Maine's Bright Futures Story

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Introduction

The Maine Department of Health and Human Services identifies as its mission "to provide health and human services to the people of Maine so that all persons may achieve and maintain their optimal level of health and their full potential for economic independence and personal development." Since 1998, Bright Futures has played an important role in working toward achievement of that mission by strengthening the comprehensiveness and quality of the health supervision provided to Maine's children and adolescents. The following describes the organizational context for this role, how the use of Bright Futures was initiated and evolved, current status, and future challenges. This case study is based on key-informant interviews conducted by researchers at Health Systems Research, Inc. during mid-2005.

Context for Bright Futures

The Department of Health and Human Services (DHHS) was established by Public Law in July 2004 by combining and reorganizing the former Departments of Human Services and Behavioral and Developmental Services.[1] Key goals of this reorganization were to support primary prevention efforts and to facilitate the provision of integrated services to Maine residents.

The DHHS Office of MaineCare Services, formerly the Bureau of Medical Services (BMS), is responsible for the organization, implementation, and monitoring of the State's MaineCare program. MaineCare is a health insurance program funded jointly by the Federal Centers for Medicare and Medicaid Services and the States. Through Title XIX (Medicaid) and XXI (State Children's Health Insurance Program, SCHIP) of the Social Security Act, MaineCare provides health insurance benefits for eligible children and adults enrolled in Medicaid and SCHIP.[2]

Due to the expansion of health insurance access for Maine residents, the DHHS Public Health Nursing Program no longer provides direct clinical services to children and adolescents and focuses instead on health education, health promotion, health assessment, and advocacy. Activities within these functions include standard setting and enforcement, policy development, training, and collaboration with other public and private sector agencies. The Department contracts with a variety of agencies (e.g., Visiting Nurse Associations, community-based programs) that provide direct public health services.

Initiating Bright Futures

Leadership staff members in BMS and the broader DHHS became aware of Bright Futures at about the same time but in dissimilar ways. In 1998, soon after national SCHIP legislation was passed, the Federal Maternal and Child Health Bureau distributed *Bright Futures: Guidelines for Health*

The comprehensiveness of Bright Futures guidelines led to their adoption as a standard of care for Maine.

1 Department of Health and Human Services; State of Maine. Available at: www.maine.gov/dhhs. Accessed January 10, 2006.

2 Annual Report to the State Legislature MaineCare, SFY 2004.

Supervision of Infants, Children and Adolescents to each State Health Department, including Maine's. The DHHS Nursing leadership was impressed with the document and conducted in-service education with regional nursing staff members to encourage its use; subsequently, Bright Futures became the "handbook" for home visiting services throughout the State. At about the same time, the BMS Quality Assurance Manager was concerned about the lack of a standard of health supervision care for health care providers to follow and the increase in mental health and other related needs. Her research identified the Bright Futures health supervision guide. She then brought together a group that included the Director of Immunizations, the Medical Director, private-sector providers, and other BMS staff members to discuss the desired attributes of a standard of health supervision care for children and adolescents and their fit with Bright Futures. The group determined that the comprehensiveness of Bright Futures with its focus on primary care and inclusion of oral and mental health provided an appropriate and useful standard of care for Maine.

Parallel to this process, other changes were occurring in the State's child health programs and systems. The State's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program was centralizing services and beginning to provide home visiting care for all enrollees. At this same time, the BMS also was assisting DHHS with building an immunization registry. This timely coming together of an array of needs and activities coupled with the presence of champions including the Medicaid Medical Director and the DHHS Maternal and Child Health (MCH) Medical Director, who envisioned the long-term usefulness of Bright Futures, resulted in the establishment of a role for Bright Futures in the provision of care to children and adolescents enrolled in publicly funded health insurance programs in Maine. The following section describes how the role of Bright Futures evolved.

