Parenting Strengths and Partnering with the Medical Home

April 12, 2016 Healthy Start Grantees webinar

Judith S. Shaw, EdD, MPH, RN, FAAP

Executive Director, VCHIP & NIPN
Associate Professor of Pediatrics, UVM College of Medicine
Co-editor, Bright Futures





Agenda

- 1. Overview of Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents and related Periodicity Schedule.
- 2. Describe new elements included in the Bright Futures Guidelines, 4th Edition.
- 3. Components of the visits 0-2 years
- 4. Parenting Strengths

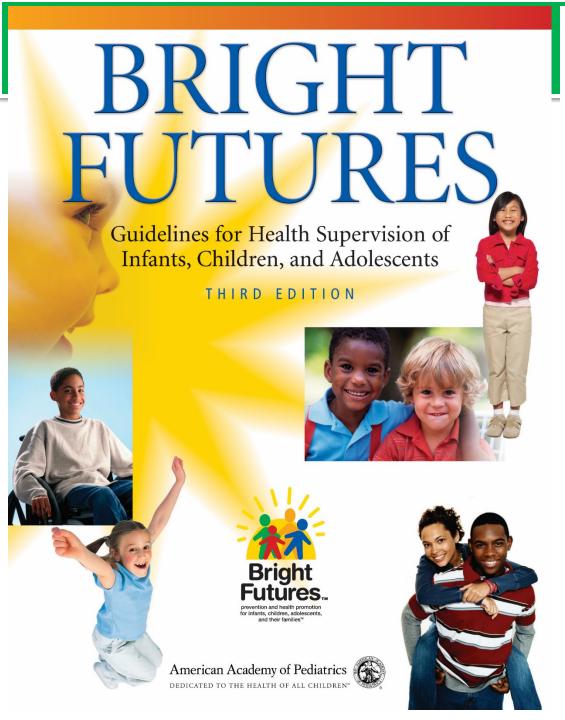


Bright Futures: History

Supported and funded by federal government's Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration, Department of Health and Human Services

- 1st edition was published in 1994
- Updated in 2000 (2nd edition)
- In 2002, AAP was selected by MCHB to implement the next phase of the initiative
- 3rd edition was released in October 2007
- In 2007, AAP was awarded a second cooperative agreement to address implementation
- In Summer 2015, 4th Edition underwent Public Review
- In 2016, the 4th Edition will be released





...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 wellbeing 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.

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 are outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 3rd Edition (Hagan J, Shaw JS, Duncan PM eds.)





Recommendations for Preventive Pediatric Health Care



Each child and family is unique; therefore these Recommendations for Preventive Pediatric Health. Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require

frequent counseling and treatment visits separate from preventive care visits

Bright Futures/American Academy of Pediatrics

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents 3rd ed. Flk Grove Village. II.: American Academy of Pediatrics: 2008)

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate

Copyright © 2016 by the American Academy of Pediatrics, updated 10/2015.

No part of this statement may be reproduced in any form or by any means without prior written nission from the American Academy of Pediatrics except for one copy for personal use

