

Bright Futures: General and Specific Approaches

**Oregon Patient Centered Improvement of WCC
February 2, 2010**

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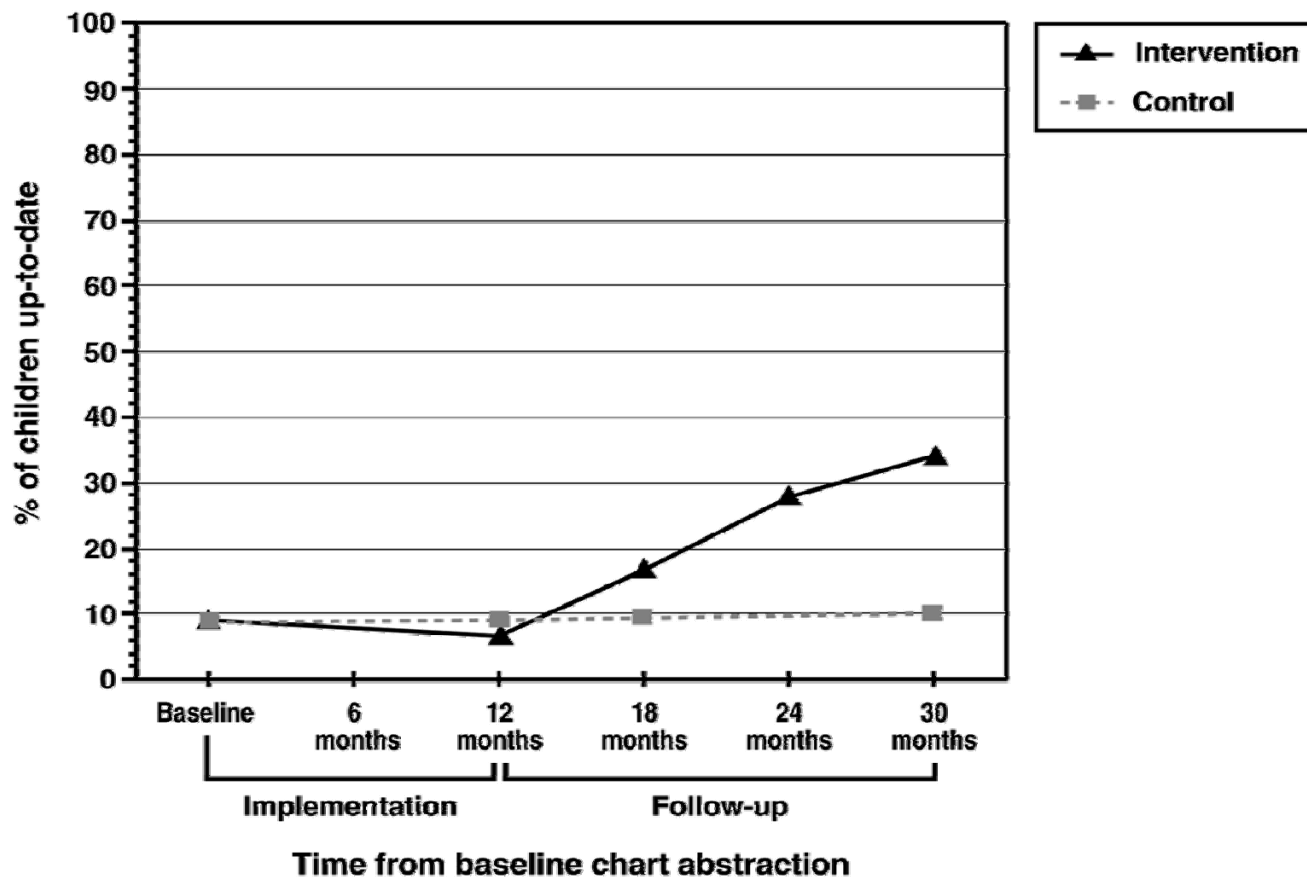
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Informing Preventive Services

