

# Breaking Barriers to Improve Health Supervision Visits

Session Code: On-demand

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# Faculty Disclosure

## Judith Shaw, EdD, MPH, RN, FAAP

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 CME activity.

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 the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescent*, 3<sup>rd</sup> and 4<sup>th</sup> Editions.

I acknowledge that today's activity is certified for CME credit and thus cannot be promotional. I will give a balanced presentation about well care using the best available evidence to support my conclusions and recommendations.

# Faculty Disclosure

## Edward Curry, MD, FAAP

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# Learning Objectives

At the conclusion of the presentation, participants should be able to:

1. Define strategies for implementing high quality preventive services using the *Bright Futures Guidelines*, 4th Edition and related Periodicity Schedule, including revised forms and tools.
2. Identify opportunities to apply Bright Futures/AAP recommendations using tools and resources for successful implementation of Bright Futures recommendations into practice.

# Agenda

- Introduction & Background
- Implementation & Practice Workflow
- Using Tools Through Case Studies
  - Oral Health
  - Social/Emotional Health
- Resources

# Bright Futures

...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

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**

# The Periodicity Schedule & *Bright Futures* Guidelines, 4th Edition

**Recommendations for Preventive Pediatric Health Care**  
Bright Futures/American Academy of Pediatrics

This document provides a periodicity schedule of preventive health care for well children from birth to 21 years of age. It is organized into columns representing ages in months and years, with rows for various health care services. The schedule is color-coded: green for recommended, yellow for suggested, and purple for optional services. A legend at the bottom explains the symbols used in the table.

**Legend:**

- Green: Recommended
- Yellow: Suggested
- Purple: Optional
- Blue: Considered but not routinely recommended
- Light blue: Considered but not routinely recommended (if available)
- White: Not recommended
- White with diagonal line: Not recommended if a service is provided

**Table Categories:**

- GENERAL:** Includes Immunization, Growth and Development, and Injury Prevention.
- EARLY INTERVENTIONS:** Includes Parent and Family Support, Emotional, Behavioral, and Developmental Screening, and Social-Emotional/Behavioral Screenings.
- EARLY PREVENTIVE CARE:** Includes Preventive Counseling, Preventive Services, and Screenings.
- CHILD DEVELOPMENT:** Includes Developmental Screening, Assessment, and Intervention.
- GENETIC TESTING:** Includes Carrier Screening, Newborn Screening, and Prenatal Genetic Testing.
- ADOLESCENT CARE:** Includes Confidentiality, Health Status, Mental Health, and Substance Use.
- SEX HEALTH:** Includes Sexuality, Contraception, and Sexual Assault.
- REPRODUCTIVE HEALTH:** Includes Contraception and Sexual Assault.

**Notes:**

1. Screening should occur per AAP Bright Futures Guidelines for Screening and Management of High-Risk Children. This includes screening for Autism Spectrum Disorder, Intellectual Disability, and Attention Deficit Hyperactivity Disorder (ADHD).
2. An individual child's needs may vary from those in the table. The number of children with special health care needs is growing rapidly and is expected to continue to grow. The number of children with special health care needs is growing rapidly and is expected to continue to grow.
3. Screen all children for hearing loss and vision loss between 11 and 18 months, also between 3 and 5 years and again between 18 and 21 years. The number of children with hearing loss and vision loss is growing rapidly and is expected to continue to grow.
4. Screen for lead exposure in children with known or suspected lead exposure.
5. Screen for iron deficiency in children with known or suspected iron deficiency.
6. Screen for iron deficiency in children with known or suspected iron deficiency.
7. Screen for iron deficiency in children with known or suspected iron deficiency.
8. Screen for iron deficiency in children with known or suspected iron deficiency.
9. Screen for iron deficiency in children with known or suspected iron deficiency.
10. Screen for iron deficiency in children with known or suspected iron deficiency.

**Bright Futures**  
FOURTH EDITION  
Guidelines for Health Supervision of Infants, Children, and Adolescents

American Academy of Pediatrics  
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The Periodicity Schedule tells you what to do in well-child visits, while the *Bright Futures Guidelines* tell you how to do it—and how to do it well.



# Bright Futures Guidelines, 4<sup>th</sup> Edition

## Part 1: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- New themes: **Social determinants of health; Media use; Children and Youth 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**

# Components of a Bright Futures Visit

## ❖ History

❖ Surveillance of development

❖ Review of systems

❖ Physical examination

❖ Screening

❖ Immunizations

❖ **Anticipatory guidance**

## ❖ Tasks

▪ Disease detection

▪ Disease prevention

▪ Health promotion

▪ Anticipatory guidance

## ❖ Duration

▪ Approx. 18 minutes

# What's New About the 4<sup>th</sup> Edition?

- ❖ Social determinants of health are embedded 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; tobacco, alcohol, or drug use

# Bright Futures Tool & Resource Kit, 2<sup>nd</sup> Edition

The toolkit consists of 2 main sections:

## Core Forms

These are the key documents to carry out each Bright Futures visit:

- Previsit Questionnaire
- Visit Documentation Form
- Bright Futures Parent-Patient Handouts

## Supporting Materials

- Screening and Assessment Tools
  - ❖ Medical Screening Reference Tables
  - ❖ Commonly Used Screening Instruments and Tools
- Additional forms that accompany the Visit Documentation Form
  - ❖ Initial History Questionnaire
  - ❖ Medication Record
  - ❖ Problem List
  - ❖ Problem Visit
- Supplementary AAP Education Handouts

# Implementation & Practice Workflow



# How Does *Bright Futures* Help You?

## ***For health care professionals:***

With Bright Futures, health care professionals can accomplish 4 tasks in 18 minutes (approx.). The tools and resources help clinicians to structure visits and create practice processes to better address patient needs.

