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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Webinar Access: https://cc.readytalk.com/partlogin/aven1x5p9ncn&eom

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Welcome

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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.

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.
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

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, including the assessment of clinical circumstances, may be necessary.

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### Table: Periodicity Schedule

| Age | Personal | Recommended | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|-----|----------|-------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|
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| 6-11|          |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| 12-13|         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| 14-15|         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| 16-17|         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |
| 18-20|         |             |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |

Note: Some items are not recommended at all ages. Specific items may be added or removed based on individual assessment and should be individualized to the child's needs.

Available at: [www.aap.org/en-us/professional-resources/practice-support/Pages/PeriodicitySchedule.aspx](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

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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/f2ffff14-2354-d714-51f4-86f969e42856
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/f2ffff14-2354-d714-51f4-86f969e42856
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

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References


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 its members emphasize the importance of lifelong health and well-being for children. Preventive care recommendations include a variety of services, all of which are critical to 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 a range of comprehensive services recommended by the American Academy of Pediatrics (AAP) for children 0-20 years. These recommendations are intended to improve the health and well-being of children, adolescents, and families with or without insurance.

In recognition of the need to improve access to pediatric preventive care, a joint policy statement from the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) was released in 2012. This statement emphasizes the importance of preventive care in the context of the federal Healthy People 2020 initiative: Focus Area 13: Reduce Health Disparities in our Nation.

Statutory and Regulatory Framework

Section 170 of the ACA mandates that all health plans provide preventive services to children and adults, with the exception of certain “non-essential” services. The Affordable Care Act (ACA) requires that health plans provide preventive care services without cost-sharing. This includes immunizations, vision care, dental care, and more.

Asthma Action Plan

Asthma is a common chronic condition that affects children of all ages. Early intervention and management of asthma can help reduce the severity and frequency of asthma attacks. The AAP recommends that all children with asthma receive comprehensive asthma management, including regular follow-up visits and education about asthma management.

Coding for Pediatric Preventive Care

To report the appropriate preventive medicine service codes, first determine if the patient qualifies as a new or established patient (the next to a new patient), then select the appropriate code within the code set established under current payment.

Preventive medicine orders are not sent from home, however, there are plans during the time that are not relevant to selecting the appropriate code.

Family physician or primary care provider should be billed for the preventive medicine service ordered but not reported during the time that is not relevant to selecting the appropriate code.

The appropriate code for comprehensive services related to asthma management, including regular follow-up visits and education about asthma management, should be reported in addition to the preventive medicine service code.

To report the preventive medicine service code, the provider should report the appropriate code(s) for the comprehensive services related to asthma management, including regular follow-up visits and education about asthma management.

Preventive Medicine Services: New Patient

Initial comprehensive preventive medicine (CPM) visits should be scheduled at the first office visit, and preventive medicine services should be provided prior to the second office visit, as applicable.

The initial comprehensive preventive medicine (CPM) visit should be scheduled at the first office visit, and preventive medicine services should be provided prior to the second office visit, as applicable.

Preventive Services Implementation State Spread Project (PreSIPS2)

The American Academy of Pediatrics Division of Developmental Pediatrics and Preventive Services seeks to improve the quality of care for children through the implementation of evidence-based preventive services. The PreSIPS2 Project is designed to support the implementation of new and existing preventive services in children.

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

Why join PreSIPS2?

To learn more, please join us for the following webinars...

To request an application, please contact
Linda Rudecki
American Academy of Pediatrics
3400 Children’s Plaza
216-866-4500

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

To speak with a Leadership Team member, please contact
Melika Carter, MPH
American Academy of Pediatrics
3400 Children’s Plaza
216-866-4500

Applications are due August 10, 2015
Family-Focused Resources

Child Care Health Partnership Parent Handout - 2 months

FAMILY RESOURCES
- Find a non-profit that serves children. Health department or another organization.
- Contact a child care provider to ask about services available.
- Look for support groups in your area.
- Contact the local Department of Health and Human Services.

INSURANCE
- Many insurance plans cover the cost of child care. Check your plan to find out what is covered.
- Contact your employer to see if they offer onsite care.

REFERRALS
- Always check with your pediatrician for recommendations.
- Contact your local Child Care Resource and Referral agency for assistance.

MONEY MANAGEMENT
- Create a budget for child care costs.
- Look for ways to save money on child care expenses.

HEAD START AND FAMILIES WORKING TOGETHER - 2 years

Welcome to Group Care!

Talking and Hearing
- Read books to your child.
- Sing and dance to prepare for books.
- Use simple words with your child.
- Talk with your child about new toys.
- Sing songs with your child.
- Play games with your child.

Feeding and Eating
- Teach your child to eat with a spoon or fork.
- Offer a variety of healthy foods.
- Let your child help with mealtime.

Clothing and Dressing
- Dress your child in clothes that are easy to put on and take off.
- Help your child learn to put on and take off clothes.

Traveling with Your Child
- Plan trips that are suitable for your child's age and stage.
- Use age-appropriate child safety equipment.

Your Child's Behavior
- Encourage your child to explore new things.
- Be patient with your child.
- Let your child take their time.

What to Expect at Your Child's 2 Year Visit

- Your child will be 2 years old.
- Your child will be able to...
Web site Resources

brightfutures.aap.org
Promoting Preventive Services in Health Plans

Christel Kozar, MPH
Pediatric Learning Collaboratives Program Manager
Anthem, Inc.
Ensuring Bright Futures for our Nation’s Children

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:

- Sharing actionable information and care management resources
- Redesigning the payment model to move from volume-based to value-based payments
- 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
- Promoting access, shared decision-making, and care planning around individual needs

Patient & Family Centered Model
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: Generating Timely Data Collection and Analysis
- Providers: Striving for Continuous Improvement
- National Organizations: Maintaining Quality Collaboration
- Community Resources: Encouraging Ongoing Learning

Sharing of Experiences
Creating Vision and Goals
Fostering Multi-Directional Communication
Pediatric Patients and Families
2015 Market Penetration of Pediatric Population

Pediatric Collaborative Learning Events

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
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
Impact/Outcomes

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.”
Coming in 2016

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…

University of Washington

American Academy of Pediatrics

Cincinnati Children’s

SIU Southern Illinois University

Jefferson Center for mental health

MaineHealth

Boston University

Harvard Medical School Teaching Hospital

American Lung Association

Dell Children’s Medical Center of Central Texas

Medicare

Children's Mercy Hospitals & Clinics

Hispanic Food Communications Inc.

P.A.H.P.

PEDIATRIC PULMONARY CENTER
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

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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
Ensuring Bright Futures for our Nation’s Children: Georgia’s Perspective

Presentation to: NASHP Conference
Presented by: Janice M. Carson, MD, Assistant Chief
Division of Medical Assistance Plans

Date: 8/24/15
EPSDT and Bright Futures

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

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404-463-2832
Questions?

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!