Implementing Bright Futures for All Children

Learning Collaborative:
Improving Quality and Access to Care in Maternal and Child Health

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Bright Futures at the State Level
Report from the South

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Baltimore, MD
What I hope to convey:

- SC QTIP (Quality through Technology and Innovation in Pediatrics)
  - Importance of partnerships in improving pediatric care quality
  - SC improved standing on health measures, diminished Medicaid costs and identified new revenue sources for practices
- Tennessee Pediatric Healthcare Improvement Initiative (PHIIIT) stressed importance of thinking globally
- How these efforts overlap Bright Futures
  - Overlap provides an opportunity to merge Bright Futures into statewide QI efforts
- How state policy supports such efforts

SC Government Taking a Leadership Role in Partnership Development With Pediatricians

- 1990 Support of medical home by DHEC (SC Health Department) Commissioner Mike Jarrett
- 1992 Milk Partnerships
- 1992 On going dialogue with SC Medicaid and DHEC (Health Dept)
- 1994 Family Support Services
- 1994 First CATCH (Community Access to Child Health) Meeting
  - Now working on 24th CATCH meeting
  - Open Forum & QI
  - National and local speakers & uses public funding
- Multiple years AAP Family Connection participation in each others meetings
- Multiple years: Pediatric Advisory Council sponsored by DHEC, participation from Family Connection and Medicaid, broad based pediatrician participation
- 2000 Medical Home Grant
  - Incorporated a Family Connection as well as Title V, Medicaid and the SC AAP chapter.
- 2005 ECCS Grant
  - Child Protective Services & Early Education and Child Care
  - Medical Home (ABCD IV & CHIPRA QI Grant)
- 2010 State Demonstration Grant (QTIP)
  - Core Measures
  - Electronic Data Gathering
  - Learning Collaborative
- 2013 NIPN Partnership
- 2015 SC Medicaid funds QTIP
- 2017 SC continues support for QTIP
How QTIP Works with Practices and Stakeholders

31 (40) Pediatric Practices
(Indirectly over 500 child health care providers)

• Each practice identified a QI team lead: practitioner, nurse and office manager
• Several year commitment

Plan-Do-Study-Act cycles (PDSA)
• Practices document quality improvement work

Maintenance of Certification
• Physicians can earn credit to maintain certification for American Board of Pediatrics

Regular Contact
• Monthly conference calls
• Blog (where data and QI minutes are also posted)

Learning Collaborative
• Semi-annual sessions attended by QI team
• 24 core measures addressed over 4 years
• Quality measures presented, expert speakers invited, medical home and behavioral health concepts, information sharing, etc.

Site Visits
• QTIP team technical assistance site visits
• Peer reviewer participation
• Quality Improvement coaching

Core Measures useful topically
(Bolded visits Bright Futures Related)

1. ADHD management
2. Development Screening including MCAT
3. Well Child Visit completion early
4. Well Child Visit completion middle
5. Well Child Visit completion Adol
6. Adol Vaccines (HPV)
7. Chlamydia Screening
8. Dental visits
9. Preventive dental visits
10. BMI
11. Mental Health follow up
12. Access
13. Family Centered care/ family experience
14. Central line infections
15. Childhood vaccine rates
16. Use of strep test for pharyngitis
17. C-Section rate
18. Less than 2,500 gm
19. Freq. of perinatal care
20. Onset of prenatal care
21. ER visitation rates
22. Asthma ER visitation rates
23. Asthma medication
24. Suicide evaluation in depressed patients
Outcomes:
Documentation of work on core measures

