PEDIATRIC PREVENTIVE CARE GUIDELINES
UPDATES AND EVIDENCE
Katherine Watson, DO, FAAP
Mary Pat Friedlander, MD
44th Annual Refresher Course in Family Medicine
March 24th 2017
In the past 12 months, I do not have any Financial Disclosures

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

Participants will be able to

- Review new clinical content in Bright Futures Guidelines 4th Edition
- Use evidence to decide upon content of their own health supervision visits
- Restructure their Developmental Surveillance and Screening
- Enhance their Adolescent practice
- Discuss social determinants of health and find new strategies to promote lifelong health
Bright Futures

...is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.
# 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, taking into account individual circumstances, may be appropriate.

![Logo](https://www.aap.org/periodicityschedule)

### Key:
- *a* to be performed
- *b* this assessment to be performed with appropriate action in follow, if positive
- *c* a range during which a service may be provided

### Anticipatory Guidance

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<th>Age Group</th>
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### Periodic Screening

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### Anticipatory Guidance

1. Adult smokers who smoke at least one cigarette a day should be advised to quit smoking, as they are at increased risk of a fatal heart attack. They should be offered support through smoking cessation programs or medication.
2. Children aged 4 years and older should be screened for obesity, with those at increased risk of cardiovascular disease and diabetes mellitus identified. Screening should be offered through smoking cessation programs.
3. Infants aged 6 months and older should be screened for lead poisoning, with those at increased risk of neurodevelopmental delay identified.
4. Children aged 2 years and older should be screened for hearing loss, with those at increased risk of hearing impairment identified.
5. Children aged 6 years and older should be screened for dental disease, with those at increased risk of periodontal disease identified.
6. Children aged 8 years and older should be screened for vision impairment, with those at increased risk of blindness identified.
7. Children aged 10 years and older should be screened for hypertension, with those at increased risk of cardiovascular disease identified.
8. Children aged 12 years and older should be screened for diabetes mellitus, with those at increased risk of diabetes mellitus identified.
9. The AAP recommends that all children aged 1 year of age and older should be screen for autism spectrum disorder.
10. Infants aged 2 to 3 years should be screened for autism spectrum disorder.
11. Children aged 4 years and older should be screened for attention-deficit/hyperactivity disorder.
12. Children aged 6 years and older should be screened for depression.

### Available at:
https://www.aap.org/periodicityschedule
32 Health Supervision Visits

• **Tasks**
  – Disease detection
  – Disease prevention
  – Health promotion
  – Anticipatory guidance

• **Duration**
  – 18 minutes!
Themes

Fourth Edition

- Child Healthy Development
- Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Promoting Lifelong Health for Families and Communities
- Oral Health
- Healthy Sexuality
- Safety and Injury Prevention
- Community Relationships and Resources
- Promoting the Healthy and Safe Use of Social Media
- Children and Youth with Special Health Care Needs
New Clinical Content
New Clinical Content: Did You Catch These?

• Maternal depression screening
  – USPSTF Grade B Level of Evidence (2016)
  – At certain Bright Futures Visits in the first year
  – State mandates may overrule

• Safe sleep
  – Sleep in parent’s room “for at least 6 months”
  – No couch, chair or bed-sharing
  – Avoid swaddling
  – Avoid loose blankets, bunnies and bumpers

• Iron supplementation in breast fed infants
  – Beginning at 4 months
  – Until iron containing foods in diet, and meat is better than iron fortified cereals
Action:

• Add maternal depression screening to designated visits in the 1\textsuperscript{st} year of life

• Review content and documentation of your discussion of safe sleep
  – There is no such thing as safe “breast-sleeping”

• In Breastfed infants
  – Vitamin D 400IU daily
  – Add Iron at 4 months: consider polyvitamin with iron for family convenience
Maternal Depression Questionnaire

Maternal Depression: PHQ-2

**Patient Health Questionnaire-2**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Feeling down, depressed, or hopeless.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Total point score: ______________


Available at: [http://www.innovations.ahrq.gov/content.aspx?id=2280](http://www.innovations.ahrq.gov/content.aspx?id=2280)
Maternal Depression Questionnaire

