Ensuring *Bright Futures* for Our Nation’s Children: Health Plan Strategies for Improving Pediatric Preventive Care

Monday, August 24th, 2015, 3:00 p.m. – 4:00 p.m. ET
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Welcome

Kathryn Santoro
Director of Policy and Development
National Institute for Health Care Management Foundation (NIHCM)

Carrie Hanlon
Project Director
National Academy for State Health Policy (NASHP)
Welcome and Introductions
Kathryn Santoro, NIHCM
Carrie Hanlon, NASHP

Bright Futures: An Overview
Kathryn Janies and Lou Terranova, American Academy of Pediatrics (AAP)

Promoting Preventive Services in Health Plans through Pediatric Learning Collaboratives
Christel Kozar, Anthem, Inc.

State Efforts to Encourage Use of Preventive Services
Dr. Janice Carson, Georgia Department of Community Health

Questions and Answers
Bright Futures: An Overview

Kathryn Janies
Manager, Bright Futures Implementation, American Academy of Pediatrics

Lou Terranova, MHA
Senior Health Policy Analyst, American Academy of Pediatrics
Bright Futures: Prevention and Health Promotion for Infants, Children, Adolescents, and Families

Kathryn Janies
Lou Terranova
August 24, 2015

Webinar co-hosted by the National Academy for State Health Policy and NIHCM Foundation with support from the Health Resources and Services Administration.
What is Bright Futures

The Value of child health and Bright Futures

Resources available to support Bright Futures implementation

Support for Bright Futures by the payer community
Bright Futures is the health promotion/disease prevention component of the medical home. At the heart of the medical home is the relationship between the clinician and the family or youth.
Bright Futures: Goals

- Work with **states** to make the Bright Futures approach the **standard of care** for infants, children, and adolescents

- Help health care providers shift their thinking to a **prevention-based**, family-focused, and developmentally-oriented direction

- Foster **partnerships** between families, providers, and communities

- Empower **families** with the skills and knowledge to be active participants in their children’s healthy development
Affordable Care Act: Section 2713

...requires all health plans to cover, with no cost-sharing

“with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration,”

the services are outlined in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition* (Hagan J, Shaw JS, Duncan PM eds.)
## Periodicity Schedule

### Recommendations for Preventive Pediatric Health Care

#### Bright Futures/American Academy of Pediatrics

Each child and family are unique. Therefore, these recommendations for Preventive Pediatric Health Care are guidelines for the care of healthy children ages 0-18 years and should be used as a basis for appropriate, individualized care. All recommendations are based on the best evidence available, however goals and recommendations may require frequent counseling and individualistic approaches to promote health care needs.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, including the treatment of technical circumstances, may be appropriate. Copyright 2016 by the American Academy of Pediatrics. No part of this document may be reproduced or transmitted in any form or by any means without per written permission from the American Academy of Pediatrics except for one copy for personal use.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>0-3 Months</th>
<th>4-5 Months</th>
<th>6-11 Months</th>
<th>12 Months</th>
<th>18 Months</th>
<th>24 Months</th>
<th>30 Months</th>
<th>36 Months</th>
<th>48 Months</th>
<th>60 Months</th>
<th>72 Months</th>
<th>84 Months</th>
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**Key**:
- *Green* indicates recommended or essential.
- *Yellow* indicates recommended only if well visit is not missed.
- *Red* indicates recommended only if well visit is missed.
- *Gray* indicates not recommended.
- *Gray* with a range indicates recommended if performed within the range provided.
- *Gray* with an arrow indicates condition must be followed until resolved.

