

Access and Utilization of Health Care by Young Adults

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Institute of Medicine

Workshop on Improving the Health, Safety, and Well-Being of Young Adults

May 8, 2013

Overview of Presentation

- **Why** do young adults need health care services?
- **How** do young adults use health care services?
- **How much** does it cost them?
- **What** don't they get?
- **What** are the system(s) that serve young adults ?
- **How** do we make things better?

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Health Issues of Young Adulthood

- The major health problems of early adulthood are largely preventable.
- Many problems are linked to behaviors and conditions with related outcomes.
- Few young adults have serious impairment that interferes with daily functioning, BUT
- Those with chronic conditions, including mental health disorders, must learn to manage these conditions with increasing interdependence.

Young Adult Health

Accidents
& injury

Mental
health &
well
being

Sexual
health

Substance
use

Chronic
illness

Obesity
& eating
disorders

Prevention - early intervention - clinical care

Global burden of disease in young people aged 10-24 years: a systematic analysis

Gore et al, Lancet 2011

	10-14 years	15-19 years	20-24 years
1	Depressive disorder	Depressive disorder	Depressive disorder
2	Lower RTI	Schizophrenia	Road Traffic Accidents
3	Road Traffic Accidents	Road Traffic Accidents	Violence
4	Asthma	Bipolar disorder	HIV/AIDS
5	Refractive errors	Alcohol use	Schizophrenia
6	Iron deficiency anaemia	Violence	Bipolar disorder
7	Falls	Self-inflicted injuries	Tuberculosis
8	Migraine	Panic disorder	Self-inflicted injury
9	Drowning	Asthma	Alcohol use
10	Diarrhoeal diseases	HIV/AIDS	Abortion

Specific Behaviors & Negative Health Outcomes

- **Substance Use:** Habituation, Trauma, Violence
- **Sexual Activity:** STI's & Pregnancy
- **Injury Related Behavior:** Trauma & Disability
- **Eating Behaviors:** Eating Disorders, Obesity & Chronic Physical & Mental Health Disorders
- **Mental Health Disorders:** Disability

How Can Services Help?

- As they transition through young adulthood - they are beginning to:
 - Assume responsibility for their care,
 - Learn to navigate the health care system.
- Developmentally-based health care may help:
 - Reduce mortality and morbidity -- including incidence of chronic illnesses -- by decreasing health-damaging behaviors, enable recognition of emerging conditions & promoting healthy behavior
 - Improve management of chronic conditions/special needs.

Health Care Services Needed by Young Adults

Preventive Services

- Oral Health Care
- Substance Use
- Nutrition/Exercise
- Safety and Violence
- Immunizations

Sexual Health Services

- Screening and counseling
- Birth control
- STI treatment and management

Care for Chronic Conditions

- Mental health issues are critical at this age
- Those that occur prior to or with peak onset during early adulthood

Preventive Services for Young Adults

- No single source of guidelines for young adults – not developmentally based
 - Bright Futures, 3rd ed.** is widely recognized as the professional standard for care for adolescents and younger children:
 - Includes specific recommendations for ages 11-14, 15-17 & 18-21
 - Professional guidelines are generally specific to disease/condition (e.g., diabetes, asthma) or specialty (e.g., Ob-gyn)

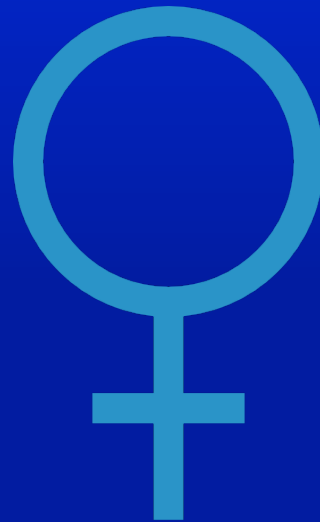
*** Bright Futures is published by the American Academy of Pediatrics, which collaborated with professional organizations from multiple disciplines to create the 3rd Edition.*

Preventive Services for Young Adults

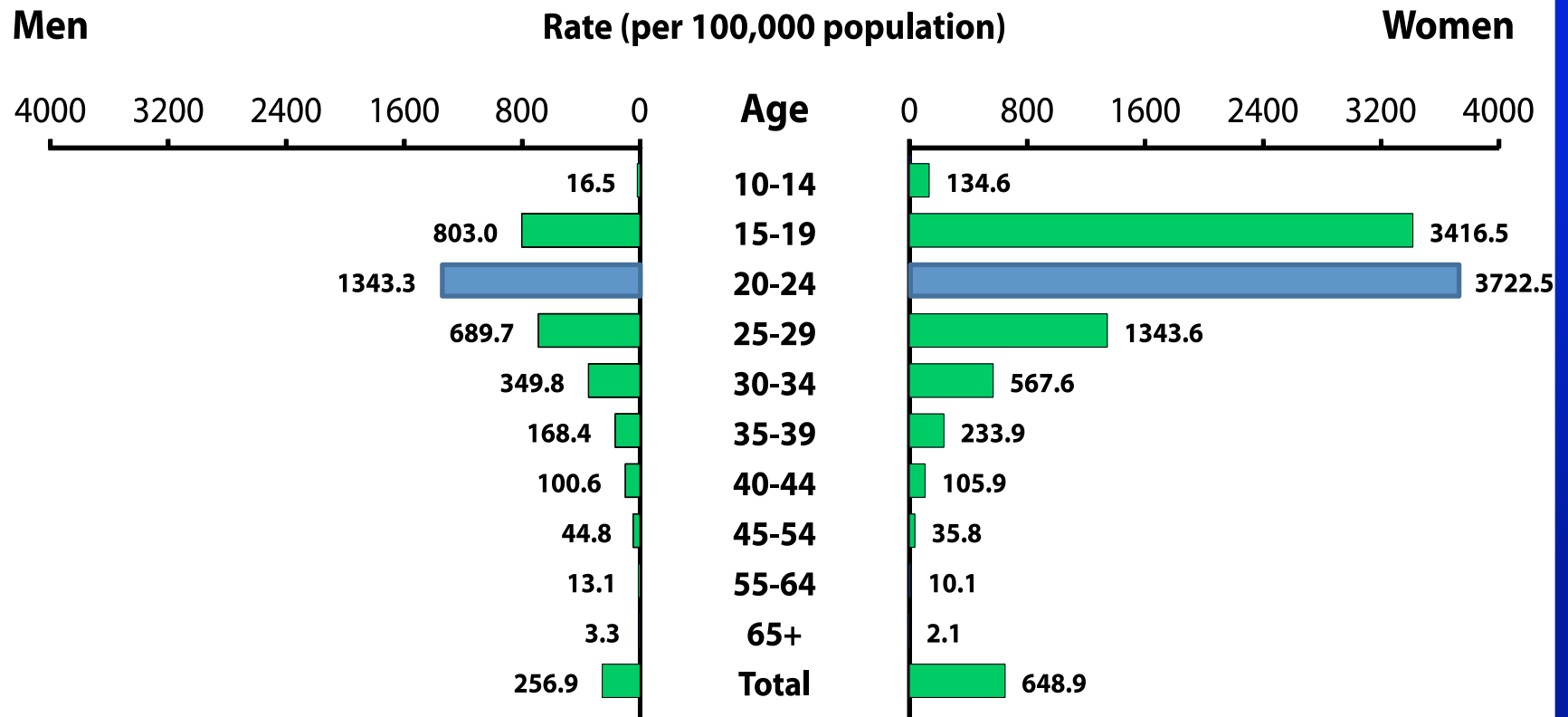
USPSTF	Consensus
Mental Health/Depression	Safety
Nutrition/Exercise/Obesity	Illicit drug Use
Alcohol/Tobacco	
Reproductive Health	
Infectious Disease/Immunizations	
Domestic Violence	



