Adolescent Well-Care Visits: A Peer-to-peer Discussion

With Dr. Jonathan Fanburg & Dr. Linda Glass

July 10, 2018
Noon – 1:00 PM

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After the Webinar

• Please take our quick survey.

• Before the end of this week, all attendees and registrants will receive an email with slides attached and a link to the webinar recording.
Today’s Discussion Leaders

Jonathan Fanburg, MD, MPH, FAAP
Director, Division of Adolescent and Young Adult Medicine
Maine Medical Center

Linda Glass, MD, FAAP
Pediatrician
Pediatric Associates of Lewiston
Goals for Today’s Peer to Peer

- Provide background on **why** adolescent well-care visits are important
- Describe several **components** of an adolescent well-care visit
- Explore **strategies** to improve well-care visits
- Peer to Peer **sharing**
Why are adolescent well-care visits important?

- “Adolescence is one of the most dynamic events of human growth and development, second only to infancy in terms of the rate of developmental changes that can occur within the brain.” [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621648/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3621648/)
- The leading causes of death and disability for adolescents are preventable
- Adolescents are vulnerable to an increase in risky behavior
- Behaviors and skills learned during this time transition into adulthood

- **Value** of the Visit
  - Prevention
  - Early detection of disease or other social determinants which contribute to health
  - Opportunity to build on current strengths and address possible risk(s)
  - Provide education and anticipatory guidance
  - Provide guidance to patients and families regarding access to care
### Adolescent Statistics in Maine

<table>
<thead>
<tr>
<th>Measure</th>
<th>Maine</th>
<th>National</th>
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<tbody>
<tr>
<td>High school students who report they were <em>physically active</em> at least 60 minutes/day on 5 or more days</td>
<td>41%</td>
<td>49%</td>
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<tr>
<td>Adolescents ages 12-17 who report they had at least one major <em>depressive</em> episode</td>
<td>12%</td>
<td>11%</td>
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<td>High school students who reported they attempted <em>suicide</em> at least one or more times</td>
<td>10%</td>
<td>9%</td>
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<td>High school students who report they or their partner did not use any method to <em>prevent pregnancy</em> during last sexual intercourse</td>
<td>9%</td>
<td>14%</td>
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<tr>
<td>High school students who report they <em>smoked</em> cigarettes at least 1 day in the last 30 days</td>
<td>11.2%</td>
<td>10.8%</td>
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<tr>
<td>High school students who report they had at least 1 drink of <em>alcohol</em> on at least 1 day in the last 30 days</td>
<td>24%</td>
<td>25.4%</td>
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<tr>
<td>High school students who report they were <em>bullied</em> on school property</td>
<td>23%</td>
<td>20%</td>
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<tr>
<td>High school students who report they <em>carried a weapon</em> on school property for at least 1 day in the last 30 days</td>
<td>6%</td>
<td>4%</td>
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(2015 HHS, Office of Adolescent Health Youth Risk Behavior Surveillance System)
Define Adolescents: Four Categories to Consider

Early Adolescent (approx 10-13yo)
   Concrete thinkers. Trying to simply be “normal”. Separation from parents.

Mid Adolescent (approx 14-16yo)
   Experiment with everything – sex, dating, looks, independence.

Late Adolescent (approx 17-18yo)

Young Adult (approx 19-25yo)
   Less likely married or with kids than in past.
What is an adolescent well-care visit?

• The National Committee for Quality Assurance’s (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS) defines an adolescent well-care visit as:
  
  • A visit to a PCP within the measurement period where evidence of the following occurred:
    
    o A health and developmental history (physical and mental)
    o A physical exam
    o Health education/anticipatory guidance
### Components of an adolescent well-care visit

