Implementing Bright Futures in Your Office

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Jeannette Mejias
Implementing Bright Futures

• In-depth look at pre-visit forms
• QIDA – Quality Improvement Data Aggregation
• Data points to be collected
• Family Partnership
Disclosure Statement

Shilpa Pai, MD, FAAP

• I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

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

Jeannette Mejias

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Improvement in Health Supervision Care at the 9 and 24 month visit

- Appropriate risk assessments based on the AAP periodicity schedule
- Maternal depression screening
  - reviewed at 9 month visit (at least one depression screen by the infant’s 6 month visit)
  - if positive → plan for follow-up
- Developmental screening and follow up
  - completed at 9 month visit
- Autism screening and follow up
  - Completed by the 24 month visit; if positive a plan for follow-up
- Oral health risk assessment
  - Completed at the 9 month visit
  - Completed at the 24 month visit if no dental home
PreSIPS2 Overview – Measures

Imaginment in Health Supervision Care at the 9 and 24 month visit

• Weight for length/BMI percentile assessment
  – completed and documented
• Evaluation and discussion of parental strengths
  – Completed and documented
• Eliciting and documenting parental concerns with appropriate follow up
  – Completed and follow-up if needed
• Use of Bright Futures priorities to help standardize delivery of anticipatory guidance
  – 3 BF priorities discussed
• Social determinants of health
  – Queried and followed-up and documented
Making the Most of the Bright Futures Guidelines

• The Guidelines provide the background and all the details

• Question is:
  – *How can you incorporate all that richness into a typical office visit?*

• Use the Guidelines along with other Bright Futures materials
Core Tools

• Previsit Questionnaires

• Documentation Forms

• Parent/Patient Handouts
Core Tool: Previsit Questionnaires

- Parent/adolescent patient fills out before seeing practitioner
- The questionnaires:
  - risk-assessment questions → triggering recommended medical screening
  - Bright Futures five priority topics for that age-based visit
  - allow parent/patient to note any special concerns
  - gather developmental surveillance information
# Bright Futures Previsit Questionnaire

## 18 Month Visit

For us to provide you and your baby with the best possible healthcare, we would like to know how things are going. Please answer all of the questions. Thank you.

### Setting the agenda

<table>
<thead>
<tr>
<th>Questions About Your Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>How any of your child's relatives developed new medical problems since your last visit? If yes, please describe:</td>
</tr>
</tbody>
</table>

### Medical Screening

<table>
<thead>
<tr>
<th>Topic</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Do you have concerns about how your child hears?</td>
</tr>
<tr>
<td>Vision</td>
<td>Does your child have a sibling or playmate who has or had lead poisoning?</td>
</tr>
<tr>
<td>Lead</td>
<td>Does your child live in an area with elevated levels of lead or a lead paint facility built before 1978 that is being or has recently been used within the past 6 months (real estate or remodeled)?</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Has your child traveled to a country at high risk for tuberculosis other than the United States, Canada, Australia, New Zealand, or Western Europe?</td>
</tr>
<tr>
<td>Amnesia</td>
<td>Does your child have a favorite song on the radio?</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Does your child have a toothache?</td>
</tr>
</tbody>
</table>

### Developmental Surveillance

<table>
<thead>
<tr>
<th>Your Growing and Developing Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have concerns about your child's development, learning, or behavior?</td>
</tr>
</tbody>
</table>

Check off each of the tasks that your child is able to do:

- Helps around the house
- Stacks 2 small blocks
- Runs
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)
## Screening

### Universal Screening

<table>
<thead>
<tr>
<th>Development</th>
<th>Structured developmental screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>Autism Specific Screen</td>
</tr>
</tbody>
</table>

### Selective Screening

<table>
<thead>
<tr>
<th>Risk Assessment*</th>
<th>Action if RA +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does not have a dental home</td>
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<td></td>
<td>Primary water source is deficient in fluoride</td>
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<tr>
<td>Blood pressure</td>
<td>Children with specific risk conditions or change in risk</td>
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<tr>
<td>Vision</td>
<td>Parental concern or abnormal fundoscopic examination or cover/uncover test results</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
</tr>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
</tr>
<tr>
<td>Lead</td>
<td>If no previous screen or change in risk</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
</tr>
</tbody>
</table>

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.
What can you get from a *Bright Futures* Previsit Questionnaire?

