

Engaging Tweens and Teens:

Steps for Improving Adolescent Well Visits



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Disclosures

- No financial disclosures.
- I will not be discussing unapproved or investigational uses of products or devices.

Objectives

- Provide an overview of the recommendations for adolescent well visits.
- Discuss three strategies for improving the frequency and quality of adolescent well visits.



Food for Thought

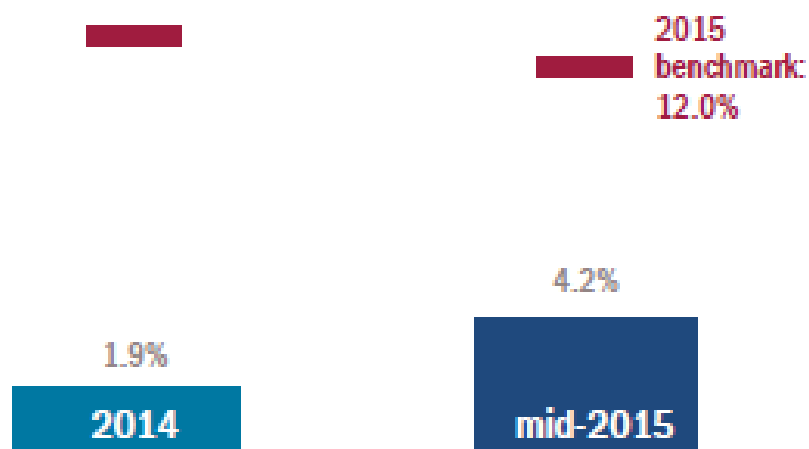
- Within the Medicaid population, those teens who are missing well visits are more likely to be engaging in high risk behaviors.
- Amongst adults with chronic mental illness, nearly half had symptoms begin in their teen years.
- Adult males from age 18 to 26 are amongst the highest utilizers of ED services.
 - Adolescents with special health needs are particularly vulnerable.



	ADOLESCENCE										
AGE ¹	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS											
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•
Head Circumference											
Weight for Length											
Body Mass Index ⁵	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ⁶	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING											
Vision ⁷	★	•	★	★	•	★	★	★	★	★	★
Hearing	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT											
Developmental Screening ⁸											
Autism Screening ¹⁰											
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment ¹¹	★	★	★	★	★	★	★	★	★	★	★
Depression Screening ¹²	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION¹³	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES¹⁴											
Newborn Blood Screening ¹⁵											
Critical Congenital Heart Defect Screening ¹⁶											
Immunization ¹⁷	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹⁸	★	★	★	★	★	★	★	★	★	★	★
Lead Screening ¹⁹											
Tuberculosis Testing ²¹	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening ²²	→	★	★	★	★	★	★	←	→	•	→
STI/HIV Screening ²³	★	★	★	★	★	←	•	→	★	★	★
Cervical Dysplasia Screening ²⁴											•
ORAL HEALTH²⁵											
Fluoride Varnish											
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•

The State of the State

Statewide, SBIRT among adolescents (ages 12-17) more than doubled between 2014 and mid-2015, but remains below the benchmark.



Source: Oregon Health Authority, Office of Health Analytics
2015 Mid-Year Performance Report

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How did we get here?

- Bright Futures has always recommended annual visits...most health plans didn't cover this.
- Parents and teens were given the message that annual visits weren't necessary or important.
- Clinic policy and messaging by schedulers?
- Sports physicals...missing psychosocial risk assessments.

