Improving Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength- and Risk-Based Screening Tools

Colleen Reuland, MS
reulandc@ohsu.edu  www.oregon-pip.org

Do not copy or reproduce without proper citation.
Note: This webinar is supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services and the content provided is solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.
Recap: OPIP’s Webinar Series

Part 1: What, Why and How to **Educate** about Adolescent Well-Care Visits
   • Three webinars

Part 2: From **Recommendations** to Implementation: Implementing & Documenting AWV in Alignment with CCO Incentive Metrics
   • **Today’s webinar**, plus 4 others

Part 3: Going to Them – Leveraging Partnerships with School Based Health Centers (SBHCs)
   • Two webinars
Part 2: From Recommendations to Implementation: Implementing & Documenting AWV in Alignment with CCO Incentive Metrics

1. Structure & Composition of adolescent well-care visits (today)
2. Privacy and Confidentiality
3. Depression Screening and Follow-Up for Adolescents
4. Substance Abuse Screening, Brief Intervention, Referral and Treatment for Adolescents

Do not copy or reproduce without proper citation.
Goals For Today’s Webinar

• Highlight a framework and tools and strategies OPIP has used to support implementation well-visits aligned with Bright Futures Recommendations:
  1. Getting adolescents in for well-visits
  2. Setting the stage for a successful well-visit, and for developing the adolescent as a health care consumer
  3. Implementing broad strength- and risk-based screening

• Provide real-world examples from primary care practices in implementing these strategies
• Based on these activities and learnings, highlight potential strategies CCOs could consider
Enhancing Adolescent Well-Visits: Three Strategies

1. Get Them In

2. Set the Stage for a Successful Well-Visit and for Develop the Adolescent as a Health Care Consumer

3. Implement Broad Strength- and Risk-based Screening
Enhancing Adolescent Well-Visits: Three Strategies

1. Get Them In

2. Set the Stage for a Successful Well-Visit and for Develop the Adolescent as a Health Care Consumer

3. Implement Broad Strength- and Risk-based Screening
How Do We Get Them In?

A. When they are in for other things, strategize on how to have the well-visit addressed

B. Target adolescents through community-based approaches that involve partnership with school and public health entities

C. Enhance adolescent and parent understanding about **WHY** adolescent well-visits are important
How Do We Get Them In?

**Strategy A and Strategy B**

A. When they are in for other things, strategize on how to have the well-visit addressed:
   - If feasible, convert the visit to a well-visit
   - Do not offer sports physicals, instead say they will address the sport physical in the well-visit
   - When they are in for acute or medication visits, set up a “follow-up” visit that is a well-visit

B. Target adolescents through community-based approaches that involve partnership with school and public health entities:
   - Consider where adolescents “park their cars” and go to them in outreach efforts
   - Focus of a future webinar is strategies we have used with SBHC
How Do We Get Them In?

**Strategy C**

C. Enhancing adolescent and parent understanding about **WHY** adolescent well-visits are important:

- There is a lack of clarity about WHAT an adolescent well-visit is and **WHY** it would be valuable
  - Parents did not experience well-visits that are recommended today
  - There used to be lack of coverage for annual well-visits

- A critical component of this work is documentation that explains to adolescents and their parents about what care can be provided confidentially, and the adolescent’s right to a private visit

- Use of materials that explain WHAT to expect in a well-visit and **WHY** it is different than what they may have experienced in the past
Operationalizing These Strategies: Learnings from the Front Line

1. The Children’s Clinic – RJ Gillespie
2. Multnomah County School Based Health Center – Kristin Case
3. Kaiser Permanente Northwest - Joyce Liu
Getting Adolescents in for Well-Visits:
Tips I Have Used

RJ Gillespie - The Children’s Clinic

• Culture change for patients and families... Why the change?

• No sports physicals in our office... Only well- visits.

• Recall Systems:
  o In-house recall looks at patients who have not been in for over a year.
  o Partnership with ALERT to improve adolescent immunization rates: Letters are sent to those patients missing the Tdap, Menactra or HPV.

• Point of Care Reminders:
  o Patients in for ill visits, parents/patients requesting school/camp/sports forms, medication refill requests (especially asthma, ADHD).

• Transition Policy:
  o “Advertising” to families about tasks that need to be completed between 12 and 18 years of age.

Do not copy or reproduce without proper citation.
Getting Adolescents in for Well-Visits: Tips I Have Used

Kristin Case – Multnomah County

Access
- Bringing the services to the adolescent, i.e. schools.
- Walk-in and same day availability.
- Increase availability during sports physical deadlines.