- Maternal depression screening
  - PHQ-2
- Medical risk screening
  - TB, Lead, Anemia, STIs, Cholesterol
  - Vision and Hearing
    - If possible, practice staff can perform or set up
- “Parental/youth concerns and questions” for this visit
- Oral health risk assessment components
  - Dental home/fluoride in water
- Developmental surveillance for young children
- Strength/developmental surveillance for school aged children & adolescents
9 and 24 Month Visits

- Eliciting & addressing parental concerns
- Age-appropriate risk assessments
- Oral health risk assessment
- Maternal depression screening
- Developmental screening/follow-up (9 and 24 months)
- Autism specific screening/follow-up (24 m)
- Evaluation of parental strengths
- Weight for length or BMI

- Addressing 3 Bright Futures priorities in anticipatory guidance
Which *Bright Futures* standardized screenings could be done with additional questionnaires?

- Developmental screening
- Autism specific screening
- Maternal depression screening

Excerpt from 2 month previsit questionnaire
Chart Audit: 9 and 24 Month Visits

- Eliciting & addressing parental concerns
- Age appropriate risk assessments
- Oral health risk assessment
- Maternal depression screening
- Developmental screening/follow-up (9 & 24 months)
- Autism specific screening/follow-up (24 months)
- Evaluation of parental strengths
- Weight for length or BMI percentile
- Addressing 3 Bright Futures priorities in AG
What’s Left?

- Further history including identification of parental strengths
  - Additional visit questionnaire with questions in each of the five visit priority areas
- BMI percentile
- Physical exam
- Answering questions, addressing concerns and anticipatory guidance about five priority topics
- Immunizations
- If a change needs to be considered, use a shared decision-making approach
Practical Strategies for Implementation

- Include tools in the EHR?
- Allow for direct electronic entry of tools by families in the waiting room/patient exam room – patient portal
- Include pass/fail categories for MCHAT in EHR
- Include secondary screens for use if screen is positive
- Staple screening tools to Previsit Questionnaires so the entire previsit packet is provided to parents
Practical Strategies for Implementation

- Use Plan, Do, Study, Act cycles to start using screening tools in practice
  - determine roles during the screening process
- Invite a development behavioral specialist to come to the practice 1x/month to see patients regarding positive screens
- Host staff trainings to reinforce importance of screening recommendations
- Have screening/assessment tools, and any supplies needed - easily accessible for visit
Practical Strategies for Implementation

- Consider your patient population – do families have internet access?
- Have a nurse or assistant sit with parents to complete questionnaire if literacy is an issue
- Ask patients to come to appointments 10-15 minutes earlier to complete the screen
- Fill out and score screening tools before patient is seen (via email, mail or in waiting room)
Core Tool: Documentation Forms