Recommended Preventive Health Care Tasks

- Annual:
 - Height, weight, BMI, blood pressure
 - Physical examination
 - Psychosocial assessment, depression screening, substance abuse risk assessment
 - Anticipatory guidance and counseling
- Episodic:
 - Immunizations (Tdap, HPV, meningitis)
 - Dyslipidemia screening (9-11 years, 18-21 years)
 - STI screening

Bright Futures Priority Areas for Adolescents

- **Physical growth and development**
 - Including body image, healthy eating, physical activity
- **Social and academic competence**
 - Including connectedness with family, peers and community; interpersonal relationships
- **Emotional well-being**
 - Including coping, mood regulation / mental health, sexuality
- **Risk reduction**
 - Including tobacco, alcohol, drugs, pregnancy and STIs
- **Violence and injury prevention**
 - Including interpersonal violence, driving while intoxicated, and guns



GETTING ADOLESCENTS IN TO YOUR OFFICE

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How Do We Get Them In?

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

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How Do We Get Them In?

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
- 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

Transitioning the Adolescent to Being the Primary Patient

Recommended Health Care Transition Timeline

AGE:	12	14	16	18	18-22	23-26
	Make youth and family aware of transition policy	Initiate health care transition planning	Prepare youth and parents for adult model of care and discuss transfer	Transition to adult model of care	Transfer care to adult medical home and/or specialists with transfer package	Integrate young adults into adult care

Source: *GotTransition.org*

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Setting the Stage

- 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
 - Explain confidentiality, privacy, the “adult model of care”
 - Tell parents and patients that after age 14, part of the visit will be just between the teen and I
 - 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.)
 - Still offer a chaperone during private exams
 - Encourage teens to see their parents as a continued resource
 - Visual version of policy statement
- “Performing an Atraumatic Parentectomy” resource for providers.

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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 occurs 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- 14-18YR: 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

All Discussed

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.

Comments:

Transition Planning Comments/Notes:

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

Getting Adolescents in for Well-Visits

- **Recall Systems:**
 - In-house recall looks at patients who have not been in for over a year
 - Partnership with ALERT to improve adolescent immunization rates: Letters are sent to those patients missing the Tdap, Menactra or HPV
- **Point of Care Reminders:**
 - Patients in for ill visits, parents/patients requesting school/camp/sports forms, medication refill requests (especially asthma, ADHD)
- **Transition Policy:**
 - “Advertising” to families about tasks that need to be completed between 12 and 18 years of age



RISK AND STRENGTH-BASED SCREENING

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Getting Buy-In

- Strength-based approach involves knowing the teen's goals and interests.
- Link those goals and interests to specific behaviors that help them achieve their goals...and how other behaviors might get in the way.
- Allow the teen to come to their own realization about how their decisions impact them.

Change in Communication Flow



Directing



Guiding

Bright Futures Priority Areas for Adolescents

- **Physical growth and development**
 - Including body image, healthy eating, physical activity
- **Social and academic competence**
 - Including connectedness with family, peers and community; interpersonal relationships
- **Emotional well-being**
 - Including coping, mood regulation / mental health, sexuality
- **Risk reduction**
 - Including tobacco, alcohol, drugs, pregnancy and STIs
- **Violence and injury prevention**
 - Including interpersonal violence, driving while intoxicated, and guns

Factors in Resilience – the 7 C's

- **Competence:** doing right and having opportunities to develop important skills.
 - Help the teen to recognize what they have going for themselves, and encourage them to build on strengths.
- **Confidence:** gives the ability to recover from challenges.
 - Help the teen to recognize what they are doing right.
- **Connection:** with other people, schools, and communities offer security.
 - For many teens, firm attachment to a stable family might be missing; help the teen identify who can fill that role.
- **Character:** clear sense of right and wrong and a commitment to integrity.
 - Help the teen to clarify their own values, and how behavior impacts others who are important to them.

Factors in Resilience – the 7 C's

- **Contribution:** to the well-being of others will receive gratitude rather than condemnation.
 - Help the teen to find ways to contribute to the community.
- **Coping:** possessing a variety of healthy coping strategies means less likelihood of turning to dangerous quick fixes when stressed.
 - Help the teen to find positive, effective coping strategies. Create an environment where communication is safe.
- **Control:** understanding that privileges and respect are earned through demonstrated responsibility, which leads to making wise choices.
 - Help teens to think about the future but take one step at a time. Recognize “mini-successes” to help them feel in control of their lifelong success.

