

Bright Futures and State Implementation

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 (MCHB) 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 for children.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. This issue brief will provide a concise history and overview of Bright Futures, describe its role in healthcare reform, and illustrate past and present examples of state health agencies' efforts to implement Bright Futures.

Bright Futures History and Overview

The Bright Futures initiative was launched in 1990 by MCHB, in partnership with the Centers for Medicare and Medicaid Services, to improve the quality of health promotion and preventive services for infants, children, adolescents, and their families and respond to their current and emerging health needs.² For the first 12 years, a cooperative agreement with the National Center for Education in Maternal and Child Health (NCEMCH) supported Bright Futures activities.³ Beginning in 2002, AAP assumed the leadership position that NCEMCH previously held; AAP continues to develop and carry out Bright Futures activities.⁴

Bright Futures offers a set of theory-based and systems-oriented principles, strategies, and tools that can be used to improve the health and well-being of all children through culturally appropriate interventions that address current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.²

At Bright Futures' core is *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, a comprehensive set of health supervision guidelines for children from infancy through age 21.³ The first edition of these guidelines was published in 1994, the second in 2000, and the third and most recent in 2008. Additional *Bright Futures in Practice* guides were developed with emphasis on particular health topics (i.e., oral health, mental health, nutrition, and physical activity).³ Other Bright Futures

Goals of Bright Futures³

1. *Enhance health professionals' knowledge, skills, and practice of developmentally appropriate healthcare in the context of family and community.*
2. *Promote desired social, developmental, and health outcomes for infants, children, and adolescents.*
3. *Foster partnerships between families, health professionals, and communities.*
4. *Increase family knowledge, skills, and participation in health-promoting and prevention activities.*
5. *Address the needs of children and youth with special healthcare needs through enhanced identification and services.*

materials include provider training materials, anticipatory guidance tools, quick reference guides, a national newsletter, and a periodicity schedule. A periodicity schedule is a schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The updated Bright Futures Periodicity Schedule is available on the [AAP website](#). All materials are available on the [Bright Futures website](#).⁵

Following publication of the first edition of the Bright Futures guidelines in 1994, MCHB put together a team of experts who developed and piloted practical tools and a series of monographs to facilitate implementation of the guidelines at the practice level. In 2007, a year-long project involving 15 primary care practice sites pilot-tested the training and implementation materials.⁶ Examples of tools developed include previsit questionnaires, documentation templates, and anticipatory guidance handouts. The tools are built on two key concepts: the Bright Futures Framework and the use of an “office systems” approach in primary care practice.⁷ These tools are available on the [Bright Futures website](#), along with more information about the Bright Futures Framework and the office systems approach. More recent implementation strategies include encouraging electronic medical record (EMR) vendors to develop templates consistent with Bright Futures for pediatric records (see Illinois state example below).

Bright Futures in the Affordable Care Act

The Affordable Care Act (ACA) created many new programs and policies that aim to expand access to healthcare.⁸ One such example is section 2713(a)(3) which states that group health plans and health insurers shall cover, with no cost sharing, “evidence-informed preventive care and screenings with respect to infants, children, and adolescents, provided for in the comprehensive guidelines supported by HRSA,” namely the Bright Futures guidelines.⁹ In accordance with the Bright Futures periodicity schedule, regular healthcare professional visits, vision and hearing screenings, developmental assessments, immunizations, and screenings and counseling to address obesity and help children maintain a healthy weight must now be covered for children enrolled in new private plans.¹⁰ These requirements, however, do not apply to grandfathered health plans, as stated in the “Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act” interim final rule.¹¹ The ACA preventive services coverage requirements without cost-sharing **do not** apply to Medicaid plans; however, most state Medicaid programs do utilize Bright Futures as the standard for health supervision or in other capacities (see “States and Implementation of Bright Futures” below).⁷ Promoting Bright Futures in state health policy may increase access for children not covered by private plans to well-child visits, preventive services, and screenings.

