PROMOTING INNOVATION IN ADOLESCENT HEALTH CARE THROUGH THE PATIENT-CENTERED MEDICAL HOME

December 11, 2012
1:00 – 2:00 p.m. EST

A presentation by

Peggy McManus, MHS

Charles Wibbelsman, MD
PRESENTATION OVERVIEW

• Why Focus on Adolescents: Prevalence of Chronic Conditions and Risk Behaviors

• Adolescent Views on What’s Important in Primary Care and What Pediatricians are Delivering

• Kaiser Permanente’s Model of Adolescent Health Care

• Priority Recommendations for Research on Adolescent-Centered Primary Care
WHY FOCUS ON ADOLESCENTS: PREVALENCE OF CHRONIC CONDITIONS AND RISK BEHAVIORS
Prevalence of Chronic Conditions among Adolescents

• National estimates of special health care needs = 18%
  – Twice the prevalence rate of children ages 0-5
  – Almost two-thirds of adolescents have 2 or more chronic conditions
  – 60% experience some level of activity limitation

• Most prevalent conditions: ADHD, depression, asthma, obesity

• Adolescence -- period when major psychiatric disorders emerge: depression, bipolar disorder, anorexia, suicide, substance abuse, schizophrenia, criminal behavior
INTERRELATEDNESS OF CHRONIC CONDITIONS

• Adolescents with mental health conditions at higher risk of substance abuse disorders, obesity, asthma

• Teens with chronic conditions at higher risk of depression than those w/o chronic conditions

• Teens with chronic conditions often experience delays in growth, development, and puberty which in turn affects behavioral health
PREVALENCE OF BEHAVIORAL RISKS IN ADOLESCENCE

• 70% of adolescent morbidity and mortality associated with risk-taking behaviors

• Period of heightened vulnerability resulting from incomplete brain maturation affecting impulse control, emotional regulation, delay of gratification, and resistance to peer pressure.
The National Alliance’s Risk Behavior Study

• Special analysis of Youth Risk Behavior Survey -- a nationally representative survey of public and private high school students

• Analyzed 12 health risks:
  – Intercourse before age 13
  – Last intercourse unprotected
  – Persistent sadness
  – Suicidal thoughts or plans
  – Abnormal weight loss behavior
  – No exercise for at least 20 minutes in past week
  – Current frequent smoker
  – Problem alcohol behavior
  – Used marijuana at least once in the past month
  – Ever used another drug (e.g., cocaine, crack, heroin)
  – Two or more physical fights in a year
  – Carried a weapon in last month
PREVALENCE OF INDIVIDUAL RISK BEHAVIORS

• Certain risks particularly high:
  – persistent sadness, problem alcohol behavior (almost 30%)
  – physical fighting, using marijuana, using other drugs (about 20%)

• Different risk patterns among males and females

• Significant differences by race and ethnicity
  – Intercourse before age 13 (highest among Black students)
  – Frequent smoking (highest among White students)
  – Problem alcohol behavior and use of other drugs (highest among Whites and Hispanic students)
  – Fighting (highest among Black and Hispanic students)
PREVALENCE OF MULTIPLE RISK BEHAVIORS

• Over half of high school students involved in 2 or more significant health risks
  – 36% involved in 3 or more
  – 24% involved in 4 or more
  – 15% involved in 5 or more

• Fewer gender and race/ethnicity differences of multiple risk behavior prevalence than anticipated

• Significant increase in prevalence between 9th and 12th grade
INTERRELATEDNESS OF RISK BEHAVIORS

- Adolescents engaged in certain risks have much higher likelihood of engaging in others:
  - Intercourse before age 13 and frequent smoking
  - Those using at least one substance
  - Those who considered or planned suicide
  - Those engaged in 2 or more fights
ADOLESCENT VIEWS ON HEALTH CARE
AND WHAT PEDIATRICIANS ARE DELIVERING
ADOLESCENTS’ PREFERENCES FOR PRIMARY CARE

– Relationships—respect and trust
– Communication—take time to listen
– Health care provider competence—experienced in adolescent health problems
– Confidentiality and private time
ADOLESCENTS’ PREFERENCES FOR THE HEALTH CARE SETTING

• A welcoming age-appropriate waiting area and health information
• A comfortable, home-like setting
• Evening and walk-in appointment options
• Sexual and behavioral health services at the same site
The National Alliance, with the AAP, designed a survey of pediatricians’ care of adolescents.

