

# Educating Parents About Adolescent Well-Care Visits

*Overview of key considerations, tools, and strategies CCOs could use to support education of the parents of their members*



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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

- *Today's webinar*, plus two other webinars

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

- Five webinars

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

- Two webinars

*After today, we will have completed all 10 webinars in the series.*

*All are recorded and on the Transformation Center website.*

*(<https://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Metric.aspx>)*



# Recap: OPIP's Webinar Series

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

### **1. System-level stakeholders (*Conducted on May 19th*)**

([https://www.oregon.gov/oha/Transformation-Center/Resources/AWV-Slides\\_1.1.pdf](https://www.oregon.gov/oha/Transformation-Center/Resources/AWV-Slides_1.1.pdf))

### **1. Youth (*Conducted on June 16th*)**

(<https://www.oregon.gov/oha/Transformation-Center/Resources/AWV-1.2-Slides.pdf>)

### **3. Parents of Adolescents (*Today's webinar*)**



# Goals For Today's Webinar

- **Highlight why it is **important and necessary** to educate parents about adolescent well care**
  - What adolescents experience in terms of well care IS and SHOULD BE different than what their parents experienced
  - Changes in policies and coverage as a result of the Affordable Care Act
  - Bright Futures recommendations for adolescents
  - The importance of well care for this population
- **Understand HOW CCOs can help to educate parents**
  - Generally important information and considerations for materials
  - Direct to member education
  - Education to practices about key CCO policies and coverage considerations
  - Engaging schools to disseminate information
  - Supporting PRACTICES to educate parents
- **Highlight sample educational materials**
  - Educational poster directed at parents
  - Sample practice letter to parents

# Recognition that Routine and Periodic Well-Care Key to Addressing Adolescent Health

- **Despite being an important age group with very unique needs, adolescence has historically been thought of as a period of good health, and well care for this population was not common**
  - Between 1995-1998, only 15-25% of adolescents had a preventive visit in that THREE YEAR PERIOD
- **Increased focus on the need for quality adolescent well care in the late 1990s**
  - Primary reasons for high morbidity and mortality rates in youth are largely preventable
  - Injuries, suicide, STDs, substance abuse, other high risk behaviors account for the VAST majority of adolescent deaths
- **As such, recommendations and policies have changed**
  - What adolescents experience now DOES look different from what their parents experienced- and rightly so!

# A Focus on Adolescent Well-Care Nationally

- **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.
  - 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
- Despite expansion in coverage, national data show that **less than half (46%) of adolescents aged 12-21 on Medicaid received a well-visit** in the past year, representing the population with the lowest utilization of primary care of all age groups.
  - These **numbers are worse in Oregon**: Well-visits rates at 29.2% in 2015.
  - Early and Periodic Screening, Diagnosis, Treatment (EPSDT) rates are 22% for adolescents 15-18 years old.

# 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 <sup>1</sup>	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>HISTORY</b>											
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>											
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●
Head Circumference											
Weight for Length											
Body Mass Index <sup>5</sup>	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure <sup>6</sup>	●	●	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>											
Vision	★	●	★	★	●	★	★	●	★	★	★
Hearing	★	★	★	★	★	★	★	★	★	★	★
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>											
Developmental Screening <sup>9</sup>											
Autism Screening <sup>10</sup>											
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment <sup>11</sup>	★	★	★	★	★	★	★	★	★	★	★
Depression Screening <sup>12</sup>	●	●	●	●	●	●	●	●	●	●	●
<b>PHYSICAL EXAMINATION<sup>13</sup></b>	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES<sup>14</sup></b>											
Newborn Blood Screening <sup>15</sup>											
Critical Congenital Heart Defect Screening <sup>16</sup>											
Immunization <sup>17</sup>	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin <sup>18</sup>	★	★	★	★	★	★	★	★	★	★	★
Lead Screening <sup>19</sup>											
Tuberculosis Testing <sup>21</sup>	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening <sup>22</sup>	→	★	★	★	★	★	★	←	→	●	→
STI/HIV Screening <sup>23</sup>	★	★	★	★	★	←	●	→	★	★	★
Cervical Dysplasia Screening <sup>24</sup>											●
<b>ORAL HEALTH<sup>25</sup></b>											
Fluoride Varnish <sup>26</sup>											
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●