Preventive Services – Learning from Projects

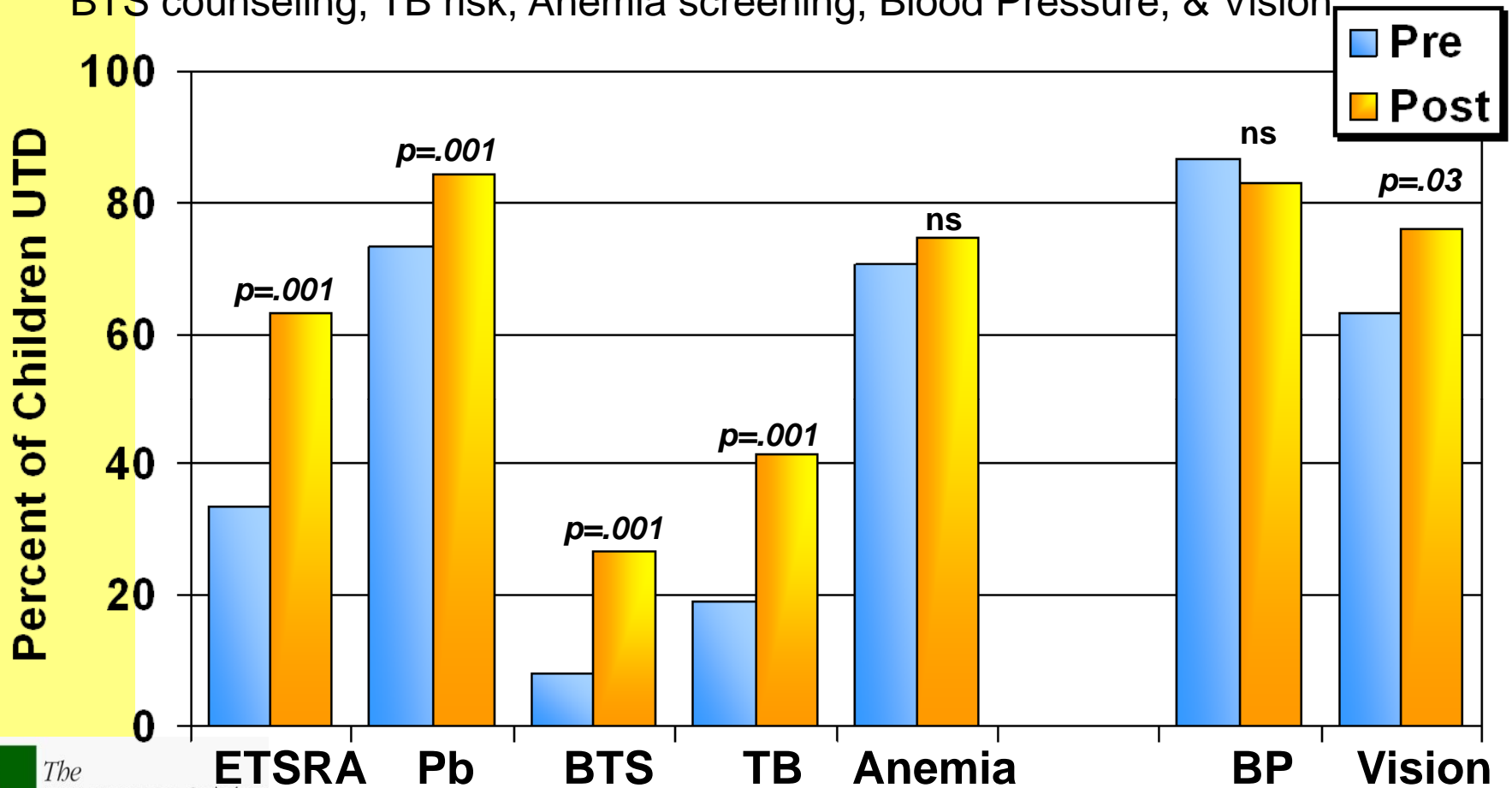
- Birth to Five
 - North Carolina Preventive Services Intervention
 - Vermont Preventive Services Initiative
 - Bright Futures Intervention Training Initiative
 - Healthy Development Collaborative

Practice based education to improve delivery systems for prevention in primary care: randomized trial



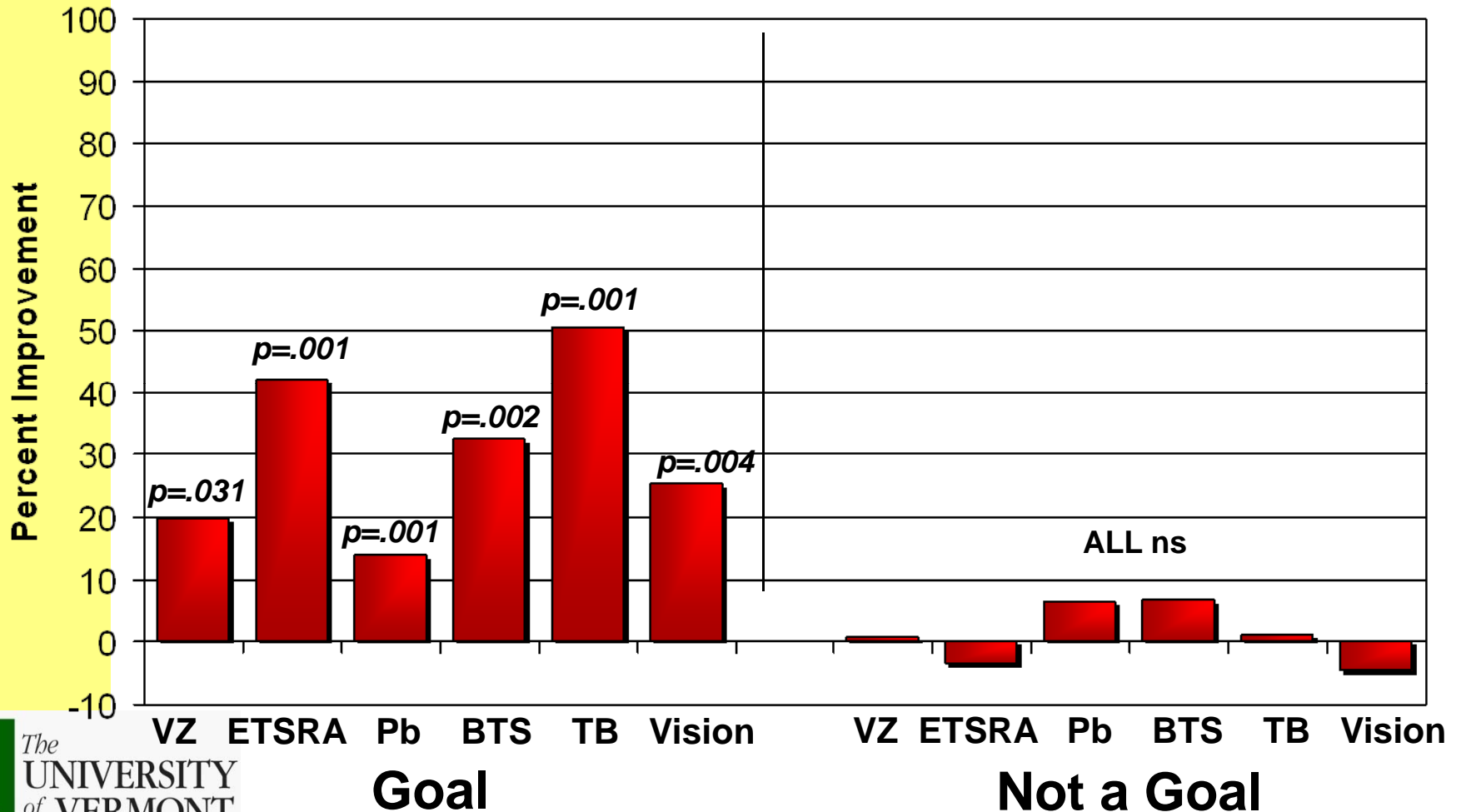
Improvement of Preventive Services

Mean pre and post audit changes: ETSRA, Pb screening, BTS counseling, TB risk, Anemia screening, Blood Pressure, & Vision



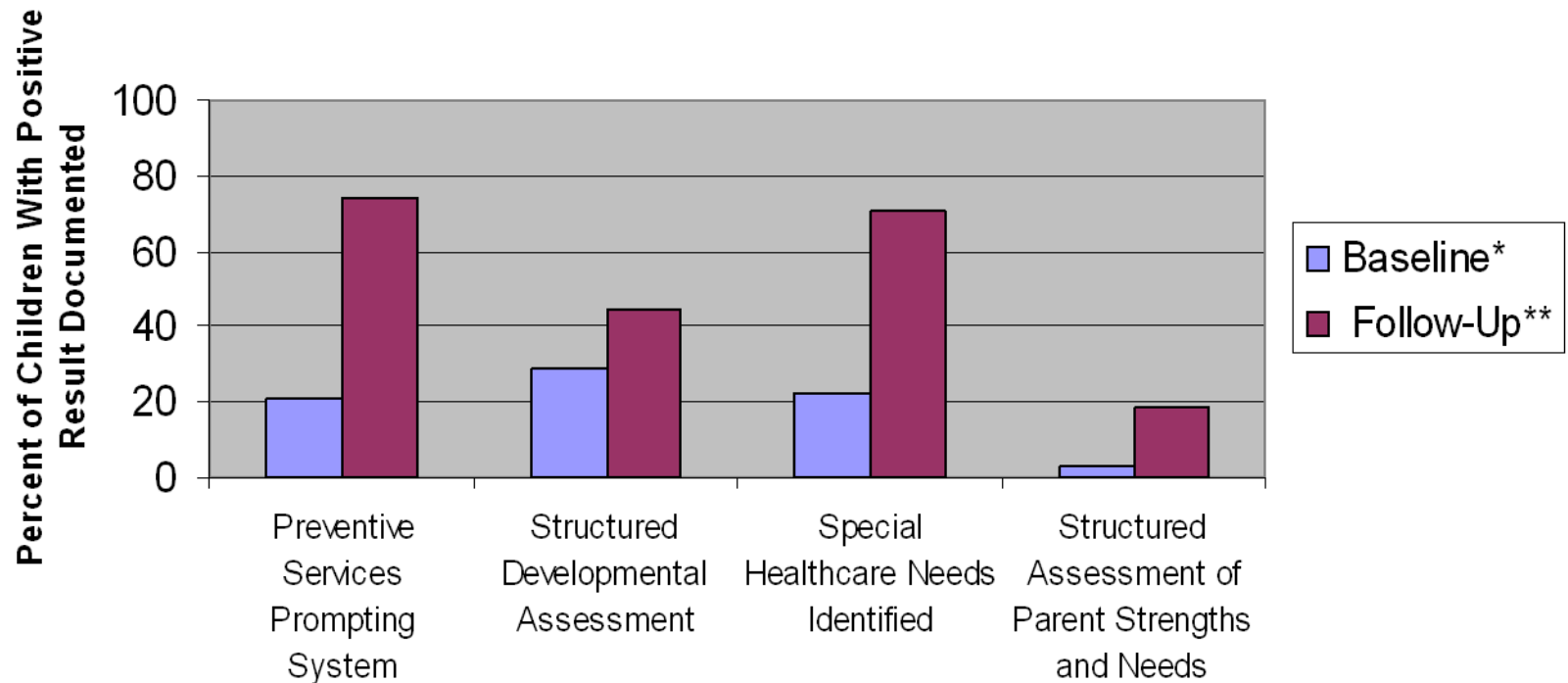
Improvement in Preventive Services

Practices setting an improvement goal and not setting a goal



BF- Comparison of Components at Baseline and Follow-Up

Percent of Children Age 0-5 Years In 15 Bright Futures Training Intervention Practices With 4 Bright Futures Outcomes Documented by Chart Review At Baseline and Follow-Up



