The Bright Futures Guidelines

History

Supported and funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), Department of Health and Human Services

• First published in 1994
• Updated in 2000—2nd edition
• In 2002, AAP selected by MCHB to implement the next phase of the initiative
• 3rd edition released in October 2007
• In 2007, the AAP was awarded a second cooperative agreement to address implementation
Development of 

The Bright Futures Guidelines, 3rd Ed.

• The task
  – Develop one set of uniform guidelines for the health supervision/well care of infants, children, adolescents and young adults
  – Respect historical practices and community standards
    • Practitioners: “We’ve always done it this way.”
    • Families: “This is what we expect.”
  – Address biopsychosocial issues impacting on child health
  – Strengthen medical homes
  – Use interventions which are evidence driven
Development of

The Bright Futures Guidelines, 3rd Ed.

• Our process
  – 4 Multidisciplinary Age Stage Expert Panels
    • Infancy
    • Early Childhood
    • Middle Childhood
    • Adolescence
  – Numerous AAP Leadership Groups, including the Committee on Practice and Ambulatory Medicine
    (co-authors of the AAP Periodicity Schedule)
Development of
The Bright Futures Guidelines, 3rd Ed.

• Our process
  – Evidence Panel
    • Nominated and Selected
    • Worked with each age/stage panel
  – Children and Youth With Special Health Care Needs Panel
    • Nominated and Selected
    • Worked with each age/stage panel
Development of

*The Bright Futures Guidelines, 3rd Ed.*

- Our process
  - Bright Futures Age/Stage Expert Panels
  - Multidisciplinary, including
    - Family representatives
    - Representatives from medicine: pediatrics, family medicine, child and adolescent psychiatry
    - Pediatric Nurse Practitioners
    - Pediatric Dentists
    - Nutrition
    - Researchers
...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: health promotion /disease prevention in the medical home

At the heart of the medical home is the relationship between the clinician and the family and youth
What Are the Bright Futures Guidelines?

Comprehensive health supervision guidelines:

- Developed by multidisciplinary child health experts—providers, researchers, parents, child advocates
- Present single standard of care based on health promotion and disease prevention model
- Include recommendations on immunizations, routine health screening, and anticipatory guidance
- The ACA 2010 “Recommended Guidelines”
But, in the evidence world, what are the Bright Futures Guidelines?

- Expert Opinion/Consensus statement
  Level “C” evidence

- Did we not reach a higher standard?
Developing the Guidelines

• Aggressive Literature Review
  – Journals
  – Textbooks
  – Policy Statements

• AAP Periodic Survey
Developing the Guidelines

• **Structure**
  
  **Part I—Themes**
  
  – Includes 10 chapters highlighting key health promotion themes
  – Emphasizes “significant challenges”—mental health and healthy weight

  **Part II—Visits**
  
  – Provides detailed health supervision guidance and anticipatory guidance for 31 age-specific visits
  – Lists 5 priorities for anticipatory guidance for each visit
  – Includes sample questions and discussion topics for parent and child

• **Health Supervision Priorities**
  
  – Designed to focus visit on most important issues for age of child
  – Anticipatory guidance presented in several ways
  – Include health risks, developmental issues, positive reinforcement
Developing the Guidelines

Summary of Approaches

Multidisciplinary Expert Panels

• Write recommendations for visit priorities, the physical examination, anticipatory guidance, immunizations, and universal and selective screening for each age and stage of development.

Evidence Panel

• Examine studies and systematic evidence reviews and to develop a method of informing readers about the strength of the evidence.

Expert Input

• Throughout the develop of the Guidelines, Bright Futures Advisory Committee, Expert Panel, and Editors consulted with individuals and organizations with expertise and experiences in a wide range of topic areas.
Developing the Guidelines

• Reviewed by more than 1,000 health care & public health professionals, educators, parents, and child health advocate throughout the United States

• Comments Reviewed and Incorporated when approved by Expert Panels and Editors
But, in the evidence world, what are the Bright Futures Guidelines?

- Evidence based recommendations – where they exist
- Recommendations based in science
  - Risk and disease detection
  - Disease prevention
  - Health promotion
- Office Systems for change using the Model for Improvement to assist practitioners improve their practice for all children.
But, in the evidence world, what are the Bright Futures Guidelines?

