

*SL Nutrition: A Private Practice Specializing in
Gastrointestinal Health and Food Allergies and Intolerances*

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PART A: EXECUTIVE SUMMARY

Background

Responsible for the digestion, transportation, and absorption of vital macro and micronutrients, the gastrointestinal (GI) system is essential to supporting human life. As such, any interruption to its function is problematic, and may signify the presence of a GI disorder. GI disorders describe a wide variety of conditions from Inflammatory Bowel Disease (IB), to chronic constipation, to Celiac Disease. These conditions profoundly impact physical and mental wellness, resulting in common GI symptoms such as recurring abdominal pain and diarrhea, as well as generalized symptoms like fatigue, headaches, stress, anxiety, and depression that altogether severely reduce quality of life.

GI disorders are common; according to the NIH, 60-70 million Americans are affected by digestive disease (NIDDK, 2014). In reality, this number may not fully capture the enormous impact GI conditions have on human health. Many GI disorders are not immediately life-threatening, and their symptoms can be vague and inconsistent, making diagnosis and treatment difficult. For example, 1-2% of adults have diagnosed food allergies but around 20% of Americans change their diets due to a perceived adverse reaction to food (Mahan and Raymond, 2017). Likewise, 5-7% of adults are diagnosed with IBS, but estimates put its actual prevalence at 10-15% of adults (ACG, n.d.).

Many GI disorders are not reversible; rather, adherence to specific and ideally individualized dietary protocols help manage and resolve symptoms. Accordingly, nutrition therapy is an important part of treatment protocol for GI health. While some medical doctors may offer nutrition education to patients, this information is often insufficient, limited to a pamphlet or brochure in context of overwhelming medical information about the condition. Other individuals never receive a diagnosis or opt not to seek out medical help for their condition. As a result, a great number of individuals with GI disorders do not receive comprehensive – and sometimes vital - nutrition therapy care.

The Solution: SL Nutrition

SL Nutrition is a private nutrition counseling practice located in Durham, NC specializing in GI health. As the sole proprietor, I will specifically target individuals with chronic GI disorders and food intolerances and allergies. Through nutrition education, collaborative, client-centered counseling, and delivery of nutrition recommendations and interventions, I will help clients manage their condition, reduce symptoms, and address nutrition concerns. The practice will support a hands-on model of learning; I will offer dietitian-led grocery store trips, cooking instruction, and kitchen and pantry reorganizations. I will also offer group classes to support social connectivity and community among clients.

Although the practice's primary focus is nutrition counseling, it is inspired by a commitment to contributing to community engagement and increasing the accessibility of nutrition therapy and education. Through digital materials and virtual education events, I will provide a broader audience with both nutrition knowledge and resources. I will also cultivate community partners through which to provide services and offer classes. Long-term goals of the practice include providing pro-bono and sliding scale services to clients. The physical practice space will also expand to accommodate group cooking and educational classes and serve as a resource for other dietitians and health professionals.

Mission Statement: The mission of SL Nutrition is to provide individuals living with GI disorders and adverse food reactions with collaborative, sustainable nutrition counseling services that are tailored to each client's unique condition, lifestyle, and nutrition goals.

Business Philosophy

At the core of the practice philosophy is an understanding that food is an integral part of the human experience. We eat to fuel our bodies and nurture it with vital nutrients – but we also eat to feel, experience, engage, share, and connect with the world and the people in our lives. Living with a GI disorder makes this relationship even more complex. I have witnessed close friends and families struggling to manage painful GI symptoms, and understand the social isolation, fear, anxiety, and sense of hopelessness that can often accompany these diagnoses. With this in mind, I have developed the following practice philosophies:

- The role of the dietitian is to provide compassionate, non-judgemental, collaborative guidance, support, and advocacy to every client.
- Clients need practical and sustainable nutrition interventions and recommendations.
- Food is an integral part of the human experience; food choices are influenced by a myriad of environmental, social, economic, cultural and personal factors.
- Every individual is an expert in their own body, but may benefit from support in strengthen their relationships with and respect for their body.

Ingredients for Success

With a conservative estimate of roughly 700,000 adults in the Research Triangle living with a GI disorder and a rising nation-wide interest in GI health, the market supports a nutrition counseling business focused on digestive health. Six practices in the area advertise GI health as an area of expertise, but none specialize solely in general GI health. Even fewer offer wrap-around services such as cooking instruction and pantry reorganizations. Given the complex and highly individualized nature of many GI conditions, a major strength of the practice will be focusing specifically on GI health and moving away from the “jack of all trades” style of nutrition counseling. Specialty knowledge and experience will allow me to deliver a higher quality service to my patients, helping me to understand my clients better, problem solve more effectively, and advocate and communicate easily with physicians and other members of client's care team.

With a Master of Public Health in Nutrition from University of North Carolina at Chapel Hill, I am dedicated to providing holistic care that treats the entire person, valuing the role an individual's physical and social environment has in shaping health. I have enjoyed experiences working in community nutrition, teaching cooking classes, and preparing meals for restrictive diets. This, coupled with a life-long love of food and a true passion for physical and spiritual wellness will propel this business' success forward.

PART B. ORGANIZATIONAL PLAN

1. Location

The practice will be located in Durham, North Carolina. A private office space will be rented out, around 500 sq. feet, for \$500/month. The space will be shared with another health and wellness practitioner – i.e. subletting from or to another RD, therapist, etc. – in order to reduce costs. This will be an efficient use of resources, since even in my second year I only plan on seeing 12 clients a week and have budgeted 22 hours of work, including sessions, appointment prep, and administrative time. Any additional work may be completed from home. Office space will be in either a facility or complex where other wellness-related practitioners are working, or in a more residential-styled building that is welcoming and comfortable. I will

look for a space that is on the ground floor and accessible for individuals with disabilities. Ideally, the practice will also be located near other medical providers that provide GI services or may refer their clients to the practice. The practice should also be accessible via public transportation in order to make the practice as convenient as possible. North Durham (north of 85) around 501/Duke Street would be central to two family medicine practices, as well as Duke Regional Hospital, and is accessible via GoDurham's 9, 1, and 4 bus routes. Add-on services (kitchen and pantry re-orgs, cooking instruction, grocery trips) will be held in the community and at clients' homes. Long-term, as the business expands, the practice will acquire an office with a kitchen and a larger space for group classes.

2. Equipment, Resources, and Setting Up the Practice

The first step to establishing the practice will be to obtain a license to practice nutrition. In North Carolina, this requires a Category A license, which is renewed annually. I will structure the business as an LLC in order to protect my personal assets and purchase professional and general liability insurance through Proliability. In order to file taxes I will obtain an EIN, a free and simple process. I will also obtain a National Provider Identifier (NPI) number – a free, 10-digit number unique to a provider that allows their services to be billed to an insurance provider. From there, I will fill out an application with CAQH. CAQH is a universal credentialing database that facilitates the credentialing process with insurance providers. This will help me pursue relationships with insurance companies, initially prioritizing BCBS and recognizing that it may take several months to become credentialed with additional providers.

The next step will be to obtain the resources and materials necessary to run a nutrition counseling practice. The practice will require an Electronic Health Record system and a platform to bill patients, run credit cards, schedule appointments, and process and file insurance claims. Office Ally provides all of these services (Office Ally Practice Mate, Clearinghouse, and Practice Ally), as well as a patient portal and automated reminders for clients, for only \$35/month per provider – a competitively low price in the market (“office ally reviews”, n.d.;). Office Ally does not require a contract, provides free 24/7 support, and is HIPAA compliant. Office Ally's note taking system is not designed for dietitians (for example, it uses diagnostic codes instead of PES statements), however adjusting the format for ADIME notes will be simple, and the low cost, no contract, and wrap-around services make it a practical option for the practice. In order to support telehealth appointments, virtual networking events, and business meetings I will maintain a HIPAA compliant Zoom account. I will use QuickBooks to track income and expenses and generate invoices as needed.

Once an office space (described above) is identified and a lease is signed, the office will need to be equipped with a desk and chair for administrative work and made to be a welcoming environment with comfortable seating for clients, lamps, and a rug. It will be equipped with a lockable filing cabinet, printer, and scale for height and weight. In order to chart patients, perform administrative tasks, file insurance, bill, and communicate with clients and peers, the practice will require one laptop. Additional costs include office supplies, business cards, and a phone and phone plan. At least initially, my personal computer and phone will be used for practice business as well. An online presence will also be necessary. After purchasing a website domain I will develop a business website using Squarespace. I will also maintain a social media presence through business accounts with Facebook, Instagram, Twitter, LinkedIn, and a Google Business Profile.

In order to support continued professional growth and an evidence-based practice, I will maintain an AND membership as well as membership to the Nutrition Entrepreneurs DGP and Dietitians in Integrative and Functional Medicine DPG. I will also purchase a subscription to the Nutrition Care Manual and budget \$500 a year for education materials, seminars, and classes.

