# IT-1.21: Adult Body Mass Index (BMI) Assessment

| **Measure Title** | **IT-1.21 Adult Body Mass Index (BMI) Assessment** |
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| **Description** | This measure is used to assess the percentage of patients 18 to 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement period or the 12-month period prior to the measurement period. |
| **NQF Number** | 421 |
| **Measure Steward** | Centers for Medicare and Medicaid Services |
| **Link to measure citation** | http://www.qualityforum.org/http://www.qualitymeasures.ahrq.gov/content.aspx?id=47123 |
| **Measure type** | Non-standalone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC

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|  | Baseline | DY4 | DY5 |
| Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) |
| Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) |

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| **Benchmark Description** |

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| NCQA Quality Compass |
| HPL (90th Percentile) | 77.39% |
| MPL (25th Percentile) or 10th if applicable | 46.90% |

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| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Replaced term "member" with "patient"
* Removed language in denominator inclusions sections relating to continuous enrollment of members and instead included requirement that patients have at least at least 1 encounter in the prior 12-month period before the measurement period.
* Deleted references to tables not included in the document from the numerator inclusions section.
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| **Denominator Description**  | Patients age 18 years as of the first day of the 12-month period prior to the measurement period to 74 years as of last day of the measurement period who had an outpatient visit during the measurement period or the 12-month period prior to the measurement period |
| **Denominator Inclusions** | Patient must have at least 1 encounter in the prior 12-month period before the measurement period.  |
| **Denominator Exclusions** | • Documentation of medical reason(s) for not having a BMI measurement performed during the measurement period (e.g., patient is receiving palliative care, patient is pregnant or patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient’s health status)• Documentation of patient reason(s) for not having a BMI measurement performed during the measurement period (e.g., patient refuses BMI measurement or if there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate) |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
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| **Numerator Description**  | Patients with BMI calculated within the past six months or during the current visit and a follow-up plan is documented within the last six months or during the current visit if the BMI is outside of normal parameters.Definitions:BMI – Body mass index (BMI) is expressed as weight/height (BMI; kg/m2) and is commonly used to classify weight categories.Calculated BMI – Requires an eligible professional or their staff to measure both the height and weight. Self-reported values cannot be used. BMI is calculated either as weight in pounds divided by height in inches squared multiplied by 703, or as weight in kilograms divided by height in meters squared.Follow-up Plan – Proposed outline of treatment to be conducted as a result of a BMI out of normal parameters. Such follow-up may include but is not limited to: documentation of a future appointment, education, referral (such as, a registered dietician, nutritionist, occupational therapist, physical therapist, primary care provider, exercise physiologist, mental health professional or surgeon), pharmacological interventions, dietary supplements, exercise counseling or nutrition counseling. |
| **Numerator Inclusions** | Body mass index (BMI) during the measurement period or 12-month period prior to the measurement period. Numerator Note: Calculated BMI or follow-up plan for BMI outside of normal parameters that is documented in the medical record may be reported if done in the provider’s office/facility or if obtained by the provider from outside medical records within the past six months.The documented follow-up interventions must be related to the BMI outside of normal parameters, example: “Patient referred to nutrition counseling for BMI above normal parameters”. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Multiple. |
| **Data Source** | Administrative clinical dataPaper medical record |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |