Bright Futures: What, Why, and How?
PCC Users’ Conference 2017

Joseph F. Hagan, Jr., MD, FAAP, Co-editor
Clinical Professor in Pediatrics, The Robert Larner College of Medicine at the University of Vermont
Hagan, Rinehart and Connolly, PLLC, Burlington, Vermont
1st PCC User
Bright Futures: What, Why, and How?

• What to screen?
• Why? There’s evidence!
• How to get paid?
The view from the A380
The view from the A380

The *tasks* of every Health Supervision Visit:

• *What you hafta do.*
• *What you oughta do.*
• *What you wanna do.*
The view from the A380

The *tasks* of every Health Supervision Visit:

• What you hafta do.
  • Family agenda

• What you oughta do.
  • What AAP, CDC, your state Health Department and others suggest

• 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 imms
• Chat up Anticipatory Guidance (AG)
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!
To meet the 18 minute mark look at your process and change it if you need to!

• Office
• Your own!
  • What will you do by next Tuesday?
• PCC EHR
TODAY! Let’s ask these questions:

• What to screen?
• Why? What’s the evidence?
• How to get paid?
TODAY! And…

• Introducing the PCC Protocols!
Process

Have the family start the visit without you!
Process

Prescreening tools:
• Bright Futures Risk Assessment Screening Tool
• Bright Futures AG Screening Tool
• SWYC The Survey of Wellness in Young Children
• CHADIS (Child Health and Development Interactive System)
  • http://www.chadis.com
• Others
Process

• Decide what you are going to screen
  • AAP Periodicity Schedule
  • Local screening initiatives

• Bright Futures Universal screening

• Bright Futures Selective screening
  • Based on Risk Assessment
Recommendations for Preventive Pediatric Health Care


<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HISTORY/Well-Visits</td>
<td>MEASUREMENTS</td>
<td>DEVELOPMENTAL/BEHAVIORAL HEALTH</td>
<td>PHYSICAL EXAMINATION</td>
</tr>
<tr>
<td>Prental†</td>
<td>Neonatal*</td>
<td>Length/Height and Weight</td>
<td>Developmental Screening†</td>
<td>Newborn Blood</td>
</tr>
<tr>
<td>Birth</td>
<td>0-3 m</td>
<td>Head Circumference</td>
<td>Autism Spectrum Disorder Screening†</td>
<td>Neonatal Bleeding Disorder*</td>
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<tr>
<td></td>
<td>3-6 m</td>
<td>Waist Circumference</td>
<td>Autism Spectrum Disorder Surveillance†</td>
<td>Immunization†</td>
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<td>6-9 m</td>
<td>Blood Pressure*</td>
<td>Psychosocial/Behavioral Assessment†</td>
<td>Infant Medication: Infections</td>
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<td></td>
<td>9-12 m</td>
<td>Sensory Screening</td>
<td>Tobacco, Alcohol, or Drug Use Assessment†</td>
<td>Immunization†</td>
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<tr>
<td></td>
<td>1-2 y</td>
<td>Vision†</td>
<td>Depression Screening†</td>
<td>Maternal Depression Screening†</td>
</tr>
<tr>
<td></td>
<td>2-3 y</td>
<td>Hearing†</td>
<td>Physical Examination*</td>
<td>Physical Examination*</td>
</tr>
</tbody>
</table>

1. If a child comes under care for the first time at any age on the schedule, all the age-appropriate items should be accomplished at the suggested age, the schedule should then begin to be followed at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who require a confirmation. The general visit should include an obstetrician/gynecologist prenatal medical history, a discussion of benefits of breastfeeding, and planned method of delivery, and preparation of first aid for a newborn child. The visit should be repeated a month before the baby is due.
3. Newborns should have an evaluation at birth, and all vaccinations should be administered, and nutrition and support services should be encouraged. An evaluation of the infant should be completed, and the family should be advised of the importance of early well-child care.

4. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
5. A visual acuity screening should be recommended at ages 3 and 5 years, as well as in a cooperative 3-year-old. Instrument-based visual acuity screening may be used to assess risk at ages 1.5 and 3 years, in addition to the referrals at 3 through 5 years of age.

6. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (https://pediatrics.aappublications.org/content/130/5/1158)
7. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver behaviors, and social determinants of health. For "Identification and Evaluation of Children With Autism Spectrum Disorders" see "Pediatrics" (https://pediatrics.aappublications.org/content/130/5/1158)
8. "Anticipatory Guidance" (https://pediatrics.aappublications.org/content/130/5/1158)
For example, The 2 Year Visit

**Priorities for the 2 Year 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:

- Social determinants of health\(^*\) (risks [intimate partner violence; living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [parental well-being])
- Temperament and behavior (development, temperament, promotion of physical activity and safe play, limits on media use)
- Assessment of language development (how child communicates and expectations for language, promotion of reading)
- Toilet training (techniques, personal hygiene)
- Safety (car safety seats, outdoor safety, firearm safety)

\(^*\) Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
## Screening 2 Year Visit

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>Autism spectrum disorder screen</td>
</tr>
<tr>
<td>Lead</td>
<td>Lead blood test</td>
</tr>
<tr>
<td>Oral Health (in the absence of a dental home)</td>
<td>Apply fluoride varnish every 6 months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Risk Assessment*</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure measurement</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>+ on risk screening questions</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
<td>Referral for diagnostic audiologic assessment</td>
</tr>
<tr>
<td>Lead (low prevalence area and not insured by Medicaid)</td>
<td>+ on risk screening questions</td>
<td>Lead blood test</td>
</tr>
<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>
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<tr>
<td></td>
<td>Primary water source is deficient in fluoride.</td>
<td>Oral fluoride supplementation</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
<tr>
<td>Vision</td>
<td>+ on risk screening questions</td>
<td>Ophthalmology referral</td>
</tr>
</tbody>
</table>

* See the Evidence and Rationale chapter for the criteria on which risk screening questions are based.
For example, The 2 Year Visit

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</tr>
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</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Medical History Risk Factors</th>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>At risk of iron deficiency because of special health needs, Low iron diet (e.g., plant-based), Environmental factors (e.g., poverty, limited access to food)</td>
<td>Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods, such as meat, eggs, iron-fortified cereals, or beans?</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>History of prematurity, very low birth weight, or other neonatal complication requiring intensive care, Congenital heart disease (repaired or non-repaired), Recurrent urinary tract infections, hematuria, or proteinuria, Known kidney disease or urological malformations, Family history of congenital kidney disease, Solid-organ transplant, Megacysty or bone marrow transplant, Treatment with drugs known to raise blood pressure, Other systemic illnesses associated with hypertension (e.g., neurofibromatosis, Lurebrock's disease)</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure measurement</td>
</tr>
</tbody>
</table>
Evidence Criteria

- USPSTF
- CDC Community Guide
- Other sources of high quality evidence
- Please review the *Evidence and Rationale* chapter in *BFG4* for a description of our evidence review process
Evidence: Examples and push back!
What we’re hearing.

• Postpartum depression screening
  • 1, 2, 4, and 6 month visits
  • Can present after 6 months
  • Edinburgh Postpartum Depression Screen or PHQ-2
  • Copy to infant’s chart?
  • Billable to Medicaid in many states
Evidence: Examples and push back! What we’re hearing.

• Adolescent Depression Screening
  • Per USPSTF, beginning at 12 year visit.
  • PHQ-9 is most commonly used
  • Bill it!
Evidence: Examples and push back!
What we’re hearing.

• Lipid Screening
  • AAP and NHLB Institute Combined Statement
  • Universal, Pre and post puberty
  • Selective, based on Family History
  • Fasting or not?
Don’t tell me what to do!
Don’t tell me what to do!

(Tell me how to do it?)

• protocols
2 Year Visit Development

Social Language and Self-help

Verbal Language
# 2 Year Visit Development

## Fine Motor

### Bright Futures 4th Ed - Fine Motor
- Select All
- Stacks objects
  - notes
- Turns book pages
  - notes
- Uses hands to turn objects (eg, knobs, toys, and lids)
  - notes

## Gross Motor

### Bright Futures 4th Ed - Gross Motor
- Select All
- Kicks ball
  - notes
- Jumps off ground with 2 feet
  - notes
- Runs with coordination
  - notes
- adds item
  - notes
Patient Education

Managing Infectious Diseases—Pinkeye (Conjunctivitis)

What is conjunctivitis?
Inflammation (i.e., redness, swelling) of the thin tissue covering the white part of the eye and the inside of the eyelids.
Patient Education

Managing Infectious Diseases—Pinkeye

Diseases—Pinkeye

There are no orders for this visit.

2 Yr Well - (client v. I) Bright Futures

There are no orders for this visit.

