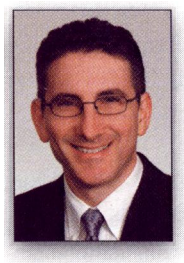
makes it difficult to provide comprehensive anticipatory guidance.

Some physicians "may not feel that they know how to provide anticipatory guidance on certain topics, while others may not be confident that their advice will have much effect on parents," according to Mark A. Schuster, M.D., Ph.D., FAAP, lead author of the study "Anticipatory Guidance: What Information Do Parents Receive? What Information Do they Want?" (Schuster MA, et al. *Arch Pediatr Adolesc Med.* 2000;154:1191-1198). "However, I think a larger reason physicians say they don't always provide anticipatory guidance is that they feel a lot of time pressure."


Dr. Schuster

Kyle E. Yasuda, M.D., FAAP, chair of the AAP Committee on Practice and Ambulatory Medicine agreed: "Time constraints are a major factor in providing useful information to families. We need to prioritize our guidance and communicate effectively to our patients and families. We cannot cover everything."

Studies show parents value many areas of anticipatory guidance and view these interactions quite favorably when they occur.

Dr. Schuster's study "found that parents who had received anticipatory guidance were more likely to rate their pediatricians and clinicians as providing better care."

Another study showed that only half of parents with psychosocial concerns actually discussed them with their pediatricians (Burklow KA, et al. *Clin Pediatr.* 2001;555-562). When such topics were covered during the office visit, 87.3% "perceived pediatricians as helpful."

Get a handle on issues

So how can clinicians meet parent and patient needs within a standard, reimbursable well-child visit?

Joseph F. Hagan Jr., M.D., FAAP, chair of the Bright Futures Education Center, said pediatricians need to reach out to community partners to gauge child issues in their area.

"I try to know what is going on in my high school," Dr. Hagan said. "As we improve the relationship between practice and community — as part of our medical home efforts — we're building partnerships that are mutually beneficial. It's going to take a lot of the pressure off my shoulders."

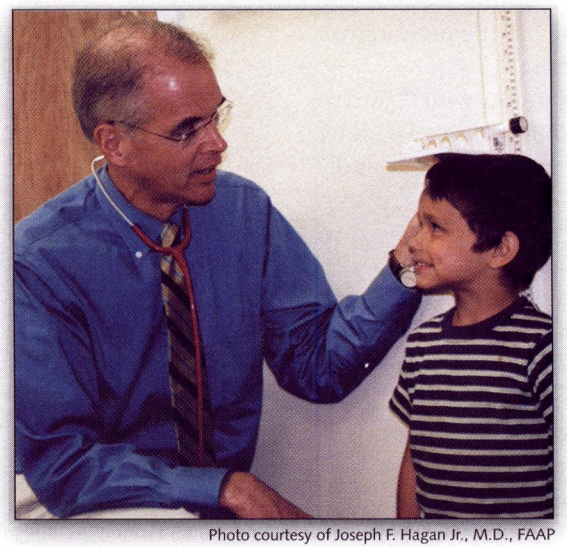
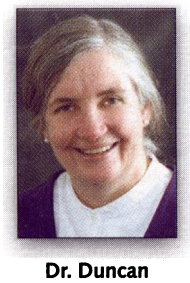


Photo courtesy of Joseph F. Hagan Jr., M.D., FAAP

Joseph F. Hagan Jr., M.D., FAAP, says pediatricians should work with community groups to identify issues that are important to discuss with patients and parents during well-child visits.

To make the well-child care visit more affirming, and ultimately more effective, Paula M. Duncan, M.D., FAAP, chair of the Bright Futures Pediatric Implementation Advisory Committee, advocates a "strength-based approach" for addressing anticipatory guidance issues. Dr. Duncan said a group of pediatric practices in Vermont is focusing on first letting children and families know what their strengths are, or "Here's what's going well."

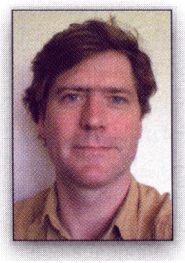

Dr. Duncan

"Parents really like it, and kids sit up a little straighter," Dr. Duncan said. "And from there, everyone can comfortably talk about possible weaknesses, or areas for improvement."

