BENCHMARKS

School Based Health Center Project
April 17, 2013

Childhood Obesity

OBESITY GUIDELINES **Hard guidelines in bold, red font.**				
STANDARD	OVERALL GOAL	BENCHMARK	FREQUENCY	COMMENTS
Weight	N/A		Each visit	Goal by each pt
BMI	Obtain BMI on all patients aged 2 yrs and above and ascertain risk factors for pts with BMIs > 85%ile.	90% of patients	Each visit	Risk Factors : Parental obesity, Fam Hx, Abnormal labs, Lifestyle, BMI trajectory
Blood Pressure	< 90%ile for Ht	75% of patients	Each visit	Use BP chart by age and sex
AST, ALT Check if wt is: >85% + 2 other risk factors >95% all children	< 60	75 % of patients	Every 2 yrs in children 9+ yrs	If abnormal, repeat in 1 month. If result twice abnormal, consult Ped Hepatologist
Lipid profile **All children if weight >85%**	TG ≤ 130 HDL> 40 LDL<110 T CHOL < 170	75% of patients	Every 2 yrs in children 9+ yrs	If high levels (Total Cholesterol>200,LDL>130) Refer to Dietitian If no improvement with diet/exercise refer to Ped Cardio or lipid expert
Blood Sugar, (or Hgb A1C) if Weight **>85% + 2 other risk factors** **>95 % all children**	<100 Blood Sugar < 6 Hgb A1C	75% of patients	Every 2 yrs in children 9+ yrs	If blood sugar >126 OR HbA1c >6, refer to Ped Endocrine
Set patient directed behavior goals for weight loss	All overweight and obese patients	75% of patients	Every 3- 6 months	If no improvement refer to nutrition or more structured wt mgmt program.
Diet Education advice	All overweight and obese patients	85% of patients	Each visit	
Physical activity Education and advice	All overweight and obese patients	85% of patients	Each visit	
Screening for Obstructive Sleep Apnea, Cardiovascular, Psychiatric, Orthopedic, Endo	All overweight and obese patients	85% of patients	Annually	

Childhood Obesity

- CARE MANAGEMENT GUIDELINES FOR PEDS OBESITY PCMH

- **1. BMI > 99% and no improvement ≥ 2 visits.**
- **2. Overweight pt with comorbidities: HTN, DM, Metabolic Syndrome, OSA**

CLINICAL REFERENCES FOR THE PCMH OBESITY GUIDELINES

- 1. ADA Summary of Revisions to the 2011 Clinical Practice Recommendations
- Diabetes Care January 2011 34:S3; doi:10.2337 /dc11-S003

- 2. 2010 Dietary Guidelines for Americans, USDA, Center for Nutrition Policy and Prevention
- http://www.cnpp.usda.gov/dgas2010-policydocument.htm

- 3. The Endocrine Society's Clinical Guidelines.
- Primary Prevention of Cardiovascular Disease and Type 2 Diabetes in Patients at Metabolic Risk.
- Journal of Clinical Endocrinology & Metabolism, October 2008,
- 93(10):3671-3689
- © The Endocrine Society, 2008docr

- 4. US Department of Health and Human Services 2008 Physical Activity Guidelines for Americans
- www.USDA.gov

- 5. Expert Comitte Recommendations Regarding the Prevention, Assessment, and Treatmeant of Child and Adolescent Overweight and Obesity: AAP, December 2007

- 3/27/12

Asthma

ASTHMA GUIDELINES **Hard guidelines in bold, red font.**				
STANDARD	GOAL	BENCHMARK	FREQUENCY	COMMENTS
Diagnosis	Use medical history and physical examination to determine that symptoms of recurrent episodes of airflow obstruction are present.	90% compliance	As required by symptomology	
Asthma Severity	>90% classification for all asthmatics at every visit	90% compliance	Every 3- 6 months	Use severity chart and questionnaire
Asthma Assessment	Asthma assessed using NAEP guidelines	90% compliance	Each visit	**In the past week, how often did you:** Wheeze, cough at night, tire faster than others with exercise, use albuterol
Asthma Monitoring	-follow up care – 2 to 6 week intervals initially, then every 1 to 6 months depending on status	90% compliance	At least twice a year	
Asthma Control: ER visits/ hospitalizations/exacerbations	- no ER visits -no hospitalizations	75% compliance	Assessed annually	
Peak Flow Monitoring	Stabilized peak flow b/w visits	75% compliance	Q visit	
Asthma Action Plan	100% inclusion on charts of all patients diagnosed with asthma	80 % compliance	Once by the third visit and when therapy changes	
Patient Education	100% documentation that patient education performed -appropriate language and literacy level -asthma triggers documented	90% compliance	At least once and then as indicated on pt understanding	
Patient directed Goals	100% inclusion on charts of all patients diagnosed with asthma	80% compliance	Q visit	Physician and patient design goals
Asthma Pharmacologic Therapy	100% patients on controller meds with mod – severe asthma.	90% compliance	Each visit	
Specialist Referral (asthma clinic or pulmonologist)	Refer all severe persistent asthma or poorly controlled mod persistent	90% compliance	As required	Poorly controlled patients can be tracked through care management (FYI) status
annual influenza vaccine	Offered to 100% patients	90% compliance	annually	

