Making Bright Futures Work!

How Evidence, the Periodicity Schedule, and the Bright Futures Guidelines Impact Practice

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Faculty Disclosure

In the past 12 months, I have had no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.

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

I am one of the editors of Bright Futures. I will give a balanced presentation about well child care using the best available evidence to support my conclusions and recommendations.
Disclaimer

- Statements and opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics.

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Having Said That...

- The book
  - brightfutures.aap.org

- The toolkit
  - Included on Pediatric Care Online
toolkits.solutions.aap.org/bright-futures
Changes in Practice

Participants will...


- Use evidence to decide upon content of your practice’s health supervision visits.

- Identify strategies, tools, and resources to maximize efficiency for health promotion and preventive services.
Health Supervision

The tasks of every health supervision visit:

- What you *hafta* do.
- What you *oughta* do.
- What you *wanna* do.
Health Supervision

The tasks of every health supervision visit:

- What you *hafta* do.
  - Family agenda

- What you *oughta* do.
  - What the American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), your state Health Department, and others suggest

- What you *wanna* do.
  - Because it’s your practice!
Health Supervision

The *tasks* of every health supervision visit:

- But which “oughta dos” do you do?
  - Evidence
  - State and national requisites
  - Guidelines

- How can you do what “you wanna do”?
  - Because it’s your practice!
And You Have 18 Minutes to Do It!

- Address family concerns.
- Take a history; review systems.
- Do screening.
- Administer immunizations.
- Chat up anticipatory guidance.
And You Have 18 Minutes to Do It!

- If I didn’t feel I could do it in 18 minutes, we didn’t ask you to do it!
- We must choose our topics wisely.
What is Bright Futures?

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

- 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.
Health Promotion Themes
Fourth Edition

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

*New Themes
32 Health Supervision Visits

- **Tasks**
  - Disease detection
  - Disease prevention
  - Health promotion
  - Anticipatory guidance

- **Duration**
  - 18 minutes!
What’s New About the 4th Edition?

- Promoting Lifelong Health for Families and Communities
  - Provides greater focus on lifelong physical and mental health

- Promoting the Healthy and Safe Use of Social Media
  - Includes new screen time recommendations

- Promoting Health for Children and Youth with Special Health Care Needs

- Expanded Evidence and Rationale chapter
What’s New... (cont.)

- Embeds social determinants of health 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, and tobacco, alcohol, or drug use.
Periodicity Schedule

The Bright Futures/AAP Recommendations for Preventive Pediatric Health Care, also known as the "Periodicity Schedule," is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence.

www.aap.org/periodicitieschedule
Periodicity Schedule

- Updated yearly and as needed.
  - If you Google it, check the date!
  - Available on AAP.org and Pediatric Care Online

- Catalogues the national standard of care for pediatric preventive services.

- Listed services are required for payment according to the Affordable Care Act.

- All new content requires a high level of evidence to be included.
Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

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 a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations 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 the Bright Futures Guidelines (Aptan R, Sarnat J, Dancik P, et al., Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2017).

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.


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### Periodicity Schedule

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</tbody>
</table>

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

2. A prenatal visit is recommended for parents and at-risk infants; for those who request it. The prenatal visit should include an initial assessment of prenatal and perinatal history, and a discussion of the benefits of breastfeeding and complementary feeding. For more information, see “The Breastfeeding Handbook” (http://pediatrics.aappublications.org/content/114/4/1279.full).

3. Newborns should have an evaluation after birth and breastfeeding should be encouraged and instructions and support should be offered.

4. Newborns should have an examination within 1 to 3 days of birth and within 48 to 72 hours after discharge from the hospital to evaluate the infant’s condition and identify any potential problems. Newborns should receive routine immunizations and, if screened, are recommended to continue breastfeeding and evaluated, and their mothers should receive encouragement and instruction, as recommended in “Breastfeeding and the Use of Human Milk” (http://pediatrics.aappublications.org/content/111/3/518.full). Procedures for discharge and evaluation are described in the AAP’s “Guideline for Discharge of Newborns” and “Guideline for Evaluation of the Newborn” (http://pediatrics.aappublications.org/content/107/1/159.