Attach Document

Title
Managing Infectious Diseases—Pinkeye

Category
Patient Education

Attach to the Visit
Attach handout to the visit

It appears in the portal
How?

…TO GET PAID!

• This is really important
  • Meeting payroll, sending your kids to college, contributing to your 401K… are all really good things!
  • A system that depends upon good will is not reproducible and is not a source of guaranteed outcome
• Who here, besides me, hates bundling!
How?

...TO GET PAID!

• Use tools that are normed, recommended and accepted
  • Developmental Screening Tools
  • Autism Tools
  • Edinburgh Postpartum Depression Screen
  • PHQ-9 for adolescents

• Learn what your local insurers recognize

• Teach them
How?

…TO GET PAID!

• Learn what your local insurers recognize
• Teach them!
  • State Pediatric Councils
  • The ACA uses Bright Futures as the standard
  • If you can, use Medicaid as your state standard
• And if they deny, why would you EVER say “ok”.
  • How do insurance companies make money?
How?

…TO GET PAID!

The next slide is a present for you from our friends at PCC!
### Periodicity with Codes

<table>
<thead>
<tr>
<th>Age</th>
<th>Potential</th>
<th>3-5 y</th>
<th>5-11y</th>
<th>12+ y</th>
<th>15-17 y</th>
<th>18-19 y</th>
<th>20-24 y</th>
<th>25-29 y</th>
<th>30-34 y</th>
<th>35-40 y</th>
<th>41-45 y</th>
<th>46-50 y</th>
<th>51-55 y</th>
<th>56-60 y</th>
<th>61-65 y</th>
<th>66-70 y</th>
<th>71-75 y</th>
<th>76-80 y</th>
<th>81+ y</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1y</td>
<td>Abnormal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>12+ y</td>
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<td>18-19 y</td>
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</table>

### Notes for 2017

- **Abnormal** indicates a condition requiring further evaluation or treatment.
- Each code corresponds to specific health checks or screenings recommended for different age groups.

### Periodicity with Codes

#### Infancy

<table>
<thead>
<tr>
<th>Age</th>
<th>12 mo</th>
<th>18 mo</th>
<th>24 mo</th>
<th>30 mo</th>
<th>3 yr</th>
<th>4 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>99171, or 99171</td>
<td>99171, or 99171</td>
<td>99171, or 99171</td>
<td>99171, or 99171</td>
<td>99171, or 99171</td>
<td>99171, or 99171</td>
<td></td>
</tr>
</tbody>
</table>

#### Early Childhood

<table>
<thead>
<tr>
<th>Age</th>
<th>12 mo</th>
<th>18 mo</th>
<th>24 mo</th>
<th>30 mo</th>
<th>3 yr</th>
<th>4 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>99172, or 99171</td>
<td>99172, or 99171</td>
<td>99172, or 99171</td>
<td>99172, or 99171</td>
<td>99172, or 99171</td>
<td>99172, or 99171</td>
<td></td>
</tr>
</tbody>
</table>

### PROCEDURES (Office Lab)

#### Infancy

- 90460, 90460, 90471*, and/or 90473 - all supply CPT® (2013)

#### Early Childhood

- 90460, 90460, 90471*, and/or 90473 - all supply CPT® (2013)

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### Periodicity with Codes

#### Middle Childhood

<table>
<thead>
<tr>
<th>Age</th>
<th>Preventive Care Codes (CPC)</th>
<th>Immunizations (CPC)</th>
<th>PROCEDURES (Office Lab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5</td>
<td>99383 / 99393</td>
<td>04040, 04041, 040471, and/or 040472</td>
<td>04040, 04041, 040471, and/or 040472</td>
</tr>
</tbody>
</table>

#### Adolescence

<table>
<thead>
<tr>
<th>Age</th>
<th>Preventive Care Codes (CPC)</th>
<th>Immunizations (CPC)</th>
<th>PROCEDURES (Office Lab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-12</td>
<td>99384 / 99394</td>
<td>04040, 04041, 040471, and/or 040472</td>
<td>04040, 04041, 040471, and/or 040472</td>
</tr>
</tbody>
</table>

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Contact Information

American Academy of Pediatrics
Bright Future National Center

Jane Bassewitz, MA
Manager, Bright Futures National Center

Phone
847/434-4326

E-mail
brightfutures@aap.org

Web site
brightfutures.aap.org

Or me: jhagan@aap.org
QUESTIONS?

Have at me!

2017 Users' Conference-Bright Futures: What (to screen)? Why (there's evidence)? How (to get paid)?