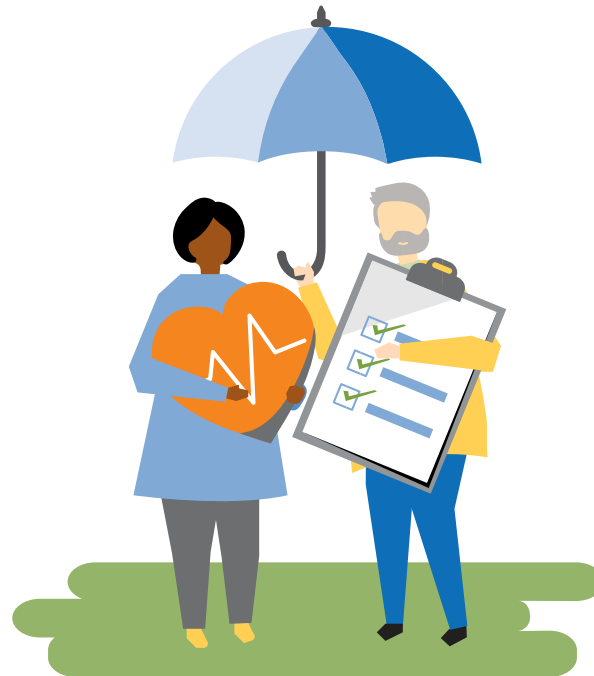


Tele-Nutrition

Executive Quick Start





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ABOUT CTRC

The California Telehealth Resource Center (CTRC) offers no-cost, unbiased training, educational resources, and technical assistance to help California providers and patients get the most from telehealth. As the federally designated telehealth resource center for the region, we offer unbiased tools and services based upon proven telehealth practices. We create lasting change and improvement by focusing on implementation, sustainability, reimbursement and policy, integration, workflows, and patient/provider adoption.

As part of the National Consortium of Telehealth Resource Centers and the OCHIN family of companies, CTRC assists thousands of providers and patients annually. We have extensive experience supporting the healthcare safety net, rural and urban providers, and patients and families throughout California who would otherwise be unable to access quality healthcare due to geographic isolation, language/cultural barriers, lack of insurance, disability, homelessness, and more.



Tele-Nutrition Executive Quick Start

Purpose

Use this guide to align leadership on the clinical purpose, access goals, operating model, technology, workforce, risk, and measures needed to launch or strengthen tele-nutrition. It is intentionally not a billing or policy manual.

1. Define the access problem

Write a one-sentence problem statement before selecting technology or a vendor. Examples include long travel distances, limited local nutrition workforce, delayed referrals, missed follow-up, or difficulty reaching patients who need ongoing nutrition support.

- Which population are we trying to reach?
- What barrier are we trying to reduce?
- What nutrition service will be offered?
- What result would tell us the service is helping?

2. Choose the service model

Decision	Questions for leaders	Output
Clinical scope	Which services are appropriate virtually? When is in-person care preferred or required?	Scope statement + inclusion/exclusion criteria
Workforce	Will care be delivered by internal staff, shared regional staff, or a partner? How will roles differ across RDNs and other team members?	Staffing and responsibility model
Access	How will language, disability, digital skills, connectivity, device access, food access, and patient preference be addressed?	Access support plan



Technology	What is the minimum technology needed? What must integrate with existing workflows?	Technology requirements
Care integration	How will referrals, documentation, care plans, results, and follow-up connect to the broader care team?	End-to-end workflow
Sustainability	What resources are required to operate the service after the pilot?	Operating and sustainability plan

3. Build the minimum viable workflow

Leadership should be able to see the patient journey from referral through follow-up. At minimum, define:

- Referral and eligibility
- Scheduling and patient outreach
- Technology/readiness check
- Pre-visit information collection
- Tele-nutrition encounter
- Documentation and care-team communication
- Follow-up and escalation
- Technical support and downtime process

4. Engage the right specialist early

Tele-nutrition requirements can vary by organization, provider type, service, payer, and patient circumstance. Before launch, engage your organization’s policy, compliance, privacy/security, credentialing, clinical, and billing specialists to confirm current requirements and documentation expectations. Build their guidance into the workflow rather than relying on a static implementation document.

5. Make access a design requirement

- Offer clear instructions in plain language and needed languages/formats.
- Plan for patients with limited connectivity, devices, or digital confidence.
- Ensure interpreter and accessibility workflows function in the virtual environment.
- Ask whether food affordability, availability, transportation, household needs, or cooking resources affect the plan.
- Maintain an alternative pathway when telehealth is not workable or preferred.

6. Use technology intentionally

Select the simplest technology that reliably supports the service. Optional tools such as food logs, connected scales, glucose data, messaging, or apps should be added only when the team has a defined clinical purpose and response workflow.

Data governance question

For every patient-generated data element, answer four questions: Why are we collecting it? Who reviews it? How often? What happens when it requires action?

7. Define success before go-live

Domain	Example measures
Access	Time to first appointment; completed referrals; visit completion; successful connection rate
Clinical	Measures appropriate to the target population and care plan
Experience	Patient-reported usefulness; confidence; convenience; staff experience
Operations	Referral turnaround; no-shows; follow-up completion; technical support volume
Sustainability	Staff time; partner/vendor costs; utilization; avoidable rework; organizational value

30 / 60 / 90-Day Launch Pad

First 30 days	Days 31–60	Days 61–90
DEFINE	BUILD	PILOT AND LEARN
Confirm the access problem, target population, clinical scope, executive sponsor, clinical and operational champions, specialist review needs, baseline measures, and draft workflow.	Finalize roles, patient materials, scheduling and referral processes, technology configuration, documentation, training, support and escalation pathways, and measurement plan. Test the workflow with staff before patient launch.	Launch with a focused cohort. Review access, workflow reliability, patient and staff feedback, technical issues, and clinical escalations weekly. Correct the workflow before expanding.

Executive Go/No-Go Checklist

- ☐ Clear access problem and target population
- ☐ Defined clinical scope and escalation criteria
- ☐ Named clinical and operational owners
- ☐ End-to-end workflow tested
- ☐ Patient access and accessibility supports ready
- ☐ Technology/privacy/security review completed
- ☐ Policy, compliance, credentialing, and billing specialists consulted
- ☐ Staff training and technical support ready
- ☐ Baseline and pilot measures defined
- ☐ 60-90 day pilot review date scheduled

References

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