Maternal Depression: PHQ-9

<table>
<thead>
<tr>
<th>PHQ9P</th>
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</thead>
</table>

**PATIENT HEALTH QUESTIONNAIRE-9**

*This section for use by study personnel only.*

Where data collected? No □ (provide reason in comment)

If Yes, data collected on visit date □ or specify date:

[Date]

Comments:

*Only the patient (subject) should enter information onto this questionnaire.*

<table>
<thead>
<tr>
<th>Over the last 2 weeks, have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
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<td>4. Feeling tired or having little energy</td>
<td>0</td>
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<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
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<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
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<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restlessly that you have been moving around a lot more than usual</td>
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<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
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<td>1</td>
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</tbody>
</table>

**Scoring For Use By Study Personnel Only**

| ☐ | ☐ | ☐ | ☐ |

**Total Score:**

Available at: [http://www.phqscreeners.com/](http://www.phqscreeners.com/)
Maternal Depression Questionnaire

Edinburgh Postnatal Depression

1. I have been able to laugh and see the funny side of things:
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things:
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

3. I have blamed myself unnecessarily when things went wrong:
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason:
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

5. I have felt scared or panicky for no very good reason:
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

6. Things have been getting on top of me:
   - Yes, most of the time I have not been able to cope at all
   - Yes, sometimes I have not been coping as well as usual
   - No, most of the time I have coped quite well
   - No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping:
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

8. I have felt sad or miserable:
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

9. I have been so unhappy that I have been crying:
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

10. The thought of harming myself has occurred to me:
    - Yes, quite often
    - Sometimes
    - Hardly ever
    - Never

Response categories are scored 0, 1, 2, and 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is calculated by adding together the scores for each of the 10 items. Women with scores above 12 likely have depression.
Fluoride varnish

- The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption
- Grade B Level of Evidence
- New to the Bright Futures/AAP Periodicity Schedule
  - Children's Oral Health Risk Assessment Tool
- Does not cause fluorosis
- CPT Code 99188 (Application of fluoride varnish by a physician or other qualified health care professional)
Action:

• Learn technique and coding for Fluoride Varnish application
Dyslipidemia blood screening

- One time between ages 9-11; one time between ages 17-21
- The USPSTF concludes that the current evidence is Insufficient to assess the balance of benefits and harms of screening for lipid disorders in children and adolescents younger than age 20 years. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents (August 2016)
Action:

- Complete recommended lipid screening
Developmental Surveillance
Developmental Screening
Milestones of Development

• How we all learned … still an essential teaching tool!

• The cornerstone of Developmental Surveillance

• New Milestones and Surveillance Questions in BFG4th and Toolkit
  – Grounded in existing research and new, contemporary language
Identifying Infants and Young Children with Developmental Disorders in the Medical Home:


• Perform developmental surveillance at every well-child visit
• Perform developmental screening using a standardized screening tool at 9, 18, and 30 months or when concern is expressed
• Perform Autism-specific screening at 18 and 24 months
• If screening results are concerning, refer to developmental and medical evaluations and early intervention services
• Follow up on referrals made and continually track child’s developmental status
Developmental Surveillance and Screening 2016: Anticipated Modifications

• Surveillance:
  – Observation by child care and early childhood professionals
  – Incorporation by the pediatrician into surveillance
    • Review with family
    • Associated actions?
      – Discussion with screening professional
      – Repeat screening?

• Screening
  – Integration of general screening with autism screening, motor screening, other health screening
  – Emphasis on screening if surveillance by clinician or if parents/caregivers indicate concern
  – Consider school readiness
IT’S NOT THE 80’s ANYMORE!

- Why are we still using milestones?
  - Teach
  - Observation/surveillance
  - Not screening!

- Why are you doing this during the visit?
  - PEDS -- Parents’ Evaluation of Developmental Status
  - ASQ – Ages and Stages Questionnaire
  - CHADIS – Child Health and Development Interactive System
  - SWYC -- Survey of Wellbeing of Young Children

IT’S NOT THE 80’s ANYMORE!
Action:

- Review new milestones
  - How will you use them in your practice?