## ***For AAP Chapters:***

Provides resources to assist members in following the Guidelines and sharing best implementation practices. Bright Futures serves as the basis for quality improvement projects

## ***For public health professionals:***

Provides a roadmap for structuring visits and sharing health information with the community; helps identify priorities for funding and provides recommended standardized developmental assessments.

## ***For families:***

Provides resources and educational materials specific to each well-child visit. Bright Futures recognizes the strengths that families and parents bring to the health care partnership.

# Implementing *Bright Futures* into Daily Practice

How it gets done in your practice setting in partnership with your patients and families

**You and your team are the experts!**

# Core Tools: Integrated Format

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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**BRIGHT FUTURES PREVISIT QUESTIONNAIRE  
1 MONTH VISIT**

To provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all the questions. Maternal Depression screening is also part of this visit. 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?  No  Yes. Describe \_\_\_\_\_

**TELL US ABOUT YOUR BABY AND FAMILY.**  
What is your baby's sex?  Boy  Girl  
Does your baby have special health care needs?  No  Yes. Describe \_\_\_\_\_  
Have there been major changes lately in your baby's or family's life?  No  Yes. Describe \_\_\_\_\_  
Have any of your baby's relatives developed neurological problems since your last visit?  No  Yes  Unsure. If yes or unsure, please describe \_\_\_\_\_  
Does your baby lie with anyone who smokes or spends time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

**YOUR GROWING AND DEVELOPING BABY**  
Do you have specific concerns about your baby's development, learning, or behavior?  No  Yes. Describe \_\_\_\_\_

Check off each of the boxes that your baby fits into:  
 Walk alone  Crawls around with an "up" and "down"  Has different ways for longer and better balance  
 Follow you with his eyes  Reaches out and grabs things  Moves both arms and legs together  
 Babbling frequently when alone such as babbling like "mama" or "dada"  Makes eye contact when he or she sees you  
 Responds when you call his name  Responds to his voice when you talk to him  Responds when you talk to him from another room  
 Copies when he is asked to do things  Shows signs when he is ready to be held  Copies when you sing to him  
 Takes things out of his mouth  Shows signs when he is ready to be held  Copies when you sing to him

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**Well Child | 1 Month Visit**

Accompanied by: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Name: \_\_\_\_\_

MAGE No. \_\_\_\_\_ Weight (kg) \_\_\_\_\_ Height (cm) \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (mo) \_\_\_\_\_ Sex: \_\_\_\_\_

**HISTORY**  
Prenatal and birth history:  No  Yes

Maternal history: none relevant and questions are asked  
If not available, indicate past history, including any other child, alcohol, substance use, or medical conditions (include ID): \_\_\_\_\_  
If not available, indicate past history, including any other child, alcohol, substance use, or medical conditions (include ID): \_\_\_\_\_  
Current Medications:  None

**DEVELOPMENT**  
 Use Parent Assessment: Complete concerns about development:  No  Yes  
 SOCIAL LANGUAGE: Includes play:  YES  NO  UNDETERMINED  NO  YES  UNDETERMINED  
 Large language use:  None  Limited  Frequent  Advanced  None  Limited  Frequent  Advanced  
 Large language use:  None  Limited  Frequent  Advanced  None  Limited  Frequent  Advanced  
 Large language use:  None  Limited  Frequent  Advanced  None  Limited  Frequent  Advanced

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American Academy of Pediatrics  
**BRIGHT FUTURES HANDOUT - PARENT  
1 MONTH VISIT**

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

**✓ HOW YOUR FAMILY IS DOING**  
Even when everything goes better than you had hoped for, you can still use the information and support from Bright Futures to help you and your family do even better.  
• Ask the Bright Futures team how they can help you and your family do even better.  
• Ask the Bright Futures team how they can help you and your family do even better.  
• Ask the Bright Futures team how they can help you and your family do even better.

**✓ FEEDING YOUR BABY**  
Your baby's baby is growing and developing so fast. It's important to know what to do to make sure your baby is getting the best nutrition and care possible.  
• Feed your baby on demand. Your baby is telling you when he or she is hungry.  
• Offer a variety of foods. Your baby is learning to eat different kinds of foods.  
• Offer a variety of textures. Your baby is learning to eat different kinds of textures.  
• Offer a variety of flavors. Your baby is learning to eat different kinds of flavors.

**✓ CARED FOR YOUR BABY**  
Your baby's baby is growing and developing so fast. It's important to know what to do to make sure your baby is getting the best nutrition and care possible.  
• Keep your baby safe. Your baby is learning to crawl and walk.  
• Keep your baby safe. Your baby is learning to crawl and walk.  
• Keep your baby safe. Your baby is learning to crawl and walk.

