Obesity Module
Nemours

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and Chara Chen, MBA
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# Key Prevention Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Present in 2008 EMR</th>
<th>Enhanced in 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document BMI &amp; use it to screen for body fat</td>
<td>Prompted</td>
<td>Automated</td>
</tr>
<tr>
<td>Determine parental obesity, review &amp; regularly update family history</td>
<td>Not systematic</td>
<td>Prompted &amp; Automated</td>
</tr>
<tr>
<td>Screen for co-morbidities through targeted ROS</td>
<td>No</td>
<td>Prompted</td>
</tr>
<tr>
<td>Screen Blood Pressure</td>
<td>Routine</td>
<td>Enhanced</td>
</tr>
<tr>
<td>Focused assessment of behaviors</td>
<td>Routine</td>
<td>Enhanced</td>
</tr>
<tr>
<td>Base screening lab tests on risk</td>
<td>No</td>
<td>Prompted</td>
</tr>
<tr>
<td>Use BMI in assessment of obesity risk</td>
<td>Prompted</td>
<td>Automated</td>
</tr>
<tr>
<td>Provide anticipatory guidance</td>
<td>Prompted</td>
<td>Unchanged</td>
</tr>
</tbody>
</table>
Nemours GLIDES Obesity Prevention

**Patient / Caregiver**

- Enter Reason for Visit:
  - Well Child OR School Physical OR Physical

  - Vital Signs (Height, Weight, BP)

  - Epic calculates and displays: BMI, BMI percentile, BP percentile, 95% values

Caregiver completes Intake Form or responds to MA/Nurse/Roomer questions regarding:
1. Family History
2. High risk behaviors
3. Parental Height and Weight

- Input or Update:
  1. Family Medical History Section
  2. Healthy Lifestyle Questionnaire 200 (HR behaviors)

**Clinician**

- Review Electronic Health Record:
  1. Growth charts
  2. Family History section
  3. Healthy Lifestyle flowsheet
  4. Parental BMI [enter parental height and weight in SmartForm (not yet released in PROD)]

  - BP > 95th percentile?
    - Yes
    - No

  - BMI > 85th percentile?
    - Yes
    - No

  - Well Child Best Practice Alert
    Triggers appropriate well child checkup SmartSet based on age, risk (BMI stratification), and family history

  - Well Child SmartSet:
    SmartText (Encounter Documentation)
    Based on age, gender, classification, the encounter note prompts developmentally appropriate ROS, tailored physical exam, assessment, plan, and orders.
    Orders: prompts appropriate laboratory tests
    Diagnoses: prompts obesity diagnosis

  - Patient Instructions (SmartText)

  - Provide Targeted Interventions (recorded in Plan)
    Online Resources: web portal with links to GrowUpHealthy.org; Health Navigator, etc.

  - Periodic Practice Level Reports

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At Visit Onset

• Reason for Visit (Well Child, School Physical, Physical) triggers process (modified Well Child SmartSets)

• MA/Nurse/Roomer obtains vital signs and updates medications, family history and behavior assessment
  – Family History (revised)
    • Entered into EpicCare History Section
  – High risk behaviors (revised) (Questionnaire 200 / Flowsheet)

• Intake form created to facilitate entry of family history
Family History Update / Risk Assessment

• Added 7 elements to family history
  – Diabetes Type I and Diabetes Type II (instead of Diabetes), Liver / Gallbladder Disease, Lipids, Sleep Disorders, Mental Illness, Learning Disability, Genetic Disease

• Reordered family history in a logical sequence (more common issues listed first, i.e. obesity, hypertension, stroke, etc.)

• Incorporated family history, parental height/weight, and Healthy Lifestyles Questionnaire into primary care intake form
  – Formatted as grid to facilitate entry into EpicCare
Key risk factors for obesity missing.

Uncommon kidney diseases top the list.
New: Family History Update Form

Collect Family History as it will appear in EpicCare listing key risk factors first

