After assembling a team of local stakeholders dedicated to implementing the recommendations in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, it’s time to develop an implementation strategy. The 12 tips below were developed based on the experience of primary care providers who have implemented preventive services related to health conditions such as asthma, diabetes, and ADHD. When designing your strategy, these tips can help ensure success.

1. **Start Gradually:** State- or community-wide implementation can be daunting if taken on all at once. Instead, many states have implemented changes at multiple levels (i.e., on a scale that is smaller than the whole). An implementation project that has been completed on a small scale can be modified as necessary and replicated for a different or larger audience. Effective collection and analysis of data are particularly useful for programs looking to scale up their implementation efforts, because successful elements or innovations can be highlighted and expanded, while less successful activities can be improved before the next round of implementation.

Furthermore, health care providers may find efforts to implement all recommendations in the Bright Futures Guidelines at once overwhelming. Introducing Bright Futures implementation activities in stages eases the transition and encourages practices to spread. Focusing on individual elements of Bright Futures also allows their efficacy to be evaluated more effectively.

States and communities may consider allowing practices to decide on their own the elements and order of Bright Future Guidelines components that they will integrate. For states and communities that follow a stepwise implementation strategy, comparisons of baseline data with those collected after implementation can be especially useful for practices that are considering implementing additional aspects of the Bright Futures Guidelines.

2. **Include Families at All Stages of Implementation:** Families are crucial partners when implementing Bright Futures components in a state or community and can be helpful at all stages of implementation. They can help assess the existing level of family-centered care.
serve as advisors or consultants to plan implementation projects and provide feedback on implementation plans, help set realistic goals, and spread the word about any changes to pediatric care.

3. **Include the Community:** Involving community partners in relevant implementation activities allows practitioners to create valuable referral relationships. These referral relationships are especially useful for practices implementing Bright Futures screening guidelines.

4. **Work With Existing Initiatives:** Efforts should be made to leverage the strength of existing partnerships, mechanisms, and initiatives before developing new ones. For instance, health care professionals currently involved in medical home implementation efforts can provide avenues for Bright Futures implementation. More information about medical home initiatives is available at the National Center for Medical Home Implementation Web site (www.medicalhomeinfo.org).

5. **Encourage Providers to Engage Their Entire Office:** Implementation may involve physicians, nurse practitioners, medical ancillary staff or assistants, child development specialists, nutritionists, and administrative office system staff. These individuals help ensure that Bright Futures components permeate the entire practice during and after implementation efforts.

6. **Adapt Bright Futures Tools:** The American Academy of Pediatrics (AAP) encourages states and communities to adapt the recommendations in the Bright Futures Guidelines to fit their specific needs. Implementation partners may modify Bright Futures visit forms to the unique geographic considerations of their audiences. For instance, states in warmer climates may emphasize Bright Futures guidance on swimming safety. States may also modify Bright Futures materials for cultural appropriateness or literacy level or adapt Bright Futures forms for use with electronic health records. Implementation efforts that modify Bright Futures materials based on input from partners demonstrate a responsiveness that strengthens relationships and encourages participation from all stakeholders.

7. **Create Provider Buy-in:** Every effort should be made to create provider buy-in and tailor implementation activities to the needs of local practices. Involving providers as planning partners is one way to increase buy-in. Another is to use data collected at the practice level in an improvement project to identify gaps. These efforts can increase the number of providers that participate in implementation activities.

8. **Understand Provider Barriers:** Implementation projects that focus on providers take into account the unique challenges facing them. Among these may be lack of funds to support practice-wide change, inability to participate in scheduled meetings or events, unwillingness to implement new elements into practice, and lack of time to engage in implementation activities. Wide-ranging and responsive implementation partnerships may be able to leverage existing resources or services to address these concerns.

9. **Update Your Web Site:** To make it easy for providers and others in your state to access the Bright Futures materials needed to properly implement the guidelines, your Web site should be up to date and easy to use. The site should provide updated links to the latest Bright Futures/AAP Periodicity Schedule and to the official AAP Bright Futures Web site (brightfutures.aap.org), which is your source for the most current Bright Futures materials including pocket guides, toolkits, and multimedia presentations.
10. **Keep It Interesting:** Interactive learning, onsite training, and in-person conferences encourage provider participation and sustain implemented changes. The Implementation Models section of the Bright Futures Web site (brightfutures.aap.org) presents examples of successful projects.

11. **Use Measures to Evaluate:** Gathering data that describe the baseline level of implementation and monitor progress is critically important. These data can be used to identify both the strengths and the weaknesses of current preventive services delivery and provide a scientific basis for implementation of the *Bright Futures Guidelines*. Data measures also increase accountability. All partners working on Bright Futures implementation can use these data in aggregate form to demonstrate progress on children’s health goals—for instance, when preparing Maternal and Child Health Title V reports.

Bright Futures implementation projects can start by establishing a test or pilot group to collect evidence that supports spreading and sustaining the project’s changes. States and communities are encouraged to work with implementation partners at the outset to identify agreed-on indicators that can be measured throughout the project—for example, rates of developmental screening, use of recall and reminder systems, or family satisfaction levels. More information on Bright Futures measures and quality improvement is available at the Quality Improvements section of the Bright Futures Web site (brightfutures.aap.org).

12. **Contact the AAP Bright Futures National Center to Take Advantage of Our Implementation Experience:** The AAP Bright Futures National Center provides training and implementation assistance, materials, and advice that may be helpful during provider-focused implementation activities. Contact us to discuss your goals and priorities and to explore ways that we can assist you.

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Do you have a story to tell about how you’ve implemented Bright Futures in your state?

Please contact us today so that we can feature your implementation story on our Web site or in a future edition of the Bright Futures eNews.

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