

Lessons Learned from Bright Futures in Georgia

Nicky Chin, MD, FAAP

Lead Physician, Georgia Bright Futures Quality Improvement Project
Chair, Bright Futures Task Force
Georgia Chapter
American Academy of Pediatrics



Bright Futures[™]

prevention and health promotion for infants,
children, adolescents, and their families[™]

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Nicky Chin, MD, FAAP

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- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Practice Teams

DECATUR PEDIATRICS **Johns Creek Pediatrics**

Affinity Pediatrics **Kids First Pediatric Group**

First Georgia Pediatric Group EXCELLENT PEDIATRICS

Pediatric Associates of Lawrenceville **Intown Pediatrics**

Kids Care Pediatrics *Pediatrics at Whitlock*

CJ PEDIATRICS **Morehouse School of Medicine**

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Pediatric Residents

- Intown Pediatrics
- Kids Care Pediatrics
- Excellent Pediatrics
- Decatur Pediatrics

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State Team

- Susan Bertonaschi, MS Family Representative
- Nicola Chin, MD, FAAP Lead Physician
- Melinda Ford Williams, FNP State Maternal & Child Health Representative
- Fozia Khan Eskew Project Manager/Quality Coach

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Activities

- Monthly Webinars/Conference Calls
- Learning Session I
- Learning Session II

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Monthly Webinars / Conference Calls

- January Webinar – Overview of Bright Futures
- February Webinar – AAP Call
- March & April Webinars– Tangibles & Intangibles
- May Webinars - Developmental & Autism Screening Series
- June & July Conference Call – Report on PDSA Cycles
- August Webinar – Oral Health
- September Conference Call – Report on PDSA Cycles
- November Webinar – Practice Lessons Learned

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Learning Session I

- Overview of Bright Futures
- Social Determinants of Health
- Connect the Docs
- Parent Panel
- Quality Improvement 101

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Social Determinants That Are Risks to Health

- Interpersonal violence lack of interpersonal connection
- Parental substance abuse
- Homelessness, poor housing, food insecurity
- Environmental toxins (mold, lead, & tobacco smoke)
- Unsafe or violent neighborhood
- Death of a loved one or loss of parent through divorce
- Peer pressure
- Overscheduled families

Lessons Learned for Providers: Social Determinants of Health

- Anticipatory Handout given
- General Community Resources (e.g. Food Bank, Clothing)
- Choosing Daycare; working with Child's Daycare Center
- Referral to Developmental/ Behavioral Health Coordinator
- Referral to Social Services (e.g. domestic abuse, substance abuse, housing, jobs, environmental health resources)
- Referral to Health and Law Partnership (HeLP)

Lessons Learned for Providers: Shared Decision Making

- Eliciting family concerns
- Engaging families in plan of care for child
- Empowering families to make and follow-up through with care decisions

Tangible Role of the Medical Home

- Develop a reliable system for integration of surveillance, screening, referral, follow-up, and linkage to resources into the office workflow.
- Develop relationships with specialists & community agencies to include standardized referral and feedback processes.
- Follow criteria for referral after a positive screen. There is no rationale for a “wait and see” approach as it delays early intervention.

Intangible Role of the Medical Home

- Longitudinal relationship with the family is the “primary care advantage”
- Monitoring for healthy development in well-child care
- Support for the dyad/parent-child relationship
- Promoting family protective factors to prevent the occurrence of adverse childhood experiences
- Prevention of adoption of adverse health risk behaviors will lead to future reduction of adults with health problems

Learning Session II

- Motivational Interviewing
- Panel I
 - Maternal Depression
 - Learn the Signs. Act Early
 - Protective Factors; Strengthening Families
 - Child Care

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Learning Session II

- Panel II
 - Vision Screening
 - Hearing Screening
 - Environmental Health
- Data Download

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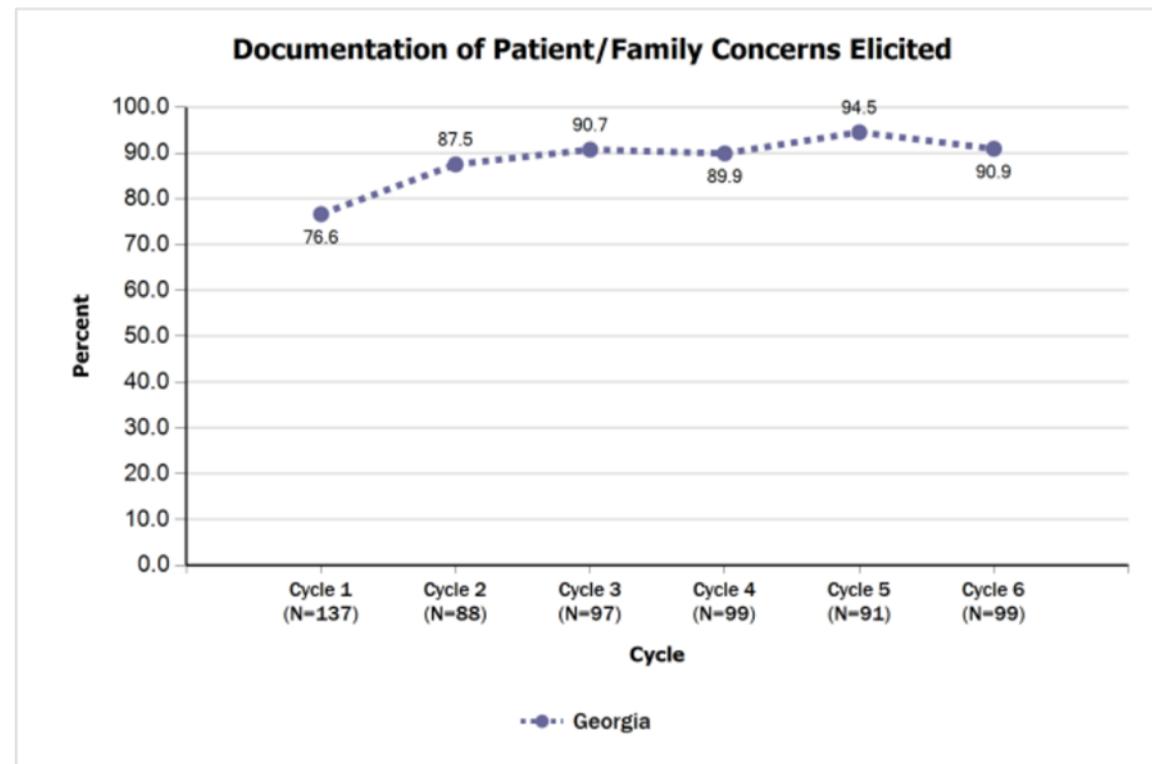
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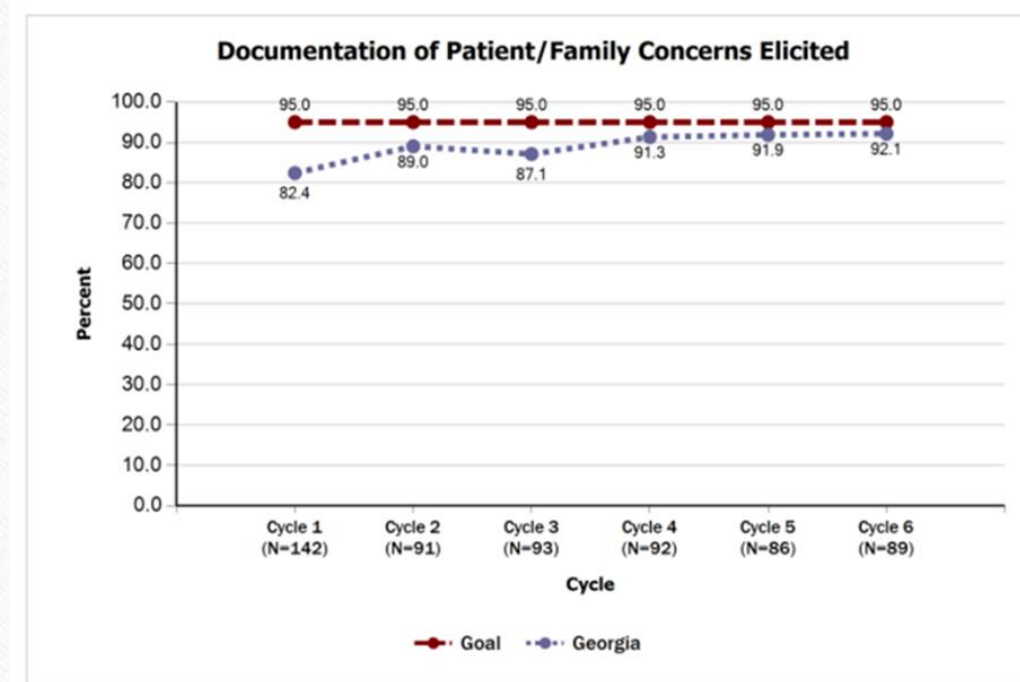
Lessons Learned from LS II