Only half of pediatricians are very comfortable discussing sexual and reproductive issues. Fewer are very comfortable discussing mental health and substance abuse issues.

To identify high-risk teens, one-fifth of pediatricians reported always using a standardized risk assessment tool.
• Pediatricians were far less likely to offer behavioral counseling than brief health education to their adolescent patients with common risk factors.

• A great deal of behavioral health counseling, especially for teens with mental health and substance abuse problems, is referred out.
IDENTIFICATION AND TREATMENT OF COMMON ADOLESCENT HEALTH CONDITIONS

• A large majority of pediatricians said that they should be responsible for identifying common adolescent conditions, but opinions on treatment responsibilities varied by condition.
  – About 2/3 said that they should be responsible for treating ADHD, obesity, and STDs.
  – Yet only a quarter or fewer said that they should be responsible for treating depression, anxiety, anorexia, learning disabilities, HIV/AIDS, substance abuse, or PTSD.
PEDIATRICIANS’ INTEREST IN MAKING PRACTICE CHANGES TO IMPROVE ADOLESCENT CARE

• High level of interest among pediatricians in expanding their practices to address the behavioral, mental, and sexual health needs of adolescent patients, assuming that financing resources were available.

• In expanding health education services for teens and parents

• In expanding services to identify substance abuse, sexual risks, and STDs

• In making staffing and office changes—eg, hiring mental health clinicians, health educators, care coordinators, and substance abuse clinicians, and creating a separate adolescent waiting room space.
**KEY FEATURES OF ADOLESCENT-CENTERED PRIMARY CARE**

- Adolescents identified as a distinct patient population.
- Teens have a “voice”
- Services are confidential, readily accessible and easy to navigate.
- Broad range of primary care services are offered
- “Teen-friendly” environment with adolescent-specific resources and space
- Staff offers a team-based approach to care, provides them with information, skills, and ongoing support for making healthy decisions
ADOLESCENT HEALTH CARE
KAISER PERMANENTE
HealthConnect & Efficiency in Office Practice

Charles J. Wibbelsman, M.D.
Kaiser Permanente
San Francisco
December 2012
Kaiser Permanente (9 States and the District of Columbia)

- **Northwest**: 480,386 Members
- **Northern California**: 3,351,449 Members
- **Southern California**: 3,499,035 Members
- **Colorado**: 531,908 Members
- **Ohio**: 103,202 Members
- **Mid-Atlantic**: 488,269 Members
- **Georgia**: 222,074 Members
- **Hawaii**: 226,900 Members
ADOLESCENT CONFIDENTIAL SERVICES

• Policy to prevent billing when an adolescent health plan member cannot pay for confidential services at a point of care
  – registration, laboratory, pharmacy, diagnostic imaging

• Applies to confidential services for ages 12 through 17 years
THE TEENAGE CLINIC, SAN FRANCISCO

• Opened in 1955 by Sol Cohen, MD
• One of the first adolescent clinics in the USA
• Age range from 11 to 19 years of age
• In 2011, 3500 visits
• Well care and Urgent Care
• Adolescent Gynecology
• Mental Health
THE TEENAGE CLINIC, SAN FRANCISCO

- 10% are Health Plan members enrolled through Medi Cal
- Pediatricians and Family Practice
- Health Educator
- Psychiatric Social Worker
- Nutritionist
ADOLESCENT CLINICAL PREVENTIVE - GUIDELINES

