



## Complete Summary

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### TITLE

Lipid screening in children and adolescents: percentage of children with relevant family history of heart disease recorded and both exercise and nutrition assessments.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Lipid screening in children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 17 p. [16 references]

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of children with relevant family history of heart disease recorded and both exercise and nutrition assessments.

### RATIONALE

The priority aim addressed by this measure is to increase the rate of history and exercise and nutrition assessments in the context of lipid screening of children.

### PRIMARY CLINICAL COMPONENT

Lipid screening; family history of heart disease; exercise and nutrition assessment

### DENOMINATOR DESCRIPTION

Number of children whose records are reviewed\*

\*This includes a sample from all children ages 2 to 20 who were seen by the medical group in the last month.

### NUMERATOR DESCRIPTION

Number of those in the denominator with documentation that the family risk factors for heart disease have been checked and exercise and nutrition assessed (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Process

### SECONDARY MEASURE DOMAIN

Not applicable

### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Lipid screening in children and adolescents.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

#### TARGET POPULATION AGE

Ages 2 to 20 years

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

Familial hypercholesterolemia (FH) occurs in about 0.2% of the population and accounts for about 5% of the cases of coronary heart disease (CHD) events at a young age.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Lipid screening in children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 17 p. [16 references]

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

See the "Incidence/Prevalence" field.

#### UTILIZATION

Unspecified

#### COSTS

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### IOM CARE NEED

Staying Healthy

#### IOM DOMAIN

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Children ages 2 to 20 who had an encounter in the last month

A random sample of at least 10 children (ages 2 to 20) per month is suggested. The children will be drawn from all children seen by the medical group in that time frame.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of children whose records are reviewed\*

\*This includes a sample from all children ages 2 to 20 who were seen by the medical group in the last month.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of those in the denominator with documentation that the family risk factors for heart disease have been checked and exercise and nutrition assessed\*

\*This needs to be in an easily accessible place in the medical record. Any comment, note, or form mentioning the heart disease history (either none or yes and who) is counted. Also review for both exercise and nutrition assessments.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

#### NUMERATOR TIME WINDOW

Encounter or point in time

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Percentage of children with relevant family history of heart disease recorded and both exercise and nutrition assessments.

## MEASURE COLLECTION

[Lipid Screening in Children and Adolescents Measures](#)

## DEVELOPER

Institute for Clinical Systems Improvement

## ADAPTATION

Measure was not adapted from another source.

## RELEASE DATE

2004 Jun

## MEASURE STATUS

This is the current release of the measure.

## SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Lipid screening in children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 17 p. [16 references]

## MEASURE AVAILABILITY

The individual measure, "Percentage of children with relevant family history of heart disease recorded and both exercise and nutrition assessments," is published in "Health Care Guideline: Lipid Screening in Children and Adolescents." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on September 13, 2004.

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