Utilizing Episodic Visits
- Same day access for episodic visits to “build the relationship”.
- Incorporating wellness care into episodic visits.
- Pre-visit identification of wellness needs in ‘sick’ visits.

Involving the Parent/Guardian
- With confidential visits, encourage parent involvement in “non-confidential care”, i.e. wellness visits and immunizations.
- Contact parent around the importance of the adolescent well-visit.
- Outreach to schools.
Outreach:

- Interactive Voice Response (IVR) calls target all members aged 12 to 18 with chronic conditions (includes obesity, acne, etc.) who are past due for their annual well-child visit.  
  ✓ Repeat call in 4 months if no response.

- Outreach letters also sent in early summer for “healthy” teens (no chronic conditions) who are past due for their bi-yearly well-child visit.

- Centralized MA outreach to un-paneled patients with chronic conditions who are past due for an annual well-child visit.
Incorporating PE Into Acute Visits
(AKA: “I just came for pimples and now you want to do what?”)

- MA screens daily schedule to assess which teens are past due for a PE.
- MA asks permission, and if granted, preps the teen for a well-child visit: vitals, gown, teen questionnaire.
- Full PE (with screening) is done for all sports physicals.

Saturday Morning Clinics

- Staffed with just 1-4 providers with pre-scheduled well-child appointments.
- Often coupled with “Immunization Fairs” and other “Health Screenings”.

Do not copy or reproduce without proper citation.
Strategies a CCO Could Use

Support to Practices
- Highlighting these strategies and concepts for them - facilitate an understanding of the Bright Futures Recommendations
- Development of and connection to additional tools for use with patients
- Training AND Support for implementation

Informational Materials to Members
- Expressing the importance of these visits
  - To Youth (Focus of Future Webinar)
  - To Parents
- Highlight where and how to go about getting in for a well-visit
- Send lists to practices of those who have not accessed services
  - Consider adolescents who have had other kinds of services that may increase need for well visit
    - Any other kind of service
    - Adolescent with special health care need
Strategies a CCO Could Use

Payment Methods to Support Provision of Care at Time Convenient for an Adolescent

- Saturdays
- Later in the day
- Group-well visit models
Enhancing Adolescent Well-Visits: Three Strategies

1. Get Them In

2. Setting the Stage for a Successful Well-Visit and for Developing the Adolescent as a Health Care Consumer

3. Implement Broad Strength- and Risk-based Screening
Set the Stage for a Successful Visit

Three Important Factors:

1. Intentional, explicit, repeated, and EMPOWERING messaging that the adolescent is transitioning to being the primary patient (not the parent, on behalf of the child)

2. Intentional and explicit discussions about the adolescent’s rights related to confidential care

3. During the course of the visit, private time with the adolescent (meaning one-on-one, without the parent)
Transitioning to the Adolescent as the Primary Patient

• Bright Futures recommendations suggest that these discussions begin at age 12

• Creating an office policy for transition, and explaining this policy and related resources in the office

• Framing safe conversations about WHY you are transitioning the adolescent to being the primary patient
  ▪ Normative Statements: “We do this for all teens.” “To encourage good and open communication.”

• Encouraging small steps toward the direction
  ▪ Asking the adolescent first if they have any questions or concerns
  ▪ Encouraging the adolescent to call the office themselves, with the parent supporting them, if they are sick

• Great Resource: gottransition.org
Engaging Adolescents - Resource

- Community Care of North Carolina *as part of CHIPRA Demonstration Grant*
  - Video series (each about 6 min) outlining various elements
    
    https://www.communitycarenc.org/population-management/pediatrics/engaging-adolescents/
    
    Do not copy or reproduce without proper citation.
Confidential and Private Visits

• Define the visit structure for parents:
  o Explain that parents will be asked to leave, but that the visit will conclude with the parents back in the room
    ▪ “It’s our routine here for adolescent visits to ask any parent or guardian who accompanies the patient to step out so that we can have some private time with the patient to just go over some additional things that maybe would be more comfortable discussing with us privately.”

  o Explain the confidentiality rules for adolescents:
    ▪ “I won’t discuss this information with your parents unless you want me to.”
    ▪ “Sometimes, because of the limits of privacy, I have to share specific information like if you are going to hurt yourself or someone else.”
Examples of Explaining Privacy and Confidentiality

Customizable Handouts and Posters

*From the Adolescent Health Initiative*

---

[Teen Patient Handout]

We provide quality care for teens and young adults. We want to work together with you and your family to meet all of your health care needs.

