Improving Adolescent Well-Visits:

Overview of Webinar Series & Strategies to Engage and Convince Key Stakeholders About the Value of Well-Care Visits

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OPIP

Acknowledgement and Disclaimer

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Goals For Today's Webinar

- Provide background on the **Oregon Pediatric Improvement Partnership** and experience related to adolescent preventive services.
- Provide an overview of the **components of OPIP's webinar series**
  - Key areas to be addressed
  - Reasons for the areas highlighted, given opportunities & barriers

- **Topic #1: Engaging & Convincing Key Stakeholders about the Value of Adolescent Well-Care Visits**
  - Bright Futures recommendations related to Adolescent Well-Care Visits, Affordable Care Act requirement related to coverage and cost sharing of BF visits
  - Example of issue brief used to describe WHY well-care visits are important
  - State and local data that can be used to tailor issue brief

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OPIP Mission & Activities

- **OPIP supports a meaningful, long-term collaboration of stakeholders invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon.**
- **OPIP staff and projects are focusing on building health and improving outcomes for children and youth by:**
  1) Collaborating in **quality measurement and improvement** activities across the state;
  2) Supporting **evidence-guided quality activities** in clinical practices;
  3) Incorporating the **patient and family voice** into quality efforts; and
  4) Informing **policies that support optimal health** and development
- **Importance of population based approach – starting with child/family**
  - Work with the multiple kinds of providers who serve children
- **Primarily contract and grant funded**

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OPIP Practice Facilitators: Tools in Their QI Toolbox

Holding productive and effective meetings

Using PDSA Cycles to test small changes

Connecting with other practices

Team concepts and Collaboration skills

Workflow and process analysis

Using data to inform change

Understanding and addressing barriers to improvement

Engaging Patients and Families in improvement efforts

Developing action plans to meet improvement goals

Understanding and implementing policies and related implications

Attaining useful tools, resources, expertise

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OPIP's Work with Practices Related to Adolescent Well-Care Visits (AWV)

Over last five years, worked with over front-line primary care practices across the state to implement improvements

- **Specific focus on adolescent services**:
  - Core components of an adolescent well-care visit, periodicity, and structure
  - Private visits: One-on-one time with a provider
  - Confidentiality: Confidentiality explained, maintained
  - Strength and risk-based screening in context of a patient centered primary care home
    - Depression Screening and Follow-up
    - Substance Abuse Screening and Follow-up (CRAFFT)
  - Follow-up for adolescents identified at-risk
  - Referral tracking
  - Care Coordination

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OPIP's Work with SBHCs & Systems on AWV

Work with School Based Health Centers to:

- Develop and disseminate education to adolescents about **WHY** well-care visits are important, **WHAT** can be provided in a well-care visit, and **HOW** they can access SBHCs for services
- Enhance the quality of services provided in the SBHCs aligned with the depression and SBIRT incentive metrics, and aligned with Bright Futures recommendations
- Enhance communication and coordination with the primary care providers who serve as the adolescent's primary care provider

Work with Health Systems to:

- Conduct trainings on adolescent well-care visits and general care aligned with metrics
- Tools for accessing care and processes within practices to guide and support improvements

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OPIP's Efforts to Inform Policies Related to AWV

- **Informing Policy Discussions:**
  - Strategies needed to improve ACCESS to well-care visits
  - Issues using claims data to track and evaluate efforts related to Adolescent Well-care Visits, SBIRT, & Depression screening
  - Issues with the Key Performance Metrics (KPM) that SBHCs are responsible for reporting
  - Issues related to providers being able to bill for services aligned with metrics
  - Policies across CCOs that incentivize/disincentive PCP collaboration and coordination with SBHCs
  - Policy barriers that need to be addressed
    - Issues with privacy/confidentiality
    - Issues with EMR and Patient Portal Access

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Previous to OPIP – Personal Experience Related to Adolescent Preventive Services

Lead Research Associate in the Child & Adolescent Health Measurement Initiative (CAHMI) focused on Adolescent Preventive Services

- Supported development & implementation of the **Young Adult Health Care Survey (YAHCS)**:
  - Meant to complement access to care metrics like the AWV measure to assess the quality of care provided in the context of those visits
  - Adolescent-reported metric given adolescents are the most reliable and valid source of information about WHAT happened in the context of the visits
    - Limitations of EMR
    - If recommendation followed, parent should not be in the room during all of the visit
  - Assessment core components of Bright Futures recommendations adolescent could report about:
    - Anticipatory guidance and education
    - Risk screening and follow-up
    - Private visit, confidentiality discussed
    - Communication and experience of care
- Worked with State Medicaid agencies and health systems to collect and use the information gathered

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OPIP's Ten Part Webinar Series

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

- Part of *today's* webinar, & two other webinars

Part 2: From **Recommendations to Implementation**: Implementing **& Documenting** AWV in Alignment with CCO Incentive Metrics

- Five webinars

Part 3: Going to Them – Leveraging Partnerships with **School Based Health Centers** (SBHCs)

- Two webinars

OPIP's Ten Part Webinar Series

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

1. System-level stakeholders (Today)
2. Youth
3. Parents of Adolescents

OPIP's Ten Part Webinar Series

Part 2: From **Recommendations to Implementation**: Implementing **& Documenting** AWV in Alignment with CCO Incentive Metrics

