

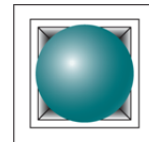
# PROMOTING INNOVATION IN ADOLESCENT HEALTH CARE THROUGH THE PATIENT-CENTERED MEDICAL HOME

December 11, 2012

1:00 – 2:00 p.m. EST

A presentation by

Peggy McManus, MHS



*THE NATIONAL ALLIANCE  
TO ADVANCE ADOLESCENT HEALTH*

Charles Wibbelsman, MD



**KAISER PERMANENTE®**

# PRESENTATION OVERVIEW

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- Why Focus on Adolescents: Prevalence of Chronic Conditions and Risk Behaviors
- Adolescent Views on What's Important in Primary Care and What Pediatricians are Delivering
- Kaiser Permanente's Model of Adolescent Health Care
- Priority Recommendations for Research on Adolescent-Centered Primary Care

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# WHY FOCUS ON ADOLESCENTS: PREVALENCE OF CHRONIC CONDITIONS AND RISK BEHAVIORS



## PREVALENCE OF CHRONIC CONDITIONS AMONG ADOLESCENTS

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- National estimates of special health care needs = 18%
  - Twice the prevalence rate of children ages 0-5
  - Almost two-thirds of adolescents have 2 or more chronic conditions
  - 60% experience some level of activity limitation
- Most prevalent conditions: ADHD, depression, asthma, obesity
- Adolescence -- period when major psychiatric disorders emerge: depression, bipolar disorder, anorexia, suicide, substance abuse, schizophrenia, criminal behavior

# INTERRELATEDNESS OF CHRONIC CONDITIONS

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- Adolescents with mental health conditions at higher risk of substance abuse disorders, obesity, asthma
- Teens with chronic conditions at higher risk of depression than those w/o chronic conditions
- Teens with chronic conditions often experience delays in growth, development, and puberty which in turn affects behavioral health

# PREVALENCE OF BEHAVIORAL RISKS IN ADOLESCENCE

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- 70% of adolescent morbidity and mortality associated with risk-taking behaviors
- Period of heightened vulnerability resulting from incomplete brain maturation affecting impulse control, emotional regulation, delay of gratification, and resistance to peer pressure.

# THE NATIONAL ALLIANCE'S RISK BEHAVIOR STUDY

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- Special analysis of Youth Risk Behavior Survey -- a nationally representative survey of public and private high school students
- Analyzed 12 health risks:
  - Intercourse before age 13
  - Last intercourse unprotected
  - Persistent sadness
  - Suicidal thoughts or plans
  - Abnormal weight loss behavior
  - No exercise for at least 20 minutes in past week
  - Current frequent smoker
  - Problem alcohol behavior
  - Used marijuana at least once in the past month
  - Ever used another drug (e.g., cocaine, crack, heroin)
  - Two or more physical fights in a year
  - Carried a weapon in last month

# PREVALENCE OF INDIVIDUAL RISK BEHAVIORS

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- Certain risks particularly high:
  - persistent sadness, problem alcohol behavior (almost 30%)
  - physical fighting, using marijuana, using other drugs (about 20%)
- Different risk patterns among males and females
- Significant differences by race and ethnicity
  - Intercourse before age 13 (highest among Black students)
  - Frequent smoking (highest among White students)
  - Problem alcohol behavior and use of other drugs (highest among Whites and Hispanic students)
  - Fighting (highest among Black and Hispanic students)



# PREVALENCE OF MULTIPLE RISK BEHAVIORS

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- Over half of high school students involved in 2 or more significant health risks
  - 36% involved in 3 or more
  - 24% involved in 4 or more
  - 15% involved in 5 or more
- Fewer gender and race/ethnicity differences of multiple risk behavior prevalence than anticipated
- Significant increase in prevalence between 9<sup>th</sup> and 12<sup>th</sup> grade

# INTERRELATEDNESS OF RISK BEHAVIORS

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- Adolescents engaged in certain risks have much higher likelihood of engaging in others:
  - Intercourse before age 13 and frequent smoking
  - Those using at least one substance
  - Those who considered or planned suicide
  - Those engaged in 2 or more fights

