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Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

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Disclosure Statement

- **In-kind financial relationship as it relates to the sponsorship of the event**
 - Company: Moda Health, Inc./EOCCO
 - Relationship: Health Promotion and Quality Improvement Specialist

Introduction: Courtney Whidden

- Education/Credentials
 - Bachelor of Science in Community Health
 - Master of Science in Nutrition
 - Certified Health Education Specialist
- Work Experience
 - Oregon State University Extension, Nutrition Educator
 - NorthShore Medical Group, Chronic Care Management Program Coordinator
 - Northwest Personal Training, Nutritionist
 - Moda Health, Health Promotion and Quality Improvement Specialist

Learning Objective

- Explain the importance of documenting nutrition and physical activity counseling for children and adolescents

Measure Specifications

Numerator and Denominator

- Numerator 1
 - Patients who had a height, weight, and BMI percentile recorded during the measurement period
- Numerator 2
 - Patients who had counseling for nutrition during a visit that occurs during the measurement period
- Numerator 3
 - Patients who had counseling for physical activity during a visit that occurs during the measurement period
- Denominator
 - All patients ages 3-17 with at least one outpatient visit with a PCP or OB/GYN during the measurement period
 - *PCP includes NPs and PAs

Measure Details

- Clinic rate is an average of the three rates
 - Example
 - BMI: $90/100 = 90\%$
 - Nutrition Counseling: $30/100 = 30\%$
 - Physical Activity Counseling: $30/100 = 30\%$
 - **Average:** $(90+30+30) / 3 = 50\%$
- Each numerator is calculated independently
- The BMI value, nutrition counseling, and physical activity counseling do not need to occur during the same visit
- **EOCCO Target = 30.4%**

Example Patient 1

- 7 year old, John Doe has one office visit in the measurement period where his height and weight is recorded, so the BMI is calculated
- John does not receive any counseling for nutrition or physical activity at his office visit
- How he will be counted in the measure
 - BMI: counted in denominator AND numerator
 - Nutrition Counseling: counted in denominator but NOT numerator
 - Physical Activity Counseling: counted in denominator but NOT numerator

Example Patient 2

- 12 year old, Jane Doe has two office visits in the measurement period and BMI is recorded at both
- Jane receives nutrition counseling at her first visit but receives no physical activity counseling at either visit
- How she will be counted in the measure
 - BMI: counted once in denominator AND once in numerator
 - Nutrition Counseling: counted once in denominator AND once in numerator
 - Physical Activity: counted once in denominator but NOT in numerator

Exclusions

- Denominator Exclusions
 - Patients who have a diagnosis of pregnancy during the measurement period
 - Patients who were in hospice care during the measurement period
- Numerator Exclusions
 - None

Clinical Importance of Weight Assessment and Counseling

The Why Behind the Measure

- The Health Plan Quality Metrics Committee and the Metrics and Scoring Committee are interested in an evidence-based metric to reduce obesity¹
- A workgroup has formed to work on measure development¹
- This measure is a building block to that work¹

The Importance of Nutrition and Physical Activity Counseling for All

- Nutrition-related health conditions are highly prevalent in the United States yet only 12% of office visits include nutrition counseling²
- Adequate nutrition and physical activity are essential for^{2,3}
 - Growth and development
 - Reducing the risk of disease
 - Maintaining healthy weight
 - Stabilizing energy
 - Promoting healthy mental health
 - Social development
- Make it a part of your workflow for all Well Child Checks and Adolescent Well Care Exams

Clinic Workflow Example

Assessment Tool

- Valid dietary assessment tool designed for use in primary care to identify areas of nutrition concern³
 - MA can provide questionnaire and then provider can reinforce healthy behavior
- Assess the average number of servings of vegetables, fruits, whole grains, and protein sources
- Assess the number of servings of sugar-sweetened beverages, fast food, candy, etc.
- Assess the amount of physical activity per week
- Example Tool
 - Bright Futures: Nutrition³

Questionnaire for Parents of Children Ages 1 to 10³

TOOL B: NUTRITION QUESTIONNAIRE FOR CHILDREN AGES 1 TO 10

1. How would you describe your child's appetite?

- Good
 Fair
 Poor

2. How many days per week does your family eat meals together?

3. How would you describe mealtimes with your child?

- Always pleasant
 Usually pleasant
 Sometimes pleasant
 Never pleasant

4. How many meals does your child eat per day? How many snacks?

5. Which of these foods did your child eat or drink last week? (Check all that apply.)

Grains

- Bagels
 Bread
 Cereal/grits
 Crackers
 Muffins
 Noodles/pasta/rice
 Rolls
 Tortillas
 Other grains: _____

