Promoting Innovation in Adolescent Health Care

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A presentation by
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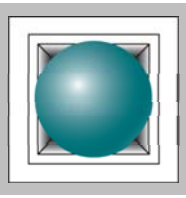


The National Alliance
To Advance Adolescent Health

PRESENTATION OVERVIEW

- Why Focus on Adolescents: Prevalent and Interrelated Chronic Conditions and Behavioral Risks
- Adolescent Views on What's Important in Primary Care and What Pediatricians are Delivering
- Innovative Models of Adolescent Health Care
- Priority Areas for Research on Adolescent-Centered Primary Care

Why Focus on Adolescents: Prevalent and Interrelated Chronic Conditions and Behavioral Risks

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 have 2 or more chronic conditions
  - 60% experience some level of activity limitation from condition
- 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 physical 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. Logical reasoning abilities, in contrast, are well developed by age 15.
- Heightened risk taking is normative during this period

THE NATIONAL ALLIANCE'S STUDY

- Special analysis of 2007 Youth Risk Behavior Survey -- a nationally representative survey of public and private high school students
- Analyzed 12 health risks (must be serious enough to potentially cause a significant health problem)
- Grouped together commonly co-occurring risks (e.g., binge drinking, driving while drinking).

12 Significant Health Risk Categories

- 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
  - Frequent smoking
  - Problem alcohol behavior and use of other drugs
  - Fighting

Prevalence of Multiple Risk Behaviors

- Over half of high school students involved in 2 or more significant health risks
  - 36% in 3 or more
  - 24% in 4 or more
  - 15% in 5 or more
- Fewer differences than anticipated by gender and race/ethnicity
- Significant increase 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 Primary Care and What Pediatricians are Delivering

Literature on Adolescent Preferences for Primary Care

- Focus group and survey research
- Small samples sizes
- Limited to particular adolescent subgroups

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

What Adolescent Health Services Pediatricians are Delivering

- 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, only one-fifth of pediatricians reported always using a standardized risk assessment tool.

Health Education and Anticipatory Guidance

- Pediatricians reported that they offer brief education and anticipatory guidance to youth with certain risks
  - those using tobacco, who engage in risky sexual behavior, who binge drink, who are overweight, or are persistently sad

Behavioral Health Counseling

- Pediatricians were far less likely to offer behavioral counseling than brief health education to their adolescent patients with these common risk factors.
- A great deal of behavioral health counseling, especially for teens with mental health and substance abuse problems, is reportedly referred out.

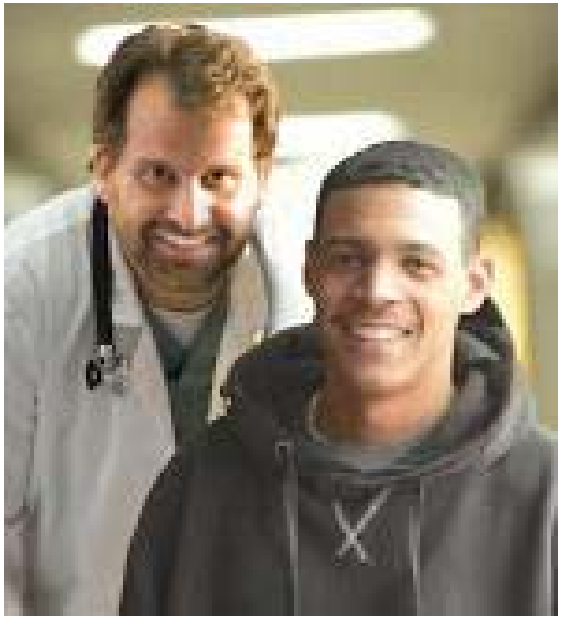
Identification and Treatment of Common Adolescent Health Conditions

- 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.

Innovative Models of Adolescent Health Care



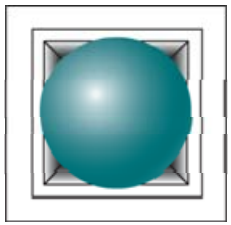
Key Features of Adolescent-Centered Primary Care

- 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

INNOVATIVE ADOLESCENT HEALTH CENTERS

- The Point (Charleston County, SC): a community clinic
- Wilmington Health Access for Teens (Wilmington, DE): an adolescent health center with two school-based health centers
- The Spot (St. Louis, MO): hospital-affiliated, but free-standing clinic

Priority Areas for Research on Adolescent-Centered Primary Care



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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 to encourage new investment by funders in the design, implementation, and evaluation of 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 high-risk 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?

Engagement and Self-Care Management

- Four other important research recommendations:
  - What competencies must PCPs have to effectively engage teens, and what training, incentives, and system supports are needed to motivate PCP change?
  - What components of primary care are essential to effectively engage parents in supporting teens to reduce risks and manage chronic conditions?
  - How can providers assess parent/adolescent relationship and adolescent's readiness for autonomy?
  - For what health problems are group vs. individual methods of engagement more effective for teens and for parents?

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?

Improving Clinical Preventive Services

- Three other important research recommendations
  - What is the mix of training, incentives, and supports to ensure PCPs are effectively screening for behavioral risks and emerging behavioral and sexual health conditions?
  - What are the features of health care sites with higher rates of adolescent screening and counseling and how can these be replicated?
  - What are lessons learned from high-functioning primary care practices about roles of PCP and other health care professionals?

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?

Integrating Physical, Behavioral, and Reproductive Health Services

- Three additional research recommendations considered important:
  - What is the mix of training, incentives, and supports to ensure PCPs are providing effective sexual health services?
  - For smaller primary care practices, what is the comparable effectiveness of coordinated vs. co-located primary and mental health care and what should the adolescent medical home “neighborhood” include?
  - For larger practices, what is the comparable effectiveness of co-located vs. fully integrated models of mental health and primary care?