- Building Community Road Map
- Linking pediatric practices even deeper with local community resources (e.g. Physician's Guide to Local Private & Public Health Resources)

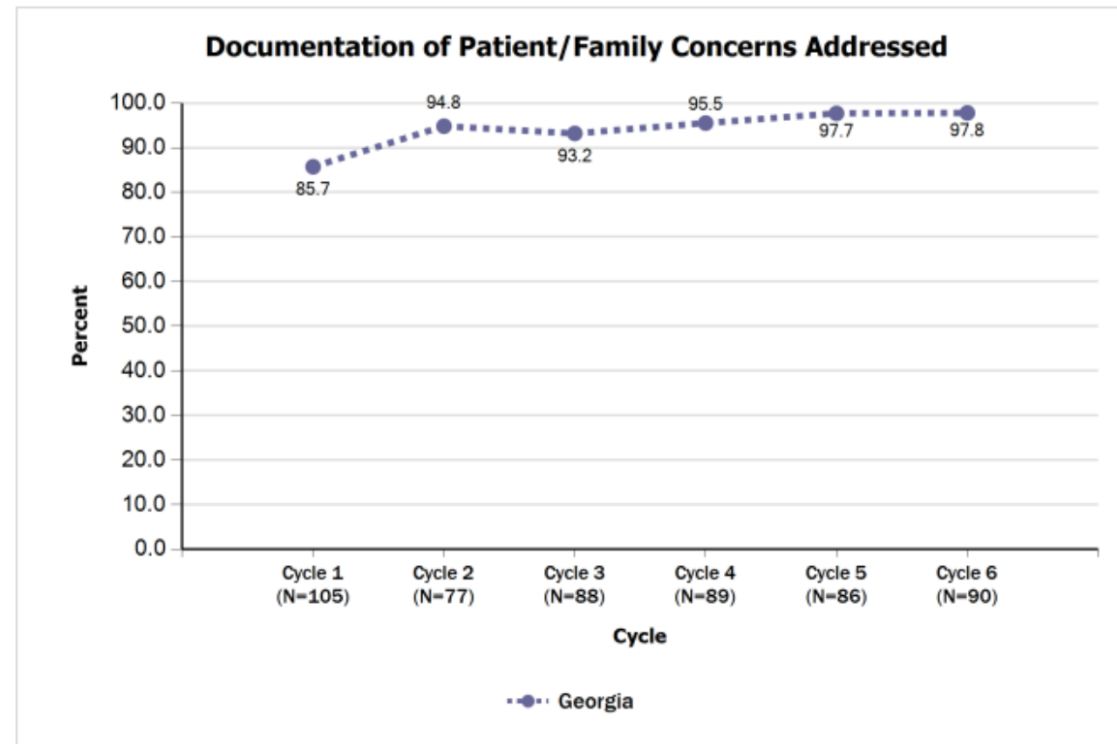
9 Months Patient/Family Concerns



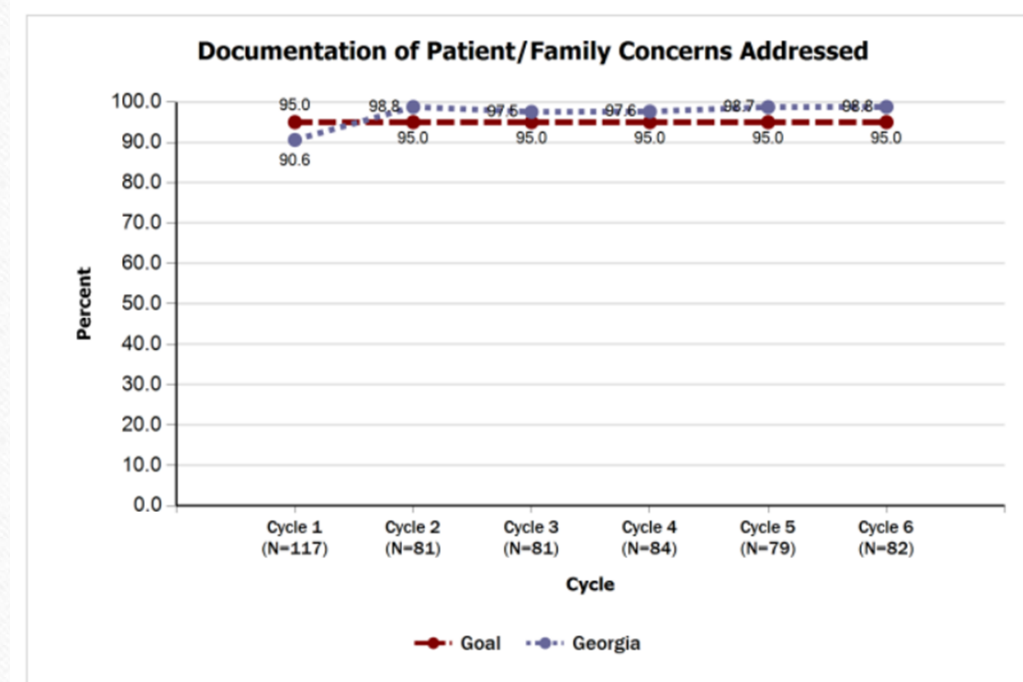
24 Months Patient/Family Concerns



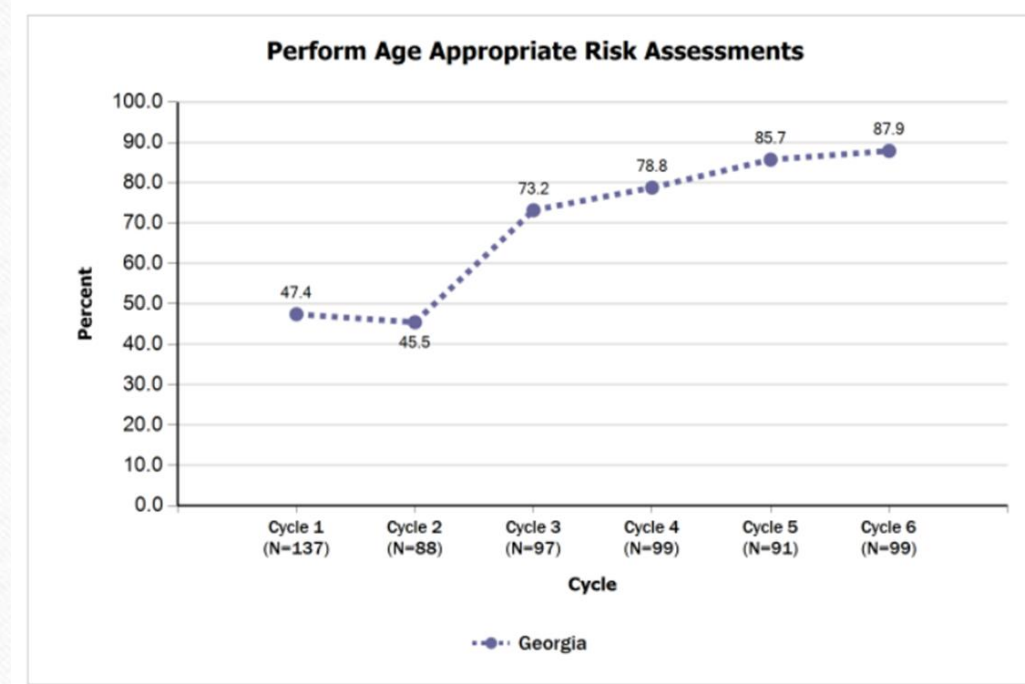
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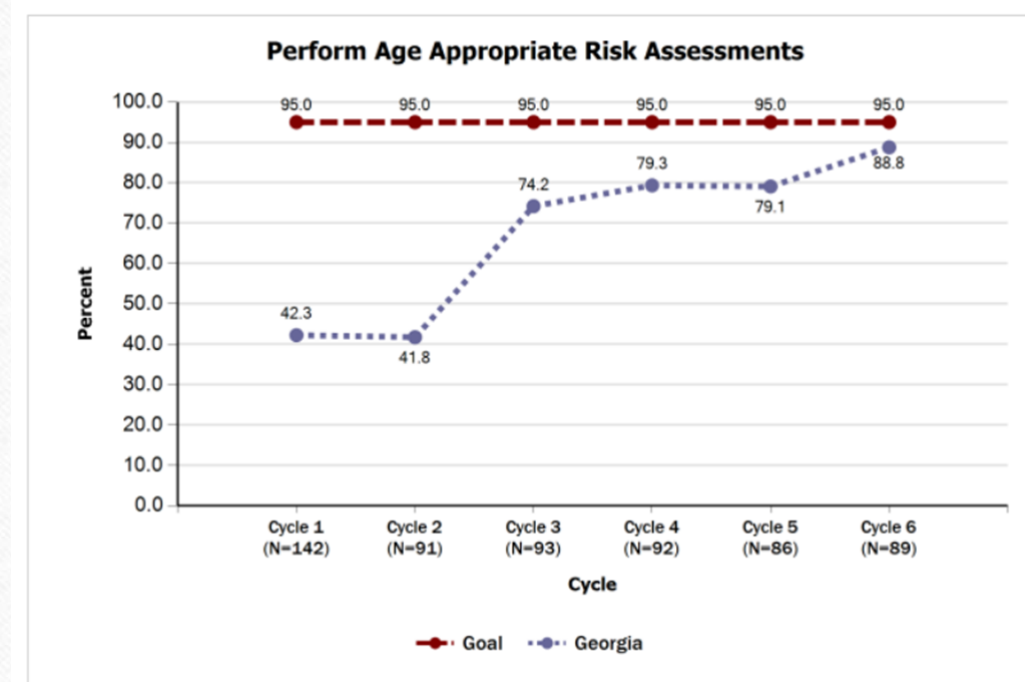
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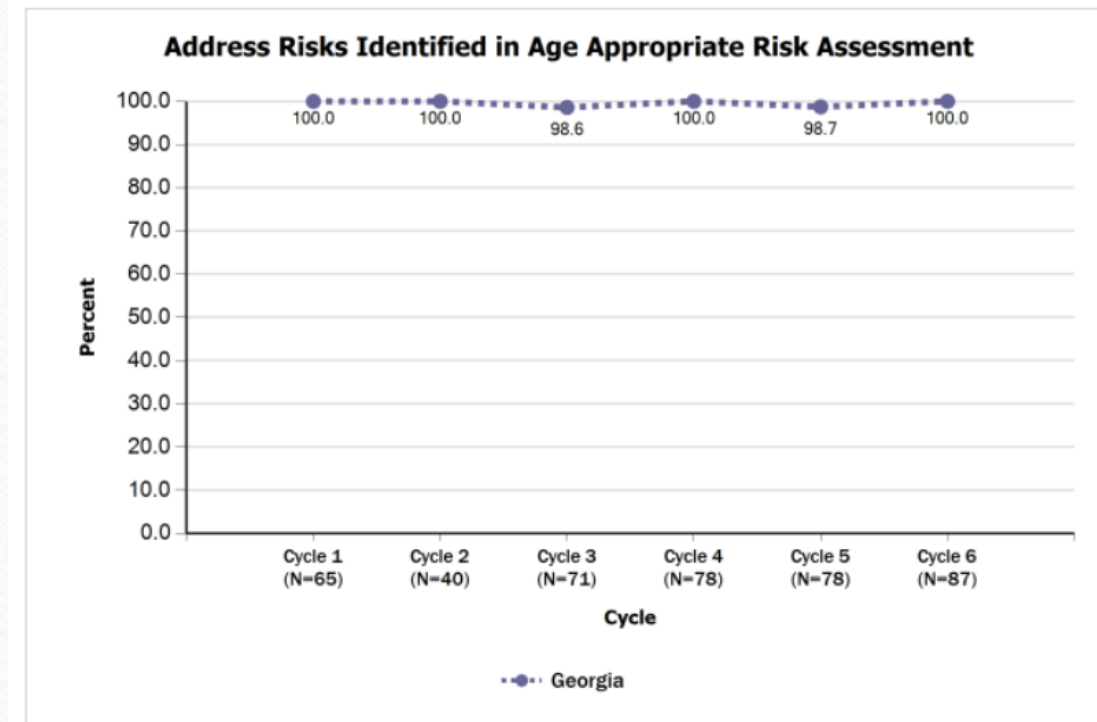
9 Months Risk Assessments