PDSA Jan 2011 - Dec 31, 2014
N= 1,545

July 1, 2015 QTIP practices
main and satellite offices
<table>
<thead>
<tr>
<th>Measure</th>
<th>Category</th>
<th>2011 Rate</th>
<th>2012 Rate</th>
<th>2013 Rate</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Annual Dental Visits</td>
<td>ADV - Rate - Total</td>
<td>71.4</td>
<td>72.3</td>
<td>72.2</td>
<td>0.0420*</td>
</tr>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>AWC - Reported Rate</td>
<td>50.7</td>
<td>54.9</td>
<td>60.9</td>
<td>0.0000***</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</td>
<td>Reported Rate - BMI Percentile - Total</td>
<td>1.2</td>
<td>1.9</td>
<td>12.7</td>
<td>0.0000***</td>
</tr>
<tr>
<td>Children and Adolescents’ Access to Primary Care Practitioners</td>
<td>CAP - Rate - 7-11 Years</td>
<td>93.6</td>
<td>94.8</td>
<td>94.8</td>
<td>0.0045**</td>
</tr>
<tr>
<td>Children and Adolescents’ Access to Primary Care Practitioners</td>
<td>CAP - Rate - 12-19 Years</td>
<td>95.8</td>
<td>96.3</td>
<td>97.3</td>
<td>0.0000***</td>
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<tr>
<td>Developmental Screening -screened by 12 months of age</td>
<td>DSC1 - Reported Rate</td>
<td>12.6</td>
<td>17.9</td>
<td>27.7</td>
<td>0.0000***</td>
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<tr>
<td>Developmental Screening -screened by 24 months of age</td>
<td>DSC2 - Reported Rate</td>
<td>9.4</td>
<td>16.3</td>
<td>31.8</td>
<td>0.0000***</td>
</tr>
<tr>
<td>Developmental Screening -screened by 36 months of age</td>
<td>DSC3 - Reported Rate</td>
<td>1.6</td>
<td>3.6</td>
<td>10.6</td>
<td>0.0000***</td>
</tr>
<tr>
<td>Total Eligible Who Received Preventive Dental Services</td>
<td>PDS - Reported Rate</td>
<td>57.3</td>
<td>59.6</td>
<td>58.8</td>
<td>0.0000***</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life</td>
<td>W15 - Six or More visits Rate</td>
<td>41.9</td>
<td>41.8</td>
<td>53.0</td>
<td>0.0000***</td>
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<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</td>
<td>W34 - Reported Rate</td>
<td>65.6</td>
<td>67.6</td>
<td>70.5</td>
<td>0.0000***</td>
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</table>
The Periodicity Schedule and the Bright Futures Guidelines

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 Clinical Measures
9 months and 24 months

- Maternal Depression Screening and follow up
- Elicit and address family concerns
- Elicit and address family strengths
- Developmental Screening and follow up
- Autism Screening and follow up
- Age appropriate risk assessment and medical screening
- Weight, height (9 months) and BMI (24 months)
- Oral Health Risk Assessment
- Visit Specific Anticipatory Guidance (3 out of 5 suggested documented in chart)
- Elicit and discuss social determinants of health

South Carolina, Georgia, Virginia and New Jersey
Outcomes: Proactive Pediatric Ambulatory Care Quality Vision

**ACCESS:** Family able to identify a Primary Care Provider. Is there a role for our partners to help us measure access?

**SCHOOL READINESS:** Be ready for school upon entry to kindergarten. What are the intermediate steps we can measure? Reach Out and Read? Positive Parenting Trainings? Referrals to other services?

**DEVELOPMENTAL SCREENING:** Screened for developmental delays*, screening for autism, screening for strengths?

**ORAL HEALTH:** Linked to a dental home and receiving basic oral health services *

**WELL CHILD CARE:** Up to date in receiving quality pediatric well child care and immunizations, content appropriate to needs of our patients (breastfeeding, smoke exposure)*

**OBESITY:** Preventive guidance given, pt. screened, evaluated and if indicated treated for obesity*

**BEHAVIORAL –SOCIAL DETERMINANTS OF HEALTH:** Screened for mental health social conditions including food insecurity, substance abuse, domestic violence and family mental illness*

**MENTAL HEALTH SERVICES:** Receive mental health services when indicated. Involved in preventive services when present

**SPECIAL HEALTH CARE NEEDS:** With Special Health Care Needs will have their care coordinated*

**ASTHMA:** Children with Asthma will be managed effectively and control maximized*

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QTIP Screening A Months

**6 month olds**
- Well visits done
- Vaccinations done
- Breastfeeding birth/ 6 months
- Post-partum depression screen
- Socio Environmental Screen
- Tobacco exposure
- Literacy promotion

**Teenagers**
- Primary care provider recorded
- Well visits done
- Vaccines done
- Behavioral health screen completed
- Screened for special needs
- BMI > 85 %. (Overweight?) If so addressed?
- Family and patient strengths identified
QTIP Screening B months

2 year old
• Primary care provider recorded
• Well Visit done
• Immunizations done
• Dev. screening done
• Autism screening performed
• Screened for special needs
• Family strengths identified
• Literacy promotion
• Family Concerns addressed
• Fluoride Varnish applied
• Dental referral
• Screen for socio-environmental problems

Asthmatics
• In hospital or ER in past year
• Smoke exposure assessed
• On controller
• Follow up within 3 months
• Functional control assessed
• Flu shot done
• Well visits done
• BMI > 85%. (Overweight?) If so addressed?

Important Role for State Gov.

