

Clinical Preventive Services (“CPS”) for Young Adults

Young Adulthood: a critical need for primary and secondary prevention

- Period of major transition; numerous paths to adult roles and responsibilities.
- Diverse circumstances: many have connections, such as family support, but some vulnerable populations lose services and connections typically available to adolescents.
- Greater responsibility for daily health habits, such as diet and exercise.
- High rates of risky behavior and related outcomes: rates are particularly high for: substance use, fatal car crashes (including alcohol-related crashes), homicide, unintended pregnancy, and STIs.
- For those with chronic conditions, need to take on a greater role in managing conditions, especially those without support.
- Critical period for the emergence of mental disorders.

Despite this risk profile, there is little professional focus on preventive services for young adults.

- For adolescents (and younger children), professional consensus is presented in *Bright Futures*, 3rd ed., 2008, led by the American Academy of Pediatrics, which includes recommendations for ages 18-21.
- Some CPS recommendations for adults – including professional consensus and the U.S. Preventive Services Task Force (USPSTF) – include the young adult ages (age ranges vary).
- Young adults have low rates of well-visits and, in ambulatory care visits, low rates of preventive services.

So, what should clinicians do? A 2012 study reviewed major sources of CPS recommendations and found support for CPS in the several areas, including (see abstract & Table 2, following pages):

- Substance Use
- Reproductive health
- Mental health/depression
- Nutrition/exercise/obesity
- Infection disease/immunization
- Bright Futures recommends CPS addressing Safety and Violence, but not USPSTF; more research needed.

A new opportunity: ACA removes barriers to services, especially preventive services

- Young adults have traditionally had the lowest
- Major expansion of private insurance for young adults:
 - ✓ Most allowed to remain on their parents’ plan through age 26.
 - ✓ Subsidies available for plans purchased through new state-based insurance exchanges, for individuals from 133% -400% of the federal poverty line [FPL]. (133% FPL= \$11,490 for an individual and \$19,530 for a family of three);
 - ✓ Access to insurance for poorer young adults (i.e., below 133%FPL) will depend on states’ decisions

- Most private insurance plans required to cover, with no cost-sharing, many preventive services for adults:
 - ✓ CDC-recommended vaccines.
 - ✓ USPSTF recommendations A & B (two highest levels of evidence).
 - ✓ Women's Preventive Service Guidelines (women only).

What are the next steps? How can we:

1. Increase the proportion of young adults who get clinical visits?
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.

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Young adult preventive health care guidelines: there but can't be found.

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Abstract

OBJECTIVES:

To (1) identify adolescent and adult clinical preventive services guidelines relevant to the young adult age group; (2) review, compare, and synthesize these guidelines, with emphasis on the extent to which professional guidelines are consistent with evidence-based guidelines developed by the US Preventive Services Task Force; and (3) recommend the next steps in the establishment and integration of preventive care guidelines for young adults.

DESIGN:

Nonexperimental: an Internet search was conducted to identify relevant preventive care guidelines for the young adult group.

SETTING:

The search included federal agencies and professional organizations that focus on health areas linked to the care of young adults or that provide health care to adolescents and young adults.

PARTICIPANTS:

National organizations, federal agencies, health professional associations, and medical societies.

MAIN OUTCOME MEASURES:

Preventive services guidelines for adolescents and adults that intersect with the age range of 18 to 26 years.

RESULTS:

When the ages of 18 to 26 years are carved out of established professional guidelines across specialty groups, there is a broad number of recommendations, with many supported by sufficient evidence to receive a US Preventive Services Task Force grade of A or B that can inform the care of young adults.

CONCLUSIONS:

We recommend the establishment of young adult preventive health guidelines that reflect the current evidence-based recommendations that overlap with the young adult age group; we suggest clinician and health care system supports to facilitate the delivery of preventive services to young adults; and we emphasize prioritizing research in prevention areas in which sufficient evidence does not exist.

Table II: Consistency of Recommendations for Young Adults

	US Preventive Services Task Force (USPSTF)		Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents	American Congress of Obstetricians and Gynecologists (ACOG)	American Academy of Family Physicians (AAFP)	American College of Physicians (ACP)
Age Groups	Adolescent Ages 11-17	Adult Ages 18-26	Adolescent Ages 11-21	Adult Ages 18-26	Adult Ages 18-26	Adult Ages 18-26
Substance Use						
Alcohol (screening and counseling)		✓	✓	✓	✓	✓
Tobacco (screening and counseling)		✓	✓	✓	✓	✓
Other Illicit Drugs (screening and counseling)			✓	✓		
Reproductive Health						
STI screening (counseling)	+	+	+	✓	+	+
HIV	+	+	+	✓	+	+
Chlamydia (Female)	+		+	+		
Chlamydia (Male)			+			
Syphilis	+	+	+	✓	+	+
Gonorrhea	+	+	+	✓	+	+
Birth Control Methods			+	✓		
Pregnancy			+			
Mental health/Depression						
Suicide screening			✓	✓		
Depression	✓	✓	✓	✓	✓	✓
Nutrition/Exercise/Obesity						
Cholesterol		+	✓	✓	+	+
Healthy Diet		+	✓	✓	+	+
Hypertension/Blood Pressure		✓	✓	✓	✓	✓
Obesity/BMI	✓	✓	✓	✓	✓	✓
Physical Activity Counseling			✓			
Infectious Disease/Immunization (CDC)						
Tetanus, diphtheria, pertussis (Td/Tdap)	✓	✓	✓	✓	✓	✓
Human papillomavirus	✓	✓	✓	✓	✓	✓
Varicella	✓	✓	✓	✓	✓	✓
Measles, mumps, rubella	✓	✓	✓	✓	✓	✓
Influenza	+	✓	✓	✓	✓	✓
Pneumococcal (polysaccharide)	+	+	✓	✓	+	+
Hepatitis A	+	+	✓	✓	+	+
Hepatitis B	✓	+	✓	✓	+	+
Meningococcal	✓	+	✓	✓	+	+
Polio	✓		✓			
Safety/Violence						
Family/Partner Violence			✓	✓		
Fighting			✓	✓		
Helmets			✓	✓		
Seat belts			✓	✓		
Alcohol While Driving			✓	✓		
Guns			✓	✓		
Bullying			✓	✓		

✓ = Recommended
 + = If "at risk"

References:

USPSTF - US Preventive Service Task Force [database on the Internet] [cited November 18, 2010]. Available from: <http://www.uspreventiveservicestaskforce.org/>.

Bright Futures - Hagan JF, Shaw J, Duncan P. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 2008.

ACOG - Guidelines for Women's Health Care: A Resource Manual, Third Edition. American College of Obstetrics and Gynecologists (ACOG); 2007.

ACOG - Primary and Preventive Health Care for Female Adolescents: Tool Kit for Teen Care, Second Edition 2009: Available from: <http://www.acog.org/departments/adolescentHealthCare/TeenCareToolkit/ACOGPreventCare.pdf>

ACP - Pocket Guide to Selected Preventive Services for Adults 2009: Available from: AAFP Summary of Recommendations for Clinical Preventive Services: 2010 http://www.acponline.org/membership/benefits/for_young_physicians/pocket_guide.pdf.

AAFP Summary of Recommendations for Clinical Preventive Services 2010 http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/CPS/rcps08-2005.Par.0001.File.tmp/Microsoft%20Word%20-%20Approved%20August%202007%20CPS%20with%20edits.pdf.