Building value in well visits with adolescents & young adults

Health Care Home Learning Days
April 10, 2019
1. Describe **youth-identified values** that increase their likelihood of attending and returning for preventive health visits.

2. Identify **clinician/health system approaches** to identify and address AYA preventive health needs.

3. Discuss **clinical tools** to efficiently support 1:1 time with the adolescent patient, improve youth patient experience, meet preventive health quality measures, and support transition to health-savvy young adulthood.
sexually maturing bodies & feelings
abstract thinking skills
new perspective on human relationships
decision making, problem solving, conflict resolution skills
meaningful moral standards, values, belief systems
more complex emotional experiences
key aspects of identity
mutually close & supportive friendships
increasingly mature roles & responsibilities
renegotiating relationships with adults in parenting roles
Poll

If I could order a cup of coffee right now
Percent of Medicaid-eligible who came in for C&TC visit (CMS 2017)

- <1 year: 91%
- 1-2 years: 77%
- 3-5 years: 67%
- 6-9 years: 83%
- 10-14 years: 72%
- 15-18 years: 66%
- 19-20 years: 40%
Preventive care?

Not a thing.

Why would I go to the doctor if I’m not sick?
What would bring VALUE to a well visit for a young person?

Ask young people.
Young Peoples' Perspective
C&TC marketing campaign

• Youth focus groups
  • What is the biggest VALUE of a C&TC visit?
  • What MESSAGES resonate?
  • What’s the best way to get the message across?

For a free annual checkup, visit GetCTC.com
If you’re having a tough time managing, visit GetCTC.com
If you have **questions about sex** – protected or not, visit GetCTC.com
AYA Health CoILIN: YA representatives
“coffee-centered care”
Get youth-approved.
Talk to me 1:1.

...said the young people
How youth-friendly is your clinic? How do you know?

- **Youth-Led Health Center Assessment Tool** – download for free from the Adolescent Health Initiative (MI)

- What our clinics learned:
  - Need youth-friendly resources
  - LGBTQ-friendliness not obvious
  - Clear and accurate hours
  - Photos and staffing that feel more welcoming for diverse youth
  - Make confidentiality practices more clear
  - Private check in and check out areas
• Including...
  • How to talk to your provider
  • Birth control
  • Drug & alcohol use
  • Health rights for teens
  • Relationships rights
  • Mental health
  • LGBTQ+ “Do ask, do tell”
  • Weight and food
AYA Satisfaction Surveys

• Exit survey for all AYA visits (or just well visits)

• 10-13, 14-17, and 18-25 in English & Spanish

• Real “youth engagement”

• Paper beat out electronic!

• How did it impact clinic sites?
Clinic's Youth Friendliness

- Would recommend clinic to others
- Front desk staff are welcoming
- Waiting area is welcoming
- Know how to contact provider/clinic
- Know what services are confidential
- Feel comfortable with provider
- Get desired health information at clinic

Potential Areas for Improvement

- Assure confidentiality with all patients
- Talk privately with younger patients
- Improve youth friendliness of the waiting area
- Promote youth health literacy
  - Knowing how to contact clinic
  - Knowing what services confidential

Date range of responses: 11.9.17-8.31.18
Report Date: 9.6.18
What did you like most about the visit today?

• 10-13 year olds:
  • That I can talk about my struggles
  • I liked how my doctor listened to me
  • That the doctor listened more than talked
  • She spoke in a way I can understand.

• 14-17 year olds:
  • They were easy to talk to
  • Privacy
  • Talking privately with doctor
  • Being able to feel safe with my doctor

• 18-25 year olds:
  • I like the openness to ask questions about concerns I may have
  • Ability to ask questions
  • I felt really comfortable with talking with my doctor and they were very open with me

• 18-25 year olds:
  • I liked that I was treated as an adult because sometimes I notice different treatment because of my age
  • I felt safe and heard
  • Dr. ___ was extremely straightforward
  • Friendly, welcoming environment
What would have made the visit better today?