- Review Developmental Screening
  - Are you billing 96110?
  - Periodicity Schedule
    - 9, 18 and 30 months

- Review Autism Screening
  - Are you billing 96110?
  - Periodicity Schedule
    - 18 and 24 months
M-CHAT-R Screening (excerpt)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)
   - Yes
   - No

2. Have you ever wondered if your child might be deaf?
   - Yes
   - No

3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)
   - Yes
   - No

4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)
   - Yes
   - No

5. Does your child make unusual finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)
   - Yes
   - No

6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)
   - Yes
   - No

7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)
   - Yes
   - No

8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)
   - Yes
   - No

9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)
   - Yes
   - No

10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)
    - Yes
    - No

11. When you smile at your child, does he or she smile back at you?
    - Yes
    - No

12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)
    - Yes
    - No
Adolescence
Depression: Adolescent

• The USPSTF recommends screening for major depressive disorder in adolescents ages 12 to 18 (Grade B) and for the general adult population (Grade B). USPSTF further notes, “screening should be implemented with adequate systems in place to assure accurate diagnosis, effective treatment and appropriate follow-up.”

• The USPSTF has concluded that current evidence is insufficient to recommend for or against screening for major depressive disorder in children younger than age 12 (I Statement)

• The USPSTF has concluded that current evidence is insufficient to recommend for or against screening for suicide risk in adolescents or adults (I Statement)
  – Look at the New York Times, Aug 21, 2016:
    A Suicidologist’s New Challenge: The George Washington Bridge
New evidence, new recommendations

Dyslipidemia

- The Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents of the National Heart, Lung and Blood Institute and the AAP found sufficient evidence to support universal pre-pubertal cholesterol screening.

- A fasting lipoprotein profile (total cholesterol, LDL cholesterol, high density lipoprotein [HDL] cholesterol and triglyceride) should be obtained before pubertal onset and in Late Adolescence.

- Screening should be considered for younger children when a history of familial hypercholesterolemia has been identified.

- The USPSTF has concluded that current evidence is insufficient to recommend for or against lipid screening from infancy to age 20 years (I Statement).
New evidence, new recommendations

Hearing

• No high-quality studies were found on hearing screening for older children or adolescents. In spite of the rising incidence of hearing loss, presumably related to environmental or headphone and ear bud acoustic trauma, hearing screening questions used in the primary care setting fail to identify adolescents at risk of hearing loss.

• Universal hearing screening is being considered for once in Early, Middle, and Late Adolescence.

• Screening in these age groups may be enhanced by including 6000 and 8000 Hertz high frequencies in the screening audiogram.

• In addition to screening, counseling on the risk of hearing loss due to environmental exposures may be considered.
New evidence, new recommendations

HIV

• The USPSTF recommends screening for HIV infection in adolescents and adults age 15 to 65 years

• Screening of younger and older persons at increased risk is also recommended (Grade A)
  – Youth at increased risk of HIV infection include those who are sexually active, participate in injected drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
  – Bright Futures recommends following USPSTF

• The CDC, the AAP and others recommend that all adolescents should be screened for HIV once between the ages of 16 and 18, “making every effort to preserve confidentiality of the adolescent”
Chlamydia

- Chlamydia is the most common sexually transmitted infection (STI) in the United States, and many of those infected are asymptomatic
  - In females, untreated Chlamydia can lead to infertility: infants may develop serious illness if Chlamydia is acquired through vertical transmission
  - In adolescent and adult males, Chlamydia rarely leads to significant illness
    - infected adolescent and adult males can be important vectors for transmission
- The USPSTF recommends screening for chlamydial infection in all sexually active, nonpregnant young women ages 24 and younger (Grade B)
- The USPSTF has concluded that current evidence is insufficient to recommend for or against screening for chlamydial infection in men (I Statement)
- The AAP Periodicity Schedule calls for screening of adolescents for STIs according to the recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases
New evidence, new recommendations