1. Structure & Composition of adolescent well-care visits
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

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OPIP's Ten Part Webinar Series

Part 3: Going to Them – Leveraging Partnerships with **School Based Health Centers** (SBHCs)

1. Leveraging School Based Health Centers to **Educate Youth** about AWV
2. Capturing Care Provided in SBHCs, Methods for Coordination with PCPs

Within those general topic areas, if there are specific issues you hope to be addressed please let me know as we are hoping to meet your needs: *reulandc@ohsu.edu*

Adolescent Well-Care Visits: What do I mean when I say that? & Definition to be Used in these Trainings

- **Well-care visits that are aligned with Bright Futures**
  - Recommended annually
  - Aligned with the periodicity and screening schedule *(See next slides)*
  - Components of care aligned with specific recommendations for each visit

- **Visits I do NOT include:**
  - Visits that the teen is well, but that the robust and preventive services recommended are *not* provided or included.
    - Example: Sports Physicals

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Bright Futures Recommendations for Adolescent Well-Care Visits

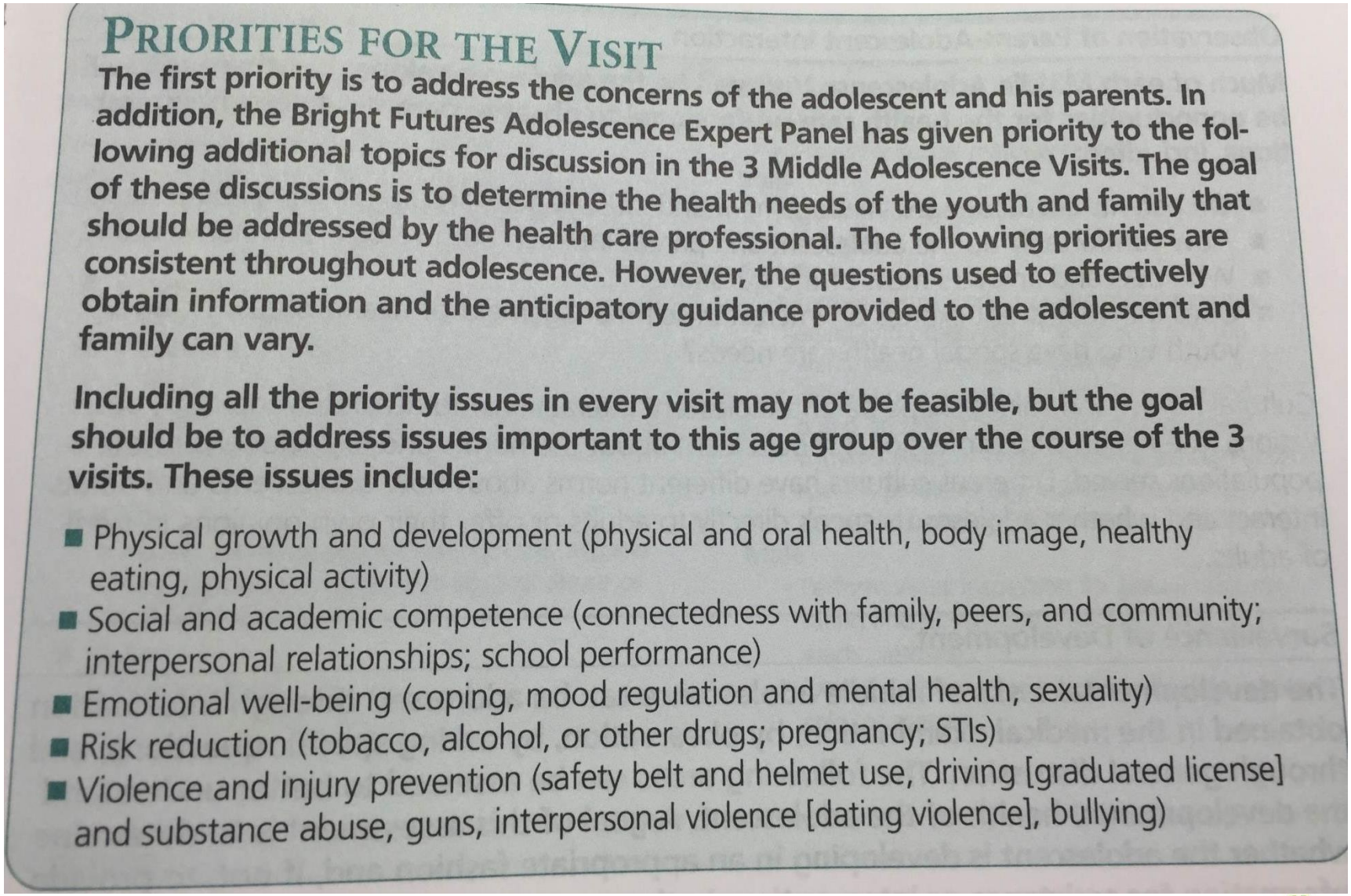
★ = risk assessment to be performed with appropriate action to follow, if positive ←● → = range during which a service may be provided