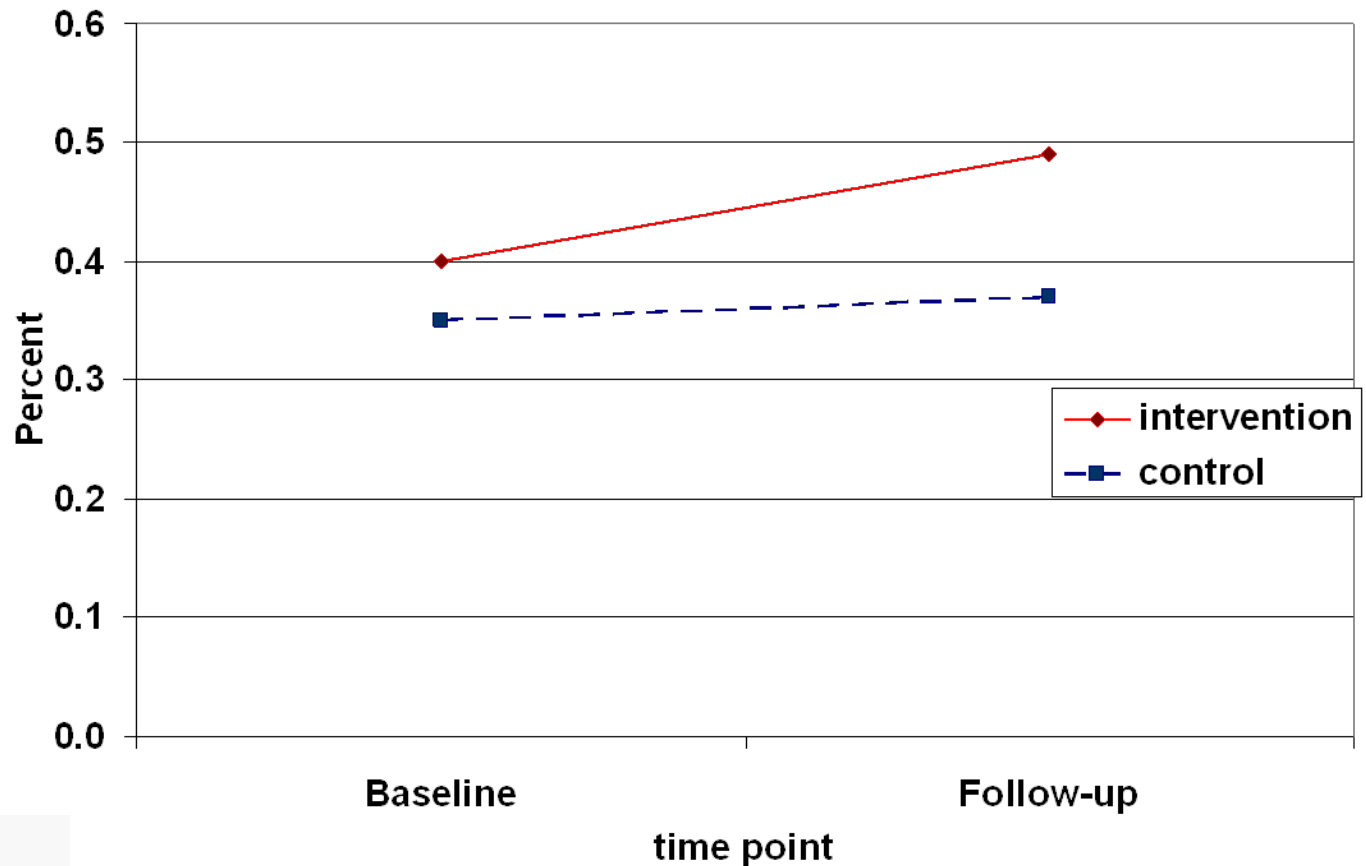
Healthy Development

- Psychosocial Screening
 - Maternal Depression
 - Substance Abuse
 - Domestic Violence
- Parent Questionnaire (at practice level)
 - Informational Needs Met

Parent reported improvements

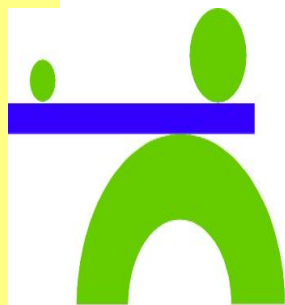
Healthy Development Collaborative

Proportion of Children Receiving "All Care"



In our practice we.....

- Follow the periodicity schedule for all children including those with special health care needs
- Ask about and address parental concerns and meet their informational needs
- Provide the recommended screening and surveillance
 - Includes structured developmental screening, psychosocial and strengths assessment
- Have an office system for linkage to community resources that works for families



**The Center for Children's
Healthcare Improvement**

The Bright Futures framework for preventive and developmental services is adapted from a systems model developed by The Center for Children's Healthcare Improvement at the University of North Carolina at Chapel Hill (which is now the Center for Healthcare Quality at Cincinnati Children's Hospital Medical Center).



Common Questions

- Why measure?
- Don't we have to spend more time planning something like this?
- This seems a little complicated, can't we just get _____

Implementation Framework

Consists of 6 key components:

- Use of a preventive services summary sheet
- Use of a structured developmental assessment
- Use of a structured parental strengths and needs assessment form
- Development of recall and reminder system
- Development of linkages to community resources
- Identification of children with special health care needs

Preventive Services Prompting System

- Reinforces practice guidelines
- Facilitates communication across health care professionals
- Ensures patients receive appropriate care

Preventive services prompting sheet

Preventive Services Prompting Sheet **Sample**

Name: _____ D.O.B.: _____ Chart #: _____

AGE	Date											
	1	2	3	4	5	6	7	8	9	10	11	12
Supine Position	RA											
Metabolic Tests												
Smoke Exposure												
Fluoride				RA								
Dental referral												
Hgb (anemia)											♀	♀
TB screen					RA			RA	RA	RA	RA	RA
Lead					RA			RA				
BP												
Vision												
Hearing	RA											
Oral health												
Family Assessment												
Developmental Screening												

RA = Risk Assessment

Immunizations

Check record for needed immunizations												
Language / Translator need												
Child with special health care needs												
Referral / Follow-up												