- Practitioner uses during visit to document activities
- What questions to ask/issues to address based on child’s age and visit priorities
- Forms include sections for each component of visit:
  - History
  - Surveillance
  - Physical exam
  - Screening
  - Immunizations
  - Anticipatory guidance
<table>
<thead>
<tr>
<th>History</th>
<th>Physical Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns and questions: □ None □ Addressed (see other side)</td>
<td>Additional systems: □ GENERAL APPEARANCE</td>
</tr>
<tr>
<td>Follow-up on previous concerns: □ None □ Addressed (see other side)</td>
<td>NL</td>
</tr>
<tr>
<td>Social Family History</td>
<td>Developmental Surveillance (if not reviewed in Pre-visit Questionnaire)</td>
</tr>
<tr>
<td>See Initial History Questionnaire: □ No internal change</td>
<td>□ Structured developmental screening □ NL Tool</td>
</tr>
<tr>
<td>Family situation:</td>
<td>□ Autism-specific screening □ NL Tool</td>
</tr>
<tr>
<td>Parents working outside home: □ Mother □ Father</td>
<td>Developmental Surveillance (if not reviewed in Pre-visit Questionnaire)</td>
</tr>
<tr>
<td>Child care: □ Yes □ No Type</td>
<td>□ Social-emotional</td>
</tr>
<tr>
<td>Changes since last visit:</td>
<td>□ Cognitive</td>
</tr>
<tr>
<td>Nutrition: □ Breast □ Bottle □ Cup</td>
<td>□ Physical development</td>
</tr>
<tr>
<td>Milk: ___________ Ounces per day</td>
<td>□ Language and hearing</td>
</tr>
<tr>
<td>Solid foods: ___________ Ounces per day</td>
<td>□ Safety</td>
</tr>
<tr>
<td>Juice: ___________ Ounces per day</td>
<td>□ Car seat seat belt</td>
</tr>
<tr>
<td>Elimination: □ NL</td>
<td>□ Falls</td>
</tr>
<tr>
<td>Sleep: □ NL</td>
<td>□ Bums</td>
</tr>
<tr>
<td>Behavior: □ NL</td>
<td>□ Sniffing diapers</td>
</tr>
<tr>
<td>Activity (play, no TV, □ NL</td>
<td>□ Genes</td>
</tr>
<tr>
<td>Development:</td>
<td>□ Fingernails</td>
</tr>
<tr>
<td>□ Structured developmental screening □ NL Tool</td>
<td>□ Parasites</td>
</tr>
</tbody>
</table>
| □ Autism-specific screening □ NL Tool | **Documenting Parental Concern**

**Pre-visit Questionnaire Reviewed**

**Bright Futures Priorities**

**Screening**

**Developmental Surveillance**
Core Tool: Parent/Patient Handouts

- Handouts for each Bright Futures visit
- (1 week to 21 yo)
- Patient handouts for those 7 yrs and older
- Summarize anticipatory guidance for visit
- Linked to 5 priorities for specific visit
- Written at 6th grade level or lower
Talking and Hearing

- Head and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

Your Child and Family

- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

Safety

- Use a convertible car safety seat rear-facing in the back seat of all vehicles.
- Read the instructions about your car safety seat to check on the weight and height requirements.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call poison control (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows.
- Watch your child closely when she is on the stairs.
- Have someone hold your child’s hand when the car is moving to avoid being run over.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

Toilet Training

- Signs of being ready for toilet training include:
  - Dry for 2 hours
  - Knows if he is wet or dry
  - Can pull pants down and up
  - Wants to learn
  - Can tell you if he is going to have a bowel movement

What to Expect at Your Child’s 2 Year Visit

We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves
- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

Your Child’s Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep timeouts brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child’s focus to another toy or activity if she becomes upset.
- Parenting classes can help you understand your child’s behavior and teach you what to do.
- Expect your child to cling to you in new situations.
Why use the *Bright Futures Tool and Resource Kit*?

- **individualized care**
  - parent/patient concerns are priorities
  - tailor care and anticipatory guidance

- **standardized care**
  - linked to Bright Futures visit components and priorities
  - clinical activities and messages consistent
  - Completed documentation forms help track care over time
  - *Ensures all patients receive recommended exams, screenings, and immunizations*
Why use the *Bright Futures Tool and Resource Kit*?

- Supplementary materials:
  - Additional Parent/Patient Handouts
  - Developmental, behavioral, and psychosocial screening and assessment tools
  - Practice management tools for preventive care
  - Information on community resources
Steps in Implementing a Preventive Services Prompting System

1. Agree on Practice-wide Guidelines
2. Embed Guidelines in Clinical Tools
3. Train Staff to Identify and Prompt Needed Services
Preventive Services Prompting Systems: Advantages

• Improves rates of care
• Distributes work
• Supports staff in new roles
• Helps organize visit
• Documents what services are completed
• Highlights prevention
• Helps avoid “missed opportunities”
Overcoming Challenges

• Practice-wide Guidelines
  – Concentrate on most important problems patients face
  – What do you already agree on?
  – Tools to support Guidelines are important