	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	★	●	★	★	●	★	★	●	★	★	★
Hearing	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT											
Developmental Screening[9]											
Autism Screening[10]											
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment[11]	★	★	★	★	★	★	★	★	★	★	★
Depression Screening[12]	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[13]	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[14]											
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 HEALTH[25]											
Fluoride Varnish[26]											
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●

Bright Futures Periodicity & Screening Schedule

- **History**
- **Measurements**
  - Height, Weight, BMI
  - Blood Pressure
- **Sensory Screening**
  - Vision and Hearing
- **Developmental/Behavioral Assessment**
  - Psychosocial/Behavioral Assessment
  - Alcohol and Drug Use Assessment
  - Depression Screening
- **Physical examination**
- **Procedures**
  - Immunizations
  - Hematocrit, Hemoglobin; TB; Dyslipidemia Screening, STI/HIV Screening*, Cervical Dysplasia (21)
- **Oral Health**
- **Anticipatory Guidance**

Current Bright Futures Priorities for the Visit



PRIORITIES FOR THE VISIT

The first priority is to address the concerns of the adolescent and his parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits. The goal of these discussions is to determine the health needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent throughout adolescence. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Including all the priority issues in every visit may not be feasible, but the goal should be to address issues important to this age group over the course of the 3 visits. These issues include:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well-being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, driving [graduated license] and substance abuse, guns, interpersonal violence [dating violence], bullying)

Priorities Proposed in the Public Comment/ Review of the Revised Bright Futures Recommendations

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Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

- Social determinants of health (risks [interpersonal violence, food insecurity, family substance use], strengths and protective factors [connectedness with family and peers; connectedness with community; school performance, coping and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy and STIs; acoustic trauma)
- Violence and injury prevention (seat belt and helmet use, driving [graduated license], gun safety)

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Bright Futures Priorities

Bright Futures Priorities	Bright Futures Anticipatory Guidance Topics	Bright Futures Pre-Visit Questionnaire
Physical Growth and Development	➢ Physical and oral health ➢ Body image ➢ Healthy eating ➢ Physical activity	**Current Topics** • Brush/floss teeth • Regular dentist visits • Body image • Balanced diet • Limit TV • Physical Activity • Protect hearing (middle and late adolescents)
Social and academic competence	➢ Connectedness with family, peers, and community ➢ Interpersonal relationships ➢ School/job performance	**Current Topics** • Help with homework when needed • Encourage reading/school • Community involvement • Family Time • Age appropriate limits • Friends
Emotional well-being	➢ Coping, mood regulation ➢ Mental health ➢ Sexuality	**Current Topics** • Decision-making • Dealing with stress • Mental health concerns • Sexuality/puberty
Risk reduction	➢ Tobacco alcohol, or other drugs ➢ Pregnancy ➢ STIs	**Current Topics** • Tobacco, alcohol, drugs • Prescription drugs • Know friends and activities • Sex
Violence and injury prevention	➢ Safety belt and helmet use ➢ Substance abuse and riding in vehicles ➢ Guns ➢ Interpersonal violence (fights, dating violence, stalking) ➢ Bullying ➢ +Driving for those 15+	**Current Topics** • Seat belts, no ATV • Guns • Safe dating • Conflict resolution • Bullying • Sport helmets • Protective gear

Impact of the Affordable Care Act on Coverage of Bright Futures Services

- **Affordable Care Act (ACA)** implementation resulted in coverage for a total of 3 million young adults as of 2011, decreasing the uninsured rate among young adults from 42% in 2010 to 36% in 2011.
  - Projected to continue with Medicaid expansion within states, and implementation of insurance exchanges; these processes are estimated to expand coverage by 7.2 and 4.9 million additional young adults, respectively.
  - As of 2014, adolescents comprise nearly one in five Oregon Health Plan beneficiaries, with the proportion of adolescents following national trends and increasing with the expansion of coverage through the ACA.
- ACA requires **coverage alignment with Bright Futures**:
  - Extremely impactful for adolescent well-care visits as many private payers did not cover annual well-care visits
  - Most practices whose panel is primarily children have a significant number of children privately insured
  - Practices don't have work flows and systems for different patients based on insurance type
- ACA **does not allow cost sharing** on Bright Futures recommended services and screenings

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Engaging and Convincing Key Stakeholders About Value of Adolescent Well-Care Visits

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1. **Overview of useful manual developed by CMS**
2. **Overview of Issue Brief developed by OPIP**
3. **Break down by pieces within this Issue Brief - Key Talking Points:**
   - Alignment of content of AWV with other priorities
   - Need for screening and education: Relevant adolescent health issues addressed in the well-care visit
   - Importance of adolescent transition as the primary health care consumer – lifelong impacts of healthy health care consumerism
4. **Data you could use in making your case in your own community**
   - Oregon Healthy Teens Survey
   - Data You could Collect/Use
     - Claims data
     - Medical Chart Data
     - Youth Survey data

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Engaging and Convincing Key Stakeholders About Value of Adolescent Well-Care Visits

- Use approaches and information in the CMS Guide: Paving the Road to Good Health Strategies for Increasing Medicaid Adolescent Well-Care Visits

- https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf

- Has sections in it focused on:
  - The Facts: Why is Adolescent Health Important?
  - The Medicaid Benefit for Children and Adolescents
  - Strategies for Promoting Adolescent Well-Care Visits (Six Strategies)
  - Resources