<table>
<thead>
<tr>
<th>Component</th>
<th>Age 11 y</th>
<th>Age 12 y</th>
<th>Age 13 y</th>
<th>Age 14 y</th>
<th>Age 15 y</th>
<th>Age 16 y</th>
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<th>Age 19 y</th>
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<td><strong>Height, Weight, BMI, BP</strong></td>
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<td><strong>Hearing/Vision Screen</strong></td>
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<td><strong>Developmental Screen</strong></td>
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<td><strong>Psych. Assess - Depression</strong></td>
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<td><strong>Drug Use Screen</strong></td>
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<td><strong>Physical</strong></td>
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<td><strong>Vaccines, Anemia (Screen)</strong></td>
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<td><strong>TB Screen</strong></td>
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<td><strong>Lipids</strong></td>
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<td><strong>STI’s (Chlamydia/HIV/Syphilis)</strong></td>
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<td><strong>Fluoride (If No Dentist)</strong></td>
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**Components:***
- Height, Weight, BMI, BP
- Hearing/Vision Screen
- Developmental Screen
- Psych. Assess - Depression
- Drug Use Screen
- Physical
- Vaccines, Anemia (Screen)
- TB Screen
- Lipids
- STI’s (Chlamydia/HIV/Syphilis)
- Fluoride (If No Dentist)
Components of an adolescent well-care visit

Key Focus Areas*

*Bright Futures Recommendations
What to Ask

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<th>HEADS</th>
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<td>Activity</td>
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<td>Drugs</td>
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<td>Sex</td>
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<td>Suicide</td>
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<td>S</td>
<td>STRENGTHS</td>
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How to Ask

- Non-Judgmental
- Listen more than Speak
- Look for and highlight strengths
- Listen for non-spoken language (typically pauses in speech)
- Post or state your confidentiality statement
What Really Matters

• For the patient:
  - HEADS questions – depression screen, STI screening, Immunizations, Nutrition, Contraception
  - Focused physical – BP, BMI%ile, Heart, Tanner stage
  - Understand confidentiality in Maine

• For the system:
  - Screen for Depression, Smoking, Chlamydia, Immunizations, BMI%ile, Nutrition/PA plan.
  - Want a formal screening tool – PHQ9, CRAFFT
Making the transition to adult care

Linda Glass. M.D., FAAP
Why transition?

- Pediatric care is very different from adult care
- Pediatricians don’t just care for a pediatric patient, we care for the family (however that may be defined)
- Pediatric physician-patient-family relationships can span many years
- We were trained to multi-task
Timing is everything…

18 or 21 years old? It really depends...

Each office usually develops a policy regarding the age of transition for patients.

**Considerations:**

1. For most patients, the 18\textsuperscript{th} birthday marks the transition of responsibility for medical decision making and medical bills
2. The established physician-patient relationship changes
3. After 18 years of age, the medical needs change
4. Hospital guidelines may restrict admission of patients to a pediatric service at a certain age (most often 18 years)
5. Your pediatric patient has become an adult, and wants to be treated like one

**In General:**

Healthy pediatric patients - graduation from high school is a logical time to transition

Special needs patients - transitioning any time from 18-21 years can occur
Getting started...

For all pediatric patients: begin the process 2 years prior to transition time

**Year 1 well child visit, discuss:**

1. Periodic care expectations with the patient  
   - Yearly physical exam  
   - Dental visit every 6 months  
   - Eye examination PRN  
   - GYN/annual PAP at age 21 years  
   - Specialist appts if indicated (remember specialists need to be transitioned as well)

2. Future plans and expectations

3. Social network

4. Level of autonomy/independence

5. Parental support

Let the family know that they need to begin thinking about transitioning to an adult provider

1. Parent may suggest their own provider as an option

2. Most hospitals have physician lines or website resources to assist in finding a physician
Follow-up well child visit..

Well child visit 2nd Year:

1. Review routine health screenings for adulthood
2. Review physical and mental health for age and promote continued good health choices
3. Review and discuss options for an adult physician
4. Review laws with family regarding medical decision making
5. Provide medical information for ongoing care and for college/work needs
6. Assure future (reasonably timed) appointment can be made to meet new provider
7. Assure that any specialty care that is ongoing has transition plan as well
8. Assure refills of ongoing medications are in place until new provider takes over
Children with special needs...

Children who have special health care needs must be transitioned carefully due to their multiple medical needs.