Additional Resources: Please see Budget and Cash Flow Analysis in Appendix

3. Services

SL Nutrition will provide nutrition counseling for individuals with gastrointestinal conditions and food intolerances and sensitivities, including but not limited to: IBS and other functional gastrointestinal disorders (FGID) such as functional constipation and diarrhea, IBD (Ulcerative Colitis, Crohn's Disease), Celiac Disease, GERD, gluten sensitivity, and fructose and lactose intolerance. Particular emphasis will be placed on supporting clients managing chronic, long-term diseases and their associated symptoms. In addition to providing nutrition knowledge and recommendations, I will hold space for clients to learn about their relationship with food and move towards greater empowerment in their mind-body connection. This approach will be grounded in practicality, sustainability, and awareness of the myriad of mental, physical, and socioeconomic factors that contribute to gastrointestinal health and wellness.

I will also offer a hands-on model of counseling. Many individuals living with GI conditions feel overwhelmed and discouraged by their diagnosis. The mental and physical toll a GI condition takes can also make it difficult to follow a medical provider's diet and lifestyle instruction. Hands-on learning experiences will help bridge the gap between the medical literature and a client's life. Clients who express interest and would benefit from additional social support will be invited to participate in a weekly group session. Given the sensitive and at times embarrassing nature of GI symptoms, confidential group support will provide clients with an outlet to openly discuss their experiences in a sympathetic environment. I will also create digital content, including nutritionally focused cooking segments and explanations of nutrition concepts, which will be made available through the practice's website. The intent is to provide additional resources to a broader audience who may not be able to afford complete services. Additionally, digital content will open up my practice to connect with and serve people outside of the Triangle area.

In summary, services provided will include:

- Nutrition counseling: Patients will receive nutrition knowledge, support, and guidance unique to the their particular health issue, lifestyle, and self-identified goals.
- Hands-on experiences, including:
 - o Grocery store trip accompanied by a dietitian
 - o Kitchen Assessment and pantry re-organizations
 - o Cooking classes individualized to the client's preferences, health issues, and lifestyle
- Group sessions
- Digital workshops and resources

Within the nutrition field meaningful nutrition information and resources are too often inaccessible to individuals on the basis of insurance coverage and cost. As such, providing resources for general consumption and engaging in community outreach is central to my mission. In addition to providing low-cost and free digital content, the practice will develop relationships with community centers and YMCAs to provide group education and cooking classes.

4. The Clients

The practice is designed to serve people of all ages who are living with GI conditions, allergies and intolerances. Especially as the business is starting, the practice will also accept clients with general nutrition needs related to healthful diets, weight loss, weight gain, diabetes, cancer, cardiovascular health,

and vegetarian and vegan diets. An overview of some of the major GI conditions that benefit from nutrition counseling and related demographics follows:

IBD: IBD encompasses two conditions, Crohn's Disease and Ulcerative Colitis (UC), and is characterized by prolonged inflammation of the GI tract (Centers for Disease Control and Prevention (CDC), 2019). In the US, 1.3% of adults have been diagnosed with IBD and it usually appears between the ages of 15 and 30. IBD is found more commonly in developing countries, urban area, and northern climates. IBD is more often reported among individuals who are: greater than 45 years old, have less than a high school level of education, are currently unemployed, are living in poverty, or are living in suburban areas (CDC, 2018).

In North America, 40-240 people in 100,000 are affected by UC; this is more than 750,000 people. UC is more common in white people and in people of Ashkenazi Jewish descent (CCFA, 2014). Studies in North American populations suggest that UC is also more common in men, who are also more likely to be diagnosed with UC in their 50s and 60s. One to three hundred people per 100,000 are affected by Crohn's, and over 500,000 Americans have been diagnosed with the disease. Crohn's is most often found among people of northern European ancestry and Ashkenazi Jewish descent. Notably, trends show that the prevalence of Crohn's disease is increasing in the US (CCFA, 2014). Studies suggest that IBD presentation and symptoms may vary among racial and ethnic groups. For example, Crohn's disease in African Americans is more likely to impact the colon or upper GI tract (specifically the esophagus, stomach, and first section of the small intestine) and less likely to disease the terminal ileum when compared to Caucasian individuals (Crohn's & Colitis Foundation of America (CCFA), 2014).

Common Co-morbidities: IBD is commonly associated with psoriasis and psoriatic arthritis, and there is emerging evidence of an association between IBD and metabolic syndrome, CVD, atherosclerosis, fatigue, COPD, sexual dysfunction, and Parkinson's Disease. Notably, co-morbidities in IBD are associated with a significant decrease in quality of life, emotional effects, and ability to cope with health, and may contribute to poorer disease outcomes and increased mortality and hospitalization rates (Argollo et al., 2019). IBD is also associated with an increase in psychological disorders (Argollo et al., 2019). A 2016 systematic review of the comorbidity of depression and anxiety with IBD found with moderate confidence that rates of anxiety and depression symptoms were higher in IBD participants compared to healthy controls, and higher in patients with active versus inactive IBD. The literature is inconclusive about whether psychological symptoms precede IBD or vice versa (Mikocka-Walus et al., 2016).

Functional GI Disorders (FGID): FGID are defined as the abnormal functioning of the GI tract and are characterized by persistent and recurring GI symptoms. Diagnostic tests for FGID are often normative or negative in results, so a diagnosis is based on patient reported symptoms (Dalton, 2017.). There are more than 20 FGID, including IBS, GERD, functional diarrhea or constipation and functional abdominal pain. While they are not psychiatric disorders, FGIDs are often exacerbated by psychological stress, exemplifying the relationship between the brain and the GI tract (i.e. "brain-gut axis"); studies have found that GI sensation, motility and secretion is impacted by the brain via stress and emotion (Dalton, 2017). Similarly, GI activity impacts pain perception, mood, and behavior. Studies also suggest that FGIDs impair quality of life and are more often to be accompanied by psychological comorbidities. FGIDs affect approximately 25 million Americans (Dalton, 2017).

IBS: IBS is a FGID characterized by abdominal pain, bloating, gas, and either ongoing constipation, diarrhea, or both. Ten to fifteen percent of adults suffer from IBS, although only 5-7% are diagnosed. It is one of the most common disorders seen by primary care physicians (American College of Gastroenterology (ACG), n.d.). Rates of IBS in women are approximately 1.5-3 times higher than those seen in men, and women report more IBS symptoms than men, irrespective of diagnostic criteria. IBS

occurs in all age groups as all subtypes, but 50% of patients with IBS report having had first symptoms before the age of 35. Prevalence is 25% lower in those over 50 years old compared to those under 50 years old (Canavan et al., 2014).

Common Co-morbidities: Fibromyalgia, chronic fatigue syndrome, chronic back or pelvic pain, chronic headache, and temporomandibular joint dysfunction (all considered functional somatic syndromes) occur in half of all patients with IBS and almost twice as often as in the general population (Canavan et al., 2014). In addition, over 50% of all patients with IBS report depression or anxiety. Some patients also experience 'symptom shifting' in which resolution of functional bowel symptoms sees development of functional symptoms in another system (Canavan et al., 2014).

Celiac Disease (CD): CD is an autoimmune condition in which the ingestion of gluten results in damage to the small intestine as well as a variety of symptoms including abdominal pain, diarrhea, vomiting, constipation, fatigue, and more. In the U.S., 1 in 133 people have CD; at least 3 million Americans (Celiac Disease Foundation, n.d.). CD can occur at any age, but occurrence tends to peak in the first 2 years of life and again in the 20s and 30s. Women are more frequently diagnosed with CD, with a female to male ratio between 2:1 to 3:1 (Caio et al., 2019). In the US there is a higher prevalence of CD among Caucasians than among Blacks or Hispanics and a higher proportion of individuals in northern latitudes that have CD or avoid gluten, independent of other factors (McAllister et al., 2019).

Common Co-morbidities: People with CD are prone to developing other autoimmune disorders, especially when diagnosed at a later age (**University of Chicago Celiac Disease Center, n.d.**). Thyroid disease and type 1 diabetes mellitus are the most common co-morbidities (Celiac Disease Foundation, n.d.). Neurological disorders are common among people with CD; there is a 10-22% increased risk of neurological disorders in patients with CD (Celiac Disease Foundation, n.d.).

Food allergies, sensitivities and intolerances:

Adverse reactions to foods (ARF) is an umbrella term that includes both food allergies and intolerances. A food allergy describes a condition in which a food results in an immune system response and adverse symptoms. CD, for example, falls under the food allergy category. A food sensitivity describes a reaction to food that may be either an immune response or the result of a biochemical or physiologic deficiency (Mahan and Raymond, 2017). Food intolerances are adverse reactions to foods that do not involve the immune system. Rather, intolerances are due to the body's inability to digest, absorb, or metabolize a food or a component of a food (Mahan and Raymond, 2017). Lactose intolerance or intolerance of FODMAP foods fall into this category. There are estimates that 20% of the population change their diets as a result of a perceived ARF. The prevalence of food allergies in particular is about 4-7% in children and 1-2% in adults (Mahan and Raymond, 2017). Other estimates put the prevalence of food allergies among adults at closer to 11% (Gupta et al., 2019).

Given the complex nature of GI disorders, working with patients experiencing these conditions requires an awareness of comorbidities and willingness to communicate and work with other providers or medical teams, as necessary. The co-occurrence of mental health issues, including disordered eating, is especially pronounced. Particular care will be paid to the extent to which these conditions impact my clients' quality of life, daily experience, motivation, and ability to follow nutrition recommendations.