States and Implementation of Bright Futures

Public health agencies and assistance programs have historically functioned as a safety net for children’s healthcare.¹² Specifically, 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.¹³ States have used Bright Futures to provide EPSDT services in a variety of ways.¹⁴

- As a guide in developing policies and programs aimed at improving the quality of children’s healthcare and children’s health outcomes.
- As a barometer to gauge the state’s performance on key child health indicators.

- As the official standard for infant, child, and adolescent health supervision.

State-level implementation and adoption of Bright Futures has increased local health departments' ability to use Bright Futures in their own activities and train their staff. The following are illustrations of how Illinois, New York, Virginia, and Washington have incorporated Bright Futures guidelines.

Illinois

Initiation and Funding

The Illinois Bright Futures project was initiated in recognition of ACA's Bright Futures coverage requirement. The Illinois Department of Healthcare and Family Services (HFS), the state Medicaid agency, is revising its *Handbook for Providers of Healthy Kids Services (Healthy Kids Handbook)* to reflect Bright Futures as the standard of care in Illinois. The *Healthy Kids Handbook* describes the EPSDT benefits available to children enrolled to receive medical services. HFS partnered with the Illinois Chapter of the American Academy of Pediatrics (ICAAP) to:¹⁵

- Promote Bright Futures as the standard of care for children and adolescents.
- Develop materials to promote Bright Futures, including integrating Bright Futures into the *Healthy Kids Handbook*.
- Improve awareness of Bright Futures among primary care providers, families, and advocates.

The state utilized private foundation funding from the Michael Reese Health Trust, Irving B. Harris Foundation, and the Illinois Children's Healthcare Foundation, as well as federal matching funds. A Bright Futures advisory committee (BFAC), comprised of healthcare professionals and other stakeholders, was formed to lead the effort and accomplish the project objectives.¹⁴

Activities

In 2011, ICAAP and the state of Illinois and its agencies collaborated in a number of ways to promote Bright Futures:¹⁴

- ICAAP created a Bright Futures website (<http://illinoisap.org/projects/bright-futures/about-bright-futures/>) with links to national Bright Futures tools and resources. This site is available to the general public and healthcare providers.
- The *Healthy Kids Handbook* was reviewed to incorporate Bright Futures guidelines. BFAC provided recommendations to improve provider experience and compliance with Bright Futures.
- Along with these recommendations, BFAC identified policy or procedure changes that could enhance the spread of Bright Futures.
- ICAAP initiated a series of marketing activities to convey Bright Futures' importance as a standard of care. In partnership with Illinois Health Connect, ICAAP highlighted Bright Futures and other preventive care recommendations in a 2012 calendar distributed to medical homes.

"Implementing Bright Futures in physician and pediatrician offices takes time and cannot be done overnight. However, physicians reinforce that you actually save time in the long run by making visits more structured and efficient."
- Rachel Sacks, ICAAP

Lessons Learned and Recommendations

ICAAP has made significant progress in revising HFS materials and increasing Illinois primary care physicians' awareness of Bright Futures.¹⁴ The revised *Healthy Kids Handbook* will not only impact provision of child and adolescent services, but also sets a standard for maintaining knowledge about the most current guidelines for child and adolescent health.

The following are some lessons that can be drawn from the Illinois experience:

Need for infrastructure and policy changes. ICAAP appreciated the need for infrastructure and policy changes to reinforce Bright Futures in practice. To underscore Bright Futures concepts as a matter of Illinois Medicaid's agency policy, BFAC proposed including appendices to reinforce key concepts to providers, such as an appendix with sample forms, tools, and resources for use in coordinating care with a variety of services. By including these appendices in the *Healthy Kids Handbook*, BFAC was able to further emphasize the significance of Bright Futures concepts within Illinois Medicaid policy.

