



Preventative Care: Adult BMI Screening and Follow-up

2017 Symposium on the Future of Complex Care
Gallery of Promising Practices

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PROMISING PRACTICE OVERVIEW

In 2015 the SVCHC CQI team reviewed the UDS report and data to find that only 47% of adult patients were screened. It was identified that the Clinical Care Guidelines were old and outdated. The team took to revising the Clinical Care Guidelines for Diabetes, Hypertension and Comprehensive Health Assessment to include BMI measurement of all adult patients at least one time in the reporting year. The Clinical Care Guidelines were then developed into workflows in NextGen to ensure the documentation would meet the required measure for UDS reporting. These were completed in the first quarter of 2015. These new workflows coincided with the implementation of 3 upgrades to NextGen, which included BMI alerts in vitals.

A singular guideline/workflow for BMI was developed to ensure that specific education and counseling was completed as well as referrals to nutrition and or specialty providers.

SVCHC provided training with all staff reviewing the BMI workflows and has continued to update and improve the BMI workflow and documentation.

AIM

Increase the number of patient that are provided BMI screening and follow-up including dietary and physical activity counseling and education.

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

ACTIONS TAKEN

SVCHC hired a consultant to assist in template modification in NextGen for the BMI Plan to make the documentation less cumbersome and include dietary and physical activity counseling with appropriate codes linking to UDS report.

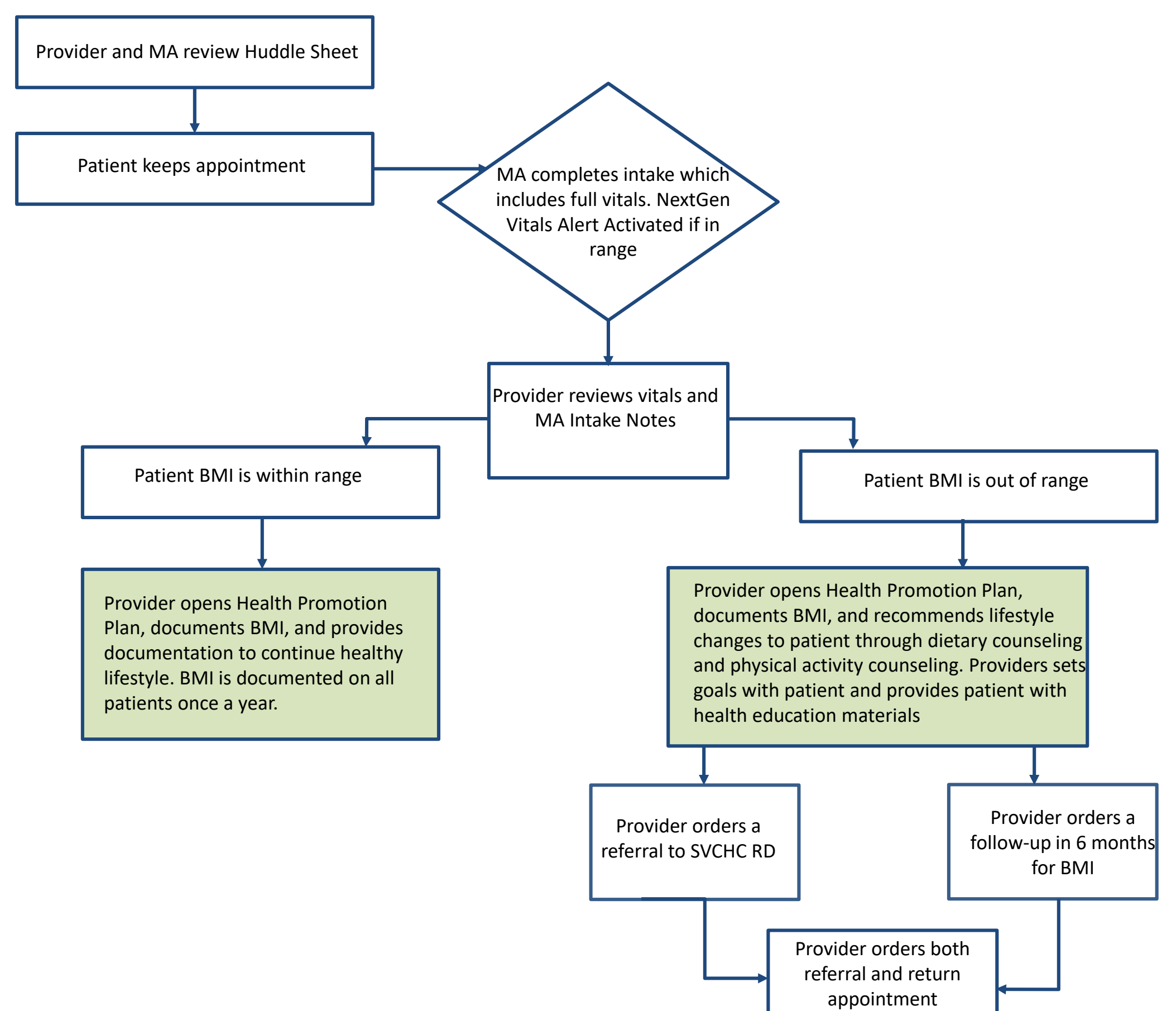
Retrained Medical Assistants and Providers on collection of height and weight at each visit including the use of the Health Promotion Plan for BMI Screening and Follow-up.

Providers are encouraged to make referrals to staff Registered Dietician (RD)

NextGen system includes Healthwise Materials with diet and physical activity details available to the provider for distribution to the patient.

Providers documented a follow-up appointment in three to six months specifically to focus on BMI issues related to the patients current health and any chronic conditions.

WORKFLOW



RESULTS TO DATE

2014 SVCHC BMI screening and follow-up for adult patients was reported at 47% as of 3rd Quarter 2017 the rate is 82%.

LESSONS LEARNED

Although BMI is calculated at every visit, having both Medical Assistants and Providers clearly recognize that BMI is out of range for a patient has been challenging. BMI Alerts, Huddle Sheets and continuous monitoring and reporting on individual provider compliance has been beneficial in improving BMI Screening and follow-up rates. Constant monitoring and reporting on all measures is completed by the CQI Committee.

Vital BMI Alerts and BMI Health Promotion Plan

The screenshot shows the 'Health Promotion Plan' interface in NextGen. At the top, there are alerts for 'Vital Signs Outside Normal Range' and 'BMI Outside Normal Range'. The patient's age is 38 years and their BMI is 32.61 kg/m. The plan includes a 'BMI Plan' with a diagnosis of 'Body mass index (BMI) 32.0-32.9, adult' and code Z68.32. It also includes 'Diet' (Dietary management education, guidance, and counseling) with code Z71.3, 'Physical activity' (Prescribed activity/exercise education) with code Z71.89, and 'Referrals' (Weight management) with a referral to a dietitian and a timeframe of 2 weeks.