Obesity Quality Measures Overview

Obesity Quality Measures

Measure Title and Description[1,2]	Type	Source(s) of Data
1. **Documentation of Obesity Diagnosis:** Percent of patients with BMI ≥ 30 and documentation of an obesity diagnosis.	Process	Claims, EHR, problem list
2. **Weight Change Over Time:** Percent of patients with an initial BMI ≥ 25 who achieved at least a 5% percent reduction in weight within 9-12 months during the reporting period.	Outcome	EHR
3. **Evidence-based Treatment for Obesity:** Percent of patients with BMI ≥ 25 who were prescribed an anti-obesity medication or referred to an evidence-based treatment regimen for obesity, including nutrition counseling, exercise counseling, intensive behavioral therapy, or bariatric weight loss surgery.	Process	Claims, EHR
4. **Obesity Quality of Life Patient-Reported Outcome Performance Measure (PRO-PM):** The average change in quality of life (QoL) score for patients with obesity, collected via the obesity-related problem scale (7 questions) and the obesity and weight-loss quality of life instrument (17 questions)	PRO-PM	Patient-reported surveys

[1] Current measure specifications are detailed in slides 4-7.
[2] Measures may be modified after stakeholder feedback and further analysis.

Measure Testing Background[3]

- Data source: De-identified, patient-level data from four (4) pilot sites that participated in the AMGA Obesity Care Model Collaborative
- Reporting period: 07/01/2017-06/30/2018
- Level of analysis: Health system
- Eligible population
  - 18–79 years old, as of July 1, 2017
  - 1 or more ambulatory visits or encounters during the reporting period
  - Excluded individuals that had a diagnosis for pregnancy on any claim or problem list during the reporting period, had palliative or hospice care during the reporting period, or died prior to the end of the reporting period.
- Pilot site summary
  - Sites included both small and large health systems representing diverse geographic regions and patient populations
  - Received claims and clinical data from over 600,000 unique patients representing over 7.2 million encounters

[3] Initial measure testing for measure 4 (Quality of Life PRO-PM) focused on early feasibility assessment only. Additional scientific acceptability testing may be required on all measures.

Documentation of Obesity Diagnosis

Measure Type	Process
Measure Description	Percent of patients with BMI ≥ 30 and documentation of an obesity diagnosis.
Measure Background	Obesity is underdiagnosed despite increases in BMI screening. Fewer than a third of primary care visits of adults with obesity result in a documented diagnosis. Patients that are black, Hispanic/Latino, or Asian are less likely to have an obesity diagnosis, despite no difference in BMI documentation.[4] An obesity diagnosis motivates weight loss[5] and predicts provider counseling.[6,7]
Summary of Specifications	Numerator statement: Number of individuals who received a diagnosis of obesity at any time during the reporting period. Diagnosis can be documented by any provider and can be on a claim or the patient's problem list. Denominator statement: Individuals, aged 18-79, as of the first day of the reporting period, with 1 or more ambulatory visits during the reporting period, who had a BMI ≥ 30 at any time during the reporting period.
Preliminary Measure Rates	10 - 32% of patients with a documented BMI ≥30 received a diagnosis of obesity.
Seeking Public Input	• The measure does not require the BMI documentation and diagnosis to occur on the same day, nor by the same provider. As specified, is this a reasonable standard of care to promote obesity diagnosis? • Are there any provider types/specialties that should not be held accountable for documenting an obesity diagnosis? • The denominator only includes individuals with a documented BMI ≥ 30; are there validity concerns regarding this specification?

4. Baer HJ, Karson AS, Soukup JR (2013). Documentation and Diagnosis of Overweight and Obesity in Electronic Health Records of adult Primary Care Patients. JAMA 173(17): 1648-1652.
5. Robertson, et al., 92014). Systematic reviews of and integrated report on the quantitative, qualitative and economic evidence base for the management of obesity in men. Health Technol Assess 18(35):v-vi, xxiii-xxix, 1-424.
6. Fitzpatrick SL & Stevens VJ (2017). Adult obesity management in primary care, 2008-2013. Preventive Medicine 99: 128-133.
7. Bleich, Picket-Blakely, & Cooper (2011). Physician practice patterns of obesity diagnosis and weight-related counseling. Patient Education and Counseling. 82(1):123-9. doi: 10.1016/j.pec.2010.02.018. Epub 2010 Mar 19.

