What’s New in Clinical Preventive Services
An update on Policies, Research and Emerging Paradigms of Parental Engagement

Adolescent and Young Adult Health National Resource Center
SAHM Annual Meeting
Washington, DC
March 8, 2019

To access this slide set, please visit tinyurl.com/NRC-SAHM2019
AYAH-NRC : Overview & Scope

• Funder:
  - Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS (cooperative agreement U45MC27709)

• Grant period:
  - September 1, 2018 – August 31, 2023 (5 years)

• Purpose:
  - To improve the health of adolescents and young adults (ages 10-25) by strengthening the capacity of state maternal and child health (MCH) programs and their clinical partners to address the needs of adolescents and young adults.

More info at http://nahic.ucsf.edu/resource-center/
AYAH-NRC: Project Teams & Foci

Adolescent Well Visit Team

• Increase Adolescent Well Visit Rates

Young Adult Team

• Increase State Focus on Young Adult Health

Quality Improvement Project

• Increase screening and follow-up for major depressive episode for adolescents and young adults
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Claire Brindis, DrPH\textsuperscript{1,2}
Elizabeth Ozer, PhD\textsuperscript{1,3}
John Santelli, MD\textsuperscript{4}

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Conflict of Interest Statement

The speakers have no commercial relationships to disclose.

The speakers will not be discussing any unapproved uses of pharmaceuticals or devices.
Session Outline

✓ What’s new in research and policy: The latest on the importance of the well visits, the ACA, preventive care.

✓ Engaging parents: What we thought and what we’re learning.

✓ What we can do: Resources and initiatives around family engaged care
What’s New in Research and Policy: The Importance of the Well Visit and the ACA to Adolescents & Young Adults

✔ The ACA is helping increase well visits and receipt of preventive care
✔ The well visit is key to delivery of preventive services
✔ Rates are still low
Update on Research and Policy

The ACA is helping increase well visits and receipt of preventive care for Adolescents and Young Adults

• Greatest increases in adolescent well visit rates among underserved adolescents (minority, low income, publicly insured)

• Young adult rates of receipt of preventive services also show greatest increase among underserved
Receipt of Past-Year Well Visit Among AYAs, Pre- and Post-ACA (MEPS)

**Adolescents**

<table>
<thead>
<tr>
<th></th>
<th>Pre-ACA (2007-09)</th>
<th>Post-ACA (2012-14)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>41%</td>
<td>48%</td>
</tr>
</tbody>
</table>

*** p<.001

**Young Adults**

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>28%</td>
<td>32%</td>
</tr>
</tbody>
</table>

*** p<.001

1-Adams et al., 2018 (https://www.ncbi.nlm.nih.gov/pubmed/29114725); 2-Adams et al., In press.
Update on Research and Policy

Services measured in MEPS analyses

- **Adolescents**
  *Physical Parameters:*
  - Blood Pressure
  - Weight
  - Height
  *Anticipatory Guidance:*
  - Physical activity
  - Healthy eating
  - Seatbelt use
  - Helmet use
  - Second hand smoke
  - Dental visit

- **Young adults**
  *Three services assessed:*
  - Blood pressure checked
  - Cholesterol checked
  - Flu shot received
Receipt of Preventive Services Among AYAs with Any Healthcare Visit in Last Year, Pre- and Post-ACA (MEPS)

Adolescents¹

<table>
<thead>
<tr>
<th>Services</th>
<th>Pre-ACA</th>
<th>Post-ACA</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 3 Services</td>
<td>71%</td>
<td>78% ***</td>
</tr>
<tr>
<td>All 6 Guidance</td>
<td>10%</td>
<td>12% *</td>
</tr>
<tr>
<td>Time Alone</td>
<td>30%</td>
<td>31% **</td>
</tr>
</tbody>
</table>