Gonorrhea

• The USPSTF recommends screening for gonorrheal infection in all sexually active, nonpregnant young women ages 24 and younger (Grade B)

• The USPSTF has concluded that current evidence is Insufficient to recommend for or against screening for gonorrheal infection in men (I Statement)
  – Young men who have sex with men or who have other STI’s are at increased risk

• The AAP Periodicity Schedule calls for screening of adolescents for STIs according to the recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases
New evidence, new recommendations

Syphilis

- The USPSTF strongly recommends that clinicians screen persons at increased risk for syphilis infection (Grade A)
- The USPSTF does not recommend routine screening of asymptomatic persons who are not at increased risk for syphilis infection (Grade D)
- The AAP Periodicity Schedule calls for screening of adolescents for STIs according to the recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases
New evidence, new recommendations

**Tobacco Use**

- The USPSTF recommends “primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among adolescents” (Grade B)
  - The USPSTF made the same recommend for pregnant women (Grade A). and for adults (18 years and older) who are not pregnant (Grade A)
- The AAP has developed comprehensive reports regarding tobacco use prevention and cessation and recommends asking about tobacco use and Second Hand Smoke (SHS) exposure, using office systems that require documentation of tobacco use and SHS and providing anticipatory guidance by age 5
- The AAP recommends that pediatric health care professionals increase their capacity in substance use detection, assessment, and intervention
  - research-informed **Screening Brief Intervention and/or Referral to Treatment (SBIRT)** can be applied across the variety of practice settings and health care professionals who provide health care to adolescents
New evidence, new recommendations

Alcohol Use

• The USPSTF has concluded that current evidence is insufficient to recommend for or against screening and behavioral interventions for adolescents for alcohol misuse in primary care settings (I Statement)

• USPSTF recommends screening adults 18 years and older for alcohol misuse and recommends brief behavioral counseling interventions to reduce alcohol misuse for “persons engaged in risky of hazardous drinking” (Grade B)

• The AAP recommends that pediatric health care professionals increase their capacity in substance use detection, assessment, and intervention
  – research-informed Screening Brief Intervention and/or Referral to Treatment (SBIRT) can be applied across the variety of practice settings and health care professionals who provide health care to adolescents
Drug Use

• The USPSTF has concluded that current evidence is insufficient to recommend for or against screening adolescents, adults, and pregnant women for illicit drug use (I Statement)

• The USPSTF further concluded that current evidence is insufficient to recommend for or against primary care behavioral interventions to prevent or reduce illicit drug use in children and adolescents who do not have a substance use disorder (I Statement)

• The AAP recommends that pediatric health care professionals increase their capacity in substance use detection, assessment, and intervention
  – research-informed Screening Brief Intervention and/or Referral to Treatment (SBIRT) can be applied across the variety of practice settings and health care professionals who provide health care to adolescents
Promoting Lifelong Health
Since initial Guidelines, addressing the social components of child health has been a core component of the *Bright Futures Guidelines*

Now research in early brain development proves the value to the *Bright Futures* emphasis on the Social Determinants of Health
New science tells us what we always knew:

- the environment in which children develop - family, extended family, neighborhood, community and culture - impact brain development, health and even genetics

- the frontal lobe volume is measurably less in children raised in adverse conditions including lower SES
ADVERSE CHILDHOOD EXPERIENCES STUDY

Centers for Disease Control and Prevention
Kaiser Permanente's Health Appraisal Clinic

- 17,000 adult San Diegans
- Demonstrated the association between childhood maltreatment and later-life health and well-being
ADVERSE CHILDHOOD EXPERIENCES STUDY

• The ACE Study uses the ACE Score, which is a total count of the number of ACEs reported by respondents.

• The ACE Score is used to assess the total amount of stress during childhood

• As the number of ACEs increases, the risk for health problems increases in a strong and graded fashion!
Promoting Lifelong Health

ADVERSE CHILDHOOD EXPERIENCES STUDY
Short Distances to Large Disparities

RWJF COMMISSION TO BUILD A HEALTHIER AMERICA

What will you find in the 4th Edition?