Practice challenges with implementing Bright Futures. BFAC members and other providers indicated that time constraints and difficulties getting an entire practice on board were two barriers that make implementing Bright Futures difficult. ICAAP learned that implementing Bright Futures in physician and healthcare professionals' offices takes time and cannot be done overnight. However, once clinicians began using Bright Futures, they found that it saved time by structuring patient/provider conversations and making visits more efficient. Still, providers need ongoing opportunities for technical assistance (TA) and coaching to address implementation challenges. To address this need, ICAAP has provided or facilitated different forms of TA for different projects, including webinars with follow-up TA opportunities, stand-alone TA conference calls, responses to email and phone inquiries, and provider notices, newsletter articles, and other written communication.

Incorporating Bright Futures into EMRs. Another barrier to smoothly implementing Bright Futures guidelines in practices is the lack of Bright Futures fields in EMRs. Although more practices are using EMRs, few EMR providers have incorporated Bright Futures into their systems. As awareness of Bright Futures increases, EMR providers should routinely offer Bright Futures tools, anticipatory guidance topics, and periodicity schedules within their systems.

New York

Initiation and Funding

Christopher Kus, MD, MPH, FAAP, associate medical director of the New York State Department of Health Division of Family Health (DFH), was a member of the advisory board for the third edition of the Bright Futures guidelines and has been a champion for adopting Bright Futures as the standard for child and adolescent health in New York. When DFH decided to revise its EPSDT manual, Kus recommended including the Bright Futures guidelines. DFH was able to provide staffing for the revisions with no need for additional funding.

Activities

DFH collaborated with New York's Title V Maternal and Child Health staff to incorporate Bright Futures into the EPSDT manual. The manual is directly linked to the AAP Bright Futures website and includes reference to the periodicity schedule recommended by Bright Futures.⁶ Managed care providers in New York are required to report on their performance, including some performance measures relating to Bright Futures. This requirement further encourages providers to adopt it.

Bright Futures is also used in New York State Department of Health learning collaboratives on developmental and autism screening.⁶ According to Kus, Bright Futures is a useful tool for communicating with other agencies—such as those involved with social welfare, mental health, and education—because all of these topics are part of Bright Futures. “Bright Futures is our standard of care,” Kus says. He makes a conscious effort to remind health providers and partners about the importance of following Bright Futures when he gives talks, trainings, and other presentations.

“It is important for people to realize there is a standard for talking about child and adolescent health ... and that standard is Bright Futures.”
- Christopher Kus, New York State Department of Health

Lessons Learned and Recommendations

The following are several important lessons to be learned from New York's Bright Futures activities:

Importance of having champions for Bright Futures. Kus, as DFH's director, was and continues to be a champion for Bright Futures. Additionally, state Title V staff should be championing Bright Futures and promoting it as the standard for preventive health for children and adolescents.

Forming partnerships with Medicaid and others. It is critical to form a partnership with the Medicaid program in your state and see that program integrating Bright Futures as the standard. New York also found it useful to have the state health official on board to communicate with non-healthcare providers in other agencies.

Bright Futures as the standard. Kus emphasizes the importance of having a standard for preventive health for children and adolescents. States are required to have an EPSDT periodicity schedule, and Bright Futures should be the standard for that schedule. It is important for the state health agency to educate local health departments about why Bright Futures works well as the standard and for health departments to reach out to other organizations looking for tools and information about preventive health for children and adolescents.

Virginia

Initiation and Funding

In early 2000, Virginia State Commissioner of Health Anne Peterson, MD, MPH, acknowledged Bright Futures as the official standard of child care for children and adolescents in the Virginia Department of Health (VDH) and convened a BFAC to help promote statewide adoption.¹⁰ The committee developed a

training plan to address ways that the guidelines and materials could be used to improve the quality of child health supervision in Virginia.¹⁰

