

# Looking Forward: Future Directions for Adolescent & Young Adult Clinical Preventive Services (CPS)



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**SAHM Annual Meeting**

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**Duke**

MARGOLIS CENTER  
for Health Policy



**Duke Clinical Research Institute**

# Conflict of Interest Statement

- I have no commercial relationships to disclose
- I will not be discussing any unapproved uses of pharmaceuticals or devices

# Outline

- Innovations in CPS Delivery Systems
- Potential Impact of Health Reform on CPS

# Innovations in CPS Delivery

- **Alternate physical sites of CPS delivery**
  - Retail clinics, urgent care centers
  - Mental health, substance use treatment centers
  - Venture-backed primary care redesign
- **Virtual delivery of CPS**
  - Telemedicine
  - Leveraging other technologies

# Retail & urgent care clinics more likely to be used by AYA

	Retail Clinic RO (95% CI)	Urgent Care RO (95% CI)
Children	Ref	Ref
Adolescents	1.09* (1.08, 1.10)	1.31* (1.29, 1.34)
Young Adults	1.54* (1.52, 1.55)	1.68* (1.65, 1.71)



Wong 2017 JAH

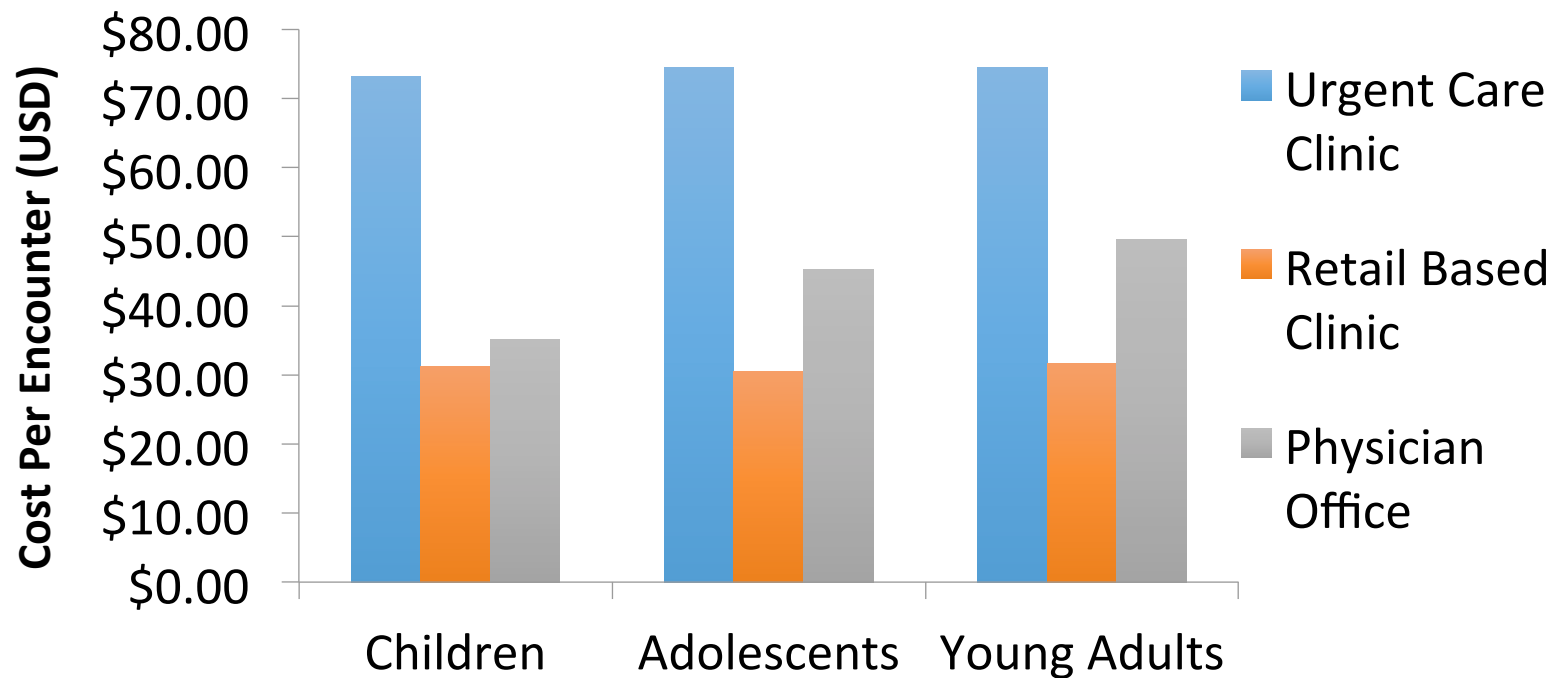
# Retail clinics are commonly delivering preventive care services

