

**Improving HEDIS
Performance on...
*BMI Screening and
Lifestyle Counseling***

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Disclosure Statement



I have no relevant financial relationship to disclose.

Workshop Goals & Objectives



Goals:

Explain the differences between the 2007 AMA Expert Committee recommendations and the 2009 HEDIS Measures for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents and discuss improvement strategies.

Review the Provider Role in Preventing & Treating Childhood Obesity:

1. BMI Screening
2. Preventive Counseling
3. Lab Tests, Clinical Follow-up & Resources

Objectives: By the end of the workshop participants will be able to...

1. Describe one strategy to improve performance on the HEDIS weight assessment and counseling measures.
2. Measure BMI and make a weight diagnosis.
3. Provide simple advice using evidence-based messages.
4. Describe 3 lab tests to order for obese children over 10 years.

Keeping It Simple!!!



For All Children over 2 Years...

- ① Measure BMI Annually (Consider BP Also)
- ① Provide Counseling Annually

For Overweight or Obese Children...

- ① Order Lab Tests
- ① Arrange for Treatment & Follow-Up



Expert Committee Recommendations 2007 vs HEDIS 2009



	Expert Committee Recommendations 2007	HEDIS 2009 Weight Assessment & Counseling
Annual BMI Screening	Yes	Yes
Annual Counseling	Patient Centered	Assessment, Advice, Materials
Comprehensive Assessment	Physical Exam, BP, Lab Tests	No
Treatment for Overweight/Obese	Staged Treatment	No



- ⊙ The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
- ⊙ Measurement year: 1/1/2009 – 12/31/2009
- ⊙ All outpatient visits included.
- ⊙ Stratifications: 2–11 years, 12–17 years, total
- ⊙ Methodologies: administrative data or medical record review.

HEDIS 2009... Challenges & Opportunities



- ⊙ Well check visits provide the optimal workflow but many teens do not come in for annual well check visits.
- ⊙ Urgent care visits are less optimal for preventive services and there may be billing/reimbursement issues.
- ⊙ Physicians may see coding for BMI measurement as extra work.
- ⊙ Options for Annual BMI Assessment and Counseling
 - ⊙ Improve compliance with **annual** Well Child Care visits
 - ⊙ Measure BMI and counsel at **all** visits (BMI as a Vital Sign)
 - ⊙ Measure BMI and counsel **annually** independent of visit type



Target five HEDIS measures with one improvement strategy

- ⊙ BMI Screening
- ⊙ Physical Activity Counseling
- ⊙ Nutrition Counseling
- ⊙ Well Child Care Visits
- ⊙ Immunizations

Use a reminder system to prompt for annual BMI assessment and counseling independent of visit type

- ⊙ Registration receipt – copy for patients and physicians/medical assistants
- ⊙ Member home page

Improving HEDIS Performance on...

Weight Assessment



HEDIS 2009... Weight Assessment



BMI percentile during the measurement year as identified by administrative data or medical record review.

ICD-9-CM Diagnosis - V85.5

Medical Record Review: Documentation must include a note indicating the date on which the BMI percentile was documented and evidence of either of the following.

- ⊙ BMI percentile, **or**
- ⊙ BMI percentile plotted on age-growth chart
- ⊙ For adolescents 16–17 years, documentation of a BMI value expressed as kg/m^2 is acceptable.



Medical Risks

- ⊙ Height, Weight, BMI, Blood Pressure, Pulse
- ⊙ Family History
- ⊙ Review of Systems
- ⊙ Physical Examination
- ⊙ Laboratory Tests

Behaviors and Attitudes

- ⊙ Diet Behaviors
- ⊙ Physical Activity Behaviors
- ⊙ Attitudes

Measure BMI Annually



Measure BMI annually for children 2-18 years

1. Obtain an accurate height and weight
2. Calculate BMI
3. Plot BMI on BMI for age growth chart
4. Make a weight diagnosis
5. Communicate weight status to family
6. Code weight status as a visit diagnosis (optional)
 - ⊙ ICD-9-CM Diagnosis - V85.5
 - ⊙ BMI < 5% for age – V85.51B
 - ⊙ BMI 5% to <85% for age – V85.52B
 - ⊙ BMI 85% to <95% for age – V85.53B
 - ⊙ BMI \geq 95% for age – V85.54B

