutes do you exercise a day (in minutes) where intensity is moderate? (0-90+ minutes)
3. EHR calculates: Minutes of exercise/week average  
Goal is: Adults 150 minutes/week  
Children: 420 minutes/week (60 minutes/day)

Note: SNOMED-CT does include a term/code for "Physical Inactivity."

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