• New Roles for Staff
  – Embed roles in new staff orientation
  – Document expectations
  – Provide training at staff meetings
Overcoming Challenges

• Changing Recommendations
  – Review guidelines annually
  – Divide and conquer

• Variable Opinions Among Providers
  – Strive for a minimum set of services
  – Rely on evidence to prioritize
  – Customize to your patient population
  – Agree to disagree
Residency Continuity Clinic

• biggest improvements in completing:
  • Oral health risk assessments
  • Developmental screens
  • Autism screens
  • Assessing parental strengths
  • Maternal depression screens

• Resident champion as a project leader
• Team decision making - which preventive care recommendations they wanted to adopt as a standard of preventive care

• *PreSIP data = powerful tool for making changes in standard clinic practices*
Residency Continuity Clinics

- **Challenges:**
  - various levels of staff and clinicians to engage
  - More people to recruit to make any changes to care processes
  - IT support
Data Collection

QIDA:
Quality Improvement Data Aggregator
Choosing a Data Coordinator

• Each team should select 1 data coordinator to serve duration of project
• Responsible for entering team’s data in AAP QIDA
• QIDA training webinar and manual (PreSIPS2 QIDA Data Coordinator User Manual)
Data Coordinator Requirements

• familiar with EMR or paper charts
• Helpful (but not required) to have some data entry experience
• Meet data submission deadlines
• Serve as team’s primary contact for any questions regarding data
QIDA

• developed by the American Academy of Pediatrics (AAP)

• Allows:
  1. Individual members of teams participating in QI projects to enter their improvement data securely
  2. Viewing of real-time data reports
  3. Access to various resources and tools to help facilitate practice-wide QI implementation.
QIDA

• Preventive Services Improvement State Spread Project (PreSIPS2) QIDA site
  • [http://qidata.aap.org/presips2](http://qidata.aap.org/presips2)
• Project Participants
• Data Coordinators
• Project Administrators
• AAP members: use AAP login and password
• If you do not have an AAP login and password, QIDA staff will assign one for you
• qidata@aap.org
Welcome to the PreSIPS2 QIDA Home Page!

Preventive Services Improvement Project-State Spread (PreSIPS2)

This secure site provides a place for your PreSIPS2 practice team to submit data, view data, view real-time data reports, and access or store information and resources to support your participation in this project.

From this page, Data Coordinators from each team can:
- Access the Data Collection Forms to submit monthly Clinical Quality Measures on behalf of your team
- Submit your team's Office Systems Inventory (baseline and project completion only)

Need assistance? Please see the Workspace page for:
- Contact information for key staff and faculty
- QIDA User's Resources

Data Collection Tools
Data Sources for Clinical Measures

- PreSIPS2 Practice Teams will enter data each month re: services for 9-month and 24-month visit

**PreSIPS2 Chart Review Data:**
- Begin by identifying eligible patient visits
- Eligible visits are for patients who have completed a 9- or 24-month well child visit during the previous calendar month.

**Note:** Eligible patients are only those patients who were seen by providers at the practice who are either a) members of the core PreSIPS2 QI team or b) participating for MOC credit.
Directions
Please use this tool to review and enter chart data from children seen at their 9 month health supervision visit.

Elicit and Address Patient/Family Concerns and Needs

1. Is there documentation in the medical record indicating that patient/family concerns were elicited at the most recent health supervision visit?
   - Yes
   - No

2. If the parent expressed concerns, is there documentation in the medical record that concerns were addressed?
   - Yes
   - No
   - No concerns expressed

Perform Age Appropriate Risk Assessment

3. Is there documentation in the medical record indicating that all age appropriate risk assessments were performed at the most recent health supervision visit?
   - Yes
   - No

4. If any risks were identified, is there documentation in the medical record that these risks were addressed?
   - Yes
   - No
   - No risks identified

Provide Anticipatory Guidance

5. Is there documentation in the medical record that at least 3 of the Bright Futures Priorities (anticipatory guidance) were discussed at the most recent health supervision visit?
   - Yes
   - No
Data Collection