Vegetables

- Broccoli
 Carrots
 Corn
 Green beans
 Green salad
 Greens (collard, spinach)
 Peas
 Potatoes
 Tomatoes
 Other vegetables: _____

Fruits

- Apples/juice
 Bananas
 Grapefruit/juice
 Grapes/juice
 Melon
 Oranges/juice
 Peaches
 Pears
 Other fruits/juice: _____

Milk and Milk Products

- Fat-free (skim) milk
 Low-fat (1%) milk
 Reduced-fat (2%) milk
 Whole milk
 Flavored milk
 Cheese
 Ice cream
 Yogurt
 Other milk and milk products: _____

Meat and Meat Alternatives

- Beef/hamburger
 Chicken
 Cold cuts/deli meats
 Dried beans (for example, black beans, kidney beans, pinto beans)
 Eggs
 Fish
 Peanut butter/nuts
 Pork
 Sausage/bacon
 Tofu
 Turkey
 Other meat and meat alternatives: _____

Fats and Sweets

- Cake/cupcakes
 Candy
 Chips
 French fries
 Cookies
 Doughnuts
 Fruit-flavored drinks
 Pie
 Soft drinks
 Other fats and sweets: _____

Tool B: Nutrition Questionnaire
for Children Ages 1 to 10

Questionnaire for Parents of Children Ages 1 to 10³

Tool B: Nutrition Questionnaire
for Children Ages 1 to 10

6. If your child is 5 years or younger, does he or she eat any of these foods? *(Check all that apply.)*
- Hot dogs
 - Marshmallows
 - Nuts and seeds
 - Peanut butter
 - Popcorn
 - Pretzels and chips
 - Raisins
 - Raw celery or carrots
 - Hard or chewy candy
 - Whole grapes
7. How much juice does your child drink per day? How much sweetened beverage (for example, fruit punch or soft drinks) does your child drink per day?
8. Does your child take a bottle to bed at night or carry a bottle around during the day?
- Yes No
9. What is the source of the water your child drinks? Sources include public, well, commercially bottled, and home system-processed water.
10. Do you have a working stove, oven, and refrigerator where you live?
- Yes No
11. Were there any days last month when your family didn't have enough food to eat or enough money to buy food?
12. Did you participate in physical activity (for example, walking or riding a bike) in the past week?
- Yes No
- If yes, on how many days and for how many minutes or hours per day? _____
13. Does your child spend more than 2 hours per day watching television and DVDs or playing computer games?
- Yes No
- If yes, how many hours per day? _____
14. Does the family watch television during meals?
- Yes No
15. What concerns or questions do you have about feeding your child or how your child is growing? Do you have any concerns or questions about your child's weight?

Questionnaire for Adolescents Ages 11 to 21³

TOOL C: NUTRITION QUESTIONNAIRE FOR ADOLESCENTS AGES 11 TO 21

- Which of these meals or snacks did you eat yesterday? *(Check all that apply.)*
 - Breakfast
 - Lunch
 - Dinner or supper
 - Morning snack
 - Afternoon snack
 - Evening/late-night snack
 - Fat-free (skim) milk
 - Low-fat (1%) milk
 - Reduced-fat (2%) milk
 - Whole milk
 - Flavored milk (for example, chocolate, strawberry)
 - Coffee or tea
 - Beer, wine, or hard liquor
- Do you skip breakfast 3 or more times a week?
 - Yes No
 Do you skip lunch 3 or more times a week?
 - Yes No
 Do you skip dinner or supper 3 or more times a week?
 - Yes No
- Do you eat dinner or supper with your family 4 or more times a week?
 - Yes No
- Do you fix or buy the food for any of your family's meals?
 - Yes No
- Do you eat or take out a meal from a fast-food restaurant 2 or more times a week?
 - Yes No
- Are you on a special diet for medical reasons?
 - Yes No
- Are you a vegetarian?
 - Yes No
- Do you have any problems with your appetite, like not feeling hungry, or feeling hungry all the time?
 - Yes No
- Which of the following did you drink last week? *(Check all that apply.)*
 - Tap or bottled water
 - Fitness water
 - Juice
 - Regular soft drinks
 - Diet soft drinks
 - Fruit-flavored drinks
 - Sports drinks
 - Energy drinks
 - Recovery drinks
- Which of these foods did you eat last week? *(Check all that apply.)*

