

# EHR Integration for BMI Follow-Up Documentation

*Redwood Community Health Coalition  
Promising Practice*

## PROMISING PRACTICE OVERVIEW

With a combination of staff buy-in and efficient electronic health record (EHR) data fields, OLE Health has been able to maintain and improve high levels of BMI Screening and Follow-up. Their EHR has included robust data fields for several years (outlined in the below “workflow” section).

This allows an intuitive workflow to be the norm, making it simple for providers to document both screening and follow-up for each patient. The documented specifics are reliable and can easily be located by staff to review during a patient’s future appointment.

## AIM

To increase the number and quality of documented BMI screenings and follow-ups.

## MEASURES

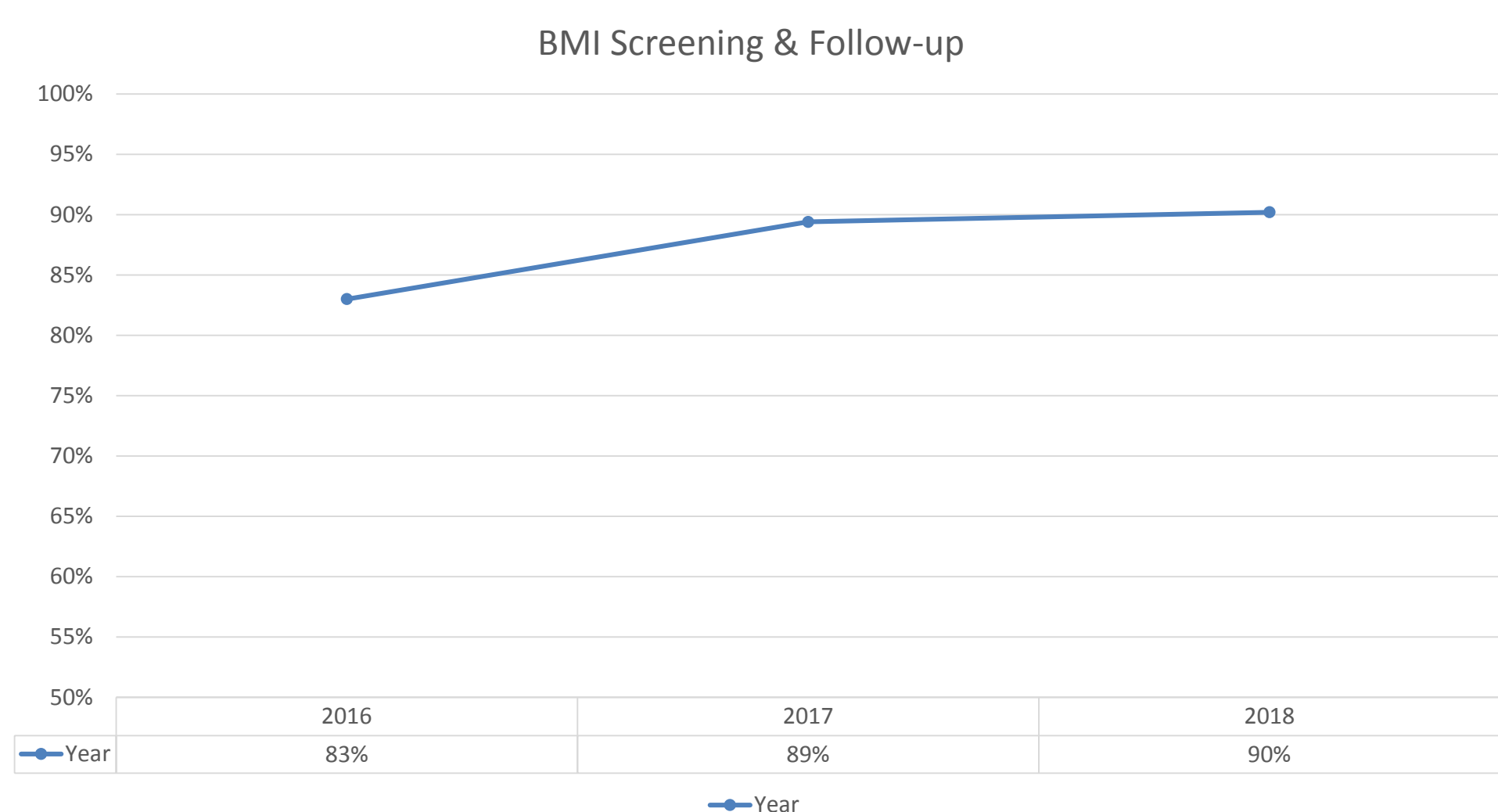
**Measure:** BMI screening and follow-up for all patients 18 years and older seen in the reporting year.