SEXUAL HEALTH

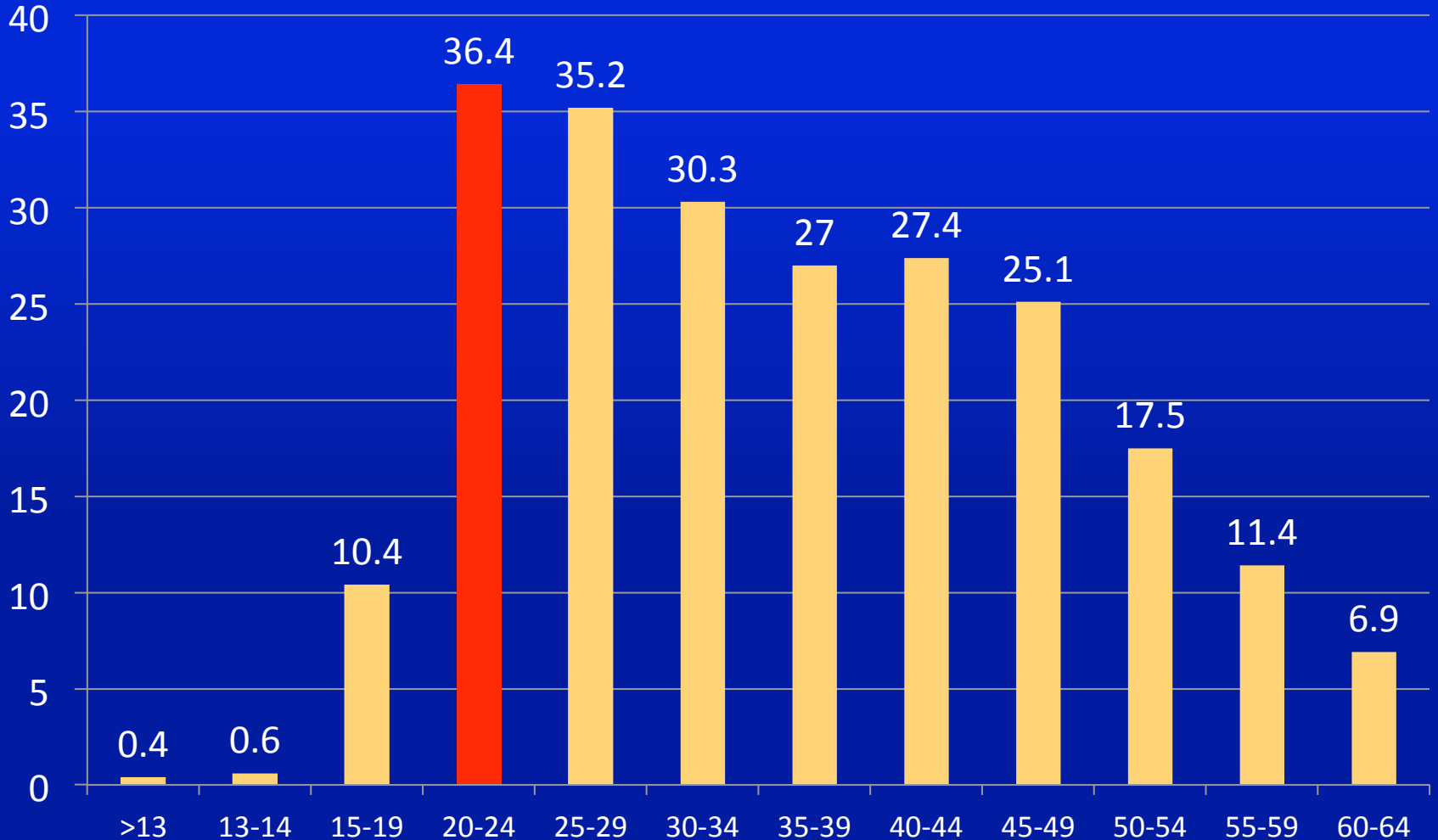


Chlamydia—Rates by Age and Sex, United States, 2011



Diagnoses of HIV Infection by Age, 2011

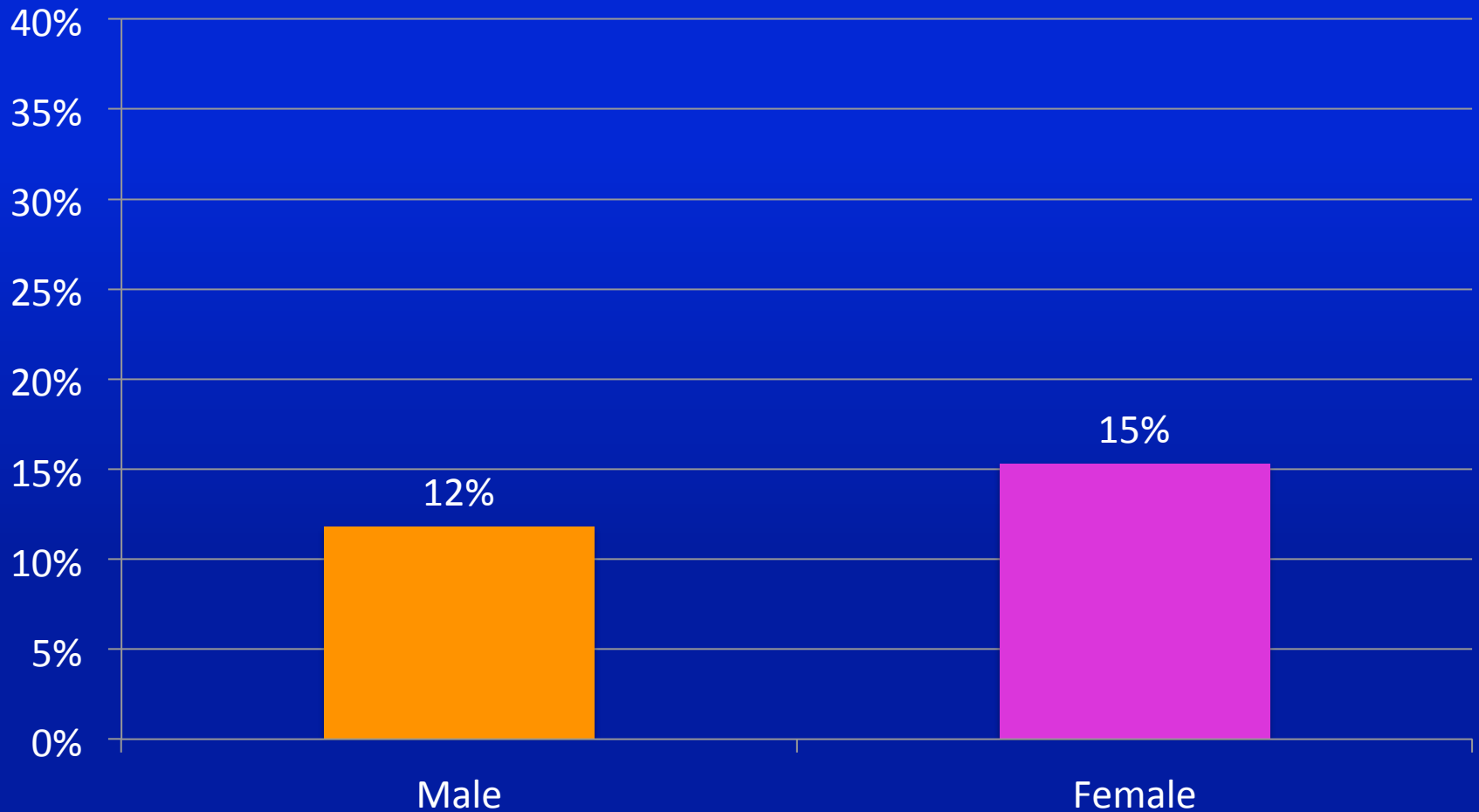
Rate per 100,000



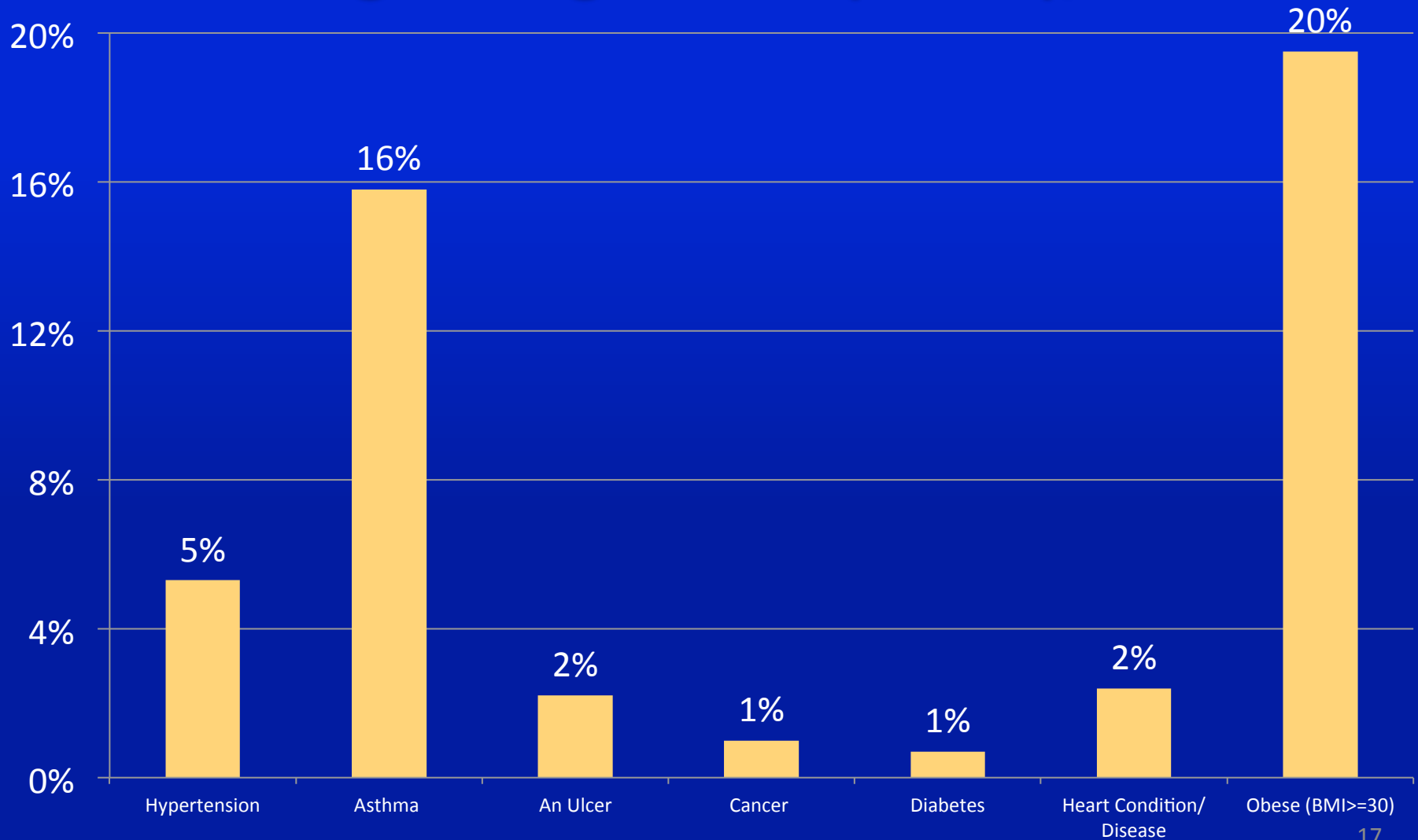


CHRONIC CONDITIONS

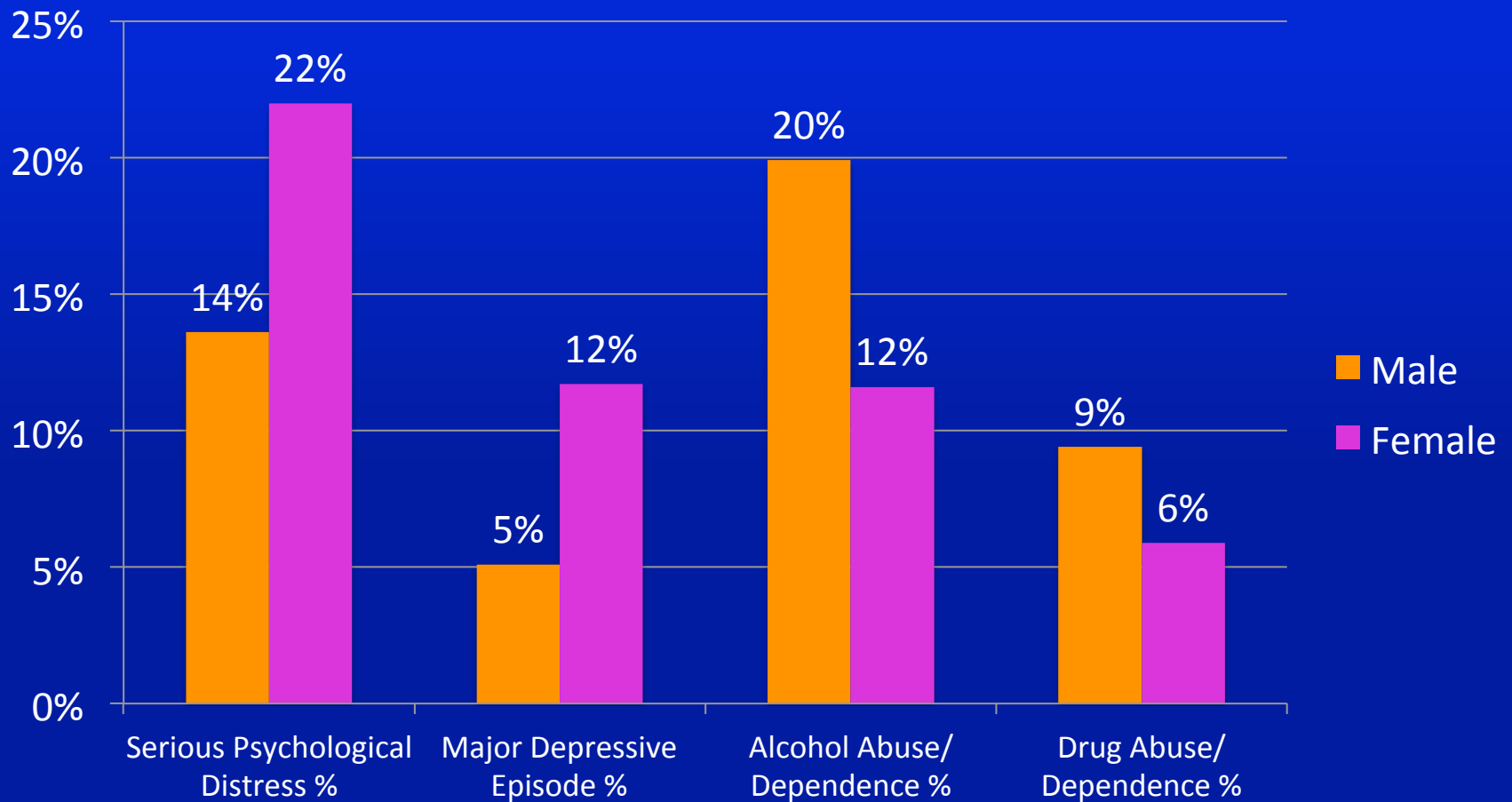
Young Adults (18-25) reporting any Functional Limitation from any Condition, by Gender, 2011



Prevalence of Chronic Conditions among Young Adults (18-25), 2011



Past-Year Mental Health and Substance Use Disorders Young Adults (18-25) by Gender, 2010









Transitions from Pediatric to Young Adult Care

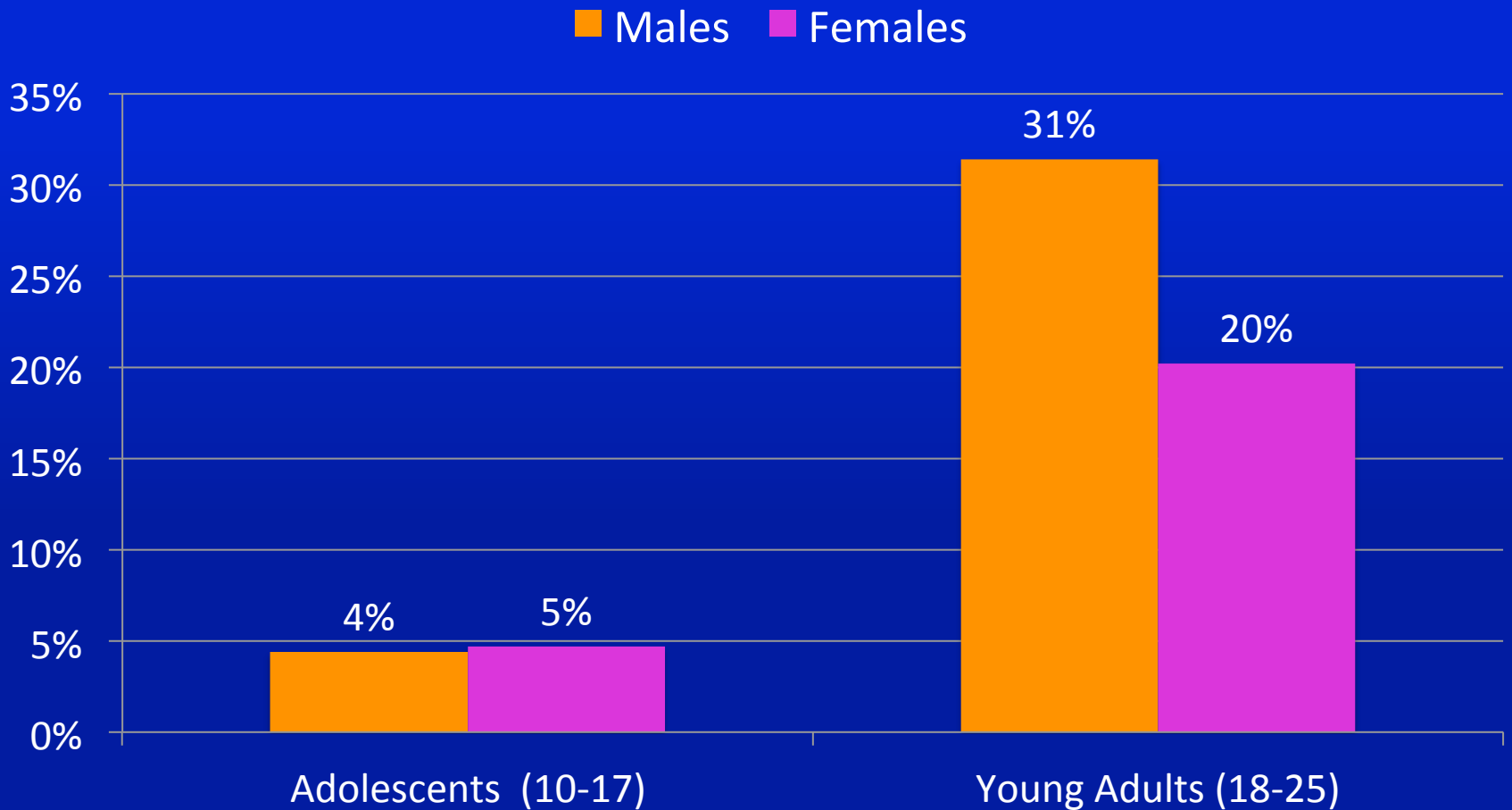
- Professional Recommendations from the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians
 - Developmentally appropriate
 - Coordination of responsibilities
 - Planned transition
 - Consistent and uninterrupted chronic care management

- **Why** do young adults need health care services?
- **How** do young adults use health care services?
 - Where do they go?
 - What do they get?
- **How much** does it cost them?
- **What** don't they get?
- **What are** the system(s) that serve young adults ?
- **How** do we make things better?

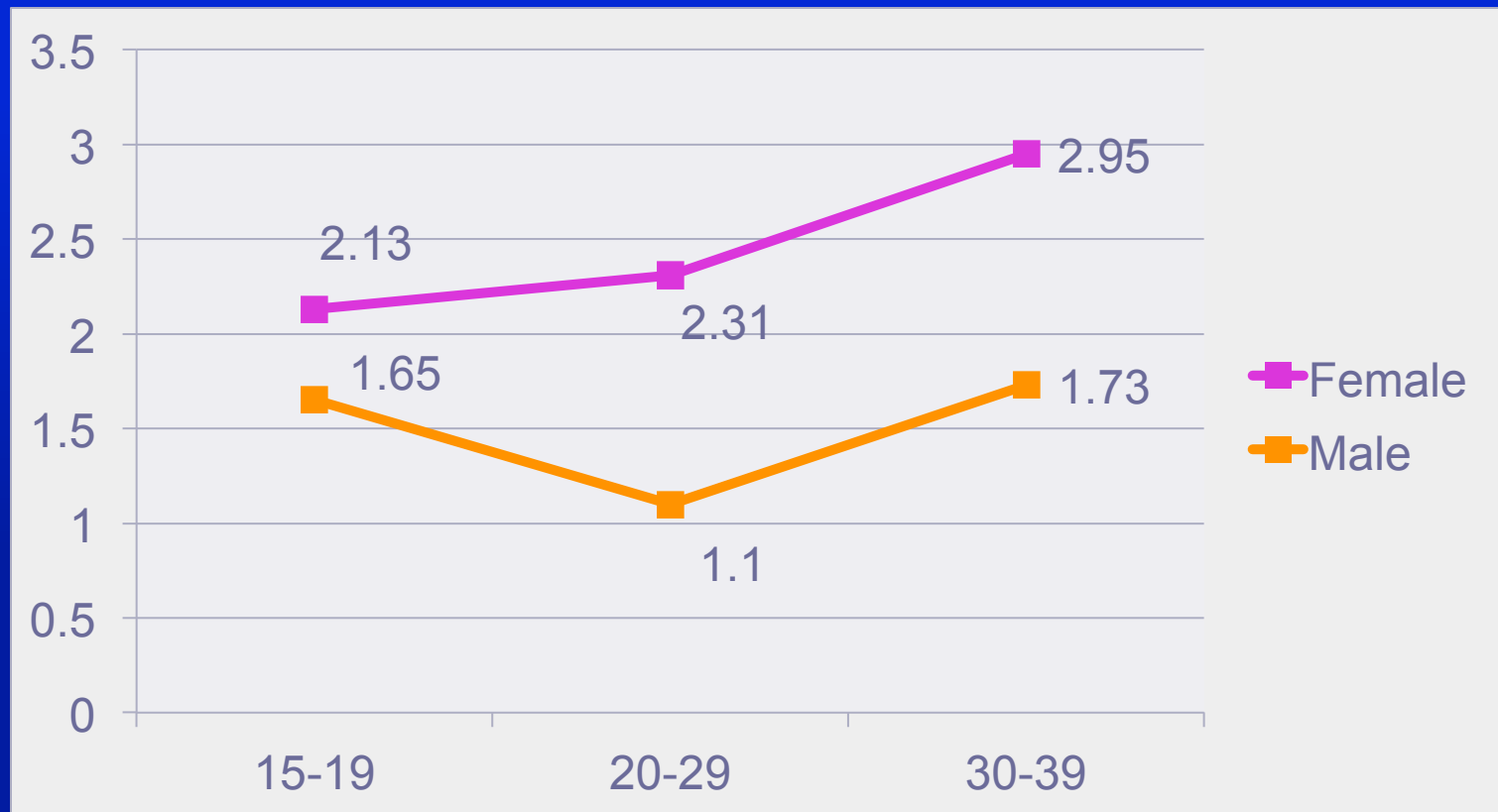
Where Young Adults Access Care

	Any Health Care Utilization	72%
	Office-Based Visits	55%
	Hospital Outpatient Visits	7%
	ER Visits	15%
	Inpatient Hospitalizations	6%
	Prescription Medications	48%
	Dental Visits	34%