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Two Page Issue Brief Developed by OPIP

"Why Adolescent Well-Care Visits are Important"

- Attached to the resources section is most updated version
- Developed in collaboration with key partners within OHA
- Reviewed by OPIP's Steering and Partners Committees
- Developed to outline WHY adolescent well-care visits are important for system-level stakeholders
  - We need something that as two pages to lay out the issues

Adolescent Well-Care Visits: An Integral Strategy for Achieving the Triple Aim
The Value of the Adolescent Well-Care Visit
May 2016

The purpose of this document is to provide an overview of the value of annual adolescent well-care visits. While inclusion on the CCO incentive metric list has increased the emphasis on adolescent well-care 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]

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 U.S. 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-care visits.** When adolescents access a well-care 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-Care Visit Metric

A number of national measurement frameworks have prioritized adolescent well-care 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-care visit rates for Medicaid members.[ix]

Nationally, **only about half (46%) of adolescents aged 12-21 on Medicaid received a well-care visit** in the past year, representing the population with the lowest utilization of primary care compared to any

other age group. The **adolescent well-care 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-care visits and support of quality improvement strategies to increase rates.**

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:

- 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.

Components of a High-Quality Adolescent Well-Care Visit

The foundation of a high quality adolescent well-care 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-care 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]

Preventive services delivered during an adolescent well-care 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]	State Population Health Indicators[3]
Adolescent Access to Primary Care	CAHPS composite: Access to care; Adolescent well-care	Access to Primary Care Provider (EPSDT 416)
Mental and behavioral health	Depression screening and follow-up	Teen psychological distress
Tobacco and substance use	Alcohol and Drug misuse (SBIRT); Cigarette smoking prevalence; Tobacco screening and cessation intervention	Tobacco use; binge drinking
Sexual behavior	Contraceptive methods and counselling for adolescent women; Effective contraceptive use; HIV screening for at-risk adolescents; STIs counselling	Teen pregnancy/birth rate (age 15-17); Chlamydia incidence; HIV infection; Screening for pregnancy intention
Nutritional health	Diabetes: HbA1c Poor Control; Weight assessment and counselling for nutrition and physical activity; BMI screening & follow-up	Overweight/obesity; Fruit and vegetable consumption; physical activity, sugar-sweetened beverage consumption; healthy food outlets
Immunizations	Child immunization status	Immunizations for adolescents
Violence and injury prevention	Depression screening and follow-up; 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 table citations

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How Can CCOs Use the Issue Brief?

- **OPIP providing a word version to allow CCOs to build off and modify text in the issue brief**
  - Request a citation that the memo was adapted from the Issue Brief developed by the Oregon Pediatric Improvement Partnership
- **Enhance and tailor the brief to include information about youth enrolled in your CCO and services provided within your CCO**
  - Include your own well-care visit rate data
  - Include data from Oregon Healthy Teens data for counties covered by your CCO (*more on this later* ☺)

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Breaking It Down by Pieces: Key Messages You Can Use with Different Stakeholders

a) **Alignment** of content of AWV with other priorities

b) **Need** for screening and education: Relevant adolescent health issues addressed in the well-care visit

c) Importance of **adolescent transition** as the primary health care consumer – lifelong impacts of healthy health care consumerism

Breaking It Down by Pieces: Key Messages You Can Use with Different Stakeholders

a) **Alignment** of content of AWV with other priorities

b) **Need** for screening and education: Relevant adolescent health issues addressed in the well-care visit

c) Importance of **adolescent transition** as the primary health care consumer – lifelong impacts of healthy health care consumerism

Alignment of Content of Well-Care Visits with Other Strategic Priorities

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Tobacco and substance use	Alcohol and Drug misuse (SBIRT); Cigarette smoking prevalence; Tobacco screening and cessation intervention	Tobacco use; binge drinking
Sexual behavior	Contraceptive methods and counselling for adolescent women; Effective contraceptive use; HIV screening for at-risk adolescents; STIs counselling	Teen pregnancy/birth rate (age 15-17); Chlamydia incidence; HIV infection; Screening for pregnancy intention
Nutritional health	Diabetes: HbA1c Poor Control; Weight assessment and counselling for nutrition and physical activity; BMI screening & follow-up	Overweight/obesity; Fruit and vegetable consumption; physical activity, sugar-sweetened beverage consumption; healthy food outlets
Immunizations	Child immunization status	Immunizations for adolescents
Violence and injury prevention	Depression screening and follow-up; 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. [xi]

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Bright Futures Recommendations for Adolescent Well-Care Visits

Health Topic Area Addressed in Adolescent Well-Care Visits	Relevant CCO Incentive or PCPCH Program Standard Addressed in context of a Well-Care Visit
Mental and behavioral health	Screening for depression †
Tobacco and substance use	Screening for alcohol and substance use (SBIRT)†,♢; smoking and tobacco cessation †,♢
Sexual behavior	Chlamydia screening in women ages 16-24†,♢; contraceptive use in women at risk for unintended pregnancy†,♢
Nutritional health	Diabetes: HbA1c Poor Control; BMI assessment / counseling †,♢
Immunizations	Immunization for adolescents †,♢
Violence and injury prevention	Screening for depression †; SBIRT †,♢

Alignment with Public Health Priority Measure:

† Healthy People 2020 Objective
♢ Oregon's Healthy Future/Oregon's State Health Profile

Guidelines in Support of AWV and Depression & SBIRT Metrics for Adolescents

- **Multiple guidelines recommend annual screening in adolescents:**
  - Bright Futures Recommendations
  - Society of Adolescent Medicine
  - Maternal and Child Health Bureau
  - American Academy of Pediatrics
  - Substance Abuse and Mental Health Services Administration

- **USPSTF has assigned a "B" recommendation for the SBIRT process.**
  - Adequate evidence that numerous screening instruments can detect alcohol misuse with acceptable sensitivity and specificity.