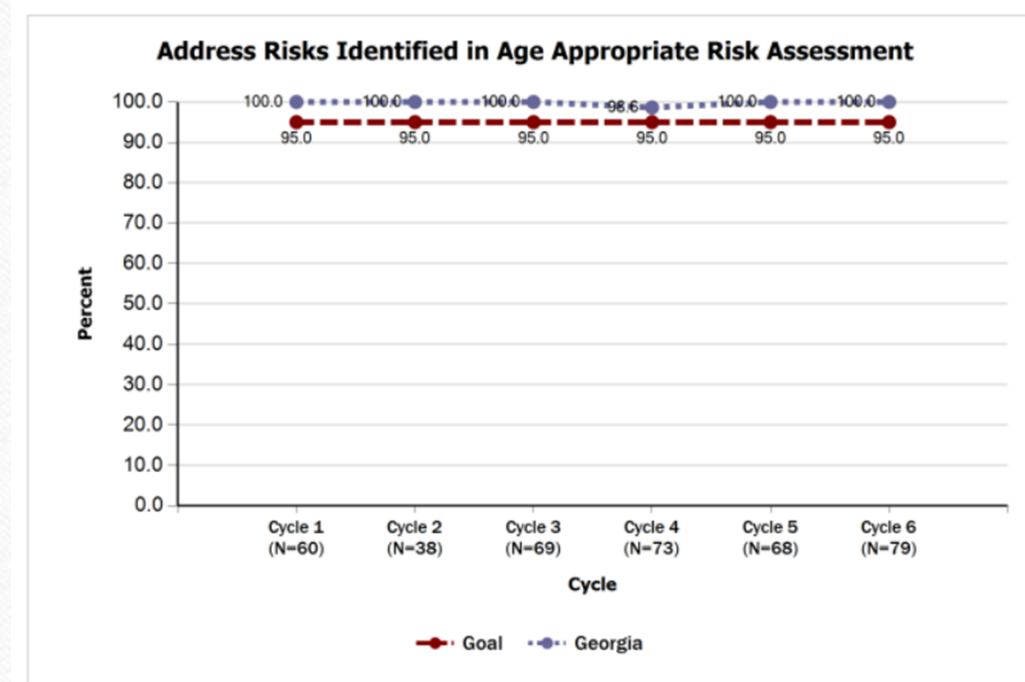
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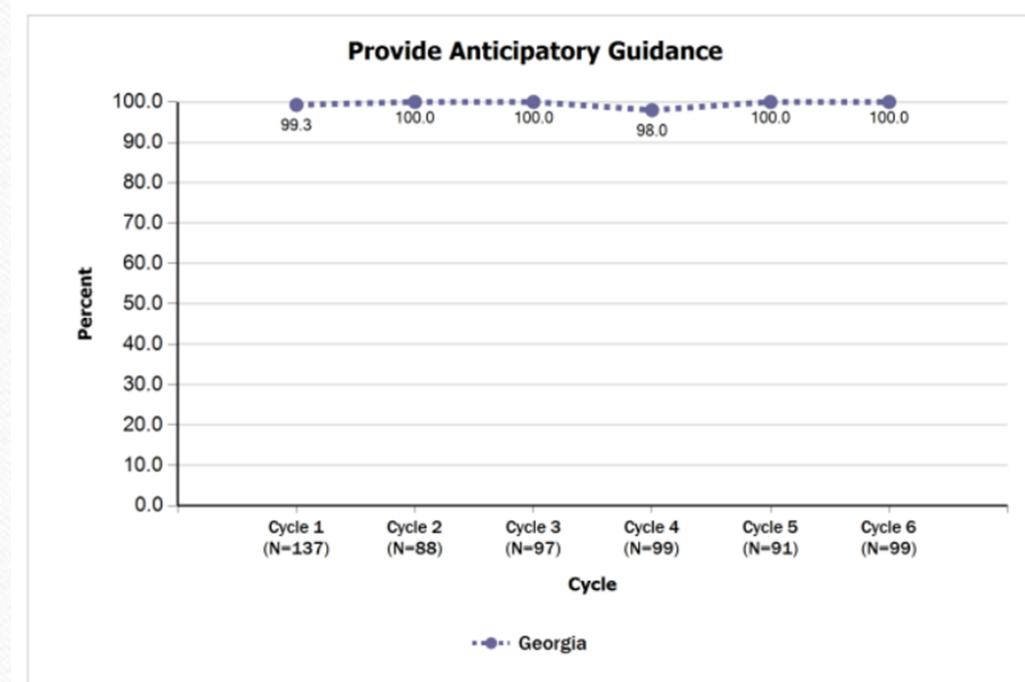
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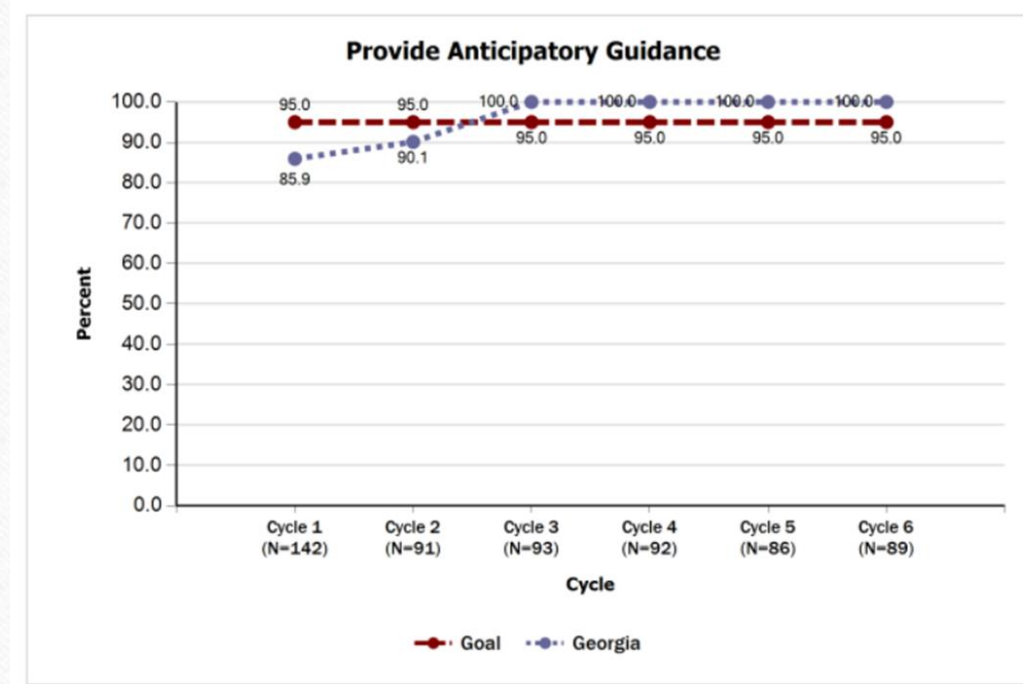
24 Months Risk Assessments



