


Bright Futures.
prevention and health promotion for infants,
children, adolescents, and their families™

Bright Futures


Guidelines and Implementation

2012 Nevada Health Conference: A Focus on Immunizations and MCH
Las Vegas, Nevada
November 1, 2012

Judith S. Shaw, EdD, MPH, RN, FAAP
AAP Bright Futures Steering Committee
Executive Director, Vermont Child Health Improvement Program
Associate Professor of Pediatrics, UVM College of Medicine
Associate Professor, UVM College of Nursing and Health Sciences



NIPN
national improvement
Partnership Network



VCHIP
Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE



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What I have planned

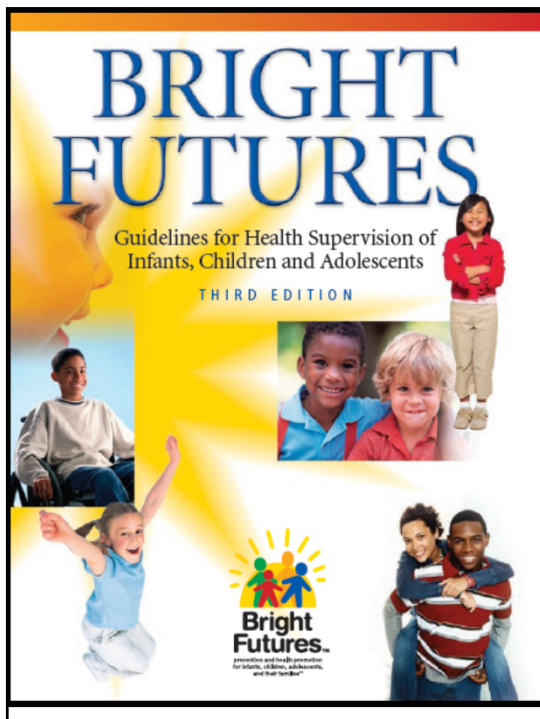
- **Bright Futures**
 - Overview of Changes and Important Topics
 - What about the evidence for the guidelines?
 - What makes a health supervision visit a Bright Futures well child visit?
 - How Bright Futures visits are structured?
- **Using Bright Futures in your daily work (clinical care, public health, community)**



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...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.



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Affordable Care Act – Section 2713

...requires all health plans to cover, with no cost-sharing,

“with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration,”



the services outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*.





Overview of Changes and Important Topics



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How do the 3rd Edition Guidelines differ from previous editions?

Part I—Themes

- 10 chapters highlighting key health promotion themes
- Emphasizes “significant challenges”—mental health and healthy weight

Part II—Visits

- Rationale and evidence for screening recommendations
- 31 age-specific visits
- 5 health supervision priorities for each visit
 - Designed to focus visit on most important issues for child that age
 - Include health risks, developmental issues, positive reinforcement
- Sample questions and anticipatory guidance for parent and child



Themes



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- Child Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- Community Relationships and Resources



Overview of Changes and Important Topics



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Overview of Changes and Important Topics



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Bright Futures Changes

Infancy & Early Childhood

- Referral to dental home at one year of age
- Oral Health risk assessment
- Additional visit at 30 months
- Standardized developmental screening at age 9, 18 & 30 months
- Standardized Autism screening 18 and 24 months
- No routine urinalysis at 4 years

Middle Childhood

- Additional visit at 7 years and 9 years



Overview of Changes and Important Topics



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Bright Futures Changes

Adolescence

- Vision screening is universal once in early adolescence (11-14), middle (15-17), and late (18-21); at other visits it is performed based on risk assessment
- Hearing and Anemia screening are no longer universal but based on risk assessment
- New examples of possible questions for practitioners:
 - Mood regulation
 - Sexual identity
 - Interpersonal violence
 - Graduated drivers license
 - Anabolic steroid use
 - Strengths and resiliency



Overview of Changes and Important Topics




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Inclusion for all Children and their Families

- Children and Youth with Special Health Care Needs (CYSHCN) and their families are included in every chapter and every visit.
- A perspective that emphasizes the child over the specialness.
- Encouragement of families to feel comfortable asking questions, providing their insights and points of view, their preferences in care.
- Creating a welcoming health care home for diverse families and their children and their diverse care choices.