Closing the Deal

- At the end of the encounter, commitment language is predictive of change.
 - Summarize what was discussed
 - What things are you willing to do / change / work on?
 - If I saw you in a month and asked you about your _____, what would you tell me?

Case Study: The High Risk Teen

(AKA the worst clinical visit I've ever had)

- **16 year old female. Multiple high risk behaviors elicited from history:**
 - High risk sexual behavior.
 - Drug use: marijuana, cocaine, meth.
 - Truancy / school failure: kicked out of standard school programs.
 - Mental health support failed: kicked out of multiple counseling programs for non-compliance, missing appointments.
 - Has run away from home multiple times after fights with her mom. Usually ends up at her (much older) boyfriend's house.
- **The temptation?**



The Conversation...

“So what do you see yourself doing after high school?
Do you have any goals or interests?”

“Not really.”

“I’ve noticed that people who have goals that they’re trying to achieve might decide to make different choices, so that they’re sure to fulfill their goals.”

“You think I’m having unprotected sex because I don’t have any goals? You’re an a#%...”

The Conversation...

- **After a little more coaxing...**
 - Used to enjoy photography, hasn't done that for a while (**COMPETENCE**).
 - Agreed to spend some time working on artistic pursuits as a form of “positive capital”.
 - Talked about how having a kid might not be good...given her views on her own relationship with her mother...agreed to be more careful and schedule with Planned Parenthood (**CHARACTER** and **CONTROL**).
 - Couldn't make a lot of headway on drug use at the first visit.
- **Invited the patient to think more about her goals:**
 - Would she like to be a photographer? Is there something else that drives her? (**CONTRIBUTION**)

The Next Visit...

- Patient decided to leave her alternative school program and go into a pathways program at PCC to work on joint GED / Associate's degree.
- When asked what motivated the change, her response:
“The kids in that program were losers. They didn't have any goals.”
- Had started on OCPs but decided to no longer hang out with her boyfriend.
- Was down to only smoking marijuana – cleaned up other drug use.
- Since then has found an interest in organic farming and is exploring training and career interests.

The Punchline...

- Lecturing really doesn't work. (duh)
- Anchoring the visit to the teen's goals and interests led to a shift in her mindset (maybe not all at once)...
- Accountability helps...make your expectations for the patient clear, and express your belief in their ability to accomplish great things.
- Not all patient problems are going to be resolved in a single visit.
 - Choose achievable goals based on where the patient is in readiness to change.
 - Celebrate small victories.
 - Don't give up if someone calls you an a%#...

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

Name: _____ Date of Birth: _____ Date: _____

- Why did you come to the clinic today? _____
- Do you have any concerns to discuss with the doctor today? _____
- Who lives in your home? _____
- Who do you talk to when things aren't going well? _____
- Have you ever been in counseling? _____ Yes ____ No
- Are you in counseling now? _____ Yes ____ No
If yes, who are you seeing? _____

School

- Are you in school? _____ Yes ____ No
If yes, what school? _____ And what grade? _____
- What do you like most about school? _____
- Compared to last year, are your grades _____ the same ____ better ____ worse
- Have you ever cut classes, skipped school, been expelled, or been suspended? _____ Yes ____ No
- What do you do after school? _____
- Do you work? _____ Yes ____ No If yes, on average how many hours per week? _____

Health Habits

- Have you seen a dentist in the last year? _____ Yes ____ No
- How many times a week do you exercise? _____ For how long? _____
- What do you do for exercise? _____
- Are you satisfied with the size or shape of your body, and your physical appearance? _____ Yes ____ No
- 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
- Does anyone in your family drink or take drugs so much that it worries you? _____ Yes ____ No
- Do you regularly use: _____
a. Seatbelts? _____ Yes ____ No
b. Helmets? _____ Yes ____ No
c. Sunscreen? _____ Yes ____ No

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

- | | | |
|---------------------------|--------------------------|--------------------------|
| Stress at home | Anger or temper | Muscle or Joint Pain |
| Making Friends | Skin problems or acne | Being Tired all the time |
| Anxiety or Nervousness | Diarrhea or constipation | Stomach ache |
| Sleeping Problems | Headaches or Migraines | Dizzy spells or fainting |
| Boyfriends or Girlfriends | Other _____ | |

Thoughts about Yourself

- If you had four wishes what would they be? _____
- 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?	Not at all	Several Days	More than half the days	Nearly Every Day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed or hopeless	0	1	2	3

Personal Habits

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, over the counter and prescription drugs, and things that you sniff or "huff")
- Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? _____ Yes ____ No
- Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? _____ Yes ____ No
- Do you ever use alcohol or drugs while you are by yourself, or ALONE? _____ Yes ____ No
- Do you ever FORGET things you did while using alcohol or drugs? _____ Yes ____ No
- Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? _____ Yes ____ No
- Have you ever gotten into TROUBLE while you were using alcohol or drugs? _____ Yes ____ No
- Do you smoke cigarettes and/or use any other tobacco products? _____ Yes ____ No
- 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

Sexual Health

- Are you attracted to: _____ Males ____ Females ____ Both ____ Not Sure
- 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 _____
- How many sexual partners have you had? _____
- Are you or your partner using a method to prevent pregnancy? _____ Yes ____ No
If yes, what kind of birth control? _____
- Do you and your partner(s) always use condoms when you have oral sex and/or intercourse? _____ Yes ____ No
- Have you ever had a sexually transmitted infection or disease (Herpes, Chlamydia, Gonorrhea, Genital Warts) _____ Yes ____ No
- Have you been pregnant or gotten someone pregnant? _____ Yes ____ No

For Females

- At what age did you start your menstrual periods? _____
- Do you have a period every month? _____ Yes ____ No
- Any problems with your periods? _____ Yes ____ No
If yes, what and when _____
- Are you worried you might be pregnant? _____ Yes ____ No

For Males

- Have you been taught to do a testicular self exam? _____ Yes ____ No
- Have you noticed any change in the size or shape of your testicles? _____ Yes ____ No

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4. Who do you talk to when things aren't going well? _____

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

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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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Stress at home | <input type="checkbox"/> Anger or temper | <input type="checkbox"/> Muscle or Joint Pain |
| <input type="checkbox"/> Making Friends | <input type="checkbox"/> Skin problems or acne | <input type="checkbox"/> Being Tired all the time |
| <input type="checkbox"/> Anxiety or Nervousness | <input type="checkbox"/> Diarrhea or constipation | <input type="checkbox"/> Stomach ache |
| <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Headaches or Migraines | <input type="checkbox"/> Dizzy spells or fainting |
| <input type="checkbox"/> Boyfriends or Girlfriends | <input type="checkbox"/> Other _____ | |

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

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b. Feeling down, depressed or hopeless	0	1	2	3



PHQ-2 Questions

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("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") ___ Yes ___ No
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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

CRAFT Questions

EMR Forms that Map to this Tool

The Children's Clinic

- Important to include both risk screening and identification of strengths and assets.
- 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

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: 4

CRAFFT Score: |

Print PHQ-9 blank

Add PHQ-9 form

Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close



ENSURING PRIVACY AND CONFIDENTIALITY

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Privacy and Confidentiality: Basic Principles

