Doing Better For Teens:

Proven Strategies to Improve Adolescent Well Visit Rates and the Quality of Care

Presented by:
Ohio Chapter, American Academy of Pediatrics
With funding from the Ohio Department of Health
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  – Cornerstone Pediatrics
  – Ohio AAP, TALK Medical Director
  – Ohio Adolescent Health Partnership (OAHP)

No Financial Disclosures

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• Adolescent Medicine Physician
  – Akron Children’s Hospital
  – Ohio AAP
  – Ohio Adolescent Health Partnership (OAHP)
Agenda

• Understanding Adolescent Development
• Developing Comfort with Adolescent Health
• Improving Prevention through Well Visits
• Incorporating Strategies to Improve Care
• Changing the “Well Care” Paradigm
ADOLESCENT DEVELOPMENT & UNIQUE NEEDS
ADOLESCENCE: A period of rapid growth second only to infancy

- Rapid growth can increase risks and resiliency
- Developmental needs trigger anticipatory guidance
- Habits formed lay the foundation for adult health
- Education plays a big role
Hello. I'm here to ruin my son's life by humiliating him beyond recognition.

Sign here.

What I said was, "I'm here to take my son to his pediatrician appointment."

Same thing.
Key Elements To Success

• Make the most of every opportunity

• Must clarify both the parent’s and teen’s agenda for the visit and address both

• Like most things related to preventive health, it is about focusing on the “long game”
WHAT'S YOUR PROBLEM WITH SEEING A PEDIATRICIAN, JEREMY?

ARE YOU KIDDING??

MOM, I'M FIFTEEN YEARS OLD!

IN A YEAR I'LL HAVE A DRIVER'S LICENSE!

IN THREE YEARS I'LL BE ABLE TO VOTE!

I THINK I'M JUST A LITTLE BEYOND THIS ON THE MATURITY SCALE.

I THINK I'M JUST A LITTLE BEYOND THIS ON THE MATURITY SCALE.

HEY! POWER RANGERS!
Who Do We Have Today?

- Well rested teen with excellent executive functions…
- Tired Teen who just broke up with boyfriend or girlfriend…
- Distracted, angry teen who just missed the cut for the basketball team…
Jeremy Duncan?
The doctor will see you now.

Do you want me to go in the exam room with you?

Are you trying to make up your mind?

I'm trying to think of a word that's no-er than "no."
Mrs. Duncan, would you step out of the room while I ask Jeremy some questions?

Um, okay.

I mean, absolutely! Doctor-patient confidentiality, right?

No problem!

Click!

She's listening at the door, isn't she?

What do you think?

I am not!
Confidentiality

• Key component to access for teens to health care

• Some alone time with the provider is essential for comprehensive quality care for teens

• Needs to be embedded in the office culture – from front desk to provider to relationship with teen and family
Structure of Confidentiality as Part of the Visit

• **Give adolescent time alone**
  – Normalize practice for all adolescent patients

• **Outline confidentiality**
  – Discuss confidentiality before there is a need
  – Send letter to new adolescent patients/ families and those entering adolescence
  – Ensure that office staff is aware of confidentiality laws
  – Always explain the limits of confidentiality
  – Post confidentiality policy

• **Discuss role of parent**
Lack of Confidentiality = CONSEQUENCES

• When confidentiality not assured teens will:
  – Forgo health care
  – Be less forthcoming with their health concerns
  – Be the most at risk
    • Higher prevalence of risk behaviors
    • Describes “unsatisfactory communication” with parents

• National Longitudinal Study for Adolescent Health
  – interviews (n=2438)
JAMA Study of 556 sexually active adolescents visiting a family planning clinic

If mandatory parental notification was required for contraception:

- 59% would stop using ALL health services
- 11% would discontinue or delay HIV or STI testing and treatment
- 1% would stop having sex

JAMA 2002; 288:710-714
## Parental Opinions of Pediatricians Discussing Psychosocial Issues

<table>
<thead>
<tr>
<th>Topic</th>
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<td>Nutrition</td>
<td>96%</td>
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<td>Exercise/sports</td>
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Clin Pediatr 1993; 32: 542
## Parental Opinions of Pediatricians Discussing Psychosocial Issues

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<th>Topic</th>
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<td>Skin care</td>
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<td>Depression</td>
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<td>Contraception</td>
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<td>Pregnancy</td>
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<td>Suicide</td>
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<td>School</td>
<td>69%</td>
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Parental Attitudes Toward Confidentiality