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- ❑ Previsit Questionnaire
  - Surveillance tool allows healthcare professional to gather pertinent information without using valuable time asking questions

- ❑ Documentation Form
  - To document all pertinent information and fulfill quality measures

- ❑ Parent/Patient Educational Handout
  - Provides parental education for all Bright Futures Priorities at each visit

Narrated Toolkit Overview: [brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx](http://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx)



# Questionnaires

## Electronic

- At the visit in the waiting or exam room
- At home (via email or patient portal)

## Paper

- Make appointment time 15 minutes earlier



## Practice support and nursing staff in charge of how this happens:

- Host a staff session to reinforce importance and contribution
- Train how to distribute
- Develop a scoring system
- Develop a system to alert the healthcare professional to know “when ready to proceed”
- Help parents/youth with literacy or language differences
- Have all tools and supplies ready
- Shift some responsibilities from the clinician to non-clinician staff, where appropriate

# What Can You Get From a *Bright Futures* Previsit Questionnaire?

Here are examples of what you can learn about how your patient and family are doing...

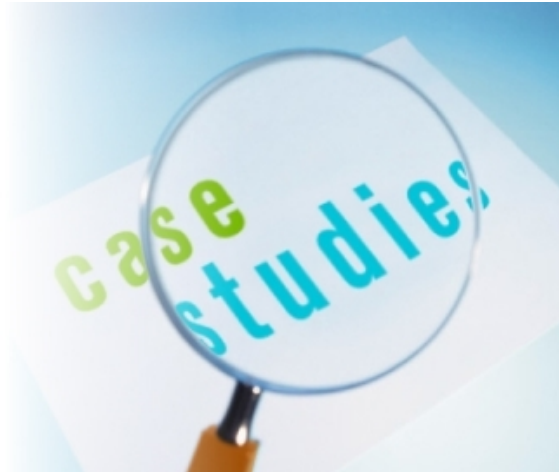
- Parental/youth concerns and questions for visit
- Surveillance of patient/family strengths
- Surveillance of major changes in family
- Medical risk assessment (unique for each age/visit) such as:
  - TB, Lead, Anemia, STIs, Cholesterol
  - Vision and Hearing
- Oral health risk assessment
  - Dental home/fluoride H<sub>2</sub>O
- Developmental surveillance for young children
- Strengths/developmental surveillance for school aged children & adolescents
- Expanded anticipatory guidance questions such as:
  - Social Determinants of Health
  - Caring for infant/child/adolescent
  - Patient's emotional well-being
  - Safety

**This surveillance tool also alerts the patient/family that they will be universally screened for topics based on their age/stage (eg, child development, autism, depression, etc.).**

# Office-based Systems Components

- ❖ Utilize a preventive services prompting system
- ❖ Utilize a recall/reminder system
  - To address immunizations and well child visits
- ❖ Utilize a system to track referral
  - Electronic or Paper-based
- ❖ Utilize a system to identify children and youth with special health care needs
- ❖ Link families to appropriate community resources
- ❖ Utilize a strength-based approach and shared decision-making strategy

# *Case Studies*



# Using the Toolkit: Case Studies

- Oral Health (15 Month Visit)
- Social/Emotional Health (3 Year Visit)

# Case Study: Oral Health

Javon is a 15-month-old

- Lives with his mother and her parents.
- He is her 1st child and their 1<sup>st</sup> grandchild.
- Mom works part-time; grandparents provide care while she is working.
- Mom reports difficulty finding a dentist and hasn't taken him yet
- Grandparents give him juice and sweet foods when mom is at work.

PATIENT NAME: \_\_\_\_\_ CLEAR FORM  
PLEASE PRINT DATE: \_\_\_\_\_

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## BRIGHT FUTURES PREVISIT QUESTIONNAIRE 15 MONTH VISIT



To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all 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?  No  Yes, describe:

### TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs?  No  Yes, describe:

Have there been major changes lately in your child's or family's life?  No  Yes, describe:

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

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

### YOUR GROWING AND DEVELOPING CHILD

Do you have specific 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.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Imitate scribbling.  | <input type="checkbox"/> Use 3 words other than names.                       | <input type="checkbox"/> Crawl up a few steps.                                       |
| <input type="checkbox"/> Drink from cup with little spilling.   | <input type="checkbox"/> Speak in sounds that seem like an unknown language. | <input type="checkbox"/> Run.  |
| <input type="checkbox"/> Point to ask for something or to get help.   | <input type="checkbox"/> Follow directions that do not include a gesture.    | <input type="checkbox"/> Make marks with a crayon.                                   |
| <input type="checkbox"/> Look around when you say things such as "Where's your ball?" and "Where's your blanket?" | <input type="checkbox"/> Squat to pick up objects.                           | <input type="checkbox"/> Drop an object into and take the object out of a container. |

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PLEASE PRINT

## 15 MONTH VISIT

### RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

### ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

#### TALKING AND FEELING

Is your child learning new things?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child show any worries or fears when meeting new people?	<input type="radio"/> No	<input type="radio"/> Yes
Do you take time for yourself?	<input type="radio"/> Yes	<input type="radio"/> No
Do you spend time alone with your partner?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child point to something he wants and then watch to see if you see what he's doing?	<input type="radio"/> Yes	<input type="radio"/> No
Does she wave "bye-bye"?	<input type="radio"/> Yes	<input type="radio"/> No
Do you talk to, sing to, and look at books with your child every day?	<input type="radio"/> Yes	<input type="radio"/> No