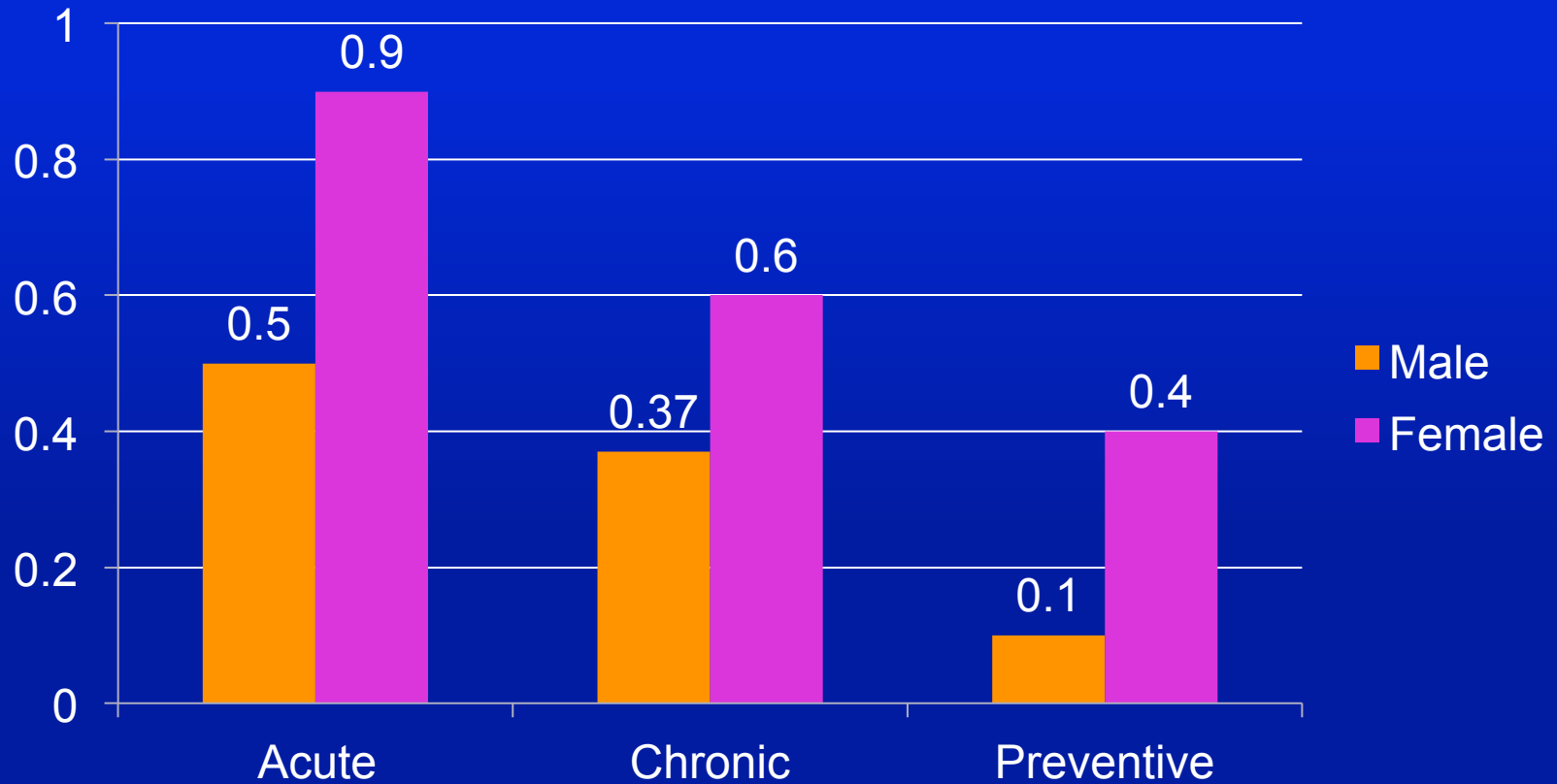
No Usual Source of Health Care for by Age and Gender, 2011



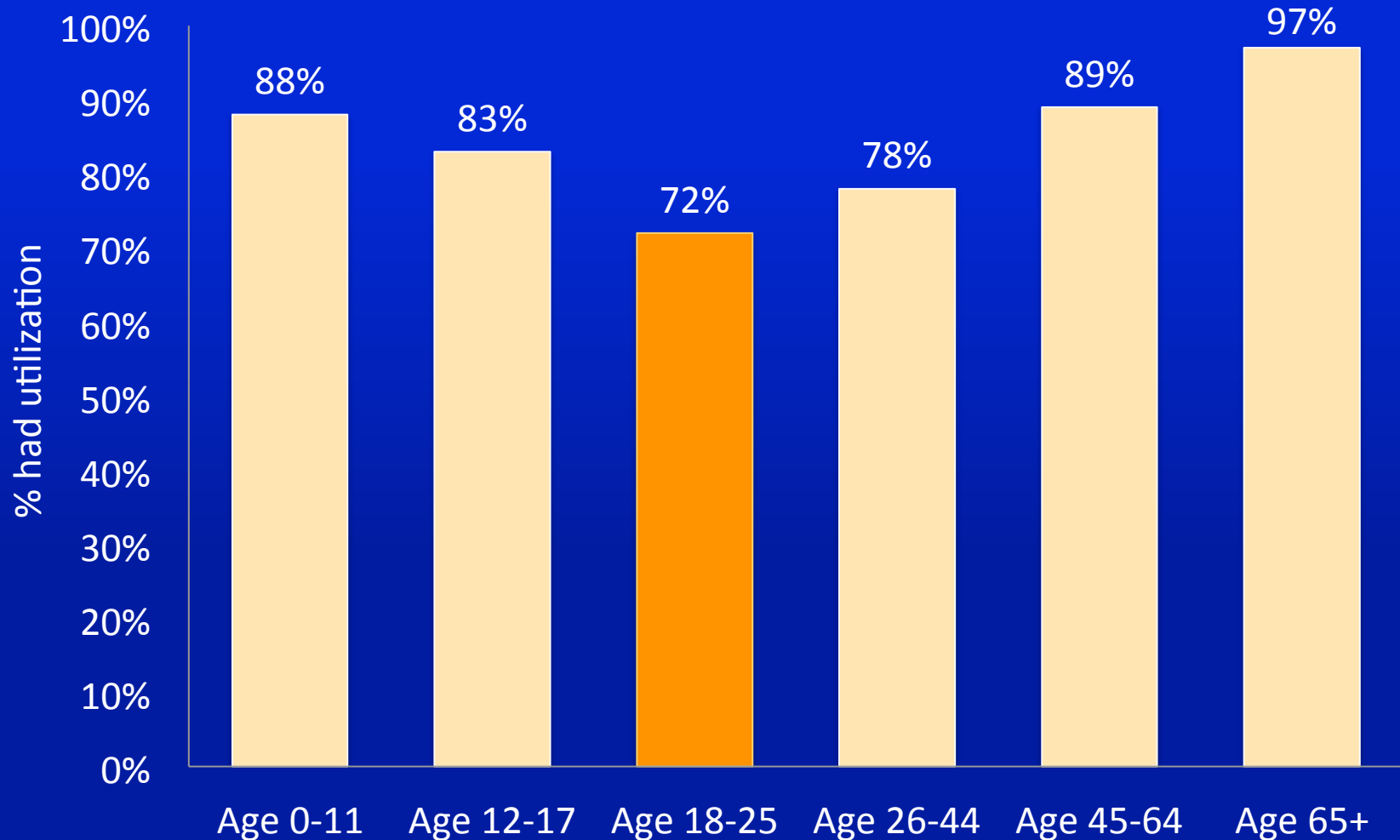
Per-Capita Annual Ambulatory Care Utilization 2000-2006, by Gender and Age



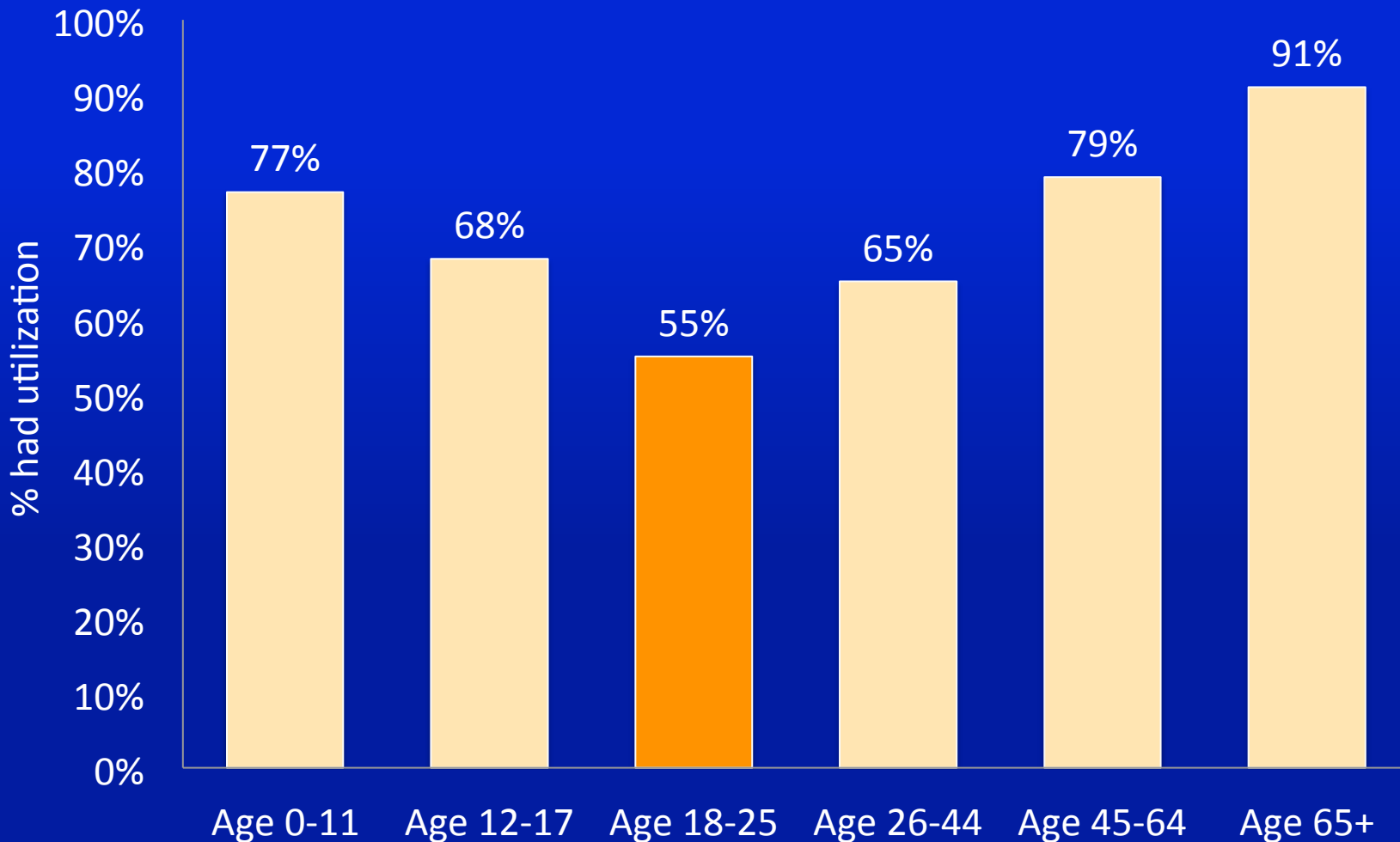
Per-Capita Annual Health Care Visits by Gender, 2000-2006