Grains

 - Bagels
 - Bread
 - Cereal or grits
 - Crackers
 - Muffins
 - Noodles, pasta, or rice
 - Rolls
 - Tortillas
 - Other grains: _____

Vegetables

 - Broccoli
 - Carrots
 - Corn
 - Green beans
 - Green salad
 - Greens (collard, spinach)
 - Peas
 - Potatoes
 - Tomatoes
 - Other vegetables: _____

Fruits

 - Apples or apple juice
 - Bananas
 - Grapefruits or grapefruit juice
 - Grapes or grape juice
 - Melon
 - Oranges or orange juice
 - Peaches
 - Pears
 - Other fruits or other fruit juice: _____

Milk and Milk Products

 - Fat-free (skim) milk
 - Low-fat (1%) milk
 - Reduced-fat (2%) milk
 - Whole milk
 - Flavored milk
 - Cheese

Questionnaire for Adolescents Ages 11 to 21³

Tool C: Nutrition Questionnaire
for Adolescents Ages 11 to 21

- Ice cream
- Yogurt
- Other milk and milk products: _____

Meat and Meat Alternatives

- Beef or hamburger
- Chicken
- Cold cuts/deli meats
- Dried beans (for example, black beans, kidney beans, pinto beans)
- Eggs
- Fish
- Peanut butter or nuts
- Pork
- Sausage or bacon
- Tofu
- Turkey
- Other meat and meat alternatives: _____

Fats and Sweets

- Cake or cupcakes
- Candy
- Chips
- French fries
- Cookies
- Doughnuts
- Fruit-flavored drinks
- Pie
- Soft drinks
- Other fats and sweets: _____

11. Do you have a working stove, oven, and refrigerator where you live?
 Yes No
12. Were there any days last month when your family didn't have enough food to eat or enough money to buy food?
 Yes No
13. Are you concerned about your weight?
 Yes No

14. Are you on a diet now to lose weight or to maintain your weight?
 Yes No
15. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or not eating?
 Yes No
16. Did you participate in physical activity (for example, walking or riding a bike) in the past week?
 Yes No
If yes, on how many days and for how many minutes or hours per day? _____
17. Do you spend more than 2 hours per day watching television and DVDs or playing computer games?
 Yes No
If yes, how many hours per day? _____
18. Does the family watch television during meals?
 Yes No
19. Do you take vitamin, mineral, herbal, or other dietary supplements (for example, protein powders)?
 Yes No
20. Do you smoke cigarettes or chew tobacco?
 Yes No
21. Do you ever use any of the following?
(Check all that apply.)
 Alcohol, beer, or wine
 Steroids (without a doctor's permission)
 Street drugs (marijuana, speed, crack, or heroin)

Counseling

- Indicators of nutrition risk³
 - Food Choices
 - Eating Behavior
 - Food Resources
 - Weight and Body Image
 - Growth
 - Physical Activity
 - Lifestyle
- Direct patient to appropriate resources
- Schedule follow-up if needed or refer to a dietician

Reporting

Coding

- Bill for the Well Child Check or Adolescent Well Care Exam
- Counseling for Nutrition Grouping Value Set SNOMEDCT¹
 - 2.16.840.1.113883.3.464.1003.195.12.1003
- A referral to a dietician counts for nutrition counseling¹
 - SNOMEDCT codes for patient referral to dietitian (procedure) and referral to community-based dietetics service (procedure), etc.
 - CPT codes for Medical Nutrition Therapy apart from WCC
 - 97802, 97803, 97804

Clinical Quality Measure

- Three rates reported
- Reported annually to EOCCO using clinic EHR data
- This is an NQF endorsed metric developed by the National Committee for Quality Assurance (NCQA)¹
 - NQF 0024/ CMS 155v6

Questions?

Contact eocometrics.com with additional questions

References

1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents. Oregon Health Authority.
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2. Kahan S, Manson JE. Nutrition Counseling in Clinical Practice How Clinicians Can Do Better. *JAMA*. 2017;318(12):1101–1102. doi:10.1001/jama.2017.10434
3. Bright Futures: Nutrition and Pocket Guide. American Academy of Pediatrics.
<https://brightfutures.aap.org/materials-and-tools/nutrition-and-pocket-guide/Pages/default.aspx>. Published 2018. Accessed August 24, 2018.





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