Target Clientele

Although all the individuals described above may benefit from nutrition counseling, there is a subpopulation that may be more motivated to pursue nutrition services. Target clientele include:

- Individuals who have been newly diagnosed with a GI disorder or food allergy/intolerance or are experiencing new adverse GI symptoms and require nutrition education and support in making food and lifestyle changes.
- Individuals who are struggling to manage their GI condition, or are experiencing periodic relapses or symptom cycling
- Individuals with GI conditions who were recently diagnosed or are struggling with another health condition that may complicate their condition or require additional dietary modifications (i.e. diabetes, cancer, pregnancy, weight loss/gain, etc.).

5. Client Value

Living with GI conditions, allergies, and intolerances is difficult. Often individuals struggle to even receive a diagnosis, and when they do, lifestyle, work, family, cultural and personal preferences, socioeconomic factors, and social networks make managing that diagnosis challenging. These are also usually life-long conditions. While medications and other therapies may be important, nutrition and lifestyle play a pivotal role in managing symptoms and reducing risk of future complications. In the feedback I have received from people living with a GI disorder I have found that common challenges include: self-restraint and discipline around food, fear of eating in new/unknown environments, social isolation around food experiences, feeling poorly, managing symptoms, and lack of clarity and understanding around symptoms and dietary guidelines. The services provided through SL Nutrition will help clients alleviate anxiety, manage symptoms, and utilize practical, evidence-based information and recommendations unique to the client's condition, experiences, and lifestyle.

6. Practice Goals and Objectives

Specialty knowledge in GI health is an important aspect of the practice's success and my personal career development. Strategically launching the practice 2-3 years after graduating from UNC will allow me to pursue additional education in GI health and build a larger professional network. As such, goals and objectives presented reflect the mission of the practice.

Goals:

1. Provide clients with the **nutrition-related information and education necessary** to reduce, alleviate, and manage symptoms related to GI conditions, allergies, and food sensitivities.

Objectives:

1. Utilize MNT knowledge and evidence base to educate client about their condition and relevant nutrition-related information.
2. Utilize MNT knowledge, evidence base, and counseling skills to deliver nutrition interventions tailored to the client's condition, lifestyle, and readiness for change.
3. Produce disease-specific nutrition handouts and provide external resources for client's reference and further education.

2. Provide clients with **practical tools and resources** to reduce, alleviate, and manage symptoms.

Objectives:

1. Provide clients with the opportunity to apply theory through hands-on experiences with RD, including grocery store trips, cooking instruction, and kitchen and pantry reorganization.
2. Provide client with knowledge, materials, and skills to develop meal plans specific to their condition.

3. Facilitate the development of clients' **emotional and social support systems** as related to management and tolerance of GI disorders, allergies, and food sensitivities.

Objectives:

1. Provide clients with opportunities for group support.
2. Facilitate discussion related to condition and nutrition implications between client and family or household members.
3. Use counseling skills and tools, including principles of MI, DBT, HAES, and intuitive eating to assess client's readiness for change, build client motivation, and set and achieve client-centered goals.
4. Reduce barriers to nutrition services for **underserved communities and individuals** without insurance or the resources to pay for services.

Objectives:

1. Deliver group nutrition education and/or cooking classes focused in nutrition principles virtually and in community settings.
2. Partner with other providers and community entities to provide nutrition counseling and classes in an accessible environment at a reduced cost.
3. Develop digital content that will be made available at a low cost with scholarship opportunities available.
4. Pursue contracts with insurance providers that permit provision of services to non-insured clients at a sliding scale or scholarship rate.

7. Approach

Treatment for gastrointestinal disorders and intolerances often require dietary changes that are drastic and difficult to adhere to, such as completely restricting a type of food or learning a new dietary pattern. They may also require medications and behavior changes and play a significant role in a person's quality of life. Within this context, I will use a variety of approaches and techniques to help clients make meaningful, positive change.

Nutrition counseling will be guided by a variety of theoretical frameworks, including cognitive behavioral theory and behavioral therapy, and the Transtheoretical Model (TMM). Cognitive Behavioral Theory holds that thoughts or perceptions affect behavior and that it is possible to modify or shift behavior by monitoring and changing cognitive activity (Holli and Beto, 2014). According to the ADA's 2010 "State of the evidence regarding behavior change theories and strategies in nutrition counseling to facilitate health and food behavior change", strong evidence supports the use of a combination of behavioral theory and CBT in modifying targeted dietary habits (Spahn et al., 2010). TTM conceptualizes that there are steps that lead to a change in behavior (Holli and Beto, 2014; ADA, 2010). This theory provides a useful guide for the pairing of nutrition intervention strategies with stages of change unique to the client's experience (Spahn et al., 2010). With these tools, focus will be placed on building client self-efficacy and mindfulness around the body and food choices as well as evidence-based strategies such as goal setting, problem solving, strengthening social support, and utilizing group counseling (Spahn et al., 2010). My approach to counseling will be client-centered with a respect for the inherent potential of each individual to problem solve, grow, and self-actualize. My counseling strategy will utilize principles of motivational interviewing (MI) and Cognitive Behavioral Therapy, which together have been shown to be highly effective approaches to nutrition counseling (Spahn et al., 2010). MI describes a directive, empathetic, client-centered approach to counseling that focuses on collaboration between client and counselor, working through thoughts, feelings, and beliefs to uncover motivation and address barriers to change and build client autonomy (Holli and Beto, 2014). While studies examining the efficacy of MI in populations with GI disorders specifically are limited, a 2017 systematic review of literature related to the influence of MI on outcomes in patients with IBD found that MI improves medication adherence rates, advice-seeking behavior, and perception of providers (Wagoner and Kavookjian, 2017).

Guided by the belief that individuals are affected by their environment and vice-versa, I will also place an emphasis on hands-on counseling and learning experiences such as kitchen reorganizations, cooking instruction, and grocery store visits. These services provide value on two levels. First, these experiences strengthen the client's opportunity to learn. Learning can be divided into three domains: cognitive, affective, and psychomotor. The cognitive domain, in which the client acquires knowledge and develops intellect related to a concept, may be easily developed through counseling sessions focused on information delivery and education. The affective domain, or the client's beliefs about the value of the information they are given, may be developed in counseling through discussion of thoughts, feelings, and beliefs, utilizing MI strategies. The psychomotor domain considers the development of physical abilities and skills (Holli and Beto, 2014). While some skills may be developed in counseling sessions, offering a hands-on experience gives the client the opportunity to put concepts and advice into action. It allows them to practice, test, and solidify their abilities in the other two domains with my support. In addition, these sessions will provide me with insight into the client's unique nutrition-related strengths and weaknesses, as well as the specific real-world challenges that the client must contend with.

8. The Process: As outlined above, the practice will offer a variety of services, however each client will be guided through potential services based on their individual needs.

8.1 Onboarding Steps

1. **Appointment Inquiry:** Interested individuals will be able to contact me through a simple online form expressing interest in my services, email, or over the phone (listed on the website). If I am unable to accept the patient based on availability or area of expertise, I will refer the individual to another practice.
2. **15 Minute Phone Session:** This free 15-minute phone or zoom call will allow me to assess whether the patient's needs are within my scope of care. It will also allow the client to gauge whether I am a good fit before investing considerable time and money. This meeting will be limited to discussing the nutrition counseling process, services provided, and the patient's specific needs.
3. **Initial Session (60-90 minutes):** Prior to our first meeting, clients will be asked to complete a patient intake form (see appendix). Initial sessions will largely consist of a review of intake questions to help me assess the client's medical history, lifestyle, behaviors, food habits, preferences, and intolerances, level of nutrition education, and nutrition needs. The client and I will collaborate on initial goals and whether additional information (food diaries, labs) needs to be collected. Relevant resources and handouts may be provided.
4. **Follow Up sessions (30-60 minutes):** Subsequent sessions will include monitoring of patient progress and goals. The client and I will discuss challenges and successes that may have come up as well as any changes in symptoms. I will provide continued guidance and will work with client to revise goals as necessary. If applicable, the session will include a discussion of whether hands-on guidance (detailed below) would be useful.

8.2 Hands-On Experiences

Kitchen Assessment and Pantry Re-Org: This service is designed to provide support for clients that are undergoing a significant diet change and/or are struggling to feel organized and empowered in their kitchen. The visit will begin with a review of the client's specific challenges and will include an assessment of the client's refrigerator and pantry organization and inventory, assistance sorting through and removing necessary items, and education around label reading and food storage.

Cooking Instruction: This service is tailored to individuals who would like to strengthen their cooking skills or require support implementing nutrition concepts into their cooking. Cooking instruction will take place in the client's home and sessions will focus on specific skills, concepts, or dishes that fit the individual client's needs. Time will also be spent on basic cooking skills and instruction on how to plan meals. Clients will receive a variety of recipes tailored to their dietary needs.

Grocery Store Visit: One of the greatest challenges to implementing dietary changes is shopping for appropriate products. This service will help clients gain confidence putting theory into practice and navigating the grocery store. They will learn about label reading, what products to avoid for their particular condition, and best practices for making grocery shopping affordable and efficient.