5. Confirm initial immunization status, verify accuracy, and follow-up, as appropriate. Newborns should be screened, per “Year 2000 National Immunization Program Schedules: American Academy of Pediatrics (AAP) and the American Academy of Family Physicians.” (http://pediatrics.aappublications.org/content/107/4/994.full)

6. Neonatal jaundice is a normal process, and follow-up is appropriate.

7. Screen for vision including 5.30, 6.00, and 9.00 at high frequencies once between 11 and 15 years, once between 17 and 19 years, and once between 19 and 31 years. See “The Sensitivity of Infants’ Hearing: Sound” (http://www.ncbi.nlm.nih.gov/pubmed/11844326).

8. Screen for hearing using 5.30, 6.00, and 9.00 at high frequencies once between 11 and 15 years, once between 17 and 19 years, and once between 19 and 31 years. See “The Sensitivity of Infants’ Hearing: Sound” (http://www.ncbi.nlm.nih.gov/pubmed/11844326).


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See “Identification and Evaluation of Infants With Future Spectrum Disorders” (http://pediatrics.aappublications.org/content/134/1/181.f1).

10. This assessment should be family-centered and include an assessment of child’s social emotional health, caregiver stress, depression, and social determinants of health. See “The Effect of Early Developmental Screening for Behavioral and Emotional Problems” (http://pediatrics.aappublications.org/content/135/3/520) and “The Effect of Child Health in the United States” (http://pediatrics.aappublications.org/content/135/3/520).

11. A recommended assessment of fetal alcohol syndrome (FAS) is not available in the CLAD PC toolkit and is not recommended by the American Academy of Pediatrics. See “Screening for Fetal Alcohol Syndrome” (http://www.dnc.org/rfs/assessment/9824/).

12. Screening should occur per “Screening for Children With Future Spectrum Disorders” (http://pediatrics.aappublications.org/content/134/1/181.f1).

13. 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.

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There’s Evidence!
Evidence

- Evidence based
  - For consideration for the Periodicity Schedule
  - US Preventive Services Task Force (USPSTF), CDC Community Guide, Cochrane
  - Grades A, B, C, I, D
Evidence

- Other sources of evidence?
  - Not every health supervision topic has been evaluated by the USPSTF and others
  - Often lack of evidence means lack of study

- *Bright Futures Guidelines* evidence review
  - Evidence consultant: Alex Kemper, MD, FAAP
  - High quality evidence in peer reviewed publications
  - Evidence and rationale described
Evidence

- Other recommendations must be interpreted with caution
  - Based in science
    • But don’t forget about withholding peanut products until 1 year!
  - Consensus based

- Recommendations with this level of evidence are not likely to be included in the Periodicity Schedule
  - May appear in the anticipatory guidance portion of the visit
  - May be reviewed in Health Promotion Themes for clinician consideration
Evidence and Rationale Chapter

• What evidence grounds Bright Futures recommendations?
• What was the rationale behind recommendations when evidence was lacking?

• Rigorous guidelines review
  – Evidence and rationale described
  – Evidence consultant: Alex Kemper, MD, FAAP

brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf
Evidence Required for Inclusion

- For the Periodicity Schedule
  - High level evidence
    - Typically USPSTF A or B
    - USPSTF D indicated exclusion
  - Other high-quality evidence in peer-reviewed publications
    - Based on Bright Futures review and AAP Board of Directors approval

- For Anticipatory Guidance
  - Consensus based
  - Based in science
  - Based in experience
  - Based on policy

- For your visit
  - Based on the needs of your practice or community
  - Based on your advocacy or passion
New Screenings Since the 3rd Edition

- **Bilirubin screening:** Universal at the newborn visit.
- **Maternal depression screening:** Universal at the 1 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 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 screening 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.
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 adolescent visits)

- **Adolescent tobacco, alcohol, or drug use assessment:**
  - 3rd Edition: Selective based on risk assessment for alcohol and drugs
  - 4th Edition: 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 21 year visit
New Clinical Content
New Clinical Content:  
*Did You Catch These?*

- **Maternal depression screening**
  - USPSTF Grade B Level of Evidence (2016)
  - At 1, 2, 4, and 6 month Bright Futures visits
  - State mandates may overrule

- **Safe sleep**
  - Sleep in parent’s room “for at least 6 months”
  - No couch, chair, or bed sharing
  - Avoid swaddling
  - Avoid loose blankets, bunnies, and bumpers

- **Iron supplementation in breastfed infants**
  - Beginning at 4 months
  - Until iron containing foods in diet, and meat is better than iron fortified
Action

- Add maternal depression screening to designated visits in the first year of life (1, 2, 4, and 6 month visits)
  - **and bill it!**

- Review content and documentation of your discussion of safe sleep
  - There is no such thing as safe “breast-sleeping”

- In breastfed infants
  - Vitamin D 400U daily
  - Add iron at 4 months: consider Polyvitamin with iron for family convenience
New Clinical Content: Did You Catch These?

