

Body Mass Index Growth Module in the Michigan Care Improvement Registry

Frequently Asked Questions

1. Question: What is the BMI Growth Module in the Michigan Care Improvement Registry (MCIR)?

Answer: The Body Mass Index (BMI) Growth Module in the Michigan Care Improvement Registry (MCIR) has been developed for the use by health care providers for their pediatric patients 0 to 18 years of age. This module accepts patient height and weight data, and counseling information and provides BMI information (BMI value, height percentile, BMI percentile, weight percentile) and clinical decision support to guide the prevention and treatment of overweight and obesity issues.

2. Question: Do I have to enter height and weight for all my patients?

Answer: No, the MCIR Administrative Rules governing the MCIR do not mandate that you enter height and weight.

3. Question: Do I have to enter height and weight every time it is measured?

Answer: No, the MCIR Administrative Rules governing the MCIR do not mandate that you enter height and weight.

4. Question: Can I automatically transfer the height and weight data from my EHR?

Answer: The National HL7 messaging standard to collect height and weight from electronic health record systems is under development. Currently there is no keyless entry interface for the BMI Growth Module.

5. Question: What if a parent/guardian/patient chooses to not have their data entered into the BMI Growth Module in the MCIR?

Answer: A parent/guardian/patient can choose to not have height and weight data entered into the BMI Growth Module in the MCIR. They can inform their health care provider and the data will not be inputted.

6. Question: How will parents/guardians/patients be informed of their right to opt out?

Answer: The MCIR Administrative Rules requires consent from the parent/guardian/patient prior to submission of data; **there is no requirement for this to be written consent.** Health care providers **must** provide parent/guardian/patient written information explaining that the reporting of height and weight data into the BMI Module in the MCIR is optional and that they may choose to not have height and weight data inputted. Sample language to add to existing consent forms as well as downloadable office posters and BMI informational sheets are available on MCIR.org.

7. Question: What is BMI?

Answer: BMI, or body mass index, is a widely accepted screening tool for identifying overweight and obese individuals who may be at risk for weight related health problems. It is calculated from a person's height and weight. To control for differences in body sizes due to gender and age, BMI values for children are commonly expressed in percentiles. A child with a BMI percentile above the 95th percentile is considered obese.

8. Question: Is BMI screening always accurate? Are all children with a high BMI actually overweight or obese?

Answer: No. BMI is a *screening* test and not a diagnosis of overweight or obesity. A diagnosis of overweight or obesity can only be made by a trained clinician based on the assessment of other risk factors, for example; familial medical history, blood pressure, current dietary behavior, and laboratory tests.

9. Question: Is BMI an accepted measurement for screening for obesity and overweight?

Answer: Yes, BMI is widely accepted as a reliable and valid tool for assessing overweight in children. The American Academy of Pediatrics (AAP) (Barlow & and the Expert Committee, 2007) and the U.S. Preventive Services Task Force (Klein et al., 2010) recommend an annual BMI screening for all children and adolescents.

10. Question: Why is BMI needed? Why is it important to determine if children are overweight at an early age?

Answer: Prevention of obesity in childhood is likely to be more effective than medical treatment for obesity in adulthood. (Committee on Nutrition, 2003) Overweight children have a 70% chance of becoming overweight as adults (Nader et al., 2006) and health problems from overweight can begin even in childhood.(Van Cleave, Gortmaker, & Perrin, 2010)

11. Question: Don't health care providers already address childhood obesity during well-child visits (use growth charts, plot BMI, and counsel on nutrition, physical activity)?

Answer: Based on focus group findings, health care providers have an expressed need for support in conveying the BMI information with families and making recommendations for action. Health care providers value having patient-specific guidance that can be printed and added to the patient's chart and used to start discussions with families. Few reported comfort with the expert committee treatment guidelines. Several studies document that primary care providers are not providing care consistent with the clinical guidelines.