Group Classes: Group classes will be made up of 3-8 individuals who have similar nutritional needs or conditions. I will host classes, but the focus will be on clients' experiences and guided by the interests of the group. These classes will only take place when there is sufficient demand.

8.3 The Nutrition Care Process

Treatment of health conditions through dietary intervention follows a care process that allows the dietitian to systematically gather information about the client, understand the client's condition, develop an intervention, and continually monitor the client's progress. This process provides the foundation for evidence-based, meaningful, nutrition counseling. The care process can be broken up into four steps, which may be re-evaluated at each session:

Assessment: Nutrition assessment will begin with basic anthropometric information, as well as biochemical and physical data when available. Information about the client's relationship with food and medical history will also be collected. For GI conditions, this may include:

- Anthropometrics: Current weight and weight history, including any intentional or unintentional weight gain/loss and correlating events; height; BMI.
- Appetite: Decrease or increase in appetite, including daily changes in appetite.
- Food and Nutrition History: Food intake, fluid intake, eating patterns, times, and portions; food availability; former nutrition education; physical activity; and feelings that come up around food and eating. These details can be captured with a 24-hour dietary recall but may also require the patient to keep a food diary or a food and symptom diary.
- Food allergies, sensitivities, intolerances, or avoidances. This may also include strong food likes, dislikes, or preferences.
- Symptoms and Signs: These may be GI related (abdominal pain, nausea, vomiting, diarrhea, constipation, acid reflux), or general symptoms (headaches, fatigue, anxiety, depression, fever). There may also be relevant signs, such as internal bleeding, or bloody or abnormal stool or urine, reported either by a physician or the client.
- Biochemical data, test and procedures: Any labs provided by the client's physician will be reviewed. This may include a wide variety of diagnostic tests, such as serological tests, genetic testing, endoscopies, biopsies, CT scans and X-rays, stool tests, and breath tests. GI conditions often are accompanied by nutrient deficiencies, especially when there is evidence of malabsorption, malnutrition, or exclusion of specific foods in the diet. As such, labs will be evaluated for common deficiencies. Relevant lab values might include, for example, electrolyte status, serum calcium, magnesium, Vitamin B-12, zinc, copper, folate, Vitamin D 25-hydroxy, and serum iron. Results of a hematological test may be assessed for anemia. If there is evidence of nutrient deficiencies in my assessment but a patient has not seen a doctor, I may recommend the patient ask their physician for

lab work or other tests and procedures (Width and Reinhard, 2018; Academy of Nutrition and Dietetics, 2020b).

- Medications and supplements.
- Medical history, as well as relevant family medical history.
- Social and personal history: This may include, for example, the patient's living situation, employment, education level, daily habits and lifestyle, or religious restrictions.

Diagnosis: During each session I will develop a nutrition diagnosis based off information provided in the nutrition assessment. The nutrition diagnosis will identify a problem, an etiology or contributing factor, and signs and symptoms to support the diagnosis. This form of diagnosis is known as a PES statement, with the "problem" generally falling into one of the following domains: intake (a problem related to intake of energy, nutrients, fluids, or bioactive substances), clinical (a problem related to medical or physical conditions), or behavioral-environmental (a problem related to a client's knowledge, beliefs, physical environment, or access to food). Depending on the client, the diagnosis may vary widely.

Intervention: A nutrition intervention will be identified for each patient, based on the nutrition diagnosis and guided by the patient's condition, readiness for change, and lifestyle. Interventions themselves may be broad (i.e. increase fiber intake) but will include 2-4 specific, attainable goals that will be developed with and endorsed by the client. For example, an initial goal for a person with IBS may be to keep a food and symptom diary for 2 weeks, which may then provide information to both the client and I about trigger foods. For a patient with chronic constipation and low fluid intake, an appropriate goal might be to increase fluid intake to 70 ounces a day.

Monitor & Evaluate: Nutrition monitoring and evaluation will take place throughout treatment. At each session, the client and I will discuss the client's goals and I will assess their progress as well as their adherence to nutrition recommendations. I will also evaluate and monitor any changes the nutrition assessment parameters discussed above – especially changes to weight, dietary intake, symptoms, and any relevant lab work or test results. If necessary, I will communicate with other health care providers to coordinate care and evaluate progress.

9. Growth

Beyond these immediate plans, there is ample room for the practice to grow and evolve. The long-term vision for the practice includes a large space with room for group counseling classes and an open kitchen that may be used for in-house cooking and nutrition education classes. It could also serve as a resource for other RDs to host cooking events and classes. This will enhance the services I may provide clients and contribute to community and social support among clients and RDs alike. Similarly, the practice will also actively seek opportunities to expand its community involvement and services to people without access to insurance or the resources to afford nutrition services. A mid to long-term goal of the practice is to be able to offer regular pro-bono and sliding scale services to individuals without insurance coverage and minimal financial resources. As I develop contracts with insurance providers, I will continue learning about the practices regulating this dynamic and attempt to negotiate room for discounts for individuals with demonstrated need. Another potential avenue is to develop a 501c3 arm of the practice in order to provide nutrition counseling services regularly on pro-bono or sliding scale basis. No organization in the area to my knowledge is providing this kind of resource and given my background in nonprofit development and fundraising, I am well-positioned to take on this project. I will also seek out partnerships with other medical providers who are set up to take patients at reduced prices or through Medicaid/Medicare. In addition, increasing the number of insurance providers I am credentialed with will both expand the accessibility of the practice, and provide me with an edge in the market.

As I continue to expand my knowledge around GI nutrition and my understanding of the clientele, I will be open to adapting and strengthening my services. This may mean eliminating some services that don't perform well and expanding in other areas. For example, if there is a large enough demand from the clientele, I will consider integrating sensitivity testing, such as the MRT test, and micronutrient testing, into my services. I may also choose to specialize even further within GI health based on the trends I observe in the market.

PART C: THE MARKET

1. Market Analysis

1.1 The Triangle

The practice will be based in Durham, NC, but will serve the entire Research Triangle. The Triangle refers to a combined statistical area that includes Raleigh, Durham, and Chapel Hill (U.S. Census Bureau, 2018). It covers 5,510.4 square miles and has a population of 2,238,315 people. The median age of the population in the Triangle is 37.1 years old, with 63% of the population between 18-64. The population is predominately white (59%), 22% Black, 11% Hispanic, and 5% Asian. The Triangle is a relatively affluent area compared to the rest of the state and the country, with a median household income of \$68,173 and a poverty rate of 11%. It is also well-educated, with 91% of the population holding at least a high school diploma and 44.3% holding a bachelor's degree or higher (U.S. Census Bureau, 2018).

Statistics on the prevalence of specific digestive conditions in North Carolina are limited. However, national data provides a template for understanding the magnitude of these diseases' impacts and the scope of the market in the Triangle. Nationally, 1.3% of adults have IBD, 10-15% adults have IBS, and .75% have Celiac Disease (ACG, n.d.; CDC, 2018; University of Chicago Celiac Disease Center, n.d.). Based on these estimates, there are **29,098** people in the Triangle with IBD, **223,832** with IBS, and **17,829** with Celiac Disease. Additionally, based on the estimate that 25 million Americans (7.6%) live with a functional gastrointestinal disorder, roughly **170,111** people in the Triangle are affected by FGIDs (Dalton, 2017). Some estimates would put this even higher -- according to a global epidemiological study of FGIDs, more than 40% of participants reported meeting the criteria for at least one of 22 FGIDs (Sperber et al., 2020). In addition, based on a 2019 cross-sectional survey of 40, 443 US adults, 10.8% of adults have a food allergy, which translates to **241,738** people with food allergies in the Triangle (Gupta et al., 2019). Altogether this suggests that there are, conservatively, 682,608 adults living in the Triangle who might pursue nutrition services to manage their GI health.

1.2 Notable Trends

Product sales also shed light on trends in the market. Although there is debate over the origin of an observed increase in celiac disease, the 2020 global market for gluten-free foods is projected to be at \$7.59 billion, compared to \$2.79 billion in sales in 2015, with the US is leading the world in gluten-free sales (Statista, 2018). This may be because more individuals are being diagnosed with CD, or because an increased number of people without CD are avoiding gluten for the perceived health benefits or self-diagnosing gluten sensitivity (Choun et al., 2017; Kim et al., 2016). Either way, this significant trend indicates an increased interest and engagement in the role foods play in health and wellness. This interest is not limited to gluten-free products either. Data shows that consumers are increasingly purchasing foods associated with health benefit and GI wellness in particular, and the United States is at the forefront of this trend as the largest functional food and beverage market in the world (Sloan, 2018). According to a 2019 survey, 23% of American consumers actively seek out foods or follow a diet for

health benefits. Of those consumers over 50% indicated that digestive health was a sought-after health benefit (IFIC, 2019). In short, product sales indicate a growing interest in how what we eat effects our bodies, and specifically our digestive health.