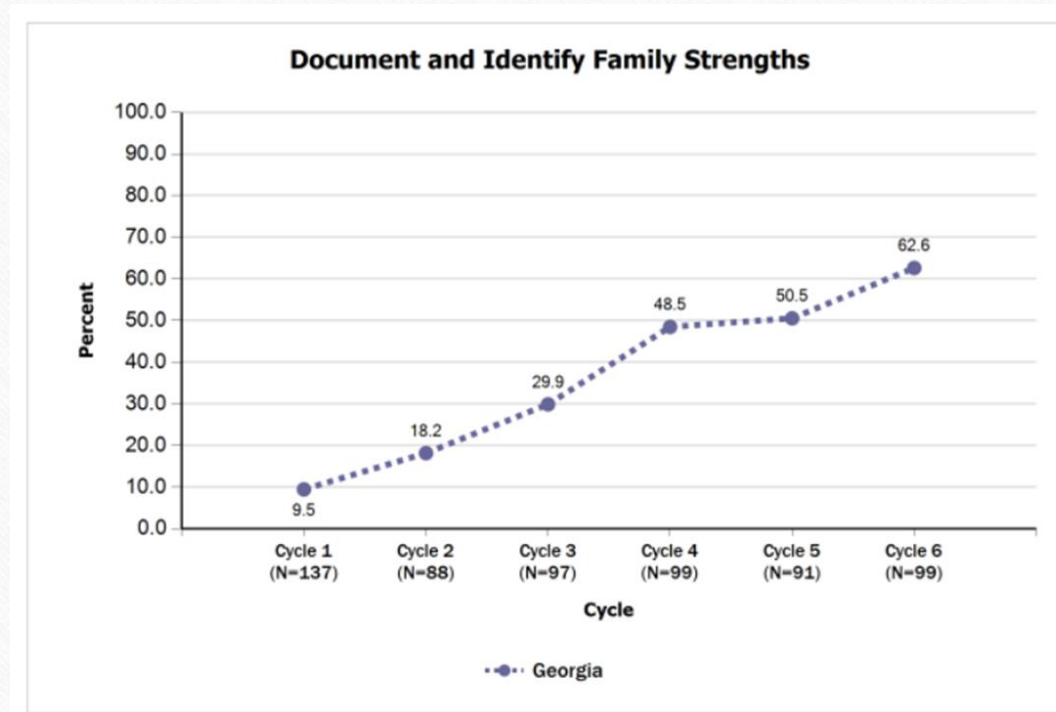
9 Months Anticipatory Guidance



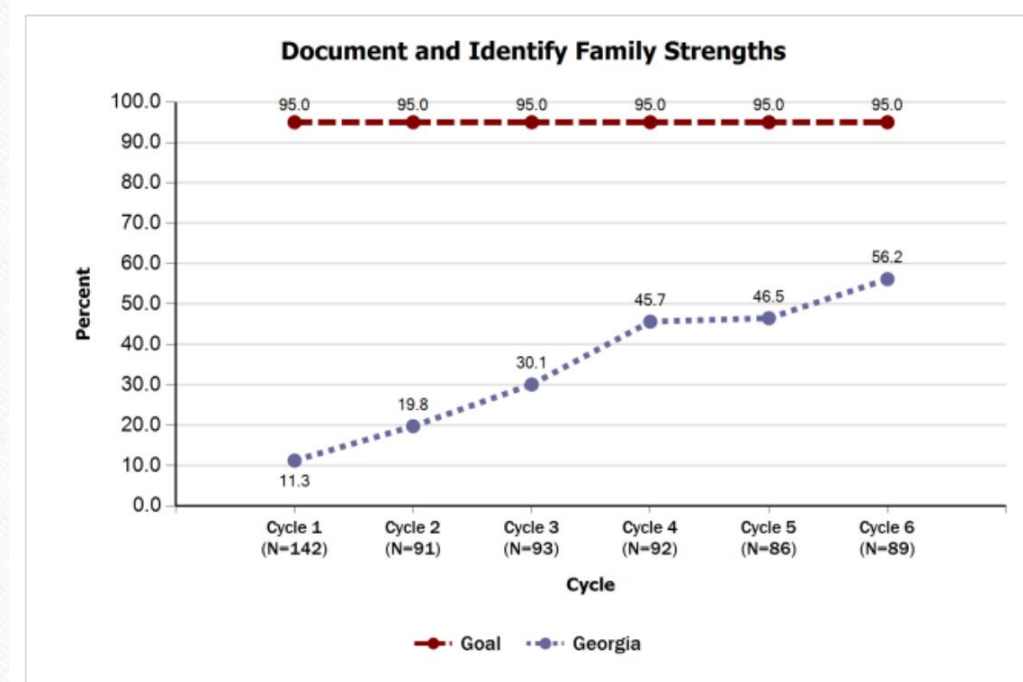
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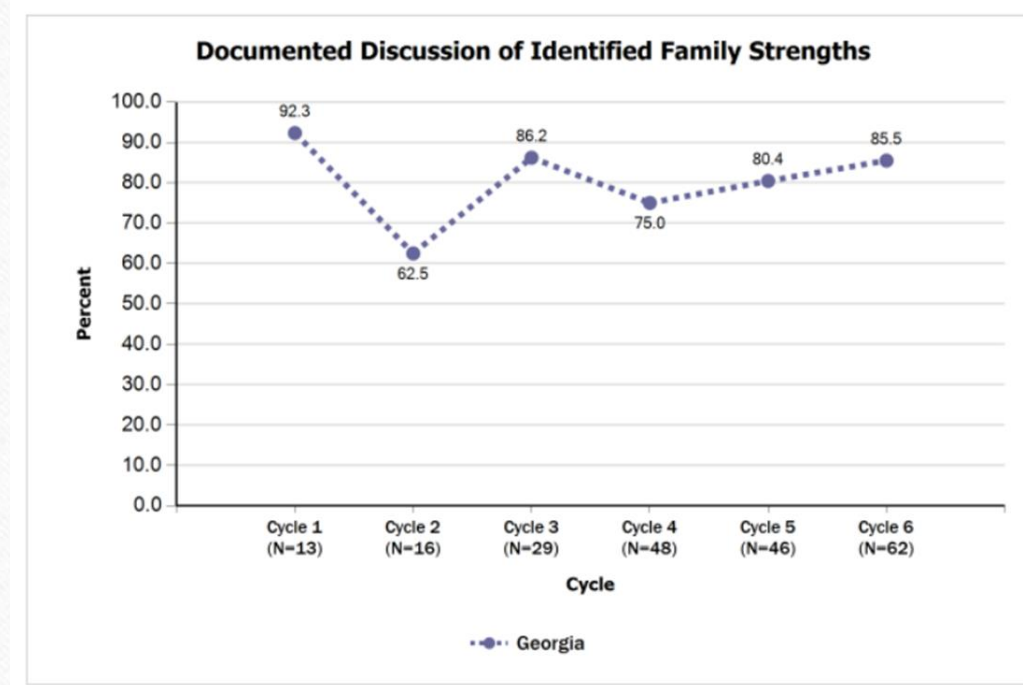
9 Months Family Strengths