VDH used Title V funding to train public health staff and disseminate Bright Futures materials.¹⁰ Additionally, VDH created the [Bright Futures Virginia website](#) and designated two staff in the Virginia Office of Family Health Services as coordinators to implement training and education on Bright Futures within the agency and across other agencies.¹⁰ In this effort, staff partnered initially with Medicaid and Virginia Department of Education personnel.¹⁰

Activities

Interagency partnership was essential for successfully implementing Bright Futures in Virginia. VDH staff were able to promote Bright Futures from within VDH and collaborate with numerous agencies to increase Bright Futures activities. VDH undertook a number of activities, including:¹⁰

- Developing multiple training programs and materials and offering training sessions across the state.
- Integrating sections of the Medicaid EPSDT provider training program with Bright Futures to increase quality and efficiency in the practice setting.
- Developing and distributing Bright Futures pediatric case studies to two academic medical centers in Virginia.
- Developing and using Bright Futures table-top displays.
- Developing and promoting web-based training with continuing CME/CEUs for clinicians from Virginia Commonwealth University on how to use Bright Futures in practice.

As a result of these efforts, Bright Futures guidelines and resources were incorporated into many of Virginia's public health and human services agencies and programs, including Medicaid, foster care and adoption, mental health and substance abuse, family services, school health, oral health, home visiting, and child care.¹⁰

In 2009, using funds from the Women, Infants, and Children program and HRSA, VDH launched a website (www.healthyfuturesva.com) in partnership with James Madison University and AAP.¹⁶ The website contains information geared to parents and caregivers regarding child development, anticipatory guidance, and periodicity of recommended medical visits, the majority of which is presented in the form of one- to two-minute videos.¹⁷ These videos created more than 60 characters based on target groups (e.g., parents, physicians, grandparents, child care providers, public responders) and were tailored to those audiences to personify the Bright Futures content. The website also showcases Virginia-specific resources and materials to encourage viewers to connect with clinicians and resources within their communities.

The Virginia Department of Health launched healthyfuturesva.com, a collection of short videos and Virginia-specific resources to help patients make a connection locally. The website received almost 63,000 hits in 2011.

VDH continues to sponsor both the Bright Futures Virginia and healthyfuturesva.com websites supported by Title V funds. Staff continue to be available to answer questions about Bright Futures and direct families, providers, and others to resources on the website.

Lessons Learned and Recommendations

The following are several important lessons to be learned from Virginia's Bright Futures activities:

Importance of partnerships. Virginia experienced relatively few barriers and challenges when incorporating Bright Futures into its state child and adolescent health activities and programs, due in part to the support of VDH and other agency leadership. Additionally, partnerships—like those with universities and AAP—enhanced the work and led to creative initiatives.

Sustainability challenges. Despite limited funding for continued Bright Futures activities, VDH plans to maintain healthyfuturesva.com and provide subject-matter expertise for those with questions. As health topics and concerns arise, VDH staff and partner agencies continue to make the connection back to Bright Futures and remind clinicians, parents, and other stakeholders of its value as a standard for child and adolescent health.

Washington

Initiation and Funding

Washington state initiated Bright Futures over several years between the late 1990s and early 2000s.¹⁸ Several funding opportunities enabled the Access, Systems, and Care Coordination Section (formerly Maternal, Infant, Child, and Adolescent Health) of the Washington State Department of Health's Office of Healthy Communities to facilitate implementing Bright Futures throughout the state. The section was awarded a State Systems Development Initiative project grant, funded by MCHB, to strengthen the capacity of the state maternal and child health (MCH) and children and youth with special healthcare needs agencies.¹⁰

Additionally, communities in Washington received a grant from the Commonwealth Fund to support Bright Futures efforts at the local level. Using these funds, the state launched a pilot project to work with families in Head Start, tribal health centers, and other public health venues in Whatcom County to improve Medicaid and EPSDT services for children from birth to age 5 years.⁹ The project used interdisciplinary partnerships among family practice, pediatric, and other children's services providers with a focus on early child health and development.

