

# Business Essentials – Starting your CKD Practice

Jessianna Saville, MS, RDN, CSR, LD, CLT  
Steve Della Croce, MS, RDN, CDE, LD

---

---

---

---

---

---

---

---

## Objectives

- Understand growing epidemic of CKD
- Creating your vision (Intentional design to avoid overwhelm!)
- Becoming a provider
- Business structure
- Getting paid – insurance and billing
- Baseline purpose for clients/Establish ideal clientele
- Office essentials
- Office helps
- Forms you need to start

---

---

---

---

---

---

---

---



## Module 1.1: Think About Your Vision

---

---

---

---

---

---

---

---

### Knowing the Need of your Niche

- Do you know how many people are impacted by X health concern?
- Find the data
- Find the research
- Find where these people gain treatment and support



---

---

---

---

---

---

---

---

### What is your ultimate goal?

- Have a lucrative side-hustle?
- Quit your current RD job?
- Build a profitable business?
- Influence the conversation about your niche (if Renal –CKD) intervention through diet therapy?
- Just help people without regard to money?
- Create something using my expertise?

---

---

---

---

---

---

---

---

### Prevalence of CKD



- Kidney disease is the 9<sup>th</sup> leading cause of death in US
- About 14% of general population of US has CKD.
- 50% of individuals with CKD have Diabetes and/or self reported Cardiovascular disease (CVD)
- About 3 out 4 new cases of CKD will have diabetes or hypertension

United States Renal Data System, 2010 USRDS annual data report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2010

---

---

---

---

---

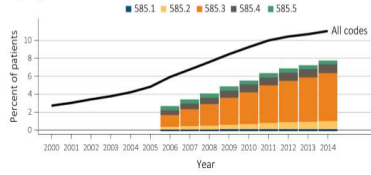
---

---

---

## Rising Incidence of CKD Among Medicare Patients

vol 1 Figure 2.1 Trends in prevalence of recognized CKD, overall and by CKD stage, among Medicare patients (aged 65+ years), 2000-2014



Data Source: Special analyses, Medicare 5% sample. Known CKD stages presented as bars; curve showing "All codes" includes known CKD stages (codes S85.1-S85.5) and the CKD-stage unspecified codes (S85.9, and remaining non-S85 CKD codes). Note: In previous years, this graph reported S85.9 codes as a component of the stacked bars. Abbreviation: CKD, chronic kidney disease.

"Chapter 2: Identification and Care of Patients With CKD." American Journal of Kidney Diseases 63.3 (2015): n. pag. Web.

## Projected growth of CKD

- CKD >30 years old - 28 million in 2020 and nearly 38 million in 2030. -Hoerger 2015
- >50% of Americans born today will develop CKD stage 3+ during their lifetime -Grams 2013



Hoerger, Thomas J., et al. "The future burden of CKD in the United States: a simulation model for the CDC CKD Initiative." American Journal of Kidney Diseases 63.3 (2015): 405-413.

Grams, Morgan E., et al. "Lifetime incidence of CKD stages 3-5 in the United States." American Journal of Kidney Diseases 63.2 (2013): 245-252.

## Necessity of CKD MNT

Figure. Selected recommendations from the chronic kidney disease (CKD) Academy of Nutrition and Dietetics evidence-based nutrition practice guidelines executive summary for medical nutrition therapy for target population of adults ≥18 years of age with CKD stages 1-5 with or without renal replacement therapy by a Registered dietitian nutritionist using the Nutrition Care Process (NCP)

