



# Medical Nutritional Therapy 2010 Service Area Review Summary

**Medical Nutritional Therapy** - provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutritional therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

There are currently 5 contracts with metro providers and 0 contracts with greater MN providers to serve 284 clients in the TGA and 48 clients in Greater MN..

HRSA Core Medical Service

Essential Service—  
Continuum of Care

Comprehensive Plan—YES

## DATA SUMMARY HIGHLIGHTS

This service area was previously ranked by the Planning Council as a service activity within the Outpatient/Ambulatory Medical Care service area. In addition, the method of service delivery was changed in 2008 requiring a dietitian consultation rather than a prescription from a physician.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 80% of the 326 respondents indicated that they had not accessed medical nutritional therapy services within the past year. Of those who had not accessed medical nutritional therapy services in the past year (n=260), twenty-nine people (11%) indicated that they needed to access medical nutritional therapy. The main barriers or reasons listed by those twenty-nine people who needed to but were unable to access medical nutritional therapy services during the past year included unaware of how/where to access service (69%), strict guidelines (21%), time consuming (21%) and unable to find HIV knowledgeable dietitian (10%).

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, respondents were also asked if they had obtained medical nutritional supplements with 76% (n=326) of the respondents indicating that they had not done so during the past 12 months. Of those who had not obtained medical nutritional supplements during the past 12 months, 34 respondents indicated that they needed to do so but experienced barriers in the process. The main barriers to obtaining medical nutritional supplements included no coverage/billing issues (62%), unaware how to access/didn't ask (35%), did not want to see dietitian (15%), told I did not need them (9%), and transportation (6%).

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 50% of the respondents (n=329) indicated that they had NEVER talked to a nutritionist/dietitian about how to improve their diet to improve their dietary requirements. Thirty percent (30%) indicated that they had been prescribed nutritional supplements in the past 12 months and 24% indicated that they had used nutritional supplements as a food replacement to make food last longer.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 6% of the respondents (n=329) indicated that their dietary and nutritional needs were being met poorly (5%) or not at all (1%) while 28% rated their diet/nutrition only fair (23%) or poor (5%).

## CURRENT RANKINGS

COUNCIL (2008)	CONSUMERS (2010)
3 out of 24 service areas	18 out of 25 service areas

## ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2010	\$195,000	0%		
2009	\$195,000	50%	\$220,583	113%
2008	\$129,600	98%	\$130,355	101%

## UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2009	461	7% (n=6,552)	12% (n=3,700)
2008	352	6% (n=6,221)	7% (n=4,713)
2007	93	1.5% (n=5,950)	2% (n=4,038)

## ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=326)		
Accessed Service (Last 12 Months) n=66	Didn't Access (Last 12 Months) n=260	Didn't Access but Needed to (Last 12 Months) n=29
20%	80%	11%