# 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**



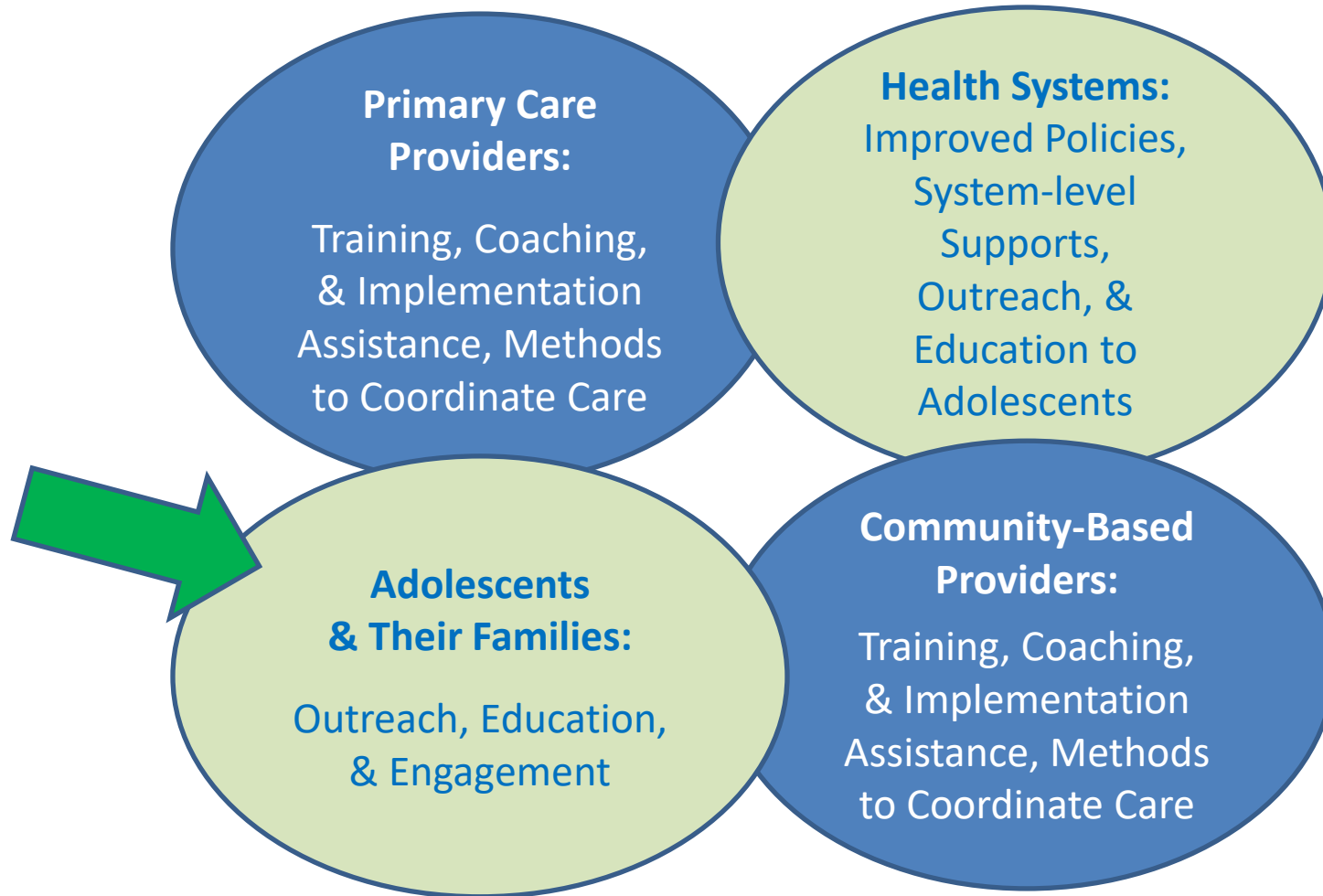
# Bright Futures Priorities

Bright Futures Priorities	Bright Futures Anticipatory Guidance Topics	Bright Futures Pre-Visit Questionnaire
<b>Physical Growth and Development</b>	<ul style="list-style-type: none"> <li>➤ Physical and oral health</li> <li>➤ Body image</li> <li>➤ Healthy eating</li> <li>➤ Physical activity</li> </ul>	<b>Current Topics</b> <ul style="list-style-type: none"> <li>• Brush/floss teeth</li> <li>• Regular dentist visits</li> <li>• Body image</li> <li>• Balanced diet</li> <li>• Limit TV</li> <li>• Physical Activity</li> <li>• Protect hearing (middle and late adolescents)</li> </ul>
<b>Social and academic competence</b>	<ul style="list-style-type: none"> <li>➤ Connectedness with family, peers, and community</li> <li>➤ Interpersonal relationships</li> <li>➤ School/job performance</li> </ul>	<b>Current Topics</b> <ul style="list-style-type: none"> <li>• Help with homework when needed</li> <li>• Encourage reading/school</li> <li>• Community involvement</li> <li>• Family Time</li> <li>• Age appropriate limits</li> <li>• Friends</li> </ul>
<b>Emotional well-being</b>	<ul style="list-style-type: none"> <li>➤ Coping, mood regulation</li> <li>➤ Mental health</li> <li>➤ Sexuality</li> </ul>	<b>Current Topics</b> <ul style="list-style-type: none"> <li>• Decision-making</li> <li>• Dealing with stress</li> <li>• Mental health concerns</li> <li>• Sexuality/puberty</li> </ul>
<b>Risk reduction</b>	<ul style="list-style-type: none"> <li>➤ Tobacco alcohol, or other drugs</li> <li>➤ Pregnancy</li> <li>➤ STIs</li> </ul>	<b>Current Topics</b> <ul style="list-style-type: none"> <li>• Tobacco, alcohol, drugs</li> <li>• Prescription drugs</li> <li>• Know friends and activities</li> <li>• Sex</li> </ul>