As you become more independent and take on more responsibilities, we ask for more input from you about your health. Oregon law allows youth at age 14 to consent to some health care services on their own. Starting at age 14 (or other age that is standard in your clinic), it is our practice to ask all patients and guardians to wait outside for part of your visit. This gives you and your provider a chance to discuss anything you may feel uncomfortable talking about in front of others.

Your safety is most important to us. Know that if you are doing anything to hurt yourself, or others, or if some is hurting you, we may have to tell someone.

We will always encourage you to talk to your parents or guardians about your health. We can help start the conversation.

As you begin to take more responsibility for your health care, we trust you to:

- Learn about your medical problems, and let us know if you don’t understand something we are discussing
- Follow the treatment plan that we agree upon as best as you can
- Be honest. Tell us about your medical history, health behaviors, and all medications you are taking
- Let us know when other healthcare providers are involved in your care. Ask them to send us a report whenever you see them
- Be on time for your appointments. If you are not going to keep appointments, call to reschedule or cancel them at least 24 hours in advance
- Call us if you do not receive test results within 2 weeks
- Use the “after hours” line only for issues that cannot wait until the next work day
- Come to our health center when you are sick instead of going to the Emergency Room, so that someone who knows you and your history can take care of you
- Tell us how we can improve our services

We are always available to discuss your health problems or answer questions. We want to work with you to help you make the best choices for a healthy future.

*Some insurance plans may mail information about our visit to your home. Talk to your provider if you are using your family’s insurance and want confidential care.*
Examples of Explaining Privacy and Confidentiality

Customizable Handouts and Posters

From the Adolescent Health Initiative

Adapted to be Oregon Specific

Download available in documents section of the webinar interface
Privacy and Confidentiality Resources

• Adolescent Health Working Group:
  http://www.ahwg.net/resources-for-providers.html

• Physicians for Reproductive Health:
  http://prh.org/teen-reproductive-health/arshep-explained/
Minors Rights

• Understanding consent
  – Medical & dental services (ORS 109.640)
  – Mental health & chemical dependency (ORS 109.675)
  – Family planning/sexual & reproductive health (ORS 109.610/109.640)

• Confidentiality

• Mandatory reporting

Questions?

Download available in documents section of the webinar interface
Avoiding Breaches of Confidentiality

• Portal considerations
  – What is visible online – problems, medications, labs – that might reveal a specific conversation took place or service was delivered?
  – What is sent in an electronic After Visit Summary?

• Billing considerations
  – Explanation of benefits may reveal confidential components, even if parents aren’t in the room during the service.
    • Consideration of codes that reveal less information
  – Discussion with teen about potential risks of disclosure.

• Chart note considerations
  – Release of records usually will include all documents unless otherwise noted.
  – Does your EMR have a process for locking or flagging a document?

• After Visit Summaries
  – What is included, special attention to prescription meds
Operationalizing These Strategies: Learnings from the Front Line

1. The Children’s Clinic – RJ Gillespie
2. Multnomah County School Based Health Center – Kristin Case
3. Kaiser Permanente Northwest - Joyce Liu

Do not copy or reproduce without proper citation.
Setting the Stage – Tips I Have Used
RJ Gillespie - The Children’s Clinic

• It’s all about the framing… Growing Independence vs. “sex, drugs, and rock & roll”.

• “Conditional Confidentiality”

• Start the process at age 12… Give a road map for the next few years.
  o Explain confidentiality, privacy, the “adult model of care”.
  o Tell parents and patients that after age 14, part of the visit will be just between the teen and I.
  o Responsibility steps for the teen to take, based on age (knowing names of medications /doses/allergies, planning questions for well-visits, calling an advice nurse, making their own appointments, obtaining refills, etc.).
  o Still offer a chaperone during private exams.
  o Encourage teens to see their parents as a continued resource.
  o Visual version of policy statement.
The Adolescent Roadmap

- **At age 12-14:** Explain privacy laws, “conditional confidentiality”, give roadmap for next few years.
  - Expectations: knowing names of meds, allergies, medical conditions.
  - Skills: making appointments, getting advice from advice nurse, and filling prescriptions.

- **At 14:** Start having one-on-one time as part of visit. Reminders about “conditional confidentiality”.
  - Still offer chaperone for exam.