- 2<sup>nd</sup> most common primary reason AYAs visited retail clinics
  - Predominantly vaccinations – flu vaccine
- Several professional medical organizations **against** including RBCs in primary care



# Retail clinics were cheaper than physician office visits

Out-of-pocket costs per encounter by site of care



Wong 2017 JAH

# Mental health & substance use centers can deliver other CPS

- Highly acceptable to clients (86-97%)
  - Higher rates of unhealthy behaviors
- Mental health care guidelines recommend provision of preventive care
- Have provided assessment & brief advice on smoking cessation, EtOH use, exercise, diet
  - Suboptimal delivery rates (26-76%)
- No studies focusing on delivery of CPS to AYA specifically

Bartlem 2014 AJPM; Tremain 2016 J Subst Abuse Treat



# Venture-Backed Primary Care

- Bypasses the financing structures that incentivize volume over larger care redesign
- For-profit capital-funded enterprises have entered health care redesign market
- Commonalities
  - Longer visits
  - Additional supports
  - Tailored care
  - Integrate ancillary providers (e.g., health coach)
- Semi-capitated model

Anderson 2016 HealthAffairs Blog

# Venture-Backed Primary Care



CARE TEAM  
WORKING  
TOGETHER



WARM  
AND CARING  
ATMOSPHERE

FORUM TO  
BE HEARD



HEALTH  
COACH

# Venture-Backed Primary Care



## Cost Per Month

Ages 0 to 19	\$59.00
Ages 20 to 49	\$79.00
Ages 50+	\$99.00

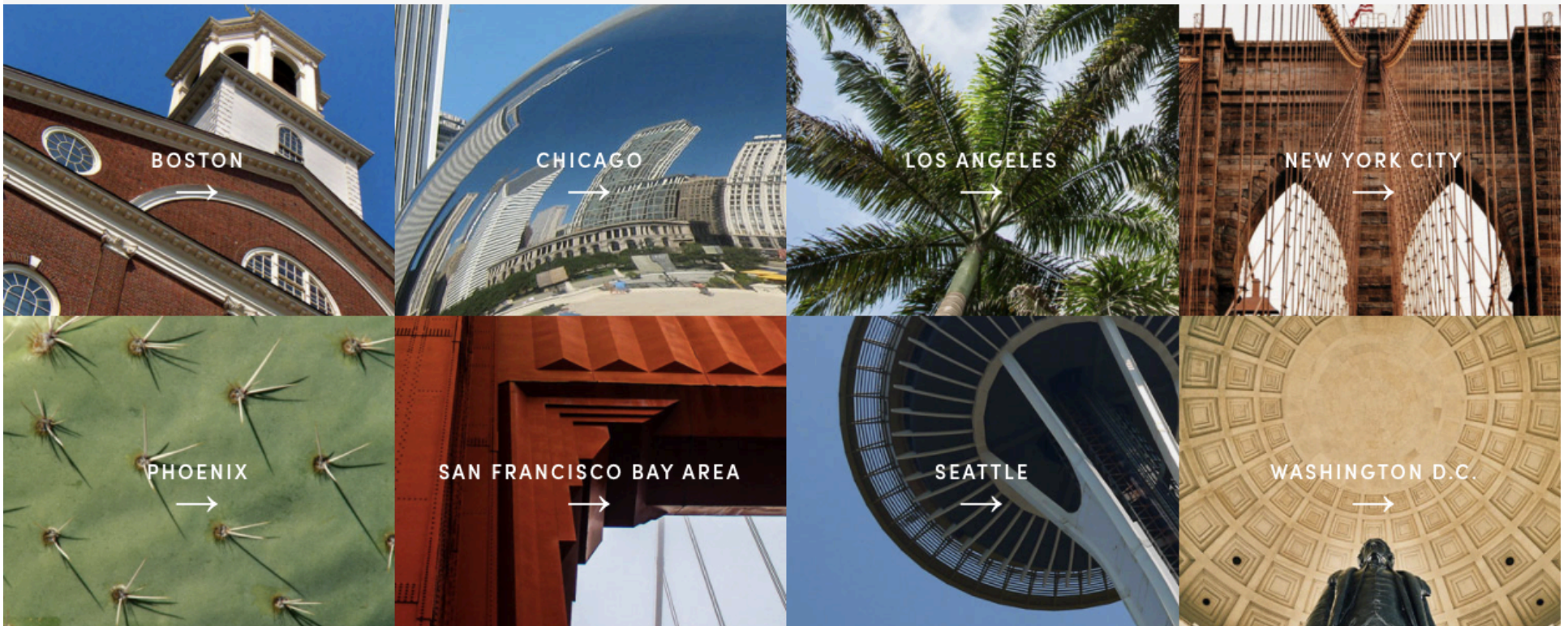


# Venture-Backed Primary Care



FOR EMPLOYERS

Select your location to find a doctor near you:





# The Rise of Telemedicine

- 5.4 million video consultations a year by 2020



# Telemedicine for CPS

- ACP Position Statement & Recommendations
  - Most efficient & beneficial between patient & physician with **established, ongoing relationship**
  - If no direct previous contact, physician should take steps to **establish a relationship**
  - Physicians should use **professional judgment** if use of telemedicine is appropriate for a patient
  - Supports **reimbursement** for appropriately structured telemedicine communications

Daniel 2015 Ann Intern Med

# Telemedicine for CPS

## Telemedicine services provided by PCPs



### Provide ongoing care

For patients suffering from chronic conditions like diabetes, hypertension, or heart disease, telehealth helps keep patients better engaged in their care. PCPs are



### Offer counseling services

PCPs dedicate a lot of time and energy to mapping out self-care plans for managing depression, weight loss, and smoking cessation.



### Review screenings and lab results

Providers order multiple lab tests and screenings each day, whether it be CBCs, blood glucose levels, or other tests. For abnormal lab results, remote video allows



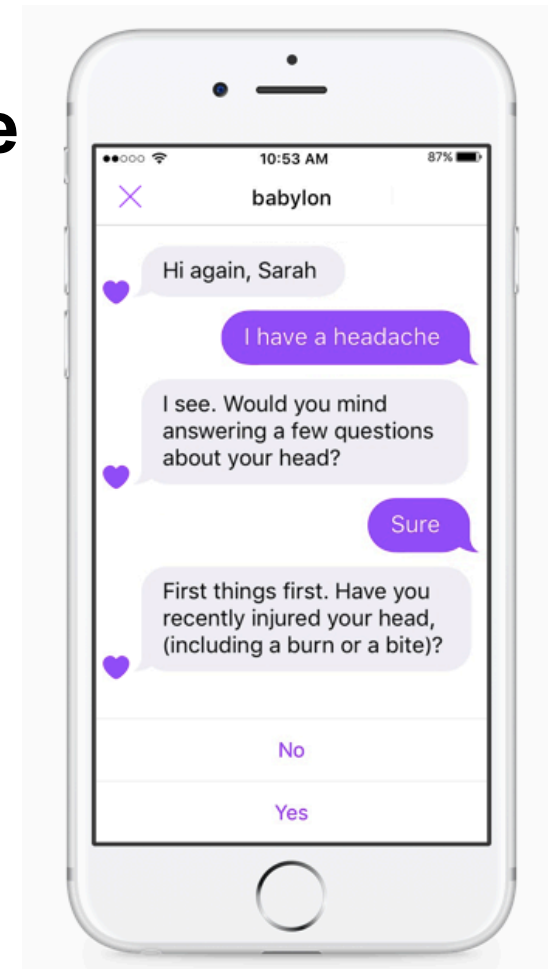
### Manage medications

Whether it's birth control, blood pressure medication, or antidepressants, remote video appointments are an ideal solution for adjusting patient medications. It's more



# The Next Generation

- **Medical Artificial Intelligence**
- **Babylon**
  - Teledocs + AI
  - Working with NHS in UK
  - Make appts in seconds





# Leveraging Technologies to Extend the Reach of Clinicians for Preventive Services

## USING TECHNOLOGY TO EXTEND CLINICIANS' PREVENTIVE REACH

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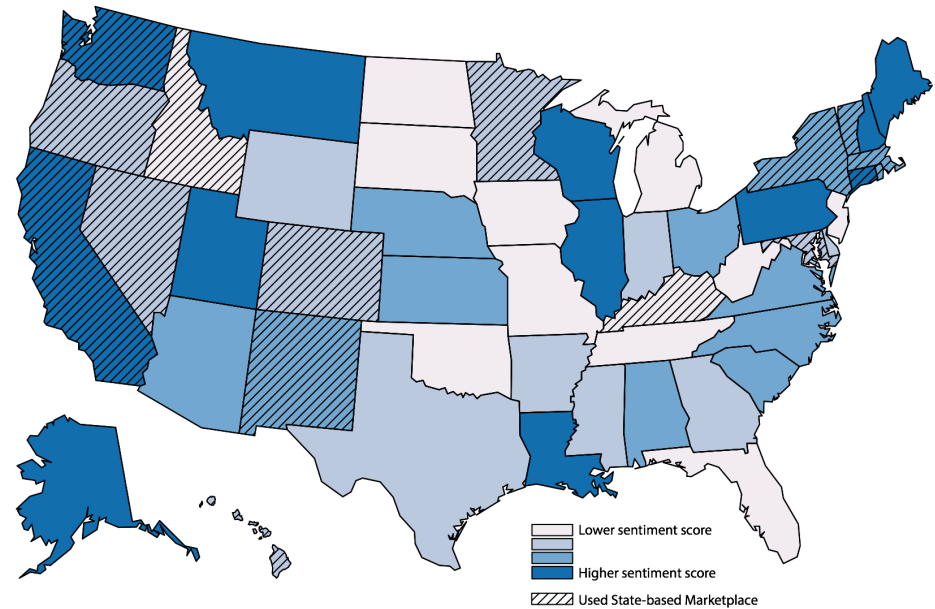
Track: **Clinical Advances**

- Workshop today **4:30pm-6:00pm**
- Location: **Balcony L**

# Outline

- Innovations in CPS Delivery Systems
- **Potential Impact of Health Reform on CPS**

# Uncertain Future for Health Reform



# Possible **Positive Impacts** of Health Reform on CPS

- **Value-based reimbursement here to stay**
  - Models reward improved health & well-being
  - Shifting the focus to prevention
  - Increased measurement & reporting of CPS
  - Potential problem for AYA churning through different insurance coverage



# Possible **Positive Impacts** of Health Reform on CPS

- **Promoting personal responsibility**
  - Tie cost-sharing reductions to healthy behavior commitments
    - Michigan Medicaid: Reduced contributions if participating in healthy behavior activities



# Possible **Positive Impacts** of Health Reform on CPS

- **Increased consumerism/pt engagement**
  - Patients will have more “skin in the game”
  - Tools to increase transparency needed



# Possible **Positive Impacts** of Health Reform on CPS

- **Different funding streams for CPS proposed in recent house reconciliation bill**
  - Community health centers \$422m in 2017
  - Patient & State Stability Fund
    - \$10-\$15 billion per year to states
    - Can be used to promote preventive, mental health and substance use services

# Possible **Negative Impacts** of Health Reform on CPS

- Eliminated/reduced **essential health benefits** in insurance plan regulation





# Possible **Negative Impacts** of Health Reform on CPS

- Eliminated/reduced **essential health benefits** in insurance plan regulation
- Reduced **insurance coverage** for AYA
  - Repeal of individual mandate
  - CHIP reauthorization in 2017
  - Extended dependent coverage from ACA
  - Coverage eligibilities if Medicaid block-granted
- Reduced access to site of preventive care receipt for AYAs – **Planned Parenthood**

# Possible **Negative Impacts** of Health Reform on CPS

- **Reduced federal funds for prevention**
  - Federal support is largest share of prevention \$\$
    - Public health education campaigns
    - Public health infrastructure & workforce
  - Prevention and Public Health Fund
    - 1<sup>st</sup> mandatory funding for public health under ACA
    - \$2 billion/year but has been subject to cuts

I'm Ready to QUIT!



FREE resources provided by  
**smokefree.gov**

# Other ACA provisions that address CPS

- New Centers: CMMI, PCORI
- Nutrition labeling at chain restaurants
- Community transformation grants
  - Focus on preventing chronic disease
- School-based health center grant program
- Community benefit for non-profit hospitals

# Thank You

- charlene.wong@duke.edu
- @DrCharleneWong
- University of Pennsylvania or CHOP
  - Carol Ford, MD
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