- Parents recognize benefits of confidentiality
  - Opportunity to talk about sensitive matters
  - Hear teen’s point of view
  - Help teen learn to take responsibility for health care
  - Strengthens bond teen and doctor
  - Child will be more truthful

- Sample of parents in adolescent medicine clinic:
  - Anonymous survey (N=86)
• **Parent-Adolescent Collaborative**
  - History, management done jointly
  - Early adolescence

• **Adolescent primary- Parent Secondary**
  - Adolescent primary focus
  - Adolescent has time alone with clinician
  - Middle Adolescence

• **Adolescent primary- Parent Optional**
  - Communication limited to adolescent
  - Confidentiality preserved
    - Except for danger to self or others
  - Late adolescence
Communication Models for Adolescence

- Split visit gives opportunity to encourage teen-parent communication
  - Can tailor to specific needs of teen without betraying trust
Domains Of Adolescent Development

- Physiological
- Psychological
- Social
- Potential problems
• **EARLY:** Cognitive and physical growth, brain growth not finished  
  11-14 YEARS

• **MIDDLE:** More independent activities, driving, dating, more risk, brain development not finished  
  15-17 YEARS

• **LATE:** More adult goal oriented, college, work, intimacy, brain growth not finished  
  18-21 YEARS
I DON'T UNDERSTAND WHY YOU'RE DOING THIS.

THAT'S BECAUSE YOUR BRAIN IS ONLY A HALF-DOGBERT.
- Initiation and progress of development through these domains - while parallel - may not start or finish at the same time

- Concept of the interaction of physical and cognitive development if not in sync – the early or late bloomer

- Adolescence: the most rapid period of growth and development outside the newborn period
Adolescent Skill Development Examples

- WATER SAFETY: learn to swim
- BIKE RIDING: learn to ride, wear a helmet
- HEALTH LITERACY: learn about illness, read labels on bottles
- DRIVING: drivers education, seat belts, no texting & driving
- SEXUAL HEALTH: decisions, STI prevention, contraception
- SUBSTANCE USE: peer pressure, risks, long-term goals
- MENTAL HEALTH: stress management, healthy relationships
- RESILIENCY: coping skills, social supports, on-line safety
Sense of Mistrust

Breakdowns

Role Diffusion

Sense of Inferiority

Sense of Guilt

Sense of Shame & Doubt

Sense of Mistrust

Periods of Life:
- Adulthood
- Adolescence
- Childhood
- Infancy
LEGAL CONSIDERATIONS
Legal Issues in Adolescent Health Care

• Mature minor

• Minor treatment statutes
  – General Medical Care, Emergency Care, Care for their child
  – STIs/ HIV, Pregnancy, Contraception, Abortion, Sexual Assault
  – Substance Abuse, Mental Health
  – Blood Donation, Organ donation/ transplantation

• Other state laws regarding information disclosure to parents
  – Requirement vs. Permitted vs. Prohibited vs. Silent
Legal Issues in Adolescent Health Care

• Emergency
  – Care permitted in emergency situations
• Contraception
  – Supreme Court decision recognizes constitutional right to privacy for minors
• Title X and Medicaid
  – Confidentiality protections for family planning
• Abortion
  – Judicial bypass required with parental notification/ consent
HIPAA

- HIPAA laws defer to state laws on the ability of minors to control access to portions of their medical record related to care minor could legally consent to on their own

- May request:
  - Confidential communication
  - Limits on disclosure of information because of concern of danger/harm

- Protected health information can be disclosed if there is concern for safety of patient or public
Medical Record: Confidential Services

• Consider ways to document in the medical record while maintaining confidentiality
  – e.g. a separate part of the record that can be easily identified if the records are to be copied

• EMR/ “My Chart” challenges

• Arrange for ways to confidentially contact the adolescent
  – Cell phone (call or text)
  – Email (secure email)
Affordable Care Act & EOB: Confidentiality Concerns

- Coverage to ≤ age 25
  - Preventive services including STI screening and contraception without co-pay

- Insured as dependent so confidentiality concerns for ≥ 18 (not just minors)
  - Insurance Billing Claims: Explanation of Benefits

Advocates for Youth, Policy Brief, March 2014
Reimbursement Issues
Confidential Services

• Adolescents may be willing to pay
  – Parents not responsible for services obtained confidentially
  – Consider systems for the adolescent to pay for confidential services
  – With private insurance details of visit sent home may compromise confidentiality (EOB)