#### SLEEP ROUTINES AND ISSUES

Does your child have a regular bedtime routine?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child sleep well?	<input type="radio"/> Yes	<input type="radio"/> No
How many hours does your child sleep? ___ Daytime ___ Nighttime		
Does your child have a blanket, stuffed animal, or toy that he likes to sleep with?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have a TV or an internet-connected device in your child's bedroom?	<input type="radio"/> No	<input type="radio"/> Yes

#### TANTRUMS AND DISCIPLINE

Does your child have frequent tantrums?	<input type="radio"/> No	<input type="radio"/> Yes
If your child is upset, do you help distract her with another activity, book, or toy?	<input type="radio"/> Yes	<input type="radio"/> No
Do you set limits for your child?	<input type="radio"/> Yes	<input type="radio"/> No
Do other caregivers set the same limits for your child as you do?	<input type="radio"/> Yes	<input type="radio"/> No
Do you praise your child when he is being good?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have any questions about what to do when you become angry or frustrated with your child?	<input type="radio"/> No	<input type="radio"/> Yes

#### HEALTHY TEETH

Has your child been to a dentist?	<input type="radio"/> Yes	<input type="radio"/> No
Do you brush your child's teeth with a smear of fluoridated toothpaste 2 times a day using a soft toothbrush?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child use a bottle?	<input type="radio"/> No	<input type="radio"/> Yes

PATIENT NAME:

Javon

Please print.

DATE:

15 MONTH VISIT

RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyes appear unusual or seem to cross?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do your child's eyelids droop or does one eyelid tend to close?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Have your child's eyes ever been injured?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

TALKING AND FEELING

Is your child learning new things?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does your child show any worries or fears when meeting new people?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Do you take time for yourself?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you spend time alone with your partner?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Does your child point to something he wants and then watch to see if you see what he's doing?	<input type="radio"/> Yes	<input type="radio"/> No
Does she wave "bye-bye"?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you talk to, sing to, and look at books with your child every day?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

MY PARENTS DO

SLEEP ROUTINES AND ISSUES

Does your child have a regular bedtime routine?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Does your child sleep well?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
How many hours does your child sleep? 2 Daytime 8 Nighttime		
Does your child have a blanket, stuffed animal, or toy that he likes to sleep with?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you have a TV or an Internet-connected device in your child's bedroom?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

TANTRUMS AND DISCIPLINE

Does your child have frequent tantrums?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
If your child is upset, do you help distract her with another activity, book, or toy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you set limits for your child?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do other caregivers set the same limits for your child as you do?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
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Do you have any questions about what to do when you become angry or frustrated with your child?	<input checked="" type="radio"/> No	<input type="radio"/> Yes

HEALTHY TEETH

Has your child been to a dentist?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you brush your child's teeth with a smear of fluoridated toothpaste 2 times a day using a soft toothbrush?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does your child use a bottle?	<input type="radio"/> No	<input checked="" type="radio"/> Yes

once a day



## Priorities for the 15 Month 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:**

- ▶ Communication and social development (individuation, separation, finding support, attention to how child communicates wants and interests)
- ▶ Sleep routines and issues (regular bedtime routine, night waking, no bottle in bed)
- ▶ Temperament, development, behavior, and discipline (conflict predictors and distraction, discipline and behavior management)
- ▶ Healthy teeth (brushing teeth, reducing caries)
- ▶ Safety (car safety seats and parental use of seat belts, safe home environment: poisoning, falls, and fire safety)

# Case Study: Oral Health

- ❑ Praise mom for brushing his teeth
- ❑ Inquire about the frequency -- ideally twice a day
- ❑ Ask about mealtimes and choices of healthy snacks
- ❑ Congratulate mom for only putting water in the bottle
- ❑ Since mom uses tap water and water supply is fluoridated, no need for fluoride supplementation

# Case Study: Oral Health

- ❑ Explore mom's thoughts about her parents feeding Javon juice and sweet foods
- ❑ Encourage her to find other ways for her parents to reward Javon
- ❑ Apply fluoride varnish since it was last done at the 9-month visit

## BRIGHT FUTURES HANDOUT ► PARENT

# 15 MONTH VISIT

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



### TALKING AND FEELING

- Try to give choices. Allow your child to choose between 2 good options, such as a banana or an apple, or 2 favorite books.
- Know that it is normal for your child to be anxious around new people. Be sure to comfort your child.
- Take time for yourself and your partner.
- Get support from other parents.
- Show your child how to use words.
  - Use simple, clear phrases to talk to your child.
  - Use simple words to talk about a book's pictures when reading.
  - Use words to describe your child's feelings.
  - Describe your child's gestures with words.

### TANTRUMS AND DISCIPLINE

- Use distraction to stop tantrums when you can.
- Praise your child when she does what you ask her to do and for what she can accomplish.
- Set limits and use discipline to teach and protect your child, not to punish her.
- Limit the need to say "No" by making your home and yard safe for play.
- Teach your child not to hit, bite, or hurt other people.
- Be a role model.