Important Role for Medicaid
• SC transition from federal grant to state funded QI initiative with core funding (Similar to TN)
• TN and SC perhaps the only two states with Medicaid core funding for statewide child health care QI collaborative
• Enables us to work on issues that Medicaid and state’s pediatricians find important, rather than issues with funding
• Cost containment
• SC Medicaid priorities: Asthma, Well Child Care completion rates, Attention Deficit Disorder

Important Role for Public Health
• Overlapping priorities with pediatric ambulatory care
• Overlapping interests in Quality
• Documentation of impact on HEDIS (measures of health status) measures, cost savings and new revenue streams for practices
• TN focus: Asthma, behavioral health, smoke exposure, breast feeding
Implementation: Government Needs Partnerships With State AAP CHAPTERS

- State AAP Chapter essential in **engaging pediatricians**
- State and National AAP help with **academic oversight**
- QTIP’s learning collaborative sessions are linked to state chapter meetings

Key Takeaways for Other States

- **Takeaway 1**: Importance for Governor’s Office and Agency heads to nurture partnerships with key child health professional associations
- **Takeaway 2**: Opportunity to use Learning Collaboratives to improve quality across the breadth of child health care
- **Takeaway 3**: The need for a proactive vision of quality pediatric ambulatory care
- **Takeaway 4**: Bright Futures provides a rubric for this care
- **Takeaway 5**: States can be proactive with leadership and funding for core activities leading to broader incorporation of Bright Futures ideals in practice
Early Brain Development
Learning Collaborative on Improving Quality and Access
to Care in Maternal and Child Health
May 24, 2017
Baltimore, Maryland
Bright Futures

Promoting Health and Development

• Cognitive
• Linguistic
• Communication skills

6 months

• Communication skills
• Early literacy
• Parents as teachers

15 months through age 7 (eight regularly scheduled visits)

• Communication skills
• Social development

A baby’s brain at 35 weeks **weighs only two-thirds** of what it will weigh at 39 to 40 weeks.

35 weeks  39 - 40 weeks
Standardized Test Scores and Gestational Age

Adjusted for mother's age and education level

Synapese Formation

Developing Brain

Brain Architecture: Neurons

Neuron development and healthy brain circuits depend on “serve and return” interactions.

We call this “language nutrition.”
30 Million Word Gap

<table>
<thead>
<tr>
<th>High Income</th>
<th>Working Class</th>
<th>Low Income</th>
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</thead>
<tbody>
<tr>
<td>43 MILLION</td>
<td>24 MILLION</td>
<td>11 MILLION</td>
</tr>
</tbody>
</table>

Window of Opportunity

18 months: age at which disparities in vocabulary begin to appear
Language Nutrition

- Increased neurological development
- Leads to the ability to read
- Leads to high school graduation
- Leads to success in life

Brain Architecture: Pruning

We Protect Lives.
### Brain Trust for Babies

#### Mission

Redefine infant and toddler wellness to include language acquisition and social-emotional health, so that by 2020, all children in Georgia will enter school thriving and ready to succeed.

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**Private Organizations**

- Atlanta Speech School
- Children’s Healthcare of Atlanta
- GEEARS
- Georgia Chapter, AAP
- Family Connection Partnership
- Georgia Hospital Association
- La Amistad
- Marcus Autism Center
- Voices for Georgia’s Children

**Public Agencies**

- GA Department of Community Health
- GA Department of Early Care and Learning
- GA Department of Public Health
- GA Division of Family and Children Services
- GA Head Start

**Academics**

- Emory University School of Medicine, Department of Pediatrics
- Emory University School of Nursing
- Morehouse School of Medicine
Population Based Approach
From Universal Design to Targeted Interventions

All of Georgia’s Children
- No Known Factors
- Economic Factors
- Medical Factors
- Trauma Factors
- Developmental Factors

System
- State Agencies, Employers, Insurance, Professional Organizations

Community
- Non-profits, Faith-based Organizations, Hospitals & Practices, Schools, Local Businesses, Local Governments, Early Childcare Centers

Individual
- Providers, Teachers, Families, Caregivers

Parental Involvement
- Point to Pictures and Words
- Speak Slowly and Exaggerate Your Words
- Make Sure There Is a Book to Share
- Teach Basic New Words
- Talk Often and Keep It Simple
- Talk to Your Baby Before She’s Born

We Protect Lives.
Talk With Me Baby

Georgia WIC (Women, Infants, and Children)

- Random sample of children (18-24 months) assessed for language, speech and communication patterns
- 900 Georgia WIC staff trained on language nutrition
- 199 WIC centers integrated language nutrition messages into their centers
- Nutritionists discuss modeling behaviors with clients, encouraging parents to talk with their babies
- DVDs play in waiting rooms
- Educational materials provided to clients
Language Development

Infants who are deaf and hard of hearing
- identified in the first six months of life
- provided with appropriate intervention services

80% of these infants/children are able to maintain age-appropriate language development in the first five years of life

Christine Yoshinaga-Itano, PhD
Professor • Speech, Language, and Hearing Sciences
The Institute of Cognitive Science
University of Colorado Boulder

100 Babies Program Goals

One month
- All infants receive newborn hearing screening

Three months
- Infants not passing screen receive a diagnostic evaluation

Six months
- Infants diagnosed as deaf or hard of hearing are enrolled in intervention
Adverse Childhood Events

“The active ingredient in the environment that’s having an influence on development is the quality of the relationships that children have with the important people in their lives. That’s what it’s all about.”

