OLE HEALTH

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.
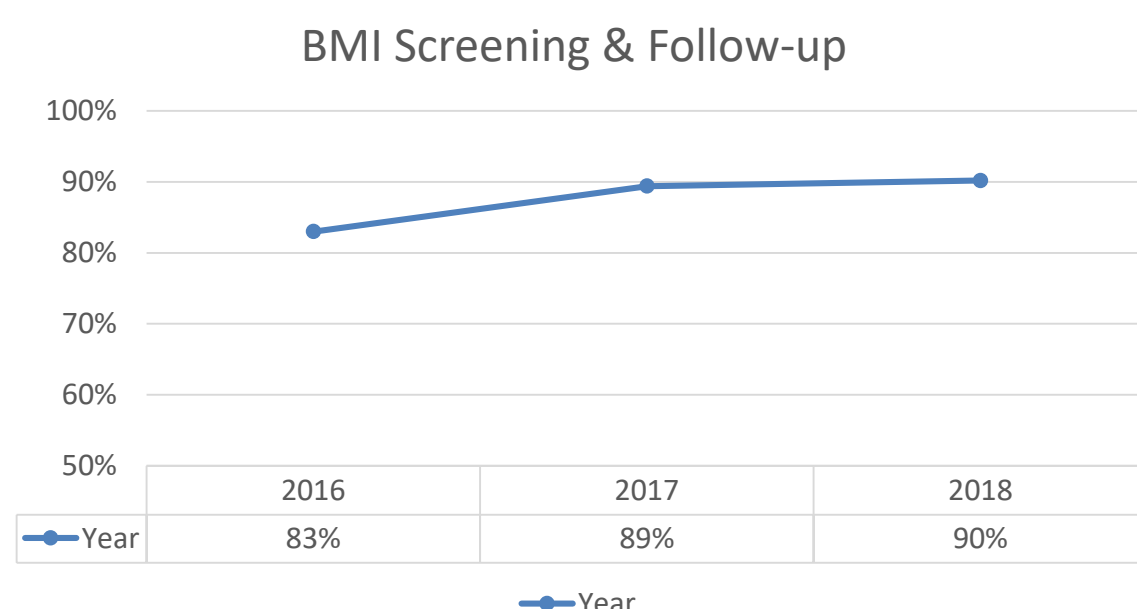
MEASURES

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: $18.5 \leq BMI < 25$
- If aged 65+: $23 \leq BMI < 30$

OLE Health Measure Performance

BMI Screening & Follow-up

	2016	2017	2018
Year	83%	89%	90%

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

MA takes patient's height/weight to determine BMI.

If BMI is out of range, provider completes the following in the patient's EHR:

1. "Assessment": Documents codes for out of range vitals

2. "Plan": Documents in the "notes" what type of follow-up was conducted (e.g. Appointment with RD, plate handout given), as well as in the "preventive" section detailing the care goal follow-up plan (e.g. "Quick steps for a healthy you" handout provided).

3. ICD codes for preventative medicine are noted and provider selects either "education provided" or "literature provided".

Follow-ups can include:
- nutrition education from provider
- healthy eating/physical activity handout
- referral to nutrition class and/or RD

Provider sets goal with patient, and may review goal at future appointment. MA may also review goal with patient, depending on how roles are allocated.

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.

Counseling

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

Notes   Browse ...   Clear   Select Default...   Clear All...

◀ **Assessments**   Custom ▼   CDSS   **Treatment** ▶

	Free-form			Structured

Communication to Patient:
                                    Default for All   Clear All

Name	Value		Notes	
☐ 📁 Nutrition counseling consis		✗		✗
☐ 📁 Physical Activity counselin		✗		✗
☐ 📁 Care Goal Follow Up Plan:	Yes	✗	Quick steps for a healthy yo	✗
☐ 📁 Pediatric BMI if >85%tile:		✗		✗
☐ 📁 Pediatric BMI if >95%tile (		✗		✗
☐ 📁 Adult BMI >25: Referral to		✗		✗
☐ 📁 Counseling for Nutrition pr		✗		✗
☐ 📁 Counseling for Physical Ac		✗		✗
☐ 📁 Medication(s)		✗		✗

< Prev ▼   Custom   Close   Next > ▼

◄ 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

Chronic Pain Management
Controlar El Dolor Crónico

Stress Management
Controlar el Estrés

Sex Handouts Eng/Span

Your Birth Control Choice Spanish

IUD Facts Spanish

Your Birth Control Choice English

Acetaminophen/Ibuprofen Sp

Plate Method Spanish

cetaminophen/Ibuprofen Eng