### A GOOD NIGHT'S SLEEP

- Put your child to bed at the same time every night. Early is better.
- Make the hour before bedtime loving and calm.
- Have a simple bedtime routine that includes a book.
- Try to tuck in your child when he is drowsy but still awake.
- Don't give your child a bottle in bed.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Avoid giving your child enjoyable attention if he wakes during the night. Use words to reassure and give a blanket or toy to hold for comfort.

### HEALTHY TEETH

- Take your child for a first dental visit if you have not done so.
- Brush your child's teeth twice each day with a small smear of fluoridated toothpaste, no more than a grain of rice.
- Wean your child from the bottle.
- Brush your own teeth. Avoid sharing cups and spoons with your child. Don't clean her pacifier in your mouth.

## 15 MONTH VISIT—PARENT

### SAFETY

- Make sure your child's car safety seat is rear facing until he reaches the highest weight or height allowed by the car safety seat's manufacturer. In most cases, this will be well past the second birthday.
- Never put your child in the front seat of a vehicle that has a passenger airbag. The back seat is the safest.
- Everyone should wear a seat belt in the car.
- Keep poisons, medicines, and lawn and cleaning supplies in locked cabinets, out of your child's sight and reach.
- Put the Poison Help number into all phones, including cell phones. Call if you are worried your child has swallowed something harmful. Don't make your child vomit.
- Place gates at the top and bottom of stairs. Install operable window guards on windows at the second story and higher. Keep furniture away from windows.
- Turn pan handles toward the back of the stove.
- Don't leave hot liquids on tables with tablecloths that your child might pull down.
- Have working smoke and carbon monoxide alarms on every floor. Test them every month and change the batteries every year. Make a family escape plan in case of fire in your home.

### WHAT TO EXPECT AT YOUR CHILD'S 18 MONTH VISIT

#### We will talk about

- Handling stranger anxiety, setting limits, and knowing when to start toilet training
- Supporting your child's speech and ability to communicate
- Talking, reading, and using tablets or smartphones with your child
- Eating healthy
- Keeping your child safe at home, outside, and in the car

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition  
For more information, go to <https://brighthouse.aap.org>.

The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the Bright Futures Book and Resource Kit, 3rd Edition. Inclusion in this handout does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resource mentioned in this handout. Web site addresses are for current use, but may change at any time.

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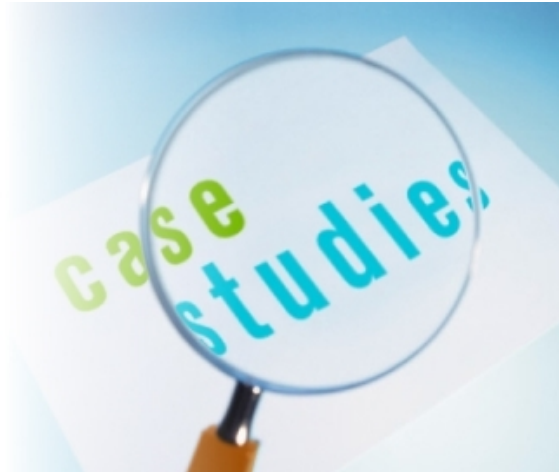


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PAGE 2 of 2

# *Case Studies*



# Case Study: Social/Emotional Health

Samantha is a 3-year-old

- Mother is currently out of work due to COVID-19. She was working as a waitress. Mother finished her GED.
- Mother has a partner who has been with her and Samantha for 6 months. Mother never married Samantha's father due his alcohol use.
- Samantha was in Head Start in which she was doing well.
- She is now having verbal outburst and occasionally hitting her mother when forced to transition off of her tablet.

PATIENT NAME: \_\_\_\_\_ Please print.

DATE: \_\_\_\_\_

American Academy of Pediatrics



## BRIGHT FUTURES PREVISIT QUESTIONNAIRE

### 3 YEAR VISIT

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all 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?  No  Yes, describe:

**She is having daily temper tantrums and meltdown when she is told to stopping playing with her Ipad. Her temper tantrums are difficulty for me to control.**

#### TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

**She is very loving and happy child when she isn't angry. She is a very bright girl.**

Does your child have special health care needs?  No  Yes, describe:

**Mild Asthma**

Have there been major changes lately in your child's or family's life?  No  Yes, describe:

**Moved out of Grandmother house due to needing my own space and grandmother smoking.**

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

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

#### YOUR GROWING AND DEVELOPING CHILD

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

**Handling her Temper Tantrums and meltdowns**

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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Go to the bathroom and urinate by herself.  | <input checked="" type="checkbox"/> Speak so strangers can understand 75% of what he says.                | <input type="checkbox"/> Pedal a tricycle.                                |
| <input checked="" type="checkbox"/> Put on a coat, jacket, or shirt by himself. | <input checked="" type="checkbox"/> Tell you a story from a book or TV.                                   | <input type="checkbox"/> Climb on and off a couch or chair.               |
| <input checked="" type="checkbox"/> Eat by herself.                             | <input checked="" type="checkbox"/> Compare things using words such as <i>bigger</i> and <i>shorter</i> . | <input type="checkbox"/> Jump forward.                                    |
| <input checked="" type="checkbox"/> Begin to play make-believe.                 | <input type="checkbox"/> Understand simple prepositions, such as <i>on</i> or <i>under</i> .              | <input type="checkbox"/> Draw a single circle.                            |
| <input checked="" type="checkbox"/> Play and share with others.                 |   | <input type="checkbox"/> Draw a person with head and one other body part. |
| <input checked="" type="checkbox"/> Use 3-word sentences.                       |   | <input checked="" type="checkbox"/> Cut with child scissors.              |