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# ADOLESCENT VIEWS ON HEALTH CARE AND WHAT PEDIATRICIANS ARE DELIVERING



# ADOLESCENTS' PREFERENCES FOR PRIMARY CARE

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- Relationships—respect and trust
- Communication—take time to listen
- Health care provider competence—experienced in adolescent health problems
- Confidentiality and private time

# ADOLESCENTS' PREFERENCES FOR THE HEALTH CARE SETTING

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- A welcoming age-appropriate waiting area and health information
- A comfortable, home-like setting
- Evening and walk-in appointment options
- Sexual and behavioral health services at the same site

# WHAT ADOLESCENT HEALTH SERVICES PEDIATRICIANS ARE DELIVERING

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- The National Alliance, with the AAP, designed a survey of pediatricians' care of adolescents.
- Only half of pediatricians are very comfortable discussing sexual and reproductive issues. Fewer are very comfortable discussing mental health and substance abuse issues.
- To identify high-risk teens, one-fifth of pediatricians reported always using a standardized risk assessment tool.

# BEHAVIORAL HEALTH COUNSELING

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- Pediatricians were far less likely to offer behavioral counseling than brief health education to their adolescent patients with common risk factors.
- A great deal of behavioral health counseling, especially for teens with mental health and substance abuse problems, is referred out.

# IDENTIFICATION AND TREATMENT OF COMMON ADOLESCENT HEALTH CONDITIONS

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- A large majority of pediatricians said that they should be responsible for identifying common adolescent conditions, but opinions on treatment responsibilities varied by condition.
  - About 2/3 said that they should be responsible for treating ADHD, obesity, and STDs.
  - Yet only a quarter or fewer said that they should be responsible for treating depression, anxiety, anorexia, learning disabilities, HIV/AIDs, substance abuse, or PTSD.



# PEDIATRICIANS' INTEREST IN MAKING PRACTICE CHANGES TO IMPROVE ADOLESCENT CARE

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- High level of interest among pediatricians in expanding their practices to address the behavioral, mental, and sexual health needs of adolescent patients, assuming that financing resources were available.
- In expanding health education services for teens and parents
- In expanding services to identify substance abuse, sexual risks, and STDs
- In making staffing and office changes—eg, hiring mental health clinicians, health educators, care coordinators, and substance abuse clinicians, and creating a separate adolescent waiting room space.

# KEY FEATURES OF ADOLESCENT-CENTERED PRIMARY CARE

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- Adolescents identified as a distinct patient population.
- Teens have a “voice”
- Services are confidential, readily accessible and easy to navigate.
- Broad range of primary care services are offered
- “Teen-friendly” environment with adolescent-specific resources and space
- Staff offers a team-based approach to care, provides them with information, skills, and ongoing support for making healthy decisions

# ADOLESCENT HEALTH CARE

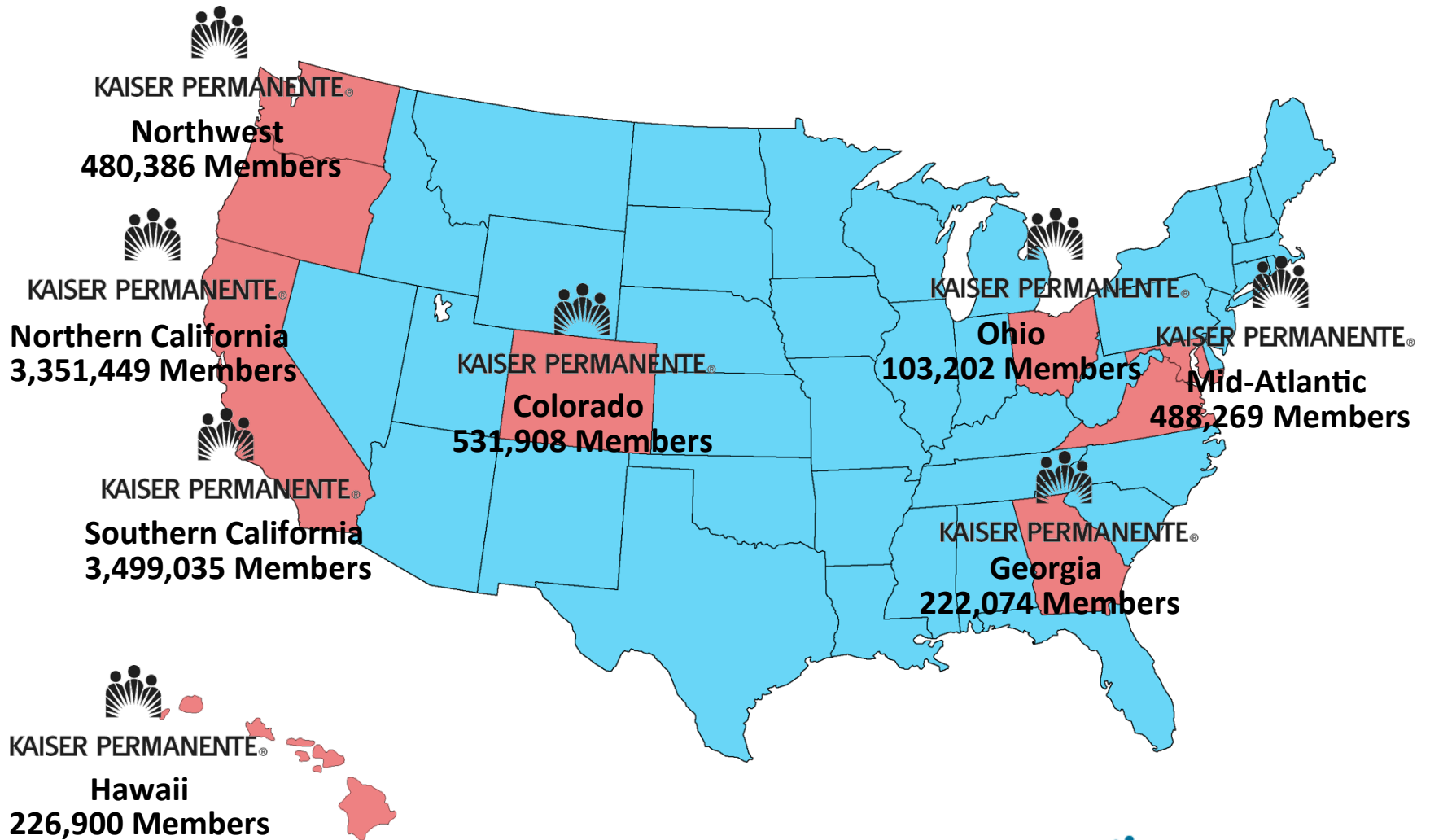
# KAISER PERMANENTE

## HealthConnect & Efficiency in Office Practice

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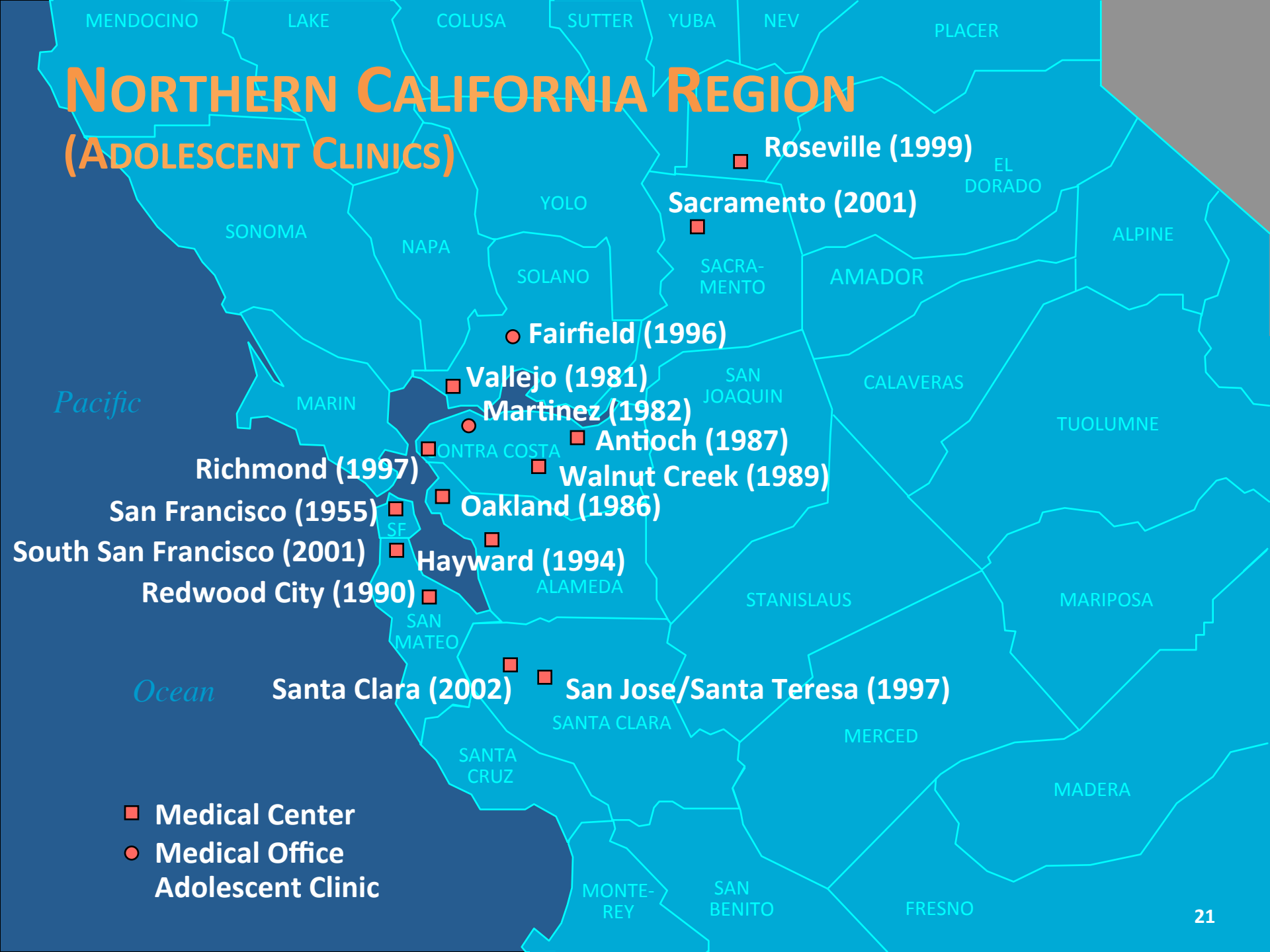
Charles J. Wibbelsman, M.D.  
Kaiser Permanente  
San Francisco  
December 2012

# KAISER PERMANENTE (9 STATES AND THE DISTRICT OF COLUMBIA)



# NORTHERN CALIFORNIA REGION

## (ADOLESCENT CLINICS)



- Medical Center
- Medical Office
- Adolescent Clinic

# ADOLESCENT CONFIDENTIAL SERVICES

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- Policy to prevent billing when an adolescent health plan member cannot pay for confidential services at a point of care
  - registration, laboratory, pharmacy, diagnostic imaging
- Applies to confidential services for ages 12 through 17 years

# THE TEENAGE CLINIC, SAN FRANCISCO

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- Opened in 1955 by Sol Cohen, MD
- One of the first adolescent clinics in the USA
- Age range from 11 to 19 years of age
- In 2011, 3500 visits
- Well care and Urgent Care
- Adolescent Gynecology
- Mental Health

# THE TEENAGE CLINIC, SAN FRANCISCO

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- 10% are Health Plan members enrolled through Medi Cal
- Pediatricians and Family Practice
- Health Educator
- Psychiatric Social Worker
- Nutritionist



# ADOLESCENT CLINICAL PREVENTIVE - GUIDELINES

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- Periodicity of Visits
- GAPS
- BRIGHT FUTURES
- Bright Systems (Kaiser Permanente)
- EVIDENCE BASED MEDICINE
- HEDIS measures
- Kaiser Permanente Quality Measures
- WELL VISITS EVERY 1 - 2 YEARS