- **The USPSTF also recommends screening of adolescents (12 – 18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.**

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Risks Explored in Adolescents & Lifelong Health Habits: **Need** for Adolescent Well-Care Visits

- Adolescence is one of the most dramatic periods of human growth and development, second only to infancy.
- 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.
- A critical factor to achieve this goal is to ensure that **adolescents access and obtain meaningful well-care visits.**
- When adolescents access a well-care visit consistent with Maternal and Child Health Bureau (MCHB)'s Bright Futures recommendations:
  - Screening,
  - Anticipatory guidance, and
  - Health education

  early physical, mental, and behavioral health factors addressed.

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Breaking It Down by Pieces: Key Messages You Can Use with Different Stakeholders

a) **Alignment** of content of AWV with other priorities

b) **Need** for screening and education: Relevant adolescent health issues addressed in the well-care visit

c) Importance of **adolescent transition** as the primary health care consumer – lifelong impacts of healthy health care consumerism

Risks Explored in Adolescents & Lifelong Health Habits: **Need** for Screening and Education Provided in AWV

- Leading causes of death among 10-24 year olds are preventable (National Vital Statistics Report, 2013): 41% unintentional injury, 15% suicide
- 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]
  - Many of these are undetected, due to lack of screening and routine health care, until acute needs present
  - Lifelong consequences of untreated mental health
  - First time in more than 30 years mental health conditions have displaced physical illness as the top five disability in children
  - Amongst adults with chronic mental illness, nearly half had symptoms begin in their teen years.
- 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]
  - Impact of undetected and untreated substance abuse
- While teen pregnancy rates have declined, the US continues to have one of the highest rates in the industrialized world.

(References for each of these points is in Issue Brief)

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Breaking It Down by Pieces: Key Messages You Can Use with Different Stakeholders

a) **Alignment** of content of AWV with other priorities

b) **Need** for screening and education: Relevant adolescent health issues addressed in the well-care visit

c) Importance of **adolescent transition** as the primary health care consumer – lifelong impacts of healthy health care consumerism

Transitioning the Adolescent to the Primary Health Care Consumer

- 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.
- 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.
- Patients who are more active in their health care, having learned the skills and techniques of self management, have better health outcomes at lower costs

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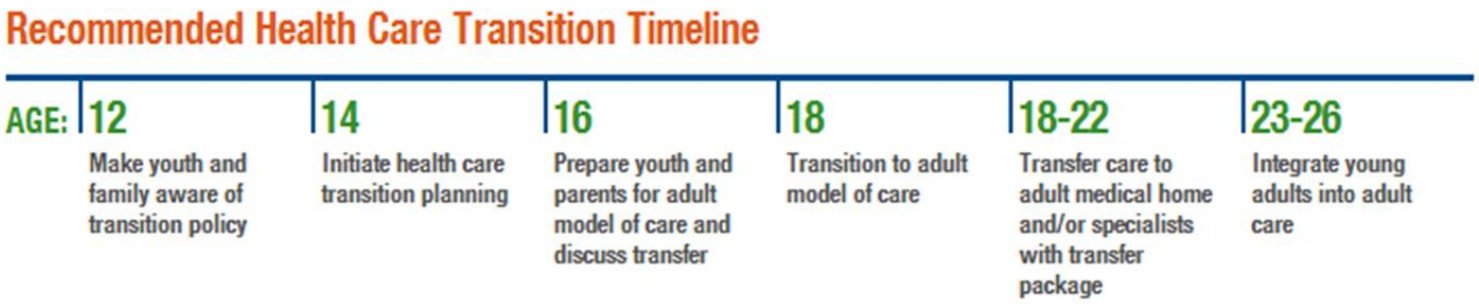
Transitioning to the *Adolescent as the Primary Patient*



- Bright Futures recommendations are that these discussions begin at age 12.
  - For all children; special emphasis and importance for children and youth with special health care needs (CYSHCN)

