



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

20 JUN 1997

MEMORANDUM FOR: THE SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Clinical Reengineering: Policy for Medical Nutrition Therapy (MNT) in Direct Care Clinical Practice

This memorandum establishes healthcare policy to ensure Medical Nutrition Therapy (MNT) is an intrinsic component of clinical practice. Incorporating nutrition in the primary care management of all patients is a shared responsibility of the health care team. Some medical conditions, however, require Medical Nutrition Therapy. The Civilian External Peer Review Program (CEPRP) found that in the case of patients with elevated cholesterol, only 12% of Active Duty personnel and 32% of women over fifty years received Medical Nutrition Therapy.

MNT is the assessment of patient nutritional status followed by therapy ranging from diet modification and counseling to administration of specialized nutrition therapies such as enteral/ parenteral feedings. In the direct care system, MNT is available when referred to Registered Dietitians or authorized enlisted staff with specialized training in diet therapy.

The benefit of including MNT is lowered morbidity, prevention of inpatient episodes, and progress towards optimal health outcomes.

Contemporary clinical practice must address MNT. In the TRICARE/Managed Care environment MNT should be a part of demand management, disease management, case management and discharge planning processes. At a minimum, MNT must be included for the following medical conditions: Diabetes, Pediatric Failure to Thrive, Dyslipidemia, Hypertension, Malnutrition, High Risk Pregnancy, Renal Disease, and Gastrointestinal Disorders as appropriate.

I request that you implement policy to include MNT as an intrinsic element of clinical practice as soon as possible.

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