equent counseling and treatment visits separa	ts separate from preventive care visits.									Adolescents. 3 rd ed. Elk Grove Village, IL: American Acade EARLY CHILDHOOD							ademy of Pediatrics; 2008). pe							permission from the American Academy of Pediatrics except for one copy for personal use. ADOLESCENCE										
405	Prenatal Newborn 3-5 d By 1 mo 2 mo 4 mo 6 mo 9 mo							la ma								5y 6y 7y 8y 9y 10y																		
HISTORY	Prenatai	Newborn	3-5 d	Буп	2 111	4 1110	01110	9 1110	12 1110	13 1110	18 1110	24 1110	30 1110	3 4	+ 9	Jy	o y	, , y	o y	9 9	10 y	11 9	12 y	13 9	14 9	10 9	10 y	17 9	10 y	19 9	ZO y	21		
Initial/Interva	_	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
MEASUREMENTS																																		
Length/Height and Weigh		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Head Circumference		•	•	•			•		•	•	•	•																						
Weight for Length		•					•		•	•	•																							
Body Mass Index												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Blood Pressure		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
SENSORY SCREENING						1																										П		
Vision		*	*	*	*	*	*	*	*	*	*	*	*	•7	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*			
Hearing		●8	*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	*	*	*	*	*	*	*	*	*	*			
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																		
Developmental Screening								•			•		•																					
Autism Screening ¹											•	•																						
Developmental Surveillance		•	•		•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
Psychosocial/Behavioral Assessmen			•	•			•		•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•			
Alcohol and Drug Use Assessment ¹																						*	*	*	*	*	*	*	*	*	*			
Depression Screening ¹																						•	•	•	•	•	•	•	•	•	•			
PHYSICAL EXAMINATION ¹		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•			
PROCEDURES ¹																																Г		
Newborn Blood Screening ¹		-	•	 	-																													
Critical Congenital Heart Defect Screening ⁶		•																														Т		
Immunization ¹		•	•		•		•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	Т		
Hematocrit or Hemoglobin						*			•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Lead Screening							*	*	● or ★20		*	● or ★20		*	*	*	*															T		
Tuberculosis Testing ²				*			*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*			
Dyslipidemia Screening ²												*			*		*		*	4		→	*	*	*	*	*	*	4		- •	Н		
STI/HIV Screening	i																					*	*	*	*	*	-		-	*	*	1		
Cervical Dysplasia Screening ²																																Т		
ORAL HEALTH							*	*	● or ★		● or ★	• or *	• or ★	•			•																	
Fluoride Varnish ³							+				- •	_				→																		
ANTICIPATORY GUIDANCE							•		•						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	-		

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

 A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit
- should include untrigatory guidance, partment medical history, and a discussion of benefits of broast feeding and planned method of feeding, per the 2003 AAP statement The Prenatal Visit" (http://pediatrics.aspopiblications.org/content/1244/1227.full)
- Every infant should have a newborn evaluation after birth, and broadfeeding should be encouraged (and instruction and support should be offered. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and laundice. Broadfeeding infants should receive formal breadfeeding evaluation, and their mothers should receive encouragement and
- Feeding and jurifice. Encodifieding inforces should recover formula broadfooding and ustice, and their michies should recover encouragement and institution, as in commended in the 20°C APP disturbers. The should reclined up and the Lie of Himself Mic. (19) (Excellented as acquisition for conducted "1956/26°21°10, Newcommission designed less than 6% hours after derivery must be examined within 4% hours of institution, por firm 20°C APP statement. To paid all up for feeding the middle between 5% and the statement of the statement of the feeding of the statement of the destroyed and the statement of the statement
- assess risk at ages 12 and 24 months, in addition to the well visits at 3 invough 5 years of age. See 2016 AAP statement, Mausi System Assessment in Infants, Children, and Young Adults by Pediatricians (http://de-balancs.ascoublications.org/content/earty/2016/1/207/pedia-2015-3600) and
- Procedures for Evaluation of the Visual System by Pediatricians' (<u>monitorediatrics agroundiations on accordential adviced in the APP statement "Year 2007 Position Statement" Penciples and Guidelines for Early Hearing Detection and</u>

KEY • = to be performed

- A recommended screening like it is well at it at motivace passer bodien on the Destriction in the GLAD-PC took and at the Destriction of PHQQ or other bodie and able in the GLAD-PC took and at this between a morth-budient and bodient benefit interest force is benefit between an interest bodient benefit interest force is benefit between the Secretaria for it is a destruction of the Destriction of
- Otto Medianics approbleations or aborden (1275/991 ful).
 These may be modified, depending or entry point into schedule and individual need.
- The Recommended Uniform Noveborn Screening Panel
- fulls flow has a probabilistic continues the thack is systemable disorders become endedpane (uniform accessing pane) pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes.r. us uthorsa equisites/genese-us fleshbod sorders poly, establish the ortana for and coverage of newtorn screening procedures and program Follow-up must be provided, as appropriate, by the pediatrician.