Source: GotTransition.org

Transitioning the Adolescent to Being the Primary Patient

Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers)	Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers)	Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers)
1. Transition Policy • Develop a transition policy/statement with input from youth and families that describes the practice's approach to transition, including privacy and consent information. • Educate all staff about the practice's approach to transition, the policy/statement, the *Six Core Elements*, and distinct roles of the youth, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences. • Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.	**1. Transition Policy** • Develop a transition policy/statement with input from youth/young adults and families that describes the practice's approach to transitioning to an adult approach to care at 18, including privacy and consent information. • Educate all staff about the practice's approach to transition, the policy/statement, the *Six Core Elements*, and distinct roles of the youth, family, and health care team in the transition process, taking into account cultural preferences. • Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.	**1. Young Adult Transition and Care Policy** • Develop a transition policy/statement with input from young adults that describes the practice's approach to accepting and partnering with new young adults, including privacy and consent information. • Educate all staff about the practice's approach to transition, the policy/statement, the *Six Core Elements* and distinct roles of the young adult, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences. • Post policy and share/discuss with young adults at first visit and regularly review as part of ongoing care.
2. Transition Tracking and Monitoring • Establish criteria and process for identifying transitioning youth and enter their data into a registry. • Utilize individual flow sheet or registry to track youth's transition progress with the *Six Core Elements*. • Incorporate the *Six Core Elements* into clinical care process, using EHR if possible.	**2. Transition Tracking and Monitoring** • Establish criteria and process for identifying transitioning youth/young adults and enter their data into a registry. • Utilize individual flow sheet or registry to track youth/young adults' transition progress with the *Six Core Elements*. • Incorporate the *Six Core Elements* into clinical care process, using EHR if possible.	**2. Young Adult Tracking and Monitoring** • Establish criteria and process for identifying transitioning young adults until age 26 and enter their data into a registry. • Utilize individual flow sheet or registry to track young adults' completion of the *Six Core Elements*. • Incorporate the *Six Core Elements* into clinical care process, using EHR if possible.
3. Transition Readiness • Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care. • Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care.	**3. Transition Readiness** • Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care. • Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care.	**3. Transition Readiness/Orientation to Adult Practice** • Identify and list adult providers within your practice interested in caring for young adults. • Establish a process to welcome and orient new young adults into practice, including a description of available services. • Provide youth-friendly online or written information about the practice and offer a "get-acquainted" appointment, if feasible.

[1] American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians. Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2011; 128:182.

Continued »

Source: GotTransition.org

Example of an Applied Adolescent Transition 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 age 14: Start having one-on-one time as part of visit. Reminders about "conditional confidentiality".**
  - Still offer chaperone for exam.
- **At age 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.**

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Impact of Expansion of Eligibility

- Youth who are enrolled with you at age 12 may be with you through the age of 21
- Value of building health consumerism for long term ROI

Engaging and Convincing Key Stakeholders About Value of Adolescent Well-Care Visits

1. **Overview of useful manual developed by CMS**
2. **Overview Issue Brief developed by OPIP**
3. **Break down by pieces within this Issue Brief - Key Talking Points:**
   - Alignment of content of AWV with other priorities
   - Need for screening and education: Relevant adolescent health issues addressed in the well-care visit
   - Importance of adolescent transition as the primary health care consumer – lifelong impacts of healthy health care consumerism
4. **Data you could use in making your case in your own community**
   - Oregon Healthy Teens Survey
   - Data You could Collect/Use
     - Claims data
     - Medical Chart Data
     - Youth Survey data
     - Youth Engagement

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Data That Can Be Useful in Your Education Efforts

- **Oregon Healthy Teens Survey**

Within your CCO – Data You Could Collect to Make Your Case

- **Existing Claims Data:**
  1. Costs: Top drivers of costs for teens, teens who are most costly
  2. Visits & Other Services:
     - Correlation, or lack of correlation, between well-care visits codes and other screenings

- **Collect New Data**
  3. Medical chart reviews
  4. Surveys of Youth

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Oregon Healthy Teens Survey

- **Background**
  - Administered in odd numbered years (the most recent is 2015)
  - An anonymous, voluntary, research-based survey
  - Conducted among 8th and 11th graders statewide
  - **Results provided by county**, gender, race and ethnicity
- **Survey Components**
  - Incorporates the two surveys that preceded it; the Student Drug Use Survey, and the Youth Risk Behavioral Survey (YRBS)
  - Topics include:
    - Tobacco, alcohol and other drug use
    - Access to tobacco and alcohol
    - Personal safety behaviors and perceptions
    - Violence and related behaviors
    - Diet and exercise
    - Extracurricular activities
    - Sexual activity and HIV/AIDS knowledge
    - Health conditions and access to care
    - Individual, peer, community and family influences on risk behaviors
- **For more information and to access survey results:**
  https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx
- **Questions and requests:**
  - Renee Boyd at 971-673-1145 or renee.k.boyd@state.or.us

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Data That Can Be Useful in Your Education Efforts: Existing Claims Data

Existing Claims Data:

1. **Costs:** Top drivers of costs for teens, teens who are most costly
   - Hospitalizations for mental health issues undetected or untreated
   - Adult males from age 18 to 26 are amongst the highest utilizers of ED services.
2. **Visits & Other Services:**
   - Correlation – or lack of correlation – between well-care visits codes and other screenings
   - Cross tab of adolescent well-care visits with screening codes
     - » Don't be surprised if you don't see a correlation. If you see lack of correlation, opportunity to refine and hone in on approach
       - Adolescents may be less likely to come BACK for the well-care visit NEXT year if it is not an adolescent-centered visit
       - Literature has shown key factors to adolescent use of primary care:
         - Explanation of confidentiality
         - Privacy
         - Convenience

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New Data You Could Collect: Medical Chart Reviews