Available at:  
www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx
Bright Futures Guidelines

- Developed by *multidisciplinary* child health experts - providers, researchers, parents, child advocates

- Provide framework for *well-child care* from birth to age 21

- Present *single standard of care* based on health promotion and disease prevention model

- Include recommendations on immunizations, routine health *screening*, and *anticipatory guidance*
Part I: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- New themes in development: Social determinants of health; Media use

Part II: 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

Bright Futures: Priorities

Visit Priorities
- Patient concerns and questions
- Physical Growth and Development
- Social/academic competence
- Emotional wellbeing
- Risk reduction
- Violence and injury prevention

Bright Futures Tools
- Previsit Questionnaires
- Documentation Forms
- Patient/Parent Handouts
The Bright Futures Tool and Resource Kit also contains supplementary materials:

- Additional Parent/Patient Handouts
- Developmental, behavioral, and psychosocial screening and assessment tools
- Practice management tools for preventive care
- Information on community resources
Bright Futures: State Implementation Stories

Alabama    Missouri
Arizona     Nevada
Arkansas    New Hampshire
California  New York
Delaware    North Carolina
Hawaii      North Dakota
Idaho       Oklahoma
Illinois    Oregon
Indiana     Vermont
Iowa        Virginia
Kansas      Washington
Kentucky    West Virginia
Maine       Wisconsin
Minnesota   

Implementation stories can be found on the Bright Futures Web site
Children and adolescent dependents (through age 25) account for approximately one-third of large employers' beneficiaries and are responsible for 20%-25% of a large employer's health care cost.

A substantial proportion of employee’s lost work time can be attributed to children’s health problems.

https://www.businessgrouphealth.org/pub/f2fffd14-2354-d714-51f4-86f969e42856
NBGH Investing in Maternal and Child Health: A Business Imperative

- Improving the health of children, adolescents, and childbearing-age women benefits employers
- Lower healthcare costs
- Increased productivity
- Improved retention/reduced turnover
- A healthier future workforce

https://www.businessgrouphealth.org/pub/f2fffa4-2354-d7f4-51f4-86f969e42856
What can payers do

- Support dissemination of Bright Futures resources to key stakeholders
- Design benefits that account for pediatrics as it is different from adult medicine
- To ensure that all services children need are provided, it is critical that insurers pay for each separately reported service at a level that reflects the total relative value units (RVUs) of those services outlined for the current year under the Medicare Resource-Based Relative Value Scale physician fee schedule
Utilize AAP and state chapters to implement BF

- The AAP has nurtured primary contacts with the largest private health plan carriers

- AAP Chapter pediatric councils meet with local and regional health plan carriers to address pediatric issues
Bright Futures/AAP Resources

Bright Futures
Achieving Bright Futures
Coding at the AAP
Payer Advocacy
Federal Advocacy
State Advocacy

AAP Health Initiatives
National Center on Medical Home Implementation
Digital Navigator
THANK YOU

American Academy of Pediatrics

Kathryn Janies  
Manager, Bright Futures  
Implementation  
Phone  
847/434-4326  
E-mail  
brightfutures@aap.org

Lou Terranova  
Senior Health Policy Analyst  
Phone  
847/434-7633  
E-mail  
lterranova@aap.org

Bright Futures Resources

- Bright Futures standards, tools and resources have been developed to be utilized by a broad audience (e.g., public health, health care practitioners, early child and education professionals, home visitors, etc.).
Resources & Projects

Achieving Bright Futures

Implementation of the ACA Pediatric Preventive Services Provision

Preventive care is the hallmark of pediatrics. The American Academy of Pediatrics (AAP) and our nation’s pediatricians know how essential well-child and school-age visits—including all preventive services—remain necessary to promote the health and well-being of children.

The Patient Protection and Affordable Care Act (ACA) recognizes the importance of preventive care for children by including essential preventative services in children’s medical homes and individual and group non-grandfathered health-care plans under the qualified health plans offered through the Health Insurance Marketplace.

Guidelines for Health Observation of Future Children and Children without Chronic Conditions

Innovations are constantly made in care for all children, especially preventive services in health status. Regular visits to the doctor’s office or clinic for children without chronic conditions or conditions that require follow-up care are fundamental to a child’s health care. These visits are designed to detect and prevent any health issues early to ensure a healthy start.