- **At 16:** Many parents are no longer accompanying patient to visit.

- **Overarching principles:** Offer choice based on comfort level, respect for parents’ ongoing role in patient’s life.
Transitioning From Pediatric to Adult Health Care

Transitioning from pediatric to adult health care can be a challenge for teens and young adults. The Children’s Clinic is committed to helping our patients make a smooth transition during this process.

This process involves working with youth, beginning at ages 12 to 14, and their families to prepare for the change from a “pediatric” model of care where parents make most decisions to an “adult” model of care where the youth take full responsibility for making decisions.

- We will work together with youth and families regarding the age for transferring to an adult provider and recommend that this transfer occur before age 22.

- Encourage teens and young adults to assume more responsibility and make more independent judgments for their health care needs.

- Our providers will identify and assist those patients who are at risk of having a more complicated transition due to special medical, developmental, social and/or environmental needs.
Anticipatory Guidance - 14-18YS: BRADLEY X TEST

Anticipatory Guidance - 14-18 Years

Discussed:
- Seat Belts
- Helmets
- Guns
- TV
- Substance Abuse
- Sexual Behavior
- Nutrition/Exercise
- STD's
- Condoms
- Contraception
- Handouts Given

Comments:

Adolescent Transition Planning
- Discussed Confidentiality Policy (HIPAA)
- Assess health care skills
- Set/Prioritize/review individualized transition plans.

For patients with intellectual disabilities:
- Discuss need for guardianship and alternatives.

Transition Planning

Comments/Notes:

Prev Form (Ctrl+PgUp)  Next Form (Ctrl+PgDn)

Close

Do not copy or reproduce without proper citation.
Setting the Stage – Tips I Have Used
Kristin Case – Multnomah County

- Confidentiality statement and Health History (including concerns the parent might want to discuss) included in initial paperwork for parent to review and complete.

- Standardized workflow around verbally reviewing confidentiality at the first visit and annually.

- Implementation of motivational interviewing skills when staging the visit.

- Reviewing the written questionnaire by starting with the least “threatening” questions.

- Discussing with the client which topics we can review with the parent at end of visit.

- Standardized workflow around involving the parent in the visit - pulling the parent into the room at the end of the visit.
Confidentiality

Your privacy is important to us!
If I am concerned about your safety or the safety of others, I will talk with another adult to help you!
CONFIDENTIALITY

Your privacy and safety are important to us. In general, adolescents may request privacy regarding some health information. If there is a safety concern, privacy cannot be maintained when you are less than 18 years of age or when we are required to report by law.

Having your parent or guardian included in your healthcare is important. We will work with you to involve them as needed while still protecting your privacy.

Oregon state law allows:

- General medical service may be provided to all clients 15 years and older without parent or guardian consent.
- Mental health (counseling) which includes drug and alcohol services may initially be provided to a person 14 years or older without parent or guardian consent.
- Family planning (birth control) and sexually transmitted disease services may be provided to a person of any age without parent or guardian consent.

There are certain situations related to your safety that must be reported, such as:

- You tell us that you plan to cause serious harm or death to yourself or someone else.
- You are doing things that could cause serious harm or death to you or someone else.
- You tell us you are being abused (physically, sexually or emotionally).
- You tell us you have been abused in the past (physically, sexually or emotionally).
- You tell us that you are having sex with someone who is three or more years older than you.
- You have a life threatening health problem.

You have the right to ask about treatment planned for you and to refuse that treatment. You have the right to a chaperone during an examination. (A chaperone is someone who watches the examiner during the examination).

Signed________________________ Reviewed with________________________ Date________

*Oregon State law requires a parent or legal guardian’s consent to provide medical treatment to an individual under 15 years of age except for family planning and sexually transmitted disease services. CRS 109-810, CRS 109-840, CRS 109-875
1. Start a discussion with the child and parent at the pre-teen WCC.
   • Opportunity to “practice” being the patient (teens as self-advocate)
   • Confidentiality laws
   • Pediatrician as a “trusted adult”

2. Make agreements with the staff (appointment staff, medical staff) to reinforce work flow.
   • Scripting to alleviate parental anxiety.
   • Timing of patient questionnaire (validity decreases when done with POTS – parents over the shoulder).
3. Set expectations at early teen WCCs.
   • Start and end appointment with both teen and parent in the room (esp. early teen years), but emphasize importance of alone time
   • Ensure parents have time to discuss concerns/ask questions
   • Allow teen to decide whether parent will stay for the exam (explain what will happen during the exam while parent is still in the room)
   • Be frank (again) about confidentiality laws (what can and cannot be kept confidential)