<b>Violence and injury prevention</b>	<ul style="list-style-type: none"> <li>➤ Safety belt and helmet use</li> <li>➤ Substance abuse and riding in vehicles</li> <li>➤ Guns</li> <li>➤ Interpersonal violence (fights, dating violence, stalking)</li> <li>➤ Bullying</li> <li>➤ +Driving for those 15+</li> </ul>	<b>Current Topics</b> <ul style="list-style-type: none"> <li>• Seat belts, no ATV</li> <li>• Guns</li> <li>• Safe dating</li> <li>• Conflict resolution</li> <li>• Bullying</li> <li>• Sport helmets</li> <li>• Protective gear</li> </ul>

# OHA – Title 5 Priority on Adolescent Well-Visit

- In addition to the CCO Incentive metrics, focus on adolescent preventive services through Title V
- **Conducted listening sessions among public health partners**
- <https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/MCHTitleV/Pages/index.aspx>
  - Specific to adolescent well visits:  
<https://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/MCHTitleV/Documents/priorityareas-wellvisit.pdf>
  - Some findings in the document:
    - “Though it is a clinical measure, the adolescent well-visit shines a light on the unique needs of adolescents in accessing health services, such as physical access points (i.e. SBHCs), confidentiality in the provision of care to adolescents, and the availability of culturally relevant, and developmentally appropriate care.”
    - “General lack of awareness that youth should see doctor for a preventive visit every year, and many youth do not view a well visit as a priority.”
    - “Growing acknowledgment that young people must be actively engaged as partners in the delivery of health care to increase the proportion that access preventive services.”
    - “There is increased interest in using public health tools and strategies to shift the culture and raise awareness of the importance of adolescent well care.”