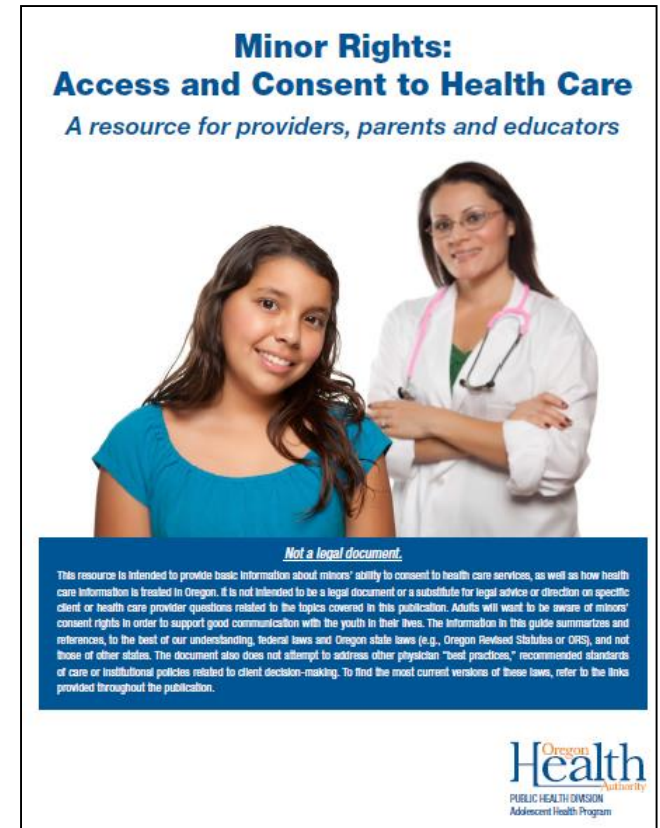
- Explicit processes transitioning the **adolescent to being the primary patient**
 - Intentional, explicit, repeated, and EMPOWERING messaging that you are transitioning to the **adolescent being the primary patient**
 - Practice-wide transition policies
- Intentional and explicit discussions about the adolescent's rights related to **confidential care**
 - **Written information** explaining privacy and confidentiality
- Provision of **written information** about what to expect with a well-visit

Considerations on Privacy

- Bright Futures recommends part of visit be between provider and teen starting at age 14.
- Other AAP guidelines recommend offering a chaperone prior to examination.
- Important to remember to ensure privacy when completing screening tools.

Consent

- **15 and over:** Medical and dental services (ORS 109.640)
- **14 and over:** Mental health and chemical dependency (ORS 109.675)
- **Any age:** family planning/sexual and reproductive health care (ORS 109.610, ORS 109.640)



<https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/MinorConsent2012.pdf>

Slides from Liz Thorne, OHA Adolescent Health

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Confidentiality

- Federal law
 - HIPAA
 - ERISA
 - Title X
- State law and regulations
- Agency/corporate policy
- Professional ethical obligations
- Best practice recommendations



Confidentiality

Why is it important?

- Expectation underlying health care.
- Youth are more likely disclose sensitive information if it can be kept confidential.
- Delay seeking care, or face emotional or physical repercussions.

When is it a challenge?

- Across the patient experience of care:
 - Clinic workflow (appointment setting)
 - Client communication (after visit summary, patient portal)
 - Electronic health records (EHR) and Health Information Exchange (HIE)
 - Insurance billing communication

Confidentiality

- No “right” to confidentiality or “right” to disclosure. **Provider best judgment** (ORS 109.650)
 - EXCEPT:
 - 42 CFR Part 2: if minor is able to self consent for drug or alcohol treatment, treatment records cannot be released without minor’s written consent.
 - Reproductive health services conducted in a Title X family planning clinic

“Conditional Confidentiality”

Adolescents should be informed of exceptions to confidentiality:


- RISK OF HARM TO SELF OR OTHERS
- ABUSE



Transitioning the Adolescent to Being the Primary Patient

Recommended Health Care Transition Timeline

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Source: *GotTransition.org*

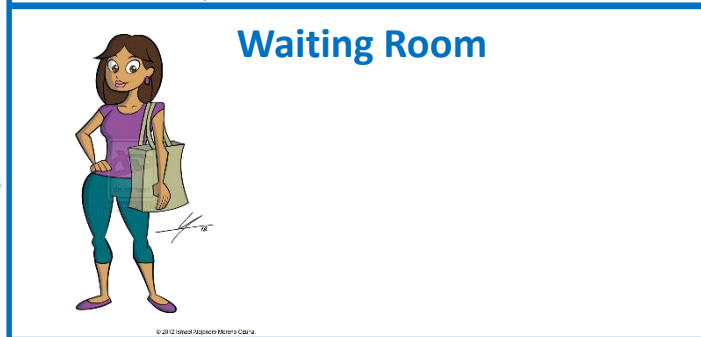
Do not copy or reproduce without proper OPIP citation.

Example #1: Work Flow to Ensure Private One-on-One Time Together in Waiting Room – Both Complete Tools, Adolescent Alone in Exam, Parent Joins Them At End of Visit

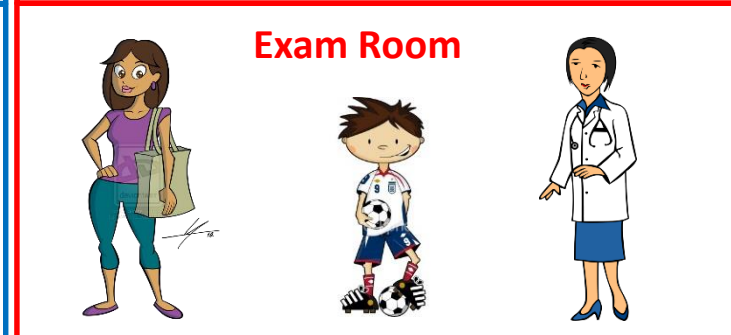
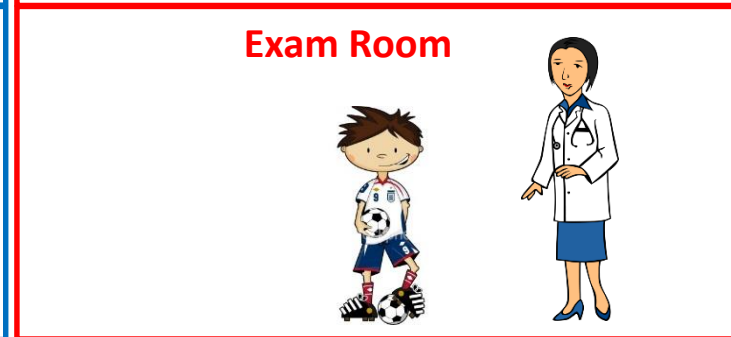
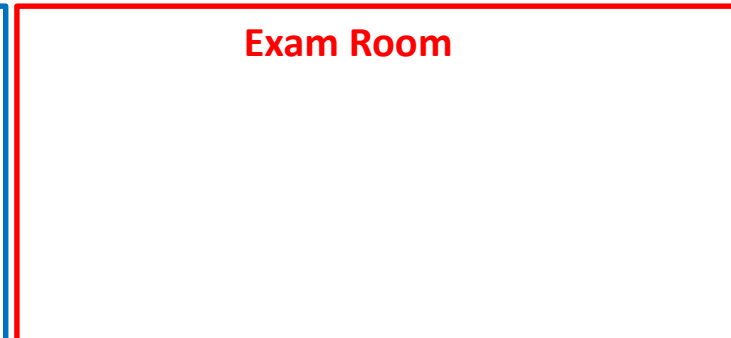
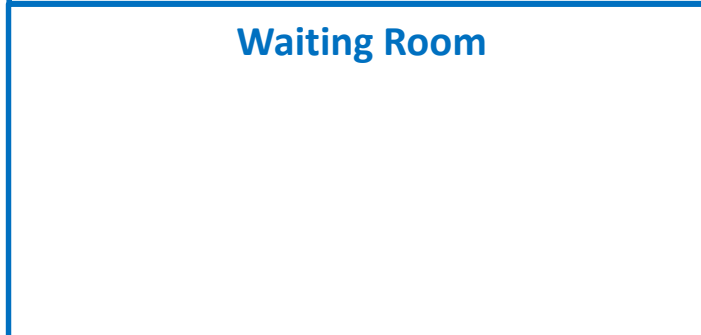
Step 1