Preventive & Developmental Services Prompting Sheet **Sample**

Name: _____ D.O.B.: _____ Chart #: _____

Visit	Infancy (birth-11 mos)				Early Childhood (1-4 yrs)			
	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8
Special health care needs								
Measurements o BMI (by 2 years) o H, W, BP								
Serology o Vision o Hearing								
Behavioral / Developmental Screening								
Family Assessment o Language/Literacy o Social/Community Support o Parenting o Cross Cultural (beliefs, values, traditions, expectations) o Mental Health (substance abuse, depression, domestic violence)								
Anticipatory Guidance o Feeding o Physical Activity o TV watching o Injury prevention o Sleep o Reading o Discipline o Toilet training o Age-appropriate expectations								
Oral Health								
Procedures o Immunizations o Hct o Pb o TB								
Referrals & Follow-up								

Ten Tips from the Field

1. Look at how you are doing
2. Pick a focus area
3. Engage the whole team
4. Agree on the approach
5. Try something
6. Keep it simple
7. Link with Community/Know your resources
8. Partner with parents
9. Use strength based approaches

Strategies to Improve AG and PE

- Priorities
- Bright Futures
 - Pre-visit Questionnaire
 - Parent Handout



Bright Futures Previsit Questionnaire 18 Month Visit

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

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Child and Family

- Taking time for yourself
- Being a role model
- Your child getting along with brothers and sisters
- Family time together
- Having another child
- Getting your child to try new foods

Your Child's Behavior

- How your child acts
- How to tell your child she did a good job
- Fun activities for your child
- Your child being scared in new places
- Setting limits and discipline

Talking and Hearing

- How your child talks
- Helping your child to learn

Toilet Training

- Knowing when your child is ready
- How to toilet train

Safety

- Car safety seats
- Preventing falls, fires, and poisoning
- Gun safety
- Keeping your child safe outside

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure

Hearing	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child speaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Vision	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child hold objects close when trying to focus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyes droop or does one eyelid tend to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Lead	Does your child have a sibling or playmate who has or had lead poisoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Tuberculosis	Does your child live in or regularly visit a house or child care facility built before 1950?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Anemia	Is your child infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you ever struggle to put food on the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

Oral Health	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Does your child have a dentist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure

Does your child's primary water source contain fluoride?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
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Have there been any major changes in your family lately? Move Job change Separation Divorce Death in the family Any other changes?

Your Growing and Developing Child

Do you have concerns about your child's development, learning, or behavior? No Yes, describe:

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

- Helps around the house
- Stacks 2 small blocks
- Runs
- Walks up steps
- Speaks 6 words
- Laughs in response to others
- Knows name of favorite book
- Uses spoon and cup without spilling most of the time
- Points to 1 body part

Setting the agenda

Medical Screening

Developmental Surveillance



Bright Futures Previsit Questionnaire

18 Month Visit

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

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you want to discuss.

Your Child and Family

Your Child's Behavior

Talking and Hearing

Toilet Training

Safety

Have any of your child's relatives...

Hearing

Vision

Lead

Taking time for yourself Being a role model Your child's health care with partners and others

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)

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Yes No Unsure

Does your child have a sibling or playmate who has or had lead poisoning?

Yes No Unsure

Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?

Yes No Unsure

Does your child live in or regularly visit a house or child care facility built before 1950?

Yes No Unsure

Setting the agenda

Safety

- Car safety seats
 Preventing falls, fires, and poisoning
 Gun safety
 Keeping your child safe outside

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure

Do you have concerns about how your child hears? Yes No Unsure

Screening

UNIVERSAL SCREENING		ACTION
Development		Structured developmental screen
Autism		Autism Specific Screen
SELECTIVE SCREENING		RISK ASSESSMENT*
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or cover/uncover test results	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Lead	If no previous screen or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test

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

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	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals,			
Oral Health	Does your child have a dentist?			
	Does your child's primary water source contain fluoride?			

Developmental Surveillance

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- Knows name of favorite book
- Uses spoon and cup without spilling most of the time
- Points to 1 body part



Bright Futures Parent Handout

18 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION/HEARING

Talking and Hearing

- Read 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.

FAMILY SUPPORT

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.

SAFETY

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

TOILET-TRAINING READINESS

TOILET-TRAINING READINESS

- 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 time-outs 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 class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

CHILD DEVELOPMENT AND BEHAVIOR

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

Strategies to Improve DS & Screening

- Developmental Screening
 - 9, 18, 30 mo
- Autism Screening
 - 18, 24 mo

Strategies to Improve Screening Families for Risk Factors

- Maternal Depression
- Domestic Violence
- Substance Abuse