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mother</th>
<th>Father</th>
<th>Sister</th>
<th>Brother</th>
<th>Maternal Grandmother</th>
<th>Maternal Grandfather</th>
<th>Paternal Grandmother</th>
<th>Paternal Grandfather</th>
<th>Maternal Aunt</th>
<th>Maternal Uncle</th>
<th>Paternal Aunt</th>
<th>Paternal Uncle</th>
<th>Other (please specify)</th>
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<tbody>
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New: Family History
Intake form mirrors family history worksheet in Epic
<table>
<thead>
<tr>
<th>Adv</th>
<th>Question</th>
<th>Answer</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>My child eats five or more servings of fruits and vegetables most days.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child eats breakfast every day.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child eats dinner at the table with the family at least two times per week.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child eats take-out, fast food, at other restaurant food less than two times a week.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child does not eat extra large portion sizes.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child watches TV or videos, uses the computer/internet for non-school work, plays computer games, and uses instant messaging less than two hours per day.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child does not have a TV in the bedroom.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child participates in some type of physical activity inside or outside of school for at least one hour each day.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child does not regularly drink soda, sports drink, punch, or fruit drink that are less than 100% juice.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child drinks fat free or 1% milk rather than 2% or whole milk.</td>
<td>False</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My child drinks a 1/2 cup (1 serving/4 oz) or less of 100% fruit juice everyday.</td>
<td>True</td>
<td></td>
</tr>
<tr>
<td>✓</td>
<td>My whole family is willing to make changes to achieve a healthier lifestyle.</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Decision Support

• Vital signs include BMI & BMI percentiles
• Growth Charts
• Calculator for parental BMI & mid-parental height
  – Enter using Parental BMI SmartForm (*not yet released in PROD*)
• Best Practice Alerts
  – BP > 95 % prompts
    • Alert: action steps (check cuff size, re-measure BP 3 times, hypertension diagnoses)
  – Age, BMI stratification, and family history prompts appropriate encounter documentation, orders, and diagnoses
    • Alert: triggers tailored Well Child Checkup SmartSet

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Parental BMI
(Pending release into Prod)

Summary can be pulled into Note
Best Practice Alerts (BPAs) 
Appear in Yellow on Visit Navigator

Uncheck undesired BPA, if applicable

Click Accept

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BPA: BP > 95%

- Best Practice Alert triggers if BP > 95%

- If accepted, Best Practice Alert adds a list of related diagnoses to choose from in the SmartSet:

  - Diagnosis - Required
    - HYPERTENSION DIAGNOSIS - Select One - Required
      - Hypertension [401.9AH]
      - Hypertension, Benign [401.1C]
      - Blood Pressure Elevated (Does not trigger lab guidelines)
BPA: Tailored SmartSet

- Based on age, BMI stratification, and family history, the appropriate Well Child Checkup SmartSet appears.
Diagnoses
- Routine Child Health Exam
- Diagnoses - Obesity
  - Childhood Obesity
- Vaccines
  - Meningococcal Vaccine, IM
  - Tdap Vaccine >11, IM
- Vaccine Administration - Select One
  - First Vaccine Given, Injection
  - First Vaccine Given, Oral/Nasal
- Additional Vaccines Administered - Select One
  - 1 Additional Vaccine
  - 2 Additional Vaccines
  - 3 Additional Vaccines
- Orders
  - Pure Tone Hearing Screen, Air
  - Visual Acuity Screening Test
- Obesity related orders - Required
  - Lipid Panel
  - Fasting Glucose (every 2 years)
  - SGCT (every 2 years)
  - SGPT (every 2 years)
  - GGT (every 2 years)
- Blood Drawing - Select One
- Medications
  - Luride 1.0 mg Chewable Tablets
  - Tylenol Children (160mg/5ml)
  - Tylenol 80 mg Chewable Tablets
  - Tylenol 160 mg Chewable Tablets
Well Child Care SmartSet

• Level of Service-Preventive Health Visit (unchanged)
• Next Visit (unchanged)
• Documentation (revised: tailored to age, BMI stratification, and family history)
  – Tailored documentation streamlines care and prompts guideline
• Patient instructions (unchanged)
• Diagnoses (revised: includes obesity diagnosis if appropriate)
• Vaccines (unchanged)
• Orders (revised to include recommended obesity labs if applicable)
• Procedure (Blood Drawing) (unchanged)
• Medications (unchanged)
Documentation

- Tailored SmartText matched to appropriate SmartSet
- Added relevant ROS and physical exam elements based on patient’s age, gender, and BMI stratification

- Resident version developed (*not yet released to PROD*)
Old SmartText

SCHOOL HISTORY:
Grade in School: {GRADE:9003}
Name of School - ***
Is child passing all his/her courses - {YES/NO:11416}
Has child ever repeated a grade - {YES/NO:11416}
Can Child keep up with classmates in school work. Is child working at grade level {YES/NO:11416}
Can Child keep up with classmates physically / jump as high, run as fast {YES/NO:11416}

Dental: Last dental exam - ***
  Brushes teeth {FREQUENCY:11250::"daily"}
  Taking fluoride? {YES/NO::"no"}

Other concerns: ***

ROS: No unusual headaches or abdominal pain.
No orthopedic problems.
No difficulty participating in sports or other physical activities.
No hearing problems, vision problems - {YES/NO::"no"}, wears glasses - {YES/NO::"no"}.