Evolution of Bright Futures

Once the decision had been reached to use *Bright Futures: Guidelines for Health Supervision* as the standard of care for MaineCare, the staff had to determine how to implement the utilization of these standards. Implementation involved an array of issues including engagement, training, and retention of providers across the State and the development of policies and procedures to promote utilization of and compliance with the standards:

- **Policy development.** Recognizing that it is not easy for providers to alter the manner of their practice and in appreciation of the financial pressures experienced by providers, the leaders of BMS and DHHS knew it would be important to involve providers in the development of clinical forms that embodied the Bright Futures standards and also to offer financial incentives to encourage adoption of the Bright Futures

Maine developed clinical forms based on Bright Futures for all recommended well-child visits. Providers who complete the forms are reimbursed at an enhanced rate.

standards. To these ends, a group of pediatric and family physicians were brought together to develop age-appropriate clinical forms that would be used to document the care provided and make referrals. The group subsequently developed a series of 19 forms that begin with the Bright Futures health exam for newborns and end with a form designed to guide the Bright Futures exam for 18- to 20-year-olds. The forms are available at the MaineCare Web site, **www.state.me.us/bms/providerfiles/bright_future.htm.** In addition, enhanced reimbursement was made available to providers who completed the Bright Futures forms. The reimbursement is about $20 more than previous reimbursement with the specific amount dependent on the age of the child and the extent of the Bright Futures examination required. The MaineCare Reimbursement Code for Bright Futures Preventive Medicine is available at **www.state.me.us/bms/provider/childrens/rate_comparison_chart** and is compared with reimbursement rates for non-Bright Futures care.

Policies were also established to promote the participation of families in the MaineCare program. Using the Bright Futures Periodicity Schedule, MaineCare Member Services sends to each family with a child enrolled in MaineCare a checkup reminder letter. The letter encourages the family to make an appointment with their child's provider, and offers assistance to the family in arranging an appointment and obtaining transportation as needed. Including in these mailings is a brochure and healthy visit guide describing why preventive care is important and what is likely to transpire at medical and dental visits. The guide also includes a section for parents to write down questions they wish to ask their child's provider. Finally, a postage-paid foldout postcard is included to enable families to inquire about additional assistance from MaineCare.

As Bright Futures continued to become established, it was also used to influence policy in a range of areas. For example, Bright Futures is used to guide overall nursing standards including those for school nursing. The staff at DHHS led a legislative task force in 1998 on early care and education that focused on the development of a handbook for parents. The task force used Bright Futures to guide the development of this handbook.

- **Engagement of providers.** The State Medicaid Medical Director led efforts to engage providers in the utilization of Bright Futures as the standard of care for MaineCare. MaineCare policies were established that required physicians to enroll as EPSDT providers and through this process indicate their intention to follow the Bright Futures standards. A letter accompanied by Bright Future materials was sent to providers describing Bright Futures and related policy and reimbursement changes. The provider relations staff from BMS, under the leader-

Trainings were conducted to introduce Bright Futures to physicians participating in the State's MaineCare program.

ship of the State Medicaid Director and the DHHS MCH Medical Director, conducted statewide provider trainings to describe the Bright Futures philosophy, discuss the health supervision standards, and answer questions. Trainings were also conducted with the State immunization program staff, which in turn included Bright Futures training in their one-on-one meetings with private providers. Others involved in training included the State public health nurses located in each of the Regional Offices, who also play a major role in helping local providers become familiar with Bright Futures. Finally, BMS maintains a MaineCare provider file, and through this mechanism, the staff can identify newly enrolled MaineCare providers. A packet of Bright Futures information is mailed to these providers who may also request onsite in-service sessions to assist them with implementation of Bright Futures.

- **Closing the loop.** Discussions about the Bright Futures philosophy and the development and introduction of the Bright Futures forms led to an exploration of how to use Bright Futures to "close the loop" between the conduct of the health assessment exam and needed followup. The MaineCare physician advisory group along with staff members from BMS and DHHS were concerned that needed followup was not always provided. Therefore, a process was put in place to ensure that this problem was addressed.

BMS receives an average of 5,500 Bright Futures forms per month and reviews each within 24–48 hours of receipt. Forms of patient visits that require followup (which total in excess of 400 per month) are forwarded to the DHHS public health nurses who work with families and local agencies to ensure that the followup care needed is provided. Followup may include providing assistance with the identification of a medical or dental provider, arranging for transportation, referring "no-shows" to the Immunization Program, or conducting a home visit. Home visits provided by the public health nurses are also conducted in accordance with Bright Futures; Bright Futures guidelines are incorporated into the Public Health Nursing Policy and Procedure Manual and have become the "gold standard" for the provision of services offered via home visits. Each public health nurse has been provided with a copy of the guidelines and uses it to guide infant, child and family assessments and family education and counseling.

