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Improving Practice Efficiency to Deliver High-Quality Preventive Services

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Agenda

- Introduction & Background
- Implementation & Practice Workflow
- Using Tools
 - Maternal Depression
 - Development/Autism Screening
 - Social Determinants of Health
- Adolescent Well Visits
- Resources



Faculty Disclosure: **Greg Blaschke, MD, MPH, FAAP**

In the past 12 months, I have relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

Small royalties from Up-2-Date reviews (donated to Cindy Ferrell Fund)

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

I am one of the contributors/reviewers of the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescent*, 3rd and 4th Editions.

I acknowledge that today's activity is certified for CME credit and thus cannot be promotional. I will give a balanced presentation about well-child care using the best available evidence to support my conclusions and recommendations.



Change in Practice

Participants will be able to:

- Review clinical content in *Bright Futures Guidelines, 4th Edition*
- Identify office systems-based strategies to maximize flow and efficiency for health promotion
- Use pediatrician-tested strategies and Bright Futures tools to improve the quality of preventive services delivered in the clinical setting
- Identify opportunities to tailor and apply Bright Futures/AAP recommendations with available tools and resources



Bright Futures

...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.



Bright Futures

Bright Futures is the health promotion/disease prevention part of the medical home.

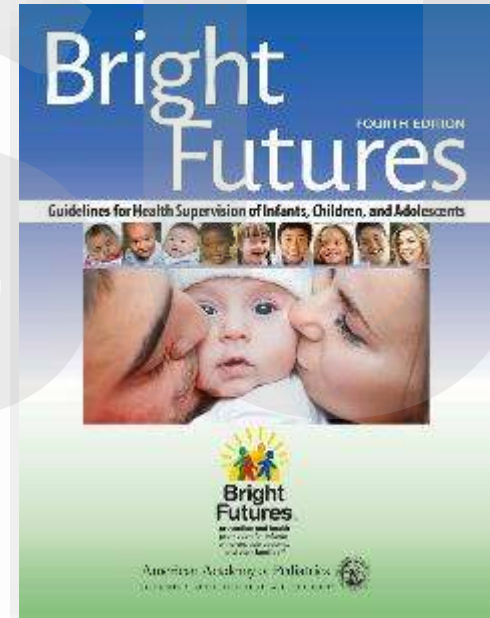
At the heart of the medical home is the relationship between the clinician and the family or youth



The Periodicity Schedule and the Bright Futures Guidelines

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

The table is a large grid with columns for age groups (0-1, 1-2, 2-3, 3-4, 4-5, 5-6, 6-11, 12-17) and rows for different types of services (e.g., Immunizations, Nutrition, Physical Exam, Behavioral Health, etc.). Each cell in the grid contains a small icon representing a specific service. The grid is color-coded by age group: 0-1 (green), 1-2 (yellow), 2-3 (orange), 3-4 (red), 4-5 (purple), 5-6 (blue), 6-11 (teal), and 12-17 (light blue).



The Periodicity Schedule tells you what to do in well- child visits, while the *Bright Futures Guidelines* tell you how to do it—and how to do it well.



Bright Futures Guidelines, 4th Edition

Part 1: Health Promotion Themes

- **12** chapters highlighting key health promotion themes
- New themes: **Social determinants of health**; Media use; Children and Youth with Special Health Care Needs

Part 2: Health Supervision Visits

- Rationale and evidence for screening recommendations
- 32 age-specific visits (including prenatal visit)
- 5 health supervision priorities for each visit
 - Designed to focus visit on most important issues for child that age
 - Includes: **social determinants of health**, health risks, developmental issues, positive reinforcement



Health Promotion Themes: 4th Edition

- Promoting Lifelong Health for Families and Communities
- Family Support
- Promoting Health for Children and Youth with Special Health Care Needs
- Healthy Development
- Mental Health
- Healthy Weight
- Healthy Nutrition
- Physical Activity
- Oral Health
- Adolescent Development
- Promoting the Healthy and Safe Use of Social Media
- Safety and Injury Prevention



Components of a Bright Futures Visit

- ❖ History
- ❖ Surveillance of development
- ❖ Review of systems
- ❖ Physical examination
- ❖ Screening
- ❖ Immunizations
- ❖ **Anticipatory guidance**

- **Tasks**
 - Disease detection
 - Disease prevention
 - Health promotion
 - Anticipatory guidance
- **Duration**
 - Approx. 18 minutes



What's New about the 4th Edition?

