Clinical Preventive Services ("CPS") for Adolescents

Adolescence: a unique opportunity for primary and secondary prevention
- Period of major growth and development.
- Greater responsibility for daily health habits, such as diet and exercise.
- Initiation, among some, of adult behaviors, e.g., driving, substance use and sexual activity.
- For those with chronic conditions, need to take on a greater role in managing conditions.
- Critical period for the emergence of mental disorders.

Professional Medical Organizations support adolescent clinical preventive services
- Several professional medical organizations have issued guidelines & recommendations for adolescent CPS since 1994, including a periodic check-up, with screening & counseling.

Yet, few receive annual check-ups and fewer receive recommended CPS
- Only about 4 in 10 adolescents attend preventive visits.
- Receipt of recommended counseling is low; for example, 31% for helmet and seat belt use, highest was 49% for healthy eating.
- Time alone with a clinician, when sensitive topics such as sexuality and substance use might be addressed, was received by 40% of those with a preventive visit.

Shortcomings of the current health care system for adolescents.
- Many adolescents lack adequate financing to gain access to needed services.
- Reimbursement system rewards acute care more than preventive care.
- Paucity of clinicians skilled in providing clinical care to adolescents.

A new opportunity: ACA removes barriers to services, especially preventive services
- Major expansion of public and private insurance for adolescents.
- Most private insurance plans required to cover preventive services recommended by *Bright Futures* and CDC-recommended vaccines with no cost-sharing.

What are the next steps? How can we:
1. Increase the proportion of adolescents who receive an annual check-ups?
2. Improve the delivery of clinical preventive services in both wellness and other visits?
   - Use outreach strategies to increase annual check-up (e.g., adapt strategies already used by State MCH programs to get eligible kids enrolled in insurance).
   - Work with multiple systems. There have been successful efforts to increase the delivery of recommended preventive services to adolescents in large staff-model HMOs, state Medicaid systems and community health centers.
   - Partner with professional medical organizations; organizations of public officials; networks of clinics; and private organizations.
Other strategies might include:

- Creating networks to share expertise, discuss challenges and best practices.
- Using outreach, webinars, social media and other internet technology.
- Sharing/creating resources, e.g., charting tools and clinic protocols.

**Table 1: Recommendations for the adolescent annual checkup (ages 11-19)**

<table>
<thead>
<tr>
<th>Annual Checkup Components</th>
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<tbody>
<tr>
<td>1. Physical examination &amp; immunizations</td>
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<tr>
<td>2. Screening for physical problems (e.g., visions &amp; hearing screening; selected laboratory tests)</td>
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<tr>
<td>3. History/key developments since last visit</td>
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<tr>
<td>4. Monitor development (information obtained through the medical examination, by asking questions and through general discussion)</td>
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<td>5. Observations of parent-youth interaction</td>
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<td>6. Discussion of the following priority issues and areas</td>
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<table>
<thead>
<tr>
<th>Priority Issue</th>
<th>Areas</th>
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<tbody>
<tr>
<td>Physical growth and development</td>
<td>Physical and oral health; body image; healthy eating; physical activity</td>
</tr>
<tr>
<td>Social and academic confidence</td>
<td>Connectedness with family, peers, and community; interpersonal relationships; school performance</td>
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<tr>
<td></td>
<td>For ages 18-19: Job performance</td>
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<tr>
<td>Emotional well-being</td>
<td>Coping; mood regulation and mental health; sexuality</td>
</tr>
<tr>
<td>Risk reduction</td>
<td>Use of tobacco, alcohol, or other drugs; pregnancy; STIs</td>
</tr>
<tr>
<td>Violence and injury prevention</td>
<td>Safety belt and helmet use; guns; bullying</td>
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<tr>
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<td>For ages 11-14: Substance abuse and riding in a vehicle; interpersonal violence (fights)</td>
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<tr>
<td></td>
<td>For ages 13-17: Driving (graduated license) and substance abuse; interpersonal violence (dating violence)</td>
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<tr>
<td></td>
<td>For ages 18-19: Driving and substance abuse; interpersonal violence (dating violence, stalking)</td>
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**Table 2: Recommended Vaccinations for Adolescents**

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>11-12 years</th>
<th>13-18 years</th>
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<tbody>
<tr>
<td>DTaP/Tdap (Diphtheria, tetanus, pertussis)</td>
<td>✓</td>
<td>Catch up</td>
</tr>
<tr>
<td>HPV (Human papillomavirus)</td>
<td>✓ ✓ ✓</td>
<td>Catch up</td>
</tr>
<tr>
<td>MCV4 (Meningococcal conjugate)</td>
<td>✓</td>
<td>Catch up</td>
</tr>
<tr>
<td>HepB (Hepatitis B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, mumps, rubella)</td>
<td></td>
<td>Catch up</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HepA (Hepatitis A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td>Recommended Annually</td>
</tr>
</tbody>
</table>

Adapted from: Centers for Disease Control and Prevention. *2012 Recommended Immunizations for Children from 7 through 18 years old.*
Monitoring Progress

Several national health surveys could be used to assess progress in access, quality, and content of care, as well as equity in these areas.

Annual surveys include:

- National Health Interview Survey provides measures of:
  ✓ annual check-up
- Medical Expenditures Panel Survey provides measures of:
  ✓ Type of visits, including annual check-up
  ✓ Content of care, including several preventive services and time alone
- National Ambulatory Medical Care Survey
  ✓ Types of visits, including annual check-up
  ✓ Health education ordered/given

Some data from these surveys are available for state-level analyses through approval processes via their specific data centers, if needed.

The following national surveys are not administered annually

 ✓ National Survey of Children’s Health
 ✓ National Survey of Children with Special Health Care

Reading list


Prepared by Jane Park, MPH & Charles E. Irwin, Jr. MD
Division of Adolescent and Young Adult Medicine
University of California, San Francisco

415-269-4272
jane.park@ucsf.edu