

Appropriate counseling among pediatric cardiac patients with BMI greater than 85 %	
Measure Description: Proportion of patients, 3-18 years old, with a BMI greater than 85% who received appropriate counseling.	
Numerator	Number of patients who received appropriate counseling ¹ for elevated BMI ² during the measurement period or in the 12 months prior to the outpatient visit ⁴ .
Denominator	Number of patients, 3-18 years old, with a BMI ² greater than the 85% percentile ³ (within the past 12 months) and at least one pediatric cardiology outpatient visit during the measurement period.
Denominator Exclusions	<ul style="list-style-type: none"> • Patients in whom an accurate height and weight cannot be obtained for medical reasons • Patients who are actively enrolled/engaged in obesity program
Denominator Exceptions	None
Definitions / Notes	<ol style="list-style-type: none"> Appropriate counseling is defined as: <u>BMI \geq 85th percentile</u> (a) Patient education and self-help materials for weight reduction via diet and exercise OR (b) Referral to a registered dietician Measurement of BMI should be done as follows: Body mass index (BMI): a measure derived from the division of the square of the height in meters into the weight in kilograms. BMI percentile should be calculated as follows: A patient's BMI percentile is determined from plotting the BMI on CDC growth charts Clinic Visit: If the patient has had multiple visits during the measurement period, use the most recent visit (i.e. last visit in the measurement period).
Measurement Period	Quarterly
Sources of Data	Retrospective medical record review, electronic medical record
Attribution	Clinician, practice or institution
Care Setting	Outpatient
Rationale	
Obesity has become one of the most important public health problems in the United States. One third of the children are overweight (BMI \geq 85 th percentile). BMI is the single most important predictor of cardiovascular morbidity. Monitoring	

Metric #: 002
Effective: 9.15.2016

Clinical Recommendation(s)
ACC/AHA Guidelines: None available Other guidelines/references: None available
Challenges to Implementation
Some clinicians may not have electronic systems to support BMI documentation. Documentation of BMI may be viewed as time consuming, and not a sub-specialty problem. This problem is exacerbated by the perception that family and patients may not comply with recommendations and because the impact of intervention is delayed with no perceived immediate reward.
Authors
Devyani Chowdhury, M.D., F.A.C.C. <i>Penn State Hershey Children's Hospital</i> Stephen E Cyran, M.D., F.A.C.C. <i>Penn State Hershey Children's Hospital</i> Maryellen Reilly-Druby <i>Penn State Hershey Children's Hospital</i>