

## Improving Access to and Quality of Adolescent Well-Care Services Through Partnerships with School Based Health Centers

### 1. Project Aims

This project aims to improve the **provision of adolescent well-visits** at a community-level through leveraging partnerships with School Based Health Centers (SBHC). Pilot SBHCs will receive **training and practice facilitation** to implement Bright Futures recommendations aligned well-visits that include the anticipatory guidance, strength and risk behavior-screening (such as depression), and follow-up steps for issues identified. **Educational materials** will be developed for adolescents and their parents that provide information about why well-care is important, what to expect, and the unique role SBHCs can play in providing well-child care. Models for enhancing **population management and care coordination** with primary care practices will be developed. Throughout the project, **barriers will be identified** and **policy-level improvements** targeted through existing partnerships with the Oregon Health Authority and Oregon School Based Health Alliance. The project is proposed to impact all adolescents, thereby impact OEBB employees and their children and addresses a priority area in the OEBB contracts. One area for recruitment is also in Eastern Oregon.

### 2. Project Summary

*Evidence-Base and Need for the Project:* The 2010 Affordable Care Act (ACA) included expansion in **coverage** for, and **access to, Bright Futures (BF) preventive services**.<sup>1</sup> While generally characterized by good health, adolescence is a key transition period in the life course that requires a unique set of health care services.<sup>2</sup> When adolescents access a well-visit consistent with BF recommendations, they receive screening, anticipatory guidance, and health education that addresses multiple **Healthy People 2020 objectives**.<sup>3</sup> This allows for **critical early identification of physical, mental and behavioral health risk factors**. Oregon Healthy Teens Survey highlights health challenges faced by youth that could be addressed in these visits, including the following: 1 in 4 had an unmet physical health care need, emotional health care need, or both in the past year; over a quarter (27%) were at risk for depression in the past year; 15% contemplated suicide in the past year; 31% used alcohol; 13% used tobacco; 14% used drugs in the past month; almost half (45%).<sup>4</sup>

Despite expansion in coverage, national data show that **less than half (46%) of adolescents aged 12-21 on received a well-visit** in the past year, representing the population with the lowest utilization of primary care of all age groups.<sup>5</sup> These numbers are worse in Oregon, **with the state reporting in the lowest quartile for well-visits rates at 29.2%**.<sup>6</sup>

As part of OHA's implementation of the ACA and health care transformation, access to and quality of adolescent well visits have been identified as priorities. Both are part of the **incentive metrics** for Coordinated Care Organizations (CCOs)<sup>6</sup> and are also included in the **OEBB contracts**. During the baseline measurement year (2011), only 27.1% of adolescents had an annual well visit; this rate increased minimally to 29.2% in 2013, with racial and ethnic disparities unchanged.<sup>6</sup> Two CCO incentive metrics address specific components of Bright Futures aligned well-visit- depression screening and alcohol and drug use screening (SBIRT) – and will include adolescents beginning in 2015.<sup>7</sup> For the period of July 2013 – June 2014 the adolescent SBIRT screening rate appears to be <1%.

Given their location and established trust with teens to provide confidential and teen-centered care, **School Based Health Centers** can play a critical role in reaching this population through providing services, and coordinating with primary care. Recognizing the critical role they play, the Oregon Health Authority Office of Adolescent Health is expected to require a measure of **adolescent well-visits** and a

specific measure related to **screening** (e.g. depression screening) as part of the **Key Performance Measures (KPM)** all SBHCs are required to report as part of their contractual agreements with OHA.

Objectives:

- 1) To provide on-site **training and support** to participating **pilot SBHCs** to implement Bright Futures recommendation aligned well-visits that include anticipatory guidance, strength and risk behavior-screening and follow-up steps for issues identified. The training provided will be specifically aligned with the incentive metrics and KPM metrics focused on **access to well-visits** and **depression screening and follow-up**.
- 2) To develop **educational materials for adolescents and their parents** that provide information about why well-care is important, what to expect, and the unique role SBHC can play in providing well-child care. The direct-to- adolescent and parent materials are meant to support enhanced **access of well-child care**.
- 3) To develop and assess models for enhancing the SBHC's **population management and care coordination** with primary care practices. This includes development of specific methods for two-way communication between pilot SBHCs and high-volume primary care practices that serve adolescents in the community.
- 4) To identify **policy-level improvements** that address barriers and incentives identified through the project. This will likely include policies that relate to potential improvements to current incentive metrics, and strategies to enhance support for SBHCs.

Activities:

*Activities Related to on-site training **and support** to participating **pilot SBHCs:***

- Recruit pilot SBHCs in Washington County and Eastern Oregon. OPIP will work collaboratively with the Office Adolescent Health, Oregon School Based Health Alliance, and Eastern Oregon Coordinated Care Organization (EOCCO) to recruit potential SBHC sites (*see Letters of Support*). We will intentionally recruit a SBHC that is sponsored by a Federally Qualified Health Center and one that is not to ensure the pilot yields findings key to spread. Currently, recruitment is proposed to involve the 1) SBHCs sponsored by Virginia Garcia in Washington County (Commitment has been confirmed by VG leadership and the SBHC lead); and 2) A SBHC clinic to be identified at the March 2015 Community Advisory Committee (CAC) of EOCCO for the Eastern Oregon SBHC site, at which adolescent well-visits is a topic for the meeting. Please see the Letter of Support from EOCCO.
- Provide training on Bright Futures recommendations aligned well-visits. These trainings will include an overview of recommended content, and feasible tools and strategies that can be used to: 1) get adolescents in and 2) ensure the recommended content of care is provided. The trainings will have a specific focus on use of depression screening tools and trauma informed follow-up steps that can be used. They will be conducted on-site, and through webinars.
- Provide monthly on-site practice facilitation and coaching. An experienced OPIP practice facilitator will be assigned to the practice and will conduct monthly site visits. In-between site visits, the practice facilitator will check in via phone and email to ensure progress and address barriers identified.