- Every visit should be an opportunity to update and complete aichild simmunizations.

 19. See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0.3 Years of Age!" Onto Modernits assoublications crationnent/265/1040 6.01.

 19. For children at risk of lead crossure, see the 2012 CDC Advisory Committee on Childhood Lead Posoning Prevention statement "Low Level Lead."
- Interview or Programs (<u>intrinspections points as account of the Programs or Control of the Programs o</u>

- 21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book:
- Report of the Committee on Infactious Diseases. Testing should be performed on recognision of high-risk factors.

 See AAP-endursed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and
- 2 occupants of Children and Adultace of High described in explanation and the Children and Children and Adultace of High described in explanation and the Children and Adultace of High described in the Children and Children use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
- 24 See USFST recommendations that there is a service testing computation of the Pedatric Office Setting?
 34 See USFST recommendations that there is a service testing of the Pedatric Office Setting? (trito Recistros aecoublications ergicorteni/126/3593 (u.f.) Assessi if the child has a dental home. If no dental home is identified, perform a risk assessment.
- (http://www2.app.org/oru/health/doos/foskAssessmentToo.pdf) and refer to a dental home. If primary varier source is deficient in fluoride, consider and fluoride supplementation. Recommend brushing with fluoride to of quaste in the proper disage for age. See 2009 AAP statement "One Health Risk Assessment Timing and Establishment of the Dental Home" (into Apediathos appointment of the Dental Home" (into Apediathos appointment of the Tribing Self-clinical report "Eucride Use in Carles Prevention in the Primary Care Selfring" Orto Rectatros ascoutilizations orgbo/doi/10/15/2/peds 2014-1699), and 2014 AAP statement "Maintaining and Improving the Gral Health
- consumers and apparent control of the control of th (http://peciatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699)

* = risk assessment to be performed with appropriate action to follow, if positive



Bright Futures Guidelines, 4th Edition

Part 1: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- New themes in development: Social determinants of health; Media use,
 Children 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

NOTE: The 4th edition underwent a *Public Review* period ending on August 12th, 2015.



Bright Futures Guidelines, 4th Edition

- Child Healthy Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Promoting Lifelong Health for Families and Communities

- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- Community Relationships and Resources
- Promoting the Healthy and Safe Use of Social Media
- Children and Youth with Special Health Care Needs



Components of a Bright Futures Visit

- History
- Surveillance
- Physical examination
- Screening
- Immunizations
- Anticipatory guidance



Proposed Priorities in 4th Edition 12 Month Visit Example

- ☐ Social determinants of health (the economic and social conditions that shape the health of individuals and communities)
- ☐ Establishing routines
- ☐ Feeding and appetite changes
- ☐ Establishing a dental home
- ☐ Safety



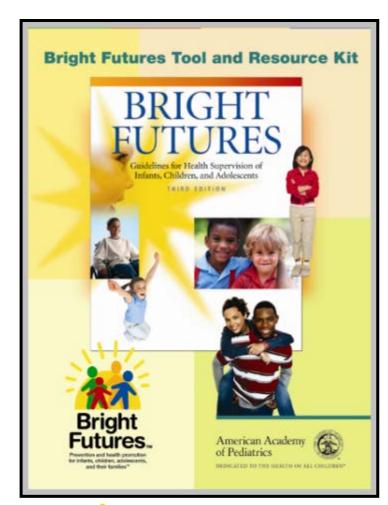
Source: Healthy People 2020



Tool & Resource Kit

- ☐ The Bright Futures Tool and Resource Kit also contains supplementary materials:
 - Additional Parent/Patient Handouts
 - Developmental, behavioral, and psychosocial screening and assessment tools
 - Practice management tools for preventive care
 - Information on community resources
- All of Bright Futures developed materials are in the public domain

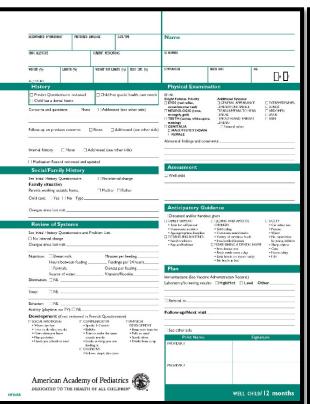
<u>brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx</u>

