

January 10, 2022

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*Re: Patient-Reported Indicator Survey (PaRIS; Document Identifier: CMS-10792)*

Dear Mr. Sandmeyer:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Centers for Medicare and Medicaid Services relative to its November 9, 2021 information collection *Patient-Reported Indicator Survey (PaRIS)*. Representing more than 112,000 registered dietitian nutritionists (RDNs)<sup>1</sup>, nutrition and dietetics technicians, registered, and advanced degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition. Our members provide medical nutrition therapy for a range of chronic conditions, including diabetes and obesity.

**The Academy supports this proposed information collection as essential for CMS to further assess the quality and nature of care provided to Medicare participants. The Academy recommends that the survey provide increased emphasis on access to RDNs and other non-physician providers. Other Academy suggestions include modifying questions to further define chronic conditions, quality of respondents’ dietary habits related to these chronic conditions, barriers to dietary change as counseled by health professionals, and to enhance respondent understanding of question context.**

## **SPECIFIC SUGGESTIONS FOR SURVEY**

The Academy recommends that the PaRIS Cognitive Interview Screener (Appendix A), Question 4, as well as in survey Q50, option for “Cardiovascular or heart condition” include in parentheses “e.g., high cholesterol, high triglycerides or heart failure.” For these same two questions, the Academy recommends separate choice options for “chronic kidney disease” and “chronic liver disease,” two entirely unrelated conditions with different etiologies, treatments and outcomes.

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<sup>1</sup> The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

The Academy supports use of survey questions seeking to define the frequency of respondents' fruit and vegetable intake (Q21 and 22, respectively). To enhance respondents' understanding, we recommend adding in parentheses to Question 21 "including fresh, frozen, canned or dried," and to Q22, in parentheses, "including fresh, frozen or canned."

Assuming respondents answer Q23 in the affirmative, patients generally require assistance implementing dietary recommendations, and clinicians should provide such assistance and provide referrals as needed.<sup>2</sup> Accordingly, the Academy recommends adding a question regarding patient access to tools and resources to implement such recommendations. Such a question could be worded as "If a health professional did talk with you about healthy eating, which tools and resources were provided to you, either by the professional directly and/or by a referred dietitian/dietitian nutritionist?" Checkbox options could include such as "nutrition education materials," "meal plans," "recipes," "a guide to serving sizes," "low-sodium seasoning ideas," "tips to eat more fiber," "healthy plate diagrams," and other choices, as needed.

Furthermore, even if the patient was provided such resources, a question about barriers is also suggested. This question could be worded as "What barriers, if any, did you face in adopting these healthy eating recommendations?" Checkbox options could include "none," "unable to find transportation," "unable to find any dietitian/dietitian nutritionist who could meet my needs in the local area," "language, cultural, ethnic or religious barriers," "having enough money to pay the costs of added care," "didn't have enough information about how or where to find a dietitian/dietitian nutritionist," "my teeth are bad," "lack of access to healthy foods," "having enough money to buy healthy foods," and other choices, as needed.

The Academy also notes that dietary recommendations intended to reduce risk of the chronic cardiovascular conditions referenced earlier also includes whole grains,<sup>3</sup> the importance of which is also noted in the Dietary Guidelines for Americans.<sup>4</sup> According to the USDA's Healthy Eating Index and the Dietary Guidelines for Americans, whole grain intake among older adults is only about 30 - 40% of recommended.<sup>5,6</sup> Thus, the Academy recommends addition of a question

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<sup>2</sup> Laddu D, Ma J, Kaar J, Ozemek C, Durant RW, Campbell T, Welsh J, Turrise S. Health Behavior Change Programs in Primary Care and Community Practices for Cardiovascular Disease Prevention and Risk Factor Management Among Midlife and Older Adults: A Scientific Statement From the American Heart Association. *Circulation*. 2021 Dec 14;144(24):e533-e549. doi: 10.1161/CIR.0000000000001026.

<sup>3</sup> Lichtenstein AH, Appel LJ, Vadiveloo M, Hu FB, Kris-Etherton PM, Rebholz CM, Sacks FM, Thorndike AN, Van Horn L, Wylie-Rosett J. 2021 Dietary Guidance to Improve Cardiovascular Health: A Scientific Statement From the American Heart Association. *Circulation*. 2021 Dec 7;144(23):e472-e487. doi: 10.1161/CIR.0000000000001031.

<sup>4</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

<sup>5</sup> Ibid.

<sup>6</sup> Center for Nutrition Policy and Promotion. (2019). HEI Scores for Americans. <https://www.fns.usda.gov/hei-scores-americans>

seeking to define frequency of respondents' whole grain intake. Suggested wording could parallel Q21 and Q22: "How often do you eat whole grains (including 100% whole grain bread, cereal or pasta, or cooked whole grains, such as brown rice, barley, kasha or quinoa)?" The same seven checkbox frequency options could be provided for response.

Questions 27 and 28 address alcohol consumption, but do not directly address binge or heavy drinking, which may increase risk of several of the chronic conditions referenced, including heart disease, stroke, cancer and liver disease.<sup>7</sup> The Academy recommends adding a question which might be worded as "During the past twelve months, how often have you had four (for women) or five (for men) or more alcoholic drinks in a single day?" The same seven checkbox frequency options could be provided for response.

Regarding Q38, if the goal of this survey is to understand respondents' experience with healthcare and their assessment of the results of that care, the Academy recommends considering a clarification. This might be worded as "I try to understand my personal health risks and lifestyle choices I can make to protect my health."

Since prevention, treatment and management of many of the chronic conditions referenced earlier are related to dietary habits and patterns, as well as other aspects of lifestyle, the Academy recommends addition of a question seeking to define access to other specialized health professionals. Such a question might be inserted after Q68, and might be worded as "Do you have access to (or have you been seen in the last twelve months by) either of the following specialty health care professionals?" Suggested checkbox options include "dietitian/dietitian nutritionist," "physical therapist," "speech pathologist," and other professions, as appropriate.

Related to this, the Academy recommends adding questions regarding respondents' knowledge of access to a dietitian/dietitian nutritionist for diabetes and kidney disease. Such questions could be worded as "Did you know that Medicare will cover seeing a dietitian/dietitian nutritionist for diabetes?" and "Did you know that Medicare will cover seeing a dietitian/dietitian nutritionist for kidney disease?"

Given that respondents' interpretations of the term "health professional" reported in the results of probing (p. 12), the Academy also suggests modifying the preface to Q80 accordingly, and listing "dietitian/dietitian nutritionist," among other providers. The Academy would also suggest replacing "dietician" in the checkbox options in Q81 with "dietitian/dietitian nutritionist." The Academy also appreciates inclusion of Q104, but suggests replacing "nutritious" with "healthy" for purposes of consistency of text as well as to reduce the required respondent literacy level.

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<sup>7</sup> National Center for Chronic Disease Prevention and Health Promotion. (2021). Excessive Alcohol Use. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>

The Academy appreciates your consideration of our comment for the information collection *Patient-Reported Indicator Survey*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at [jblankenship@eatright.org](mailto:jblankenship@eatright.org) or Mark Rifkin at 202-775-8277 ext. 6011 or by email at [mrifkin@eatright.org](mailto:mrifkin@eatright.org) with any questions or requests for additional information. Sincerely,



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