Evidence




Approaches to the Evidence

- Multidisciplinary Expert Panels.
 - search of relevant clinical trials, meta-analyses, RCTS, Cochrane Collaborative Reviews, and USPSTF evidence reviews.
 - policies and guidelines from pediatric professional organizations.
 - use of the Guide to Community Preventive Services for preventive services delivered in the community, www.thecommunityguide.org.

- Two public reviews with over 1,000 reviewers representing national organizations concerned with pediatric health care.

Evidence





US Preventive Services Task Force

If there is an A or B rated recommendation – follow it

- Cervical cancer screening (2003)
- HIV (2005)
- Chlamydia screening (2007)
- STI counseling (2008)
- Depression screening in youth 12-18 (2009)
- Obesity (2010)
- Vision screening - three to five (2011)
- Immunizations

Recommend against D rated items

- Scoliosis
- Testicular exam and self exam

Evidence



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Summary

- Best evidence available
- Recommendations will have different levels of evidence available to inform the decision
- Inherently makes sense to the outcomes
- Must make sense in the context of a primary care visit
- Represent the best use of limited resources



4th Edition – Revision Process



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Revision Process: Focus Areas


- ***Bright Future Guidelines, 4th Edition***
 - Areas that change Universal or Selective Screening
 - Medical Screening, Psychosocial, Anticipatory Guidance
 - Implementation Projects Lessons Learned





WHAT MAKES A BRIGHT FUTURES VISIT?







What Makes A Bright Futures Visit?

The Focus: Assets or Deficits?

TABLE 6

Comparison of Asset and Deficit Models

Asset Model	Deficit Model
Positive family environment	Abuse or neglect
Relationships with caring adults	Witness to domestic violence
Religious and spiritual anchors	Family discord and divorce
Involvement in school, faith-based organization, or community	Parents with poor health habits
Accessible recreational opportunities	Unsafe schools
	Unsafe neighborhood



Example: 18 month old




18 month visit



PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family support (parental well-being, adjustment to toddler's growing independence and occasional negativity, queries about a new sibling planned or on the way)
- Child development and behavior (adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains)
- Language promotion/hearing (encouragement of language, use of simple words and phrases, engagement in reading/singing/talking)
- Toilet training readiness (recognizing signs of readiness, parental expectations)
- Safety (car safety seats; parental use of safety belts; falls, fires, and burns; poisoning; guns)




18 month visit


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Surveillance of Development

Do you have any specific concerns about your child's development, learning, or behavior?

SOCIAL-EMOTIONAL

- **How does your child act around other children?**
 - Is interactive or withdrawn; friendly or aggressive (eg, hitting, biting)
 - Laughs in response to others
 - Explores alone but with parent in close proximity
 - Is spontaneous with affection
 - Helps in house

COMMUNICATIVE


- **How does your child communicate?**
 - Vocalizes and gestures; speaks 6 words
 - Points to indicate to someone else what he wants

COGNITIVE

- **What do you think your child understands?**
 - Points to 1 body part
 - Follows simple instructions without gestured cues ("sit down")
 - Shows interest in a doll or stuffed animal by hugging it or pretend feeding
 - Knows the names of his favorite books






18 month visit



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Screening

UNIVERSAL SCREENING	ACTION	
Development	Structured developmental screen	
Autism	Autism Specific Screen	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or cover/uncover test results	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Lead	If no previous screen or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.





18 month visit



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BRIGHT FUTURES GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS

■ When your child is upset, help him change his focus to another activity, book, or toy. This strategy of distraction and substitution can often calm him.