- **10-13 year olds**
  - No shots!
  - If I could have gotten a little better check up in the privates. Just to be sure about what the doctor said.
  - Telling me beforehand that I needed 3 shots.

- **14-17 year olds**
  - Snacks
  - Being able to talk more in private. I feel as though my mom was a little overbearing
  - Waiting room is tightly spaced
  - If I felt like it was more teen friendly
  - No shots!

- **18-25 year olds**
  - Puppies
  - Coffee
Children’s Health Initiative

- **Promote Early Brain Development**
  - Read, Talk, Sing
  - Social-emotional Development
  - Healthy Beginnings

- **Provide Family-Centered Care**
  - Breastfeeding Promotion
  - Postpartum Depression
  - Pediatric Standard Workflows
  - OB Standard Workflows

- **Strengthen Communities**
  - Family & Community Connections
  - Reducing Disparities in Maternal & Child Health
  - Preventing Teen Pregnancy → Adolescent Sexual Health

10 areas of focus
Original Investigation

Missed Opportunities for Pregnancy Prevention Among Insured Adolescents

Elyse O. Kharbanda, MD, MPH; Logan Stuck, MS; Beth Molitor, MBA; James D. Nordin, MD, MPH

What are the missed opportunities for insured adolescents in our care delivery system?

- \(~3\) visits to primary care in 12 months before pregnancy
- \(57\%\) no documentation of sexual activity
- \(47\%\) no documentation of reproductive health counseling

Only 35% prescribed contraception within 12 months of becoming pregnant. Only 1 long-acting contraceptive prescribed.
Teen Pregnancy Prevention >>>
Adolescent Sexual Health

Clinicians first need tools to facilitate sexual health conversations more broadly.
What we did about it...

- Teen questionnaire
- Letters to teens & parents
- Contraceptive counseling decision aids
- Minor consent guidance
- Same-day LARC access
- Training video for clinicians and care teams
Parent & Teen Letters

SIGNAL

1. 10 & 11
   SET expectations

2. 12 - 18
   REINFORCE expectations
Set 1:1 time as a clinic standard – with staff & with family

CDC 1:1 – Info for Parents

Teen Health Services and One-On-One Time with A Healthcare Provider
— An Infobrief for Parents —

The teen years are an important time of growth and development. Teens need regular medical checkups to ensure they receive recommended health services that help keep them safe and healthy. Having a healthcare provider (e.g., a doctor or nurse practitioner) they trust and can talk to is important, particularly when it comes to topics such as mental and sexual health, relationships, and safety. Building a relationship with their healthcare provider can help ensure that building relationships is a priority for teens and that their healthcare providers can help ensure that building a relationship is a goal.

Why is one-on-one time with a healthcare provider important?
Adolescents develop a sense of personal responsibility for their health. Making good health decisions requires knowing what their health needs are and taking responsibility for their actions. One-on-one time with a healthcare provider can help adolescents gain this knowledge and make informed decisions.

Does one-on-one time with a healthcare provider help?
Research suggests that one-on-one time with healthcare providers is effective in improving sexual health behaviors, increasing knowledge about sexually transmitted infections, and decreasing sexual activity. One-on-one time with a healthcare provider can help adolescents learn about their health and make informed decisions about their health.

Clinic letter template

Dear Parent/guardian,

We are committed to caring for your child into early adulthood. As your child grows, talking one-on-one with a trusted healthcare provider is important. Starting at age 11, each visit will include some time for your child to talk alone with their healthcare provider. This gives your child time to ask questions and helps them learn to manage their own health. It also helps the provider learn more about your child’s health needs and goals.

Your child has the right to confidential care for some parts of their health. Minnesota state law says that youth under 18 years old are able to get services and test results related to sexual health and drug use, without parent consent. We will only share information on these topics with you if your child asks us to, or if we have concerns about your child’s health or safety.

The provider may talk with your child about how school is going, goals for the future, friendships or romantic relationships, stress and mental health, use, drugs, or identity.