Patients that require followup after a well-child exam receive home visits conducted in accordance with Bright Futures by public health nurses.

To complete the circle, the public health nurses communicate with the referring providers regarding the outcome of the followup activities. A memorandum of understanding was developed and became effective January 1, 2005 between BMS and the Public Health Nursing Program for the conduct of these followup activities. Public Health Nursing is reimbursed for the Federal share of nursing time spent reviewing Bright Futures forms and providing followup.

- **Incorporation of Bright Futures into physician practice.** Bright Futures continues to be the accepted standard of care for the provision of preventive care to children and adolescents enrolled in MaineCare. This policy is clearly indicated on the MaineCare Web site and in MaineCare Policies and Procedures, and there is evidence that it has been implemented widely. Since in Maine, providers are required to complete an enrollment process to participate in EPSDT (and then can serve children covered under both the Medicaid and SCHIP portions of MaineCare), the BMS can track provider participation. As of June 2005, the BMS staff estimated that 89 percent of primary care physicians in Maine are enrolled in MaineCare and that most of these providers are complying with the utilization of the Bright Futures standards and documenting this with submission of the Bright Futures forms. BMS and DHHS staff members interviewed for this project attributed the significant and sustained involvement of physicians to the availability of the enhanced reimbursement rates and the ongoing training and support provided by BMS and Public Health Nursing. Staff members felt that the Bright Futures incentives and State agency support helped to get people thinking differently and more inclusively about well-child care and facilitated the utilization of a broad definition of well-child care embodied in Bright Futures that includes mental health, social and cognitive development, oral health, and family relationships.

The Bright Futures clinical forms are widely used by MaineCare physicians.

Key informants interviewed for this study cited an array of attributes identified by them and by colleagues that promoted the adoption and ongoing utilization of Bright Futures as guidelines for preventive health care for children and adolescents enrolled in MaineCare. These attributes are categorized by function including the provision of information, the facilitation of communication and the promotion of quality.

- **Information.** The comprehensiveness of the guidelines, especially the inclusion of mental health and oral health and the stand-alone mental health, nutrition, and oral health books were cited as critical attributes of the materials. The materials were also described as containing substantive information organized in an easy-to-access manner.

- **Communication.** The Bright Futures forms permitted the sharing of information between primary care providers and public health nurses and others to promote coordinated care. They also facilitate the sharing of information between parents and providers.

- **Quality assurance.** The use of Bright Futures promotes statewide consistency in the level of preventive care provided to children and adolescents enrolled in MaineCare and permits the DHHS to review the Bright Futures forms for compliance with standards of care.

Lessons Learned and Future Challenges

Maine has taken significant steps to implement Bright Futures successfully as the standard of care for the MaineCare Program. In addition the Bright Futures Health Supervision Guidelines are used to guide the provision of services offered by the State's public health nursing via their home visiting program. Bright Futures also has played a significant role in forming policy and program directions in other areas, including early care and education.

As a result of these efforts, the State has learned a great deal about the factors that facilitate and support achievement of desired outcomes and about the challenges ahead. The following is a description of lessons learned that appear to have been influential in promoting and sustaining the utilization of Bright Futures in Maine:

- **Bright Futures responded to specific concerns of policy and program decisionmakers.** Staff members at BMS were concerned about the lack of a standard of care for children and adolescents enrolled in MaineCare, while staff at DHHS were interested in strengthening the content and consistency of services offered via the home visitation program. Utilization of Bright Futures was viewed as a direct response to these concrete needs and not as some new program unconnected to current policy and program issues.

> **Bright Futures was utilized as a direct response to the needs of current programs.**

- **Staff members were aware of the existence of Bright Futures.** For Bright Futures to be used, policy and program staff members must be aware of its existence. In 1998, the Bright Futures Health Supervision document was distributed free of charge to State DHHS programs, and as a result, the Director of Public Health Nursing learned of its usefulness. Because Bright Futures was Internet searchable, the staff at BMS discovered it while researching standards of preventive health care for children and adolescents.