Weight Change Over Time

Measure Type	Outcome
Measure Description	Percent of patients with an initial BMI ≥ 25 who achieved at least a 5% percent reduction in weight within 9-12 months during the reporting period.
Measure Background	Current measures address BMI documentation, but quality of care should be evaluated by the outcomes of care over time. Modest weight loss of 5% of total body weight can reduce the risk of chronic diseases related to obesity and produce measurable health benefits, including improvements in blood pressure, cholesterol, and blood glucose.[8]
Summary of Specifications	Numerator statement: Number of individuals whose last documented weight during the reporting period showed a weight loss ≥ 5% from the first documented weight. Denominator statement: Individuals, aged 18-79 as of the first day of the reporting period, with 2 or more encounters at least 9 months apart within the reporting period, with a documented weight and BMI ≥ 25 at the first encounter. If there are multiple encounters at least 9 months apart, select the last encounter.
Preliminary Measure Rates	12– 16% of patients lost ≥ 5% body weight.
Seeking Public Input	• The measure is being assessed to stratify different weight loss targets; is ≥ 5% a reasonable target? • Is 9-12 months a reasonable time frame to expect patients to achieve ≥ 5% weight loss? • Should the 5% weight loss be maintained for a specific duration before being included in the numerator?

8. Blackburn G. (1995). Effect of degree of weight loss on health benefits. Obesity Research 3: 211S-216S. Reference for 10%: NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf.

Evidence-based Treatment for Obesity

Measure Type	Process
Measure Description	Percent of patients with BMI ≥ 25 who were prescribed an anti-obesity medication or referred to an evidence-based treatment regimen for obesity, including nutrition counseling, exercise counseling, intensive behavioral therapy, or bariatric weight loss surgery.
Measure Background	Despite its prevalence, obesity remains undertreated. Clinical guidelines recommend that patients identified with overweight or obesity (i.e., BMI ≥ 25) should receive evidence-based treatment which could include: behavioral therapy, nutritional counseling, and exercise counseling; patients with obesity (BMI ≥ 30) should be considered for anti-obesity medication; patients with class II obesity or higher (BMI ≥ 35) should be considered for bariatric surgery.
Summary of Specifications	Numerator statement: Number of individuals with documentation of any treatment during the reporting period, including-- nutritional counseling, exercise counseling, intensive behavioral therapy, anti-obesity medication, bariatric surgery Denominator statement: Individuals, aged 18-79, as of the first day of the reporting period, with 1 or more ambulatory visits during the reporting period, who had an initial BMI ≥ 25.
Preliminary Measure Rates	There was little evidence of nutrition (0.6-2.3%) or exercise counseling (<1%), intensive behavioral therapy (<1%) or bariatric surgery (<1%). Medication data was the most robust (up to 5%).
Seeking Public Input	• Are there other ways to measure obesity treatment? • Is it important to understand treatment methodology as related to weight loss? • Is it important to hold providers accountable for providing some treatment for weight reduction? • Would this measure be stronger if it only included patients with identified risk factors (e.g., hypertension, sleep apnea)?

Obesity Quality of Life PRO-PM

- Understanding the type(s) of patient-reported outcomes that will be most meaningful to patients and clinicians is important for future stages of this work.
- We are currently considering further development of a PRO-PM focused on assessing change in quality of life. Two validated QoL surveys are being used in a feasibility assessment at this time
  - Obesity-related problems scale (7 questions)
  - Obesity and weight-loss quality of life instrument (17 questions)

Questions for public input

- Are there other patient reported outcomes beyond QoL that are important when caring for adults with obesity? Please provide suggestions for outcomes of interest.
- Which existing, validated patient reported outcome surveys or instruments are commonly used in U.S. healthcare?