**Denominator:** Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period.

**Numerator:** Patients with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of that 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+:  $23 \leq \text{BMI} < 30$

## OLE Health Measure Performance



## LESSONS LEARNED

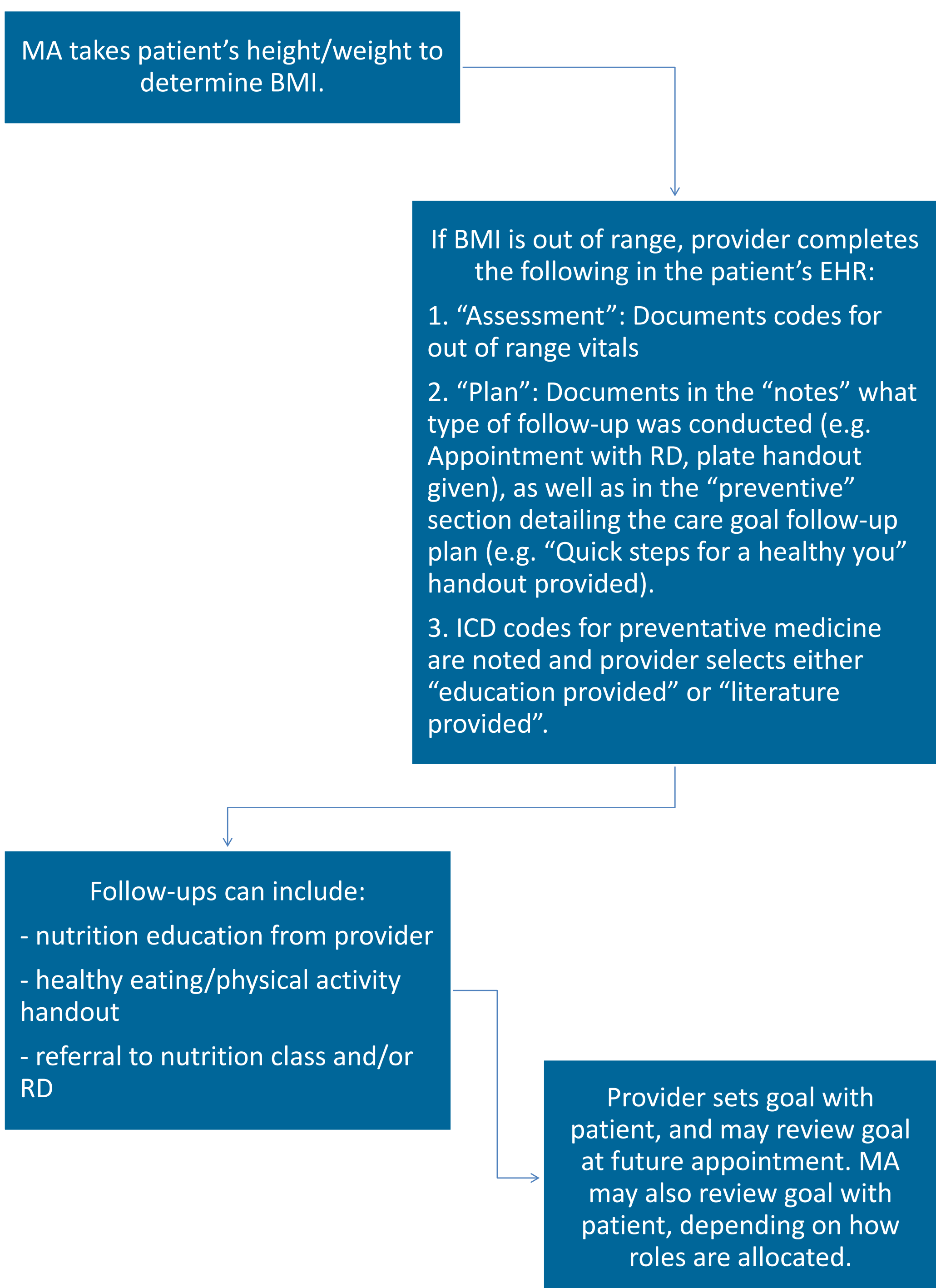
OLE has found the following key to this measure’s success:

- Provider buy-in
- Building space for follow-up documentation in the EHR.
- Having patient resources easily accessible in both the EHR and patient rooms
- Continual reminders and updates sent to staff from the health center’s nutrition department on classes offered and scheduling updates via SharePoint and/or weekly newsletter

## ACTIONS TAKEN

- Built space into their EHR for documenting BMI and follow-up.
- Developed efficient workflow for MAs to screen for BMI out of range. Providers complete follow-up, though MAs may complete part of follow-up if decided by provider.
- Classes (e.g. Wellness, Diabetes, Healthy Cooking) made available for patient through the health center’s nutrition department.
- Reminders of classes sent to all staff through SharePoint and newsletters, making providers and MAs aware of options for referring patients.
- Living healthy handouts placed in all patient rooms for patients to look at while they wait and for providers to remember the resources available.
- Workflow developed for providers to refer patients to health center’s Registered Dietitian (RD). This can be a warm handoff, when applicable. The RD’s schedule is always very full.

## WORKFLOW



## RESULTS TO DATE

Over the past several years OLE has seen a steady upward trend in their BMI screening and follow-up rate. This is in part due to the culture that has been created, expecting all providers and MAs to follow the established workflow for screening and follow-up.