- Social determinants of health are embedded in many visits
 - ✓ Strengths and protective factors make a difference
 - ✓ Risk factors make a difference
- Features updated milestones of development and developmental surveillance questions
- Provides new clinical content about the latest recommendations and provides guidance on implementation
- Includes updates to several adolescent screenings including cervical dysplasia; depression; dyslipidemia; hearing; vision; tobacco, alcohol, or drug use



Screenings Updated from the 3rd Edition

Adolescent hearing screening:

- 3rd Edition:** Selective audiometry based on risk assessment at all Adolescent Visits
- 4th Edition:** Universal audiometry (once during the Early, Middle, and Late Adolescence Visits)

Adolescent tobacco, alcohol, or drug use assessment:

- 3rd Edition:** Selective based on risk assessment for alcohol and drugs
- 4th Edition:** Tobacco, alcohol, or drugs – universal administration of an assessment tool at all Adolescent Visits

Cervical dysplasia:

- 3rd Edition:** Selective based on risk assessment at all Adolescent Visits
- 4th Edition:** Universal beginning at the 21year visit in the 4th Edition



New Screenings Since the 3rd Edition

- **Bilirubin screening:** Universal at the Newborn Visit.
- **Maternal depression screening:** Universal at the 1 Month through 6 Month Visits.
- **Oral health:** Universal fluoride varnish at the 6 Month (first tooth eruption) through 5 Year Visits, in addition to Selective fluoride supplementation at the 6 Month through 12 Month and 18 Month through 16 Year Visits.
- **Dyslipidemia screening:** Universal once between the 9 and 11 Year Visits, in addition to the Universal dyslipidemia once between the 17 and 21 Year Visits carried over from the 3rd Edition.
- **Depression screening:** Universal for adolescents, annually beginning at the 12 Year Visit.
- **Human immunodeficiency virus (HIV) screening:** Universal once between the 15 and 18 Year Visits.



Bright Futures Tool and Resource Kit, 2nd Edition

The toolkit consists of 2 main sections:

Core Forms

These are the key documents to carry out each Bright Futures visit:

- Previsit Questionnaire
- Visit Documentation Form
- Bright Futures Parent-Patient Handouts

Supporting Materials

- Screening and Assessment Tools
 - ❖ Medical Screening Reference Tables
 - ❖ Commonly Used Screening Instruments and Tools
- Additional forms that accompany the Visit Documentation Form
 - ❖ Initial History Questionnaire
 - ❖ Medication Record
 - ❖ Problem List
 - ❖ Problem Visit
- Supplementary AAP Education Handouts



EXAMPLE Tools

Core Tools: Integrated Format

**BRIGHT FUTURES PREVENT QUESTIONNAIRE
1 MONTH VISIT**

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

TELL US ABOUT YOUR BABY AND FAMILY

CHECK ALL THAT APPLY TO THE BABY THAT YOU HAVE OR DO NOT HAVE

Well Child | 1 Month Visit

HISTORY

Medication

IMMUNIZATION

SOCIAL AND FAMILY HISTORY

BRIGHT FUTURES PARENT 1 MONTH VISIT

Active Parenting

PREVENTION FOCUS CHART

Parenting Tips

- **Previsit Questionnaire**
 - Surveillance tool allows healthcare professional to gather pertinent information without using valuable time asking questions

- **Documentation Form**
 - To document all pertinent information and fulfill quality measures

- **Parent/Patient Educational Handout**
 - Provides parental education for all Bright Futures Priorities at each visit



Implementation & Practice Workflow

OHSSU



Implementing *Bright Futures into Daily Practice*

How it gets done in your practice setting in partnership with your patients and parents

You and your team are the experts



Implementing *Bright Futures into Daily Practice*

Can it be done?

YES!



Office-Based Systems Components

- Utilize a preventive services prompting system
- Utilize a recall/reminder system
 - ❖ To address immunizations and well child visits
- Utilize a system to track referral
 - ❖ Paper-based or electronic
- Utilize a system to identify children with special health care needs
- Link families to appropriate community resources
- Utilize a strength-based approach and shared decision-making strategy



Questionnaires

- Paper
- Electronic
 - At the visit in the waiting or exam room
 - At home (via email or patient portal)
- Make appointment time 15 minutes earlier
- Practice support and nursing staff in charge of how this happens:
 - Have a staff session to reinforce importance and contribution
 - Train how to distribute
 - Develop a scoring system
 - Develop a system to alert the healthcare professional to know “when ready to proceed”
 - Help parents/youth with literacy or language differences
 - Have all tools and supplies ready
 - Shift some responsibilities from the clinician to non-clinician staff where appropriate



What Can You Get From a *Bright Futures* Previsit Questionnaire?

