
ADOLESCENT HEALTH: FOCUS ON PREVENTION

Strengthening Preventive Care To Better Address Adolescent Health Risks

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Overview

- Adolescent health risks
- Adolescent and parent perspectives on what is important
- Adolescent preventive services provided by pediatricians
- Innovative strategies for adolescent preventive care
- Shortcomings in EPSDT guidance for providers
- Research recommendations for improving adolescent preventive care

Adolescent Health Risk Behaviors

Most prevalent risk behaviors among high school students:

- Persistent sadness and problem alcohol behavior (almost 30%)
- Physical fighting, regular use of marijuana, and lifetime use of other drugs (20%)

Gender differences:

- Males – higher prevalence for problem alcohol behavior, carrying a weapon, physical fighting, using marijuana, seriously considering or planning suicide, having intercourse before 13, and smoking frequently
- Females – more likely to experience persistent sadness, engage in abnormal weight loss behavior, forego exercise, and have unprotected sex

(Source: Fox HB, McManus MA, Arnold KN. *Significant Multiple Risk Behaviors Among US High School Students*. Washington, DC: The National Alliance to Advance Adolescent Health, March 2010.)

Adolescent Health Risk Behaviors (cont'd)

Multiple risks:

- 53% involved in 2 or more significant risks, and 24% report engaging in 4 or more

Co-occurring risk:

- Two relatively low prevalence risk behaviors—sex before age 13 and frequent smoking—are highly associated with engaging in multiple risk behaviors

(Source: Fox HB, McManus MA, Arnold KN. *Significant Multiple Risk Behaviors Among US High School Students*. Washington, DC: The National Alliance to Advance Adolescent Health, March 2010.)

What Do Teens Think Is Important?

Focus group and survey research tells us that teens ranks as important:

- Their relationship with their provider
- Their provider's style of communicating
- Their provider's competence in dealing with adolescent health problems
- The assurance of confidentiality

A few studies have examined issues related to the health care site and found adolescents want:

- A teen-friendly environment
- Accessibility
- Sexual health and behavioral health services on site

(Source: Fox HB, Philliber SG, McManus MA, Yurkiewicz SM, *Adolescent Experiences and Views on Health Care*. Washington, DC: The National Alliance to Advance Adolescent Health, March 2010.)

What Do Parents Think Is Important?

Focus groups with parents found that parents think they are responsible for keeping their adolescents healthy. They wanted:

- Involvement in their adolescent's care (although they generally understand the teen's need for private time with the doctor)
- Guidance from their adolescent's doctor about how to communicate on sensitive topics and how to recognize warning signs for problems
- Their adolescent prepared to seek care on their own when mature enough to do so

Research shows also that parents want health care sites for adolescents that are:

- Teen friendly
- Accessible
- Staffed by professionals who are caring, well trained, and able to communicate with teens
- Sexual health and mental health professionals on site

(Source: Fox HB, McManus MA, Yurkiewicz SM. *Parents' Perspectives on Health Care for Adolescents*. Washington, DC: June 2010.

Preventive Interventions Provided by Pediatricians to Adolescents with Specific Risk Factors

Risk Factors	Provide Brief Education/ Anticipatory Guidance	Provide Counseling Session	Schedule Subsequent Visit(s) for Counseling	Off-Site Referral
Tobacco use	85%	25%	16%	11%
Binge drinking	69	29	15	35
Marijuana use	72	27	16	31
Risky sexual behavior	70	38	23	27
Sexual or physical abuse	43	29	23	73
Exposure to violence	59	30	16	50
Irritability and anger	58	31	25	51
Sadness	60	37	31	51
Overweight	62	47	51	34
Learning problems	53	31	34	64
Parent/teen conflict	63	37	28	54

Source: The National Alliance to Advance Adolescent Health and the American Academy of Pediatrics, AAP, 2008 Periodic Survey.