4. Use a gentle approach to sensitive topics.
   • Start screening questions with “I know some kids your age do or use x…”.
     o “Have you ever been around anyone who has done x?”
     o “Have you ever been asked or tried x?”
CCO Activities That Would Support These Concepts

Support to Practices

• Clarifications and resources in provider handbooks
• Support for training AND implementation
• EMR and Portal Support for Protecting Confidentiality
• Partner with OHA – Adolescent Health on Trainings related to the rules and regulations

Informational Materials to Members

• Explaining privacy and confidentiality rules
• “Welcome” letter directly to the teen at 12 explaining their rights and explaining how to use services
  • As they get older, mailing and overviews targeted to teen frame of mind
Enhancing Adolescent Well-Visits: Three Strategies

1. Get Them In

2. Setting the Stage for a Successful Well-Visit and for Developing the Adolescent as a Health Care Consumer

3. Implement Broad Strength- and Risk-based Screening
Use of Broad-Based Tools That are Strength- & Risk-Based Screening Tools

• All of our practices built screening into well-visits
  ▪ A number of issues identified with opportunistic screening at sick visits

• Given that screening is ONE part of the larger visit, wanted to streamline all relevant items into one form

• Strongly encouraged the use of a strength-based approach
  ▪ Goal is to build trust, report and positive experience – so they will be honest and will come back!
  ▪ Data is more actionable

• Include Depression and Substance Abuse Screening
  ▪ Depression and SBIRT part of the CCO incentive metrics and will include adolescents in 2015
Use of Broad-based Tools: Strength- and Risk-Based Screening Tools

Tools:

1. Global tool developed by The Children’s Clinic
   Parent AND Adolescent versions available in document download area of webinar interface

2. Bright Futures Pre-Visit Encounter Form
   http://brightfutures.aap.org/tool_and_resource_kit.html

3. Well-Visit Form Used by Multnomah County SBHC
   Available in document download area of webinar interface

Other tools we have seen:

a. GAPS - Guide to Adolescent Preventive Services - American Medical Association Tool

b. Oregon Pediatric Society has developed START modules for Adolescent Depression and SBIRT Screening - available now for providers to receive training
   http://oregonpediatricsociety.org/programs/ops-programs/start/adolescent-depression-care/
Key Learnings from Practices Using These Tools

1. Identified adolescents they were sure were “Fine”

2. Use of the parent tool helped to distract the parent and engage the parent in the topic, while the teen completed the survey
   • Parent information invaluable in partnership oriented care to meet needs of the youth

3. The items about what they would want if they had four wishes are VERY telling

4. Strengths are JUST as important, if not more important, than the risks identified

5. Completing the tool takes time - consider that when designing workflows
Operationalizing These Strategies: Learnings from the Front Line

1. The Children’s Clinic – RJ Gillespie
2. Multnomah County School Based Health Center – Kristin Case
3. Kaiser Permanente Northwest - Joyce Liu
Global Adolescent Well-Visit Screening Tool Used in The Children’s Clinic

• Two versions:
  • Adolescent completed
  • Parent completed two-pages

• Practice originally used the OMA tool based on GAPS, but wanted to use a more strength-based approach

• Form is built into their EMR
  • Results are query-able
  • Screening results scored and flags set up that relate to next steps
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

Name: ___________________ Date of Birth __________ Date __________

1. Why did you come to the clinic today? __________________________________________

2. Do you have any concerns to discuss with the doctor today? __________________________

3. Who lives in your home? ______________________________________________________

4. Who do you talk to when things aren’t going well? ________________________________

5. Have you ever been in counseling? Yes ___ No ___

6. Are you in counseling now? Yes ___ No ___

   If yes, who are you seeing? ____________________________________________________

School
1. Are you in school? Yes ___ No ___

   If yes, what school? ___________________________ And what grade? __________

2. What do you like most about school? ___________________________ And what grade? __________

3. Compared to last year, are your grades ________ the same ________ better ________ worse ________

4. Have you ever cut classes, skipped school, been expelled, or been suspended? Yes ___ No ___

5. What do you do after school? __________________________________________________

6. Do you work? Yes ___ No ___ If yes, on average how many hours per week? ________

Health Habits
1. Have you seen a dentist in the last year? Yes ___ No ___

2. How many times a week do you exercise? ________ For how long? ________

3. What do you do for exercise? __________________________________________________

4. Are you satisfied with the size or shape of your body, and your physical appearance? Yes ___ No ___

5. In the past year, have you tried to lose weight or control your weight by starving, taking diet pills, laxatives, or starving yourself? Yes ___ No ___