- Information from **medical charts** can help you understand care that is provided and not billed
- If screening tools administered, allows you to examine number of youth **identified at-risk** via these tools
  - Prepare for follow-up resources and community capacity
- OPIP has developed a **medical chart review tool**, specific to depression and substance abuse screening

Snapshot Form: Medical Chart Review Tool Assessing Screening of Adolescents (OPIP 2015)

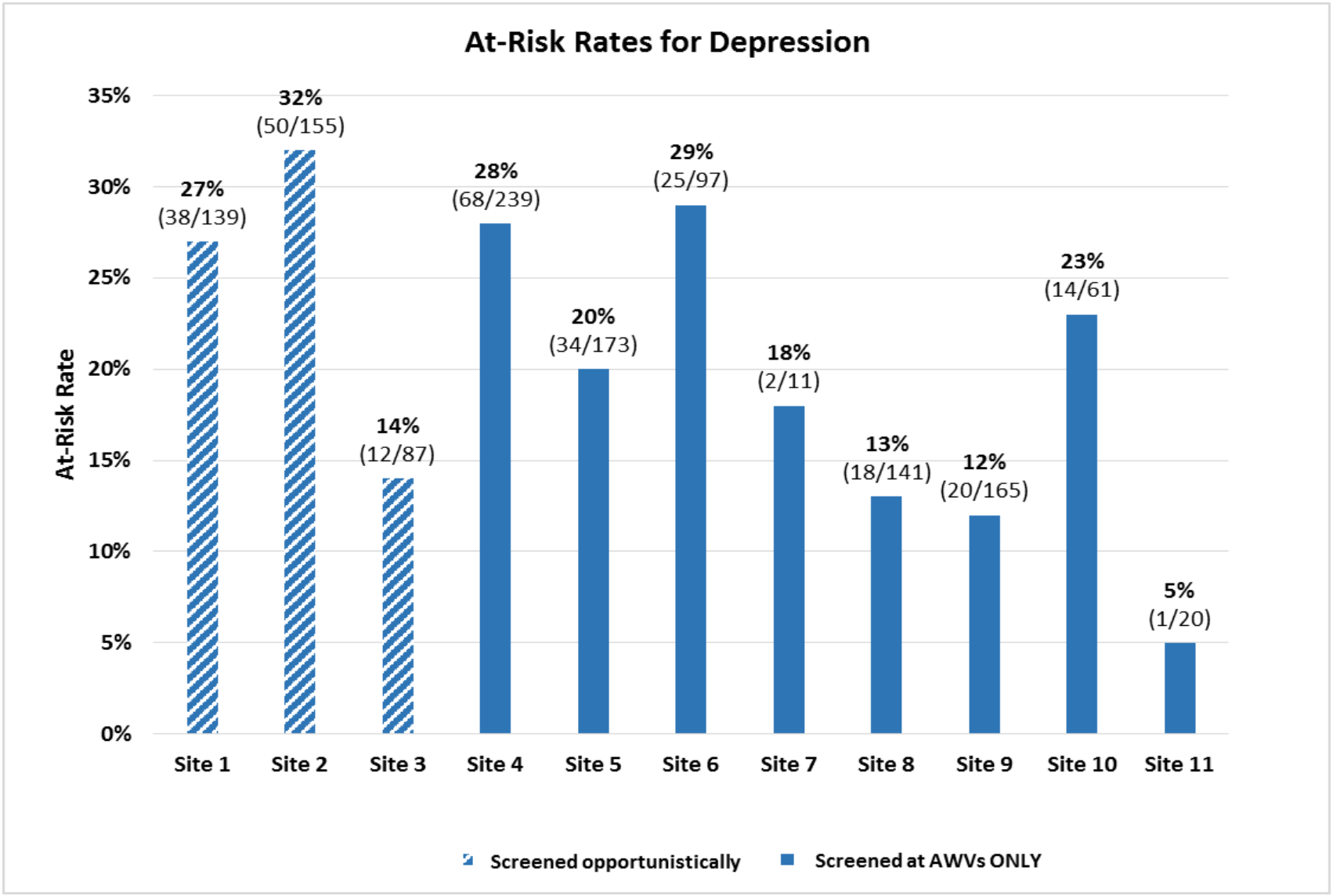
SNAPSHOT FORM: Medical Chart Review Tool Assessing Screening Adolescents

Information Gathered in Reviewing Adolescents

Charts of adolescents who had Well Child Visits	DEPRESSION SCREENING				SUBSTANCE ABUSE SCREENING			
	Screening Conducted with PHQ-2 ? (Select ONE)	Screening Conducted with PHQ-9 Modified for Teens ? (Select ONE)	Answer IF SCREENING WAS CONDUCTED IF BOTH TOOLS USED, PROVIDE ANSWERS FROM THE PHQ-9: Screening Result (Select ONE)	Follow-Up (Check ALL THAT APPLY)	Screening Conducted with CRAFFT ? (Select ONE)	Answer IF SCREENING WAS CONDUCTED: Screening Result (Select ONE)	Follow-Up (Check ALL THAT APPLY)	
DR. PAUL BOURESSA								
DATE OF *FIRST* CHART REVIEWED: _____				**DATE OF *LAST* CHART REVIEWED:** _____				
Chart #1				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #2				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #3				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #4				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #5				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #6				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #7				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #8				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	
Chart #9				☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*			☐ Referred - Internal ☐ Referred - External ☐ Counseled ☐ Made a care plan ☐ No documentation ☐ Other *If Other, please specify*	