# PREVENTIVE HEALTH PROMPTS

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- Generated for Provider when patient registers
- Prompts Well Care Visit
- Prompts Immunizations needed

# PREVENTIVE HEALTH PROMPTS - GOALS

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- Improve short-term and long-term health outcomes
- Improve performance on quality goals
- Improve member satisfaction and MD-patient bonding
- Avoid “falling through the cracks”

# PREVENTIVE HEALTH PROMPTS

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MED/PED PHY: WIBBELS SFO OTHER PCP:  
CHECK APPOINTMENT PROFILE

PREVENTIVE SERVICES	COUNT	LAST	NEXT DUE
WELL ADOLESCENT CARE		3/17/04	
IN COMPLETE HEPATITIS A	1	6/17/04	
CURRENT INFLUENZA VACCINE			10/16/05
CURRENT WELL CARE CHECK UP		4/27/04	4/27/06
CURRENT DIPHTHERIA-TETANU	6	5/07/04	12/10/40
CURRENT HEPATITIS B	3	5/08/00	
CURRENT POLIO	4	9/17/96	
CURRENT M-M-R	2	9/17/96	
CURRENT VARICELLA	2	6/17/04	

# HEALTHCONNECT 2008

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- Efficiency of Practice
- Questionnaires for adolescents & parents
- Charting: Smart Sets, Orders, E & M coding
- Confidentiality Issues in HealthConnect

# HEALTHCONNECT 2008

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- Kaiser Permanente's adaptation of Epic 2 's AMR (Automated Medical Record)
- Customized for Adolescent Medicine 2006

# IMMUNIZATIONS

	MRN	Age	Sex	PCP
		15 Y	M	Wibbelsman, Charles Jr*

Immunizations/Injections - All Types	
All Admin Types ▾            Incomplete Admins            Historical Admins ▾            New Admin            Immunization Report	
<b>Incomplete Administrations</b>	
None	
<b>Administration History</b>	
	Previously Given
<b>Immunizations</b>	
▷ DTP (Diphtheria, Tetanus, Pertussis)	1/25/1993, 11/23/1992, 9/23/1992
▷ DTaP (Diphtheria, Tetanus, acellular Pertussis)	10/11/1993
▷ HAV ped/adol 2 dose sch (Hepatitis A)	7/17/2006
▷ HBV (Hepatitis B)	5/19/1993, 4/15/1993
▷ HIB HbOC (Haemophilus influenzae b)	10/11/1993, 1/25/1993, 11/23/1992, 9/23/1992
▷ INFan (Influenza attenuated virus, intranasal)	12/15/2003
▷ MMR (Measles, Mumps, Rubella)	10/11/1993
▷ POL-OPV (Polio, live virus)	10/11/1993, 11/23/1992, 9/23/1992
▷ Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis)	7/17/2006

# PRIVATE QUESTIONNAIRE FOR TEEN

Epic Hyperspace - SFO-PEDX > GEARY CAMPUS - Production - HCNCPRODGGM PRODGGM

Desktop Action Patient Care Scheduling Reg/ADT CRM/CM Reports Report Mgmt Tools Admin Help

Back Forward Home Schedule In Basket Chart Enc Tel Enc Refill Enc Ancil Ord Enc Patient Lists Secure Log Out

**Teen Well Check v2.9**

**KAISER PERMANENTE** **TEEN WELL CHECK**  
created by Ralph Rigaud

Name: INVALID RECORDING TEST LAST NAME  
DOB: 01/29/1994

Parent Questionnaire Teen Questionnaire **Private Teen Questions** Historical Information Physical Exam / Assessment Sports Physical

**This Section (Tab) To Be Completed By Provider Only**

**ADDITIONAL HISTORY**

20. Have you had any alcohol (beer, wine, liquor) during the past year? YES NO

21. Have you ever tried drugs (such as marijuana, cocaine, ecstasy, glue or meth)? YES NO

22. During the past few weeks, have you OFTEN felt sad, down or hopeless? YES NO

23. Have you seriously thought about killing yourself, made a plan, or tried to kill yourself? YES NO

24a. Have you ever had sex (including oral, vaginal, or anal sex)? YES NO

24b. If yes, do you or your partner always use a condom when you have sex? NO YES