The local pilot had such positive outcomes that it served as a model for state efforts to incorporate Bright Futures into many programs and expand Bright Futures efforts further.¹⁰ Beginning in 2000, Washington committed to further developing Bright Futures efforts by building on an existing contract with the University of Washington (UW) to include managing statewide Bright Futures activities. Over the first six years of the partnership, \$282,000 was awarded to UW through the state's Title V/MCH funds or other MCHB-administered grant programs. In year five of the project, a congressional earmark provided \$465,000 in additional funds for Bright Futures activities.¹⁰

Bright Futures Activities

UW coordinated a range of Bright Futures promotional activities, including:¹⁰

- Providing education, training, and TA.
- Conducting Bright Futures presentations at statewide conferences.
- Funding seven Bright Futures demonstration projects.
- Developing and tailoring Bright Futures training models.
- Developing a Bright Futures electronic newsletter, email discussion list, and website.
- Integrating Bright Futures materials into UW's university-based higher education and advanced training program curricula.
- Developing short videos demonstrating Bright Futures core concepts.

In addition to UW's Bright Futures activities, other state agencies and partners played an important role in disseminating and facilitating Bright Futures throughout the state. Bright Futures has been used as a resource by various state agencies and programs, including Children's Health Immunizations Linkages and Development, the Child and Adolescent Health Section of the state health department, the Department of Social and Health Services (the child welfare agency), Medicaid, the Washington Office of Superintendent of Public Instruction, Family Voices of Washington, and Head Start.¹⁰ Most importantly, Bright Futures was incorporated as a Title V needs assessment performance measure "to promote best practices in child and adolescent health in the state."¹⁰

The Washington State Department of Health published the *Bright Futures Guidebook for Early Childhood Care and Education*. This free manual for child care professionals demonstrates ways of using Bright Futures principles and materials for health promotion in early learning settings.

In 2006, the Washington State Department of Health (WSDOH) published the *Bright Futures Guidebook for Early Childhood Care and Education*.

The free guidebook, designed for child care professionals and consultants, was widely distributed. Since the initial grant expired, the Bright Futures project has not produced any new materials due to limited funds. The last printed guidebooks were distributed in 2012; plans for updating the electronic book are in progress, contingent on funding.

WSDOH continues to promote Bright Futures on its web pages by providing Bright Futures information and linking to AAP's Bright Futures web page. Additionally, the Washington State Health Care Authority is considering adding the developmental screening information from Bright Futures to its EPSDT requirements.

Lessons Learned and Recommendations

Even after initial funding for the project expired, Bright Futures remains influential in guiding the state's health promotion activities for children and adolescents.¹⁰ This is primarily due to WSDOH and the Washington State Health Care Authority championing Bright Futures, which they continue to refer to whenever relevant. The following are additional lessons learned through the Washington Bright Futures project:

Importance of information sharing and communication. Organizations need to be made aware of others' Bright Futures efforts, and programs need a way to communicate with one another.¹⁰ Local players in Washington were often not informed about each other's activities and did not feel connected to the statewide efforts.¹⁰ The state should play a larger role in facilitating information sharing and promoting partnership building at the local level and make sure local players are connected and informed about statewide activities.¹⁰

Developing partnerships. It is important for the state health agency to work with stakeholders and leadership of the managing agency in charge of Bright Futures activities.¹⁰ WSDOH's partnership with UW resulted in numerous Bright Futures activities that otherwise might not have occurred.

Funding is critical. Resources, including funding and staffing, are important to provide the coordination, training, promotion, and materials needed to facilitate using Bright Futures.¹⁰ Replicating and expanding Bright Futures implementation was halted in Washington due to lack of additional funding.