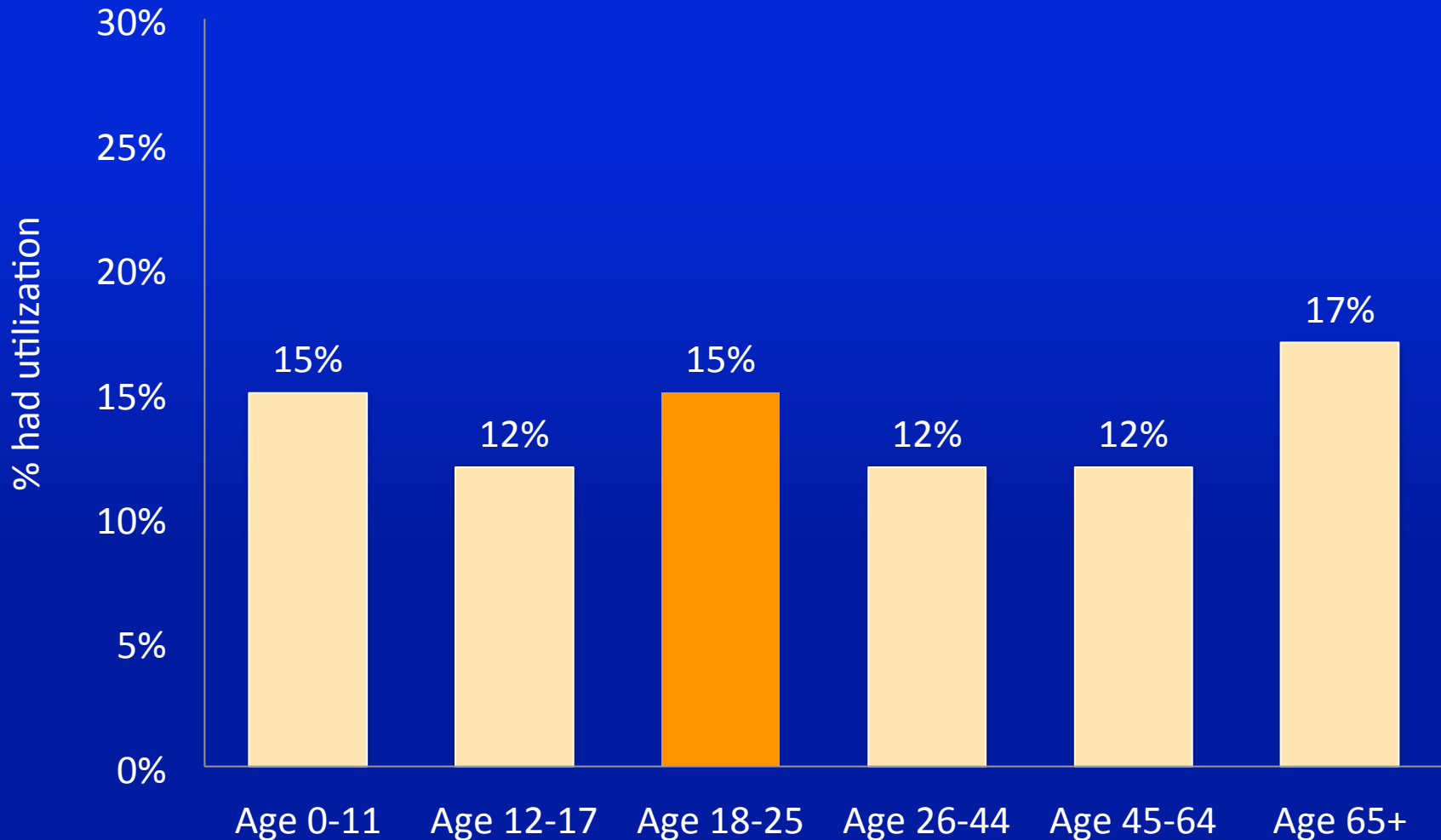
Overall Health Care Service Utilization by Age Group, 2009



Office-Based Service Utilization by Age Group, 2009



ER Utilization by Age Group, 2009



Utilization Summary

- Young adults receive care from a variety of sources.
- Many young adults lack a usual source of health care.
- Females generally use care more than males.
- Young adults have low utilization rates for most services, but especially high use of ER.



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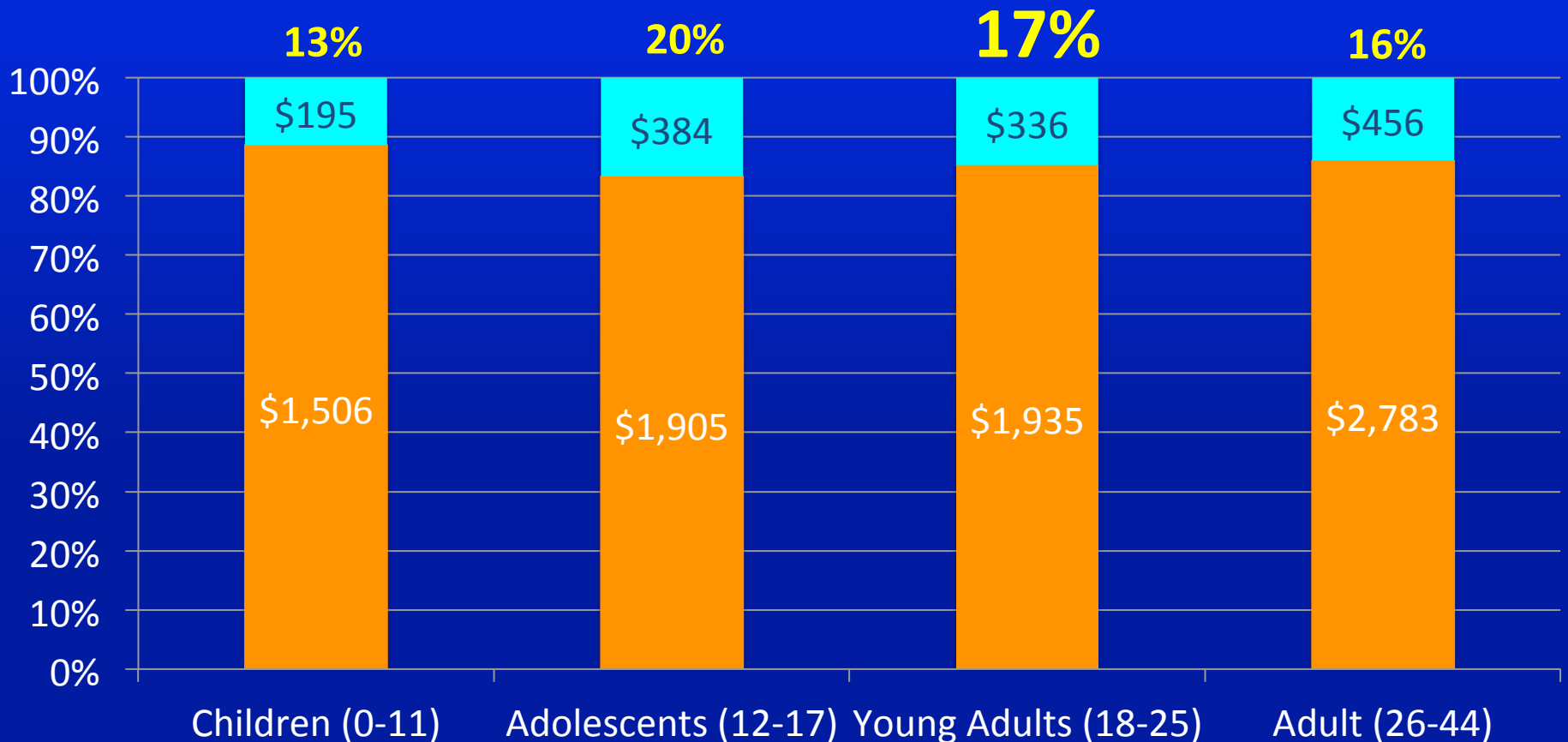
Average Healthcare Expenditures by Age, 2009