• First (baseline) and last (conclusion) PreSIPS2 data cycles
  – enter data for **20 most recent eligible medical records** from the previous month for both 9- and 24-month visits, respectively

• For all other cycles
  – enter data for **10 most recent eligible medical records** from the previous month’s 9- and 24-month visits, respectively

• Questions are answered for one patient at a time.
Data Entry

• To enter data for your 9- and 24-month visit medical records for a typical data cycle, you will need to complete the chart review tools 20 times (10 times for the 9 month charts, 10 times for the 24 month charts)
Data Analysis

• Once data entered into chart review tool and cycle is closed -- analyses for a given cycle can be viewed

• view the names of the **Measures Analyzed**

• (1) **Group Score** for your team during that cycle

• (2) **Project Goal** for that measure

• (3) **Quality Gap** (i.e., Goal minus Group Score)
Elicit and Address Patient/Family Concerns and Needs

Is there documentation patient/family concerns were elicited at the most recent health supervision visit?

• What Counts:
• Parent was asked at least once about concerns using 1+ following methods:
  – asked about concerns on the phone when visit was scheduled
  – Pre-visit questionnaire was mailed prior to the visit
  – Questionnaire distributed during encounter/visit
  – Face-to-face communication with parent during visit asking about concerns
Elicit and Address Patient/Family Concerns and Needs

Q: If the parent expressed concerns, is there documentation concerns were addressed?

• **What Counts:**
  • List of parental concerns at each visit
  • Varies from interaction, resource referral, patient education, etc.
  • Concerns are listed as addressed in record if –
    – checkbox or free text indicates that concerns were addressed
Perform Age Appropriate Risk Assessment

• *Q:* Is there documentation indicating age appropriate risk assessments done at health supervision visit?

• **What Counts:**

  • Age-appropriate risk assessments for both the 9 and 24 months based on AAP periodicity schedule

  • To get “credit” for this measure all “stars” must be accounted for in the chart
## Screening

<table>
<thead>
<tr>
<th>UNIVERSAL SCREENING</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>Structured developmental screen</td>
</tr>
<tr>
<td>Oral health</td>
<td>Administer the oral health risk assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SELECTIVE SCREENING</th>
<th>RISK ASSESSMENT*</th>
<th>ACTION IF RA +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Vision</td>
<td>Parental concern or abnormal fundoscopic examination or abnormal cover/uncover test</td>
<td>Ophthalmology referral</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
<td>Referral for diagnostic audiologic assessment</td>
</tr>
<tr>
<td>Lead</td>
<td>+ on risk screening questions</td>
<td>Lead screen</td>
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*See the Rationale and Evidence chapter for the criteria on which risk screening questions are based.

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<td>Lead (High prevalence area or on Medicaid)</td>
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<th>ACTION IF RA +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health</td>
<td>Does not have a dental home</td>
<td>Referral to dental home or, if not available, oral health risk assessment</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Primary water source is deficient in fluoride</td>
<td>Oral fluoride supplementation</td>
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<td>+ on risk screening questions</td>
<td>Referral for diagnostic audiologic assessment</td>
</tr>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Lead (Low prevalence area and not on Medicaid)</td>
<td>+ on risk screening questions</td>
<td>Lead screen</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>+ on risk screening questions</td>
<td>Fasting lipid profile</td>
</tr>
</tbody>
</table>

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

• *Q: If any risks were identified, how are risks addressed?*
• All risks identified should be documented
• Follow-up documentation may include:
  – referral
  – testing
  – education
  – additional visits

• **What Counts?**
• Checkbox or free text indicates a follow-up action for each identified risk
Provide Anticipatory Guidance

• Q: Is there documentation that at least 3 of the Bright Futures Priorities (anticipatory guidance) were discussed?