Additional State Activities

Many other states have conducted Bright Futures activities and implemented the guidelines in some way, and the majority of states' EPSDT periodicity schedules incorporate one or more of the Bright Futures recommended visits. Maine and New York changed their EPSDT policies to explicitly tie their expectations for the content and schedule of EPSDT screenings to the Bright Futures guidelines.¹⁹

The following are additional examples of Bright Futures activities in states:

- **Maine** is in the process of planning and recruiting practices for its EPSDT/Bright Futures learning initiative called First STEPS, which stands for Strengthening Together Early Preventive Services. First STEPS seeks to provide outreach, education, and quality improvement support to primary care practices to improve EPSDT screening rates.²⁰
- **Nevada's** MCH coalition is developing a statewide public relations and education campaign to increase public and provider knowledge and utilization of Bright Futures resource materials. The coalition is currently disseminating Bright Futures tool and resource kits throughout Nevada.²¹
- **North Carolina** developed and implemented a statewide training and TA plan for all local health departments to implement Bright Futures guidelines, using quality improvement approaches and tools. These approaches and tools enhance delivery of preventive services by all local health departments to increase coordination and communication with medical homes.²² A 2013 issue of the *North Carolina Medical Journal* is dedicated entirely to highlighting North Carolina's successes in implementing Bright Futures guidelines for well-child care.²³
- **North Dakota** Department of Health collaborated with the state Department of Human Services and the North Dakota AAP to plan a 2012 training on using Bright Futures as its child care framework.²⁴
- **Oregon's** school-based healthcare state program partnered with the Oregon County Health Information Network to develop an electronic health record system based in Bright Futures

guidelines that enables clinicians to better provide preventive care to adolescents in school-based settings.²⁵

Recommendations for States

The following list provides recommendations to states that seek to incorporate Bright Futures guidelines into their child and adolescent health standards, practices, and policies:

- 1) *Make Bright Futures the standard for preventive health for children and adolescents.* It is important for public health practitioners and providers to come to a consensus on a standard for preventive health for children and adolescents. By establishing Bright Futures as the standard, state health departments can set a precedent for preventive health across the state and more effectively ensure the guidelines' implementation.
- 2) *Find a champion for Bright Futures.* Without champions for Bright Futures, states like New York and Virginia would not have achieved success implementing the guidelines statewide. To create change, it is important to have someone in leadership advocating on behalf of Bright Futures adoption.
- 3) *Seek organizational partnerships.* You need a central point person for Bright Futures activities, but other organizations' and departments' involvement and support is also crucial to success. Specifically, it helps to have a good relationship with the state Medicaid office and work to incorporate Bright Futures guidelines in the state Medicaid handbook, as seen in Illinois and New York.
- 4) *Obtain the state health official's support.* Such support can help health departments implement Bright Futures guidelines by demonstrating the guidelines' importance and credibility.
- 5) *Provide continued TA to practices.* Clinicians need ongoing support and TA to effectively incorporate Bright Futures into their practices. States can also encourage EMR providers to incorporate Bright Futures into their services.
- 6) *Additional funding helps.* Although Bright Futures can be promoted without additional funding, as demonstrated by the New York example above, activities can be more comprehensive with additional resources. Supplemental funding enables states to devote resources and staff time to coordinate and promote Bright Futures and provide materials and training to facilitate use of Bright Futures.

Conclusion: The Future of Bright Futures

The changes taking place in the U.S. healthcare system provide an opportunity for states to move toward adopting Bright Futures as the standard for child and adolescent preventive health. AAP recently published an updated periodicity schedule (see p. 2). An accompanying document, [Achieving Bright Futures—Implementation of the ACA Pediatric Preventive Services Provision](#), provides insurers, regulators, lawmakers, and other stakeholders guidance on those services recommended at each Bright Futures preventive care visit and covered by this ACA provision.

Four multidisciplinary expert panels are currently revising the Bright Futures content with hopes of releasing a fourth edition of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* in 2015, building on the third edition's foundation. The new ACA Bright Futures requirements, paired with the upcoming fourth edition, will provide an excellent opportunity for states to move toward incorporating Bright Futures and advocating for Bright Futures as the standard of care for preventive health for children and adolescents.

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