■ Consider attending parent education classes or parent support groups. Many libraries and bookstores also have books and pamphlets about parenting. Your community may even have a parenting advice telephone hotline that can help you.

LANGUAGE PROMOTION/HEARING

Encouragement of language, use of simple words and phrases, engagement in reading/singing/talking

The development of language and communication during the early childhood years is of central importance to the child's later growth in social, cognitive, and academic domains. Communication is built upon interaction and relationships. Health care professionals have the opportunity to educate parents about the importance of language stimulation, including singing songs, reading, and talking to their child. Parent-child play, in which the child takes the lead and the parent is attentive and responsive, elaborating but not controlling, is an excellent technique for enhancing both the parent-child relationship and the child's language development. Because young children are active learners, they find joy in exploring and learning new words.

Parents may ask health care professionals about the effects of being raised in a bilingual home. They may be reassured that this situation permits the child to learn both languages simultaneously.

SAMPLE QUESTIONS:
How does your child communicate what she wants? Who or what does she call by name? What gestures does she use to communicate effectively? For example, does she point to something she wants and then watch to see if you see what she's doing? Does she wave "bye-bye"?

ANTICIPATORY GUIDANCE:

- Encourage your toddler's language development by reading and singing to her, and by talking about what you both are seeing and doing together. Books do not have to be "read." Talk about the pictures or use simple words to describe what is happening in the book. Do not be surprised if she wants to hear the same book over and over. Words that describe feelings and emotions will help your child learn the language of feelings.
- Ask your child simple questions, affirm her answers, and follow up with simple explanations.
- Use simple, clear phrases to give your child instructions.

Food is an area in which toddlers frequently express their newly independent views, especially their likes and dislikes. This is NORMAL.

SAMPLE QUESTIONS:
What does your child do when you offer new foods? Tell me about any concerns you might have about having enough food for your family.

ANTICIPATORY GUIDANCE:

- Your toddler may become more aware and suspicious of new or strange foods, but do not limit the menu to foods she likes.
- You may have to offer your toddler a new food several times before she accepts it. Do not give up after one or 2 tries.
- Let your toddler experiment with a variety of foods from each food group by touching and mouthing them.
- Ask about resources or referrals for food and/or nutrition assistance (eg, Commodity Supplemental Food Program, Food Stamp Program, Early Head Start, WIC) if you need help.

CHILD DEVELOPMENT AND BEHAVIOR

Adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains

Adaptation to nonparental care may bring a return of clinging. Assertiveness in exploring the environment and persistence in pursuit of desires are normal developmental features of this age. Taking the time to explain that these changes originate in new cognitive gains often helps parents remain patient with their young toddler.

SAMPLE QUESTIONS:
What are some of the new things that your child is doing? Who helps you raise your child?

ANTICIPATORY GUIDANCE:

- Your child may be anxious in new situations. Clinging to you is one way for him to express his desire to be with you.
- Spend some time playing with your toddler each day. Focus on activities that he expresses interest in and enjoys.
- Praise your toddler for good behavior and accomplishments.
- Decide what limits are important to you and your toddler. Be specific when setting limits and, whenever possible, make agreements with other adult caregivers about limits for your child.
- Keep time-outs and other disciplinary measures brief. In simple language, tell your toddler what he did wrong. When possible, use positive directives as well. Be as consistent as possible when enforcing limits. Remember that the goal is teaching, not punishing.




Partnership Network



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18 month visit




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Core Tools

- Previsit Questionnaire
- Documentation Form
- Parent/Child Handout



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Implementing Bright Futures into daily practice

Can it be done?




