Bright Futures: Prevention and Health Promotion for Infants, Children, Adolescents, and Families

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Roadmap for Today’s Discussion

- Bright Futures Guidelines and Goals
- Bright Futures Implementation
- Common Challenges to State Implementation
- Strategies and Resources for States
Bright Futures Guidelines

- Developed by *multidisciplinary* child health experts - providers, researchers, parents, child advocates

- Provide framework for *well-child care* from birth to age 21

- Present *single standard of care* based on health promotion and disease prevention model

- Include recommendations on immunizations, routine health *screening*, and *anticipatory guidance*
Bright Futures: Goals

- Work with **states** to make the Bright Futures approach the **standard of care** for infants, children, and adolescents.

- Help health care providers shift their thinking to a **prevention-based**, family-focused, and developmentally-oriented direction.

- Foster **partnerships** between families, providers, and communities.

- Empower **families** with the skills and knowledge to be active participants in their children’s healthy development.
Bright Futures Implementation

- States and Communities
- Medical Home and Bright Futures
- Families
- Health Care Professionals
Common Challenges to State Implementation

- Variability
- Measures
- Sustainability
- Payment

- States and Communities
- Families
- Health Care Professionals

Medical Home and Bright Futures
Adoption of the Bright Futures Guidelines can help to meet some of the CHIPRA Core Measures and MCH National Performance Measures related to pediatric preventive care.

**Examples: Title V MCH Services Block Grant National Performance Measures**

- Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool.
- Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
- Percent of children with and without special health care needs having a medical home.

**Examples: CHIPRA 2015 Core Measures**

- Well-Child Visits in the First 15 Months of Life
- Developmental Screening in the First Three Years of Life
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Adolescent Well-Care Visit
State Example: **MAINE**

- The Maine Child Health Improvement Partnership (ME CHIP) used Bright Futures forms as a template to update state Medicaid forms to align with Bright Futures recommendations.
- ME CHIP developed the First STEPS (Strengthening Together Early Preventive Services).
- First STEPS offered training sessions and 6- and 8-month learning collaboratives for primary care practices to improve developmental and autism screenings.
- **Results:** Increase in developmental screening rates in children ages 1–3 from 1% to 6% in 2011, and from 12% to 17% in 2013.
Resources

- **Achieving Bright Futures**: a complete set of coding visit documents and links to the recommendations for each visit with CPT and ICD-9 CM codes, consistent with the Bright Futures/AAP Periodicity Schedule.

- **Bright Futures and Preventive Services Coding Fact Sheet**: a comprehensive listings of codes related to preventive care services, including a crosswalk between ICD-9 and ICD-10 CM codes.
State Example: **ALABAMA**

- Alabama Chapter of the AAP worked with the Alabama Academy of Pediatric Dentistry to successfully propose Alabama Medicaid provide coverage for children who receive oral health risk assessment and fluoride varnish application in the primary care medical home.
- Have since identified opportunities to integrate other Bright Futures recommendations.
- AAP chapter representatives worked with the Medicaid Quality Assurance Committee in a yearlong process to identify Bright Futures metrics related to immunizations, weight assessment, and developmental screening.
State Example: **WISCONSIN**

- Wisconsin Maternal & Child Health Division built a system of integrated health promotion and prevention programs incorporating four Bright Futures themes: child development, mental health, safety/injury prevention, and family support.

- State worked with AAP to provide a series of live Webcasts.

- MCH Program completed training for local public health departments highlighting how to use Bright Futures in state health programs and direct care services.
State Example: NEW YORK

- New York Department of Health, Division of Family Health (DFH) collaborated with New York’s Title V to incorporate Bright Futures into the EPSDT manual.
- The manual is directly linked to the AAP Bright Futures website.
- DFH reminds health providers and partners regarding Bright Futures when giving talks, trainings, and other presentations.
- DFH educates local health departments about why Bright Futures works well as the standard.
- DFH asks health departments educate about BF to other organizations looking for tools and information about preventive health for children.
Common Themes

- Collaboration
- Partnership
- Identify champions
- Communication
- Broad funding sources
- Know your state

States and Communities

- Medical Home and Bright Futures
- Families
- Health Care Professionals
Key Take Aways for States

- Start gradually
- Include families, the community, and health care professionals at all stages of implementation
- Work with existing initiatives
- Adapt Bright Futures tools
- Update Web site
- Use measures to evaluate
Contact Information

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References


Web Site Resources

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

States & Communities
Learn how the Bright Futures materials and resources are being used across the country by selecting a state with an asterisk (*) beside the state’s name.

Select a State

For some states, we offer audio recordings along with brief implementation stories gathered through interviews. For other states, implementation examples were gathered through online research. We’re actively gathering implementation stories from states without an *.

Everyone Has a Role to Play in Promoting Children’s Health
Bright Futures is based on the belief that families have the primary responsibility for promoting the health and well-being of their children, whereas state and local government agencies and community organizations have a secondary responsibility to support families in their efforts to promote the health and well-being of their children.

brightfutures.aap.org/
Family Engagement Resources

[Image of healthychildren.org website]

**About This Website**

The Well-Visit Planner was developed to improve well-child care for children 4 months to 6 years old. The information in this tool is based on recommendations established by the American Academy of Pediatrics’ Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition. The tool helps parents to customize the well-child visit to their family’s needs by helping them identify and prioritize their health risks and concerns before their well-child appointment. This means that parents and providers are better able to communicate and address the family’s needs during the well-child visit.

The tool was developed and is maintained by the Child and Adolescent Health Measurement Initiative (CAHMI) at Oregon Health and Science University.
The EQIPP Bright Futures courses (online learning program), weave improvement principles and concepts with pediatric-specific clinical content to improve health outcomes. They are designed to identify and continuously close gaps in practice using practical tools.

- EQIPP Bright Futures courses are currently undergoing revision. They are expected to re-launch within 6 – 12 months.
- EQIPP participants simultaneously earn CME credit and meet MOC Program Part 4: Performance in Practice requirements. EQIPP is now an AAP member benefit.