Average Healthcare Expenditures by Age, 2009

■ Average Healthcare Expenditures

■ Average Out of Pocket Expenditures



Expenditures Summary

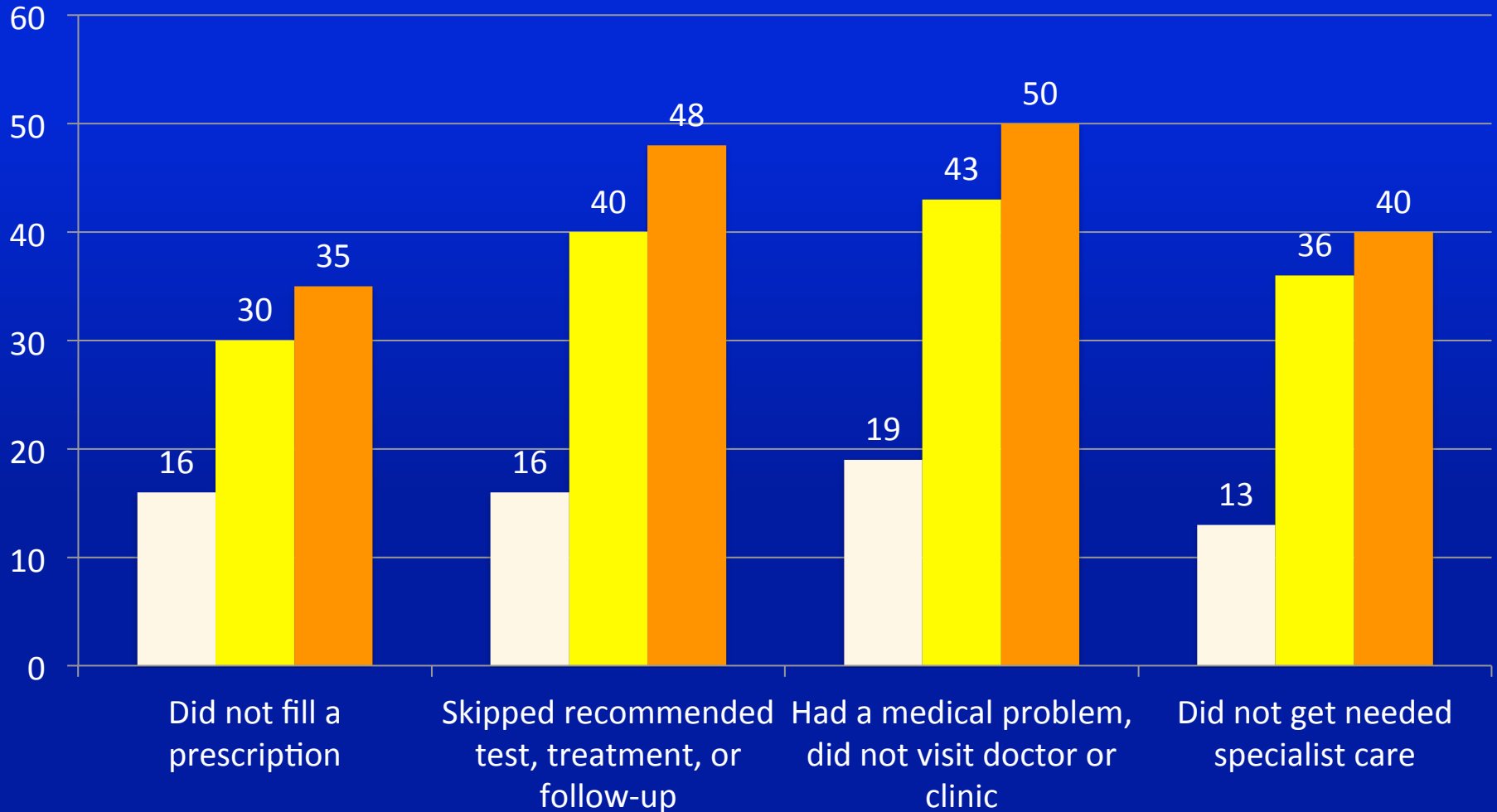
- A large portion of young adults' expenditures are out of pocket, posing a challenge for those who may not receive financial assistance from family members.



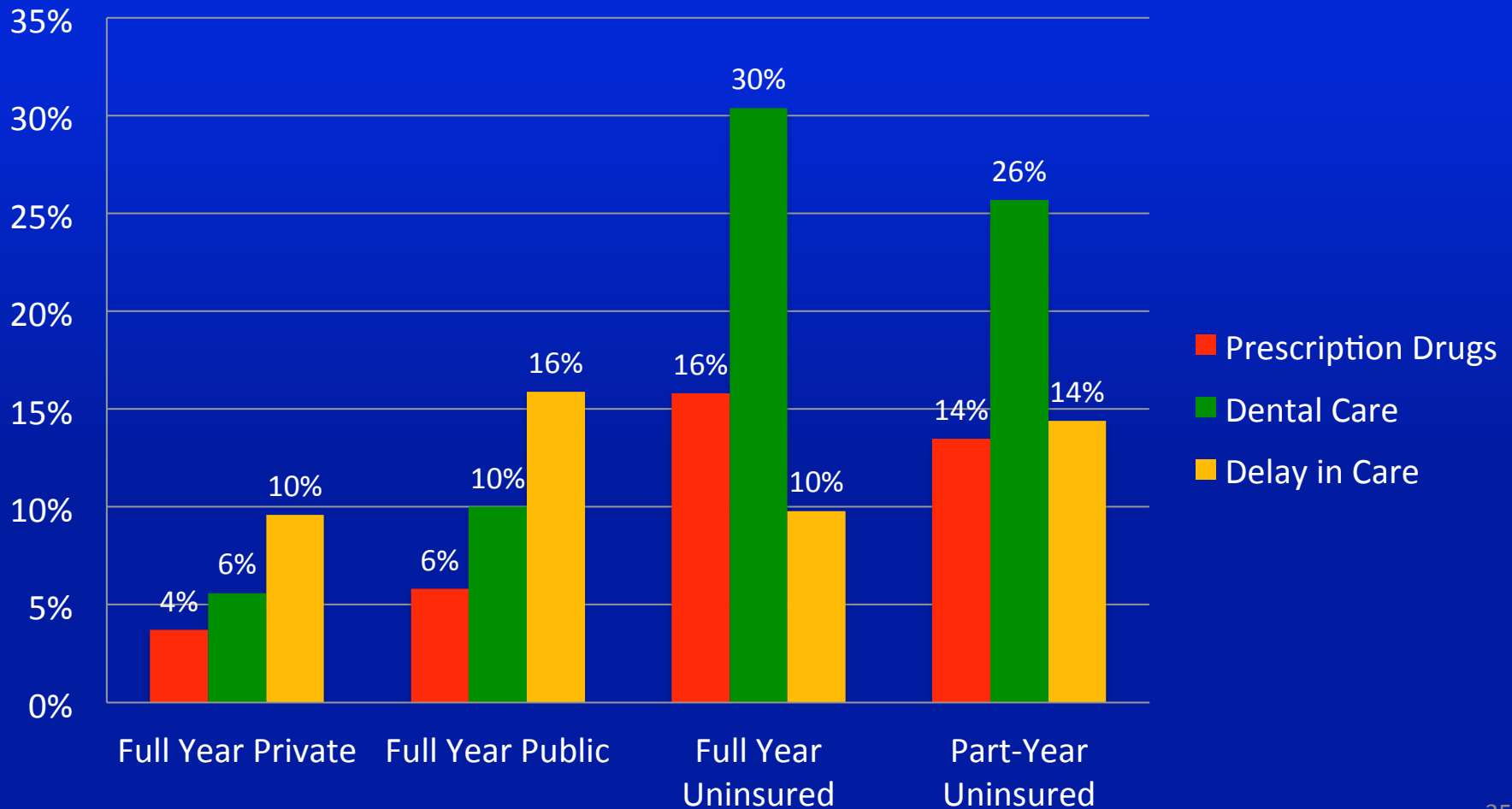
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Young Adults (19-29) Experiencing Past-Year Access Problems Due to Cost, 2011

■ Insured all year ■ Insured now, time uninsured in past year ■ Uninsured now

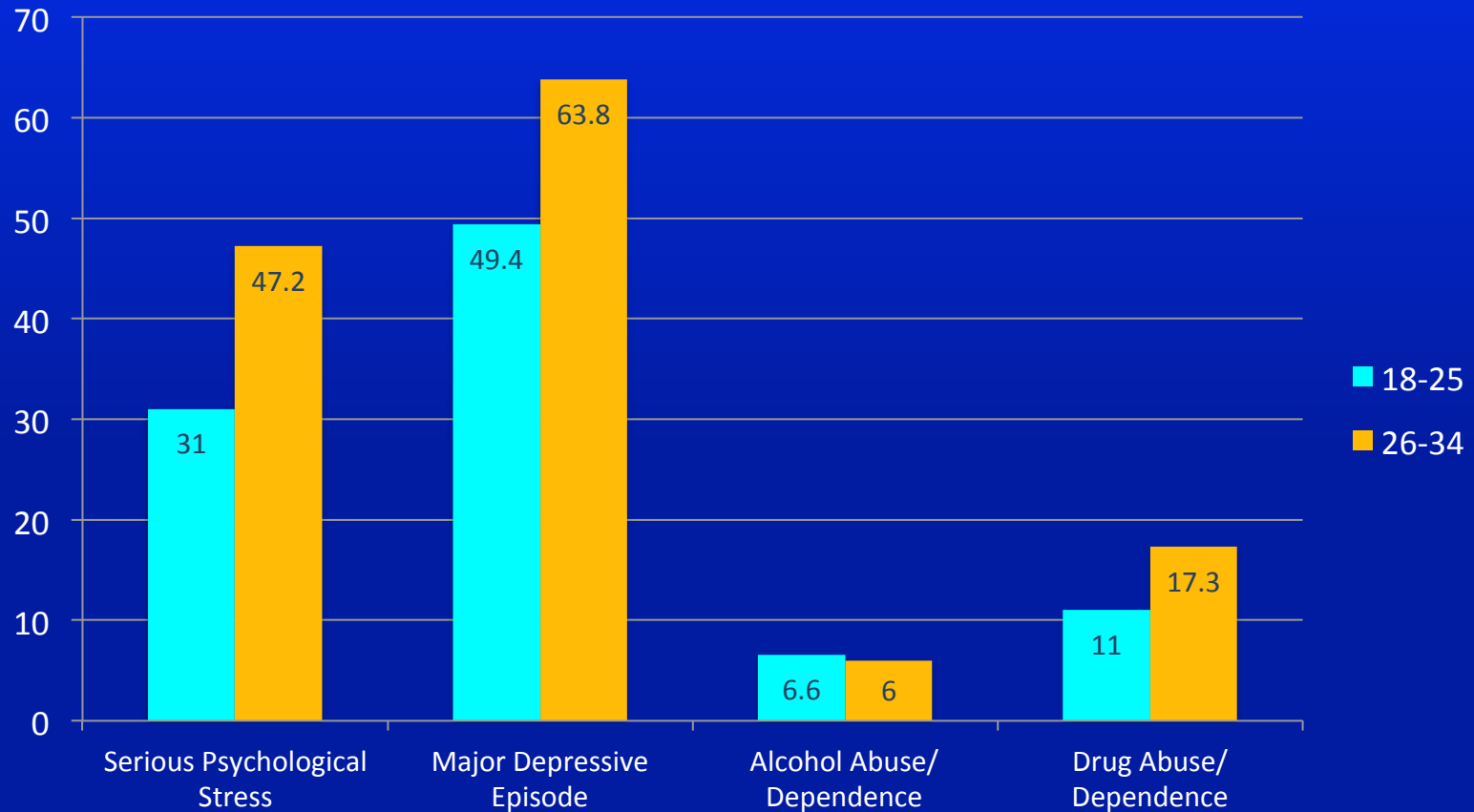


Unmet Healthcare Need, Young Adults (18-25), by Insurance Status 2011



Unmet Needs: Mental Health

Past Year Treatment for Mental Health and Substance Abuse/Dependence Problems among Those with Problem, by Age, 2010
% who received treatment