6. Does anyone in your family drink or take drugs so much that it worries you? Yes ___ No ___

7. Do you regularly use:
   a. Cigarettes? Yes ___ No ___
   b. Helmets? Yes ___ No ___
   c. Sunscreen? Yes ___ No ___

Personal Concerns (Check any items below which concern or trouble you)

- Stress at home
- Making Friends
- Anxiety or Nervousness
- Sleeping Problems
- Boyfriends or Girlfriends
- Other

Muscle or Joint Pain
- Skin problems or acne
- Being Tired all the time
- Stomach ache
- Diarrhea or constipation
- Dizzy spells or fainting

Thoughts about Yourself
1. If you had four wishes what would they be? ______________________________________

2. Is there anything about yourself or your life you would like to be different? Yes ___ No ___

   If yes, what? ________________________________________________________________

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

   a. Little interest or pleasure in doing things
      Not at all 0 Days 1 1 2 2 3 3
   b. Feeling down, depressed or hopeless
      Not at all 0 Days 1 1 2 2 3 3

Download available in documents section of the webinar interface

Do not copy or reproduce without proper citation.
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

Name: ______________________ Date of Birth ___________ Date ___________

1. Why did you come to the clinic today? ______________________________________

2. Do you have any concerns to discuss with the doctor today? ______________________

3. Who lives in your home? ____________________________________________________

4. Who do you talk to when things aren’t going well? ________________________________

5. Have you ever been in counseling? _____________________________________________
   __ Yes ___ No

6. Are you in counseling now? ____________________________________________________
   If yes, who are you seeing? ____________________________________________________
   __ Yes ___ No

Do not copy or reproduce without proper citation.
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

School
1. Are you in school? ___Yes ___ No
   If yes, what school? ___________________________ And what grade? ______
2. What do you like most about school? ________________________________
3. Compared to last year, are your grades ____________________________
   the same ___better ___ worse
4. Have you ever cut classes, skipped school, been expelled, or been suspended? ___Yes ___No
5. What do you do after school? ________________________________
6. Do you work? ___ Yes ___ No
   If yes, on average how many hours per week? ___
## Health Habits

1. Have you seen a dentist in the last year?  
   ___ Yes ___ No

2. How many times a week do you exercise? _____ For how long? ______

3. What do you do for exercise? ___________________________
   ___ Yes ___ No

4. Are you satisfied with the size or shape of your body, and your physical appearance? ___ Yes ___ No

5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself? ___ Yes ___ No

6. Does anyone in your family drink or take drugs so much that it worries you? ___ Yes ___ No

7. Do you regularly use:  
   a. Seatbelts? ___ Yes ___ No  
   b. Helmets? ___ Yes ___ No  
   c. Sunscreen? ___ Yes ___ No
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

**Personal Concerns** (Check any items below which concern or trouble you)
- Stress at home
- Making Friends
- Anxiety or Nervousness
- Sleeping Problems
- Boyfriends or Girlfriends
- Anger or temper
- Skin problems or acne
- Diarrhea or constipation
- Headaches or Migraines
- Other
- Muscle or Joint Pain
- Being Tired all the time
- Stomach ache
- Dizzy spells or fainting

*Do not copy or reproduce without proper citation.*
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

**PHQ-2 Questions**

<table>
<thead>
<tr>
<th>Thoughts about Yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If you had four wishes what would they be?</td>
</tr>
<tr>
<td>2. Is there anything about yourself or your life you would like to be different? ____ Yes ____ No</td>
</tr>
<tr>
<td>If yes, what?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
</tr>
<tr>
<td>a. Little interest or pleasure in doing things</td>
</tr>
<tr>
<td>b. Feeling down, depressed or hopeless</td>
</tr>
</tbody>
</table>
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