1.3 Assessment of the Competition

1.3.1 Dietitians: According to the North Carolina Academy of Nutrition’s (NCAND) EatPro website search tool there are 37 registered dietitians (RD) within 25 miles of the triangle that list “digestive disorders” or “food allergies/intolerances” as an expertise area on their details page. Of those 37 RDs, 23 are working in private practice and have a website. Three of these are connected to private practices that mention digestive health or sensitivities in their “about” section on the EatPro Website: LG Nutrition (all digestive health), Perennial Nutrition (food sensitivities), Julie Kennedy Nutrition (Celiac Disease). Perennial Nutrition does not mention specializing in GI on its website, however. Research into all 37 RD’s shows that Kaizen Nutrition and Wellness, Triangle Nutrition, and New Leaf Nutrition all also advertise services specializing in GI wellness. Notably, New Leaf Nutrition is comprised of multiple RD’s working under the same practice. Information on these six practices is include in the table below. Based on practice area and services provided, LG Nutrition is my practice’s primary competitor.

Private practices in the triangle area are offering a variety of add-on services including grocery store tours, meal planning, fridge and pantry fittings, and in-home meal prep. A search of eatright.org’s “Find an Expert” tool yielded 8 RD’s offering “culinary arts”, only 2 of which mention grocery store tours and cooking instruction in some form on their website. Of the 23 RDs who list digestive orders as an expertise area on the EatPro website and have a website, 6 are providing grocery store tours, fridge and pantry fittings or cooking instruction. This indicates that add-on services add value and are in demand. However, the limited number of RDs working specifically with digestive health who are also offering these services likewise suggests that there is room in the market for additional services.

| Private Nutrition Counseling Practices Specializing in GI Health | | | | |
|--|---|--|--|---|
| Practice | Insurance | Specialty | Add-On Services | Pricing |
| Julie Kennedy Nutrition | BCBS, UHC, Cigna, Aetna | Celiac Disease | | 15 min consult: free Initial (60-90 min): \$140 for 60-90 min FUP (45 min): \$110 |
| Kaizen Nutrition & Wellness | Aetna, BCBS, Medicare, MedCost, UHC | Functional nutrition for autoimmune, GI, yeast infection, depression, weight management | Meal plan, health coaching | 60 min: \$160 90 min: \$240 120 min: \$320 |
| LG Nutrition | Aetna, Anthem, BCBS (State Health Plan, PPO, Federal), Medicare | Counseling for multiple services, but specializes in GI (CD, Chron's, UC, IBS, SIBO, food intolerances, chronic constipation, gastroparesis) | Grocery store tours, pantry fitting, meal planning | Initial/New client (60 min): \$185 FUP/Returning client (60 min): \$115 FUP (30 min): \$75 |
| New Leaf | BCBS, Cigna, PHCS, UHC, Aetna, Medicare | ED, GI, DM, women’s health, pediatrics | Group classes | n/a |
| Perennial Nutrition | n/a | No specialty indicated on website. | Grocery store tours | 10 min phone/email consult: Free Initial (60 min): \$125 FUP (30 min): \$80 Initial+1 FUP+1-month email: \$175 Initial+2 FUP+3-month emails: \$225 Grocery store tour (1.5 hrs): \$150 |

| | | | |
|--------------------|--------------------|---|--|
| Triangle Nutrition | BCBS, Aetna, Cigna | Functional and integrative nutrition for sports, weight management, GD, prenatal, autoimmune and GI disorders | Initial (60 min): \$150 FUP (60 min): \$125 |
|--------------------|--------------------|---|--|

1.3.2 Other health care providers: Dietitians play an important role in managing GI health; one that other health care professionals are often ill-equipped to provide. For example, the results from a 2018 survey of members of the American College of Gastrology revealed that over 50% of gastroenterologists viewed diet modification as a primary strategy for treating IBS, and 90% said it was just as effective or better than other treatments (Lenhart et al., 2018). Although 21% usually or always referred their IBS patients to an RD, only 56% reported that they were comfortable or very comfortable providing dietary counseling to their IBS patients and 78% said that an RD specializing in IBS would enhance the delivery of diet therapy for their IBS patients (Lenhart et al., 2018). Similarly, a 2017 cross-sectional study of individuals with IBD as well as dietitians, gastroenterologists and surgeons found that 98% of gastroenterologists reported providing dietary advice to IBD patients, however, only 26% of patients reported receiving dietary advice for IBD (Holt et al., 2017). This discrepancy underscores that dietitians are uniquely positioned to provide applicable, individualized, and ongoing support to people struggling with their GI health.

There are several medical providers in the Triangle who specialize in GI health, some of which are profiled below. While these providers are not direct competition, they offer important networking and referral resources.

Medical services for GI in the Triangle:

UNC Division of Gastroenterology and Hepatology: Includes a general GI Clinic (The General Gastroenterology Clinic) that provides consultations and ongoing care for acute and chronic GI conditions. Also includes: UNC Center for Functional GI & Motility Disorders and Center for IBD, GI Motility Unit.

WakeMed Advanced Gastrointestinal Center at WakeMed Cary Hospital: specializes in GI care for the entire digestive system (Colon Cancer, colon polyps, diverticulitis, GERD, GI bleeding, Indigestion and heartburn, IBD, IBS, Ulcers, swallowing disorders). WakeMed offers outpatient nutrition counseling for Celiac Disease and food allergies as well as GI disorders.

Wake Gastroenterology: Provides GI screening and treatments, focusing on diagnostics. Nutrition counseling is listed as a service, but the center has only one RD who works for Wake Internal Medicine and specializes in diabetes.

Duke Gastroenterology, Duke GI: Comprehensive, multidisciplinary car for digestive and liver health. Includes the Duke Clinic, Duke Regional Hospital, Duke Medicine at Brier Creek, and Duke GI of Raleigh. Relevant areas of expertise include IBD, Disorders of stomach, SI, and colon, disorders of esophagus.

Duke Pediatric Gastroenterology: Provides comprehensive care for digestive, liver, or nutritional problems in children. Services include nutrition management.

Triangle Gastroenterology: A physician-owned practice that exclusively serves gastroenterology and hepatology patients. No RD staff or outpatient services indicated on website.

Primary Care and Family Medicine Providers in Durham, NC:

Advance Care, Durham, NC

Duke Health: Durham Medical Center (Durham NC), Duke Primary Care Croasdaile (Durham NC), Duke PCP Pickett Road (Durham NC), Duke Triangle Family Practice (Durham, NC), Duke Family Medicine Center (Durham NC), Duke PCP Meadowmont (Chapel Hill, NC), Duke PCP Brier Creek (Raleigh NC)

Bull City Family Medicine and Pediatrics, Durham NC.

Imperial Center Family Medicine, Durham NC
Durham Family Medicine, Durham NC
Family Care, PA, Durham NC
SW Durham Family Medicine, Durham, NC

1.4 Conclusion

The market in the Triangle for RD's specializing in GI is far from saturated. If all 37 RDs who identify GI health as an expertise area were in private practice and were working one on one with patients for 40 hours a week, on any given week only 1,480 people would be seeing dietitians. This is only 0.2% of the estimated 682,608 adults living in the Triangle with gastrointestinal health conditions. In reality, far fewer RDs advertise their services specifically to GI patients, and even fewer offer wrap around services such as grocery store tours, cooking instruction and pantry fittings. Given the dietary and lifestyle changes required to manage many GI issues – Celiac, IBS, etc. – these add on services provide significant value. There are many medical facilities in the area that provide treatment for GI health. However, while doctors may offer dietary guidance to patients, it is only one of many treatment options and not necessarily a physician's priority or area of expertise. More importantly, there is a documented discrepancy between the guidance a physician offers and what a patient absorbs and retains, suggesting that there is a vital market for dietitians to provide more comprehensive, individualized, and ongoing nutrition support. Accordingly, these medical providers are important potential partners and sources of referrals. Given the large network of providers already operating within the Duke, UNC, and WakeMed systems, I will initially focus my networking efforts on independent PCPs and family medicine providers in the Durham area.

This practice will adapt to the needs of the market and stand out in the following ways:

Wrap around services: For patients struggling with GI health, wrap around services offer the individualized and hands-on guidance to ease their transitions into new dietary habits and lifestyles. While several RD's offer these services, very few also specialize in GI health.

The benefits of specializing: There are hundreds of dietitians in the Triangle who offer general nutrition services, but not all dietitians are prepared to counsel patients with GI conditions. GI dietary interventions are often quite specific and require extensive knowledge about both nutritional biochemistries, and the chemistry of food. Further, patients with GI conditions often experience secondary conditions (for example, anxiety, depression and eating disorders as well as multiple allergies/sensitivities, obesity, and diabetes) that require thoughtful and detailed attention. Because these conditions can be complex, specializing specifically in GI health allows the dietitian to provide a higher quality of service than dietitians who practice general nutrition.

It also allows them to develop a better understanding of treatment protocol issued by other providers, and therefore allows them to be more effective as both a patient advocate and as part of the care team. The ease with which a dietitian can communicate with other health professionals about a patient also ingratiates the RD to providers who are then more likely to refer patients to the practice. This all strengthens the relationship between RD and patient and heightens the appeal of the practice to the target population.