Selected Recommendations for NCP	Evidence rating
<b>NCP Screening and Referral</b>	
MNT provided by an RD/N has been shown to be effective in demonstrating significant improvements in anthropometric and biochemical measures sustained longer than 1 year	Strong Imperative
MNT should be initiated at least 12 months before anticipation of RRT; recommended to be initiated at CKD diagnosis to maintain adequate nutritional status, prevent disease progression, and delay RRT	Strong Imperative
The RD/N should monitor every 1 to 3 months, conditional on nutritional status, comorbidity, and disease-progression risk.	Strong Conditional
Recommended RD/N time requirements for MNT of approximately 2 hours/month for up to 1 year may be required to provide effective care.	Strong Conditional
<b>NCP Nutrition Assessment</b>	
Food/nutrition-related history should be assessed and related to changes, including but not limited to food and nutrient intake with biochemical parameters, medication and dietary supplements, knowledge and beliefs, access to food.	Consensus Imperative
Body weight for the purpose of calculating nutritional needs should be estimated and assessed using clinical judgment, preferably with serial weight measures within the context of CKD (changes in fluid status, kidney function, and body composition).	Consensus Imperative
Biochemical parameters, preferably integrating data over time, should be assessed to effectively determine nutrition diagnosis and nutrition prescription.	Consensus Imperative

Guideline ratings: strong (practitioners should follow unless a clear and compelling rationale for alternative is present, quality of evidence reviewed was excellent/good); consensus (practitioners should assess and follow. Usually, expert opinion support but evidence was lacking. Statement ratings: conditional (specific situation) or imperative (broadly applicable). From the Academy's evidence-based literature complete report and ancillary materials. Refer to the full report for complete set of recommendations.

Beto JA, Ramirez WE, Bansal VK. *J Acad Nutr Diet.* 2014;14(7).

## VISION So you're thinking about CKD MNT...

- Common opportunities that exist? How would you like to contribute?
  - Help people with CKD locally
  - Help people with CKD virtually
  - Blog about kidney disease
  - Write about nutrition and CKD (books, etc...)

What is your ultimate vision of what you'd like to do? What needs do you see? What do you love to do? Work towards your strengths!

---

---

---

---

---

---

---

---

## Income Outside of Traditional Counseling Models

- Passive Income: Ads, Affiliate programs,
- Supplement Sales
- E-Products (RD2RD, courses, etc...)
- Membership Sites
- Sell Physical Goods (think of going to the chiropractor! What do they sell you?)
- Freelance writing (check out "RDs Who Write" Facebook Group)
- Write a book
- Speaking
- Become an influencer




---

---

---

---

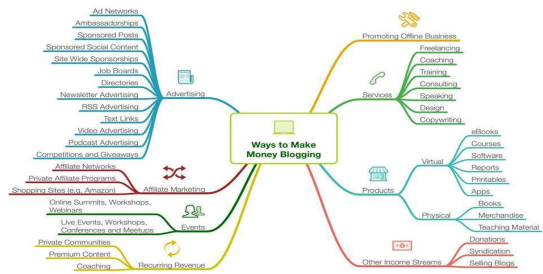
---

---

---

---

## More Income Sources!




---

---

---

---

---

---

---

---

Still not sure what you want to do?



“Use your strengths, strengthen your weaknesses!”

---

---

---

---

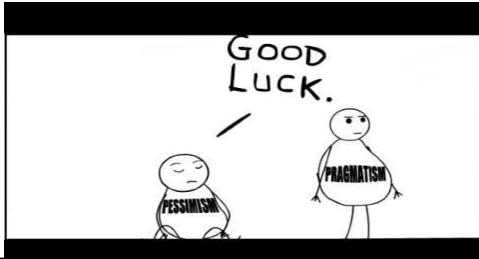
---

---

---

---

Movement and Power



---

---

---

---

---

---

---

---



QUESTIONS?????

---

---

---

---

---

---

---

---

## Helpful Tools

- YouTube Video: Vision for your Business:  
<https://www.youtube.com/watch?v=Jtz05G1B4i8>
- Vision Worksheet: Take time to fill out – seems odd but very helpful
- Share your vision statement to the Teachable board or Facebook group to get some feedback
- “Four Things a Service Business Must Get Right” – Harvard Business Review Article that I Love©
- Healthcare Blogs/Websites to bookmark – ideas for healthcare on the web
- Build a Wellness Blog – by Chrissy Carroll
- Love the Daily Greatness Business planner for business planning and execution – link below for 5% off:  
<http://dailygreatnessusa.refr.co/jessiannar>

---

---

---

---

---

---

---

---