**Personal Habits**
During the Past 12 Months, did you:

1. Drink any **alcohol** (more than a few sips)?
   - Yes
   - No
2. Smoke any **marijuana** or hashish?
   - Yes
   - No
3. Use **anything else** to get high?
   - Yes
   - No
   ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")
4. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
   - Yes
   - No
5. Do you ever use **alcohol** or drugs to RELAX, feel better about yourself, or fit in?
   - Yes
   - No
6. Do you ever use **alcohol** or drugs while you are by yourself, or **ALONE**?
   - Yes
   - No
7. Do you ever **FORGET** things you did while using alcohol or drugs?
   - Yes
   - No
8. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
   - Yes
   - No
9. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?
   - Yes
   - No
10. Do you smoke cigarettes and/or use any other tobacco products?
    - Yes
    - No
11. Has anyone touched you in a way that made you feel uncomfortable or forced you to do something sexual that you did not want to do?
    - Yes
    - No

**CRAFFT Questions**
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

**Sexual Health**

1. Are you attracted to: ___ Males ___ Females ___ Both ___ Not Sure
2. Have you ever had sexual experiences? ___ Yes ___ No

   **If no, go to the next section.**

   If yes, what? ___ Kissing ___ Touching Private Parts ___ Oral Sex ___ Sexual Intercourse ___ Other

3. How many sexual partners have you had? ______
4. Are you or your partner using a method to prevent pregnancy? ___ Yes ___ No

   If yes, what kind of birth control? __________________________

5. Do you and your partner(s) always use condoms when you have oral sex and/or intercourse? ___ Yes ___ No
6. Have you ever had a sexually transmitted infection or disease (Herpes, Chlamydia, Gonorrhea, Genital Warts) ___ Yes ___ No
7. Have you been pregnant or gotten someone pregnant? ___ Yes ___ No
Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

For Females
1. At what age did you start your menstrual periods? ________
2. Do you have a period every month? ___ Yes ___ No
3. Any problems with your periods?
   If yes, what and when ________________________________
   ___ Yes ___ No
4. Are you worried you might be pregnant? ___ Yes ___ No

For Males
1. Have you been taught to do a testicular self exam? ___ Yes ___ No
2. Have you noticed any change in the size or shape of your testicles? ___ Yes ___ No
EMR Forms that Map to this Tool

The Children’s Clinic

- As mentioned earlier, we previously used an OMA form, we didn’t have standardized screens embedded within the tool

- Help ensure patient confidentiality
  - Form structure
  - Parent forms to be completed at the same time (PSCDRAF)

- Decision support to providers to help ensure follow-up PHQ-9 if PHQ-2 is positive
14-18yr Risk Behavior Screen: BRADLEY X TEST

14-18yr Risk Behavior Screen

All Discussed

Discussed

☐ Alcohol
☐ Tobacco
☐ Drugs
☐ Sexual Activity
☐ Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative.  ☐ Yes  ☐ No

PHQ2 Score: ____________________

CRAFFT Score: ____________________

Comment

Prev Form (Ctrl+PgUp)  Next Form (Ctrl+PgDn)  Close
Broad-based Strength and Screening Assessment Tools We Have Used
Kristin Case - Multnomah County SBHC

- **Written annual questionnaire for the younger and older adolescents**
  - Based on Bright Futures topics
  - Identification of risks and strengths
  - Parent input
  - Safety questions ie. abuse and suicide risk
  - Pre-screening tools on depression and substance abuse
    - PHQ-2
    - Pre-CRAFFT
  - If positive questions, refer to screening tool as indicated
    - PHQ-9
    - CESD
    - CRAFFT
    - SCARED
    - Vanderbilt
    - PSC

- **EHR Documentation**
  - “Episode” to review for Bright Futures topics covered and preventive care (WCC, last Chlamydia, BMI, Lipids, etc) completed
  - Health Assessment build
Bright Futures Categories

• Physical health, nutrition and activity
• Oral health
• Emotional well-being
• School and friends
• Safety and injury prevention
• Risk reduction
• Strengths
SBHC Adolescent Health Assessment
(Grades 9-12)

Today's Date: ________________

Please answer these questions to help us get to know you and together we can plan the best care for you.

It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES ☐ NO ☐

PHYSICAL HEALTH, NUTRITION AND ACTIVITY
1. How happy are you with your weight? Not at all 0 1 2 3 4 5 Very happy
2. How interested are you in changing your eating habits? Not at all 0 1 2 3 4 5 Very interested
3. Have you tried to lose or control your weight by making yourself throw up or by taking laxatives? YES ☐ NO ☐
4. Are there times when your family does not have enough food to eat? YES ☐ NO ☐
5. What exercise, sport or strenuous activities do you enjoy doing?
6. How many hours per day do you watch TV, go on the Internet or play video games?