*Activities Related to **Educational materials for Adolescents and their Parents***

- Develop materials that provide education about why well-care is important, what to expect, and the unique role SBHC can play in providing well-child care. A critical component of these educational materials will be an explanation of how coverage changed due to the ACA.

- Review of the educational materials by adolescent advisors and the OSBHA Adolescent Youth Action Council.
- Formatting of the materials by a graphic artist to ensure readability and acceptability of the materials. Review of the materials by a readability expert.
- Printing of the materials for SBHC distribution. Dissemination of electronic forms of the documents to be provided to SBHC.

#### **Activities Related to *Enhanced SBHC's population management and care coordination***

- Training and development of methods for how the SBHC can assess the needs of adolescents attending the school (where the SBHC is located), and whether they access well-visit care in a primary care setting.
- Identification of high-volume primary care practices that serve adolescents in the community.
- Facilitation of meetings between the SBHC and primary care practice regarding strategies to ensure enhanced care coordination, such as models for two-way communication.
- Practice facilitator support and refinement of methods to support use by the SBHC and primary care practices.

#### **Activities Related to *Policy-level Improvements and Spread***

- Documentation and distillation of opportunities and barriers with existing policies related to measures used by OHA (through incentive metrics and KPM), as well as other policies related to payment. Analysis of evaluation data collected in the sites.
- Development of feedback to these stakeholders based on the project learnings. Review of this feedback by the existing OPIP Partners (see Appendix A), a group of public-private stakeholders that has been successful in impacting policy-level improvements.
- Provision of feedback to key stakeholders.
- Dissemination of materials and methods to key stakeholders including SBHCs, health systems, and providers. This will be done through presentations at OPIP Partner meetings, through the OHA Transformation Center (As part of the TA bank and at the December 15 Annual Meeting), and proposed presentation at the October 2016 Annual meeting of SBHCs.

**Targeted Results:** This project is intentionally designed to align with the incentive metrics and KPM metrics that relate to a) adolescent well-visit, and b) depression screening and follow-up. Within each site, the practice facilitator will work with the SBHC to track and access the provision of well-visits and assess depression screening and follow-up. The Office of Adolescent Health will provide information about how the participating SBHCs compare to other SBHCs who report to the KPM metrics for the 2015-2016 year to assess for the impact of the project. For the site that is sponsored by the FQHC, FQHC wide data related to the impact on adolescent-well visit rates will be assessed. Secondly, practice facilitators will collect quantitative information about the SBHCs processes related to quality improvement, preventive services, and care coordination. Where possible, items will be derived from the Oregon Patient Centered Primary Care Home (PCPCH) standards. This tool, capturing information about office systems and processes, will be collected three times with the SBHC over the course of the project during monthly site visits. Lastly, a survey will be administered to the staff at the SBHC before and after the project to gauge their experience. Qualitative feedback will also be gathered from the sponsor organizations of the SBHCs and the participating primary care practices through structured interviews.

### **3. Sustainability**

The project is intentionally designed to align with the metrics and SBHC reporting requirements that will incentivize and require a focus on the subject of this proposal. The particular focus on identifying and

supporting policy-level improvements is meant to address policies that impact sustainability. The tools and methods developed will be posted on the OPIP website and disseminated to key stakeholders (OHA, Adolescent Health, OSBHA), so they can spread them to other communities. A presentation on the project will be proposed for the October Annual Meeting of the SBHCs. The educational materials will be provided in electronic format so that they can be printed and used after the project has ended. These materials will also be shared with health systems and the OPIP Partners group, as they address key areas of confusion among providers and consumers; particularly around the impact of ACA on coverage for adolescents. The practice facilitation model is intentionally designed to ensure coaching and support for sustainable implementation using quality improvement methods, building capacities within the SBHC staff to ensure that they can continue the project work once it is over.

#### 4. Impact on the Community

The project will impact all adolescents that attend school where the SBHCs are located. The educational materials are meant to be broadly disseminated within the school. The goal for enhancing access to and content of adolescent well-visits is to positively impact the health and life course of adolescence as they experience one of the most dramatic periods of human growth and development. Adolescents are establishing health behaviors that lay the foundation for their health in adulthood, each carrying implications for individual economic stability and system-level health care spending<sup>x</sup>. It is a critical time to empower, educate, and engage youth as they begin the transition to becoming effective, independent consumers of health care services<sup>x</sup>. Successful transition helps avoid costly emergency room utilization by young adults<sup>x</sup>. The project is also meant to impact the level of communication and collaboration between the SBHC, their sponsor organization and primary care about how the needs of the population of adolescents can best be met.

#### REFERENCES

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