Immunization status reviewed: {IMMUNIZ STATUS:9079::"up-to-date"}

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SCHOOL HISTORY:
Grade in School: {GRADE: 90.03}
Name of School:

Is child passing all his/her courses? {YES/NO: 11416}
Has child ever repeated a grade? {YES/NO: 11416}
Can child keep up with classmates in school work? Is child working at grade level? {YES/NO: 11416}
Can child keep up with classmates physically/jump as high, run as fast? {YES/NO: 11416}

Athletic Participation: {SPORT QUESTION: 15673: "No"}

Dental: Last dental exam -

- Brushes teeth {FREQUENCY: 11250: "daily"}
- Taking fluoride? {YES/NO: 11049: "no"}

Other concerns:

No difficulty participating in sports or other physical activities.
No hearing problems, vision problems {YES/NO: 11049: "no"}, wears glasses {YES/NO: 11049: "no").

ROS
Tobacco smoke exposure: {TOBACCO SMOKE EXPOSURE: 17800: "none"}
Sleep: {OBESITY SLEEP ROS: 17861: "no snoring, breathing pauses during sleep nor excess daytime sleepiness"}
Respiratory: {OBESITY RESP ROS 7+ YEARS: 16624: "no respiratory problems during exercise"}
Gastrointestinal: {OBESITY GI ROS 4+ YEARS: 17688: "no gastrointestinal problems"}
Endocrinology: {OBESITY ENDO ROS 7+ MALE: 18626: "normal peeing and drinking, no weight loss"}
Genitourinary: {OBESITY GU ROS: 17970: "no genitourinary concerns"}
Orthopedic: {OBESITY ORTHO ROS 4+ YEARS: 17871: "no hip, knee, or foot pain; normal gait"}
Skin: {ROS SKIN OVERWEIGHT/OBESITY 4+ YEARS: 18328: "no skin problems"}
Mental Health: {OBESITY PSYCH ROS: 17872: "no mental health concerns"}
Neurological: {OBESITY NEURO ROS: 17873: "no recurrent headaches"}

Immunization status reviewed: {IMMUNIZ STATUS: 9079: "up to date"}

Exam:
BP 128/73 | Pulse 92 | Temp (Scc) 98.8 °F (37.1 °C) (Oral) | Resp 26 | Ht 1.524 m (5') | Wt 58.287 kg (128 lb 8 oz)
96.53% of growth percentile based on BMI-for-age.
97.2% systolic and 90.2% diastolic of BP percentile by age, sex, and height. 125/82 is approximately the 95th BP percentile reading.
Growth parameters
95.92% of growth percentile based on weight-for-age.
76.52% of growth percentile based on stature-for-age.
Tailored BMI classification (prompts diagnosis):
Obesity (BMI 95-99th %ile); Readiness to change
Morbid obesity (BMI > 99th %ile); Readiness to change
Short stature
Familial short stature
Constitutional growth delay

Added few key physical findings to Lists (e.g. acanthosis nigricans to options in skin exam, BUT defaulted normal (otherwise clinician would need to free text responses / prompts consideration)

PHYSICAL EXAMINATION:
GENERAL: well-developed, overweight
HEAD: normal size/shape
EYES: conjugate gaze, conjunctivae pink and moist without pallor
FUNDOSCOPY: {fundus exam:5146: "no abnormalities detected"}
ENT: nose and mouth clear, tympanic membranes normal in appearance, tonsils {TONSILS PE:17877}, noisy breathing {ABSENT/PRESENT:14151}
NECK: supple without adenopathy, goiter {ABSENT/PRESENT:14151}
CHEST: breasts: Tanner {NUMBERS ROMAN 1 - 5:12292}, axillary odor {ABSENT/PRESENT:14151}
RESP: clear to auscultation bilaterally without rhonchi, rales or wheezes
HEART: regular rhythm {WITH-WITHOUT MR MUR:15771}, peripheral pulses normal
ABD: soft, non-tender, no masses, no organomegaly
GU: {GENITALIA EXAM OBESITY:17873}
EXTREMITIES: {OBESITY EXTREMITIES PE:16841: "no musculoskeletal defects"} {POSITIVE/NEGATIVE/NOT DONE:14}
SKIN: {OBESITY SKIN PE:17880: "normal appearance without rashes"}
NEURO: normal tone and moves extremities symmetrically

Assessment:
Well Adolescent
GROWTH: {GROWTH WC 2+ BMI 95:17882}
DEVELOPMENT: {DEVELOPMENT:15623}

Patient Active Problem List
Diagnosis: 
{none} - all problems resolved or deleted

Plan:
Plan per orders. Counseling: {COUNSELING WC 11-12 YRS:9051}
Routine follow-up for well child care.
Other Decision Support (proposed)