Measure BMI Annually



Measure BMI annually for children 2-18 years

- ⊙ BMI (English):[weight (lb) ÷ height (in) ÷ height (in)] x 703
- ⊙ BMI (metric):[weight (kg) ÷ height (cm) ÷ height (cm)] x 10,000
- ⊙ BMI Wheel Calculator
- ⊙ Calculation Tools: www.cdc.gov/, www.nhlbisupport.com/bmi/

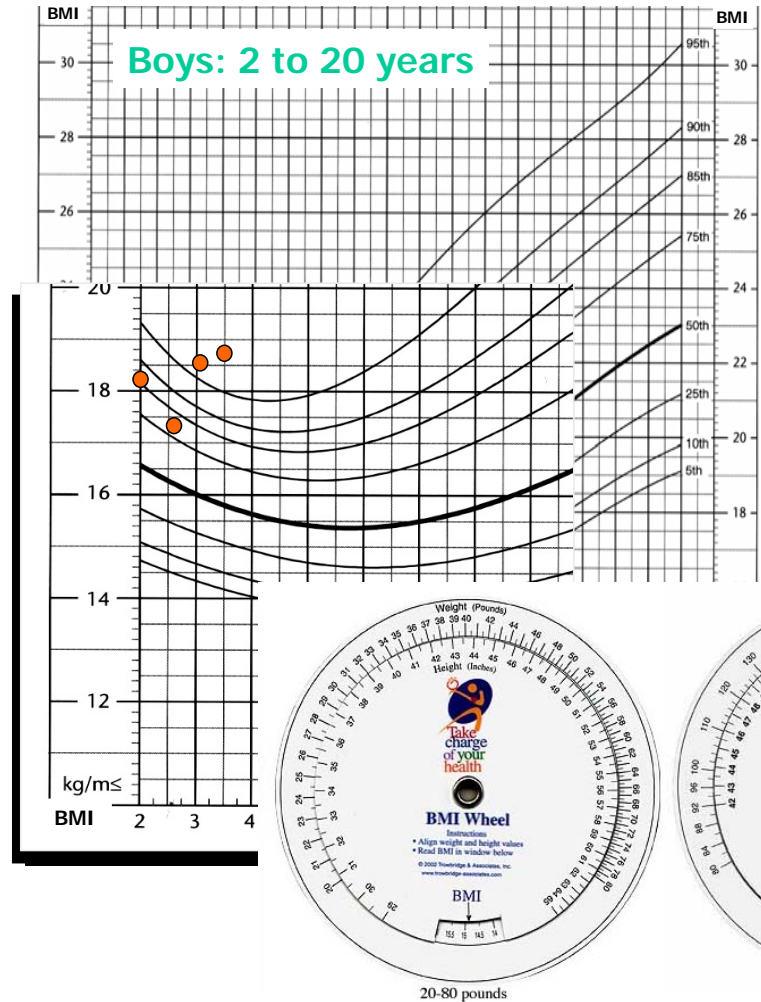
Make a weight diagnosis using BMI % for age

- ⊙ < 5%ile Underweight
- ⊙ 5-84%ile Healthy Weight
- ⊙ 85-94%ile Overweight
- ⊙ 95-98%ile Obesity
- ⊙ >=99%ile

Practice Tools Make it Easier!!!



- Accurate Scale & Stadiometer
- CDC BMI for Age growth Chart
- BMI Wheel Calculator



What are more sensitive ways to address obesity and overweight?



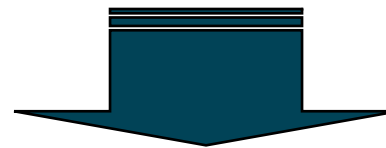
Weight is a very sensitive issue for children and adults.



Obesity

Overweight

Fat or Chubby



Weight or Extra Weight

Body Mass Index (BMI)

Increased Risk for Diabetes

Expert Committee Recommendation - Measure Blood Pressure Annually



- ③ Use a cuff large enough to cover 80% of the arm
- ③ Diagnose hypertension using NHLBI tables
http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.htm

Blood Pressure 95% by Age, Sex and Height %

AGE	BOYS HEIGHT %		GIRLS HEIGHT %	
	50%	90%	50%	90%
2 Yr	106/61	109/63	105/63	108/65
5 Yr	112/72	115/74	110/72	112/73
8 Yr	116/78	119/79	115/76	118/78
11 Yr	121/80	124/82	121/79	123/81
14 Yr	128/82	132/84	126/82	129/84
17 Yr	136/87	139/88	129/84	131/85

Pediatrics Vol. 114 No. 2 August 2004 pp. 555-576

**Improving HEDIS
Performance on...**

***Counseling for
Nutrition and
Physical Activity***



HEDIS 2009... Counseling for Nutrition



Documentation of counseling for nutrition or referral for nutrition education during the measurement year as identified by administrative data or medical record review.