## RISK ASSESSMENT

<b>Anemia</b>	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> Unsure
<b>Hearing</b>	Do you have concerns about how your child hears?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Lead</b>	Does your child live in or visit a home or child care facility with an identified lead hazard or a home built before 1990 that is in poor repair or was renovated in the past 6 months?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Does your child have a dentist?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
<b>Oral health</b>	Does your child's primary water source contain fluoride?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
<b>Tuberculosis</b>	Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Is your child infected with HIV?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

## ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

### YOUR FAMILY'S HEALTH AND WELL-BEING

<b>Living Situation and Food Security</b>		
Do you have enough heat, hot water, electricity, and working appliances?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you have problems with bugs, rodents, peeling paint or plaster, mold, or dampness?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
<b>Alcohol and Drugs</b>		
Does anyone in your household drink beer, wine, or liquor?	<input type="radio"/> No	<input checked="" type="radio"/> Yes
Do you or other family members use marijuana, cocaine, pain pills, narcotics, or other controlled substances?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
<b>Positive Family Interactions</b>		
Are your family members loving and affectionate with one another?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you praise your child when he is being good?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you have ways to constructively handle anger and settle disputes in your family?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Does everyone who cares for your child set the same limits for your child?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you allow your child to make choices, such as what clothes to wear or what books to read?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you use simple words when asking your child a question or telling her what to do?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Taking Care of Yourself</b>		
Do you take time for yourself?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you feel you are able to balance family and work?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Do you spend time alone with your partner?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

### PLAYING WITH SIBLINGS AND PEERS

Does your child engage in fantasy play with dolls, toy animals, or blocks?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Do you spend time alone with your child doing things you both enjoy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Does your child have chances to play with other children (such as on playdates and at preschool)? (Covid)	<input type="radio"/> Yes	<input checked="" type="radio"/> No

## Priorities for the 3 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<sup>a</sup> (risks [living situation and food security; tobacco, alcohol, and drugs], strengths and protective factors [positive family interactions, work-life balance])
- ▶ Playing with siblings and peers (play opportunities and interactive games, sibling relationships)
- ▶ Encouraging literacy activities (reading, talking, and singing together; language development)
- ▶ Promoting healthy nutrition and physical activity (water, milk, and juice; nutritious foods; competence in motor skills and limits on inactivity)
- ▶ Safety (car safety seats, choking prevention, pedestrian safety and falls from windows, water safety, pets, firearm safety)

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<sup>a</sup> 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.



# Case Study: Social/Emotional Health

- If you see a parent doing something great, point it out
- Provide positive feedback during the visit
- Instead of telling the parent they “should” do something, offer that they “could” do something
- Share your own experiences as a parent (if applicable)
- Ask the parents about their role as a parent, how they differ from their own parents, what they like to do with their child
- Take an interest in the parents
- Recognize the strength of extended family and offer strategies to assist

# Case Study: Social/Emotional Health

- ❑ Strengths are an essential part of health
- ❑ Look for Resiliency and Strengths: ask about strengths at every encounter!
- ❑ Promoting strengths will enhance interactions with parents
- ❑ Search for strengths
  - ❑ Connection
  - ❑ Competence/ Mastery
  - ❑ Independent decision-making
  - ❑ Generosity

Connection  
Competence  
Generosity  
Mastery  
Independence

## BRIGHT FUTURES HANDOUT ► PARENT

# 3 YEAR VISIT

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



### ✓ HOW YOUR FAMILY IS DOING

- Take time for yourself and to be with your partner.
- Stay connected to friends, their personal interests, and work.
- Have regular playtimes and mealtimes together as a family.
- Give your child hugs. Show your child how much you love him.
- Show your child how to handle anger well—time alone, respectful talk, or being active. Stop hitting, biting, and fighting right away.
- Give your child the chance to make choices.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.

### ✓ EATING HEALTHY AND BEING ACTIVE

- Give your child 16 to 24 oz of milk every day.
- Limit juice. It is not necessary. If you choose to serve juice, give no more than 4 oz a day of 100% juice and always serve it with a meal.
- Let your child have cool water when she is thirsty.
- Offer a variety of healthy foods and snacks, especially vegetables, fruits, and lean protein.
- Let your child decide how much to eat.
- Be sure your child is active at home and in preschool or child care.
- Apart from sleeping, children should not be inactive for longer than 1 hour at a time.
- Be active together as a family.
- Limit TV, tablet, or smartphone use to no more than 1 hour of high-quality programs each day.
- Be aware of what your child is watching.
- Don't put a TV, computer, tablet, or smartphone in your child's bedroom.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ PLAYING WITH OTHERS

- Give your child a variety of toys for dressing up, make-believe, and imitation.
- Make sure your child has the chance to play with other preschoolers often. Playing with children who are the same age helps get your child ready for school.
- Help your child learn to take turns while playing games with other children.

