

January 30, 2009

Dear California Dietetic Association members.

For the last two years, members of CDA have asked questions regarding professional practice within the state of California.

Part of the role of the Registered Dietitian and the Dietetic Technician Registered is to ensure timely and effective patient care.¹ While providing this care, it is important to work within the direction of California Business and Profession (B & P) Code, 2585-2586.8. The text of this Code is published on the California Dietetic Association (CDA) Web site, www.dietitian.org.

CDA Public Policy Council, headed by Vice President Lorri Holzberg, has established a Professional Practice Task Force. Members of this Task Force have been meeting with the CA Dept of Public Health (Quality Management and Licensing & Credentialing) on a monthly basis in order to determine how qualified dietitians in California can successfully work toward clinical privileging and advanced practice within their facilities. These meetings have included reviewing Centers for Medicare and Medicaid Services (CMS) memos and the CDA Business and Professions Code.

A CMS memo to state survey directors, dated November 12, 2004, provides the following guidance and interpretation of federal law and regulation.²

- The hospital's Governing Body must ensure that all practitioners who provide a medical level of care and/or conduct surgical procedures in the hospital are individually evaluated by its Medical Staff and that those practitioners possess current qualifications and demonstrated competencies for the privileges granted.
- State Survey Agency (SA) surveyors are to determine whether the hospital's privileging process and its implementation of that process comply with the hospital Conditions of Participation (CoPs).

Another part of the memo states the following:

"The hospital must ensure that the practitioner and appropriate hospital patient-care areas/departments are informed of the privileges granted to the practitioner, as well as, any revisions or revocations to the practitioner's privileges. Furthermore, whenever a practitioner's privileges are limited, revoked, or in any way constrained, the hospital must, in accordance with state and/or federal laws or regulations, report those constraints to appropriate state and federal authorities, registries, and/or databases, such as the National Practitioner Databank."

In summary of CDA's work with CDPH, after examination of both this memo as representative of CMS and our own state law, RDs will need to work on 3 areas in order to set up clinical privileging within their facilities:

1. Expansion of state law to include the types of practice of RDs (ie general, advanced and more autonomous).

¹ Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. The National Academies Press:Washington, D.C. 2001. The six outcomes of quality care include safe, timely, effective, efficient, equitable and patient-centered

² Available at <http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCLetter05-04.pdf>. Accessed January 16, 2009

2. Establishment of an oversight board for reporting of revocation of privileging.
3. Advanced privileging within facilities as authorized by the facility governing board.

While clinical privileging is a long-term goal for qualified RDs, it is essential that California credentialed dietetics practitioners currently stay within the confines of the B & P Code, whether practicing in clinical or outpatient settings. It is also important to remember that demonstrated and documented competency is an essential part of privileging. Privileging allows for delivery of standardized and optimal treatments for efficient and safe medical care in accordance with clinical guidelines or standards of practice.

Professional Practice is a top priority for CDA. CDA leadership will keep you posted on our progress as we navigate through concerns that have been raised.

Sincerely,

Kara Freeman, DrPH, RD
California Dietetic Association President, 2008-09