Here are examples of what you can learn about how your patient and family are doing...

- ❑ Parental/youth concerns and questions for this visit
- ❑ Surveillance of patient/family strengths
- ❑ Surveillance of major changes in family
- ❑ Medical risk assessment (unique for each age/visit) such as:
 - TB, Lead, Anemia, STIs, Cholesterol
 - Vision and Hearing
- ❑ Oral health risk assessment
 - Dental home/fluoride H₂O
- ❑ Developmental surveillance for young children
- ❑ Strengths/developmental surveillance for school aged children & adolescents
- ❑ Expanded anticipatory guidance questions such as:
 - Social Determinants of Health
 - Caring for infant/child/adolescent
 - Patient's emotional well-being
 - Safety

This surveillance tool also alerts the patient/family that they will be universally screened for topics based on their age/stage (eg, child development, autism, depression, etc.).



Strategies for Implementing Adolescent Well Visits





Adolescent Generalities

Adolescents are special! (like newborns, 5 year old, preteen)	Start with strengths and practice building rapport	Need to destigmatize, and do universal screening
Adolescents are 'hyper aware/ in tune' with environmental clues and may 'read things in' when not intended	Have an office action plan for things we fear: <ul style="list-style-type: none">• Pregnancy• Suicide• Addiction• Violence	Visits are part of transition planning <ul style="list-style-type: none">• Becoming responsible for own health over time• Letters for parents re: screeners• Letters for adolescents re: confidentiality, consent and disclosure



Adolescent Generalities

Practice is contextual -
modify to community,
epidemiology, setting
(rainbow flags help)

For 10 years and over,
completing screening
together promotes
understanding

Best to be obvious and talk out loud
(no hidden agenda)
"I ask all my patients these questions"

Flow: together, separate, together

- Parent concerns and ability to promote understanding and discussion

Plain language

- consent = giving permission
- confidentiality = telling others only if...
- disclosures = can happen unintentionally (open record, billing, reminders)



Adolescent Generalities

State laws vary

Break confidentiality/disclosures

- Talk with permission
- Generally when needed (no contraindications)
- Parents involvement improves outcome
- They don't need to know all (or sometimes any) details



Suggestions

- ✓ Convert Sports PE and explore further if complaint doesn't = PE
- ✓ Normalize asking questions
- ✓ Do NOT ignore any concerning statement
- ✓ Use motivational interviewing
- ✓ Use tools!
- ✓ No such thing as Negative screen (thanks for answering, who could you talk about...XYZ)
- ✓ Encourage longer appointments
- ✓ Visit lasts over entire time in clinic (use team)
- ✓ Continuity and longitudinal care (not everything in 1 visit)



Adolescent Well Visits

STRATEGIES

- Schedule a longer visit
- Have an adolescent-friendly space
- Move from non-threatening questions to more sensitive topics
- Explain why you're asking the questions
- Clearly define confidentiality
- Remember surveillance is not screening and vice versa



1. Parent and patient together at beginning of visit

Confidentiality

PRACTICAL POINTS



2. Parent and patient separated during sensitive questions and physical exam



3. Parent and patient together to review assessment



Adolescent Well Visits

STRATEGIES

- Avoid medical jargon – speak simply
- Ask sensitive questions in the third person (particularly for younger adolescents)
- Use open-ended questions whenever possible
- Treat all comments seriously
- Keep the tone non-judgmental
Avoid “Why?”



Adolescent Well Visits

STRATEGIES

- Explore the adolescent's issues
- Treat all comments seriously
- Use clarification, reflection, and interpretation as strategies
- Be aware of nonverbal communication
- Don't chart during the interview



Adolescent Well Visits

STRATEGIES

- Consider the adolescent's developmental stage, culture, ethnicity
- Reassure when the adolescent seems uncomfortable
- Encourage regular and open communication with parents





Confidentiality Sample Script

“There are some things I talk about with everyone your age. I keep this information private from your parents if you don’t want to share it with them. If I hear something that sounds dangerous to you or someone else, I may need to tell your parents about that. I encourage everyone your age to talk to their parents about important things, but if you don’t feel ready, you can talk about those things here.”