• What Counts:
  • priorities for each visit listed in BF Guidelines
  • Min 3 priorities need to be discussed or patient education distributed via print or electronically to the patient
PRIORITIES FOR THE VISIT
The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Family adaptations (discipline [parenting expectations, consistency, behavior management], cultural beliefs about child-rearing, family functioning, domestic violence)
- Infant independence (changing sleep pattern [sleep schedule], developmental mobility [safe exploration, play], cognitive development [object permanence, separation anxiety, behavior and learning, temperament versus self-regulation, visual exploration, cause and effect], communication)
- Feeding routine (self-feeding, mealtime routines, transition to solids [table food introduction], cup drinking [plans for weaning])
- Safety (car safety seats, burns [hot stoves, heaters], window guards, drowning, poisoning [safety locks], guns)
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:

- Assessment of language development (how child communicates, expectations for language)
- Temperament and behavior (sensitivity, approachability, adaptability, intensity)
- Toilet training (what have parents tried, techniques, personal hygiene)
- Television viewing (limits on viewing, promotion of reading, promotion of physical activity and safe play)
- Safety (car safety seats, parental use of safety belts, bike helmets, outdoor safety, guns)
Elicit and Discuss Family Strengths

• Q: Is there documentation indicating that family strengths were identified at health supervision visit?

• What Counts:
  • Identify activities parents are doing with child (developmentally appropriate)
Eliciting Parental Strengths?

- **What Counts:**
  1. Social connections
  2. Knowledge of parenting and child development
  3. Concrete support in times of need
  4. Social and emotional competence of children
  5. Parental resilience
  6. Parent child connection
  7. Safe environment
  8. Other strength identified in history or observed during visit – specific to family situation
Social Determinants of Health

What Counts?

Discussion/surveillance/screening for known social determinants of health such as:

- Food insecurity
- Housing
- Alcohol/drug abuse
- Intimate partner violence

Implementing a questionnaire that asks about social determinants of health

- Survey of Wellbeing of Young Children (SWYC)
  - http://www.theswyc.org/
- SEEK Parent Questionnaire
  - http://theinstitute.umaryland.edu/seek/seek
Perform Maternal Depression Screening and Follow Up

• *Q:* Is there documentation in the medical record that at least 1 maternal depression screen was completed by the patient's 9 month health supervision visit?

• **What Counts:**

• Documentation of scored standardized depression screening of the child’s mother/primary caregiver at OR prior to the 9 month visit

• **Common screening tools used:**
  – Edinburgh Postnatal Depression Scale
  – Maternal Depression Screening - PHQ-2 and PHQ-9 (AAP)
Perform Maternal Depression Screening and Follow Up

• **Q: If a positive screen was identified, is there documentation in the medical record that a follow up plan was established?**

• screening follow-up should be documented:
  – referral
  – further monitoring
  – additional visits etc.

• **What Counts:**

• Checkbox or free text indicating follow-up plan
Perform Oral Health Risk Assessment (OHRA)

- Q: Is there documentation in the medical record that an oral health risk assessment was performed by the 9 month health supervision visit?

- What Counts: Documentation of an oral health risk assessment
- Maternal: Active caries and dental home
- Child: Active caries, nutrition habits, special health care needs known to contribute to caries
- Consideration of protective factors
- Completed Oral Health Risk Assessment Tool
  - Example: http://www2.aap.org/oralhealthriskassessmenttool.html
Perform Oral Health Risk Assessment (OHRA)

Q: Does this patient have a dental home?

• What Counts:
  • Documentation indicating that the mother has a dental home for child
  • Dental home name
  • Dental home contact information

Q: If "No", is there documentation in the medical record that an oral health risk assessment was performed at the 24 month health supervision visit?

Oral Health Risk Assessment under 9 month measures for appropriate measure documentation.
Perform Autism Specific Screening and Follow Up

Q: Is there age appropriate autism screenings at 24 month health supervision visit?

• What Counts:
  • completed autism specific standardized screening tool
  • Example: Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F)

Q: If a positive autism screen was identified, was a follow up plan established and documented?

• All positive autism screen follow-up should be documented
  • include referral, further monitoring and additional visits and testing, etc.

• What Counts:
  • Checkbox or free text denoting follow-up plan
Family Partnerships

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