12. Question: What is the difference between BMI screening and BMI surveillance?

Answer: BMI is used as a screening test to identify whether individual children are at risk for underweight, overweight or obesity. When screening tests identify children with low or high BMI values, they should be referred to a clinician to determine whether their weight puts them at risk for weight-related health problems. Surveillance is defined as "an ongoing systematic collection, recording, analysis, interpretation, and dissemination of data reflecting the current health status of a community or population." BMI is used as a surveillance tool when data on large groups of children are pooled for analysis to determine underweight, overweight or obesity trends in a population. It does not matter for surveillance purposes that some children may have

a high BMI but not have weight-related health risks. Surveillance studies are not concerned with the individual identities of specific children.

13. Question: Why does the government need my child's BMI information?

Answer: BMI data from your child, when grouped with many other children's BMI data, can inform public health officials' efforts to control one of the most costly public health problems our country faces. This data can help experts determine how big the problem is in a specific community/county, when and where to launch new prevention efforts, how to best plan these programs around a community's specific needs, when to seek policy changes, and how to evaluate efforts to confront the obesity epidemic over time.

14. Question: Don't we know the scope of the childhood obesity problem through other data sources?

Answer: The data sources available at state level to measure childhood obesity every year are: Pediatric Nutrition Surveillance System (collects data on underweight, overweight, and obesity for low-income children ages 0 to <5 years in federally funded maternal and child health programs, although data from year 2010 will be the last set of information available as it is scheduled to be discontinued by CDC), Youth Risk Behavior Survey (weight and height are self-reported by 9th to 12th graders), National Survey of Children's Health (NSCH) provides state level information on children aged 10 to 17 years such as in year 2007. This survey was only conducted twice so far in the years 2003 and 2007; although state level prevalence of childhood obesity was provided only in the year 2007. Thus, there is a big gap in surveillance data for Michigan children.

15. Question: Do I need to be worried about the government having data on my child?

Answer: Privacy concerns are understandable, but often overestimated. City, State, and Federal governments all over the world have been collecting public health data for the last few centuries and the risk of surveillance data being misused is very small. Modern electronic surveillance methods are actually more secure than traditional paper-based methods, and methods and standards have been developed to ensure patient privacy.

16. Question: Are there protections in place for patient confidentiality and information security?

Answer: In accordance with Public Act 540 of the Public Acts of 1996, Amended 2006 as Act 91, and codified as MCL 333.9201 et seq. of the Michigan Public Health Code, the Department of Community Health (MDCH) has established the Michigan Care Improvement Registry (MCIR) to record information regarding administered immunizations and other health related data by health care providers. Access to the MCIR is permitted for the sole purpose of providing information and documentation needed for these purposes. Users of the system must refrain from employing the MCIR and data on the MCIR for any other use. Access to the MCIR database is permitted under the provisions of MCL 333.9201, 9204, 9206, 9207 and 9227. Access to MCIR data is under the terms and conditions prescribed by the MDCH. Improper use of the MCIR will result in revocation of the user's access privileges and potential liability under MCIR, Vital Records, and Michigan Computer Crime Laws. The MDCH reserves the right to revoke a user's access privileges at any time, without notice.

17. Question: Where will the data be housed?

Answer: The data is housed on a secure server location within the State of Michigan Department of Technology, Management and Budget.

18. Question: Who has access to the data?

Answer: Authorized health care providers that provide care and counseling to persons under the age of 18 years will have access to the data.

19. Question: How can data captured in the BMI Growth Module be utilized to report on the HEDIS measure specific to pediatric BMI?

Answer: Beginning in 2009, the National Committee for Quality Assurance established a measure of obesity management quality. This new element of the Healthcare Effectiveness Data and Information Set (HEDIS) is based on the proportion of children in a health plan for which BMI and nutrition/physical activity counseling was documented in charts. The measure specific to weight assessment and counseling for nutrition and physical activity is specific to whether patients 2-17 have a body mass index (BMI) percentile, counseling for nutrition and counseling for physical activity documented through either administrative data or medical record review during the measurement year. The HEDIS measure does not require that health plans or health care providers enter height, weight or BMI into a registry. There are currently no reports available in the BMI Growth Module for health care providers to generate data specific to these indicators.

