

Adult BMI Assessment and Follow-up

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Obesity is associated with cardiovascular disease, type 2 diabetes, certain cancers, and other serious health conditions. Routine body mass index (BMI) assessment helps health centers identify adults who may benefit from additional evaluation and support.

Weight-related health risks are especially important in rural Northern California, where 43.0% of adults report a BMI of 27.5 or higher. Rural communities may also face limited access to affordable nutritious food, safe places for physical activity, and specialty weight-management services.

Documenting BMI and a follow-up plan when results fall outside normal parameters connects screening with action. Effective follow-up may include nutrition and physical-activity counseling, collaborative wellness planning, behavioral health support, referrals, and ongoing monitoring tailored to each patient.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
X HEDIS X QIP ✓ UDS ✓ PHMI	Primary Prevention	MODERATE

Adult BMI Assessment and Follow-up links preventive screening with documented care planning. Reliable performance depends on reaching the full eligible population, calculating BMI from current height and weight, and recording an appropriate follow-up plan whenever results are outside normal parameters.

Understanding the Improvement Strategy

PHMI	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which eligible adults lack a current BMI, and who still needs a documented follow-up plan?	Key question: At every eligible encounter, are BMI and an appropriate follow-up plan documented reliably?
COMMON STRATEGIES - Population lists and care gap reports - Outreach before planned visits - Track missing BMI and follow-up documentation - Monitor disparities by population and site	COMMON STRATEGIES - Capture current height and weight at intake - Use automated BMI calculation and reminders - Document counseling, referrals, or care plans - Reassess progress and update the plan

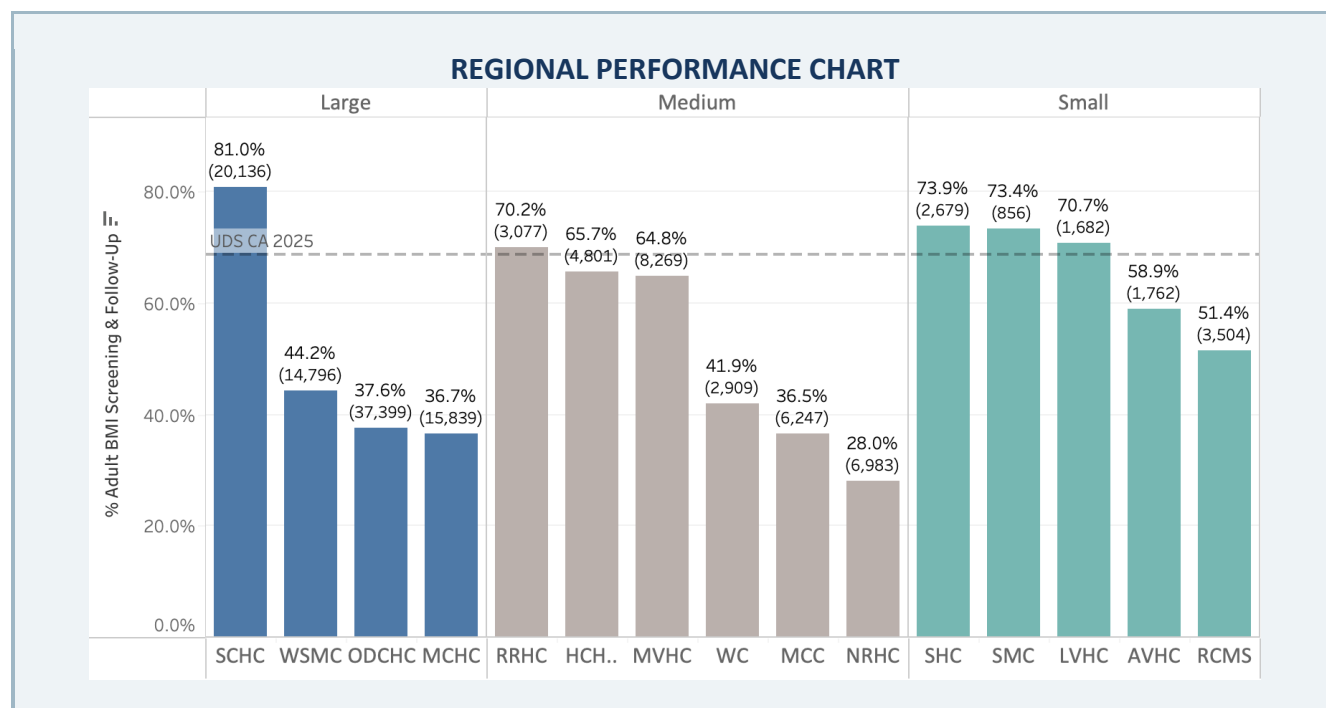
Strategic takeaway: Strong performance requires a current BMI for every eligible adult and a documented, patient-centered follow-up plan whenever the result is outside normal parameters.

Rural Northern California Performance

Regional Insights

- All eligible adult encounters—including acute-care visits—contribute to the measure, making reliable intake and documentation workflows essential across visit types.
- Automated reminders and structured EHR fields can improve capture of height, weight, calculated BMI, and the related follow-up plan.
- Regional performance varies considerably, suggesting opportunities to learn from higher-performing health centers and strengthen consistent counseling and follow-up workflows.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Are height, weight, and BMI documented reliably across all eligible visit types?
- When BMI is outside normal parameters, is an appropriate follow-up plan consistently documented?
- Should Adult BMI Assessment and Follow-up be considered a quality improvement priority this year?

Quality Measure Definition (UDS)

Percentage of patients age 18 and older with a documented BMI during the most recent visit or within the preceding 12 months and, when BMI is outside normal parameters, a documented follow-up plan.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	Not applicable
California and U.S. UDS	CA UDS 2025: 68.8% US UDS 2025: 70.0%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.