### ✓ READING AND TALKING WITH YOUR CHILD

- Read books, sing songs, and play rhyming games with your child each day.
- Use books as a way to talk together. Reading together and talking about a book's story and pictures helps your child learn how to read.
- Look for ways to practice reading everywhere you go, such as stop signs, or labels and signs in the store.
- Ask your child questions about the story or pictures in books. Ask him to tell a part of the story.
- Ask your child specific questions about his day, friends, and activities.

## 3 YEAR VISIT—PARENT

### ✓ SAFETY

- Continue to use a car safety seat that is installed correctly in the back seat. The safest seat is one with a 5-point harness, not a booster seat.
- Prevent choking. Cut food into small pieces.
- Supervise all outdoor play, especially near streets and driveways.
- Never leave your child alone in the car, house, or yard.
- Keep your child within arm's reach when she is near or in water. She should always wear a life jacket when on a boat.
- Teach your child to ask if it is OK to pet a dog or another animal before touching it.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
- Ask if there are guns in homes where your child plays. If so, make sure they are stored safely.

### WHAT TO EXPECT AT YOUR CHILD'S 4 YEAR VISIT

#### We will talk about

- Caring for your child, your family, and yourself
- Getting ready for school
- Eating healthy
- Promoting physical activity and limiting TV time
- Keeping your child safe at home, outside, and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition  
For more information, go to <https://brightfutures.aap.org>.

# Establishing a Workflow: REVIEW



# Workflow – 1 Month Visit Example

## Workflow Needs to be Job-Specific, not Person-Specific

- ❖ Starts with initial entry point to medical office
  - Receptionist provides age appropriate Previsit Questionnaire
    - Pre-formatted age specific packet
      - 1 Month Previsit Questionnaire
      - Maternal Depression screening tool
      - Parent Educational Handout
    - Parent would complete questionnaires/screening tools in waiting area
  - Medical assistant (MA) on rooming child would make sure questionnaire is completed
    - MA attaches questionnaire to chart or enter the results into the EHR
  - Physician would review either paper copy or EHR
    - Would document intervention in chart
  - Completion of visit medical assistant would provide appropriate parent handout

The image shows a screenshot of a previsit questionnaire form. At the top, it asks for the patient's name and date. Below that, it identifies the form as being from the American Academy of Pediatrics and is titled 'BRIGHT FUTURES PREVISIT QUESTIONNAIRE 1 MONTH VISIT'. A logo for 'Bright Futures' is in the top right corner. The form contains several sections with green headers: 'WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?', 'TELL US ABOUT YOUR BABY AND FAMILY.', and 'YOUR GROWING AND DEVELOPING BABY.'. Each section contains a question followed by 'No' and 'Yes' options, with a 'describe' prompt for the 'Yes' response. The 'YOUR GROWING AND DEVELOPING BABY.' section includes a checklist of developmental milestones for a 1-month-old baby, such as 'Look at you', 'Follow you with her eyes', and 'Make short sounds such as "aah" and "ahh"'. At the bottom, it includes the American Academy of Pediatrics logo, the website 'www.brightfutures.aap.org', and the page number 'PAGE 1 of 3'.

# Community Linkages: Tips from Practices

- Systems measure
  - Do you have someone in your office or clinic who oversees liaisons with community organizations and updates to accessible list of community resources for parents?
- Consider hiring a care coordinator, or use current staff with skills in this area
- Use community liaisons in the practice to handle referrals, communicate with specialists, and coordinate services/resources for families
- Consider hosting “mixers” (virtual or in-person) with potential referral sources in the community to establish relationships
- If you have set it up, everything related to a difficult situation goes better

# Team-based Approach

## You don't have to do all this alone!

- Multiple health supervision visits, thus multiple opportunities
  - Building a relationship of Trust
- Share and delegate tasks
- Consider mocking up your own Previsit Questionnaires to practice with your staff, students, and trainees
- Practice change management resources can be found on the following websites:
  - [Bright Futures](#)
  - [STAR Center](#)
  - [National Resource Center for Patient/Family-Centered Medical Home](#)
  - [AAP Quality Improvement](#)

# Accessing Screening Tools

The screenshot shows the AAP Toolkits website interface. At the top, there are navigation links for 'Pediatric Care Online', 'Red Book® Online', 'Pediatric Patient Education', and 'AAP Pediatric Coding Newsletter'. Below this is the 'AAP Toolkits' logo and a search bar. The main content area is titled 'Links to Commonly Used Screening Instruments and Tools' and contains introductory text about screening tools and a disclaimer from the American Academy of Pediatrics.