CPT - 97802-97804, ICD-9-CM Diagnosis - V65.3, HCPCS - S9470, S9452, S9449, G0270-G0271

Medical Record Review: Documentation must include a note indicating the date and at least one of the following.

- ⊙ Engagement in discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- ⊙ Checklist indicating nutrition was addressed
- ⊙ Counseling or referral for nutrition education
- ⊙ Member received educational materials on nutrition
- ⊙ Anticipatory guidance for nutrition

HEDIS 2009... Counseling for Physical Activity



Documentation of counseling for physical activity or referral for physical activity during the measurement year as identified by administrative data or medical record review.

ICD-9-CM Diagnosis - V65.41, ICD-9-CM Procedure - 93.11, 93.13, 93.19, 93.31, HCPCS - S9451, H2032

Medical Record Review: Documentation must include a note indicating the date and at least one of the following.

- ⊙ Engagement in discussion of current physical activity behaviors (e.g. exercise routine, participation in sports activities, exam for sports participation)
- ⊙ Checklist indicating physical activity was addressed
- ⊙ Counseling or referral for physical activity
- ⊙ Member received educational materials on physical activity
- ⊙ Anticipatory guidance for physical activity

Expert Committee Recommendations



Give Consistent Evidence-Based Prevention Messages to All Families

Dietary Intake

- ⊙ Breastfeeding for the first 12 months or longer
- ⊙ Limit or eliminate consumption of sugar-sweetened beverages
- ⊙ Eat the the recommended quantities of fruits and vegetables

Physical Activity

- ⊙ Limit television and other screen time to no more than 2 hours/day
- ⊙ Remove television and other screens from children's bedrooms
- ⊙ Moderate to vigorous physical activity for at least 60 minutes a day

Eating Behaviors

- ⊙ Eat breakfast every day
- ⊙ Limit eating out, especially at fast food restaurants
- ⊙ Have regular family meals
- ⊙ Limit portion sizes

Expert Committee Recommendations



Use Patient-Centered Communication Empathize/Elicit - Provide - Elicit (E-P-E)

Empathize/Elicit

- ⊙ “Yours child’s height and weight put him/her at increased risk for developing diabetes and heart disease at a very early age.”
- ⊙ “What do make of this?”
- ⊙ “Would you be interested in talking more about ways to reduce your child’s risk?”

Provide

- ⊙ “Some different ways to reduce your child’s risk are...”
- ⊙ “Do any of these seem like something your family could work on or do you have other ideas?”

Elicit

- ⊙ “Where does that leave you?”
- ⊙ “What might you need to be successful?”

Practice Tools Make it Easier!!!



- ⊙ Behavioral Assessment Questionnaires
- ⊙ Exam Room Posters
- ⊙ Patient Education Materials



Survey for All Patients at Well-Child Visits

In our office, we are interested in discussing the aspects of a healthy lifestyle with all our patients. While you are waiting to see the doctor, it would be helpful if you would please take a moment with your child to answer the following questions and we will review the answers during your visit. We realize how difficult it is to do all the right things all the time and recognize the questions below only reflect a small portion of the challenges that face us every day.

Patient Name: _____ Age: _____ Date: _____

		True	False
5	I/my child eats 5 or more servings of fruits and vegetables most days.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child eats breakfast every day.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child eats dinner at the table with the family at least 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
	I/my child eats take-out (takeout, fast food places, restaurants) less than 2 times per week.	<input type="checkbox"/>	<input type="checkbox"/>
2	I/my child watches TV.		
	I/my child does not have a TV in their bedroom.		
1	I/my child participates in physical activity every day.		
0	I/my child does not regularly participate in physical activity.		
	I/my child drinks skim/low-fat milk.		

Little changes. Big rewards.
Are you ready?



Every body needs a balance of nutritious foods and active living to reach a healthy weight and prevent problems such as diabetes and heart disease. As a parent, you have the power to teach healthy habits that will last a lifetime.

Here are some simple steps that can bring big rewards for your entire family.

