

Improving Adolescent Well-Visits:

Getting Them In, Setting the Stage, and
Implementing Strength- and Risk-Based Screening
Tools



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Acknowledgement and Disclaimer



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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 AWW 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

OPIP's Webinar Series

Part 2: From Recommendations to Implementation: Implementing & Documenting AWW 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
5. Alignment of Public and Private Payer Policies and Impact on the Front-Line Provision of Services

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

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- 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:**
 - 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.

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.

Getting Adolescents in for Well-Visits: Tips I Have Used

Joyce Liu – Kaiser Permanente Northwest

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.

Getting Adolescents in for Well-Visits: Tips I Have Used

Joyce Liu – Kaiser Permanente Northwest

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”.

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)

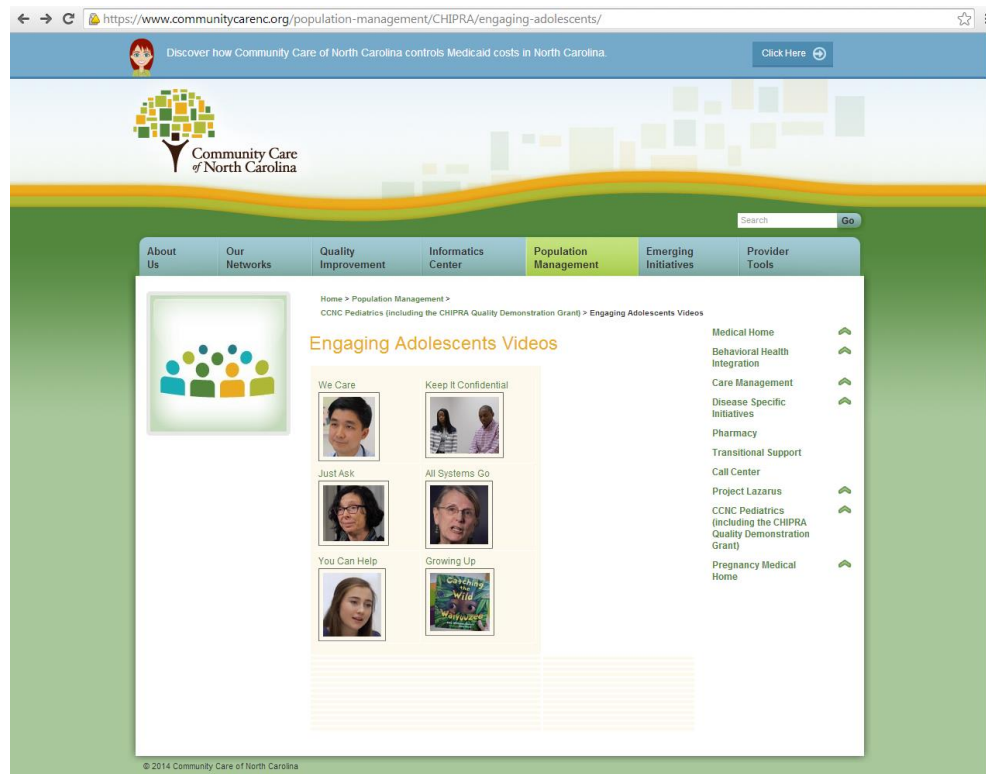


Transitioning to the *Adolescent as the Primary Patient*

- 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/>



Confidential and Private Visits

- **Define the visit structure for parents:**
 - **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.”
 - **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

[insert logo here]

Teen Patient Handout



[Clinic welcome statement]

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 parents 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.*

Customizable Handouts and Posters

From the Adolescent Health Initiative

Download available in documents section of the webinar interface

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

[insert clinic logo]

Parent or Caregiver Handout



[Clinic welcome statement]

Adolescence is a time of rapid change and development. Teens and young adults need specialized medical care and a provider with whom they can discuss anything, from normal body growth and development, illness, preventive care, sexual concerns and emotional problems. Parents and guardians also benefit from special guidance and support through these years. Our practice goal is to provide comprehensive health care to our patients and their families.

As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. Starting around age 14 [or clinic's standard age], it is our practice to ask all parents or guardians to wait outside for part of the visit.

If teens feel they can speak with clinicians in confidence, this opens the door for conversations about the risks of certain behaviors that may lead to serious problems. Sometimes teenagers will hide their behavior so parents are not the first to find out. Our goal is to help prevent and identify any issues before they become serious. Data indicate that many youth are facing health challenges that we are well-positioned to help with.

Among 11th graders in Oregon*:

- 27% were depressed in the past year
- 15% seriously considered suicide in the past year
- 45% have had sex
- 31% drank in the past month
- 21% used marijuana in the past month

We know that parents and guardians are an important source of health information for youth, and that you likely help in decisions around your teen's care. We always encourage the teen to discuss important issues with their parent or guardian. Private time during the visit helps youth gain more independence in accessing health care, and helps to build trust in their care team. The best approach gives parents a role in young people's lives while empowering our teen patients to take responsibility for their own health.