Step 2



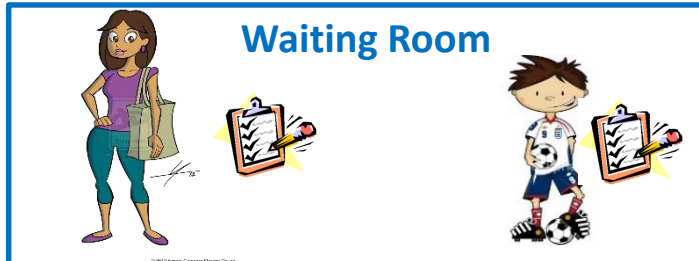
Step 3



Example #2: Work Flow to Ensure Private One-on-One Time

Together in Waiting Room, Together in Exam, Parent Leaves – Adolescent Alone, Then Parent Rejoins at End

Step 1



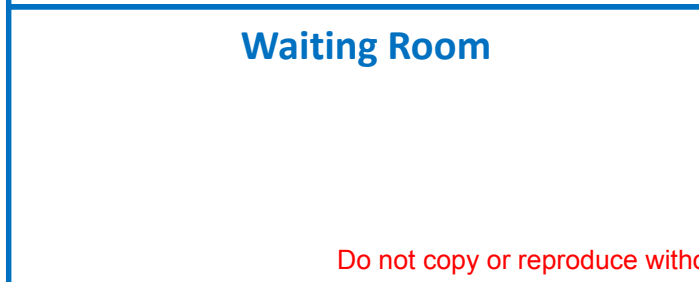
Step 2



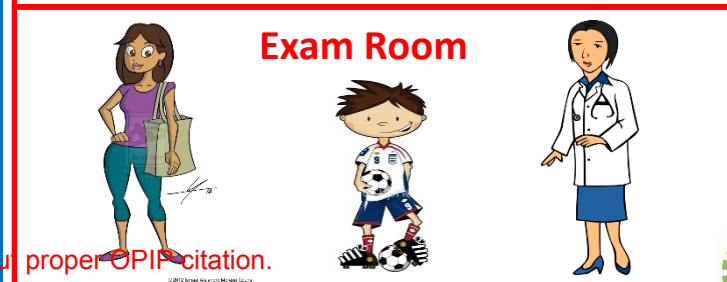
Step 3



Step 4



Exam Room



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Example #3: Work Flow to Ensure Private One-on-One Time Together in Waiting Room, Adolescent Alone in Exam & Then Given Tool, Parent Joins Them At End of Visit

Step 1

Waiting Room

Exam Room



Step 2

Waiting Room

Exam Room



Step 3

Waiting Room

Exam Room



Step 4

Waiting Room

Exam Room



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Ensuring Confidentiality

- Publicize a clinic policy that lays out expectations about confidential care.
- Start early with conversations about privacy – usually 11 or 12 years old.
- Structure forms (and the spaces where forms are completed) to ensure privacy as they are completed.



FINAL THOUGHTS

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What to do When Everything is Positive?



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When Everything is Positive

- Prioritize what needs to be addressed immediately, let go of what doesn't.
 - Consider safety and immediate threats to health.
- Agree on a follow-up to address remaining issues, reinforce plan.

Conclusions

- Annual visits are an important part of adolescent (and adult) wellness...
 - Must build trust and confidence in order to get valid information with teens (how can you do this if you only see them every few years?).
 - Early intervention is vital to lifelong health and wellness.
 - Enhancing value of visits starts with our own attitudes.