• Health Promotion Theme: Promoting Lifelong Health for Families and Communities
• Visit Priority: “Social Determinates of Health” for most visits
• Specific and marked Anticipatory Guidance content
Social determinants of health (the economic and social conditions that shape the health of individuals and communities)
- Establishing routines
- Feeding and appetite changes
- Establishing a dental home
- Safety

Source: Healthy People 2020
Practice Implementation
THE PROBLEM WITH SCREENING IS THAT YOU MIGHT FIND SOMETHING

So now what?
PREPARING FOR SCREENING:

• What if it is negative?
  – Usually a good thing
  – How will you explain the results to the patient and family?
  – How will you use this information to promote health?
PREPARING FOR SCREENING:

• What if it is positive?
  – Typically not a good thing
    • Patient came in well and left with a problem
  – What are your next steps to confirm or work up the problem?
  – How will you explain the results to the patient and family?
  – How will you use this information to promote health?
  – Are you and your practice setting prepared to address the new finding?
And easier to use!

• **Bright Futures Tool and Resource Kit**
  – Previsit Questionnaires
    • Establish patient and parent agenda
    • Risk Assessment for Selective Screening
    • Mark milestones and Strengths
  – Supplemental Questionnaires
    • Assess needed Anticipatory Guidance
    • Follows the Visit Priorities
    • Will include Social Determinants of Health Screening
Core Tools: Integrated Format

- **Previsit Questionnaires**
  - Allows healthcare provider to gather pertinent information without using valuable time asking questions

- **Documentation Forms**
  - Enables Provider to document all pertinent information and fulfill quality measures

- **Parent/Patient Handouts**
  - Provides Parental Education all the Bright Future Priorities for the visit
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

All of *Bright Futures* developed materials are in the public domain

**Bright Futures Previsit Questionnaire**  
**18 Month Visit**

For us to provide you and your baby with the best possible healthcare, we would like to know how things are going. Please answer all of the questions. Thank you.

What would you like to talk about today?

<table>
<thead>
<tr>
<th>PRIORITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family support</td>
</tr>
<tr>
<td>Child development and behavior</td>
</tr>
<tr>
<td>Language promotion/hearing</td>
</tr>
<tr>
<td>Toilet training readiness</td>
</tr>
<tr>
<td>Safety</td>
</tr>
</tbody>
</table>

Setting the agenda
## Screening

<table>
<thead>
<tr>
<th>UNIVERSAL SCREENING</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>Structured developmental screen</td>
</tr>
<tr>
<td>Autism</td>
<td>Autism Specific Screen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SELECTIVE SCREENING</th>
<th>RISK ASSESSMENT*</th>
<th>ACTION IF RA +</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral health</td>
<td>Does not have a dental home</td>
<td>Referral to dental home or, if not available, oral health risk assessment</td>
</tr>
<tr>
<td></td>
<td>Primary water source is deficient in fluoride</td>
<td>Oral fluoride supplementation</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Vision</td>
<td>Parental concern or abnormal fundoscopic examination or cover/uncover test results</td>
<td>Ophthalmology referral</td>
</tr>
<tr>
<td>Hearing</td>
<td>+ on risk screening questions</td>
<td>Referral for diagnostic audiologic assessment</td>
</tr>
<tr>
<td>Anemia</td>
<td>+ on risk screening questions</td>
<td>Hematocrit or hemoglobin</td>
</tr>
<tr>
<td>Lead</td>
<td>If no previous screen or change in risk</td>
<td>Lead screen</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>+ on risk screening questions</td>
<td>Tuberculin skin test</td>
</tr>
</tbody>
</table>

*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.
Bright Futures Previsit Questionnaire
18 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

What would you like to talk about today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Child and Family

- Taking time for yourself
- Being a role model
- Your child getting along with brothers and sisters
- Family time together
- Having another child
- Getting your child to try new foods

Your Child’s Behavior

- How your child eats
- How to tell your child she did a good job
- Fun activities for your child
- Your child being scared in new places
- Setting limits and discipline

Talking and Hearing

- How your child talks
- Helping your child to learn

Safety

- Car safety seats
- Preventing falls, fires, and poisoning
- Gun safety
- Keeping your child safe outside

Questions About Your Child

Have any of your child’s relatives developed new medical problems since your last visit? If yes, please describe:

- Hearing
- Vision
- Lead
- Tuberculosis
- Anemia
- Oral Health
- Have there been any major changes in your family safety?