This one-on-one time gives us the chance to work with your child on making positive and healthy choices and reaching their health goals. This includes encouraging your child to talk with you about their health.

Thank you for allowing us to be a part of your child’s care. Please share any concerns or questions with us.

Sincerely,
Provider/clinic name
Clinic
Address

[Optional] Author’s contact information
Clinic website

4/16/2019
27
• Giving every patient time 1:1 with their clinician is important:
  1. Create value in the visit for the young person: listen, respect individuality & confidentiality
  2. Help them learn how to take charge of their own health (transition)
  3. Honor minors’ consent rights

• Parents (guardians) are partners:
  • They know their kid
  • They need support with their developing child: health & development, safety, parenting
  • Listen to and honor their values and concerns
Developmental process of 1:1 time

**Young adolescents**
Include **parents** as you talk about cigarettes, vaping, marijuana, alcohol, mental health, stress & coping, relationships, sex, puberty changes, gender identity...
But give kid time alone to share

**Middle Adolescence**
Give them more time on their own.
What questions do they have?
Address issues privately that are covered under minors’ consent

**Young Adulthood**
Most of the visit should be on their own.
Invite parents or partners to share their questions and concerns, then spend the rest of the visit 1:1 with the patient.
Suggestions from young people about what they want to talk about, and how to ask it:

Try to ask them to list what they think is going well right now in their life.

To understand your patient you need to talk about their family. Family relationships can really make or break a person.

Mental Health is a huge concern for many adolescents and young adults ... but often don't recognize it as something that they can talk to their provider about.
How is this even possible?

**Scheduling**
Longer visit times and/or alternating well & acute visits

**Clinical tools & training**
Focus the visit on the young person’s unique interests and needs

**Pre-visit planning**
History forms & accurate screenings are done *before* the provider enters the room

**1:1 time**
The young person (and parent) feel heard
Clinicians get to put the care back into healthcare

4/16/2019
Teen Questionnaire

Prioritizes issues

Overall well-being
AYA Health Questionnaire

Available on MDH website

Covers most risk assessment areas and some strengths:

- Help cover all required areas
- Focus the visit on this young person
- Is under revision
<table>
<thead>
<tr>
<th>Question</th>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
<th>Column 5</th>
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</thead>
<tbody>
<tr>
<td>8. Do you wear a helmet when you skateboard, bicycle, motorcycle,</td>
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<td>snowmobile or use an ATV?</td>
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<td>9. Are your grades worse than they used to be?</td>
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<td>10. Do you ever use laxatives or throw up on purpose after eating?</td>
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<td>11. Do you smoke cigarettes, chew tobacco or vape?</td>
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<td>12. Do you drink alcohol?</td>
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<td>13. Have you tried any drugs for fun, curiosity or coping (such as</td>
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<td>marijuana, prescription pills, cocaine, heroin)?</td>
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<td>14. Do you or anyone you live with have a gun or carry around a gun?</td>
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<td>15. Are you now or have you ever been in a gang?</td>
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<td>16. Are you worried about money, a place to live, food or clothing?</td>
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<td>17. Have you ever had sex (with women, men or both)?</td>
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<td>18. Have you ever traded sex for money, a place to live, food or clothing?</td>
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<td>□</td>
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<td>19. Have you ever been tested for or diagnosed with a sexually trans-</td>
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<td>mitted infection (STI) such as herpes, gonorrhea, chlamydia, genital</td>
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<td>warts, pelvic inflammatory disease or syphilis?</td>
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<td>20. Are you or do you ever wonder if you are lesbian, gay, bisexual,</td>
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<td>transgender, queer, questioning, intersex or asexual (LGBTQIA)?</td>
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Adolescent sexual health video goals

- Greater comfort with adolescent sexual health
- Why sexual health matters; how to talk about it
- Intentional focus on preventing teen pregnancies

30-minute video and 30-minute facilitated discussion

Teen Sexual Health Video and training

Community interest in the video!
Clinical Guide for Minor Consent

**CLINICAL GUIDE FOR MINOR CONSENT - MINNESOTA**

**Right to Consent to Health Care Services and Control Disclosure of Health Care Information**

The chart below provides a quick review regarding the rights of patients who:

- are under age 18;
- are not “emancipated”¹ (see more information at end of this Guide); and
- independently consent to the health care service (i.e., parental consent is not obtained).