Get moving

- Aim for at least 60 minutes of activity a day.
- Escape the pull of the couch—get up and get moving.

Pull the plug

- Limit screen time (TV, computers, and video games) to 1 to 2 hours a day.
- Move the TV out of the bedroom.

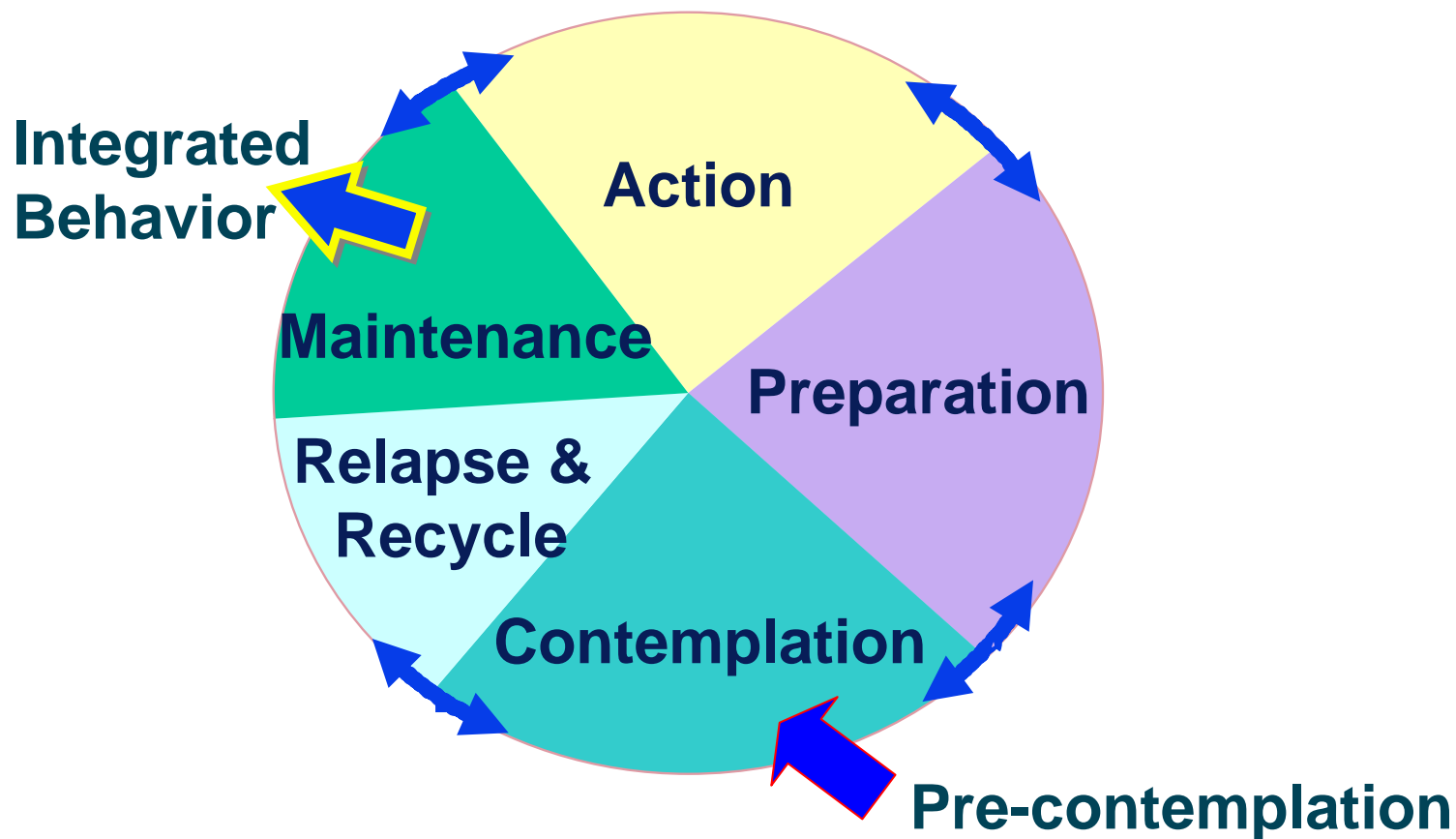
Eat smart

- Aim for 5 to 9 servings of fruits and vegetables a day.
- Fuel up with breakfast every day.