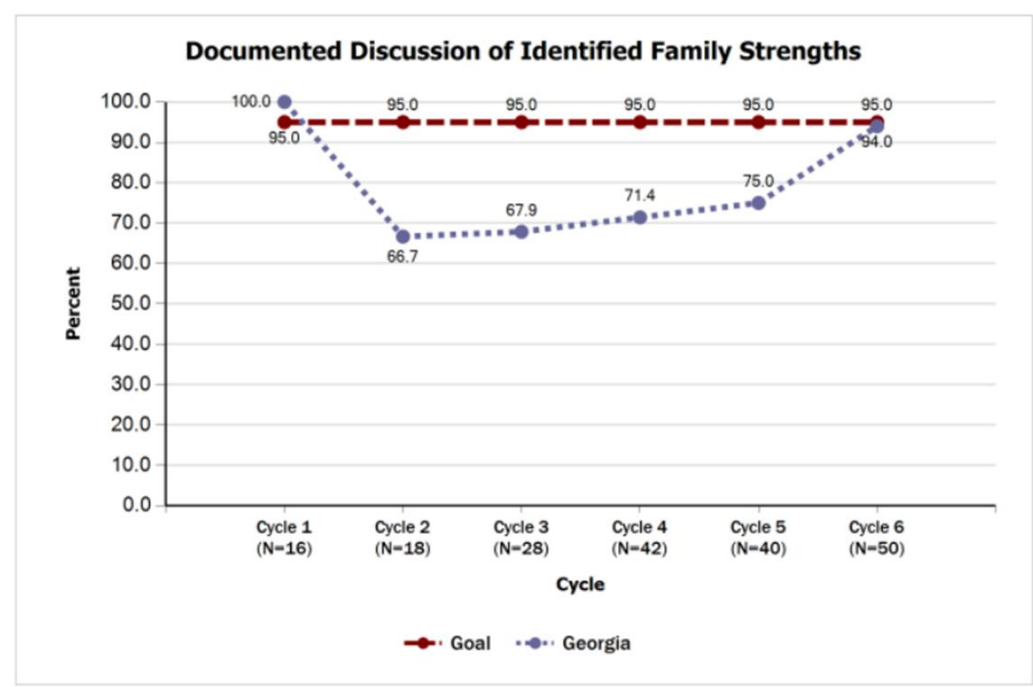
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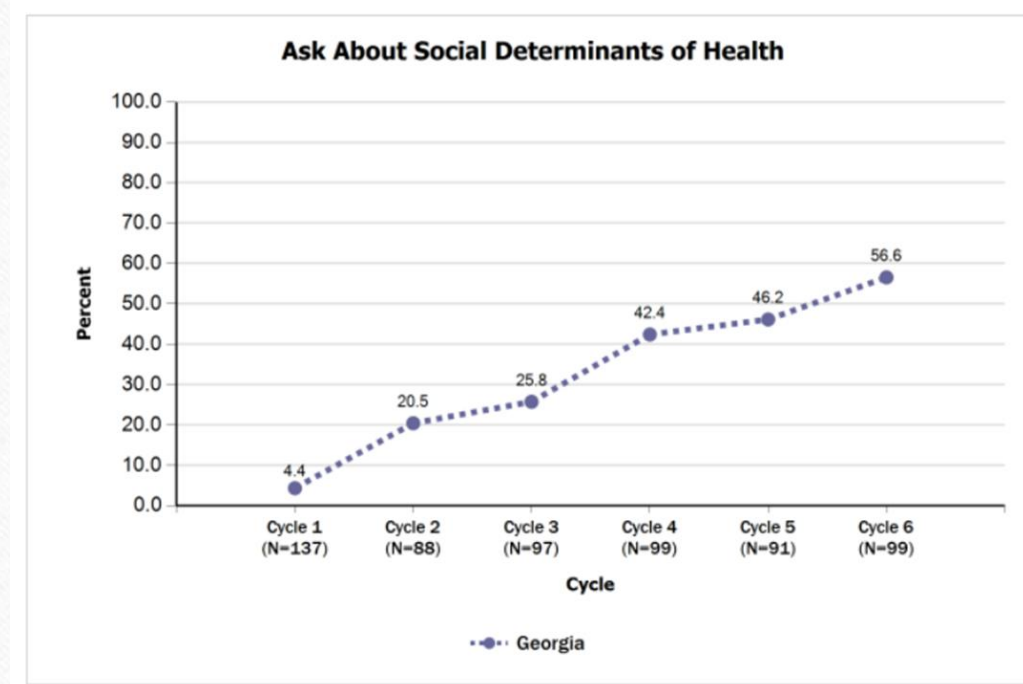
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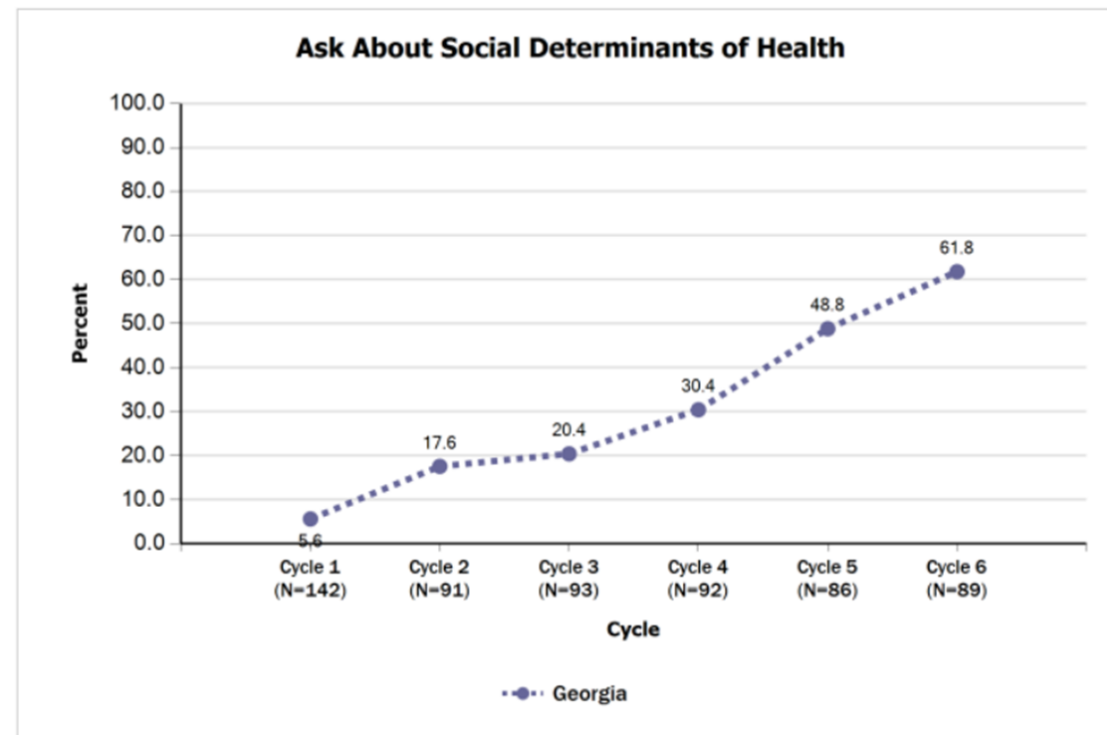
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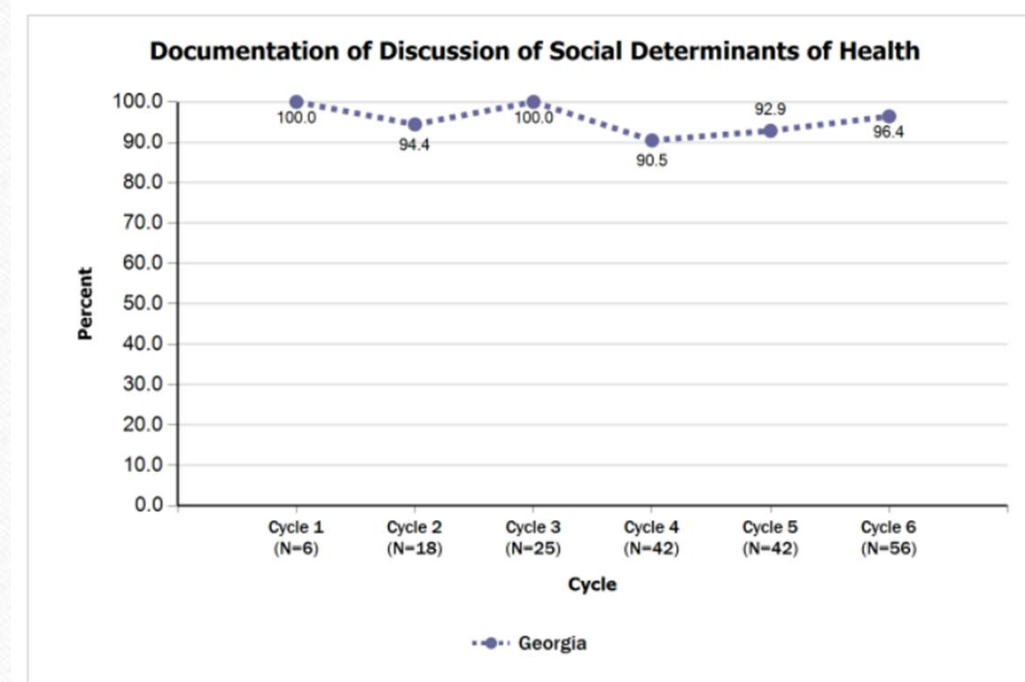
9 Months Social Determinants of Health



