

North Dakota Transitions Healthcare Providers to Using Bright Futures Screening Tools

In the changing healthcare climate, the public health enterprise is placing additional emphasis on high quality preventive services coverage and evidence-based programs. Bright Futures, a national effort of HRSA's Maternal and Child Health Bureau and the American Academy of Pediatrics (AAP), has been addressing these goals for decades. The Bright Futures program is designed to promote children's current and future health through a set of guidelines that aim to improve the quality of health promotion and preventive services.¹ Bright Futures is evidence-based and includes the most up-to-date standards for children's healthcare.¹ Because effective health promotion and disease prevention require coordinated efforts across sectors, public health involvement and collaboration with clinical partners is crucial to Bright Futures' success.

North Dakota is one of many states implementing Bright Futures through state policy (see [ASTHO Bright Futures Issue Brief](#) for other state examples). Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a comprehensive healthcare program required in every state that finances appropriate and necessary pediatric services to improve the health of low-income children.² The North Dakota EPSDT program, also known as Health Tracks, is a free preventive health program for children from birth to age 21 who are eligible for Medicaid. Health Tracks is supported by six regional coordinators located throughout North Dakota. Each regional coordinator is a licensed social worker who works for the Children's Health Insurance Program (CHIP) and the North Dakota Department of Human Services' EPSDT administrator.

Prior to the release of [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition](#), the North Dakota EPSDT policy required providers to use a state-developed developmental screening forms that included ages zero through 20. When the updated Bright Futures guidelines were released, the CHIP/EPSDT administrator saw an opportunity to fully implement Bright Futures tools and resources throughout clinics and local health departments in the state and standardize the forms providers were using for screenings.

The CHIP/EPSDT administrator reached out to the North Dakota Department of Health (NDDOH) to discuss coordinating Bright Futures implementation. Because public health nurses perform many well-child visits throughout the state, state public health leaders became interested in training public health nurses who travel to rural areas to perform checkups and immunizations. The goal was to train the nurses conducting the EPSDT screenings to use the best possible tools available.

Steps Taken:

- NDDOH, including Title V Maternal and Child Health team and the Oral Health Division representatives, collaborated with Health Tracks and Head Start program staff in the Department of Human Services, and formed a working group to review the Bright Futures curriculum.
- In 2012, Health Tracks decided it would no longer update the well-child care forms used across the state. Instead, providers were directed to use the Bright Futures forms and tools, making North Dakota one of the first states to replace Medicaid forms with Bright Futures resources. A

few providers in the state had already integrated Bright Futures curriculum into their well-child visits and electronic health records (EHRs).

- Most North Dakota providers and local health units use Champ Software EHRs. The Health Tracks coordinator in Grand Forks County worked with the vendor that designed the Champ system to create modules for Bright Futures. They then integrated that module into other public health units. Champ developers covered the cost because being integrated with Bright Futures was a selling point for them.
- NDDOH had a good relationship with AAP and the local public health units, and were good at making connections and supporting logistics of the collaboration. The workgroup contacted the Bright Futures National Center to ask about training for child health professionals and medical home staff. In November 2012, AAP staff provided an educational training based on the Bright Futures guidelines to local public health, Head Start, Early Head Start, Health Tracks, and medical home pilot sites. The training delivered education on how to provide uniformity in preventive care for children. Recordings of the Bright Futures training are available [online](#).
- In the first year, continuing education units were offered to professionals who viewed each video and completed the online evaluation/post-test.
- To implement Bright Futures, the state pieced together funding from Title V Maternal and Child Health Block Grant and other state funds. AAP and Bright Futures creators donated many of the materials, and Head Start purchased its materials with Head Start funds. NDDOH purchased Bright Futures toolkits for all local public health units—28 total units—and some of the Head Starts programs.

Results:

- There has not been a formal evaluation of Bright Futures implementation in North Dakota, but anecdotally, parents find the Bright Futures paperwork more user-friendly and easier to fill out.
- Additionally, Bright Futures Materials have been extremely helpful and accepted. They are easier for nurses to use, which cuts down on administrative time.

Lessons Learned:

- Some North Dakota facilities have had success picking an age group and only using the curriculum for that age for about six months to see how they like it and get used to using it. After about six months, they pick another age and expand gradually, so they are not expanding all at once. This is a less time intensive transition.
- Bright Futures forms can be modified based on the state's needs. The public health nurses in North Dakota wanted more space on the Bright Futures forms to write notes. Additionally, Bright Futures forms only include smoking/second-hand smoking questions on the initial form, and not on subsequent forms. These facets were important to the nurses in North Dakota, so they were able to modify the forms to fit their needs.

Next Steps:

- All local public health units have fully incorporated Bright Futures forms and materials into their practices. Now the focus is on getting all private providers on board with Bright Futures curriculum. Although all providers are now required to follow Bright Futures guidelines and periodicity schedules, they still have the option to use the old state-developed forms. However, most providers in the state have transitioned into using Bright Futures tools and materials. The

State Story



state is not going to update the state forms anymore, so eventually everyone will migrate to the more recent Bright Futures forms. The state form will be discontinued when it becomes outdated.

- The North Dakota AAP Chapter has become more active in recent years due to change in leadership, and the state staff are hoping to work more closely with AAP moving forward as it continues to integrate Bright Futures into the private provider community.

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¹ Vickers M, Anderson B, Dworetzky B, Popper B. "Bright Futures Family Pocket Guide: Raising Healthy Infants, Children, and Adolescents." Albuquerque, NM; Family Voices. 2012. Available at: <https://brightfutures.aap.org/Pages/default.aspx>. Accessed 8-3-2015.

² HRSA. "EPSDT and Title V Collaboration to Improve Child Health." Available at: <http://mchb.hrsa.gov/epsdt/>. Accessed 8-3-2015.