



RCHC/RCCO

Sharing Promising Practices:

Petaluma Health Center

BMI Screening and Follow-up Documented

Categories: Clinical Practice Operations Compliance Finance

Aim:

To improve BMI screening and follow-up documented.

Target Population:

All Petaluma Health Center (PHC) patients.

Promising Practice Overview:

PHC built and implemented a rooming template in eCW which includes questions about healthy lifestyle that are asked by the MA, and documents that the patient has been counseled. The template is applied to all charts in the morning during huddle. All patients seen at PHC are counseled about healthy eating and exercise regardless of BMI. A requirement for Joint Commission is to ask each patient about fruits, vegetables and exercise and MAs are trained to address these questions universally. The questions about fruits, vegetables and exercise leads into a brief counseling conversation lead by the MA. MAs are empowered to offer a variety of resources that may address patient barriers, such as a nutrition appointment or food resources. The conversation may also lead to the MA setting a Self-Management Goal with the patient. A handout on the areas of healthy lifestyle is available to help facilitate the conversation about self-management goals. Target groups for self-management goal setting include patients with obesity, hypertension and diabetes.

PHC did not use a rooming template from go-live, they saw another health center (OLE Health) had this on their rooming template and decided to try this approach. PHC improved their BMI screening and follow-up measure from 46% as of 2015 Q3 to 86% in 2017 Q2, and they continue to improve.

Measures:

UDS definition

Numerator: Patients aged 18 years and older with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous six months of the current visit. Normal parameters are:

- If aged 18-64: $18.5 \leq \text{BMI} < 25$
- If aged 65+: $23 \leq \text{BMI} < 30$

Denominator: Patients who were 18 years of age or older with a medical visit during the measurement year

Pre-existing infrastructure:

Prior to the rooming template being universally applied to all patient charts, documentation relied on care teams and it was challenging to get documentation completed for the entire population.

Changes:

PHC made the following changes to the workflows:

- Since each patient needs to be asked about fruits, vegetables and exercise for Joint Commission, they developed a rooming template that is universally applied to each chart in the morning which prompts the questions about lifestyle and states that the patient received counseling.
- All MAs are trained to collect height and weight, ask the three questions and provide a brief counseling conversation. If over the recommended BMI, the field is red to highlight that an intervention is needed.
- Staff and providers use brief negotiation and health coaching techniques with patients.
- Each shift, MAs select 3 patients where they will use motivational interviewing or health coaching for higher risk patients: patients with diagnosis of diabetes, hypertension or obesity. When a patient wants to set a goal, the MA works with the patient to complete a form. MA intervention are monitored and tracked by clinic managers.
- Action plans and goals are documented in preventive medicine section of the EHR.
- PHC provides orientation on this workflow and uses a skills checklist and 1:1 shadowing/training to make sure all staff are comfortable and compliant with the rooming workflow.

Results:

As of 2017 Q2, PHC's BMI screening and follow-up was documented for 86% of their adult patients. Their child and adolescent BMI screening rate is the same.

Conclusions:

Implementing a universal rooming template which states that every patient has received healthy lifestyle counseling and every patient, regardless of BMI, is briefly counseled. More meaningful interventions occur for selected patients where MAs are engaging in brief negotiation and health coaching to set action plans. For the number of patients needing interventions, this was an effective way to improve performance on the BMI measure and provide more meaningful interventions to the most at risk patients.

Companion Documents:

BMI Ranges
Healthy Habits Plan
Screen Shot of Rooming Template in eCW