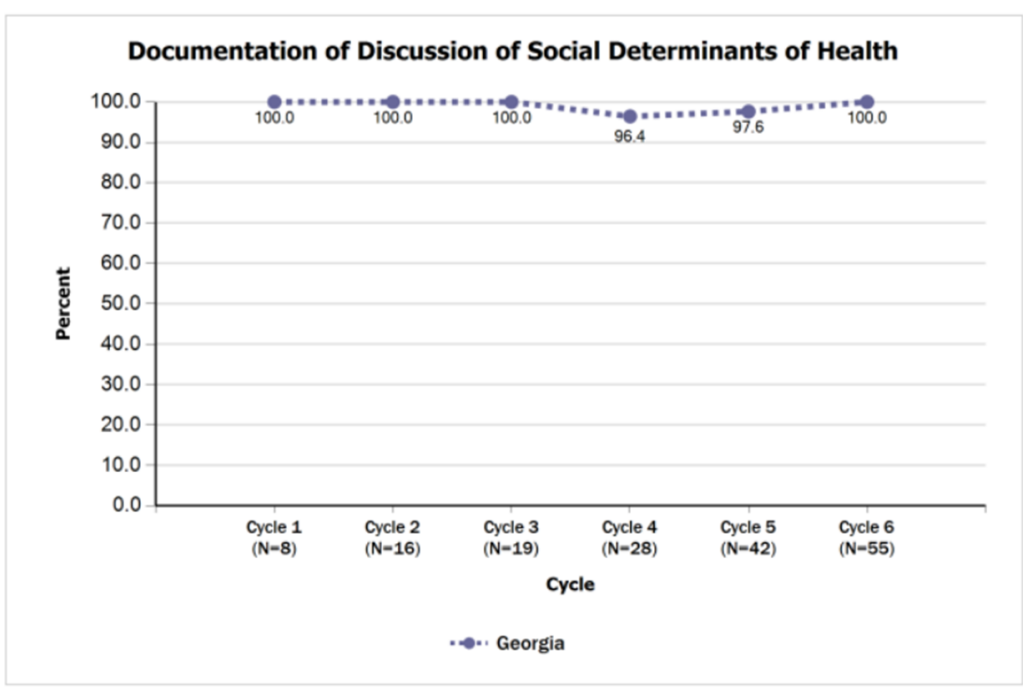
24 Months Social Determinants of Health



9 Months Social Determinants of Health

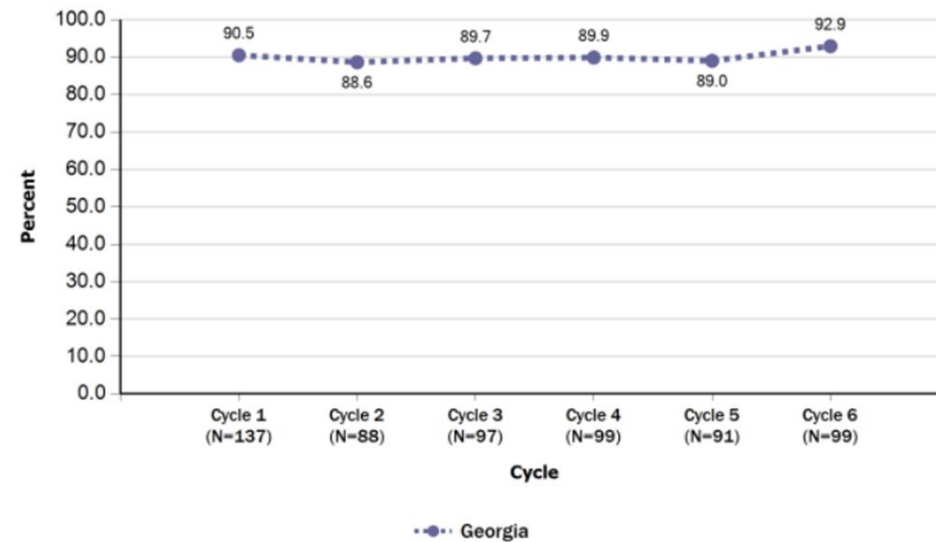


24 Months Social Determinants of Health

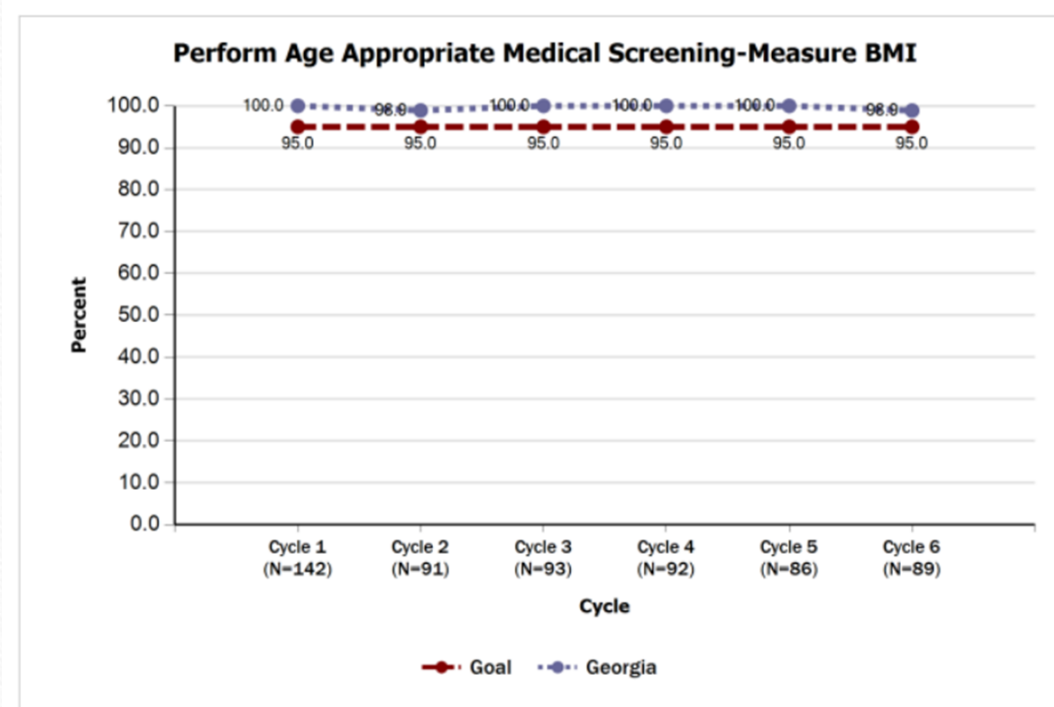


9 Month Measure

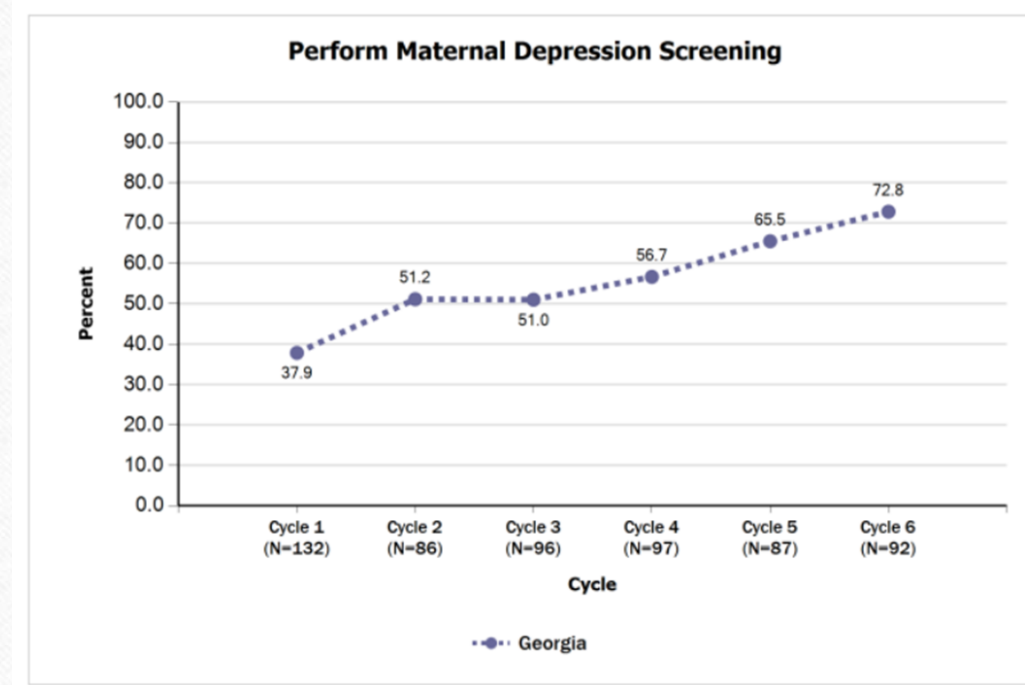
Perform Age Appropriate Medical Screening-Measure and Plot Weight for Length