This Guide explains when minors may independently consent to health care services.

- The fact that the minor independently consented must be documented in the medical record.
- Independent consent by the minor makes the minor financially responsible for the services. (Billing/payment arrangements must be made. Billing to parent’s health plan may need to be blocked.)
- With some exceptions, independent consent by the minor gives the minor the right to control release of information about those healthcare services.

For specific questions refer to your organizational policies; or, call either the Integrity and Compliance Hotline **1-866-444-3493**, or the Law Department (ask for the paralegal taking clinic calls) **(952) 883-5175**.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>May a Minor Consent to This Healthcare Service Without Parent/Guardian Consent?</th>
<th>May the Minor Deny Parent/Guardian Access to Information About the Service?</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive care</td>
<td>Yes</td>
<td>Yes</td>
<td><strong>MN Statute 144.343 (1)</strong> &amp; case law</td>
</tr>
</tbody>
</table>
Honor minors’ consent and confidentiality

- Minor’s consent: What services a minor (no bottom age limit) can consent to on their own, without parent/guardian permission

- Confidentiality: How information is kept private

- BOTH are protected by law

- Resources:
  - Consent & Confidentiality (HCMC, 2002) – example of interpretation
Addressing universal HIV screening

HIV and HIV Testing

We offer HIV testing to all patients at least once between ages 13 and 18, no matter their risk. This is because the rate of HIV infection in Minnesota is high enough to meet national and state guidelines for routine testing. In fact, the highest rate of new cases of HIV in Minnesota is in young adults.

Important information about HIV:

• HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). The HIV virus attacks an infected person’s immune system and can make them very sick and even cause death.
• HIV can be spread through any kind of unprotected sex (vaginal, anal, or oral) with someone who has HIV; by contact with HIV-infected blood by sharing needles (piercing, tattooing, or drug use); by HIV-infected pregnant women to their infants during pregnancy or delivery, or by breastfeeding.
• Many people who are infected with HIV do not know they have the virus. Signs of the virus can take a long time to appear.
• The only way to know if a person has HIV is to test for it.
• There are treatments that help people with HIV/AIDS stay healthy and live long lives.

Why are we testing for HIV?

• More than 1 in 5 new HIV diagnoses in the US are in youth ages 13-24 years.
• Of all age groups, youth with HIV are the least likely to access the healthcare they need.
• The rate of HIV infection in Minnesota is high enough that testing of all 15 to 18 year olds at least once, no matter their risk for HIV, is recommended by the American Academy of Pediatrics, Centers for Disease Control and Prevention (CDC), and Minnesota Department of Health.

• C&TC Testing is required by the Child and Teen Checkups program.
• If you or your healthcare provider believe you are at high risk for HIV or other sexually transmitted infections (STIs), they may recommend that you get tested more often.

Important information about HIV testing:

• We will not share the results with your parent or guardian unless you ask us to.
• If the initial test is positive for the HIV virus, a follow-up test will be done.
• Although HIV tests are almost always accurate, follow-up testing helps your provider to be sure the diagnosis is right.

Prevention is the best way to avoid getting HIV. Ask your provider how to reduce your risk.
"Because no one asked..."
In summary...

• Adolescence is an exciting 😊 time of development and change, from 10-25 years

• “Talk to me”

• Use tools to increase efficiency and help focus the visit

• Develop a clinic standard for 1:1 time between the AYA patient and their clinician – engage families in the process

• Resources: C&TC for Adolescents and Young Adults
Thank you!

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