Statutory and Regulatory Framework

Section 3111 of the ACA requires preventing and treating pediatric preventive services for all children under age 18. The comprehensive set of preventive services was established by the US Preventive Services Task Force (USPSTF) in 2010 and includes recommended services for children from birth through age 18.

These services are intended to provide a comprehensive guide for health-care providers to ensure that all children receive the recommended services. The USPSTF guidelines include recommendations for preventive care services at various age groups, which are intended to help children maintain good health and prevent illnesses.

Pennsylvania Statewide Improvemen Statewide Project (PreSIPS2)

The American Academy of Pediatrics Division of Developmental Pediatrics and Preventive Services seeks to use 5 AAP Chapters to participate in a new quality improvement initiatives to improve the prevention and health outcomes of children based Bright Futures Guidelines.

Chapters will work with state’s health partners (e.g., public health, Medicaid/AOAs, physicians, pediatricians), families, and 10-15 pediatric practices (including 1 residency clinic), to identify practical strategies that really work at the state and practice level to support implementation of preventive services guidelines for early childhood.

Why join PreSIPS2?

Lead your state to greater Bright Futures reach
Add value to your Chapter membership by helping practices and clinics implement preventive services guidelines for children birth-5 years and receive MDCM credit (approval pending)
Help practices engage families in their improvement efforts
Establish closer chapter and practice ties for state leaders and social services resources that families need

Get ready to support your work

To learn more, please join one of two PreSIPS informational webinars
Tuesdays: June 8th @ 11:00 AM ET / June 21st @ 11:00 AM ET
To register: https://www.aap.org/meetings-events/education/professional-development/pre-sips.html

To speak with a Leadership Team member, please contact
Mary Kate Cario, APRN, (814) 941-0500 or mcario@pa.aap.org

To request an application, please contact
Linda Ruchti, APRN, lindaruchti@gmail.com

Applications are due August 10, 2015
Web site Resources

Put Bright Futures into practice to promote health at the state and community levels.

Bright Futures recommendations, tools, and resources address current and emerging health promotion needs at the family, clinical practice, community, health system, public health, and policy levels.

brightfutures.aap.org
Promoting Preventive Services in Health Plans

Christel Kozar, MPH
Pediatric Learning Collaboratives Program Manager
Anthem, Inc.
Promoting Preventive Services in Health Plans through Pediatric Learning Collaboratives

Christel Kozar, MPH
Anthem, Inc.
Enhanced Personal Health Care
Pediatric Learning Collaboratives Program Manager

August 24, 2015
Overview of Anthem’s Enhanced Personal Health Care Program
Making the Connection to Pediatric Practices
The Importance of Pediatric Support
Supporting the Bright Futures initiative
Making a Positive Impact on Providers and Patients
Promote change in the current structure by:

- Patient & Family Centered Model
  - Sharing actionable information and care management resources
  - Focusing on care coordination, patient outreach, and quality improvement
- Moving away from a fragmented and episodic health care system
- Having PCPs manage ALL aspects of their patients’ care
- Redesigning the payment model to move from volume-based to value-based payments
- Promoting access, shared decision-making, and care planning around individual needs
Pediatric Learning Collaborative Program

Goals

- Educate providers around the most critical health conditions affecting the pediatric population
- Introduce curriculum and best practices for support of provider efforts in improving quality, affordability and patient & family engagement
- Develop comprehensive pediatric based content addressing provider and patient & family needs in a manner that is organized and adaptable
- Establish critical and highly valued relationships with expert national pediatric health care organizations
- Provide valuable resources that put critical, relevant information in front of busy practices
A Model for Ongoing Pediatric Learning

- Health Plan
  - Pediatric Patients and Families
- Providers
  - Generating Timely Data Collection and Analysis
- National Organizations
  - Creating Vision and Goals
  - Sharing of Experiences
- Community Resources
  - Maintaining Quality Collaboration
  - Striving for Continuous Improvement
  - Fostering Multi-Directional Communication
- Encouraging Ongoing Learning
2015 Market Penetration of Pediatric Population