• Know alternatives for free or low cost reproductive health care for adolescents in your community
Role of Primary Care Providers
Teen Brain,
Harvard Magazine,
2008
Teenage Brain, National Geographic, 2011
Adolescent Well Care: National Data

Based on billing claims data

38%
Adolescents had a preventive care visit in the past year

35%
Adolescents received the recommended preventive services

How often do they come to the clinic?
For non-preventive care visits: 1-1.5 times/year
For preventive care visits: 0.15-0.28 times/year
Medical and Family History
+ Sports Participation Evaluation
+ Head-to-Toe Exam
+ Confidential Psychosocial Assessment
+ Preventive Health Screening
+ Immunizations
+ Anticipatory Guidance =

Comprehensive & Prevention-Oriented Well Care Visit
National Recommendations based on Evidence-Informed Consensus

- AAP’s Bright Futures:
  - History
  - Physical exam
  - Developmental & Psychosocial assessment
  - Preventive health screening

CDC’s ACIP Immunization schedule:
- Recommended immunizations

AAP’s Red Book & CDC’s STD Guidelines:
- STD screening recommendations
Recommendation Adherence monitored at National Level

- NCQA HEDIS metrics:
  - Adolescent Well Care Visits
  - Adolescent Immunizations
  - Chlamydia screening
  - BMI screening with Nutrition & Physical activity counseling

- Potential future HEDIS metrics:
  - Depression screening and appropriate follow-up
Ohio Department of Health
Strategic Goals

• Maternal & Child Health Block Grant
  – Priority Area: Adolescent Health
  – Goal: Increase the rate of adolescent well visits and their quality with particular focus on Medicaid eligible youth
  – 5-year Action Plan
Ohio AAP Adolescent Programs and Education

HPV Quality Improvement Program
Medical and Family History
+ Sports Participation Evaluation
+ Head-to-Toe Exam
+ Confidential Psychosocial Assessment
+ Preventive Health Screening
+ Immunizations
+ Anticipatory Guidance =

Comprehensive & Prevention-Oriented Well Care Visit
Medical History + Sports Evaluation

- Chronic medical conditions
- Interval changes – medical & family
- Family cardiac history
- Activity-related symptoms
- Injuries and concussions
- Comprehensive ROS
Head-to-Toe Physical Exam

- vital signs
- abnormal findings
- sports participation exam
  - Cardiac
  - Musculoskeletal
  - Skin
- pubertal development
Psychosocial Assessment

- Home
- Education
- Eating
- Activities
- Drugs
- Sex/Sexuality
- Suicide (Mental Health)
- Safety
Psychosocial Screening Tools

- AAP Bright Futures Supplemental Questionnaire
  - Nutrition/physical activity
  - Safety
  - Emotional Health
  - Substance Use
  - Sex

- CRAFFT, SBIRT
  - Substance use and abuse

- PHQ-2, PHQ-9
  - Depression

- Miscellaneous
  - SCARED, Y-PSC, FISTSS, SCOFF
## Preventive Health Screening

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Screening

**STDs:**
- FOR ALL: HIV (16-18yo), Pap (21yo)
- FOR SEXUALLY ACTIVE: CT, GC, HIV, (RPR) (yearly)
- Additional testing based on sexual practices

**Cardiovascular/Metabolic:**
- FOR ALL: Lipid screen (17-21yo)
- FOR OVWT/OBESE: Lipids, LFTs, glucose +/- A1C

**Miscellaneous:**
- Screening related to medical concerns
- Screening for college/job requirements
# Immunizations

## Information for Parents

### 2017 Recommended Immunizations for Children 7-18 Years Old

Talk to your child’s doctor or nurse about the vaccines recommended for their age.

<table>
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<tr>
<th>Age</th>
<th>Flu Influenza</th>
<th>Tdap Tetanus, diphtheria, pertussis</th>
<th>HPV Human papillomavirus</th>
<th>Meningococcal</th>
<th>Pneumococcal</th>
<th>Hepatitis B</th>
<th>Hepatitis A</th>
<th>Inactivated Polio</th>
<th>MMR Measles, mumps, rubella</th>
<th>Chickenpox Varicella</th>
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<td>9-10 Years</td>
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**More information:**
- Preteens and teens should get a flu vaccine every year.
- Preteens and teens should get one shot of Tdap at age 11 or 12 years.
- All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.
- All 11-12 year olds should get a single shot of the quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.
- Teens, 16-18 years old, may be vaccinated with a MenB vaccine.
Anticipatory Guidance