20. Question: How do I access the BMI Growth Module within the MCIR?

Answer: Access the MCIR system at <https://sso.state.mi.us/> using your User ID and password. After finding a child click on the BMI/Growth Tab option on the menu bar. The BMI/Growth tab will appear if the child is between the ages of 0 and 18 and you are logged in as an approved facility.

21. Question: How do I add a height and weight for my patient?

Answer: At the BMI/Growth screen, click on the Add Measurement link to record a new measurement. At the Add Measurement pop-up screen: Select the Date of Measurement (MM/DD/YYYY), Choose either English or Metric units for data entry, Click Submit to enter measurement data. Enter measurement data in the required fields (For children under age 2: Weight and Length are required fields. For children age 2 and above: Weight and height are required fields.) When entering weight using English units enter ounces for children up to 1 year of age. After year 1 you must enter pounds. Both units allow entry of one decimal place. When entering Height in English units, enter inches and quarter inches. Height must be 4–99 inches; Weight must be 1–998 lbs. The system will alert you when entries are outside acceptable ranges Alerts appear for entries that are 5 standard deviations out of the CDC values. Click Submit to record the data. Click Cancel to clear all entered data and start over.

Once data has been entered and submitted, the screen displays the entered height and weight data, newly calculated BMI value and BMI percentile and associated color classification. The main screen will only display height to the nearest inch so it will round the number. The original numbers entered are preserved. The BMI calculations are accurate to the nearest millimeter.

22. Question: What does the small colored box mean on the BMI/Growth tab?

Answer: The small colored square on the tab shows the most recent body mass index (BMI) range of the patient. Pink = Overdue for a measurement, Blue = Underweight (BMI percentile < 5%), Green = Healthy weight (BMI percentile 5-84%), Yellow = Overweight (BMI percentile 85-94%), Red = Obese (BMI percentile \geq 95%). Moving the computer mouse over the colored square will pop up information regarding the height, weight, BMI percentile and date of measurement.

23. Question: What does the colored bar denote next to the BMI percentile?

Answer: The color blocks next to the measurement correspond to the different BMI percentile categories. Blue = Underweight (BMI percentile < 5%), Green = Healthy weight (BMI percentile 5-84%), Yellow = Overweight (BMI percentile 85-94%), Red = Obese (BMI percentile \geq 95%)

24. Question: Why can't I enter length for my patient over 3 years of age?

Answer: Length (with option for metric and American standard measurement) is only enabled for ages 0-3 years. If the patient is over 3 years of age the user cannot enter data in this field. Height (with option for metric and American standard measurement) is enabled for ages 2 and up. Once a height has been submitted the user will no longer be able to enter length data.

25. Question: How do I view a growth chart?

Answer: At the BMI/Growth screen, click the drop-down button under BMI/Growth Charts to select a chart type in the list. Click 'Get Chart' to open the chart in a new window. Charts are generated as follows: Boys: Ages 0-3 years generates a Length-for-Weight chart. Ages 2-18 years generates a BMI-for-Age chart. Girls: Ages 0-3 years generates a Length-for-Weight chart. Ages 2-18 years generates a BMI-for-Age chart. The growth charts are based on the Centers for Disease Control and Prevention's Clinical Growth Charts. Both the Length-for-Weight and BMI-for-Age charts may be generated for children ages 2-3 years.

26. Question: How do I print a growth chart?

Answer: On the BMI/Growth screen, there is a field with a drop-down button under BMI/Growth Charts to select a chart type in the list. Clicking on the dropdown displays the list of charts that can be accessed for that child. Select a growth chart you want displayed and click on 'Get Chart'. This should display the selected growth chart with the value plotted for the child or adolescent. You can print, save, or perform other actions through the window's toolbar.

27. Question: How do I print the Clinical Decision Support Tools?

Answer: At the BMI/Growth screen, click on the ? (question mark) icon to open the BMI status summary popup. Click on the [Clinical Decision Support Tools](#) link to open guidelines, which open in a new window.