We let all teen patients know that our services are confidential. However, safety of our patients is our priority, and there are some cases but there are some cases when we are required to break confidentiality for safety reasons.

The staff is always available to discuss health problems or answer questions. Our staff wants to work with you to help your teen(s) make the best choices for a healthy future. Please let us know if you have any questions or concerns.

*2013 Oregon Healthy Teens Survey.

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/>

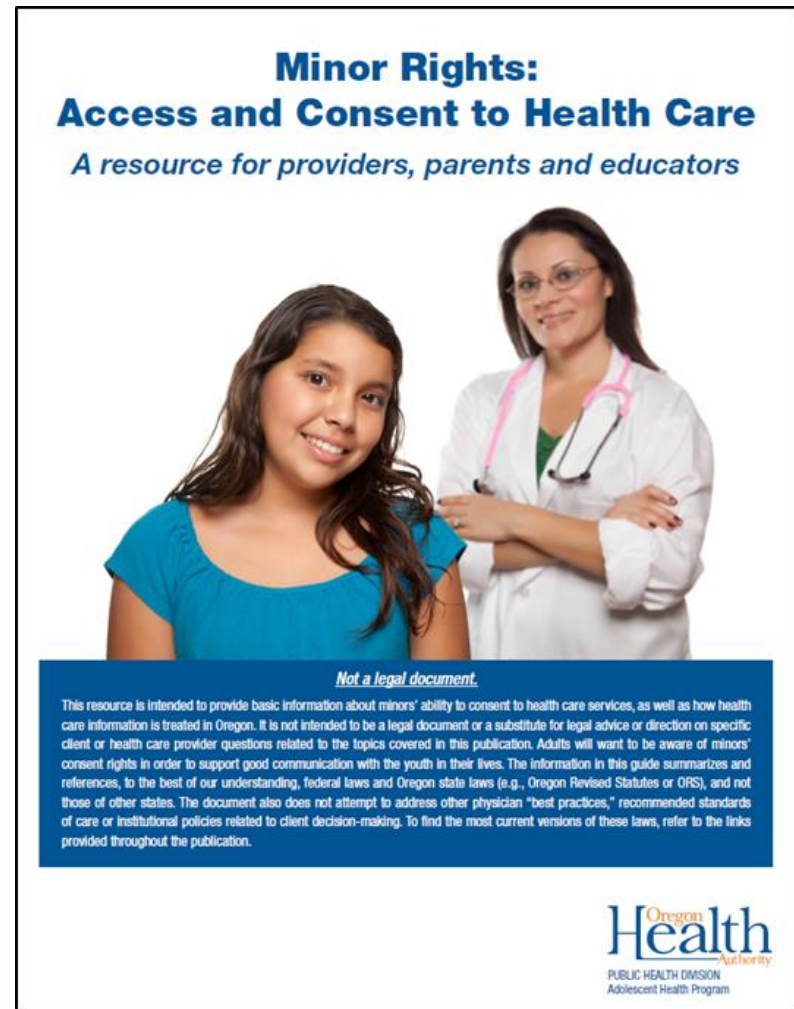
Resource from Oregon Health Authority

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

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– Kristin Case
3. Kaiser Permanente Northwest- Joyce Liu

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.
 - 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.

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.

Setting the Stage – Tips I Have Used

RJ Gillespie - The Children's Clinic

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

All Discussed

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

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 _____

Setting the Stage –Tips I Have Used

Joyce Liu – Kaiser Permanente Northwest

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).

Setting the Stage –Tips I Have Used

Joyce Liu – Kaiser Permanente Northwest

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...”.
 - “Have you ever been around anyone who has done x?”
 - “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

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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? _____
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 ~~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

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 _____ | |

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?	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

Download available in documents section of the webinar interface

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? _____

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? ____

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

Health Habits

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

- | | | |
|--|---|---|
| <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

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?	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

PHQ-2 Questions

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? _____ Yes _____ No
If yes, what and when _____
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:

CRAFT 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

CRAFT Score: |

Print PHQ-9 blank

Add PHQ-9 form

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)

Name: _____
MRN: _____
DOB: ____/____/____ ID# _____
Sex: M _ F _ (or place label here)

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

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

ORAL HEALTH

- Do you brush your teeth 2 times a day? YES ☐ NO ☐
- Do you floss your teeth daily? YES ☐ NO ☐

EMOTIONAL WELL BEING

- Who do you live with? _____
- Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES ☐ NO ☐
If yes, what? _____
- 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**
- On the whole, how much do you like yourself? **Not at all** 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ **A lot**
- Do you often feel worried, nervous, or scared? YES ☐ NO ☐
- Over the past two weeks, have you been bothered by any of the following problems?
 - Feeling down, depressed, irritable or hopeless? YES ☐ NO ☐
 - Little interest or pleasure in doing things? YES ☐ NO ☐
- Have you thought about or tried to kill yourself? YES ☐ NO ☐
- Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES ☐ NO ☐

