

Bright Futures:

How Title V Programs Evolve from Guidelines to Action

Background

Since 1994, the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* has been an essential tool to help Title V programs promote national standards for preventive care for children and families. Developed by the Bright Futures National Center (based at the American Academy of Pediatrics) with support from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), the *Bright Futures Guidelines*, 4th Edition provides standardized, evidence-driven strategies for addressing children's primary health needs from birth through age 21. Pediatric health care and public health professionals use the *Bright Futures Guidelines* to address topics pertinent for each routine well-child visit with parents and their children, including children and youth with special health care needs (CYSHCN). In partnership with the Bright Futures National Center, an [issue brief](#) (published in April 2018) by the Association of Maternal & Child Health Programs (AMCPH) entitled, "Bright Futures: An Essential Resource for Advancing the Title V National Performance Measures" details the history of the development of Bright Futures (see "Background" section).

More than half of Title V Programs are leveraging *Bright Futures Guidelines* to advance NPMs in one or more of the following ways:

- ✓ To inform quality improvement activities
- ✓ As the evidence-driven national standard for primary clinical care for children and adolescents
- ✓ As a workforce development tool

This 2018 issue brief also provided a crosswalk that identifies how the *Bright Futures Guidelines* correlate with Title V National Performance Measures (NPMs) and how the *Guidelines* serve as an effective resource for state MCH programs to implement the goals and objectives of each NPM. This issue brief supplements the 2018 publication and reviews the various ways that Title V programs are using the *Bright Futures Guidelines* and related resources as tools to implement their state action plans.



Leveraging Bright Futures to Implement State Title V Action Plans

A recent scan of fiscal year (FY) 2019 Block Grant applications using HRSA's Title V Information System (TVIS) showed that more than half of all states and jurisdictions (33 of 59 total) specifically mentioned *Bright Futures* in their annual application. AMCHP staff reviewed each case where *Bright Futures* was cited and found three common approaches that states used to leverage *Bright Futures* tools and resources for implementing their action plans:

- **Using *Bright Futures* as a resource to inform quality improvement activities.** Within their block grants, several states noted that they review the *Bright Futures Guidelines* to determine where opportunities exist for improving care provisions within Title V-funded or partner clinics.
- **Promoting the *Bright Futures Guidelines* as the evidence-driven national standard for primary clinical care for children and adolescents.** This approach was most often used when working with clinics that serve patients covered by the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program or private insurance.
- **Using *Bright Futures* as a workforce development tool.** The *Bright Futures Guidelines* were frequently mentioned as the framework for workforce training and capacity building among providers in a variety of settings, including primary care, home visiting, and community health centers.

Highlighted below are three examples of how Title V programs are using *Bright Futures* as they implement their state action plans. Each state discusses one of the aforementioned approaches.

From the Field

As stated previously, the information captured in the following state examples was taken from each state's FY 2019 Title V Block Grant Application on the [Title V Information System website](#).

Wyoming: *Bright Futures* as a Resource to Inform Quality Improvement Activities

Efforts to Improve EPSDT Rates: In late 2017, members of the Wyoming Medicaid Medical Advisory Group attended a presentation from a *Bright Futures* expert on how Vermont successfully promoted *Bright Futures* in clinical and community settings. This advisory group then voted to adopt the *Bright Futures Guidelines* as the standard of care for infants, children, and adolescents in Wyoming. To sustain momentum on this important collaboration between Title V (Wyoming Maternal and Child Health [MCH] Unit) and Medicaid, the MCH Unit submitted a successful application for the Title V MCH Internship Program. In summer 2018, two graduate-level interns worked with MCH, Medicaid, and other key stakeholders to develop a plan to implement the *Bright Futures Guidelines*. This joint project supports Wyoming's 2016–2020 Title V priority to improve preventive and quality care for children and adolescents. This priority directly aligns with the following three Title V NPMs:

- NPM 6: Developmental Screening
- NPM 10: Adolescent Well Visit
- NPM 12: Transition

In 2020, the MCH Unit formally established a Bright Futures Implementation Task Force to develop actionable strategies to improve the rate and quality of well visits across Wyoming.

Improving the Quality of Adolescent Care: Wyoming's Youth and Young Adult Health Program partners with the University of Michigan Adolescent Health Initiative to implement the adolescent-centered environment assessment process to provide technical assistance on how to make services youth friendly and integrate *Bright Futures* into medical practice within selected clinics. The effectiveness of this work is measured by Evidence-Informed Strategy Measure (ESM) 10.2: Number of Quality Improvement Cycles Completed by Participating Practices.

North Carolina: Promotion of the *Bright Futures Guidelines* as the Evidence-Driven National Standard for Primary Clinical Care for Children and Adolescents

Care Management for At-Risk Children (CMARC) [a.k.a. Care Coordination for Children (CC4C)]:

CMARC is a population management program for children ages 0 to 5 years who meet certain criteria (children with special health care needs or those exposed to severe stress in early childhood). The CMARC care manager ensures that the child has a medical home and collaborates with the child's medical home for a stronger continuum of care, often accompanying the parent and child to the primary care provider visit. In addition, CMARC care managers are encouraged to provide services to clients in their homes or other locations face to face. Often, the meeting takes place when the parent arrives for a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) appointment. North Carolina Medicaid for Children and primary care management practices are grounded in the *Bright Futures Guidelines*.