- Group Classes ^
- OB/CPSP
- Nutrition/Diabet
- Lactation Visit
- Mental Status
- Family Planning
- Child
- Infectious Disea
- Infant
- Refused Tests
- Teen
- Substance Use
- Perinatal Nutriti
- Self Managemer
- Behavioral Healt
- Cleared for Gen
- Ask Me 3 Questi
- Medication Cour
- Immunizations
- Screening / Spe

## Counseling

Symptom	Presence	Notes
15-17 months	→	
(18-23 months)	→	
2-5 years	→	
6-11 years	→	
Discussed some or	→	
5 Communication to I	→	Care Goal Follow Up Plan: BMI Managem
5 Care Goal Follow-U	→	
Living will	→	
Diabetic Retinopath	→	
Hazardous material	→	
Diet/Vitamins discu	→	
Donor card	→	
Discussed Amsler C	→	

## Notes

Free-form

**Structured**

Communication to Patient:

Default for All

Clear All

Name	Value		Notes	
<input type="checkbox"/> Nutrition counseling consis				X
<input type="checkbox"/> Physical Activity counselin				X
<input type="checkbox"/> Care Goal Follow Up Plan:	Yes		Quick steps for a healthy yo	X
<input type="checkbox"/> Pediatric BMI if >85%tile:				X
<input type="checkbox"/> Pediatric BMI if >95%tile (				X
<input type="checkbox"/> Adult BMI >25: Referral to				X
<input type="checkbox"/> Counseling for Nutrition pr				X
<input type="checkbox"/> Counseling for Physical Ac				X
<input type="checkbox"/> Medication(s)				X

&lt; Prev

Custom

Close

Next &gt;

Assessments

Custom

LDSS

Treatment

## Objective:

**Vitals:** Ht 61.5, Wt 247.0, Wt gain 1.5 lb, BMI 45.91, BMI %tile 99.25, BP 116/78, Pulse sitting 73, Oxygen sat % 98, Temp 96.7, LMP: 11/10/2018, RR 20, Pain scale 0  
..Vitals Taken by: JArroyo MA.

## Assessment:

### Assessment:

3. Obesity - E66.9, fasting labs ordered today. mother reports patient currently uninsured and

## Plan:

### 1. Obesity

LAB: LIPID PROFILE (OLE Standard)

LAB: TSH REFLEX TO FREE T4 (screening)

LAB: CBC WITH DIFFERENTIAL (AUTOMATED)

LAB: COMPREHENSIVE METABOLIC PANEL Ole Standard

LAB: VITAMIN D, 25-HYDROXY, OLE Standard

LAB: HEMOGLOBIN A1C OLE Standard

Notes: Appointment with RD, plate handout given.

### 2. Others

### Preventive:

#### Counseling:

Communication to Patient:

Care Goal Follow Up Plan: BMI Management Provided *Yes Quick steps for a healthy you handout provided*

#### Follow Up:





## 1. Exercise Daily!

- You need 60 additional minutes daily to lose weight, start with 20-30 minutes and work up to 60 minutes daily within a month or two
- You can divide the minutes into 3 segments of 10-20 minutes
- Watch less than two hours of TV a day – TV makes you hungry and inactive
- Add minutes of activity easily by parking your car farther away from stores, walk up and down stairs, and take an extra loop around the store.
- Walking, dancing, bike riding, swimming, etc. all help to lose weight

## 2. Plan meals into your day; try to stick to a schedule

- Eat three meals a day. Don't skip breakfast or lunch, skipping meals causes over eating at night and adds weight quickly
- Eat at a specific place – don't eat in your room, in the car or in front of the TV, turn off the TV during meal times – listen to music

## 3. Eat a variety of foods and reduce portions

- Eat on a smaller plate, cut your portions in half
- Eat foods from all of the food groups:
- Eat more fruits and vegetables, at every meal
- Eat more fiber: whole grain breads and cereal, beans, lentils
- Choose "lite" desserts, frozen yogurt, low fat ice cream
- Choose nonfat or low fat dairy foods (low fat cheese, nonfat or 1% milk, low fat yogurt), at least 2 servings a day
- Choose lean meats and protein: beans, chicken without the skin, fish, tuna, lean beef/pork, turkey, egg whites

## 4. Drink Calorie free beverages:

- Water, sugar free/diet beverages (calorie free)
- Use sugar substitute in coffee, tea, lemonade, etc.
- Nonfat or 1% milk

## 5. Do not drink sweetened beverages, they add weight quickly:

- Fruit Juices, Sunny Delight, Gatorade, Capri Sun, Kool Aid
- Soda, Red Bull, Specialty drinks such as teas with sugar added

## 6. Do not drink or reduce alcoholic beverages (beer, wine, liquor) alcohol adds weight quickly

## 7. Stop eating/Reduce fatty foods and high Calorie foods:

- Fatty meat/hamburger, fried chicken, fried fish, chicken nuggets, bacon, sausage, hot dogs
- French fries, potato chips, tortilla chips
- Mayonnaise, butter, sour cream, ice cream, regular salad dressing, Use lowfat/lite mayonnaise and lowfat/lite salad dressings
- Donuts, pastries, large cookies