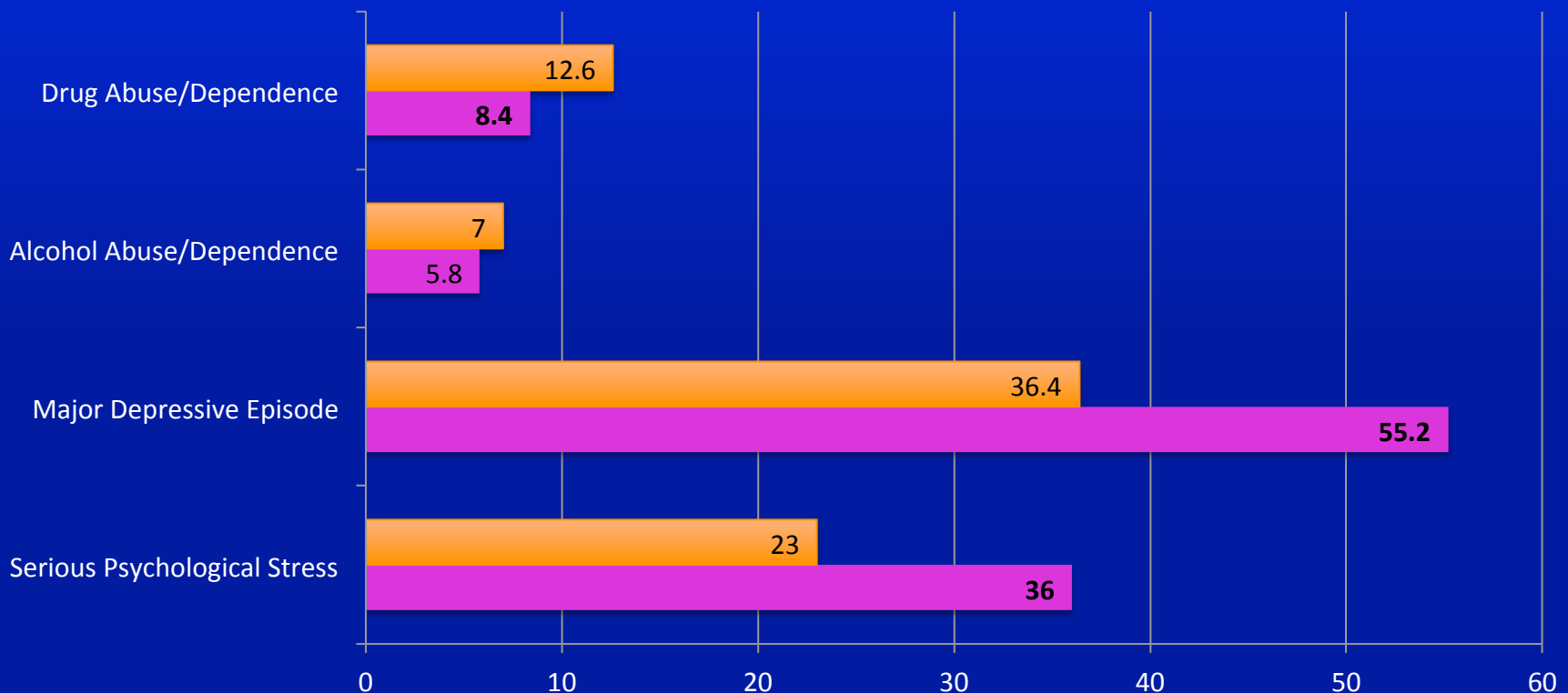


Unmet Needs: Mental Health

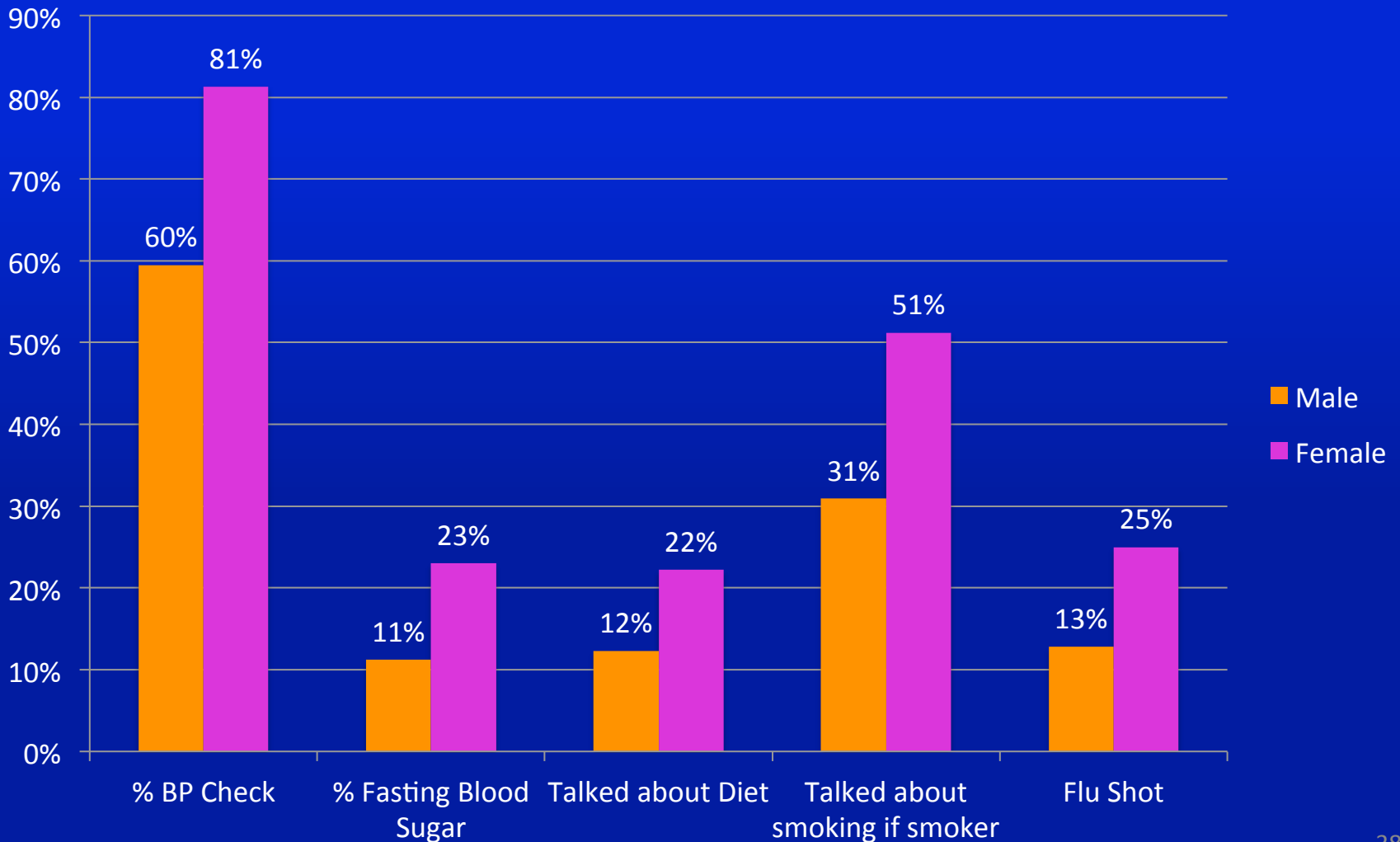
Past Year Treatment for Mental Health and Substance Abuse/ Dependence Problems among Young Adults (18-25) with Problem, **by Gender**, 2011

% who received treatment

Male Female



Preventive Services Received by Young Adults (18-25) by Gender, 2011



Percentage of Visits During Which Preventive Counseling was Provided to Young Adults, 1996 to 2006

	All Specialties	Primary Care	Ob/Gyn
Any	30.6%	32.7%	33.6%
Injury	2.4%	3.1%	0.8%
Smoking	3.1%	4.2%	3.1%
Exercise	8.2%	9.4%	8.2%
Weight reduction	3.0%	3.8%	3.4%
Mental health	4.1%	4.2%	1.3%
STD/HIV	2.7%	2.6%	7.1%
Diet	10.0%	12.4%	12.4%

Transitions to Adulthood

- In 2009-2010, 39% of youth (ages 15-17) received services necessary to make appropriate transitions to adult health care, work and independence.

Unmet Needs Summary

- Insurance matters!
- Unmet needs are high, especially in regards to mental health
- Receipt of preventive screening is low

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Differences between Adolescent and Young Adult Health Care

Adolescents

- Identified health care provider - pediatricians.
- Financial system in place.
- Organizational structure for care exists.
- Not high users of non-traditional sources of care.
- Minors under age 18; parents play major role.

