



Quality Measure Highlight

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

MEASURE DESCRIPTION

The percentage of members 3 - 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition and counseling for physical activity during the measurement year.

Denominator: Members 3 - 17 years of age who had an outpatient visit with a PCP or OB/GYN.

Numerator: Member in the denominator who had evidence of counseling for nutrition and physical activity during the measurement year.

Note: For Nutrition and Physical Activity Counseling, services may be rendered during a visit other than a well-child visit (e.g., may be rendered during a sick visit). These services count if the specified documentation is present, regardless of the primary intent of the visit. However, services specific to the assessment or treatment of an acute or chronic condition do not count toward the “Counseling for Nutrition” and “Counseling for Physical activity” indicators.

Measure Type: Hybrid (medical record/claims)

Intent / Importance: Provider awareness and intervention to combat a new chronic disease: obesity in childhood and adolescence. Promote regular physical activity and healthy eating and create an environment that supports these behaviors.

PCP QIP 2019	Practice Type	Total Points	Nutrition Counseling Threshold	Physical Activity Counseling Threshold	Percentile
Full Points	Pediatric	15 points	83.45%	78.35%	90 th
Half Points	Pediatric	7.5 points	77.91%	71.29%	75 th
Relative Improvement Threshold	Pediatric	7.5 points	69.57%	63.50%	50 th

COUNSELING FOR NUTRITION

Complaint Documentation:

- Documentation must include a note indicating the date and at least one of the following:
 - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
 - Checklist indicating nutrition was addressed
 - Counseling or referral for nutrition education
 - Member received educational materials on nutrition during a face-to-face visit
 - Anticipatory guidance for nutrition

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org
 References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

- Weight or obesity counseling
- Services rendered for obesity or eating disorders if the specified documentation is present

Non-Compliant Documentation:

- No counseling/education on nutrition and diet
- Counseling/education before or after the measurement year
- Notation of “health education” or “anticipatory guidance” without specific mention of nutrition
- A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition
- Notation that a member with diarrhea is following the BRAT diet (specific to the assessment or treatment of an acute or chronic condition)
- Notation that a member has decreased appetite as a result of an acute or chronic condition

COUNSELING FOR PHYSICAL ACTIVITY

Complaint Documentation:

- Documentation must include a note indicating the date and at least one of the following:
 - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Member received educational materials on physical activity during a face-to-face visit
 - Anticipatory guidance specific to the child’s physical activity
 - Weight or obesity counseling
 - Services rendered for obesity or eating disorders if the specified documentation is present

Non-Compliant Documentation:

- No counseling/education on physical activity
- Notation of “cleared for gym class” alone without documentation of a discussion.
- Counseling/education before or after the measurement year.
- Notation of “health education” or “anticipatory guidance” without specific mention of physical activity.
- Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations.
- Notation solely related to screen time (computer or television) without specific mention of physical activity.
- Notation that a member with chronic knee pain is able to run without limping (specific to the assessment or treatment of an acute or chronic condition).
- Notation that a member has exercise-induced asthma (specific to the assessment or treatment of an acute or chronic condition).

Exclusions:

- Female members who have a diagnosis of pregnancy during the measurement year.
- Members in hospice are excluded from the eligible population.

Strategies to Consider That May Lead to an Increase in WCC Performance Include:

- Provide timely claims to help ensure accurate data collection
- Provide education on coding to accurately reflect visit reasons and diagnoses
- Document sports physicals, encouragement to exercise, educational materials given during a face-to-face visit (include copy in record)
- Conduct a Staying Healthy Assessment
- EMR template inclusive of a hard stop for Nutrition and Physical Activity discussed during visit
- Educate providers on the need for Nutrition and Physical Activity discussion to be documented
- Assessment form(s) completed during visit (Nutrition and Physical Activity, Anticipatory Guidance with language that **specifically mentions** nutritional education-counseling and/or physical activity education-counseling, PM 160 comment/problem section documented physical activity discussed and section 03 no problem suspected checked with form signed by provider)
- Birthday card mailed to include reminders of annual assessments such as counseling for nutrition and physical activity
- Designate a team member to outreach to members (notify parents) due for an assessment (e.g., phone call, postcard, letter signed by provider)
- If appointment missed, conduct outreach to reschedule within 48 hours
- Identify and address barriers to WCC Visits (e.g., social, financial, language, cultural, transportation)
- Create a preventive service summary sheet/patient age specific flowsheet to be reviewed on each visit to decrease missed opportunities for preventive care
- Identify preventive needs at the time of registration
- Establish a standard practice to document Nutrition and Physical activity behaviors discussions at each visit