# Multi-Factorial Approach Needed to Improve Adolescent Services



Strategies Needed to Improve Well-Visits, Policy-Level Implications:

<https://projects.oregon-pip.org/resources/adolescent-care/adolescent-well-visits-and-claims/policy-and-practic-level-strategies-to-improve-adolescent-well-visits/view>

# Experience Related to Educational Materials About Adolescent Well-Visits

- Prior to founding OPIP, part of the Child and Adolescent Health Measurement (cahmi.org) and led work related to Young Adult Health Care Survey
- **Projects with primary care practices** to improve the quality of care provided in their medical homes
  - Large number of practices focused on adolescent well-care
  - Developed quality improvement tools to support practices in these efforts
  - OPIP's parent advisor reviewed
- Project working with **two pilot School Based Health Center (SBHCs)**, included development of educational materials to youth
  - Total of **8 in-person** meetings held with youth to obtain feedback, with additional feedback collected via email
  - Prior/During School Year:
    - Oregon Statewide Youth Action Council (SYAC), part of Oregon School Based Health Alliance (OSBHA)
    - Oregon Health Authority (OHA) - Office of Adolescent Health, OSBHA
    - SBHC pilot sites: Tigard High SBHC/Virginia Garcia, & Pendleton High SBHC/Umatilla Co.
- Learnings shared today informed by this work
  - That said, this an opportunity for more focus and a need for parent engagement and input
  - A topic OPIP would love to support in collaboration with CCOs through potential TA Bank consultation
  - Many practices have noted a desire and need to support to focus in this area

# Based on Our Learnings: Key Messages to Include in Educational Materials to Parents

1. Empowering, partnership-centered language
2. Use of facts and statistics
3. Describe that the recommendations are now for an annual visit – not every other year or every third year
4. Describe what they can GET and what to EXPECT in process of visit – be specific
5. Describe how robust well-visit is different than other kinds of visit that they may bring their youth in for (e.g sports physicals)
6. Billing and insurance considerations
7. Who to call to set up an appointment

*\* At the end we will share examples of materials we have drafted that incorporate these themes that you may use.*

# #1:

## Empowering, Partnership-Centered Language

- Remember for most parents their main focus is on making sure their child gets the best care possible and is healthy
- Emphasize “collaboration” and “partnership” for achieving their adolescent’s optimal health
- Promote use of welcoming phrases
- If promoting educational materials at the school:  
Include highlight of options that offer a potential convenience for parents, given their packed schedule
  - Well-visits can occur at a SBHC at your child’s school, and you don’t even need to be there!

## #2:

# Use of Facts and Statistics

- Parents may under-value well-visits as they think that their child is healthy already
  - Facts and statistics about well-visits and risks youth experience help to **raise awareness**
- For those parents whose youth are experiencing depression or participating in risky behaviors, value **facts and statistics** to **normalize prevalence**.
  - If possible, inclusion of **local or school-specific statistics** more effective in making issues more relatable in that community
  - See earlier webinars on tools and resources for you from the Oregon Healthy Teens Survey (<https://www.oregon.gov/oha/Transformation-Center/Resources/AWV-1.2-Slides.pdf> )
- When statistics are used, include a follow-up of **next steps options**
- Top statistics identified by teens that should be highlighted: **mental health, physical health, sexual health, and stress/anxiety**
  - That said, these may not be the topics that will draw in parents to ensure care



## #3:

# Information About Annual Periodicity of Well-Visits

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- Describe that the recommendations are now for an annual visit – not every other year or every third year
  - Previous to ACA, many payors did not cover annual well-visits
- Annual periodicity is different than when parents were youth
  - Parents will not have first hand experience with this
- Some practices may be delayed in outreach and education to parents OR to setting up these systems for youth

