



# HEDIS<sup>®</sup> Measures Help Guide the Care of Pediatric Members

Health care providers play a key role in guiding children and adolescents toward healthy behaviors. Using the correct medical record documentation will ensure your efforts are acknowledged. Refer to the “Effectiveness Measures” listed in the *HEDIS Tips Booklet for Providers*, available on the CDPHP provider portal, for applicable codes.

## Weight Assessment and Counseling

The HEDIS “WCC” measure—Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents—was developed to address the ever-growing epidemic of childhood obesity. Fulfilling the following elements annually for all patients ages 3 to 17 will enable you to meet the WCC measure and improve your young patients’ chances at a healthier life:

### MEASUREMENT OF BMI

- ✓ For children ages 3 to 17 years, BMI should be documented as a percentile or plotted on a growth chart.
- ✓ Ranges and thresholds, such as 85-95% or >95%, are not HEDIS-acceptable.

### DISCUSSIONS OF CURRENT NUTRITION AND PHYSICAL ACTIVITY BEHAVIORS

- ✓ At a minimum, discuss eating habits and current physical activity behaviors (e.g., exercise/sports routines). For children younger than five years of age, a notation of how physically active they are will satisfy the physical activity component of the measure.
- ✓ Document your own counseling, anticipatory guidance, and/or referrals to a nutritionist or a local program. CDPHP members have a medical nutritional counseling benefit of up to four visits with a registered dietitian per benefit period. Participating providers (RDs) can be located on [findadoc.cdphp.com](http://findadoc.cdphp.com). A weight or obesity counseling referral will satisfy both the nutrition and physical activity components.
- ✓ Have educational handouts available and document their use. Materials can be obtained at [brightfutures.aap.org](http://brightfutures.aap.org), [agesandstages.com](http://agesandstages.com), and [CDC.gov](http://CDC.gov).

### TIPS FOR MAKING YOUR WCC SCORES SOAR:

- ▶ Implement a checklist (if using paper charts) or a health maintenance flow-sheet (for an electronic medical record) to capture the dates of service upon which you address these topics.
- ▶ If your patients find it difficult to arrange an annual well visit, use sick visits as an opportunity to provide wellness-focused advice. To fulfill criteria, these counseling sessions cannot be geared toward the presenting complaint for which the visit was intended, and must occur each measurement year.
- ▶ Refer to the “Effectiveness Measures” listed in the *HEDIS Tips Booklet for Providers*, available on the CDPHP provider portal, for applicable codes.



## Adolescent Preventive Care

The HEDIS Adolescent Preventive Care (ADL) measures are targeted to adolescents, ages 12 to 17. The New York State Department of Health has adopted them as part of its Quality Assurance Reporting Requirements (QARR) with a goal of:

- ▶ Preventing teen pregnancy and sexually transmitted infections (STIs)
- ▶ Early recognition and treatment of depression in adolescents
- ▶ Preventing tobacco use, addiction, and related comorbidities
- ▶ Reducing the use of illicit drugs, and misuse of prescription pharmaceuticals and alcohol

### FULFILLING THE ADL REQUIREMENTS

Medical record documentation for patients 12 to 17 years of age must include notations regarding assessment or counseling or education or treatment of all of the following within the measurement year.

#### Sexual activity

- ✓ Topics to be addressed should include: current behaviors, abstinence, family planning, condom use, contraceptives, human immunodeficiency virus (HIV), STIs, pregnancy prevention, and safe sex.
- ✓ Note: Prescriptions for contraceptives, along with any of the above documentation, will satisfy this component of the ADL measure.

#### Depression

- ✓ Note the presence or absence of the adolescent's depressive symptoms, both affective and physical, and link it to a statement regarding "depression assessment" in the chart.
- ✓ Be proactive. The use of an assessment tool or provider interview is more effective than relying on patient self-reporting to identify depression. You can find examples of "teen screens" at [brightfutures.aap.org](http://brightfutures.aap.org). These can be downloaded and customized to your practice.
- ✓ Document counseling, referral, diagnosis, or treatment for depression during the measurement year. A documented discussion of, or prescription for, antidepressants (other than those that have been prescribed for smoking cessation) would also fulfill the requirement.
- ✓ Note any education, counseling, or distribution of educational materials on symptoms of depression, red flag warnings, and where to get help and treatment.

#### Tobacco use

- ✓ Includes, but is not limited to, cigarettes, e-cigarettes, cigars, chew, or other forms of smokeless tobacco.
- ✓ Please make notations on any referrals for smoking cessation, prescription of smoking cessation medications, or discussions of exposure to second-hand smoke.

#### Alcohol/substance abuse

- ✓ Substance use includes, but is not limited to, alcohol, street drugs, non-prescription drugs, prescription drug misuse, and inhalant use.
- ✓ Document assessment of current behaviors, education regarding the risks of substance use, or any referral for counseling or treatment programs.

#### TIPS FOR MAKING THE MOST OF ADL OPPORTUNITIES:

- ▶ Create a checklist or health maintenance flow-sheet indicating each of the above elements.
- ▶ Obtain and distribute educational materials that address safe sex, depression, and the risks of tobacco and substance use. Visit [brightfutures.aap.org](http://brightfutures.aap.org) or [CDC.gov](http://CDC.gov) for questionnaires, visit templates, anticipatory guidance handouts, and more.
- ▶ Statements such as "health education" or "age-appropriate anticipatory guidance" alone, without mention of the specific elements listed above, are not HEDIS compliant. Nor are tests alone—such as STI screening or pregnancy tests—without notation of assessment or counseling for sexual activity.
- ▶ Refer to the "Effectiveness Measures" listed in the *HEDIS Tips Booklet for Providers*, available on the CDPHP provider portal, for applicable codes.

If you have questions or need additional information, please email [quality1@cdphp.com](mailto:quality1@cdphp.com).