Drink well

- Choose water or non-fat milk.
- Limit soda, sports drinks, juice, and sweetened drinks—one can is equal to drinking a candy bar!

What are the stages of change?



Prochaska & Di Clemente: *Transtheoretical Model of Behavior Change*

Motivational Interviewing - Change Talk and Self-Perception



People are more powerfully influenced by what they hear themselves say than by what someone else says to them.

- ⊙ Encourage your patients to say the things that you usually tell them.
- ⊙ Help your patients to talk themselves into making a change!

Self-motivating statements made by the patient:

- ⊙ Recognition of an issue
- ⊙ Reasons for making a change
- ⊙ Hazards of not making a change

Office-Based Motivational Interviewing to Prevent Childhood Obesity



Nonrandomized clinical trial involving 91 children ages 3-7 years with a BMI 85-94%ile OR BMI 50-84%ile plus parent BMI > 30
15 pediatricians and 5 RD's assigned to...

- ⊙ Control – standard care
- ⊙ Minimal Intervention – 10-15 minute MI session with MD, 1 month after well child care visit
- ⊙ Intensive Intervention – Minimal + 45-50 minute MI session with RD, 1 and 3 months after well child care visit

BMI%ile decreased 0.6% (control), 1.9% (minimal), 2.6% (intensive)

Arch Pediatr Adolesc Med. 2007;161:495-501

Motivating Change Online Programs - <http://kphealtheducation.org>



NaturallySpeaking Tools Words Sound Help User files are not ready for dictation

Regional Health Education Online Learning - The Permanente Medical Group - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://kphealtheducation.org>

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Collaborate with families and children to manage weight.

Medication Adherence

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Brief Negotiation Roadmap

Learn to navigate health behavior change.

Chronic Conditions

Practice proven approaches to help patients manage their health.

Sign In Here

Please provide the following information. All fields are required.

First Name:

Last Name:

Your Email:

I am a Kaiser Permanente employee.

Yes No

Select an online course:

Thank you for signing in. Click the button below to proceed to your selected online training.

SIGN IN

Motivating Change In Groups Online

<http://kphealtheducation.org/index.html>

Internet

Overweight & Obese
*Laboratory Evaluation
and Follow-Up*



Expert Committee Recommended Lab Screening



BMI 85-94%ile Without Risk Factors- 2 Years and Older

- ⊙ Fasting Lipid Profile

The AHA & AAP recommend screening at 2 years of age if there is a family history of lipid abnormalities or if risk factors are present in the absence of a positive family history

BMI 85-94%ile Age 10 Years & Older With Risk Factors

- ⊙ Fasting Lipid Profile
- ⊙ ALT and AST
- ⊙ Fasting Glucose



Every 2 Years

BMI \geq 95%ile Age 10 Years & Older

- ⊙ Fasting Lipid Profile
- ⊙ ALT and AST
- ⊙ Fasting Glucose
- ⊙ Other Tests as Indicated by Health Risks



Every 2 Years

Treatment & Follow-Up Overview



Treatment Goals

- ⊙ Behavioral Goals and Parenting Skills
- ⊙ Self Esteem and Self Efficacy
- ⊙ BMI Velocity, Weight Loss Targets and BMI % ile

A Staged Approach from the AMA Expert Committee - promotes brief, office-based intervention then a systematic intensification of efforts, tailored to the capacity of the clinical office, the motivation of the family, the presence of risk factors and the degree of obesity.

- ⊙ **Prevention Plus**
- ⊙ Structured Weight Management
- ⊙ Comprehensive, Multidisciplinary Intervention
- ⊙ Tertiary Care Intervention

Families progress to the next stage if there has been no improvement in BMI/weight or velocity after 3-6 months and if the family is willing and ready.

Community Program Resources



All communities have...

- ⦿ WIC Programs: New Healthy Habits Campaign
- ⦿ Nutrition Network Programs
- ⦿ Youth Programs: YMCA & YWCA
- ⦿ Parks and Recreation Programs
- ⦿ School and after-school programs
- ⦿ Hospitals

CHDP “Resource Template for Listing Community Resources for Prevention and Treatment of Child and Adolescent Overweight and Obesity”

<http://www.dhcs.ca.gov/services/chdp/Documents/Letters/chdpin08C.pdf>



“Childhood obesity is no one’s fault, but it is everyone’s responsibility.”

Dr. Phil McGraw

Governor’s Summit on Health, Nutrition and Obesity – September 15, 2005