- Periodicity of Visits
- GAPS
- BRIGHT FUTURES
- Bright Systems (Kaiser Permanente)
- EVIDENCE BASED MEDICINE
- HEDIS measures
- Kaiser Permanente Quality Measures
- WELL VISITS EVERY 1 - 2 YEARS
Preventive Health Prompts

• Generated for Provider when patient registers
• Prompts Well Care Visit
• Prompts Immunizations needed
PREVENTIVE HEALTH PROMPTS - GOALS

• Improve short-term and long-term health outcomes
• Improve performance on quality goals
• Improve member satisfaction and MD-patient bonding
• Avoid “falling through the cracks”
# Preventive Health Prompts

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HEALTHCONNECT 2008

• Efficiency of Practice
• Questionnaires for adolescents & parents
• Charting: Smart Sets, Orders, E & M coding
• Confidentiality Issues in HealthConnect
HealthConnect 2008

• Kaiser Permanente’s adaptation of Epic 2’s AMR (Automated Medical Record)
• Customized for Adolescent Medicine 2006
Immuneizations

Incomple Administrations
None

Administration History
Previously Given

Immunizations
- DTaP (Diphtheria, Tetanus, acellular Pertussis) 10/11/1993
- HAV ped/adol 2 dose sch (Hepatitis A) 7/17/2006
- HBV (Hepatitis B) 5/19/1993, 4/15/1993
- INFan (Influenza attenuated virus, intranasal) 12/15/2003
- MMR (Measles, Mumps, Rubella) 10/11/1993
- Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis) 7/17/2006
PRIVATE QUESTIONNAIRE FOR TEEN
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PRIORITY AREAS FOR RESEARCH ON ADOLESCENT-CENTERED PRIMARY CARE
**Priority Areas For Research on Adolescent-Centered Primary Care**

- The National Alliance – with funding from AHRQ and Mount Sinai Adolescent Health Center – convened an invitational research conference in April, focusing special attention on the needs of low income and minority adolescents.

- **Purpose:** To define critical research needs and encourage new investment by funders and health plans in designing and evaluating innovative models of primary care for adolescents.

- **Participants:** 35 master clinicians and primary care researchers.

- **Developed a prioritized set of research recommendations for**
  - Increasing teen and parent engagement and self-care management,
  - Improving clinical preventive services, and
  - Integrating physical, behavioral, and reproductive health services.
OVERARCHING THEMES

• New interventions needed for adolescent populations since so much of current practice has not been effective.

• A variety of applied research and evaluation approaches should be used.

• Expanded training should be offered in medical schools and primary care practices to improve clinician skills in communicating with teens, screening for serious risks, conducting behavioral counseling, and treating mental health and sexual health conditions.

• New and ongoing synthesis and dissemination of effective primary care interventions for adolescents should be supported.
Increasing Teen and Parent Engagement and Self-Care Management

• Top research priority: Define the best practices for getting teens to initiate and continue health care.

• Second highest rankings:
  – What are the key components of primary care essential for engaging teens in reducing risks and managing their chronic conditions?
  – How can technology be used more effectively engage teens in improving their health?
IMPROVING CLINICAL PREVENTIVE SERVICES TO REDUCE RISK AND ADDRESS CONDITIONS EARLY

• The top two research recommendations:
  – What combination, amount, and duration of interventions -- motivational interviewing, behavioral health counseling, electronic messaging, and parent education -- are effective in reducing significant health risks?
  – What are successful ways of integrating public health and primary care, including appropriate divisions of responsibility and effective messaging?
INTEGRATING PHYSICAL, BEHAVIORAL, AND REPRODUCTIVE HEALTH SERVICES

• The top two research recommendations:
  – What are competencies that PCPs need to effectively coordinate, co-locate, or fully integrate mental health services, and what is the mix of training, incentives, and supports to deliver mental health services in primary care?
  – What is the appropriate content for adolescent-specific EHR and other primary care features needed for effective integration of behavioral and sexual health into primary care?
For more information, go to www.thenationalalliance.org