Pediatricians' Perceptions of Responsibility for Identifying and Treating Specific Adolescent Health Condition

Health Conditions	Identification	Treatment or Management
Behavioral Health		
ADHD	90%	73%
Depression	88	26
Behavior management (e.g. conduct disorder, oppositional defiance disorder)	83	15
Anxiety disorders	85	21
Substance abuse	88	11
Post traumatic stress disorder	72	8
Reproductive Health		
Risky sexual behavior	92	54
STDs	88	63
HIV/AIDS	88	15
Menstrual disorders	92	47
Other Conditions		
Obesity	99	72
Anorexia/bulimia	92	19
Learning disabilities	81	18

Source: The National Alliance to Advance Adolescent Health and the American Academy of Pediatrics, AAP, 2008 Periodic Survey.

Combination of Strategies for Adolescent Preventive Care

A combination of strategies are being used to enhance preventive care for adolescents, particularly those with multiple risk behaviors.

- Knowledgeable prevention staff
- Risk assessments
- Motivational interviewing and brief behavioral counseling interventions
- Expanded communication strategies
- Organized office processes to support systematic delivery of preventive services
- Linkages with school and community resources

(Source: *Strengthening Preventive Care to Better Address Multiple Health Risks Among Adolescents*. Washington, DC: The National Alliance to Advance Adolescent Health, November 2010.)

What is the Role of Medicaid and CHIP Agencies in Improving Care for Adolescents

To improve preventive care for adolescents, Medicaid and CHIP agencies need to:

- Provide more comprehensive and updated guidance to providers about expectations for risk assessment, health education, behavioral health consulting and referral
- Establish payment policies that compensate for the time required, especially to care for the highest risk adolescents
- Support training and consultative models that increase provider competencies in adolescent health
- Support quality improvement efforts focused on adolescent preventive care

State Guidance on Screening and Assessment Is Variable

- According to federal regulations, an EPSDT visit should include an assessment of physical and mental health, growth, development, and nutritional status — yet 4 states make no mention of nutritional assessment and 7 make no mention of a mental health assessment
- For adolescents, risk assessments should at least address: mental health, substance use, injury and violence potential, sexual behavior, and nutritional health
- State guidance to providers is variable:
 - Only 9 states explicitly address each of these 5 health issues
 - 22 states use very general language that could be construed to be comprehensive and include each of the 5 issues (e.g. psychosocial assessment)
 - The remaining states—and also some of those that could be considered comprehensive— address particular health issues in detail

(Source: Fox HB, Rogers KK, McManus MA. *State EPSDT Policies for Adolescent Preventive Care*. Washington, DC: The National Alliance to Advance Adolescent Health, September 2011.)

State Guidance on Health Education and Counseling Is Variable

- Almost all states provide detail on one or more topics that must—or could—be addressed during the preventive visit with adolescents
- Adolescent-relevant categories in Bright Futures are: physical growth and development, social and academic competence, emotional well being, risk reduction, and violence and injury
- State guidance to providers is very variable
 - About 2/3 of states address at least some of these topics—most often violence and injury prevention; least often social and academic competence
 - No state directs providers to deliver enhanced health education or counseling services as necessary (although most states stipulate that providers are expected to make appropriate referrals for diagnostic and treatment services, and many reference particular services, most often mental health, nutrition, or sexual health services)

State Guidance About Private Time with Providers Is Rare

- Although not a federal requirement, private time with providers is recommended in Bright Futures once an adolescent reaches age 13
- Only 2 states require providers to meet with adolescents alone and 4 others that indicate providers have the option to do so
- 12 states, though, make clear that adolescents are able to consent for the receipt of certain services without their parents—usually for sexual health or mental health services

Preventive Care Research Recommendations

- Recent invitational conference to develop research recommendations for adolescent-centered primary care
 - Focus on preventive care, teen and family engagement, and integrated care
 - Sponsored by AHRQ and Mount Sinai Adolescent Health Center
 - Mix of clinicians, researchers, and funders

Preventive Care Research Recommendations

- Preliminary list of research recommendations:
 1. What mix of incentives and system supports are needed for PCPs to screen and address adolescent risks?
 2. What is the frequency, content, and method for screening subgroups of adolescents?
 3. What combination of motivational interviewing, behavioral health counseling, electronic messaging, and parent education can achieve risk reduction?
 4. What features of health care sites with higher screening and counseling rates can be implemented in other primary care sites serving high-risk youth?
 5. What should be the competencies of primary care providers and their teams in serving adolescents?
 6. What are successful ways of integrating public health and primary care interventions to achieve the best health outcomes for adolescents?