- **Champions of Bright Futures helped to promote utilization of the standards and related materials.** The Medical Directors of both MaineCare and DHHS/MCH, along with other leaders at BMS and with Public Health Nursing, actively promoted the use of Bright Futures. They shared information and enthusiasm about Bright Futures with others (e.g., Women, Infants, and Children [WIC] and immunization programs; Early Care and Education Task Force), which built support for the utilization of *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.*

- **Bright Futures is used as a mechanism to strengthen systems of care.** Therefore, Bright Futures is not an "add-on" to other activities but rather is integral to the MaineCare system of care. The Bright Futures clinical forms are included in the clinical records maintained by providers with copies sent to BMS to document and monitor the provision of care. In addition, the information on these forms is used to trigger followup activities conducted by the public health nursing staff. This institutionalization of Bright Futures helps to ensure the sustainability of

current efforts and promote its use in future efforts.

- **Leaders understood the importance of realistically addressing issues related to implementation of Bright Futures.** MaineCare and public health nursing leaders recognized the importance of identifying barriers to implementation of the Bright Futures standards and the need to address these in realistic ways. To promote the involvement of the provider community, the State included practitioners in the development of the Bright Futures forms and created an enhanced reimbursement system to facilitate utilization of the standards. Statewide and individual training was conducted to assist providers with the integration of the Bright Futures standards into their MaineCare practices.

- **The philosophy of DHHS supports services integration and collaboration.** Collaboration between BMS and DHHS Public Health Nursing played a key role in promoting the utilization of Bright Futures. This collaboration has continued over the years and is formalized through a memorandum of understanding. Other important partners include the WIC and Immunization Programs. The recently reorganized DHHS cites as primary values the integration of services via collaboration. This philosophy creates a working environment that supports a systems approach to service delivery that includes the integration of Bright Futures.

Maine also faces several challenges to the sustainability and ongoing growth of Bright Futures. These challenges include:

- **Continued access to Bright Futures materials.** Issues include the cost of materials and the need for additional/revised materials. The DHHS is experiencing difficulty making the Bright Futures products available that are cited in the DHHS Public Health Nursing Manual as funds for maternal child health has been reduced in the State. While the MaineCare program supports Bright Futures, it too does not have the financial resources to purchase materials. However, the State WIC program has been able to be of some assistance by purchasing the Bright Futures Nutrition materials.

> **Additional funding is needed to make Bright Futures materials widely available to providers.**

The staff indicated an interest in the development of additional Bright Futures materials targeted at families particularly around parenting styles. Additional emphasis should also be placed on assuring the cultural sensitivity of materials and appropriate reading levels. It also would be helpful to send Bright Futures pocket guides to each MaineCare provider to promote clinical care that meets the Bright Futures standards.

- **Implementation of an electronic medical record system.** The State is moving to the implementation of an electronic medical records system, and BMS is working with a contractor to develop an interface that will permit the uploading of Bright Futures data into the electronic system. However, completion of this is at least 2 years in the future, and BMS currently does not have

adequate numbers of staff members to hand-enter data from the Bright Futures forms of patients who required followup into the electronic record system. The goal of BMS is to have electronic Bright Futures forms that can be uploaded into the new medical record system and thus permit the aggregation of data. However, BMS is in need of additional financial resources to proceed with this activity.

- **Use of Bright Futures in private-sector health care.** While the State has been very effective in implementing Bright Futures-guided preventive care for children and adolescents enrolled in MaineCare, less is known about the utilization of the Bright Futures standards with children and adolescents who are privately insured. While it can be assumed that most providers are caring for both publicly and privately insured children and adolescents and it intuitively seems reasonable that providers would not offer two levels of care, little is known about compliance with Bright Futures standards for non-MaineCare patients. An ongoing challenge is to ensure that all children and adolescents in Maine are offered and obtain high quality comprehensive and appropriate preventive care.

Overall the State has identified many opportunities in which Bright Futures can be of significant help in the promotion of the health of children and adolescents. Bright Futures is playing a crucial role in providing solutions to an array of quality assurance and delivery system issues.

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