A. Control #: PHP-19a
B. Measure Name: Evidence of BMI Percentile Assessment
C. Measure Definition
   a. Numerator: Children in the denominator who had evidence of BMI documentation during the measurement year
   b. Denominator: Children 2–17 years of age who had an outpatient visit with a PCP or OB/GYN during the measurement year
D. Measure Type: ✓ Process    ____ Outcome    ____ Structure    ____ Efficiency
E. Measure collected using: ____ EMR    ____ CPOE    ____ Other HIT    ____ N/A    ✓ NR

VALIDITY
F. Evidence of measure validity submitted? ✓ Yes    ____ No
G. Level of evidence supporting the measure (if submitted): (see Oxford University CEBM Levels of Evidence)

   Oxford CEBM = 5 (Expert Consensus Opinion; No trials of screening programs to identify and treat overweight in children and adolescents have been reported. Limited research is available on effective, generalizable interventions for overweight children and adolescents that can be conducted in primary care or to which primary care can make referrals. Most research has investigated intensive behavioral counseling interventions conducted by specialists with repeated contacts over 6 to 12 months, many using family-based comprehensive behavioral treatments. No current research is reported in children aged two-five. The number of studies addressing adolescents is small, but increasing. Overall, current trials are limited due to small--often-selective--samples; non-comparable interventions between trials; short-term (6 to 24 months) follow-up; reporting of overweight outcomes only with minimal reporting of health outcomes; and failing to report intention-to-treat analyses. While monitoring growth and development in children and adolescents through BMI documentation at visits is prudent, care should be taken not to unnecessarily label children and adolescents as overweight or at risk for overweight until more is known about BMI as a risk factor, and effective interventions are available).

H. USPSTF Grade if applicable:

FEASIBILITY
I. Measure Specifications Submitted? ✓ Yes    ____ No    ____ Yes, but insufficient detail provided
J. Data Source:
   ✓ Admin    ____ MR    ____ Survey    ____ Other (specify):    ____ NR
K. Evidence of measure reliability submitted? ____ Yes    ✓ No
L. List of entity types currently using measure:
   State Medicaid Programs

IMPACT
M. Addresses area of care mandated in legislation?
   ✓ Yes (specify): Prevention and health Promotion: General screening    No
N. Documented variation in performance (by race/ethnicity, language spoken, insurance type, etc)?
CONFIDENTIAL, PRELIMINARY FIRST YEAR REPORTING DATA: National mean (Medicaid): 21.29%; 10th percentile 0.10%; 90th percentile 47.45%.

O. Measure used/data are collected in racial/ethnic populations other than non-Hispanic white?

_____ Yes  _____ No  _____ NR