Young Adults²

<table>
<thead>
<tr>
<th>Services</th>
<th>Pre-ACA</th>
<th>Post-ACA</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 3 Services</td>
<td>7%</td>
<td>16% ***</td>
</tr>
</tbody>
</table>

*p<.05 in unadjusted model only
** p<.05
*** p<.001

1-Adams et al., 2018 (https://www.ncbi.nlm.nih.gov/pubmed/29114725); 2-Adams et al., In press.
Update on Research and Policy

The well visit is an effective model for delivering preventive services to adolescents and young adults

- Significantly higher rates of preventive services if AYA attended a preventive well visit vs. a non-preventive visit.*

Receipt of Preventive Services Among AYAs with Any Healthcare Visit in Last Year, Well Visit vs. Non-Well Visit (MEPS)


*** p<.001
Well Visit Rates are still low

- Rates for AYAs are still low in post-ACA years
- Less than half of As get a well visit
  - Even among full-year insured adolescents, only \textit{half} got a WV
  - Time alone remains low
  - Overall, less than half of As are getting preventive services
- Less than a third of YAs get a well visit
  - Fewer than half got \textit{2 of the 3} preventive services measured
Engaging parents: What we thought and what we’re learning

✓ From Risk Prevention to Thriving, with supportive relationships and healthy choices
✓ Connecting Adolescents and Young Adults to Clinical Preventive Services
Consensus recommendations have supported confidential care for adolescents and time alone with a clinician for more than two decades, based on two broad premises:

• Adolescents **more likely** to seek care and disclose risky behaviors on sensitive topics when confidentiality is assured

• Adolescents will **gain competence** in managing a relationship with a clinician and navigating the health care system

*Elster AB, Kuznets, 1994 & Hagan et al., 2017*
Support for time alone and confidential care driven largely by a goal of reducing risky behavior.

Subsequent research with adolescents supports premise that adolescents more likely to seek care and disclose risky behaviors on sensitive topics when confidentiality is assured.*

Parental perspectives and role in supporting their adolescents’ health were rarely addressed in research or programs.

*Ford et al., 1997, Ford et al., 1999 & Ford et al., 2004
New Focus on parents’ role in health care

✓ Most adolescents want their parents engaged in their health & health care. *(national sample, 2016)*¹
  • 89% of teens feel reassured with a parent in the exam room
  • 87% want their parents' involvement in decisions about their health

✓ Research links parent engagement in health care to better outcomes,² including in “sensitive” areas such as helping males who have sex with males make healthy choices.³

1-Unity Consortium, 2017; 2-Kim et al., 2015; 3-Nelson et al., 2019
Parents generally support time alone

☑ Parents report support for time alone
  • 58% said “a lot” important (Urban pediatric clinics, 58% Black/28% White; 2016)¹
  • 89% said adolescents should be able to speak with their providers (national sample, 2012-3)²
  • 67% of parents say time alone is important (national sample, 2016)³

☑ Parents willing to waive rights to allow confidential care (university-based adolescent clinic, 2016)⁴

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¹ Miller et al, 2018; ² Gilbert et al, 2014; ³ Unity Consortium, 2017; ⁴ Butler & Middleman, 2018
Parents are ambivalent about their role

✓ Parents also want to stay in the room
  • 61% prefer to be in the room the entire visit (national sample, 2012-3)¹
  • 53% of parents insist on staying the room for the entire visit (national sample, 2016)²

✓ Early qualitative research suggests that ambivalence can be addressed by building on parents’ recognition of time alone’s benefits in building competence in adult responsibilities.³

1-Gilbert et al., 2014; 2-Unity Consortium, 2017; 3-Tebb, 2011
Role of parents: Next steps

How do we advance **adolescent**-centered, **family-engaged** care?

• Support time alone

• Improve ”health literacy” around confidentiality & time alone
  • Communicate policy/clinic procedures, etc.
  • Communicate in ways that are meaningful to diverse populations of adolescents and families for whom we provide services
Citations


Citations