Working smarter

Changes in office procedures also can make well-child visits more effective and efficient.

William G. Adams, M.D., FAAP, recently evaluated the quality of pediatric care, including preventive services, before and after the introduction of an electronic medical record system in an urban pediatric primary care center.

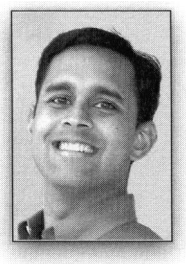

Dr. Adams

The study showed that "computer-based clinicians" were significantly more likely to address a variety of routine preventive care topics than those who used traditional paper-based systems (Adams WG, et al. *Pediatrics.* 2003;111:626-632).

"Electronic medical records do not always save time, but they do improve quality," Dr. Adams said.

Computers also can supplement brochures and handouts as an efficient means of disseminating information.

Darshak Sanghavi, M.D., recently completed a CATCH-funded study looking at the effectiveness of a computer-based tutorial administered in an office waiting room prior to well-child care visits.


Dr. Sanghavi

The computer program asked parents questions about safety, child care, nutrition and behavior, based on their child's age. If the parent answered a question incorrectly, the computer immediately would provide correct information. The pediatrician then could review the results with the parent during the well-child visit and offer additional information, including handouts.

Dr. Sanghavi said that parents' knowledge "vastly improved" after the computer tutorial, and the results showed a greater comprehension of the subject matter than when parents received written materials alone.

Finally, the use of nurse practitioners and other health care staff to provide preventive care also may ease time constraints.

Researchers recently estimated that primary care physicians could spend more than seven hours each day solely on preventive care (Yarnall K, et al. *Am J Public Health.* 2003;93:635-641). The study recommends that other health care staff oversee preventive care, allowing physicians to concentrate solely on "acute and chronic care."

Health supervision resources

Earlier this year, the Academy received funding from the Maternal and Child Health Bureau to launch the Bright Futures Education Center and to implement Bright Futures guidelines within the pediatric community. Pediatricians, family physicians, nurses, nurse practitioners, dentists and others will work together to update and promote Bright Futures publications and recommendations.

Currently, Bright Futures is updating *Guidelines for Health Supervision of Infants, Children & Adolescents* and integrating it with the AAP *Guidelines for Health Supervision III.* The new combined resources "will be more useful to the practicing pediatrician," said Judith S. Shaw, R.N., M.P.H., co-chair of the Bright Futures Education Center.

"What we hope to do with Bright Futures over the next five years is to take what everyone agrees is an incredible resource and manual, and to bring it down to a more practical level," Shaw said.

Parents also should have access to Bright Futures' information, she added.

"People are doing wonderful things in their practices when they're seeing kids," Dr. Duncan said. "They're getting through a lot of material and being very responsive to what the parent or young person needs during the visit.

"We (Bright Futures) want to help clinicians to balance the list of things that they could go over to make a difference with the kids with what's on the parent's and young person's mind."

For more information on Bright Futures, visit http://brightfutures.aap.org. To order Bright Futures publications, call (888) 227-1770 or visit the AAP Online Bookstore at www.aap.org/bookstore.

This month in *Pediatrics*

The following are published in the August *Pediatrics*:

Prevention of Drowning in Infants, Children and Adolescents
– A Policy Statement from the AAP Committee on Injury, Violence and Poison Prevention

Prevention of Drowning in Infants, Children and Adolescents
– A Technical Report from the AAP Committee on Injury, Violence and Poison Prevention

Prevention of Medication Errors in the Pediatric Inpatient Setting
– A Policy Statement from the AAP Committee on Drugs and the AAP Committee on Hospital Care

Prevention of Pediatric Overweight and Obesity
– A Policy Statement from the AAP Committee on Nutrition

The full text of these documents can be accessed on the AAP Policy Web site: www.aappolicy.org.

Correction

The headline on the therapies for allergic disease article in the Focus on Subspecialties section of the June issue (p. 273), should have read: "Anti-IgE is a novel therapy for allergic disease."