Asthma

- CARE MANAGEMENT GUIDELINES FOR ASTHMA

- **1. Poorly Controlled Moderate Persistent or Severe Asthma**
- **2. ≥ 2 ER visits within previous 12 months**
- **3. Administration of ≥ 2 or more oral steroid bursts with the previous 6 months**
- **4. Hospital admission for asthma exacerbation within previous 12 months**

- CLINICAL REFERENCES FOR THE PCMH Asthma GUIDELINES

- http://www.pedinfo.org/index.php?title=Pediatric_Quality_Measures

- OTHER REFERENCES

Health Maintenance

STANDARD	**BENCHMARK**	**OVERALL GOAL**	**FREQUENCY**	**COMMENTS**
Immunizations (2year olds) **4 DTP/DTaP** **3 IPV** **1 MMR** **3 Hib** **3 HepB** **1VZV (Varicella)** **4 Pneumococcal conjugate** **2 HepA** **2 or 3 RV (Rotavirus)** **2 Flu** **4-6yo** All vaccines above and additional booster dose of : DTAP IPV MMR Varicella **Flu: annually**	Increase vaccination by 10% each year for next 5 years	**95% of all 2 year olds are fully immunized**	**Per Immunization Guidelines published annually by Committee on Infectious Diseases**	Vaccines should be reviewed at each visit and catch up doses administered as early as possible

Health Maintenance

Immunizations (Adolescents) Menactra: 1-2 doses ≥ 11 y HPV: 3 doses ≥ 11 y Tdap: Booster ≥ 11 y **Flu: annually**	Increase vaccination by 10% each year for next 5 years	**80 % adolescents compliant with immunizations**	**Per Immunization Guidelines published annually by Committee on Infectious Diseases**	Vaccines should be reviewed at each visit and catch up doses administered as early as possible
Measurements Length/ Height & Weight HC: birth to 24mos Wt for length: birth to 18ms BMI: ≥ 2y BP: ≥ 3y	90 % compliance	100% compliance	Each Well Child Visit (3-5d, by 1mo, 2m, 4m, 6m, 9m, 12m, 15m, 18m, 24m, 30m, 3y and annually thereafter)	
Sensory Screening 1. Vision 2. Hearing	80% compliance	100% compliance	1. 3-6y, 8y, 10, 12y, 15y, 18y 2. NB, 4-6y, 8y, 10y	Rescreen uncooperative children within 6 months.
Physical Exam	95% compliance	100% compliance	Each Well Child Visit (3-5d, by 1mo, 2m, 4m, 6m, 9m, 12m, 15m, 18m, 24m, 30m, 3y and annually thereafter)	Patients should be undressed
Procedures 1. NBS **2. Lead** 3. Hb 4. PPD 5. Dyslipidemia Screen 6. STI Screen 7. Cervical Dysplasia Screen	Perform tests at suggested intervals with 80% compliance	100% compliance	1. 24-48 HOL **2. 12ms, 24ms** 3. 12ms, 24ms 4. ≥ 12ms 5. 24m, 4y, 6y, 8y, 10y and then annually 6. ≥ 11y 7. ≥ 11y	Risk assessment to be performed with appropriate f/u action if + **6. Screen all sexually active patients for STIs** **7. Refer to Gyn/ Teen Clinic for pelvic exam/ screen within 3 years of sexual activity**

Health Maintenance

Anticipatory Guidance	90% compliance	100% compliance	Each Well Child Visit (3-5d, by 1mo, 2m, 4m, 6m, 9m, 12m, 15m, 18m, 24m, 30m, 3y and annually thereafter)	Specific guidance by age based on Bright Futures Guidelines
Developmental/ Behavioral Screen **1. Peds questionnaire** **2. MCHAT** 3. Psychosocial/ Behavioral assessment 4. Alcohol and Drug Use assesment	80% compliance	100% compliance	1. **9m, 18m,** 24m, **30m** 2. **18m**, 24m 3. Each Well Child Visit 4. ≥ 11y	Appropriate F/U action if screen +
Oral Health Screening annually and referral to dentist annually beginning age 3yrs	90% compliance	100% compliance	6m, 9m, 12m, 18m, 24m, 30m, 3y, 6y	Refer to dentist if screen +

Health Maintenance

- CARE MANAGEMENT GUIDELINES FOR WELL CHILD CHECKS

  1. **≥ 2 consecutive Health Check DNKAs**
  2. **Delayed Immunizations > 6 months**

- References:

1) Hagan JR, Shaw JS, Duncan PM, *eds*. Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, 3rd Ed, Elk Grove Village, IL; American Academy of Pediatrics; 2008.
2) http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf
3) http://aapredbook.aappublications.org/resources/IZSchedule7-18yrs.pdf