Your Growing and Developing Child

Do you have concerns about your child’s development, learning, or behavior?

- Help around the house
- Walks up steps
- Speaks 2 small blocks
- Sings
- Laughs in response to others
- Knows name of favorite book
- Speaks 6 words
- Uses spaces and cup without spilling most of the time
- Points to 1 body part

Developmental Surveillance
Further history including identification of parental strengths
  - Additional visit questionnaire with questions in each of the five visit priority areas

BMI

Physical exam

Answering questions, addressing concerns and anticipatory guidance about five priority topics

If a change needs to be considered, use a shared decision-making approach

Immunizations
Pediatrics in the news…

• Media and Young Minds, Media Use in School Aged Children
  – November 2016
• Recommended Amount of sleep for Pediatric Population
  – June 2016
Pediatrics in the news…Screen time

- <18 mo: avoid (other than video-chatting with parent present
- 18-24 mo: Minimal
  - High quality
  - Co-viewing with parents
  - Not required
- 2-5yr: <1h/day
  - High Quality
  - Co-view with parents, help children understand and apply
- 5-18 y: <2h/day
  - Promote family media use plan
  - Be aware of tools to screen for sexting, cyberbullying, problematic internet use and gaming disorder

Resources: commonsensmedia, PBSKids, Sesame Workshops, https://www.healthychildren.org/English/media/Pages/default.aspx
# Pediatrics in the news…Sleep

**Recommended Amount of Sleep for Pediatric Population: Consensus Statement**

<table>
<thead>
<tr>
<th>Age</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 -12 mo</td>
<td>12-16h (including naps)</td>
</tr>
<tr>
<td>1 - 2 yr</td>
<td>11-14h (including naps)</td>
</tr>
<tr>
<td>3 - 5 yr</td>
<td>10-13h (including naps)</td>
</tr>
<tr>
<td>6 - 12 yr</td>
<td>9-12h</td>
</tr>
<tr>
<td>13 - 18 yr</td>
<td>8-10h</td>
</tr>
</tbody>
</table>
THANK YOU!
Resources: Parent/Family

- healthychildren.org
  - General information related to child health and/or more specific guidance on parenting issues
  - Information on AAP policies, guidelines, publications, and other child health resources
  - Tips & tools
  - [www.healthychildren.org](http://www.healthychildren.org)

- Brightfutures.aap.org
  - Patient/Parent handouts in the Bright Futures Tool & Resource kit
  - Family Resources Web page
  - Virginia Department of Health educational videos
  - [brightfutures.aap.org/](http://brightfutures.aap.org/)

- Connect 4 Health
  - Free Service that provides parenting tips, parenting support and check up reminders
  - Options available for babies, kids and adults
  - Developed with the American Academy of Pediatrics
  - [https://connect4health.net/](https://connect4health.net/)

- Bright Futures Family Pocket Guide
  - Developed by the National Family Voices Project IMPACT with input from the Bright Futures National Center
  - Easy-to-use book designed to help families support health and wellness for their children at every age (in English and Spanish)
  - [www.fv-impact.org/](http://www.fv-impact.org/)
Resources: Parent/Family

• Coordinated federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them
  – http://www.acf.hhs.gov/programs/ecd/watch-me-thrive

• Birth to 5: Watch Me Thrive! seeks to:
  – Celebrate milestones.
  – Promote universal screening.
  – Identify possible delays and concerns early.
  – Enhance developmental supports.

• Birth to 5: Watch Me Thrive! will support the implementation of these core missions by releasing:
  1. A compendium of research-based screening tools
  2. “User’s Guides” for multiple audiences
  3. An electronic package of resources for follow-up and support
References


- http://www.cdc.gov/violenceprevention/acestudy/

- Bright Futures Material and Tools