The Adolescent Well Visit: Get It Done, Make It Fun!

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NCQA Measure 12: Adolescent Well Care Visits
- The % of enrolled adolescents ages 12-21 that had at least one comprehensive well-care visit with a PCP (or OB/GYN) during the measurement year
- Coding: New Patient: 99381-99385; Est Patient: 99393-99395
- Documentation:
  - A Health & Developmental History (physical & mental)
  - A Physical Exam
  - Health Education/Anticipatory Guidance
  - Preventive services may be rendered on visits other than well-child visits
  - Visits to school-based clinics "count"
  - Services that occur over multiple visits "count"

HEDIS Measures for Adolescent Well Visit
- Healthcare Effectiveness Data & Information Sets
  - Annual Well Visit
  - BMI percentile (V85.51 – 85.54)
  - Counseling for Nutrition (V65.3)
  - Counseling or Physical Activity (V65.41)
  - Adolescent Immunizations (Tdap or Td, Meningococcal, HPV for females)
  - Chlamydia screen for females presumed sexually active by pharmacy Rx data or claims data indicating potential sexual activity (exclusion: pregnancy test followed within 7 days by prescription for Accutane or an X-ray)

CHIPRA Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Range for QHP Programs (CY 2011)</th>
<th>CHIPRA Subtotal</th>
<th>Overall Medication Rate</th>
<th>National Benchmark Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Vitals</td>
<td>40 - 60%</td>
<td>50%</td>
<td>60.5%</td>
<td>55%</td>
</tr>
<tr>
<td>Chlamydia Screening (Female 10-19)</td>
<td>17 - 44%</td>
<td>40%</td>
<td>50%</td>
<td>55%</td>
</tr>
<tr>
<td>PMR Tics</td>
<td>0 - 39%</td>
<td>24%</td>
<td>34%</td>
<td>19%</td>
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</tbody>
</table>

Why Annual Well Child Exams are Critical!
High-quality preventive services for adolescents include assessment of health behavior risks:
- Inadequate physical activity,
- Poor nutrition,
- Sexuality-related behaviors,
- Substance abuse,
- Unintentional and intentional injury related behaviors,
And includes the youth's progress on adolescent developmental tasks.

What Gets Adolescents In?
- Immunization requirements
- Sports/School enrollment requirements
- Health problems: worries about acne, birth control, STIs,
- Their Mother!
- Remove Barriers: Scheduling, high co-pays
- Incentives: cash, gift certificates for local stores, iTunes, other apps
What Does Your Office Do?
- How do you TRACK to see who needs a visit?
- How do you RECALL to schedule a visit?
- How do you REMIND them of the visit?
- Do you have convenient hours for adolescents?
- Do you have an adolescent friendly waiting area, or specific exam rooms for them?

Adolescent Priorities
- Generally don’t want to come in, don’t see the need to come in, need a “reason”
- Appreciate a more appropriate space that is adolescent friendly
- Want to be reassured that they are normal and healthy, growing appropriately
- Are more focused on the “physical” part, and want to be sure you wash your hands.

Adolescent Priorities
- Want confidentiality, so they can answer questions honestly — and want to know why you are asking the questions!
- Prefer to see the same provider that they have a relationship with, want someone with good “social skills” who is interested in them, and can put them at ease.

Parent Priorities
- Fulfill requirements for immunizations, school, sports
- Address problems: weight, behavior, school problems,
- Prevent risky behavior: poor nutrition, drugs & alcohol, sexual activity
- Keeping their adolescent healthy
- Confusion about confidentiality and exactly what happens in a Well Visit

Confidentiality
- Explanation to Adolescents:
  - What we talk about is private between us. If I am concerned that you are thinking about seriously hurting yourself or someone else, we will need to talk about getting someone else involved to help, maybe a parent.
- Filling prescriptions, EORs
- Explanation to Parents:
  - Privacy is important for adolescents, so they can begin to take more responsibility for their healthcare.
  - We are a team. Parents are very important in their adolescents’ lives, but I would like to be another adult your son or daughter can come to if they have something to discuss that, for whatever reason, they can talk to you about right now.

Confidentiality in SC
- Section 63-5-346: Minor’s consent to health services: 16 may consent to any health services without consent of parent or guardian (except an operation, unless the operation is essential to health or life of the child)
- Section 63-5-350: Health services to minors without parental consent: Health services of any kind may be rendered to minors of any age without the consent of a parent or guardian when such services are deemed necessary (except an operation, unless the operation is essential to health or life of the child)
Quality Measures for Preventive Services
- Parental/youth questions and concerns
- Screening and follow-up
- Risk Assessment
- Developmental Tasks of Adolescents
- BMI percentile
- Chlamydia
- Anticipatory Guidance (Counseling: Nutrition & PA *)
- Immunizations
- Physical Exam
- Strength based approaches
- Identify CSHCN *
- Recall and reminder system
- Yearly visit *

*HEOIS Measures

Periodicity Schedule

One Way to Get it Done!

Visit Priorities | Bright Futures' Tools
--- | ---
Patient concerns and questions | PreVisit Questionnaires
Physical Growth and Development | Documentation Forms
Social/academic competence | Patient/Parent Handouts
Emotional wellbeing | Risk reduction
Violence and injury prevention | Violence and injury prevention

Core Tool: Previsit Questionnaires
- Parent/adolescent patient fill-out before seeing practitioner
- The questionnaires:
  - ask risk-assessment questions, thereby triggering recommended medical screening
  - ask about Bright Futures 5 priority topics for that age-based visit
  - allow parents/patient to note any special concerns
  - gather developmental surveillance information

Setting the agenda
Medical Screening

PRIORITIES
- Physical growth and development
- Social and academic competence
- Emotional well-being
- Risk reduction
- Violence and injury prevention
Core Tool: Documentation Forms

- Practitioner uses during visit to document activities
- Forms guide practitioner on what questions to ask based on child's age and visit priorities
- Forms include sections for each component of visit:
  - History
  - Surveillance
  - Physical exam
  - Screening
  - Immunizations
  - Anticipatory guidance

Pre-visit Questionnaire Reviewed

Documenting Parental Concern

Bright Futures Priorities

Psychosocial Risk Assessment

Screening

Bright Futures: Parent Handout
Bright Futures and the Electronic Health Record (EHR)

- The templates, questionnaires, handouts, and forms from the Bright Futures Resource and Tool Kit form a structured knowledge base that can be used in EHRs.

- Depending on your specific EHR system, import the documents or use them as a guide in setting up customized health supervision visit templates and previst questionnaires.

Meet Tiffany!

- Tiffany is 17
- Living in 5th Foster Home
- 12th Grade, failing math
- Past H/O tobacco, etoh, marijuana use
- Sexually active w/o protection

Using the questionnaire:

- Tiffany was in a juvenile detention facility for a couple of weeks three months ago.
  - Place PPD
- She is sexually active
  - Chlamydia/IC, HIV, UPT
- Her diet was almost exclusively vegetarian and sometimes she didn’t really have enough to eat when she was “couch surfing”. She took no vitamins or iron supplements.
  - HGB
- She has a history of alcohol and drug use
  - CRAFFT

So you’re done, right?

- Including STRENGTHS and SHARED DECISION MAKING adds a new dimension to the visit
- Enables the PCP to encourage change
- Helps the adolescent focus on important issues
- Adds VALUE to the Adolescent Well Visit!

References

- Bright Futures 3rd Edition
- Pediatricians’ interest in expanding services and making practice changes to improve the care of adolescents. For H, McManus M, O’Connor K, et al. The National Alliance to Advance Adolescent Health 2009: Fact Sheet No 7