## #4:

# Describe What They Can GET and What to EXPECT in Process of Visit – Be Specific

- List types of health services available during well-care visit
- Key items that teens identified: guidance for healthy relationships, bullying, emotional health and wellness, sexual health, sports physicals, stress/anxiety
  - Again, this may be different than for parents
  - Emphasize to parents that the well-visit that may be different than what they experienced and what they may be worried about or want addressed with their youth
- Give preview of what they can expect ahead of time, including specific process of how well-care visit would be carried out from check-in to check-out. Gives better idea of expectations and alleviates anxieties
- Consider adding quotes, personal stories, experiences that parents can relate to

## #5:

# Describe How Robust Well-Visit is Different From Other Kinds of Visits When Youth Is “well”

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- Confusion about the difference between a sports physical and a robust well-visit
- Confusion about difference between an immunization or flu shot update and a robust well-visit

## #6:

# Billing and Insurance Information

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- Remember that parents have past experiences of being charged for visits, co-payments
- Important to educate about the fundamental shifts in coverage that were included in the ACA
  - Coverage of annual visits
  - No cost-sharing for Bright Futures aligned services

## #7:

# Who to Call to Set Up an Appointment

- Be clear about hours, and contact information
- Specific location, phone number, and hours of operation very important.
- If leveraging a SBHC, note convenience for the parent that they don't need to be there and the youth can do directly from school
- May be helpful to list specific clinical staff, but not a required element on all educational materials for student engagement

# Dissemination Methods CCOs Can Use To Educate Parents about Adolescent Well-Care Visits

1. **Direct to parent** education
  - Member mailings
  - Electronic outreach (Email, Facebook, Twitter etc.)
2. Engaging **schools** to disseminate information to families
3. **Education to practices** about key CCO policies and coverage considerations
4. **Supporting practices to educate parents**
  - Providing them the necessary information to pass on to families
  - Supporting practice-level efforts to disseminate and educate parents

# Direct to Parent Education

- **Member mailings**

- Letters to parents have been somewhat successful at the practice level
- Many CCOs already send information to parents and families

- **Electronic outreach**

- Electronic versions of materials can be created for email distribution
- CCOs could try social media outreach
  - Use shorter and more bite-sized messaging that includes elements of the key information outlined before

# Engaging Schools to Disseminate Information to Families

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- **Again, schools offer a unique opportunity to access adolescents and their parents (it's where they are)**
- **Schools often send information home to families, and some may be open to including information about adolescent well-visits**
  - Weekly (or periodic) email bulletins
  - Back to school paperwork
  - Handouts and information tables at various events and activities



# Education to Practices About Key CCO Policies and Coverage Considerations

- **Practices could really use this information**
  - We have not worked with a practice who has received this type of information in an easy to understand and navigational format
  - Practices generally have trouble keeping track of this across different payors
- **Information to include:**
  - Auto assignment policies
  - Coverage limits
    - Number of visits covered
    - Specific time requirements for visit limits
      - 1 per calendar year? 18 visits between age 5 and 21? Next well-visit has to be at least 12 months from last?
  - Consider including information around incentives that exist for them in addressing and improving this incentive metric

# Supporting Practices to Educate Parents

- Provide them the necessary information to inform parents about well visits (the type of information included in this webinar!)

## Support Development of a Variety of Materials and Activities:

- Provide financial support to practices for development and printing of a wide range of educational materials, and be creative in your methods of communication and dissemination.
- Support a variety of messaging, **so avoid just using paper flyers and handouts**. No single method will work better than using multiple methods for outreach.
  - Include social media strategies
- If possible, provide support to practices to **give class presentations**, or **partner with school officials** to distribute CCO-sponsored educational materials about the importance of adolescent well-care and potential resources/providers that are available in their communities to access services.

# So... What Else Can YOU do as a CCO?

## Provide Implementation Support to Practices and Systems:

- Ensure that those who are reaching out to stakeholders, parents and adolescents are trained on the value of well-visits and WHY they are important.
  - It's very important that those giving the message are aware and on-board with the goal of these services so that the information is clear and accurate across the system.
- Connect with your stakeholders to enhance collaboration and buy-in.
  - Be aware of multiple perspectives and acknowledge differences to avoid unintended negative consequences.
  - This includes schools, parents, providers, SBHCs, etc.
- Consider working with outside facilitation entities to help practices build and implement strategies for dissemination of educational materials and messaging frameworks.

# Tools to Share

## Two tools to share for educating parents:

- 1. Handout/Poster/Flyer for Parents:** Contains **specific information** about the importance of annual Adolescent Well-Care Visits and **types of services** offered
- 2. Example mailing from a practice:** Contains **specific information** about the importance of annual Adolescent Well-Care Visits and **types of services** offered at the clinic

## DID YOU KNOW?

Only **1 in 5** Oregon teens gets an **annual check-up**, and the chances of having **poor physical and mental health** as an adult can be **52% higher** for people who **don't receive needed care** early in life.

**We want YOUR TEEN get the BEST CARE possible!**

**Health and health habits developed in teen years impact their health as adults. That's why national recommendations call for teens to have a well-care visit each year... even when your teen is NOT sick.**

Our providers partner with teens to address health issues early and to help them build the healthcare skills they will need as adults. Our goal is to help them be healthy in both body and mind.

### WELL-CARE VISITS: WHAT IS ADDRESSED

National recommendations for what should be addressed in a well-care visits have changed dramatically over the last decade. Well-care visits are now focused on early identification of health risks and promotion of health that have life-long impacts. Important health components that will be included in a well-care visit, are:

- ✓ *Teen health history and physical exam*
- ✓ *Vision and hearing screenings*
- ✓ *Immunizations and vaccines*
- ✓ *Weight, diet and overall physical health*
- ✓ *Emotional health and wellness screening and support*
- ✓ *Bullying and prevention of violence*
- ✓ *Guidance for healthy relationships*
- ✓ *Sexual health, and prevention of STIs/STDs and pregnancy*
- ✓ *Discussion of drug or alcohol use or experimentation*

**How do I, or my teen, schedule an appointment?**

Please call us at (###) ###-#### today!

**Help your teen get the best care possible!**  
**Trustworthy \* Comprehensive \* Teen-Centered**



### Annual Well-Care Visits Can Prevent Potential Risks:

- \* **1 in every 3** Oregon teens experienced **depression** last year
- \* **1 in 6** Oregon teens seriously **considered suicide**
- \* Each year there are **9.5 million** newly diagnosed cases of **STIs** among young adults
- \* Teens who **start drinking** at an early age are **4 to 5 times** more likely to develop **alcohol abuse** as adults

### WELL-CARE VISITS vs. SPORTS PHYSICALS: WHAT'S THE DIFFERENCE?:

Sports physicals focus only on physical exams and do not include all of the nationally recommended components of well-care visit. A sports physical form can be completed at the time of well-care visit.

### EMPOWERING YOUR TEEN TO TAKE CONTROL OF THEIR HEALTH:

The teen years are a critical time to transition the teen to play an active and primary role in their health and use of health care. In alignment with national recommendations, we will make sure to explain our confidentiality policies and ensure that the provider spend a part of the visit alone with the teen to build trust and to provide the best care possible.

### ANNUAL WELL-CARE VISITS COVERED!

Your teen's annual well-care visit is a covered service that should be paid for by your insurance, at no cost to you, based on provisions in the Affordable Care Act that went into effect in 2010! Check with your individual health plan for details.

## Example Parent Poster Template

Contains specific information about the importance of annual well-care visits and types of services offered and where.



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## #1: Empowering Partnership Centered Language

## #2: Use of Facts and Statistics

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### WELL-CARE VISITS vs. SPORTS PHYSICALS: WHAT'S THE DIFFERENCE?:

Sports physicals focus only on physical exams and do not include all of the nationally recommended components of well-care visit. A sports physical form can be completed at the time of well-care visit.

### EMPOWERING YOUR TEEN TO TAKE CONTROL OF THEIR HEALTH:

The teen years are a critical time to transition the teen to play an active and primary role in their health and use of health care. In alignment with national recommendations, we will make sure to explain our confidentiality policies and ensure that the provider spend a part of the visit alone with the teen to build trust and to provide the best care possible.