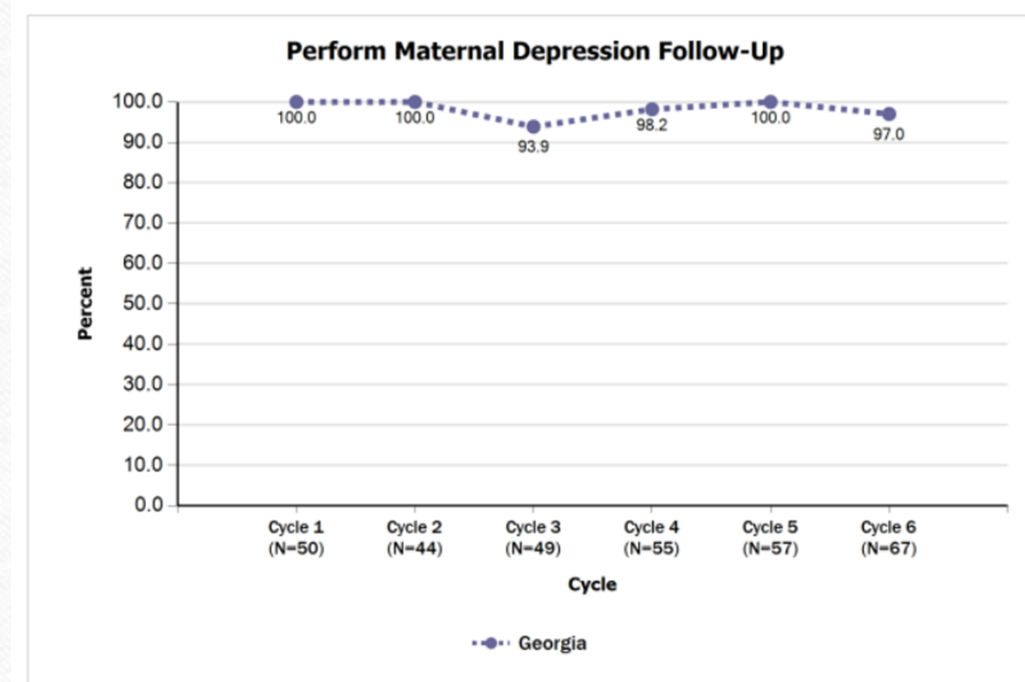
24 Months Measures



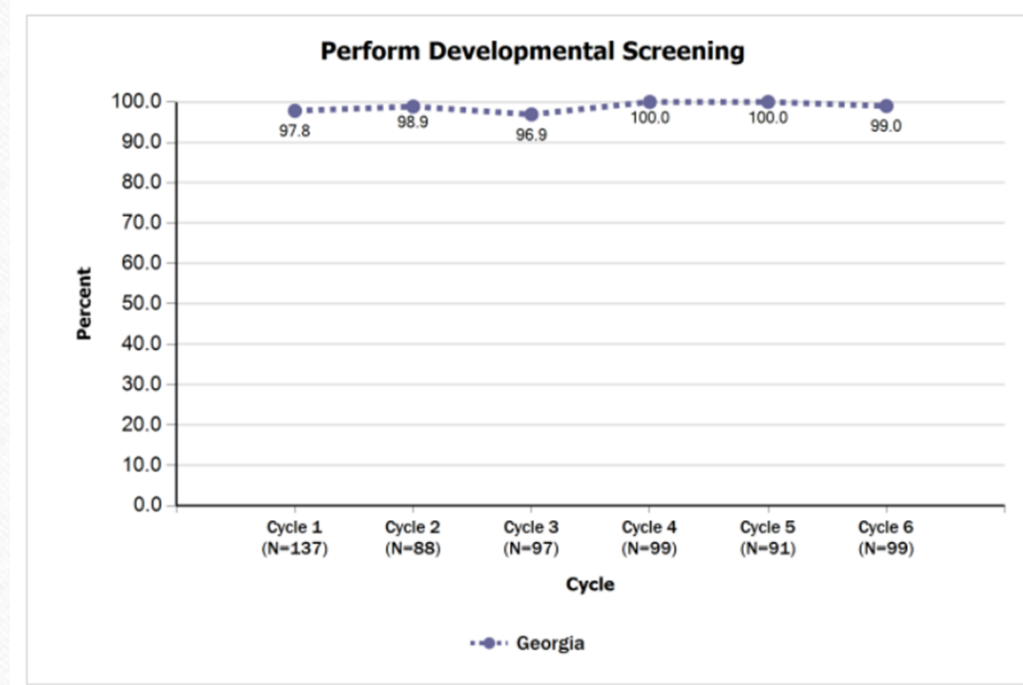
9 Months Maternal Depression



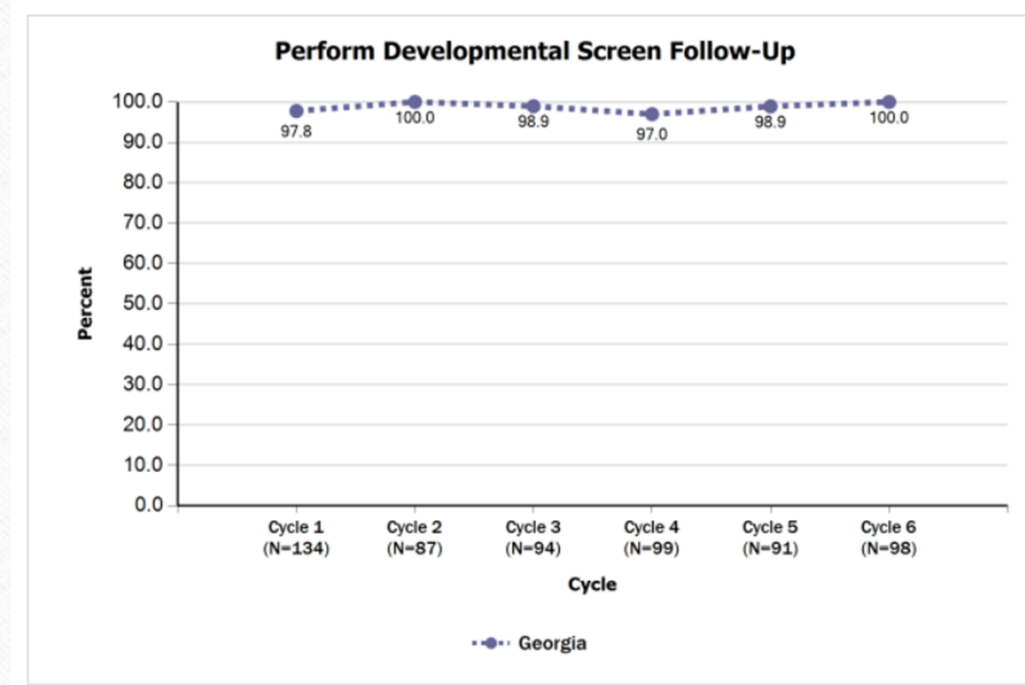
9 Months Maternal Depression



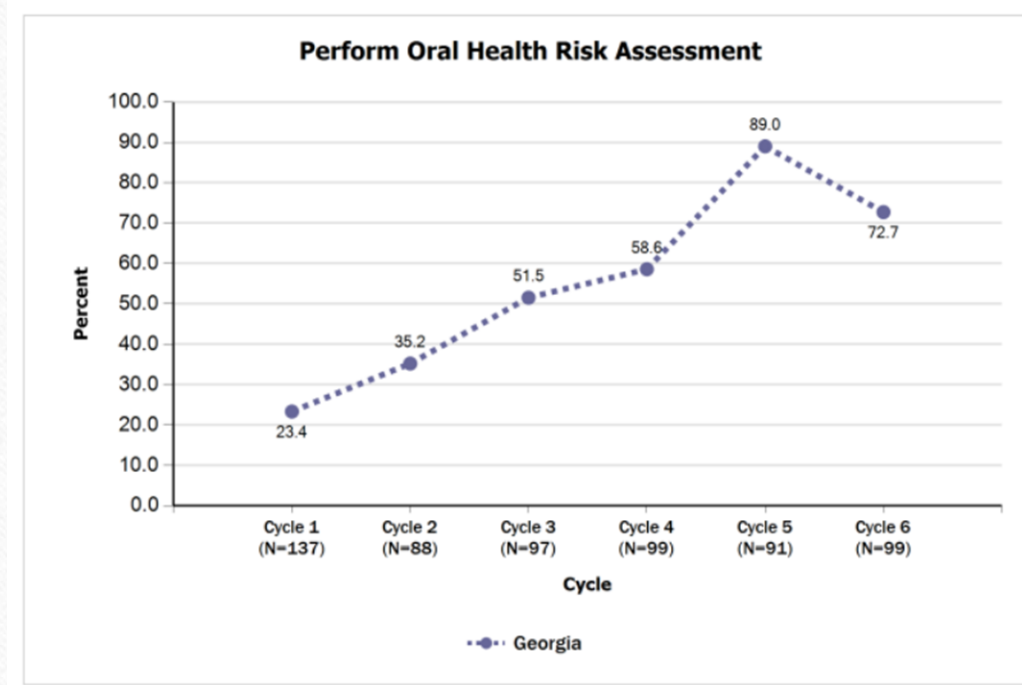
9 Months Developmental Screening



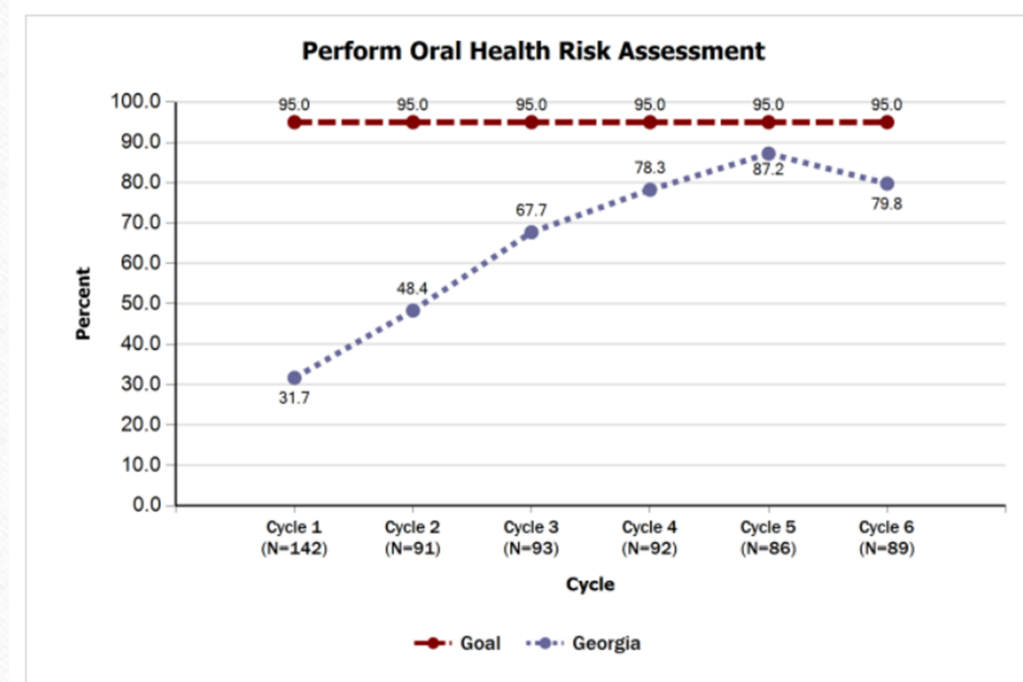
9 Months Developmental Screening



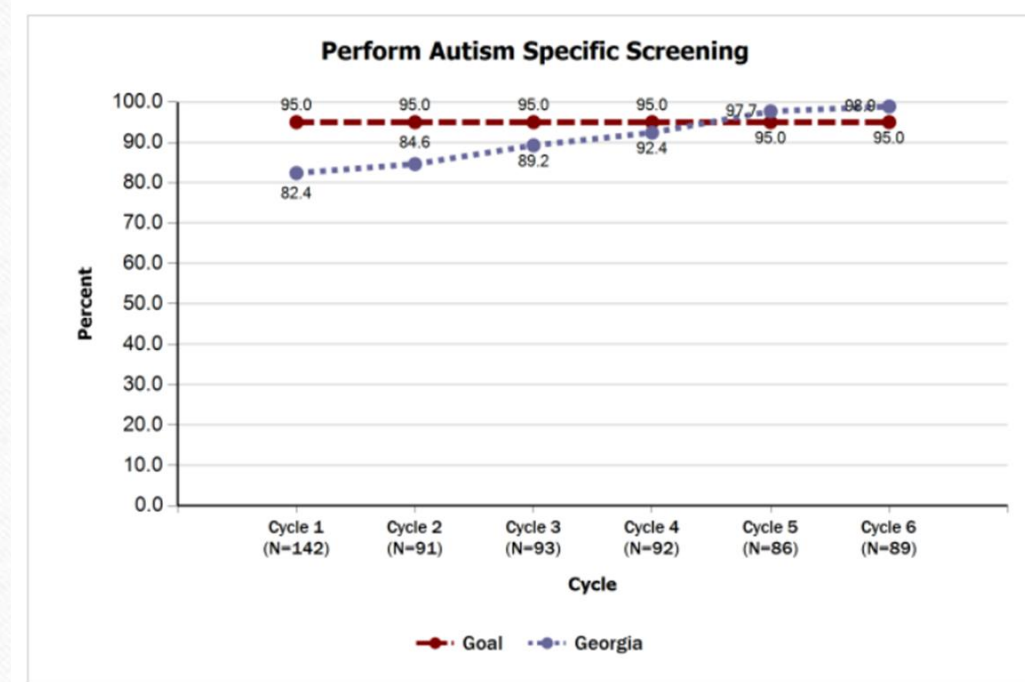
9 Months Oral Health



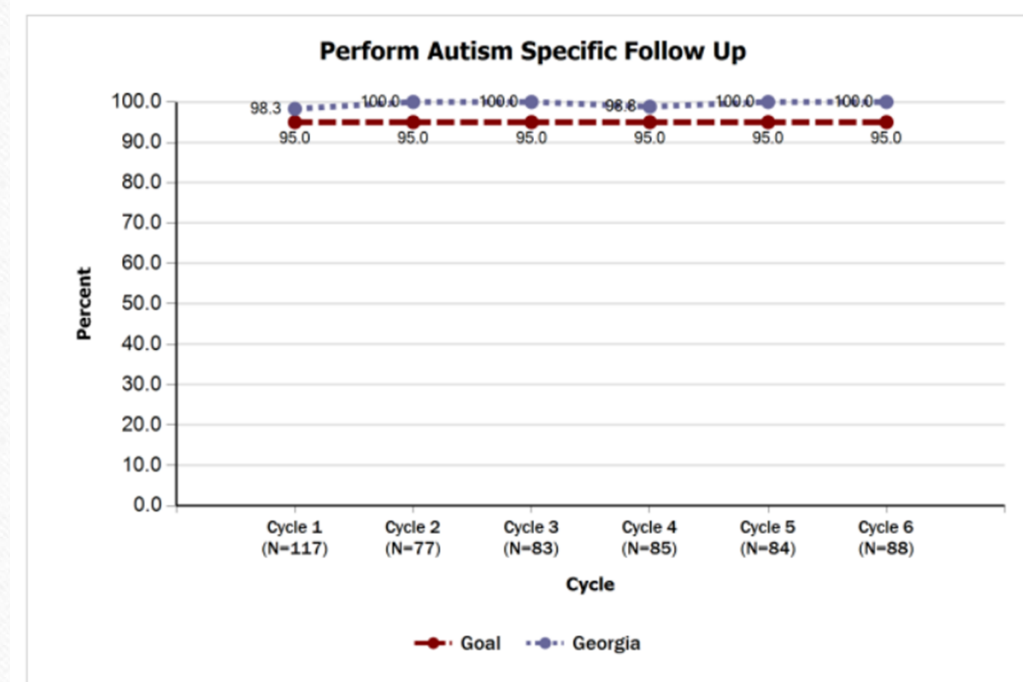
24 Months Oral Health



24 Months Autism Screening



24 Months Autism Screening



Leveraging Co-Occurring Activities

- Physician outreach on lead, developmental and autism screening
- Georgia Safe Sleep Campaign
- Advocacy for Reimbursement
- Care Management Organization Performance Improvement Projects & HEDIS, EPSDT
- Ga Head Start & Medical Home Learning Collaborative

Challenges: History of Medicaid & Developmental Screening

- Ga Medicaid began requiring developmental screening in 2006 at the 9,12, 24 and 36 month visits; no reimbursement, Denver II an allowable tool
- Three Georgia Medicaid Care Management Organizations established in 2008; all three adopt the addition of the 30 month visit and the 7 & 9 year old visits
- In November 2010, Ga Medicaid fully adopted the 2008 AAP/Bright Futures Periodicity Schedule which required screening at the 9, 18, & 30 month visits; standardized developmental screening tool (70% - 80 % sensitivity specificity)

Challenges: History of Medicaid & Developmental Screening

- CMOs reimbursed for the 96110
- CMOs decided they paid too much; recouped funds paid the going rate
- CMOs then decided they should never have paid it at all; recouped funds
- April 2014 EPSDT allows for reimbursement of the 96110 at the 9, 18, and 30 month visits at \$11.74.
- CMOs require modifier 59 versus language in EPSDT manual noting EP and 25 modifier

Show me the Reimbursement.....???

- Autism Screening
- Maternal Depression
- Psychosocial Screening

Final Answer.....