Dedicated to a sustainable, functional, client-driven approach: Gastrointestinal conditions are complex, at times counter-intuitive, and patients have often been repeatedly misdiagnosed or their symptoms dismissed. The practice will emphasize the importance of a client-centered approach to nutrition counseling that takes the individual's specific symptoms, lifestyle, dietary preferences, cultural considerations, and overall health into consideration, adapting interventions to fit the patient. In many cases, nutrition counseling for gastrointestinal health must focus on symptom management, and the practice will work with patients to help them understand their condition and the effects it has on their body, and guide them in making sustainable, meaningful decisions around food. The goal of the practice

is not simply to offer advice and provide quick fixes but rather to truly understand each patient's experience, listen to both concerns and hopes, and provide a patient, supportive, and collaborative environment to restore their health and their relationship with their body.

2. Marketing Plan

2.1 Pricing of Services

The Academy of Nutrition and Dietetics has compiled a Medicare Fee Schedule for Registered Dietitians that places the rate of payment for non-facility RDs at \$31.27 for an initial 15-minute MNT assessment, \$27.11 for a 15-minute reassessment, and \$14.18 for a 30-minute group MNT session (AND, 2020). A review of practice websites in the Triangle suggests that RD's are charging between \$31.25 - \$50/15-minutes for initial sessions (average \$40.23/15-min), and between \$27.50 - \$50/15-minutes for follow up sessions (average of \$35.46/15-min). In order to be competitive in the market, I will price services at \$35/15-minutes for initial consultations and \$33/15-minutes for follow up sessions. Hands-on services will be priced at \$50/30-minutes, based on what is offered currently in the market. These services are not covered by insurance but may be paid with a Flexible Spending Account or Health Savings Account.

Initial Session: \$35/15 minutes

- Session: 60-90 minutes
 - Appointment prep: 30 minutes
 - Documentation, client communication, communication with other healthcare providers, billing and insurance: 1 hours
- Total Labor: 2.5-3 hours

Follow Up: \$33/15 minutes

- Session: 30 minutes
 - Appointment prep: 15 minutes
 - Documentation, client communication, communication with other healthcare providers, billing and insurance: 15 minutes
- Total Labor: 1 hour

Add-On Services: \$50/30 minutes

- Session: 90-120 minutes
 - Appointment prep: 30-60 minutes (varies with client needs and service provided)
 - Travel: 30-60 minutes
- Total Labor: 2.5-4 hours

Group Sessions: \$15/15 minutes

- Session: 45-60 minutes
 - Appointment prep: 15 minutes
 - Documentation, client communication, communication with other healthcare providers, billing and insurance: 15 minutes
- Total Labor: 2.5-4 hours

Length of treatment will depend on the client's condition, prior education and counseling, and medical treatment plan. For example, a client newly diagnosed with lactose intolerance or a nut allergy may not need more than one 60-minute session and 1-2 follow ups. Patients with a clear diagnosis of IBD or IBS may require between 3-5 visits, with one 60-90-minute initial session. More complex patients, with multiple co-morbidities or no clear diagnosis may require more sessions spread out over a longer period of time to help manage symptoms and adjust nutrition guidelines based on changes in diagnosis,

treatment, or symptoms. I will not offer packages. Each client will be considered an individual with specific needs, goals, and their own nutrition treatment plan.

2.2 Insurance Coverage

Mid-term goals will include contracting with the major insurance providers in NC, including Aetna, BCBS, Cigna, and UHC. However, in the short term I will prioritize BCBS, which liberally covers nutrition services and is the largest provider in NC; BCBS has 96% of the individual market, 53% of the small group market, and 66% of the large group market in NC (Kaiser Family Foundation, 2018). As the practice grows, I will expand to accept Aetna, UHC, and Cigna, all of which cover costs of nutrition counseling to varying degrees.

Ideally, the practice would also take patients without health insurance or whose health insurance did not cover nutrition services at a sliding scale. In cases where there is a demonstrated need – based on federal poverty guidelines – a sliding scale is potentially possible. However, offering this to patients may give insurance companies leave to drop a provider or undercut reimbursement if the insurance company believes the provider is charging the company more than what they are charging others. This may be potentially negotiated into a contract with the insurance company and will be a long-term goal of the practice (AND, n.d.). Clients that are paying out of pocket will be offered a “prompt pay” discount of 20%, generally non-contested by insurance providers. This will make services more affordable for non-insured patients and will benefit the practice by reducing administrative work. I will also actively look for private grants and comparable programming that will allow services to be extended for populations that do not have adequate insurance coverage and are not able to pay the full cost.

Medicaid and Medicare: Although this may change in the coming year, currently RD’s can only bill Medicaid under a medical provider. As such, the practice will consider partnerships with medical providers, with a focus on providers servicing low-SES patients. Medicare, serving US citizens with disabilities or who are 65 years and older, covers nutrition services for people with diabetes, kidney disease, and kidney transplant (Ulatowski, 2017; AND, n.d.). Given that these health conditions are not the primary concerns of the practice, seeking to contract with Medicare would not be a wise use of resources.

2.3 Marketing Strategy

There are two avenues through which someone with a GI condition might pursue nutrition counseling. The first is by seeking out a dietitian themselves based on personal interest or concern. This might include an internet search, perusing social media, or asking for referrals from friends and family. The second is through another medical provider or health professional, such as a PCP, dietitian, or even trainers and wellness coaches. Marketing for the practice will take both avenues into account.

2.3.1 Direct-to-consumer marketing

While many patients may be referred by another health professional, it is not uncommon for individuals with GI conditions to seek out services themselves – especially if they have had difficulty getting diagnosed. However, my own anecdotal experience suggests that many individuals are not aware how a dietitian might help them. As such, effort must be made to both draw potential clients in and educate them about the value of nutrition services. Effort will be spent on making information about the practice easily accessible to these individuals via the following tools:

Website: The website will provide information about the services, bio/background, approach to nutrition counseling, FAQs, and contact information – specifically highlighting free 15-minute phone consultations. Digital content will serve to attract potential clients who are looking for educational material to the practice website and introduce them to my services. In addition, the website will include a call to

action to sign up for email distribution in exchange for free content that provides prospective clients valuable information and the opportunity to get to know me and my services better before committing (i.e. “Top 5 dairy alternatives”, “5 questions to vet your dietitian”, “Cooking egg-free”).

Monthly “Dinner with a Dietitian” Series: This will be a 30-45-minute, virtual presentation on nutrition topics related to GI health (i.e. “The ABCs of IBS”, “Reading Nutrition Labels with an Allergy”). It will be conducted after work hours over zoom. Rather than asking for a fee, I will collect email addresses and ask attendees to fill out a post-presentation survey about their nutritional needs and what topics they would be interested in. The series will be promoted over social media channels, email, and the website.

Social media presence: This will include Facebook, Instagram, LinkedIn, Google Business Account and will be used to both advertise the practice to targeted online groups and to post educational content and engage with community and prospective clients.

Professional listings:

- Eatright.org’s “Find an RD” search outlet
- Healthpros.com: This listing is free for first 6 months and then \$29.99/month. I will assess the usefulness of the listing at the 6-month point.
- Fodmapeveryday.com (no charge)

2.3.2 Community and Professional Marketing: Pursuing health and wellness providers through “Nurture plans” for RDs, PCPs, and community centers.

PCPs and Family Medicine Practices: Practice managers (PM) and referral coordinators (RC) are often employed at hospitals and PCPs and duties include maintaining referral lists and assisting patients in managing referrals. As such, initial emails to these facilities will be directed to the PM or RC or ask to be connected with them. Depending on the necessity, I will also offer to educate physicians and other medical providers at the practice on MNT services for GI disorders.

Nurture Plan 1:

1. Email introduction and request meeting with RC or PM.
2. Meet with RC or PM and present information on practice, including mission, specialties, location, resume, and references.

Nurture Plan 2:

1. Email introduction with information about practice and services.
2. Follow up phone call to discuss services and answer questions (15 min).
- 3: Office visit to drop off materials (practice mission, location, resume, and references).

Area Dietitians: Dietetic practices are known to refer patients when they are at capacity or when the patient’s needs are outside the practice’s scope of knowledge. Developing these relationships involves not only an introduction, but continued networking and a willingness to cooperate and support other dietitians in their pursuits. In addition to the steps below, I will attend regional NCAND meetings and events.

Nurture Plan:

1. Email introduction with information about practice/services and invitation for meeting.
2. Follow up phone call to discuss services and answer questions (15 min).

Community Centers, etc.: These entities work as informal referral sources. Through advertising in these locations and potentially partnering with these facilities the practice will gain visibility and develop community connection. In an effort to build relationships and make resources available to the community, I will offer to teach nutrition classes focusing on GI health.

Nurture Plan:

1. Email introduction with information about practice, services, and invitation to provide community education services on site.
2. Follow up phone call to discuss services and answer questions (15 min).
3. Facility visit to drop off materials (practice mission, location, resume, and references).

Examples of potential targets: Area YMCA's (Downtown Durham, YMCA at American Tobacco Trail, Lakewood, Hope Valley Farms), Levin Jewish Community Center, Westend Community Center, Community Family Life & Recreation Center

Marketing efforts will also include:

- Website:
 - o Landing page tailored to health providers or other RDs/PCPs.
 - o Referral page that makes referrals and professional communication simple.
- Health fair attendance, etc.
- Lunch and Learns: the practice will target large employers, ideally ones who offer an insurance that the practice is in network with, to offer 30-45-minute presentations about nutrition topics. This will not only be an opportunity to educate, but also to advertise services to attendees.