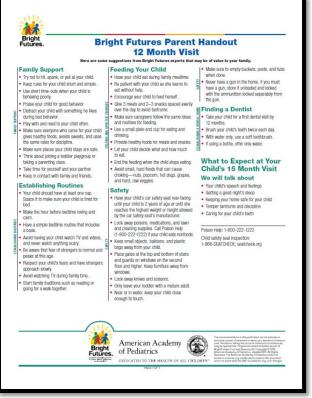




Integrated Tools







Previsit Questionnaires

 Allows healthcare provider to gather pertinent information without using valuable time asking questions

Documentation Forms

 Enables Provider to document all pertinent information and fulfill Quality Measure

Patient/Parent Education Handouts

 Provides Parental Education all the Bright Future Priorities for the visit



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 with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

 $\frac{http://mchb.hrsa.gov/programs/titlevgrants/blockgrantguidance.pd}{f}$

Examples: CHIPRA 2016 Core Measures

Well-Child Visits in the First 15 Months of Life

Developmental Screening in the First Three Years of Life

Childhood Immunization Status

Audiological Evaluation No Later Than 3 Months of Age

Prenatal & Postpartum Care: Timeliness of Prenatal Care

https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2016Prenatal & Postpartum

Care: Timeliness of Prenatal Care
Audiological Evaluation No Later Than 3 Months of Age
-child-core-set.pdf



Anticipatory Guidance in a Bright Futures Visit

- Visits in the First Two Years
 - Prenatal
 - Newborn
 - First week (3-5 days)
 - One month
 - Two months
 - Four months
 - Six months
 - Nine months
 - Twelve months
 - Fifteen months
 - Eighteen months
 - Two Years

Prenatal Visit Anticipatory Guidance

- Social Determinants of Health
- Parent and Family Health and Well-being
- Newborn Care
- Infant Nutrition and Feeding
- Safety

Overview of Anticipatory Guidance Topics in First Two Years

- Social Determinants of Health
- Parent Health and Well-being
- Development:
 - Infant Behavior and Care
 - Communication and Social Development
 - Temperament, Development, Behavior and Discipline
 - Language Development
 - Television and Social Media
 - Toilet Training
- Nutrition and Feeding
- Oral Health
- Safety
 - Safe Sleep
 - Car Safety Seats, Falls, Drowning, Poisoning, Fires and Burns, etc.

Social Determinants of Health

- Risks:
 - Living Situation and Food Security
 - Environmental Risks (mold, lead, etc.)
 - Intimate Partner Violence
 - Tobacco, Drug and Alcohol Use
- Strengths and Protective Factors:
 - Maternal and Family Support
 - Parent-Infant Relationship
 - Family Relationship
 - Childcare

Overview of Anticipatory Guidance Topics in First Two Years

- Social Determinants of Health
- Parent Health and Well-being
- Development:
 - Infant Behavior and Care
 - Communication and Social Development
 - Temperament, Development, Behavior and Discipline
 - Language Development
 - Television and Social Media
 - Toilet Training
- Nutrition and Feeding
- Oral Health
- Safety
 - Safe Sleep
 - Car Safety Seats, Falls, Drowning, Poisoning, Fires and Burns, etc.

Goals of Bright Futures

- Working with states to make the Bright Futures approach the standard of care for infants, children, and adolescents
- Helping health care providers shift their thinking to a preventionbased, family-focused, and developmentally-oriented direction
- Fostering partnerships between families, providers, and communities
- Empowering families with the skills and knowledge to be active participants in their children's healthy development



Questions?





promotion for infants, children, adolescents, and their families™

American Academy of Pediatrics Bright Future National Center

Jane Bassewitz, MA

Manager, Bright Futures National Center

Phone

847-432-4326

E-mail

brightfutures@aap.org

Web site

https://brightfutures.aap.org/Pages/default.aspx