

Weight Assessment and Counseling for Children and Adolescents (NQF 0024)

EMeasure Name	Weight Assessment and Counseling for Children and Adolescents	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	National Committee for Quality Assurance		
Endorsed by	National Quality Forum		
Description	The percentage of patients 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.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	<p>This measure assesses the percentage of age-appropriate patients who had an outpatient visit with a PCP or OB/GYN and who had evidence of a BMI percentile assessment, counseling for nutrition or counseling for physical activity. The prevalence of overweight and obesity has increased sharply for children over the last 30 years: from 5.0% to 13.9% for those aged 2–5 years; from 6.5% to 18.8% for those aged 6–11 years; and from 5.0% to 17.4% for those aged 12–19 years. This increasing prevalence has had significant economic ramifications, with economic costs correlated to obesity and related comorbidities estimated at over \$70 billion, or 7% of the national health care budget. To address this problem and its long-term implications effectively, promotion of routine physical activity and healthy eating and lifestyle changes are essential (CDC 2007). This measure is important in efforts to improve long-term health outcomes and quality of life.</p>		
Clinical Recommendation Statement	<p>U.S. Preventive Services Task Force (USPSTF): “I” Recommendation. Insufficient evidence to recommend for or against screening for overweight in children and adolescents reflects the paucity of strong evidence of the effectiveness of interventions for this problem in the clinical setting.</p> <p>The American Academy of Pediatrics (AAP): The child’s height, weight and percentiles for age should be determined at the start of the physical examination. Because obesity is strongly linked to hypertension, BMI should be calculated from the height and weight, and the BMI percentile should be calculated. Poor growth may indicate an underlying chronic illness.</p> <p>The American Medical Association (AMA), Health Resources and Services Administration (HRSA), and Centers for Disease Control and Prevention (CDC): The Expert Committee recommends that physicians and allied healthcare providers perform, at a minimum, a yearly assessment of weight status in all children, and that this assessment include calculation of height, weight (measured appropriately), and body mass index (BMI) for age and plotting of those measures on standard growth charts.</p>		

	<p>The American Academy of Pediatrics and the American College of Clinical Endocrinology (ACCE): The AAP and the ACCE recommend and encourage pediatric providers to screen children for obesity using BMI; examine overweight children for obesity-related diseases; initiate weight management practices to improve diet and physical activity habits; and increase frequency of visits to reinforce behavior changes.</p> <p>The Centers for Disease Control and Prevention (CDC): The CDC recommends using the percentile BMI for age and gender as the most appropriate and easily available method to screen for childhood overweight or at risk for overweight. BMI is calculated by dividing the weight in kilograms by the height in meters squared. Age and gender norms for BMI are readily accessible. BMI correlates with adiposity and with complications of childhood overweight such as hypercholesterolemia, hypertension and later development of cardiovascular disease. Although more precise measures of lean body mass and body fat such as dual x-ray absorptiometry (DEXA) may be appropriate for clinical studies, BMI norms are particularly helpful for screening in busy office practices and for population assessment.</p>
Reference	<p>U.S. Preventive Services Task Force (USPSTF). Screening and interventions for overweight in children and adolescents: recommendation statement. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2005. p. 11.</p> <p>National High Blood Pressure Education Program Working Group on High Blood Pressure in Children. The fourth report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescents. <i>Pediatrics</i>. 2004 Aug; 114(2 Suppl):555-76.</p> <p>AMA/HRSA/ CDC Expert Committee on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity. Recommendations on the assessment, prevention and treatment of child and adolescent overweight and obesity. Chicago (IL): AMA. 2007 Jun. 1.</p> <p>Dorsey, K.B., C. Wells, H.M. Krumholz, J.C. Concato. Diagnosis, evaluation, and treatment of childhood obesity in pediatric practice. <i>Arch Pediatr Adolesc Med</i>. 2005. July; 159:632-638.</p> <p>Baker, S., S. Barlow, W. Cochran, G. Fuchs, W. Klish, N. Krebs, R. Strauss, A. Tershakovec, J. Udall. Overweight children and adolescents: a clinical report of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. <i>J Pediatr Gastroenterol Nutr</i>. 2005. May; 40(5):533-43.</p>
Definitions	

Table of Contents

- [Population criteria 1](#)
- [Population criteria 2](#)
- [Population criteria 3](#)

- Data criteria (QDS Data Elements)
- Summary calculation

Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria 1

- **Initial Patient Population 1 =**
 - AND: “Patient characteristic: birth date” (age) ≥ 2 and ≤ 16 years to expect screening for patients within one year after reaching 2 years until 17 years;
- **Denominator =**
 - AND: “Encounter: encounter outpatient w/PCP & obgyn”;
 - AND NOT: “Diagnosis active: pregnancy”;
 - AND NOT: “Encounter: encounter pregnancy”;
- **Numerator 1 =**
 - AND: “Physical exam finding: BMI percentile”;
- **Numerator 2 =**
 - AND: “Communication to patient: counseling for nutrition”;
- **Numerator 3 =**
 - AND: “Communication to patient: counseling for physical activity”;
- **Exclusions =**
 - AND: None;

Population criteria 2

- **Initial Patient Population 2 =**
 - AND: “Patient characteristic: birth date” (age) ≥ 2 and ≤ 10 years to expect screening for patients within one year after reaching 2 years until 11 years;
- **Denominator =**
 - AND: “Encounter: encounter outpatient w/PCP & obgyn”;
 - AND NOT: “Diagnosis active: pregnancy”;
 - AND NOT: “Encounter: encounter pregnancy”;
- **Numerator 1 =**
 - AND: “Physical exam finding: BMI percentile”;
- **Numerator 2 =**
 - AND: “Communication to patient: counseling for nutrition”;
- **Numerator 3 =**
 - AND: “Communication to patient: counseling for physical activity”;

- **Exclusions =**
 - AND: None;

Population criteria 3

- **Initial Patient Population 3 =**
 - AND: "Patient characteristic: birth date" (age) >=11 and <=16 years to expect screening for patients within one year after reaching 12 years until 17 years;
- **Denominator =**
 - AND: "Encounter: encounter outpatient w/PCP & obgyn";
 - AND NOT: "Diagnosis active: pregnancy";
 - AND NOT: "Encounter: encounter pregnancy";
- **Numerator 1 =**
 - AND: "Physical exam finding: BMI percentile";
- **Numerator 2 =**
 - AND: "Communication to patient: counseling for nutrition";
- **Numerator 3 =**
 - AND: "Communication to patient: counseling for physical activity";
- **Exclusions =**
 - AND: None;

Data criteria (QDS Data Elements)

Patient Population =

- "Patient characteristic: birth date" using "birth date code list" before the beginning of the "measurement period";

Denominator =

- All patients in the initial patient population;
- "Encounter: encounter outpatient w/PCP & obgyn" using "encounter outpatient w/PCP & obgyn code list grouping" during the "measurement period";
- "Diagnosis active: pregnancy" using "pregnancy code list grouping" during the "measurement period";
- "Encounter: encounter pregnancy" using "encounter pregnancy code list" during the "measurement period";

Numerator 1 =

- "Physical exam finding: BMI percentile" using "BMI percentile code list grouping" during the "measurement period";

Numerator 2 =

- "Communication to patient: counseling for nutrition" using "counseling for nutrition code list grouping" during the "measurement period";

Numerator 3 =

- “Communication to patient: counseling for physical activity” using “counseling for physical activity code list grouping” during the “measurement period”;

Exclusions =

- None;

Summary calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012
--------------------	--