• We sought to make *The Bright Futures Guidelines, 3rd Ed:*
  
  – Evidence informed
  – Transparent

• *See the Rationale and Evidence Chapter*
The *Rationale and Evidence* chapter

- Reviews evidence found and cited
- Catalogues basis for Health Screening tasks
  - Primary source noted
  - Source content cited
- Identifies needed research
In the Bright Futures Clinical Setting

- Parents’ informational needs are met, their strengths are identified and their concerns are addressed

- All children, including those with special health care needs, receive preventive and developmental services, emphasizing the Bright Futures visit anticipatory guidance priorities

- Families receive information about community resources and help with links to needed services

- Parents are engaged as partners in promoting the health and well being of their children
### Periodicity Schedule

#### Recommendations for Preventive Pediatric Health Care

**Bright Futures/American Academy of Pediatrics**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Infant/Toddler</th>
<th>Early Childhood</th>
<th>Middle Childhood</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing Screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision Screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nutritional Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Developmental and Social Assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Practicable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- “I” = item assessed
- “F” = item recommended
- “A” = item assessed if appropriate

[Further details and notes are provided in the document regarding the periodicity schedule for various aspects of preventive pediatric health care.]

---

**Committee on Preventive Services for Women**

IOM, November 16, 2010

---

**Bright Futures**

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

---

**Committee on Preventive Services for Women**

IOM, November 16, 2010
Bright Futures Implementation

- *Bright Futures Guidelines, 3rd Edition*
  - Implementation
  - Measurement of Bright Futures.
- Bright Futures measures encompass rigorous national measures but also integrate the comprehensive recommendations necessary to provide quality preventive care.
CDC Domestic “Winnable Battles”

- Obesity, Nutrition, Physical Activity, and Food Safety
- Teen Pregnancy
- Motor Vehicle Injuries
- Tobacco
- HIV
- Healthcare Associated Infections
# Bright Futures Quality Measures Crosswalk

<table>
<thead>
<tr>
<th>Topic Areas</th>
<th>Examples</th>
<th>AAP Bright Futures Measure</th>
<th>Hedis Measure</th>
<th>CHIPRA Core Quality Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Age Appropriate Risk Assessments</strong></td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Medical</td>
<td>(lead, vision, hearing, TB, etc)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BMI</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>oral health</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chlamydia screening if sexually active</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Parental/dev</td>
<td>Developmental Screening</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Autism Screening</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternal Depression</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anticipatory Guidance</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parental Concerns</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parental Strengths</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developmental surveillance for teens</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems</td>
<td>Identify CSHCN</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Track referrals</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Track and remind patients behind schedule</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Well Child Visits (frequency)</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Immunizations</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>shared decision-making</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Preventive Services Prompting System</th>
<th>Structured Developmental Assessment</th>
<th>Special Healthcare Needs Identified</th>
<th>Structured Assessment of Parent Strengths and Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline* (0%)</td>
<td>Baseline* (20%)</td>
<td>Baseline* (40%)</td>
<td>Baseline* (80%)</td>
</tr>
<tr>
<td>Follow-Up** (100%)</td>
<td>Follow-Up** (60%)</td>
<td>Follow-Up** (80%)</td>
<td>Follow-Up** (100%)</td>
</tr>
</tbody>
</table>

Percent of Children With Positive Result Documented

*Baseline
**Follow-Up
Quality Improvement in Practice Preventive Services to Improve Patient Outcomes

Use existing mechanisms:

- Maintenance of certification
  - AAP chapter activities
  - AAP Education in Quality Improvement in Pediatric Practice (EQIPP)
  - Improvement Partnerships
- Link with National Committee for Quality Assurance (NCQA) medical home scoring and reimbursement
- Accreditation Council for Graduate Medical Education (ACGME) requirements for residency program
- Presentations at partner national meetings
New approaches

• National AAP Preventive Services Implementation Project (Jan –Oct 2011)
  – Pediatricians, Family Physicians, Nurse Practitioners, Physician Assistants,
  – In Rural, urban and suburban practices and clinics as well as Community Health Centers and the Indian Health Service

• Partner with Health Plan and Medicaid QI activities (e.g. CHIPRA)
Revision Process

- Bright Future Guidelines, 3rd Edition, Revision
  - Evidence in USPSTF, CDC Community Guide and Cochrane
  - Expert Opinion/Clinical Guidelines that change Universal or Selective Screening
  - Implementation Projects Lessons Learned
  - Review by Expert Panel Chairs and AAP Evidence Experts
References