Pediatric Collaborative Learning Events

7,400 Pediatric Providers
10,009 Family Providers

910,460 members impacted!
19 Pediatric Collaborative Learning events held to date in the following areas

- **Behavioral Health**
  - Depression screenings and referrals
  - ADHD
  - Substance Abuse
  - Depression
  - Suicide

- **Healthy Weight Maintenance**
  - Pediatric obesity and screening
  - Increased activity (pilot)
  - Nutrition
Supporting Bright Futures Recommendations

- Child Development and Family Support
  - Well visits, immunizations
  - Coordinating care
  - Asthma

- Sexuality
  - HPV and the ‘sexual debut’ of children

- Community Relations and Resources
  - Integrated into all pediatric sessions

- Additional Areas
  - Improving access to care
Impact/Outcomes

Practices attending our pediatric events think attending these events have benefitted their practice by offering

- Expanded knowledge in the topic area
- New resources
- Improved education of office staff

Practices attending our pediatric events believe the information taught positively impacts how care is delivered to their patients through

- Improved care coordination
- Better conversations around difficult topics
- Improved recommendations
Positive impact identified by practices attending our pediatric events

“We are able to use information gained from pediatric events and pass that knowledge onto patient & family”

“There is staff excitement about providing better high quality care to our patients.”

“Better coordination of care for our pediatric patients.”

“Staff much more engaged in reaching out to patients between visits. They understand the rationale for getting kids in for preventive services. We have ramped up our care coordination tremendously.”

“More attention to follow-up care in both the office setting and specialists reports.”

“Involvement in individual patient assistance.”
Three Part Series – Parents as Partners

- Using Family Members to Maximize Clinic Impact
  - Coordinating care for special needs children

- Improving National Access to Care
  - Expanding access and care opportunities for our members

- Pediatric Injury Prevention
  - Maximizing prevention opportunities
In Partnership and Collaboration with…
Looking Ahead

- Continue to identify the most critical needs and challenging topics for our pediatric providers
- Continue to foster bi-directional communication and advance our partnerships with practices
- Continue to collaborate with national experts and organizations to provide the most up to date recommendations
Christel Kozar

Anthem, Inc.

Pediatric Learning Collaboratives Program Manager

Christel.Kozar@Anthem.com
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State Efforts to Encourage Use of Preventive Services

Dr. Janice Carson, MD,
Assistant Chief of Performance, Quality and Outcomes, Georgia Department of Community Health
2008: Implemented BF 2008 periodicity schedule as managed care EPSDT schedule.
2010: Implemented BF 2008 schedule as FFS EPSDT schedule.

Monitor state’s performance using CMS 416 report, HEDIS and Child Core Set measures. CMOs also monitor providers’ performance re BF using quarterly EPSDT medical record reviews.

CMOs’ BF PIPs designed to bring members into care and encourage practitioners to complete preventive health/BF components at every opportunity. Multiple projects occurring simultaneously.
EPSDT, BF and Continuous Improvement

Quarterly updates to EPSDT provider policy – address BF-related issues

Collaboration with GAAAP, GAAFP, CMOs during quarterly quality calls to discuss EPSDT/BF related metrics and barriers to performance improvement

Improvements in performance documented. Areas lacking improvement inform policy and improvement projects.

CMOs implement performance improvement projects to improve adherence to the EPSDT/BF periodicity schedule

Utilize Medical Care Advisory Committee – review performance metric comparisons between FFS and managed care. Solicit improvement ideas

Improvements in performance documented. Areas lacking improvement inform policy and improvement projects.
Questions

Janice Carson, MD
Assistant Chief
Georgia Department of Community Health
Division of Medical Assistance Plans
jcarson@dch.ga.gov
404-463-2832
Do you have a question for one of our presenters?

Type your questions and comments in the chat box!
Thank You!

- You will be automatically directed to an evaluation survey—we appreciate your feedback!
- Visit nashp.org for the recording and slides within the next week.
- Acknowledgements: HRSA Maternal and Child Health Bureau, AAP, our speakers!