➔ [https://toolkits.solutions.aap.org/ss/screening\\_tools.aspx](https://toolkits.solutions.aap.org/ss/screening_tools.aspx)

Instruments for Recommended Universal Screening at Specific Bright Futures Visits

Recommended Visit	Recommended Screening	Tool by Author/Owner
1 Month 2 Month 4 Month 6 Month	Maternal Depression	Edinburgh Postpartum Depression Scale (EPDS) <sup>28</sup>  A modified version of the EPDS is included as part of the Family Questions section in the Survey of Well-being of Young Children (SWYC).  Patient Health Questionnaires (PHQs) PHQ-9  PHQ-2 <sup>29</sup>  • Bright Futures sample form • Instructions
Universal 6 Month 9 Month  If No Dental Home 12 Month 15 Month 18 Month 2 Year 2½ Year 3 Year 4 Year 5 Year 6 Year	Oral Health	AAP Oral Health Risk Assessment (OHRA)



# Billing & Coding

- When standardized screening tools are administered, scored, and interpreted as part of preventive service visit, each screening can be individually coded for billing purposes.

- Example:

### HEALTH RISK ASSESSMENTS

#### CPT® Codes

**96160** Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

**96161** Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

Source: [aap.org/en-us/Documents/coding\\_preventive\\_care.pdf](http://aap.org/en-us/Documents/coding_preventive_care.pdf)

The image displays two overlapping screenshots of the 'Well Child | 1 Month Visit' form. The top screenshot shows the 'HISTORY' section, which includes fields for 'Medical History', 'Allergies', 'Screening Results', and 'Development'. The bottom screenshot shows the 'SOCIAL AND FAMILY HISTORY' and 'PLAN' sections, which include 'Immunizations', 'Universal Screening', and 'Selective Screening' options.

# Pediatric Preventive Coding Resources

## Coding at the AAP Website

- One stop shop for all coding related resources from the AAP
- Includes ICD-10-CM information and all topic-specific coding fact sheets
  - *Coding for Pediatric Preventive Care, 2020 Booklet*
  - Available at: [aap.org/en-us/Documents/coding\\_preventive\\_care.pdf](https://aap.org/en-us/Documents/coding_preventive_care.pdf)
- AAP Coding Hotline for all your coding and payer questions and issues!!
  - Available at: [form.jotform.com/Subspecialty/aapcodinghotline](https://form.jotform.com/Subspecialty/aapcodinghotline)

# Education in Quality Improvement for Pediatric Practice (EQIPP)

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Course Name	Tracks	CME Credits	Expiration Date
<a href="#">EQIPP: ADHD - Diagnose, Treat, and Monitor</a>	N/A	27	10/06/2022
<a href="#">EQIPP: Asthma</a>	Hospitalist Generalist	54	12/31/2020
<a href="#">EQIPP: Bright Futures - Infancy and Early Childhood</a>	9 and 24 Months	29	12/31/2020
<a href="#">EQIPP: Bright Futures - Middle Childhood and Adolescence</a>	12 and 16/17 years	29	04/09/2021

- EQIPP courses help you identify and close gaps in your practice using practice tools.
  - Bright Futures - Infancy and Early Childhood Course
  - Bright Futures - Middle Childhood and Adolescence Course

# Website Resources

## Key Resources:

- ❖ Clinical Implementation Tip Sheets
- ❖ Pediatric Residency Resource Library
- ❖ *Bright Futures Tool & Resource Kit* Forms (for review/reference)
- ❖ Bright Futures Parent/Patient Educational Handouts
- ❖ Implementation Strategies and Stories From Practices, States, and Communities using Bright Futures



➔ [brightfutures.aap.org](https://brightfutures.aap.org)

# Bright Futures Tools & Resources

**Below are some tools and resources available to assist with implementation of the 4th Edition:**

- ❖ *Bright Futures Guidelines*, 4<sup>th</sup> Edition – Introductory Webinars
  - Available at: [brightfutures.aap.org/materials-and-tools/Pages/Bright-Futures-Webinars.aspx](https://brightfutures.aap.org/materials-and-tools/Pages/Bright-Futures-Webinars.aspx)
- ❖ *Bright Futures Tool and Resource Kit*, 2nd Edition – Narrated Overview
  - Available at: [brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx](https://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx)
- ❖ Screening and Priorities for each age/stage
  - Available at: [brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx](https://brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx)
- ❖ Medical Screening Reference Tables
  - Available at: [brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Medical-Screening-Reference-Tables.aspx](https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Medical-Screening-Reference-Tables.aspx)

# Learning Objectives: Recap

At the conclusion of the presentation, participants are able to:

1. Define strategies for implementing high quality preventive services using the *Bright Futures Guidelines*, 4th Edition and related Periodicity Schedule, including revised forms and tools.
2. Identify opportunities to apply Bright Futures/AAP recommendations using tools and resources for successful implementation of Bright Futures recommendations into practice.

# How to Obtain *Bright Futures* Materials

Visit the *Bright Futures* Website: [brightfutures.aap.org](https://brightfutures.aap.org)

To order the *Bright Futures Guidelines* and *Toolkit*, go to [shopAAP.org](https://shopAAP.org)

Sign up for the Bright Futures eNews and other alerts at [brightfutures.aap.org/Pages/contactus.aspx](https://brightfutures.aap.org/Pages/contactus.aspx)

# Contact Information

**American Academy of Pediatrics  
Bright Futures National Center**

*Phone*

**630-626-6783**

*Website*

**[brightfutures.aap.org](http://brightfutures.aap.org)**

*E-mail*

**[brightfutures@aap.org](mailto:brightfutures@aap.org)**



# References

For more information on this subject, see the following publications:

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