Building on Strengths
Empowering Health Ownership
Reducing Risk Behaviors
Promoting Good Health
Preparing for Transitions
Medical and Family History
+ Sports Participation Evaluation
+ Head-to-Toe Exam
+ Confidential Psychosocial Assessment
+ Preventive Health Screening
+ Immunizations
+ Anticipatory Guidance =

**Comprehensive & Prevention-Oriented Well Care Visit**
MAKING IT WORK IN A PRIMARY CARE SETTING
Cultivate an Adolescent-Friendly Environment

• Send a Teen & Family “Welcome to Adolescence” letter:
  – Opportunity to re-engage with families
  – Describe clinic confidentiality policy & why it is important
  – Highlight continued importance of yearly well visits & preventive care
  – Emphasize ultimate goal of adolescent health & well-being
WAITING ROOM

WHAT IS IT EXACTLY THAT BOTHERS YOU ABOUT SEEING A PEDIATRICIAN?
Cultivate an Adolescent-Friendly Environment

• Teen-oriented magazines, posters
• Appropriate size tables, chairs
• Private areas to complete forms, check in/ discuss reason for visit
• Health education materials for teens
• After-school hours
• Office staff: nonjudgmental, friendly, courteous, enjoy working with teens and their families
Cultivate an Adolescent-Friendly Environment

- Deliver on the promise:
  - Address both agendas – teen & parent
  - Incorporate 1:1 time with the adolescent at every visit
  - Help adolescents understand their confidentiality rights and limitations
  - Strive to include comprehensive services...and have referral options when you cannot

- **Remember** –
  - Parents & caregivers are your allies, but the teen is your patient
Cultivate an Adolescent-Friendly Environment

• Create a united (& educated) front:
  – From teen-friendly space…
  – To front staff…
  – To nurses & providers…
  – To upholding confidentiality in follow-up…

Help teens & families know that your clinic is a safe & welcoming space for their care
U of Michigan AHI video: Adolescent-friendly services
Increase Well Visit Attendance

- Integrate reminder systems and processes
- Couple well care to other patient needs
- Capitalize on school/local/state policies
- Make the most of EVERY opportunity
Efficient Reminder Systems

• Proactive: Anticipating the need
  • Population-based reports – well visits, immunizations
  • Reminder options: phone, text, letters, email
  • Preventive health message -- "welcome to adolescence" letters, marketing, etc
  • Scheduling next year’s visit today

• At time of service: Recognizing the need
  • Checking when communicating with clinic
  • Confirming during pre-clinic huddle
  • Optimizing EMR reminder systems
  • Completing or scheduling well visit when in clinic for other needs

• After the Fact: Reminding about the need
  • Follow-up communication if missed appointment
Coupling & Capitalizing on Common Needs

• Paying attention is key:
  – Needs sports physical
  – Needs medicine refill
  – Needs work permit
  – Needs ADHD follow-up, etc
  – Needs school immunization form
  – Etc…

Build in “checking for last well visit” into everyone’s processes
(front staff, schedulers, nurses, providers)
Making the Most of Every Opportunity

• Integrate preventive care needs into acute and follow-up visits
  – Psychosocial history/HEEADSSS, immunizations, screening, labs...
  – More likely if preventive care needs are known ahead of time
    • Team huddles, consistent clinic processes

• Think outside of the scheduling & billing box
  – Longer adolescent appointments with time-based billing
  – Modifier 25s for WCV + acute care combo appointments
  – Afternoon and/or weekend clinic hours
  – “Adolescent-champion” provider for teen appointments
Learn from others...
Ohio AAP TALK Learnings

- Proactive reminder systems are important - some more helpful than others
- Education goes a long way for families, teens and providers—Comprehensive Well Visit = Sports physical + More
- Text can be beneficial, but logistical barriers must be addressed
- EMR (or paper) templates can help – cues providers, minimizes typing, maximizes coding
- Insurance-Clinic Partnerships help spread the work and benefits

<table>
<thead>
<tr>
<th>Method</th>
<th>Scheduled Visit Rate</th>
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<tr>
<td>Postcards</td>
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<tr>
<td>Phone Calls</td>
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</tr>
<tr>
<td>Texts</td>
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Transforming Adolescent Care Learning Collaborative

#HealthyTeensMakeHealthyAdults
Plan Ahead to Save Time

• Pre-clinic team huddles/chart review
  – Due for preventive care?
  – Pertinent medical issues to address?
  – Anticipated screening needed?