Implementing Bright Futures


New Approaches

- **National AAP Preventive Services Implementation Project (Jan–Oct 2011)**
 - Pediatricians, family physicians, nurse practitioners, physician assistants, in
 - Rural, urban and suburban practices and clinics as well as community health centers and the Indian Health Service
- **Partner with Health Plan and Medicaid QI activities (e.g.. CHIPRA Demo Projects)**



Implementing Bright Futures		 Bright Futures. prevention and health promotion for infants, children, adolescents, and their families™		
Bright Futures Quality Measures Crosswalk				
Topic Areas	Examples	AAP Bright Futures Measure	Hedis Measure	CHIPRA Core Quality Measure
Preventive Services				
	Age Appropriate Risk Assessments			
Medical	(lead, vision, hearing, TB, etc)	x		
	BMI	x	x	x
	oral health	x		x
	Chlamydia screening if sexually active	x	x	x
Parental/dev	Developmental Screening	x		x
	Autism Screening	x		x
	Maternal Depression	x		
	Anticipatory Guidance	x		
	Parental Concerns	x		
	Parental Strengths	x		
	Developmental surveillance for teens	x		
Systems	Identify CSHCN	x		
	Track referrals	x		
	Track and remind patients behind schedule	x		
	Well Child Visits (frequency)	x	x	x
	Immunizations	x	x	x
	shared decision-making	x		



Implementing Bright Futures		 Bright Futures. prevention and health promotion for infants, children, adolescents, and their families™		
<h2>Quality Improvement in Practice</h2> <p>Use existing mechanisms:</p> <ul style="list-style-type: none"> - Maintenance of certification <ul style="list-style-type: none"> • AAP chapter activities • AAP Education in Quality Improvement in Pediatric Practice (EQIPP) • Improvement Partnerships - Link with National Committee for Quality Assurance (NCQA) medical home scoring and reimbursement - Accreditation Council for Graduate Medical Education (ACGME) requirements for residency program 				






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What are states doing to improve quality and implement Bright Futures?







