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PHYSICIAN NUTRITION EXPERT SHORTAGE: ROLE OF AACE
Relevant Disclosures

- Co-Chair Summit to Address Shortage in Physician Nutrition Experts, funded by Abbott Nutrition
- Program Development and Lecture Honoraria from Abbott Nutrition International
Outline

- What is a physician nutrition expert (PNE)?
- What is the nature of the PNE shortage?
- How can this shortage be addressed?
- What is the potential role of AACE?
What is a physician nutrition expert (PNE)?

- Other terms: PNS – physician nutrition specialist
- Nonphysicians: RD – registered dietitian; other advanced degrees in nutrition (MS, MA, PhD)
- Nutrition is the interaction between diet and metabolism
- Some physicians receive specialty training in clinical nutrition or its relevant components
  - Clinical endocrinologists – metabolism
  - Gastroenterologists – intestinal physiology and access
  - Surgeons – intestinal and venous access, surgical stress, trauma
  - Intensivists – critical illness (high nutritional risk)
What is expertise

- Training
- Competency (“specialist”)
- Certification – core knowledge (“specialist”)
- Expertise (“expert”)
  - Above “plus”
  - Advanced nutrition examination
  - Teaching
  - Research
  - Recognized clinical practice
  - Other (administrative, public policy, publications)
Nature of the PNE Shortage

- To be interpreted in the framework of an obesity and diabetes epidemic, and underrecognition of hospital undernutrition
- Physician membership in professional nutrition societies declining over 10 years
- In 2009, MD’s were < 13% ASPEN membership
- 20% reduction MD’s in The Obesity Society
- Only 100-150 members in ASN in 2007
- Only 31 MD’s sat for nutrition exams/4 years
- Since the summits, these declining rates have slowed but not “corrected”
Physicians Summit

Compilation of Recommendations From Summit on Increasing Physician Nutrition Experts

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Inaugural Summit Mission
December 4-6, 2009

- To provide specific short- and long-term recommendations to:
  - coordinate all aspects of development and implementation of clinical nutrition in order to increase the number of Physician Nutrition Specialists (PNS): education, clinical practice, research, economics, and public policy, and

- To initiate plans for an Intersociety Nutrition Council (INC)
Purpose of Second Summit
December 11, 2010

- To review Inaugural (published) Summit recommendations
- Prioritize and then select recommendations for implementation
- Initialize logistics for implementation
- Initialize discussions regarding governance for INC (subsequent presentation)
Topics under discussion

1. Undergraduate medical education
2. Residency
3. Fellowship
4. Clinical practice
5. IPNEC, ABPNS, credentialing, & certification
6. Societies and continuing education
7. Mentoring
8. Research
9. Centers of excellence
Recommendation 1a
To increase physician membership in nutrition-related societies

Recommendation 1b
Develop standardized terminology to describe the physician specializing in clinical nutrition

Recommendation 1c
Differentiate “competence” from “expertise” in clinical nutrition
Recommendations 1d/e define how a PNS enhances the medical nutrition team (MNT)

- To diagnose and manage complex cases
- Inpatient acute nutrition management
- Optimize nutrition management in chronic conditions
- Collaboration with other specialists to promote wellness
- PNS is the MNT leader
Recommendation 2a-d

undergraduate:
- obtain and disseminate information regarding current status of nutrition courses in medical schools
- nationwide one-year course in “essentials in nutrition”
- enhance medical student interest in clinical nutrition
- local events involving physician nutrition experts
Recommendation 2e-g

residency:
- create advanced nutrition life support (ANLS) program
- create 2-day nutrition immersion course
- create train-the-trainer program

Recommendation 2h-I

fellowship:
- establish a nutrition mentor program
- establish a portable nutrition toolkit
Recommendation 2j
fellowship: training models

- Model 1
  - Dedicated continuous one or two-year nutrition, obesity, and health promotion (NOHP) fellowship
  - Needs funding (NIH T32) with experts
  - Inpatient/outpatient and research settings

- Model 2
  - Dedicated carve-out NOHP training block in an existing fellowship
  - 3-6 month blocks
  - Part of ACGME site visit

- Model 3
  - Concurrent continuous NOHP fellowship
Recommendation 2k-o
CME:
- national meetings
- nutrition programming in non-nutrition societies

Recommendation 3a-b
Board certification:
- increase number of eligible candidates
- modular and then single NOHP exam
Recommendation 4a-c
Nutrition society coordination:
- partnerships to influence public policy
- resource for PNS
- clinical practice guidelines development
- joint public information committee

Recommendation 5a-c
Physician practice:
- documentation and billing for outpatient nutrition care
- provider-based billing fees to support MNT activities,
- nutrition outcome measures
Recommendation 5d-h
Physician practice:
- medical institutional responsibility to maintain MNT activities
- nutrition screening
- registry to monitor MNT activities and nutrition outcomes
- establish regional referral centers for complex metabolic/nutrition patients
- create Nutrition Center of Excellence (NCOE)
Recommendation 6a-g
Research:
- facilitate clinical trials
- develop research consortium
- research workshop for representatives of nutrition and clinical societies
- develop nutrition research center (NRC)
- annual clinical and translational research course
- web-based forum to foster integrative research
- establish outcomes center
Recommendation 7a
Creating structure: INC

- Establish Intersociety Nutrition Council for continuity for pursuit of initiative devised at the Summit
- Council of representatives
- Noncompetitive, promote collaboration
- Evolve from “task force” to enduring organization
- Need to establish funding and governance
Potential role of AACE

- Develop position statement on the role of the clinical endocrinologist in nutritional medicine
- To increase the number of clinical endocrinologists with expertise in nutritional medicine
- To concurrently collaborate with sister societies and other specialties to promote expert nutritional medicine care for all patients
AACE Position Paper Strategy

- Develop CME accredited web-based durable learning programs
- Develop practice management tools for the outpatient and inpatient settings
- Collaborate with sister societies as part of broad effort to improve nutritional care of patients
- Consider developing formal certification for expertise in nutritional medicine for clinical endocrinologists