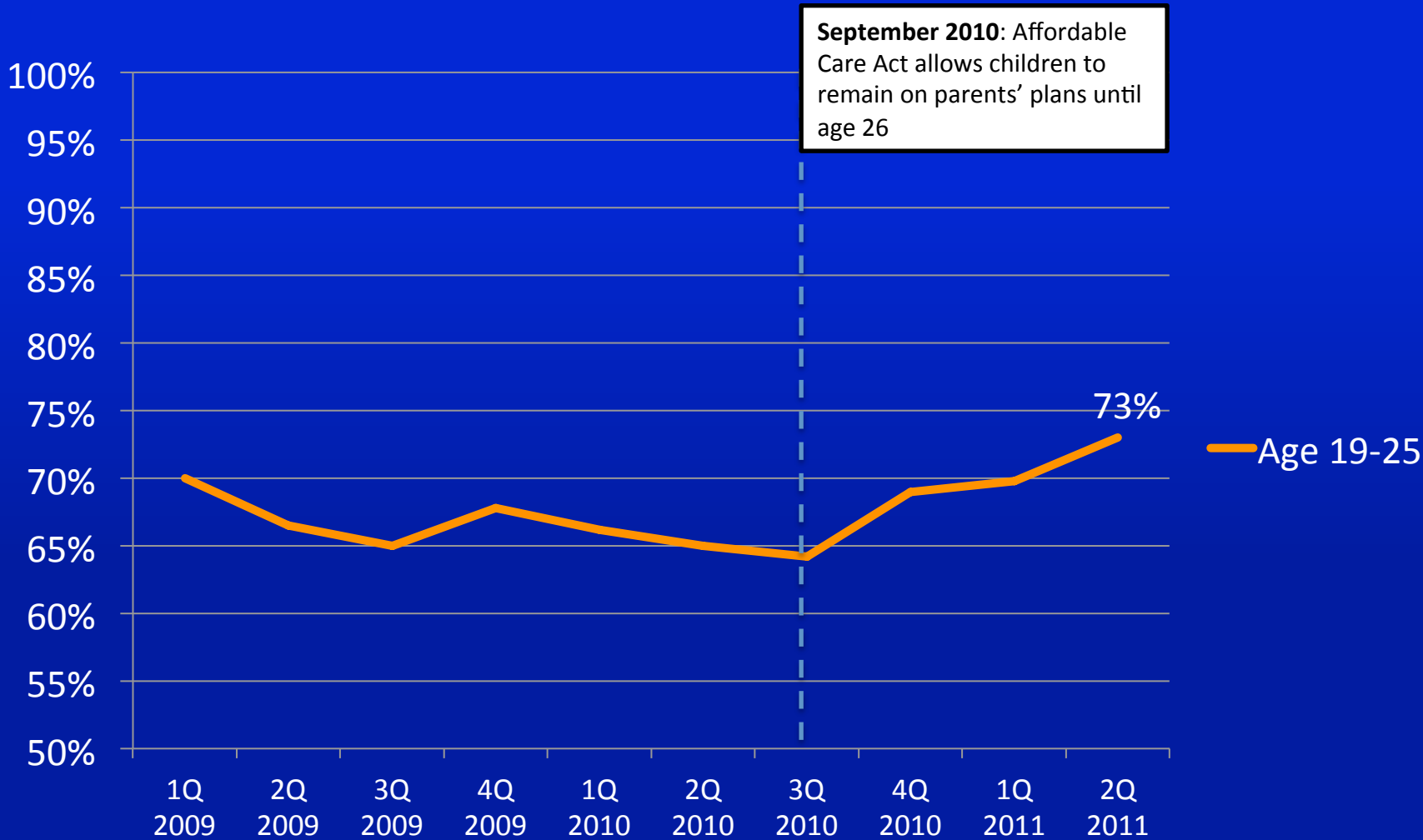
Young Adults

- No identified health care provider.
- No financial system in place.
- No identified organizational structure for care.
- High users of non-traditional sources of care.
- Rights and responsibilities change after age 18.

Shortcomings of the Health Care System: Financing

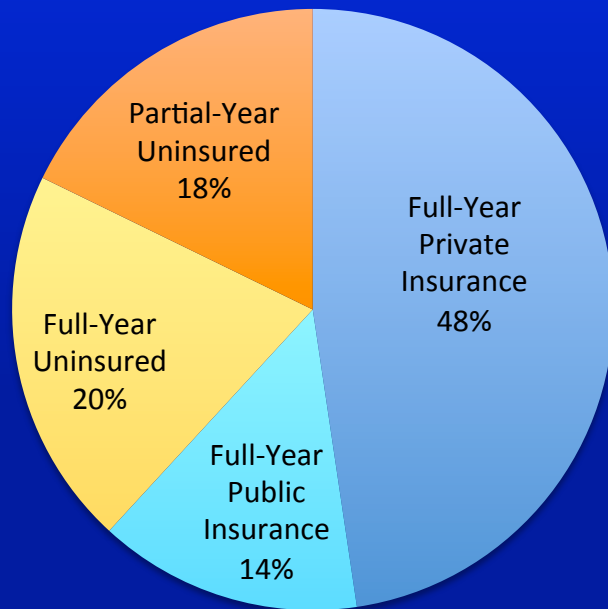
- The financing system is difficult to navigate and leaves many out.
- System enables acute care over preventive services and chronic disease management.

Insurance Status and the ACA

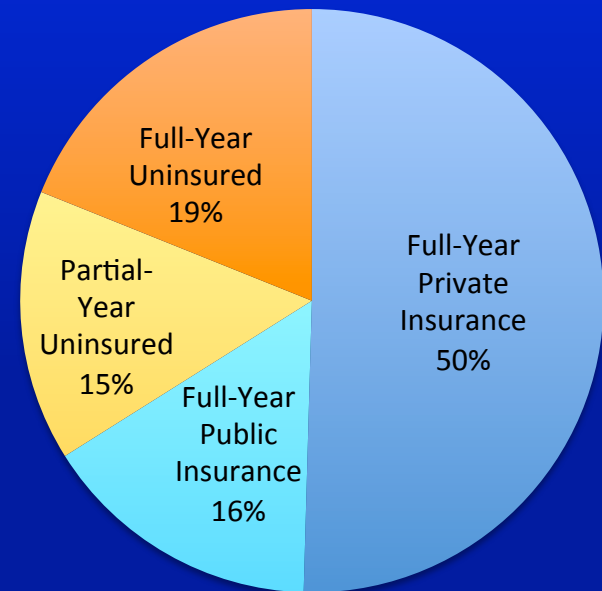


Health Insurance Status among Young Adults (18-25), 2010-2011

2010



2011



Abrupt change at 18 - Content

- Health care system (and other systems) changes abruptly at age 18, not developmentally based;
 - Change in legal status: can legally consent to own care.
 - Loss of eligibility for public insurance and parents' insurance (this is getting better).
 - Limited models for transition to adult health care (YSHCN consensus is an important exception).
- Little preparation for change in system, young adults and families not prepared to navigate this change and enable young adults to take charge of their health care.

Limited Understanding of Young Adult Perspective

- Little consensus/focus on health care needs for young adults and what young adults want.
- Young adulthood characterized by varied trajectories/settings/levels of parental involvement/support;
 - Challenging to address needs of young adults in all those different settings/situations.
 - Few populations have organizational structure for care (e.g., military, prison, college health).

Several groups of youth are especially vulnerable in this transition

- **Populations include youth who**
 - Do not graduate from high school
 - Are homeless
 - Are leaving foster care
 - Are in the justice system
 - Have chronic conditions/special health care needs, including **mental health disorders**

Challenges in Providing Mental Health Services

- “Carve-out” arrangements – in both public and private insurance – that separate mental health and physical health delivery systems.
 - Impedes referral or care coordination
 - Often precludes reimbursement for primary care clinicians
- Poor coverage of mental health services in private plans
 - Capped number of visits
 - High co-pays

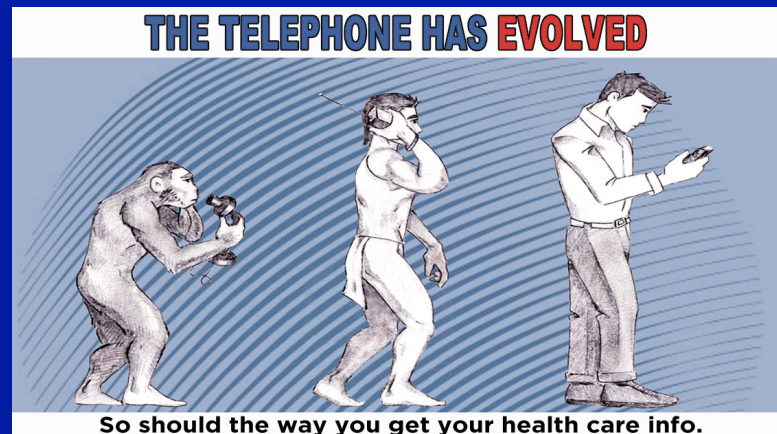
Electronic Medical Records

- In 2012, 69% of American primary care providers reported use of EMR.
- Opportunity to improve communication & outcomes for young adults



Internet, Technology and Health Care

- A 2010 study found that 60% of young adults (18-29y) visit a social networking site daily, and relatively the same number (62%) send and receive email daily.



Systemic Issues Summary

- Young adults have traditionally had the lowest rates of insurance. Rates are particularly low for males, the poor and Hispanics
- Insurance coverage access has been poor, especially for poor and near poor young adults – ACA is helping, many other issues:
- But even if we fix that huge problem, there are other issues affecting access
- Focus on acute care, rather than prevention and primary care management
- System is not developmentally based

Summary

- Several risky behaviors & health conditions peak during young adulthood.
- Low utilization rates with ER & Acute Care being more common
- High out of pocket costs
- Unmet needs high for preventive care, mental health and substance use services & transition care for youth with special health care needs
- Smoothing transitions from pediatric care to young adult care, especially for those who have special health care needs
- No organized system of care

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Next steps:

- Understanding what young adults want and their decision-making related to health care
- Advocating for the adoption of developmentally-based services & systems for young adults
- Clinical Training – discipline-specific young adult rotation, how is caring for a 41 year-old different than a 21 year-old?
 - Medical, nursing, psychology, social work
- Improving services for vulnerable young adults, including those with mental health and substance abuse disorders.
- Smoothing transitions from pediatric care to young adult care, especially for those who have special health care needs

Thank You

Sally Adams
Claire Brindis
Josephine Lau
Jane Park
Elizabeth Ozer
Jazmyn Scott

Funder: Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS (cooperative agreements: U45MC 00002 & U45MC 00023)

Data Sources

Source	Website	Frequency	Organization	Adolescent/Young Adult Age Group	Location	Recent Data
Youth Risk Behavior Surveillance System (YRBSS)	http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/34481	Every Other Year	Centers for Disease Control and Prevention (CDC)	High School Students	Schools	2011
Monitoring the Future (MTF)	http://www.monitoringthefuture.org/	Annual	University of Michigan	8 th , 10 th , 12 th Grade Students & Follow-up sample of graduating seniors	Schools	2012
National Survey on Drug Use and Health (NSDUH)	https://nsduhweb.rti.org/	Annual	Substance Abuse and Mental Health Services Agency (SAMHSA)	Individuals ages 12 and older	Homes	2011
National Survey of Children with Special Health Care Needs (CSHCN)	http://childhealthdata.org/	Every 4 Years	Maternal and Child Health Bureau	Adolescents ages 12-17	Home	2010
National Health Interview Survey (NHIS)	http://www.cdc.gov/nchs/nhis.htm	Annual	Centers for Disease Control and Prevention (CDC)	18+	Home	2011
Behavioral Risk Factors Surveillance Survey (BRFSS)	http://www.cdc.gov/brfss/	Annual	Centers for Disease Control and Prevention (CDC)	18+	Home	2011
National Ambulatory Medical Care Survey (NAMCS)	http://www.cdc.gov/nchs/ahcd.htm	Annual	Centers for Disease Control and Prevention (CDC)	18+	Physician Offices	2010
California Health Interview Survey (CHIS)	http://healthpolicy.ucla.edu/chis/Pages/default.aspx	Annual	University of California, Los Angeles	18+	Home	2009

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