Youth Identified At-Risk for Depression:

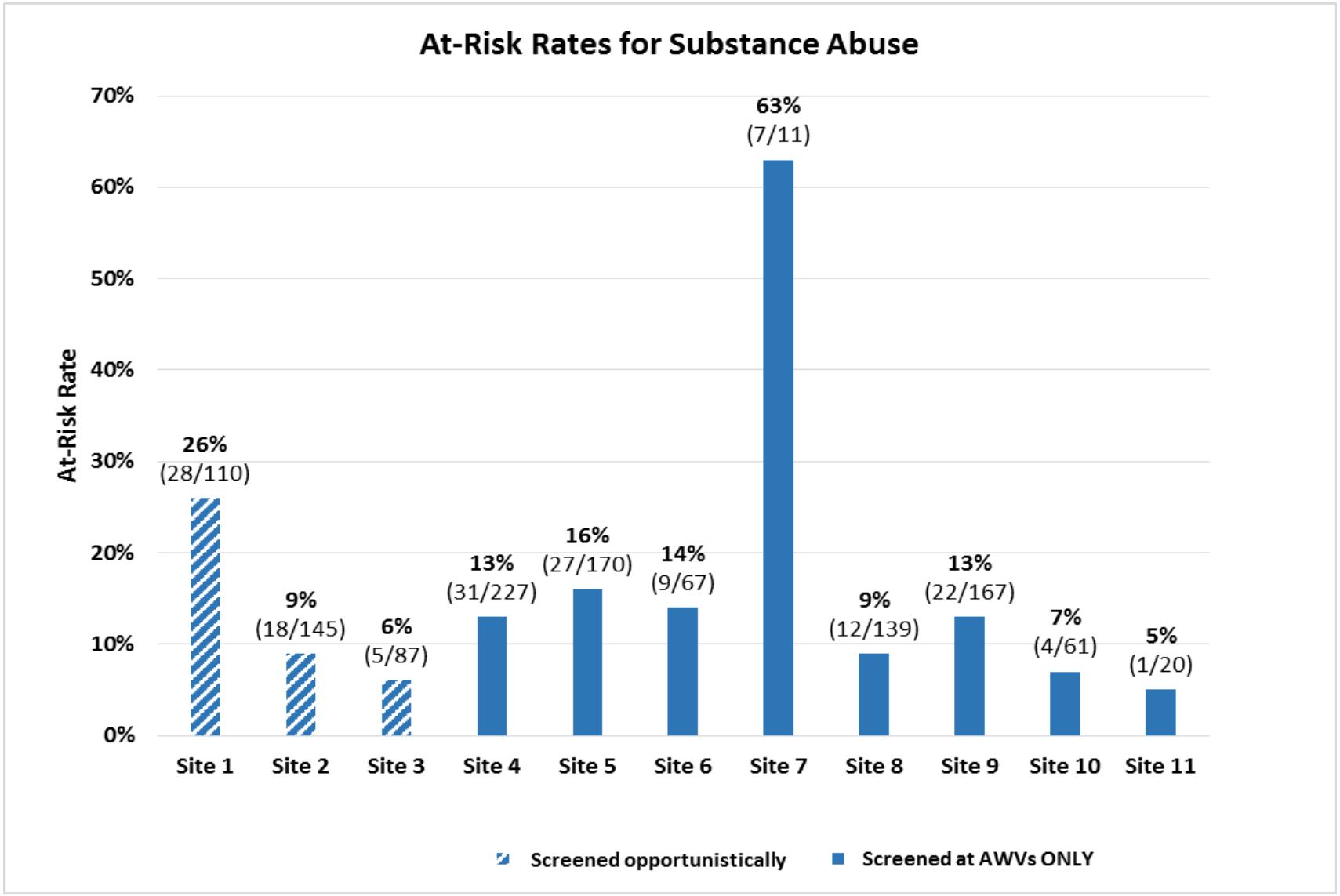
OR Pediatric & Family Medicine Practices Participating in a QI Effort



Data analysis by the Oregon Pediatric Improvement Partnership (OPIP)

Youth Identified At-Risk on the CRAFFT:

OR Pediatric & Family Medicine Practices Participating in a QI Effort



Data analysis by the Oregon Pediatric Improvement Partnership (OPIP)

New Data You Could Collect: Youth Survey

- For data about the content of quality of visits, youth shown to be the MOST reliable and valid reporter of specific services provided in the context of the visit

- Young Adult Health Care Survey (YAHCS) shown to be reliable and valid survey that is administered to youth:
  - http://www.cahmi.org/projects/yahcs/
  - Includes items about health care AND health
  - Includes items about private and confidential care

- This domain within the YAHCS most predictive of overall quality scores on the survey

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Questions? Clarifications?

For questions please contact:

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

Next Webinar

Thursday, June 2nd @ 1-2 PM	Enhancing Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength & Risk Screening Tools: Overview of key tools and strategies practices have used to implement adolescent well-care visits that could be a component of CCO-led trainings and follow-up. Inclusion of a highlight on the Eye-Eye Training by OSBHA.

Thank you!!

OPIP