- **Fluoride varnish**
  - *The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.*
  - Grade B Level of Evidence (2014)
  - New to Bright Futures/AAP Periodicity Schedule
  - Does not cause fluorosis
  - CPT Code **99188** (application of fluoride varnish by a physician or other qualified health care professional)
New Clinical Content: Did You Catch These?

- **Dyslipidemia blood screening**
  - One time between ages 9–11 years; one time between ages 17–21 years
  - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for lipid disorders in children and adolescents younger than age 20 years (2016).
Action

- Learn technique and coding for fluoride varnish application. **and bill it!**
- Screen for lipids. **and bill it!**
NOTE: The new Toolkit is an online access product. For more information about the Toolkit and licensing options, visit shop.aap.org/bright-futures-tool-and-resource-kit-2nd-edition.
Why Should You Use the Bright Futures Tool & Resource Kit?

- Toolkit helps you provide standardized care
  - All the forms are closely linked to Bright Futures visit components and recommendations, making clinical activities and messages consistent throughout.
  - Completed visit documentation forms help you track care over time, ensuring that all patients receive recommended exams, screenings, immunizations, and anticipatory guidance.

- AND it helps you provide individualized care
  - Forms allow parent/patient priorities and concerns to surface, giving you opportunities to tailor care and anticipatory guidance.
What Does the Toolkit Offer?

- Core tools that guide you and the family through all phases of the visit: BEFORE, DURING, and AFTER
- Supporting materials, including additional documentation forms and educational materials
- Toolkit tools and resources are intended for ALL children, recognizing that they should be adapted depending on the needs and circumstances of the child and family.
Core Tools in the Bright Futures Tool & Resource Kit, 2nd Edition

Previsit Questionnaire
Gathers pertinent information BEFORE the visit

Visit Documentation Form
Records activities DURING the visit

Parent/Patient Educational Handout
Reinforces anticipatory guidance AFTER the visit
Bright Futures Toolkit on PCO

Integration Resources
Integration guides and tools are intended to aid overall integration of Toolkit resources into an EHR or system.

Key Features:
- Summary of major changes from the original Toolkit
- Downloadable forms in PDF, HTML, xml, rtf, docx, and plain-text versions
- Permanent-linked HTML form display
- EHR visit documentation guidance
- Updates center to alert and feed updated forms/links

[toolkits.solutions.aap.org/bright-futures]
### Periodicity with Codes

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<thead>
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**NOTE:** This is an example resource on PCC ([www.pcc.com](http://www.pcc.com)). It is not available on AAP.org.

## Periodicity with Codes

### Infancy

<table>
<thead>
<tr>
<th>Age</th>
<th>Preventive Care CPT (OC)</th>
<th>Immunizations CPT (OC)</th>
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<td>Newborn</td>
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### NOTE:
This is an example resource on PCC (www.pcc.com). It is not available on AAP.org.

### Periodicity with Codes

#### Middle Childhood

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#### Adolescence

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<td></td>
<td>13 y</td>
<td>90384 / 90386 (90.121 / 90.129)</td>
</tr>
<tr>
<td></td>
<td>14 y</td>
<td>90384 / 90386 (90.121 / 90.129)</td>
</tr>
<tr>
<td></td>
<td>15 y</td>
<td>90384 / 90386 (90.121 / 90.129)</td>
</tr>
<tr>
<td></td>
<td>16 y</td>
<td>90384 / 90386 (90.121 / 90.129)</td>
</tr>
<tr>
<td>Immunizations (CPT)</td>
<td>11 y</td>
<td>90940, 90451, 90471, and/or 90472 + all supply CPTs (221)</td>
</tr>
</tbody>
</table>

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**NOTE:** This is an example resource on PCC ([www.pcc.com](http://www.pcc.com)). It is not available on AAP.org.

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