### ANNUAL WELL-CARE VISITS COVERED!

Your teen's annual well-care visit is a covered service that should be paid for by your insurance, at no cost to you, based on provisions in the Affordable Care Act that went into effect in 2010! Check with your individual health plan for details.

**How do I, or my teen, schedule an appointment?**

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## #3: Describe how Recommendations Are Now Annual



## DID YOU KNOW?

Only **1 in 5** Oregon teens gets an **annual check-up**, and the chances of having **poor physical and mental health** as an adult can be **52% higher** for people who **don't receive needed care** early in life.



### Annual Well-Care Visits Can Prevent Potential Risks:

- \* **1 in every 3** Oregon teens experienced **depression** last year
- \* **1 in 6** Oregon teens seriously **considered suicide**
- \* Each year there are **9.5 million** newly diagnosed cases of **STIs** among young adults
- \* Teens who **start drinking** at an early age are **4 to 5 times** more likely to develop **alcohol abuse** as adults

### We want YOUR TEEN get the BEST CARE possible!

Health and health habits developed in teen years impact their health as adults. That's why national recommendations call for teens to have a well-care visit each year... even when your teen is **NOT** sick.

Our providers partner with teens to address health issues early and to help them build the healthcare skills they will need as adults. Our goal is to help them be healthy in both body and mind.

### WELL-CARE VISITS: WHAT IS ADDRESSED

National recommendations for what should be addressed in a well-care visits have changed dramatically over the last decade. Well-care visits are now focused on early identification of health risks and promotion of health that have life-long impacts. Important health components that will be included in a well-care visit, are:

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## #4: Describe WHAT they can get

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## #5: How Well-Visits are Different Than Other Visits



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## #6: Billing and Insurance

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## #7: Who to Call



Dear parent,

Our records show that your teen is due for a check-up.

Only **1 in 5** Oregon teens gets an annual check-up, and the odds of having poor physical and mental health in adulthood can be **52%** higher for people who don't receive needed care early in life.

That's why it is important to have a check-up each year...even when you are NOT sick.

Common topics addressed at check-up:

- Health exams and sports physicals
- Weight, diet, and overall physical health
- Emotional health and wellness
- Drug or alcohol use or experimentation
- Sexual health
- Treatment for illness and infections
- Immunizations/vaccines
- Any health questions/concerns

From minor illnesses, to feeling stressed, to relationships and emotional health, confidential services are available at our office.

Our providers are trained and interested in working with teens. They will listen and help patients overcome challenges to become successful and independent both in body and mind. Our office has several outside resources for referrals if necessary.

**Please contact our office today to schedule an appointment!**

Sincerely,

Sara S. Rickman, M.D.  
Rhonda L. Wyland, M.D.  
Lynn Lieuallen, RN, FNP  
Teri Rosselle, RN, FNP

Did you know:

- Car crashes are the leading cause of teen deaths. **22%** of teen drivers who died in car crashes had been drinking.
- Approximately **20%** of teens will experience depression before they reach adulthood. Depression increases a teen's risk for attempting suicide by **12 times**.
- Suicide is the **2nd leading cause of death** for ages 10-24. Over 5,400 youths attempt suicide in the U.S. every day. Approximately 75 Oregon youths die by suicide each year.
- **30%** of teens with depression also develop a substance abuse problem.
- Teen drinking raises the risk of injuries (the **third leading cause of death** among teens), sexual assault, STD's, and unplanned pregnancy.

## Example Letter Template

Contains specific information about the importance of annual well-care visits and types of services offered and where.

**In the first 6 months of 2016, Pediatric Specialists of Pendleton improved their well visit rate by 6% from first 6 months of 2015**

# Resources

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## Resources for Download

- Slide deck from today
- Parent Poster
- Sample Letter to Parents from a Practice

# Questions? Clarifications?

***Thank you for attending!***

*For questions please contact:*

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