The Clinical Decision Support Tools represent customized clinical guidelines for the child's gender, age group, and BMI percentile category. The clinical guidelines are based on the AMA/AAP Expert Recommendations (Barlow, et al). The breakouts for the Clinical Decision Support Tools are as follows: Gender: Boys and Girls

Age Group: 2-5 years, 6-11 years, 12-18 years

BMI Percentile Groups: Healthy Weight: 5 – 84%, Overweight: 85 - 94%, Obese \geq 95%

The tools open in a separate window. You can print, save, or perform other actions through the window's toolbar. Use the scroll bar to move through pages in the document. Click the **X** icon in the upper right to close the window when done.

28. Question: How do I find the blood pressure category on the Clinical Decision Support Tools?

Answer: Blood pressure charts provided on the Clinical Decision Support Tools show only those readings which are at the 95th percentile. Patient's whose systolic and diastolic readings fall below the numbers identified on the chart are NOT considered hypertensive for purposes of identifying weight-related risk. Identify the child's height percentile shown the top of the Clinical Decision Support Tools document. Choose the blood pressure chart appropriate for the child's gender. Using the gender-appropriate chart, identify the patient's age and height percentile shown along the top of the chart. If the patient's systolic and diastolic readings are EQUAL TO OR ABOVE those identified on the chart for the patient's gender, age and height percentile, the patient is considered hypertensive and should be considered as having medical risk for overweight or obesity and the "Y" box should be checked next to the blood pressure charts.

29. Question: Why doesn't the BMI value and percentile calculate for my pregnant patient?

Answer: There is no pregnancy comparative information. The BMI percentile would not be valid for a pregnant female. The BMI Growth Module in the MCIR allows you to enter height and weight but the BMI value and percentiles will not be calculated.

30. Question: How do I record a counseling activity?

Answer: At the BMI/Growth screen, click on the [Add Counseling Activity](#) link to record a new entry. At the Add Counseling Activity pop-up screen: Select the Date of Visit (MM/DD/YYYY). Click Submit to enter the counseling data. Select all counseling services that apply to the date of visit. *NOTE: The corresponding codes for the counseling activities are taken from the HEDIS 2009 Weight Assessment and Counseling for Nutrition and Physical Activity metrics.* Click Submit to record the data. Click Cancel to clear all entered data and start over. Users who create a counseling activity entry (and MDCH users) will see a trash icon they can use to delete the entry.

31. Question: What do the codes after the counseling activities stand for?

Answer: The corresponding codes for the counseling activities are taken from the HEDIS 2009 Weight Assessment and Counseling for Nutrition and Physical Activity metrics.

32. Question: Can I use the counseling activities and assessment codes to bill for services?

Answer: No, these codes are included for your reference only. Please speak with your participating health plan to confirm what codes you should be using to bill for specific services.

33. Question: How do I edit a height and/or weight with the BMI/Growth module?

Answer: Users who create a measurement entry (and MDCH users) will see a trashcan icon they can use to delete the measurement. Entries cannot be edited. To make changes, you must delete the entry and recreate it with the desired changes. If you are not the user that entered the height/weight you (or a child's responsible party) may petition the Michigan Department of Community Health (MDCH) to have a MCIR record changed. The completed Petition for Modification form should be submitted to your regional MCIR office.

Contact your regional MCIR office for **Petition for Modification forms and instructions.*

34. Question: How do I delete a counseling event that I entered?

Answer: Users who create a counseling activity entry (and MDCH users) will see a trashcan icon they can use to delete the entry. If you are not the user that created the counseling activity entry you (or a child's responsible party) may petition the Michigan Department of Community Health (MDCH) to have a MCIR record changed. The completed Petition for Modification form should be submitted to your regional MCIR office.

Contact your regional MCIR office for **Petition for Modification forms and instructions.*

35. Question: Why can't I enter height and weight data for my patient that is over 18 years of age?

Answer: The Administrative Rules governing the MCIR only allow entering of height and weight data for patients under the age of 18.

References

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