• Pre-visit screening tools
  – Gathers info prior to provider portion of visit
  – Paper or digital versions
  – May link to EMR

• Sports Physical Forms
  – Medical and family history questions
  – Physical exam components for sports participation
  – Valid for 1 year in Ohio
Use Pre-Visit Screening Tools

• Comprehensive preventive care screening:
  – AAP Bright Futures questionnaire & supplemental form
    • Early, mid & late adolescent versions
  – Rapid Assessment for Adolescent Preventive Services (RAAPS)
    • Early, mid & late adolescent versions

• Condition-specific screening:
  – Depression: PHQ-2, PHQ-9
  – Anxiety: SCARED
  – Mental Health: Pediatric Symptom Checklist (PSC)
  – Substance Abuse: CRAFFT
Remember to give adolescents a confidential space to fill out screening forms.
Meet Teens Half-Way

- Establish adolescent confidentiality both in words and actions

- Harness the power of technology and social media
  - Reminders
  - Preventive health messages
  - Follow-up
  - Tech-based screening tools

- Support adolescents in taking ownership of their health
  - Discuss transitioning to adulthood
  - Encourage parents to do the same
  - Supply tools to help: gottransition.org, #HealthyAdulting
Make it Sustainable

• Make coding and documentation work for you
  – Modifier 25 when applicable
    • Time-based vs problem-based reimbursement
  – Document CPTs for screening tools and counseling
  – EMR reminders for needed screening, services

• Take advantage of natural overlap of goals
  – HEDIS, health insurance incentives, quality goals

• Help providers and staff feel comfortable and prepared
  – Educate staff on adolescent health topics and confidentiality concerns
  – Connect with local resources

• Embed preventive care services into your clinic processes
CHANGING THE PARADIGM
“Adolescence is a time of rapid development, second only to infancy”

– Educate families and staff

– Emphasize the role of prevention in healthy development

– Give teens and parents tangible benefits of care
“Kids are not just small adults. Teens are not just big kids OR small adults”

- Adolescence is a unique developmental stage with unique needs

- Importance of developing and establishing healthy habits for adulthood

- Goal to minimize risks and maximize resiliency

- Meet teen needs both in clinic space and clinic relationships
“Taking care of teens takes time”

- Give providers tools to create better adolescent care = Time + Skills + Confidence

- Create adolescent-friendly systems to maximize teen comfort and provider effectiveness

- Make the most of every opportunity

- Leverage common goals with our healthcare partners – Insurers, Communities, Policy Makers, etc
“Creating a culture shift to value and prioritize prevention”

- Adolescent behaviors and development:
  - Largely predict preventable causes of death & injury
  - Establish adult habits and health
  - Are positively influenced by healthy resiliency skills and supports

Well care = Preventive care = “Living Well”
WHATEVER YOUR PASSION, REGULAR WELLNESS VISITS HELP YOU LIVE WELL.

WHATEVER YOU`RE PASSIONATE ABOUT, fitness or food, music or your favorite sports team, regular checkups help you live well so you can create more memories. During your checkup, you may discuss and receive a number of screenings, vaccines and other care that help you take charge of your health and your family's health. And there is little or no cost if you are enrolled in Medicaid or the Children’s Health Insurance Program (CHIP). For more information visit healthfinder.gov, and call your doctor or local health clinic to schedule a visit today.

CMS Product No. 11926
July 2015
So, don’t forget…

Remind adolescents and families about the importance of annual well visits and get them scheduled today!
Provider Resources

• 3 handouts:
  – University of Michigan example "letter from provider" (to teen & to parent)
  – Ohio AAP Summary of Ohio adolescent confidentiality laws
  – Medical coding tips

• Adolescent Health Working Group (AHWG), Adolescent Provider Toolkit - [http://ahwg.net/resources-for-providers.html](http://ahwg.net/resources-for-providers.html)
• University of Michigan, Adolescent Health Initiative (AHI) - [http://umhs-adolescenthealth.org/home/about-us/](http://umhs-adolescenthealth.org/home/about-us/)
• National Adolescent and Young Adult Health Information Center (NAHIC) - [http://nahic.ucsf.edu/category/clinical-preventive-services/](http://nahic.ucsf.edu/category/clinical-preventive-services/)
• American Academy of Pediatrics (AAP), “Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care” (coding tips relevant to adolescent services beyond transition care) - [http://www.gottransition.org/resourceGet.cfm?id=352](http://www.gottransition.org/resourceGet.cfm?id=352)
Interested in Partnering for Impact?
Acknowledgements

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• Gayathri Chelvakumar, MD, MPH
QUESTIONS?
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