Adolescent Well-Visits: An Integral Strategy for Achieving the Triple Aim
The Value of the Adolescent Well-Visit
July 2015

The purpose of this document is to provide an overview of the value of annual adolescent well-visits. While inclusion on the CCO incentive metric list has increased the emphasis on adolescent well-visits, considerable confusion exists as to the purpose and value of the care that is assessed by this metric.

Why Ensuring Access to Preventive Care is Critical

"One of the most important commitments a country can make for future economic, social, and political progress and stability is to address the health and development needs of its adolescents."
—World Health Organization.[i]

As of 2014, **adolescents comprise nearly one in five Oregon Health Plan beneficiaries, with a likely increase over the coming years.**[ii] If Oregon is to achieve the Triple Aim of better care, lower costs and a healthy population, adolescent and young adult health must be prioritized. Adolescence is one of the most dramatic periods of human growth and development, second only to infancy.

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. Adolescents are establishing health behaviors that lay the foundation for their health in adulthood, which all carry implications for health care spending and economic stability. Furthermore, adolescence is a critical time to **empower, educate and engage** youth as they begin to transition to independent consumers of health care services. Helping adolescents transition to knowledgeable consumers of health care services can help avoid costly emergency room utilization as young adults.

- Youth who are obese or overweight tend to become obese or overweight adults.[iii]
- Half of all lifetime cases of mental illness begin by age 14.[iv]
- Youth who begin drinking alcohol at age 13 or 14 are four to five times more likely to develop alcohol abuse over their life than those who first drank at 19.[v]
- More young Americans die from preventable injury and violence than from any other cause.[vi]
- While teen pregnancy rates have declined, the US continues to have one of the highest rates in the industrialized world.[vii]

A critical factor to achieve this goal is to ensure that **adolescents access and obtain meaningful well-visits.** When adolescents access a well-visit consistent with Maternal and Child Health Bureau (MCHB)'s Bright Futures recommendations,[viii] screening, anticipatory guidance, and health education are provided that support healthy adolescent development and identify **early** physical, mental and behavioral health factors that will have lifelong impacts.

What is Measured is Focused on – Importance of the Adolescent Well-Visit Metric

A number of national measurement frameworks have prioritized adolescent well-visits: the CHIPRA Core Measure set; the National Survey of Child Health quality measurement set; and the Maternal and Child Health Bureau (MCHB) have proposed it as a national performance measure for the 2015 Title V Block Grant. To enhance the national focus, CMS released a guide with strategies to increase adolescent well-visit rates for Medicaid members.[ix]

Nationally, **only about half (46%) of adolescents aged 12-21 on Medicaid received a well-visit** in the past year, representing the population with the lowest utilization of primary care compared to any other age group. The **adolescent well-visit rate for the Oregon Health Plan is significantly lower**, with 29.2% of enrollees aged 12-21 having received a well-care visit in the past 12 months.[x]

These lower rates reflect the challenges of reaching and engaging adolescents and their families, and systemic barriers to serving this population. **These gaps also indicate a clear need for continued measurement and prioritization of adolescent well-visits and support of quality improvement strategies to increase rates.**

Components of a High-Quality Adolescent Well-Visit

The foundation of a high quality adolescent well-visit is a comprehensive risk and strength assessment which includes a health history on both physical and mental health development. Private time with the provider and explicit and clear discussion of confidentiality are paramount to high-quality well-visits. **Adolescents are more likely to seek care and relay important information about their health when they perceive, and are verbally assured by the provider, that what they discuss will be kept private.**[xi]

Oregon Healthy Teens Survey data provides a snapshot of some of the health challenges faced by youth in the state. In 2013, 11th graders reported the following: In 2013, 11th graders reported 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;
- Approximately 15% contemplated suicide in the past year;
- 31% used alcohol; 13% used tobacco; 14% used drugs in the past month
- Almost half (45%) have ever had intercourse; of those, 36% did not use a condom at last intercourse.

Preventive services delivered during an adolescent well-visit support several quality and incentive measurement initiatives for both public and private healthcare systems, and contribute to broader public health priorities and population health outcomes.

Health Area Addressed in Adolescent Well-Visits	CCO incentive metric/ PCPCH Program [1]	Health Plan Quality Metrics (proposed) [2]	State Population Health Indicators [3]
Adolescent Access to Primary Care	CAHPS – Access to primary care provider; adolescent well-visit		Access to Primary Care Provider (EPSDT 416)
Mental and behavioral health	Screening for depression		Teen psychological distress
Tobacco and substance use	Screening for alcohol and substance use (SBIRT); smoking and tobacco cessation	Screening for alcohol and substance use (SBIRT)	Tobacco use; binge drinking
Sexual behavior	Chlamydia screening in women ages 16-24; contraceptive use in women at risk for unintended pregnancy	Chlamydia screening in women ages 16-24 (Phase 1)	Teen pregnancy/birth rate (age 15-17); Chlamydia incidence; HIV infection; Screening for pregnancy intention
Nutritional health	Diabetes: HbA1c Poor Control; BMI assessment / counseling		Overweight/obesity; Fruit and vegetable consumption; physical activity, sugar-sweetened beverage consumption; healthy food outlets
Immunizations	Immunization for adolescents	Immunizations for adolescents (Phase 1)	Immunizations for adolescents
Violence and injury prevention	Screening for depression; SBIRT		Youth suicide rate;
Educational attainment			High school graduation; teen with supportive adult at school; chronic absenteeism; 75% of students on track for graduation by the end of 9th grade; Five year cohort graduation rate increases 5% with reduction in achievement gaps. [xii]

See next page for citation.

[1] Metric included as CCO Incentive Measure or PCPCH recognition measure.

[2] Recommendations from the Health Plan Quality Metrics Workgroup (May 2014). Includes Cover Oregon, Oregon Educators Benefit Board (OEBB), and the Public Employees Benefit Board (PEBB)

[3] Population health outcomes documented in the Oregon State Health Profile

Referneces:

[i] Investing in our Future: A framework for accelerating action for the sexual and reproductive health of young people. World Health Organization, 2006. Available at: http://whqlibdoc.who.int/wpro/2006/929061240X_eng.pdf?ua=1

[ii] Oregon's Health System Transformation 2013 Progress Report. June 24, 2014. Available at: http://www.oregon.gov/oha/Metrics/Documents/2013%20Performance%20Report.pdf

[iii] Singh AS, Mulder C, Twisk JW, VanMechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood: a systematic review of literature. *Obes Rev.* 2008; 9(5): 474-488.

[iv] National Institute of Mental Health Release of landmark and collaborative study conducted by Harvard University, the University of Michigan and the NIMH Intramural Research Program (release dated June 6, 2005 and accessed at www.nimh.nih.gov).

[v] Dewit DJ, Adlaf EM, Offord DR, Ogborne AC. Age at first alcohol use: a risk factor for the development of alcohol disorders. *Am J Psychiatry 2000*; 157, 745-750.

[vi] Centers for Disease Control and Prevention. Injury and Violence Prevention and Control. Available at: http://www.cdc.gov/injury/

[vii] United Nations Statistics Division. (2011). *Demographic Yearbook 2009-2010: Live births by age of mother.* New York, NY: United Nations.

[viii] Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd Edition. American Academy of Pediatrics.

[ix] Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf

[x] Oregon's Health System Transformation 2013 Progress Report. June 24th, 2014. Available at: http://www.oregon.gov/oha/Metrics/Documents/2013%20Performance%20Report.pdf

[xi] *See* Ford C, English A, Sigman G. (2004). Confidential health care for adolescents: position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health, 35*, 2, 160-167.

[xii] Oregon Department of Education Strategic Plan Summary 2013-2015. Available at: http://www.oregon.gov/gov/docs/OEIB/ODEPres.pdf