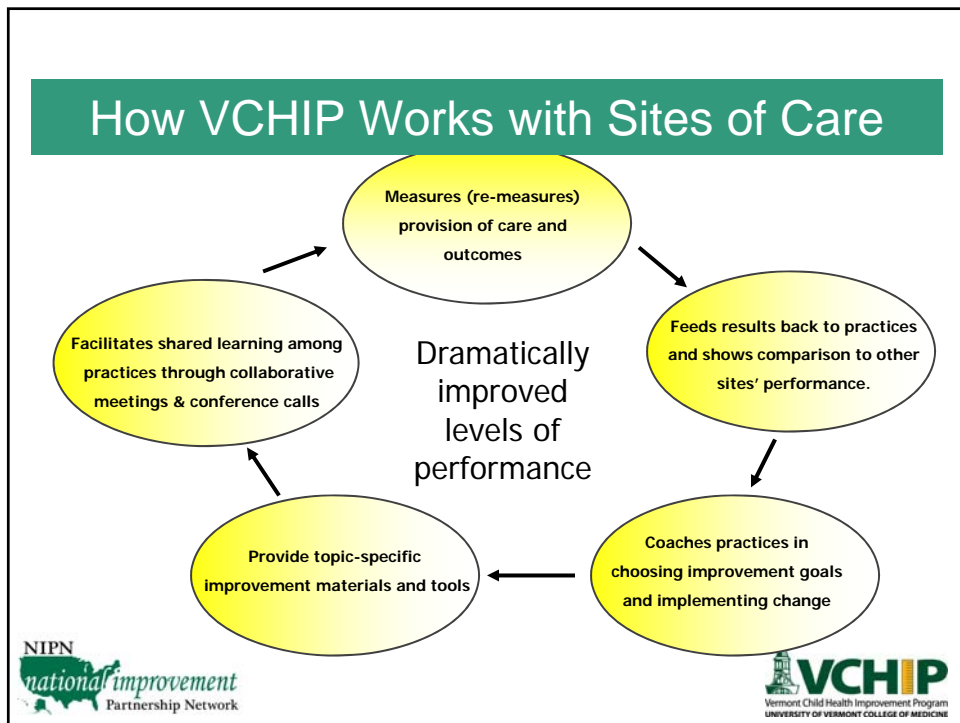
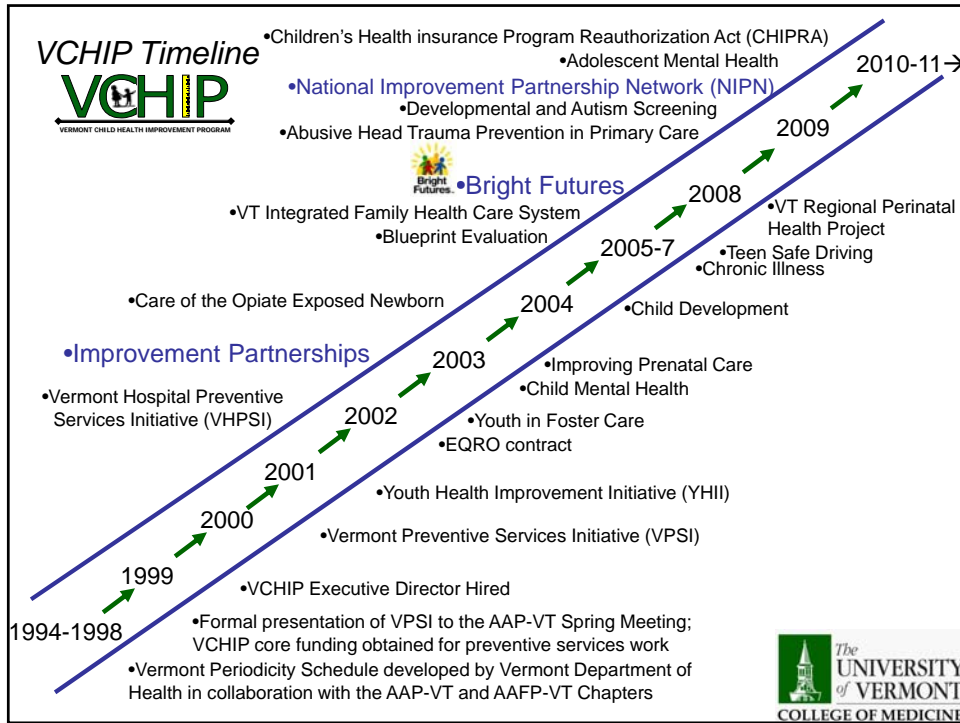
Mission

to optimize the health of Vermont children by initiating and supporting *measurement-based* efforts to enhance private and public child health practice.

In partnership with:

- Vermont Department of Health
- University of Vermont Department of Pediatrics, OB, FP & Psychiatry
- Vermont Chapter of the American Academy of Pediatrics
- Vermont Chapter of the American Academy of Family Physicians
- Department of Vermont Health Access (Medicaid)
- Vermont Agency of Human Services
- Banking, Insurance, Securities & Health Care Administration (BISHCA)
- Managed Care Organizations



Number of VT practices participating in at least one VCHIP project

- 92% Pediatric Practices (36/39)
- 40% Family Practices (42/106)
- 27% OB Practices (7/26)
- 39% Certified Nurse Midwife Practices (5/13)
- 100% VT Hospitals (12/12)



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Improvement Partnerships: National Improvement Partnership Network



Improvement Partnerships

...a durable, state or regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children's health care.



Why are States Developing Improvement Partnerships?

- Investments in improving the health care of children
- Recognition and embracing the local expertise – “all improvement is local”
- Innovation and success in the State is often not connected nor broadly disseminated, limiting the impact on child health outcomes





Where are they located?