ORAL HEALTH
1. Do you brush your teeth 2 times a day? YES ☐ NO ☐
2. Do you floss your teeth daily? YES ☐ NO ☐

EMOTIONAL WELL BEING
1. Who do you live with?
2. Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES ☐ NO ☐
3. How well do you get along with your household members/family? Don't get along at all 0 1 2 3 4 5 Get along great
4. On the whole, how much do you like yourself? Not at all 0 1 2 3 4 5 A lot
5. Do you often feel worried, nervous, or scared? YES ☐ NO ☐
6. Over the past two weeks, have you been bothered by any of the following problems?
   - Feeling down, depressed, or hopeless? YES ☐ NO ☐
   - Little interest or pleasure in doing things? YES ☐ NO ☐
7. Have you thought about or tried to kill yourself? YES ☐ NO ☐
8. Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES ☐ NO ☐

SCHOOL AND FRIENDS
1. How important is school to you? Not important at all 0 1 2 3 4 5 Very important
2. In the past 30 days, how often did you skip or cut school? Never ☐ 1-3 times ☐ more than 3 times ☐
3. Did you fail any classes last year or are you worried about failing any classes now? YES ☐ NO ☐
4. Have you ever been suspended or had a referral? YES ☐ NO ☐
5. I have at least one good friend or group of friends I am comfortable with. YES ☐ NO ☐

SAFETY AND INJURY PREVENTION
1. Do you always wear a seatbelt in the car? YES ☐ NO ☐
2. Does anyone bully, harass or pick on you? YES ☐ NO ☐
3. Do you or anyone close to you have guns or weapons? YES ☐ NO ☐
4. Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable? YES ☐ NO ☐

RISK REDUCTION
1. Have you had sex? YES ☐ NO ☐
2. Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections? YES ☐ NO ☐
3. During the past 12 months, did you:
   - Drink any alcohol (more than a few sips)? YES ☐ NO ☐
   - Smoke any marijuana or hashish? YES ☐ NO ☐
   - Use anything else to get high? YES ☐ NO ☐

(Anything else includes: illegal drugs and over the counter and prescription drugs and things that you sniff or "huff")
4. Have you ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? YES ☐ NO ☐
5. Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES ☐ NO ☐

PLEASE TELL US MORE ABOUT YOURSELF
1. Who is an adult you feel cares about and supports you?
2. What is something now that you are more independent than a year ago?
3. How do you cope when life feels hard?
4. What is something you are good at or enjoy doing?
5. What is something you do to stay healthy?
6. What is one thing that makes a healthy dating relationship?
7. What is something you do to keep yourself safe from injury and violence?
8. What school, community, employment or volunteer activity are you involved in?

Student signature: _______________________________

Download available in documents section of the webinar interface
Do not copy or reproduce without proper citation.
Standardized Questionnaire (Bright Futures-based) given to all teens, includes screening for:

- Home safety/concerns
- School successes/struggles
- Diet/supplements/body image concerns/exercise/screen time
- Sleep
- Sports readiness
- Sexuality/Abuse/Concern about pregnancy or STD/desire for birth control/menses (for females)
- Depression screening with PHQ-2 (follow up with teen with PHQ-9 if screens positive)
- Safety (seatbelt, driving, helmets, risky behaviors)
- Drug/EtOH use, friends using
- Outside activities
- Health concerns to be addressed

Alerts and information if due for:

- STD screening
- Overweight
- BP elevation
- Immunizations
- Depression screening or follow-up
CCO Activities That Would Support These Concepts

Support to Practices

- Highlighting these strategies and concepts for them
- For those supporting EMRs, build templates and support implementation
- Development of and connection to additional tools for use with patients
- Support for implementation of tools and workflows
- Identify resources in your network that address the follow-up steps for the risks they will identify when they use these tools

Informational Materials to Members

- Informational packets about what to expect
- Send full surveys home before the visit to have them complete
- Develop online or “apps” that allow this information to be gathered
Questions? Clarifications?

For questions please contact:

– Colleen Reuland (Director of OPIP)
– reulandc@ohsu.edu
– 503-494-0456
### Next Webinar

**Educating Youth About Adolescent Well-Care Visits**

**Overview of key considerations, tools, and strategies CCOs could use to support youth education at the system and practice level**

**Thursday, June 16th @ 1-2 PM**

*Thank you!!*

*Do not copy or reproduce without proper citation.*