PART D: FINANCIAL PLAN

1. Cash Requirements

Fixed monthly expenses are outlined in the budget, available in the appendix. Startup items are detailed above, and include a security deposit (\$500), office furniture, and equipment (computer, printer, scale; \$2,300). Costs for an LLC title (\$125) and RD licensing (\$213) are also included in startup costs. Fixed annual costs include business cards (\$30), office supplies (\$200), liability insurance (\$184), annual RD licensing fee (\$75) and a website domain (\$15). Funds for miscellaneous costs and repairs have been budgeted at \$250 a year. Funds have also been set aside annually for continuing education (\$500), which would include reading materials and continuing education experiences such as conferences and seminars. The Academy of Nutrition and Dietetics is also an important source of support and resources; \$259 has been budgeted for membership dues, \$144.99 for a subscription to the Nutrition Care Manual, \$40 for membership in the Nutrition Entrepreneurs DPG, and \$40 for membership in the Dietitians in Integrative and Functional Medicine DPG. Monthly costs are all fixed and include rent (shared sublet at \$250/month), payment for a cell phone plan (\$60), an Office Ally account (\$28.95), Zoom account (\$19.99), a QuickBooks plan (\$25) and a website platform (Squarespace, \$18). Monthly costs total \$403. Total first year costs come to \$8,686.27 and the projected annual costs in year two are \$6,576.21.

2. Projected Income

The practice is not projected to make income in the first 3 months. This will allow for time to roll out the marketing plan above, including networking and developing relationships with referring providers. It will also provide time to build out the website with blog posts and digital content, develop lesson plans for group classes and nutrition presentations, and create educational material for clients. Through these efforts, the practice is projected to have one initial session a week, 2 follow up sessions a week and 1 add-on service a month by the fourth month. Additional goals are outlined below. However, because individual needs of clients will differ it is expected that actual income will vary from the projected income. Further, income from group sessions are not included in the projected earnings because they will be largely dependent on the individual needs of the clients. Included in the income/labor calculations is a

decrease in labor required to provide services over time. This model takes into account that when first starting, I will require additional time to manage the administrative side of the business and to prepare for client meetings. As my skills and expertise progress, I project that my productivity will increase.

| Service | 4 Month Goal | 7 Month Goal | Year 2 Goal | 3-5 Year Goal |
|--------------------|--------------|--------------|-------------|---------------|
| Initial Session: | 1/wk | 2/wk | 4/wk | 6/wk |
| Follow Up Session: | 2/wk | 4/wk | 8/wk | 12/wk |
| Add-On Service: | 1/mo | 1/mo | 2/mo | 2/mo |
| Monthly Income: | \$1,278 | \$2,406 | \$4,812 | \$7,068 |

3. Projected Cash Flow Analysis

Based on projected cash flow (see appendix), the practice will run at a deficit for the first 3 months and will begin earning a net income of \$875.06 in month four. As business increases over the course of the first year, the practice is projected to net \$2,003.06/month from months 7-12. In the second year, the practice is projected to make \$4,812.00/month, and net \$4,409.06/month. Overall, in the first year the practice will recover initial losses and net \$9,283.73. In the second year the practice is projected to increase monthly earnings to \$4,812/month and net \$50,842.79 in profit.

| YEAR 1 ANALYSIS | |
|--|--------------------|
| Projected first year earnings | \$18,270.00 |
| Total first year costs (startup + monthly) | \$ 8,686.27 |
| Net First Year Income | \$9,283.73 |
| YEAR 2 ANALYSIS | |
| Project second year earnings | \$57,744.00 |
| Total annual costs (annual + monthly) | \$ 6,576.21 |
| Net Second Year Income | \$50,842.79 |

2. Resume

SOPHIA A. LIND

103 Huse Street / Durham, NC / 607. 227. 5753 / sophiaa@live.unc.edu

EDUCATION

| | |
|--|-------------------------|
| University of North Carolina at Chapel Hill MPH/RD, Nutrition | Chapel Hill, NC 2020 |
| State University of New York at Geneseo BA, Music, <i>Phi Beta Kappa, Summa Cum Laude</i> Capstone Thesis: <i>Diversity and Curriculum: an exploration of Geneseo's historic relationship with racial diversity</i> | Geneseo, NY 2011 |

PROFESSIONAL EXPERIENCE

| | |
|---|----------------------------|
| New Leaf Nutrition Counseling <i>Nutrition Intern</i> | Durham, NC 2020 |
| <ul style="list-style-type: none">• Lead nutrition counseling sessions on a variety of nutrition topics with both children and adults.• Produce educational materials, including a handout on nutrition guidelines for toddlers for a pediatrics office• Observed nutrition counseling sessions, with specific focus on GI disorders, eating disorders, and pediatrics for a total of 400 internship hours | |
| Gillings School of Global Public Health <i>Teaching Assistant, SPHG 722, Developing, Implementing, and Evaluating Public Health Solutions</i> | Chapel Hill, NC 2020 |
| <ul style="list-style-type: none">• Utilize Sakai to grade and provide feedback on individual and group student assignments• Host weekly in-person and virtual labs; work with teaching team to facilitate lectures• Respond to student questions on course material and provide guidance on assignments, serving as the primary point person for 20 students• Respond to student and faculty communication in a professional and timely manner; attend and contribute to teaching team meetings | |
| Department of Nutrition, Gillings School of Global Public Health <i>Teaching Assistant, NUTR 640, Medical Nutrition Therapy</i> | Chapel Hill, NC 2020 |
| <ul style="list-style-type: none">• Grade and provide feedback on student assignments• Organize and lead review sessions on course content• Provide students with support and field questions related to course material and assignments; meet with individual students to review assignments and concepts as needed• Build MNT case studies in EHR Go | |
| Department of Nutrition, Gillings School of Global Public Health <i>Teaching Assistant, NUTR 630, Nutrition Communication, Counseling, & Culture</i> | Chapel Hill, NC 2019 |
| <ul style="list-style-type: none">• Grade and provide feedback on student assignments• Organize and host counseling practice sessions; lead lecture on course content• Respond to student and faculty communication in a professional, timely manner; navigate/manage Sakai site | |
| The Forest at Duke <i>Nutrition and Foodservice Intern</i> | Durham, NC 2019 |
| <ul style="list-style-type: none">• Complete 70 hrs of rotations with food service staff, include food prep and assisting with food inventory and orders• Research, develop and roll out a quality improvement project to include nutrition symbols on menus• Maintain database of information for residents on nutritional value of dishes on menu | |
| Chatham County Public Health Department <i>Nutrition Intern</i> | Chatham County, NC 2019 |
| <ul style="list-style-type: none">• Research and assess county food environment as related to SNAP availability at farmer's markets• Attend county meetings, including Food Council and Farm to Early Care and Education meetings• Present on nutrition-related concepts at two senior centers through Chatham County Council of the Aging | |

- Shadow and assist RD, including nutrition counseling sessions, internal meetings and ongoing DPP classes

Carolinas Healthcare System Blue Ridge

Morganton, NC

Nutrition Intern

2019

- Perform malnutrition screenings, dietary recalls, and nutrition-related patient evaluations
- Navigate hospital database, including analyzing lab values, assessing medical history, and writing nutrition notes
- Educate patients on nutrition-related health concerns, especially as related to diabetes and heart health
- Present case study to hospital staff on nutritional implications of Peptic Ulcer Disease

Coalition for Healthy School Food

Ithaca, NY

Program Manager & Instructor

2016-2017

- Supervise in-school cooking classes; prepare materials; schedule and manage volunteers and instructors
- Conduct community outreach and fundraising activities; serve as program representative, promoting the organization and educating the public
- Teach cooking skills and educate 3rd-5th graders about nutrition with an emphasis on environmental awareness

Orchestra of St. Luke's

New York, NY

Development Manager, Individuals & Special Events

2013-2016

- Procure, research, and cultivate donors to support artistic, community, and education programs.
- Responsible for meeting budgeted annual income goals for individual donors
- Plan, write, coordinate, and execute a minimum of 8 live and e-appeals
- Develop new patron programs, including a planned giving society and committee for the orchestra's home, The DiMenna Center for Classical Music
- Organize and execute donor events, including all aspects of annual gala benefit for 300+ guests.
- Promoted from position as the Development and Executive Assistant (2012-2013)

LEADERSHIP

Minority Health Conference

Co-chair, Exhibitor's Committee

2019-2020

- Participate in leadership meetings and planning of the largest and longest running student-led health conference in the country with the goal of raising awareness around health disparities and lifting marginalized voices
- Co-lead 9 committee members in the task of filling 30+ exhibitor positions at the conference
- Support committee members by emphasizing teamwork, promoting members' ideas, communicating effectively

Member, Exhibitor's Committee

2018-2019

- Recruit organizations to exhibit materials at the conference and serve as primary exhibitor contact

VOLUNTEER WORK: Grow NYC Greenmarket, UCSS "The Meatloaf Kitchen", New York Cares, NYC Cool Roofs

SKILLS: Sakai, Raiser's Edge, Microsoft Suite, Office Ally, EHR Go

3. Supporting Documents

3.1 Patient Registration Form

Patient Registration Form

(please print)

Patient Information

Last Name: _____ First Name : _____ Middle Initial: _____

Birth Date: ____/____/____ Age: _____ Sex*: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail Address: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____

Guarantor Information

(Person responsible for payment or parent/guardian information for patients under the age of 18)

Last Name: _____ First Name : _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

E-mail Address: _____

Relationship to patient: _____

How did you hear about SL Nutrition?