Jack P. Shonkoff, M.D.

Brain Activity 8 Year Old Children

EEG of children never institutionalized

Brain activity at 8 years old among children in institutional care

EEG of children in foster care before 24 months of age

Brain activity of children in foster care after 24 months of age

Center on the Developing Child,
Harvard University
Autism Screening and Early Detection

• The Marcus Autism Center is using eye-tracking research that detects signs of autism as early as infancy.

• Earlier interventions when the brain is still able to adapt and change, we believe, can raise the prospect of significantly altering the natural course of Autism Spectrum Disorder (ASD).

Early Care and Learning Involvement

• The Cox Campus online learning platform of the Atlanta Speech School created two digital, state-of-the-art courses for teachers of infants and toddlers

• A coalition of public and private partners includes: Governor Nathan Deal and First Lady Sandra Deal, Harvard University, DPH and the Georgia Department of Early Care and Learning

• Courses:
  o Talk With Me Baby
  o Build My Brain
Bright Futures Implementation

Brain Trust for Babies

Public/Private partnership ensuring statewide early language development for all children in Georgia

Talk With Me Baby

Consistent training for parents, family members, caregivers, early learning teachers, day care providers, hospitals, nurses, physicians and state agencies

Implementing Bright Futures in West Virginia

JOHN R. PHILLIPS, MD, FAAP
PRESIDENT, WV CHAPTER OF THE AAP
SECTION CHIEF, PEDIATRIC CARDIOLOGY
PROFESSOR OF PEDIATRICS
WVU MEDICINE CHILDREN’S HOSPITAL
MORGANTOWN, WV
Implementing Bright Futures

- If the basis of Bright Futures is to promote raising healthy children then it is implemented each time...
  - A pediatrician examines a patient
  - A nurse dresses an injury
  - A parent reads to their child
  - A brother holds their sister’s hand crossing the street
  - A grandmother teaches a grandchild to cook a healthy meal
  - A teacher tutors a student struggling in math
  - A community holds a farmers market or opens a park
  - A politician advocates for strong immunization laws
  - A nation ensures healthcare coverage for all children

Implementing Bright Futures - EPSDT

- Bright Futures is the foundation of the WV HealthCheck Program

- WV’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for child preventive health component of Medicaid
- Well child exams, growth and development evaluation, vision screening, hearing screening, oral health, immunizations, health educations, mental health and risk behavioral check for teens
Implementing Bright Futures - Dyslipidemia

- Reduce heart disease mortality in WV by identification of individuals with familial hypercholesterolemia (FH)
- Partner with state government, schools, local agencies, and the private sector to reduce the obesity epidemic in West Virginia
- Apply population-based health behavior interventional strategies targeting children and their families

Implementing Bright Futures – CCHD

- WV House Bill 4327 “Corbin’s Law”

- Critical Congenital Heart Disease (CCHD) screening to identify the 7,200 babies born annually with forms of congenital heart disease that, if identified and treated early, saves infant lives
Implementing Bright Futures - Obesity

- Try This West Virginia is a statewide grassroots movement to help knock West Virginia off the top of the worst health lists, community by community
- A coalition of communities, churches, schools, hospitals, health professionals, businesses and citizens
- Hundreds of do-able, practical ideas, organizational support, grant money and structured direction to turn dreams of a healthier community into reality
- Try This WV’s motto “It’s up to us!”

Implementing Bright Futures – Foster Care

- In 2013, the WV Chapter of the AAP was awarded a foster care project grant the WV Initiative for Foster Care Improvement grant
- Goal was to implement the WV Department of Health and Human Resources (DHHR) Five Year Child and Family Services Plans
- Educate physicians, create a foster parent advocacy network and provide combined pediatrician/ foster care parent team consultation to partners in WV DHHR, Medicaid, Child Protective Services, Court Appointed Special Advocates, medical schools, judges and parents of children with special health care needs
- Barriers identified
Implementing Bright Futures - Immunizations

- WV leads the nation in the strength of our laws requiring school-aged children to be immunized.
- Vaccines are safe. Vaccines are effective. Vaccines save lives.
- A vaccine is available to prevent cervical and other cancers.
- Despite the overwhelming scientific evidence in favor of vaccines, misconceptions persist resulting in a resurgence of mumps, measles and whooping cough.
- Annually, the WV AAP, WIN (Immunization Network) and others advocate to keep our immunization laws strong and our children and communities safe.

Implementing Bright Futures

- Education of all regarding the positive impact on health outcomes in children through every day constructive interactions, mentoring, progressive community cultures and evidence-based policies makes the implementation of Bright Futures, not only a healthcare provider’s responsibility, but the responsibility of parents, families, friends, communities, politicians and our nation as a whole.