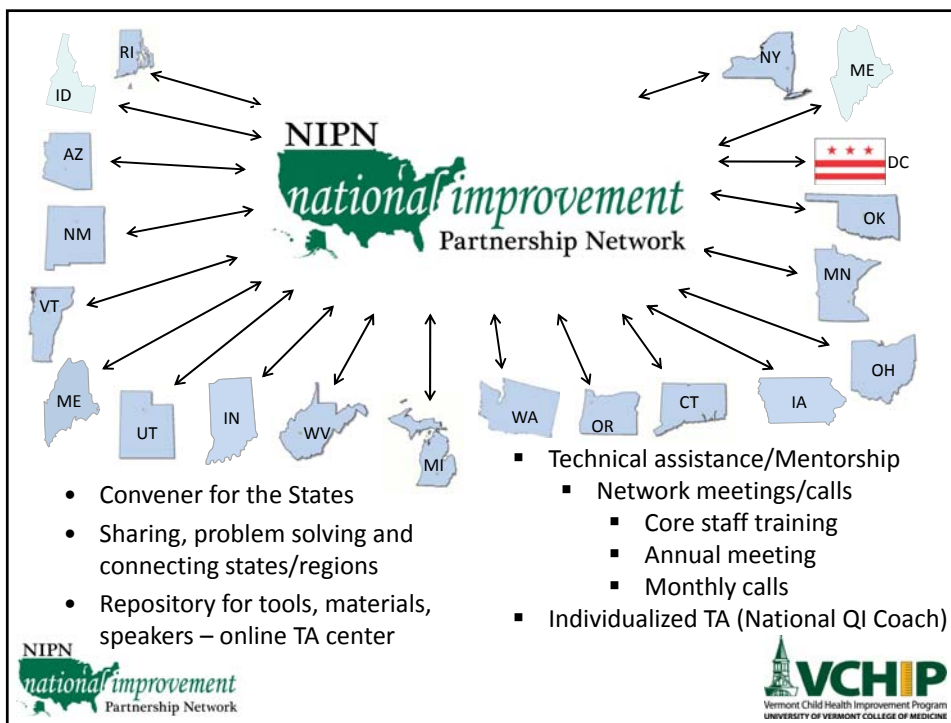
- **AAP Chapter**
 - Arizona, Iowa*, Minnesota, Rhode Island, West Virginia
- **Medicaid**
 - Connecticut
- **Department of Health**
 - New York, Ohio, Washington
- **Academic Institution**
 - Indiana, Iowa*, Michigan, New Mexico, Oklahoma, Oregon, Utah, Vermont
- **Children's Hospital**
 - District of Columbia
- **Quality Improvement Organization**
 - Maine

**Iowa's IP is a partnership between the Iowa chapter of the AAP and the University of Iowa*



What Do Improvement Partnerships Do?

- Develop and test tools, measures, and strategies
- Serve as a resource for improvement assistance
- Translate knowledge through engagement of national and local experts
- Disseminate findings, spreading successful approaches and informing policy
- Serve as convener, an “honest broker”
- Provide opportunities for pediatricians to fulfill Maintenance of Certification (MOC) Part IV requirements



Selected Improvement Partnership Programs' ABP-Approved MOC Projects

- **DC Partnership to Improve Children's Healthcare Quality (DC PICHQ)**
 - Improving Early Childhood Immunization Rates
- **Envision New Mexico: The Initiative for Child Healthcare Quality**
 - New Mexico Asthma Care Improvement Module
 - Developmental Screening Initiative
 - Pediatric Overweight Quality Improvement Initiative
- **Maine Child Health Improvement Partnership (ME CHIP)**
 - FIRST STEPS Learning Initiative: Raising Immunization Rates
- **Oregon Pediatric Society**
 - Oregon Screening Tools and Referral Training (Oregon START)
- **Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)**
 - Early Autism Detection and Referral in the Medical Home
 - Prevention, Recognition and Treatment of Childhood Obesity
- **Vermont Child Health Improvement Program (VCHIP)**
 - Abusive Head Trauma (AHT) Prevention in Primary Care
 - Promoting Healthier Weight in Pediatrics
 - Youth Health Improvement Initiative