- Referral from primary care physician or hospital
- Referral from another dietitian
- Referral from Insurance
- Recommendation from friend/family
- Internet Search
- Other _____

Name of referring provider, dietitian, or hospital if applicable: _____

Other family members seen by SL Nutrition: _____

Primary Care Physician: _____

Practice Name: _____

Physician Phone: _____

Physician Email: _____

**This information is used in communicate with your insurance provider. Please make sure that the information provided here is also what your insurance provider has on file.*

Primary Insurance Information:

Insurance Company: _____

ID/Subscriber #: _____ Group #: _____

Effective Date: _____

Policy Holder Information

Name: _____

Date of Birth: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Secondary Insurance Information

Insurance Company: _____

ID/Subscriber #: _____ Group #: _____

Effective Date: _____

Policy Holder Information

Name: _____

Date of Birth: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

**Please confirm insurance coverage of nutrition services with your insurance provider. If nutrition services are not covered, guarantor will be responsible for cost of services.*

Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Work or home phone _____

Relationship to patient: _____

Patient Signature: _____

Date: _____

3.2 Office and Payment Policy

Office and Payment Policy

Appointments: Initial consults are 60-90 minutes. Follow up visits are 30-60 minutes. Kitchen reorganizations, grocery store trips, and cooking instruction are 90-120 minutes.

Cancellations, No-Shows, and Late Appointments: I make every effort to schedule appointments around my client's hectic schedules and take time to prepare for each and every appointment. In return, I ask that you give me as much notice as possible if you must cancel or reschedule an appointment. There is no charge for cancelling or rescheduling an appointment with 24-hour notice. If an appointment is not canceled or rescheduled with 24-hour notice, you (or your guarantor) will be responsible for full payment of services. If you are running late to an appointment, please notify me via email or phone. I will hold your appointment for 15 minutes following its start time and thereafter reserve the right to write off the appointment as a no-show.

Insurance Coverage: SL Nutrition is in-network with BCBS, Aetna, and UHC. As a courtesy to all patients, I will bill your insurance provider and submit and assist in claims processing as appropriate. It is the client's responsibility to provide all the necessary information to process and bill the insurance provider. It is also the client's responsibility to ensure that their insurance plan covers nutrition services and that if necessary, their deductible has been met.

Referrals and Preauthorization: It is the client's responsibility to determine whether their insurance provider requires a referral and/or preauthorization and to obtain the necessary paperwork. Please bring any relevant paperwork to your first visit.

Payment: Payment can be made via check, credit card (Visa, Mastercard, Discover), or cash. There will be a \$35 charge for returned checks.

I understand that I am financially responsible for all deductibles, co-payments, co-insurances, and non-covered charges as provided by my insurance plan. If my insurance plan is not accepted by SL Nutrition or only partially covers nutrition services, I understand that I am financially responsible for payment of all services rendered or any remaining balances on my account. If my insurance plan requires a referral to receive nutrition services, I understand that it is my responsibility to provide such referral. If referral is determined invalid by insurance carrier, I understand that I will be financially responsible for balances on my account. I acknowledge that any unpaid balances will be sent to collections after 60 days and may incur additional charges. If I fail to cancel my appointment with 24-hour prior notice, I will be responsible for full payment of my appointment.

I confirm that I have read in full and understand SL Nutrition's Office and Payment Policy.

Patient Signature: _____

Date: _____

Guarantor Signature: _____

Date: _____

3.3 Patient Medical and Nutrition Information Intake Form

SL Nutrition

Patient Medical and Nutrition Information Intake Form

(please print)

The form below asks questions about your medical history, background, and personal life. This information will allow me to identify and address your unique nutrition needs and provide you with the highest level of care – my top priority! This information will be included in your medical record and kept confidential. It will not be reported to authorities and will not be used to as a basis for refusing services. You may choose not to answer any of these question(s). If you have any questions or would prefer to review this form together, let me know.

Date: ____/____/_____

Last Name: _____ First Name : _____ Middle Initial: _____

Preferred Name: _____

Age: _____ Height: _____ Current Weight: _____ Usual Weight: _____

Preferred Pronoun:

- She/Her
- He/Him
- They/Them
- Ze/Hir
- Something else: _____

Gender (please select all that apply):

- Female
- Male
- Transgender
- Female to Male
- Male to Female
- Genderqueer/gender nonconforming
- Decline to answer
- Something else: _____

Sex Assigned at Birth: • Male • Female • Intersex • Decline to Answer

Ethnicity (please select all that apply):

- Mexican
- Mexican American
- Chicano/a
- Puerto Rican
- Cuban
- Unknown
- Another Hispanic, Latino/a, or Spanish Origin: _____
- Not of Hispanic, Latino/a, or Spanish Origin

Race (please select all that apply):

- American Indian/Alaska Native
- Black and/or African American
- White/Caucasian
- Asian Indian
- Chinese Filipino
- Japanese Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Decline to answer
- Something else: _____

Medications/supplements: _____

Allergies or food intolerances: _____

Past surgeries, illnesses, or medical conditions: _____

Current surgeries, illnesses, or medical conditions:

Are there any illnesses or medical conditions in your family? Please explain:

Are you currently working with any other healthcare providers? If yes, please name provider(s) and condition(s) being treated:

Do you engage in regular physical activity? • Yes • No

If yes, please describe:

Type: _____

Duration: _____ # days/wk: _____

Do you smoke? • Yes • No • I used to smoke

If yes: How long? _____ How many packs per day? _____

Do you have any dietary restrictions? _____

In the last 12 months, did you or anyone in your household ever eat less than they felt they should or skip meals because there wasn't enough money for food? • Yes • No

Do you currently receive food assistance, such as SNAP or WIC, or regularly utilize food banks?

• Yes • No

Current relationship status: _____

Who do you live with? _____

Profession: _____ Employer: _____

Nutrition concern or reason for visit: _____

Have your concerns been diagnosed?

• Yes • No • Other: _____

Name of diagnosing or referring physician: _____

Current Symptoms (please check all that apply):

- | | | |
|------------------------|---------------------------|-------------------------------|
| • Nausea | • Difficulty swallowing | • Headache |
| • Vomiting | • Indigestion | • Dizziness |
| • Diarrhea | • Weight loss | • Anxiety |
| • Constipation | • Weight gain | • Depression |
| • Abdominal pain | • Low appetite | • Insomnia/sleep disturbances |
| • Abdominal discomfort | • High appetite | • Other: _____ |
| • Bloating | • Frequent urination | _____ |
| • Flatulence | • Blood or mucus in stool | |
| • Belching | • Fatigue | |
| • Heartburn/Reflux | • Fever | |

Have you worked with a dietitian in the past? • Yes • No

If yes, please describe:

When? _____ Where/With whom? _____

For how long? _____

Why? _____

What food-related habits do you struggle with the most? _____

What is your strongest food-related habit? _____

What do you hope to get out of working with a dietitian? _____

If there is anything you would like me to know about you or your interest in nutrition counseling, please include here: _____

3.4 Referral Form for Medical Nutrition Therapy

Referral Form for Medical Nutrition Therapy

Please complete the following form to refer a patient to SL Nutrition.

Date: ____/____/____

Patient Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____

Phone Number: _____ Email: _____

Reason for referral: _____

Please provide all diagnosis codes:

| ICD-10 | ICD-10 Description |
|--------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Additional information about referral: _____

Records (including lab work and medications):

- Are included here
- Will be emailed
- Will be faxed
- Will not be sent

Patient:

- Will call/email SL Nutrition to schedule an appointment
- Is expecting a call/email from SL Nutrition

Name of referring provider: _____

Email: _____ Phone: _____ Fax: _____

Provider NPI #: _____

3.5 Three-Day Food Record

Three Day Food and Drink Record

DAY: ____/3

NAME: _____

DATE: _____

| Meal | Time | Location | Portion | Description | Preparation | Symptoms/Notes |
|---|---------------------|--|--|--|--|--|
| <i>i.e. Breakfast, Lunch, Dinner, Snack</i> | <i>i.e. 8:00 am</i> | <i>i.e. home, work, restaurant</i> | <i>i.e. ½ cup, 1 12-ounce glass, 1 handful</i> | <i>i.e. type of food, including condiments (ex: quesadilla w cheddar cheese and chicken)</i> | <i>i.e. self, family member, restaurant, pre- made</i> | <i>i.e. nausea, cramping, overly full, starving, anxiety, etc.</i> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Medications/Supplements: _____

Water Intake (1 cup is equivalent to 8 ounces): _____

Was this a normal day of eating? Please explain: _____

Additional Notes:

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