• Links on homepage to
  – HealthyQuest
    • Identify local farmer’s market, gym, etc.
  – KidsHealth and GrowUpHealthy
    • Patient/parent education
Practice Reports

• Processes
  – Proportion of patients with BMI classification & Best practice alert triggered and action taken
  – Proportion of patients with general 521AN messaging delivered
  – Among o/o (overweight/obese) patients, count of targeted interventions delivered

• Outcomes (targeting prevention follow-up)
  – Proportion of patients in each BMI stratification AND list of high risk (BMI > 95 %) patients
  – List of patients crossing percentile channels (proposed)
Overweight/Obesity Classification

• Monthly report delivered to practices via email
• Each practice receives drill down of metrics by provider
• Observations:
  – Variability in use of tools
  – Greater classification with tool use

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BMI Stratification with List of Highest Risk Patients

• Monthly report delivered to practices
• Practices receive drill down of metrics by provider
• Lists of high risk patients
• Observations:
  – Overweight/Obesity > 1/3rd of patients
  – Many obese patients have no scheduled follow-up
General Lifestyle Counseling

- Monthly report delivered to practices via email
- Each practice receives drill down of metrics by provider
- Observations:
  - Booklet commonly distributed
Targeted Counseling with List of Missed Reporting

- Monthly report delivered to practices
- Practices receive drill down of metrics by provider
- Lists of high risk patients without intervention
- Observations:
  - Many o/o patients have no 521AN messaging recorded

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List of patients crossing percentile channels (proposed)

- Among patients presenting for well child care (RFV = well child, check up, physical), age 2 – 18
- Site specific report; Quarterly
- Code at well child care visit: if BMI % < 5, then Channel = 1, 5- 15 = 2, 15 – 25 = 3, 25 – 50 = 4, 50 – 75 = 5, 75 – 85 = 6; 85-95 = 7; > 95 = 8
- Among these patients, at previous well child care visit; code channels
- List those patients where current quarter channel does not equal previous
  - Two lists, current time channel > past and reverse
  - MRN, Name, DOB, current child checkup DOS, BMI % ile, last provider seen, past DOS, BMI %ile
- Goal: promote identification and intervention in high risk patients; reduce proportion of high risk patients in time
Extra Slides

Obesity Module
History

• In 2008, Yale University School of Medicine received a 2-year contract from the US Agency for Healthcare Research and Quality (AHRQ) to demonstrate a systematic and replicable process by which knowledge contained in practice guidelines can be transformed into computer-based clinical decision support and taken to scale to improve the quality of healthcare delivery in the U.S.

• Investigators from Nemours (NCMP, VPQS, EMR team) partnered with Yale’s Investigators to develop and implement a demonstration project.

• They conceived our two institutions with different electronic health records would demonstrate implementation of guidelines related to two health conditions: asthma (management) and obesity (prevention)
The Process

• Key clinical objectives identified
• GEM Cutter (Guideline Element Model)
  – Guideline recommendations are distilled and organized into a standard hierarchical model using XML files
• GEM Cutter output (guideline components) related to clinical objectives listed
• Crosswalk populated with current decision support tools related to guideline components
• Current workflow identified
• Gaps identified and added to crosswalk
• New decision support tools developed and workflow updated
# Crosswalk

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>GEM Output</th>
<th>Directive</th>
<th>Existing Related Tool</th>
<th>Nemours brainstorming</th>
<th>eGLIDES tool</th>
<th>New Clinical Decision Support</th>
<th>Pseudocode</th>
</tr>
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<tbody>
<tr>
<td>Role of Provider's Office</td>
<td>The expert committee endorses the following office practice. Routine documentation of BMI.</td>
<td>Document BMI routinely</td>
<td>Nemours Integration Initiative promotes routine measure</td>
<td>EMR routine BMI calculation</td>
<td>Ensure BMI embedded in encounter documentation of Physical Exam (already in VS section)</td>
<td>Add &quot;bmi&quot; and &quot;bmifa&quot; links to encounter under Exam, growth parameters</td>
<td></td>
</tr>
<tr>
<td>Medical Assessment</td>
<td>The BMI percentile, although imperfect, is the recommended screen for body fat in routine office practice.</td>
<td>Use BMI percentile to screen for body fat</td>
<td>BMIFA link</td>
<td>Embed BMIFA in Vital Signs and CHCUP template</td>
<td>Ensure BMI embedded in encounter documentation of Physical Exam (already in VS section)</td>
<td>Add &quot;bmi&quot; and &quot;bmifa&quot; links to encounter under Exam, growth parameters</td>
<td></td>
</tr>
</tbody>
</table>

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