Age of transition should be coordinated with the parent to prevent gap in services:

1. Provider
2. Case manager
3. DME vendor
4. Mental health provider(s)
5. Counsellor
6. Therapeutic ancillary services provider(s)
7. Specialist(s)
Guardianship…

For the children with special needs, 1 year prior to the 18th birthday, pediatricians need to discuss if obtaining legal guardianship is appropriate

Legally this means:

The patient is “incapable” to:

1. Establish his/her place of abode
2. Place himself/herself in any hospital or any other institution for care as appropriate
3. Make provisions for his/her own care, comfort and maintenance
4. Give or withhold consents or approvals related to medical or other professional care, counsel, treatment or service
5. To manage, protect, and expend assets and income consistent with 18-A MRSA S-312

From STATE OF MAINE PP-505 Physicians’/Psychologist’s Report: Guardianship and/or Conservator’s Proceeding
Guardianship…

For the parent this means that they have the same rights with their child after the age of majority (18 years)

This process takes several months

Will usually require pediatrician to fill out the document for the court

Examples of patients who would be in this special needs category:

1. Autism spectrum
2. Down’s syndrome
3. Intellectual deficits
Special needs warm hand-off…

Planning of warm hand-off will take several months for the most complicated children and requires the assistance of parents and case managers.

By the final PE done on the special needs child, all the services need to be in place or in the late planning phase.

Remember that adult services for special needs patients are different, so communication with service providers and a commitment to continued care is important.

Ideally, plan a time to meet with the new provider and share the most pertinent information on the patient with parent/guardians present to add their own perspective. This will facilitate the best transition.
After the transition...

- Be available for any last minute needs
- Be ready...most patients who have enjoyed their relationship with their pediatrician will return as great parents with a new patient for you
# Peer to Peer Sharing
Other adolescent well-care visit strategies

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Strategy</th>
</tr>
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<tbody>
<tr>
<td>Youth-Centered Care</td>
<td>• Adolescent friendly waiting and exam rooms</td>
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<tr>
<td></td>
<td>• Appropriate staff and provider communication</td>
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<tr>
<td>Access</td>
<td>• Identify specific outreach opportunities (e.g. birthday/summer)</td>
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<td></td>
<td>• Transition sports physicals into well-care</td>
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<td></td>
<td>• Turn acute into well-care (if appropriate)</td>
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<tr>
<td></td>
<td>• Schedule well-care visits at same time scheduling acute OR before</td>
</tr>
<tr>
<td></td>
<td>patient leaves acute visit</td>
</tr>
<tr>
<td>Screening Tools</td>
<td>• Utilize creative screening tools (e.g. Rapid Assessment for Adolescent</td>
</tr>
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<td></td>
<td>Preventive Services/RAAPS)</td>
</tr>
<tr>
<td>Patient and Parent Education</td>
<td>• What is a well-care visit (patient/parent examples)</td>
</tr>
<tr>
<td></td>
<td>• Explain “why” a well-care visit is important</td>
</tr>
<tr>
<td></td>
<td>• Promote confidentiality policy</td>
</tr>
<tr>
<td>Referrals</td>
<td>• Maintain referral connections for chronic conditions, mental health</td>
</tr>
<tr>
<td></td>
<td>and other special needs</td>
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<tr>
<td></td>
<td>• Foster relationship(s) with adult primary care for transition of care</td>
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<tr>
<td>Community</td>
<td>• Partner with community programs, such as School Based Health Centers</td>
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<tr>
<td></td>
<td>• Engage adolescents and parents as a part of your team</td>
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<tr>
<td></td>
<td>• Utilize social media networking campaigns (e.g. HPV)</td>
</tr>
</tbody>
</table>
Thank you!

For more information please contact:
Eiren Menhennitt, emenhennit@mmc.org
Appendix

Minors’ Rights to Confidential Health Care


A Minor
A minor is a person under the age of 18.

Minors’ Consent
As a general rule, Maine law requires a minor who seeks medical treatment to obtain the consent of a parent or guardian. However, as described below, minors who meet specific criteria may consent to all medical treatment. In addition, all minors may give consent to certain medical treatments outlined in this card, if the practitioner believes they are capable of giving informed consent.

Minors Who May Consent to ALL Medical Care
If a minor fits one of the following categories, she/he may consent to ALL health care evaluation and treatment without the consent of a parent or guardian:

- The minor has been living separately from the minor’s parents or legal guardians for at least 60 days and is independent of parental support.
- The minor is or was legally married.
- The minor is or was a member of the Armed Forces of the United States.
- The minor has been legally emancipated by a court.