Caution

- Have an adolescent office action plan
 - Suicide? imminent or past?
 - Pregnancy
 - Addiction
 - Disclosure of violence

- Use your full team and partners





Summary

- Interview the adolescent patient alone.
- Explain to patients what you can and cannot do confidentially.
- Explain limits of confidentiality.
- Implement policies to protect confidentiality and inform staff.
- Involvement of the family is optimal.



Establishing a Workflow: Review

OHSU



Workflow – 1 Month Visit Example

Workflow Needs to be Job-Specific, not Person-Specific

- ☐ Starts with initial entry point to medical office
 - Receptionist provides age appropriate Previsit Questionnaire
 - Pre-formatted age specific packet (1 Month Packet example)
 - 1 Month Previsit Questionnaire
 - Maternal Depression screening tool
 - Parental Educational Handout
 - Parent would complete questionnaires/screening tools in waiting area
 - Medical assistant on rooming child would make sure questionnaire is completed
 - MA attaches questionnaire to chart or enter the results into the EHR
 - Physician would review either paper copy or EHR
 - Would document intervention in chart
 - Completion of visit medical assistant would provide appropriate parent handout

EXAMPLE

REPORT NAME: _____ DATE: _____

BRIGHT FUTURES PREVISIT QUESTIONNAIRE
1 MONTH VISIT

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

TELL US ABOUT YOUR BAPT AND FAMILY

YOUR SWEEPING AND DENTALING BAPT



Community Linkage Tips from the Practices

- Systems measure
 - Do you have someone in your office or clinic who is in charge of liaisons with community organizations and updates to accessible list of community resources for parents?
- Consider hiring a care coordinator, or use current staff with skills in this area
- Use community liaisons in the practice to handle referrals, communicate with specialists, and coordinate services/resources for families
- Consider hosting “mixers” with potential referral sources in the community to establish relationships
- If you have set it up, everything related to a difficult situation goes better



Team-Based Approach

You don't have to do all this alone!

- Multiple health supervision visits, thus multiple opportunities
- Sharing and delegation of tasks
- Practice change management resources can be found on the following websites:
 - [Bright Futures](#)
 - [STAR Center](#)
 - [National Resource Center for Patient/Family-Centered Medical Home](#)
 - [AAP Quality Improvement](#)



Well Child | 1 Month Visit

EXAMPLE

HISTORY

DEVELOPMENT

SOCIAL AND FAMILY HISTORY

PLAN

American Academy of Pediatrics

Billing & Coding

- When standardized screening tools are administered, scored, and interpreted as part of preventive service visit, each screening can be individually coded for billing purposes.

- Example:

HEALTH RISK ASSESSMENTS

CPT® Codes

96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument



Accessing Screening Tools



Links to Commonly Used Screening Instruments and Tools

At selected visits, Bright Futures recommends universal screening for issues such as child development, maternal or obstetrical depression, substance use, or oral health. A number of screening tools have been developed and are commonly used. The Toolkit provides a list of links to tools for use at specific Bright Futures visits as well as screening and assessment tools for use at the discretion of the health care professional.

The American Academy of Pediatrics does not approve nor endorse any specific tool for screening purposes. This table is not exhaustive, and other screening tools may be available. For best results, it is recommended that users review available instruction

Instruments for Recommended Universal Screening at Specific Bright Futures Visits

Recommended Visit	Recommended Screening	Tool by Author/Owner
1 Month	Maternal Depression	Edinburgh Postpartum Depression Scale (EPDS) ^A A modified version of the EPDS is included as part of the Family Questions section in the Survey of Well-being of Young Children (SWYC).
2 Month		Patient Health Questionnaires (PHQ) PHQ-8
4 Month		
6 Month		
Universal		
6 Month	Oral Health	AAP Oral Health Risk Assessment (OHRA)
8 Month		
<i>If No Dental Home</i>		
12 Month		
15 Month		
18 Month		
2 Year		
2½ Year		
3 Year		
4 Year		
5 Year		
6 Year		

➔ https://toolkits.solutions.aap.org/ss/screening_tools.aspx



Pediatric Preventive Coding Resources

Coding at the AAP Website

- One stop shop for all coding related resources from the AAP
- Includes ICD-10-CM information and all topic-specific coding fact sheets
 - ***Coding for Pediatric Preventive Care, 2019 Booklet***
 - available at: https://www.aap.org/en-us/Documents/coding_preventive_care.pdf
- AAP Coding Hotline aapcodinghotline@aap.org for all your coding and payer questions and issues!!