School Health Centers: Credentialed through an agreement with the North Carolina Medicaid and the Department of Public Health, school health centers aim to improve and ensure the quality of services to adolescents and to facilitate efficient Medicaid billing. To enhance the quality of health services for adolescents, local health departments continued to use the *Bright Futures Guidelines*, surveillance tools, patient/parent education handouts, and forms to support evidence-based adolescent care as part of annual adolescent preventive medical visits.

Child Health Training Program for Child Health Enhanced Role Registered Nurses (CHERRNs): In North Carolina, CHERRNs can provide well-child visits to children, including CYSHCN, in the local health department setting. The *Bright Futures Guidelines* ground local health departments on the provision of clinical services. Accordingly, the Child Health Training Program is offered to CHERRNs annually; training focuses on helping the CHERRNs improve access to preventive health care for underserved and high-risk children. CHERRNs also are taught to help local health departments serve as medical homes to children or partner with medical homes to serve children, including CYSHCN. Topics covered during week one of the Child Health Training Program included [Bright Futures documentation recommendations](#) topics during week two of the training included [Bright Futures/AAP Recommendations for Pediatric Preventive Health Care \(Periodicity Schedule\)](#).

Child Health Clinical Services: The North Carolina Health Check (Medicaid for Children) Program Guide (HCPG), which governs the standard of care for Medicaid-eligible children, is based on the *Bright Futures Guidelines*. The HCPG guidelines require physicians to complete all components of the well-child visit and document the visit in the child's electronic health record before billing any services. All local health departments in North Carolina have integrated the *Bright Futures* tools in their electronic health records; annual clinical audit tools are used to ensure that health departments are in compliance with the guidelines. North Carolina uses Title V funding to support child health clinical services for children from birth to 21 years who are uninsured or under-insured. Title V-funded services follow the HCPG.



Mississippi: *Bright Futures* as a Tool for Workforce Development

Enhancing Provider Capacity for Care: One objective of Mississippi’s workplan was to increase by 10 percent, by September 2018, the baseline of primary care providers who reported they were aware of, or were using, developmental screening best practices as specified in *Bright Futures Guidelines*. The state’s strategies for achieving this objective included incorporating *Bright Futures Guidelines* in Mississippi State Department of Health program policies and procedures, meeting with representatives of the American Academy of Pediatrics (AAP) to help guide the overall plan to increase awareness of *Bright Futures Guidelines*, and developing literature on *Bright Futures Guidelines* to distribute to relevant stakeholders, such as early intervention specialists, and primary care physicians. Mississippi continues to expand on the work of the Alliance on Innovation in Maternal and Child Health project (2017–2018) in promoting adolescent well-child examinations in gender-neutral and teen-friendly environments. Presenters at the Community Health Center Association of Mississippi’s 2019 Annual Conference and Clinical forums have underscored the need for children with special health care needs (CSHCN) to have a medical home and receive health maintenance that follows the provisions of *Bright Futures Guidelines*. At the conference, participants took an AAP survey to determine trends and gaps in service. Children and youth with special health care needs (CYSHCN) Cares II Learning Collaborative tracks *Bright Futures* routine and comprehensive health maintenance for all participating practices under the collaborative’s domain. Partnerships with Mississippi Thrive and Help Me Grow-Mississippi have focused on increasing the number of developmental screenings with quality improvement approaches in pediatric practices. Through web-based, app-based, and print resources, stakeholders become more aware of typical developmental milestones and the need for developmental screenings at defined intervals.

Conclusion

The recent scan of Title V Block Grant applications confirmed that State MCH programs are using the *Bright Futures Guidelines* in three key ways:

- As the evidence-driven standard of primary clinical care for infants, children, and adolescents
- To inform quality improvement activities
- As a workforce development tool.

These findings show that the *Bright Futures Guidelines* are a versatile, evidence-driven resource that can support state Title V programs in their efforts to improve the quality of clinical primary care that infants, children, adolescents, and CYSHCN receive in their states. Moreover, the recent Title V Block Grant scan supports the use of these resources to ensure a high standard of quality care across the variety of settings that Title V programs support, including schools, community health centers, and the home. For additional examples on how states across the country are using *Bright Futures* resources, check out the Bright Futures [States and Communities webpage](#).

Resources

American Academy of Pediatrics: [Bright Futures National Center](#)

Title V Information System: [State Applications and Annual Reports](#)

Association of State and Territorial Health Officials: [Bright Futures and State Implementation](#)

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About AMCHP

The Association of Maternal & Child Health Programs is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. AMCHP's members come from the highest levels of state government and include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs. AMCHP builds successful programs by disseminating best practices; advocating on our member's behalf in Washington, DC; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.