SCHOOL AND FRIENDS

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

SAFETY AND INJURY PREVENTION

- Do you always wear a seatbelt in the car? YES ☐ NO ☐
- Does anyone bully, harass or pick on you? YES ☐ NO ☐ In the past ☐
- Do you or anyone close to you have guns or weapons? YES ☐ NO ☐
- 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

- Have you had sex? YES ☐ NO ☐
- Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections? YES ☐ NO ☐
- 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")

- Have you ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? YES ☐ NO ☐
- Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES ☐ NO ☐

PLEASE TELL US MORE ABOUT YOURSELF

- Who is an adult you feel cares about and supports you? _____
- What is something now that you are more independent at than a year ago? _____
- How do you cope when life feels hard? _____
- What is something you are good at or enjoy doing? _____
- What is something you do to stay healthy? _____
- What is one thing that makes a healthy dating relationship? _____
- What is something you do to keep yourself safe from injury and violence? _____
- What school, community, employment or volunteer activity are you involved in? _____

Student signature: _____

for office use only

Reviewed by: _____ Date: _____

Download available in
documents section of the
webinar interface

Ochin Production System - MC DAVID DOUGLAS SBHC

Home Schedules In Basket Chart Encounter Telephone Call Refill Enc Patient Lists Appts Special Request

ZZZ, Aa

ZZZ, Aa
Preferred Name: None
MRN: 4315293
Female, 17 year old, 04/26/1997

Allergies
Atenolol
Ibuprofen
Paragard T 380a (Intra...
Sulfabenzamide (Bulk)

Health Maintenance: Health Main...
Patient FYIs: FYI

Pt Type: Non Confidential
PCP: None

VST Cvg: None
VST Cvg [230000002]
Primary Ins: [230000002]
CSN: 89607897

MyChart: Active
FIX MCHD, MD
Office Visit on...
BMI: 27.83 kg...

9/2/2014 visit with McHd Fix, MD for Office Visit

Images Questionnaires References SmartSets Preview A/V Print A/V Pt Refused A/V Request Outside Records Open Orders Admin Benefits Inquiry Member's Cases

Allergies: Atenolol, Ibuprofen, Paragard T 380a, Sulfabenzamide (bulk) Reviewed on 8/1/2014; Mark as Reviewed
Last Vitals: BP: P: T: T Src: Resp: W: H: 5' 3.58" (1.615 m)
SpO2: PF: BMI: BSA: LMP: 2/11/2014 Smoking Status: Former Smoker Smokeless Tobacco Status: Never Used

School Age Health Assessment & Strengths

Report for 11/19/12 (SCHOOL AGED PREVENTION HEALTH episode)

School Age Health Assessment

PHYSICAL HEALTH, NUTRITION & ACTIVITY (Assessment Findings) Preventive Message Problem ID Referral & FU

Topics Covered

- ☐ Healthy Weight
- ☐ Body Image
- ☐ Well-Balanced Diet
- ☐ Increased Fruit, Vegetable & Whole Grain Consumption
- ☒ Adequate Calcium Consumption
- ☐ Water instead of Soda/Juice
- ☒ Importance of Breakfast
- ☐ Limits on High Fat Foods
- ☐ Adequate Physical Activity
- ☐ Eating Together as a Family
- ☒ Limit on screen time

ORAL HEALTH (Assessment Findings) Preventive Message Problem ID Referral & FU

Topics Covered

- ☐ Regular Dental Visits
- ☐ Daily Brushing & Flossing
- ☐ Adequate Fluoride

Needs dental

EMOTIONAL WELL-BEING (Assessment Findings) Preventive Message Problem ID Referral & FU

Topics Covered

- ☒ Mood/Emotions
- ☐ Behavior/Conflict Resolution/Anger Management
- ☐ Self-Esteem
- ☐ Independence
- ☐ Coping
- ☐ Sleeping (routines & difficulties)
- ☐ Family Communication
- ☐ Establishing Rules and Consequences
- ☐ Family Time & Routines
- ☐ Puberty/Pubertal Development

PHQ 2 neg

SCHOOL & FRIENDS (Assessment Findings) Preventive Message Problem ID Referral & FU

Topics Covered

- ☐ Adaptation to School
- ☐ Homework
- ☐ School Performance/Progress

Visit Navigator

More Activities

KRISTIN C Results Addendum Notification Canceled Ord CC'd Charts Covered Work EMR Billing Changes Follow-up Reminder Future/Standing Orders My Incomplete Notes My Open Charts My Open Encounters Order Set/Preference List Notifications Orders Outside Events 12:10 PM

Start

Broad-based Strength and Screening Assessment Tools We Have Used

Joyce Liu – Kaiser Permanente Northwest

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

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

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**

Thank you!!