Education in Quality Improvement for Pediatric Practice (EQIPP)

The screenshot shows the EQIPP website interface. At the top, it says "EQIPP Helping You Improve Care for Children". Below this, there are navigation tabs for "EQIPP Home", "EQIPPs for Adults", "EQIPP for Residents", and "EQIPP for Groups". A central banner features a child and the text "EQIPP courses are included with AAP membership!". To the right is a "Log In" form with fields for "AAP Login" and "Password", and a "submit" button. Below the banner is a table of "Available Courses" with columns for "Course Name", "Tracks", "CME Credits", and "Expiration Date".

Course Name	Tracks	CME Credits	Expiration Date
EQIPP: Autism	Healthcare Professionals	30	06/30/2021
EQIPP: Bright Futures - Infancy and Early Childhood	9 and 24 Months	29	06/30/2021
EQIPP: Bright Futures - Middle Childhood and Adolescence	12 and 18+ Years	30	06/30/2021

- EQIPP courses help you identify and close gaps in your practice using practice tools.
 - Bright Futures - Infancy and Early Childhood Course
 - Bright Futures - Middle Childhood and Adolescence Course



Website Resources

- Resources and tip sheets
- Resources for families, states and community health programs
- Implementation strategies and stories from practices, states, and communities that use Bright Futures

brightfutures.aap.org

The screenshot shows the homepage of the Bright Futures website. At the top left is the logo for Bright Futures, which consists of three stylized human figures in red, green, and blue holding hands under a sun. To the right of the logo is the text "Bright Futures." followed by the tagline "prevention and health promotion for infants, children, adolescents, and their families™". On the right side of the header, there is a search bar and links for "PRINT", "SITEMAP", and "CONTACT US". Below the header is a navigation menu with the following items: "About", "Materials & Tools", "Clinical Practice", "States & Communities", "Families", "Quality Improvement", and "Media Center". The main content area features a "Materials & Tools" section with a sub-heading "Bright Futures Guidelines provides a common framework for well-child care from birth to age 21." Below this, there is a paragraph: "The Guidelines and the cornerstone—the handy Pocket Guide, Parent Questionnaires, Visit Documentation Forms, Parent/Patient Education Handouts, and family materials are designed to help you implement the Guidelines in practice with the time you have!" To the left of this text is a collage of various Bright Futures materials, including booklets and brochures with titles like "Bright Futures Guidelines", "Bright Futures Nutrition", and "Bright Futures Parent Questionnaires".



Bright Futures Tools

Below are some tools and resources available to assist with implementation of the 4th Edition:

- *Bright Futures Guidelines*, 4th Edition – Introductory Webinars
 - Available at: <https://brightfutures.aap.org/materials-and-tools/Pages/Bright-Futures-Webinars.aspx>
- *Bright Futures Tool and Resource Kit*, 2nd Edition – Overview (narrated PPT)
 - Available at: <https://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx>
- Screening and Priorities for each age/stage
 - Available at: <https://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx>
- Medical Screening Reference Tables
 - Available at: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Medical-Screening-Reference-Tables.aspx>



Changes in Practice: Recap

Participants can:

- Review clinical content in *Bright Futures Guidelines*, 4th Edition
- Identify office systems-based strategies to maximize flow and efficiency for health promotion
- Use pediatrician-tested strategies and Bright Futures tools to improve the quality of preventive services delivered in the clinical setting
- Identify opportunities to tailor and apply Bright Futures/AAP recommendations with available tools and resources



O H S U
Questions?



References

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- ❑ Lannon CM, Flower K, Duncan P, Moore KS, Stuart J, Bassewitz J. The Bright Futures Training Intervention Project: implementing systems to support preventive and developmental services in practice. *Pediatrics*. 2008;122(1)e163-e171. Available at: <http://pediatrics.aappublications.org/content/122/1/e163>
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- ❑ Shaw JS, Hagan JF Jr, Shepard MT, Curry ES, Swanson JT, Janies KM, eds. *Bright Futures Tool and Resource Kit*. 2nd ed. Itasca, IL: American Academy of Pediatrics; 2019



How to Obtain *Bright Futures* Materials

Visit the *Bright Futures* Web site: brightfutures.aap.org

To order the *Bright Futures* Guidelines and Toolkit, go to shopAAP.org

Sign up for the *Bright Futures* eNews and other alerts at
brightfutures.aap.org/Pages/contactus.aspx



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