25. Do you sometimes have sexual feelings for someone of your own sex (gay or lesbian feelings)? YES NO

**Menstrual History**

1. Have you started your period? NO YES

2. When was your last period? [text box]

3. My periods:  
 are less than 1 month apart  last less than 8 days  
 are every 1 to 2 months  last 8 days or longer  
 are more than 2 months apart

4. Do you have cramps that interfere with your daily activities? YES NO

start SESSION1 - my... Charles Wibbel... Internet Ex... Epic Hyperspace - S... Montefiore FINAL Children's Hosp... 3:25 PM



Age Sex PCP Allergies  
**18 Y F Gonzalez, Martha Cecili\*** No Known Allergies

Chart Review

Filters Text Search Refresh Select All Deselect All Review Selected Master Report Flowsheet CIPS VIS

Encounter IP/ED Enc Notes Lab Meds Imaging Card Surg Episodes Ltrs Proc Oth Ord Scans Misc

Filtered: Hide Add'l Visits  Hide Add'l Visits

Date	Type	Depar...	Provider	Description
06/09/2008	Office Visit	SFOPED	Wibbelsman, Charles J...	Administrative Encounter, Confidential...
01/18/2008	Ancillary Orders	SFOMED	Tamoria, Shirley Ann (M...	
01/17/2008	Office Visit	SFOMED	Reddy, Anuradha Y. (M.D.)	Physical Examination, Complete Or Pa...
12/24/2007	Letter (Out)	SFOOBG	Johnson, Sara L (M.D.)	
12/24/2007	Letter (Out)	SFOOBG	Johnson, Sara L (M.D.)	
11/19/2007	Office Visit	SFOPED	Fleming, Kendra Lyn (M...	Administrative Encounter, Confidential...
11/05/2007	Office Visit	SFOPED	Fleming, Kendra Lyn (M...	Administrative Encounter, Confidential...
10/22/2007	Office Visit	SFOPED	Wibbelsman, Charles J...	Administrative Encounter, Confidential...
05/29/2007	Office Visit	SFOPED	Stafford, Janet Lee (M.D.)	Pelvic Examination, Periodic (Primary...
02/02/2007	Office Visit	SFOPED	Gonzalez, Martha Cecili...	Well Adolescent Care (Primary Dx); C...
10/02/2006	CIPS Notes His...	SFOOBG	Morrow, Joelle (M.D.)	
09/22/2006	Office Visit	SFOPED	Wibbelsman, Charles J...	Contraceptive Management. (Primary D.
03/15/2005	CIPS Notes His...	SFOPED	Gonzalez, Martha Cecili...	

**Order:** 
**Priority:** 
**Class:** 
**Qty:**

**Status:** 
**Expected:** 
**Expires:** 
 Approx.

**Spec. src:** 
**Specimen type:** 
**Resulting agency:**

Req	F/S	Order	Dx	Detail
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Urine Screen for CT/GC [87801F]		Expires-2/10/2009, Routine, OP

Show orders

Full Detail

**SPRINTEC (28) 0.25-35 MG-MCG ORAL TAB [52536]**

- Medication
- Diagnosis
- Admin. Instructions
- Questions

**Medication**

Order class:	Fill Later	Priority:	
Sig:	1 TAB PO DAILY		Defl Sig
Disp:	84	Refill:	3
Start date:	6/10/2008	End date:	
Exception code:		DAW:	
Route:	Oral	Refill Route Prov:	



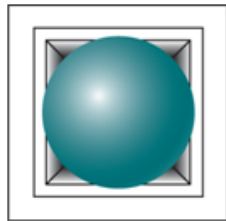
Comments (F6):  
(300 char max.)

Adolescent Confidential Services

Accept Cancel

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# PRIORITY AREAS FOR RESEARCH ON ADOLESCENT-CENTERED PRIMARY CARE



*THE NATIONAL ALLIANCE  
TO ADVANCE ADOLESCENT HEALTH*

# PRIORITY AREAS FOR RESEARCH ON ADOLESCENT-CENTERED PRIMARY CARE

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- The National Alliance – with funding from AHRQ and Mount Sinai Adolescent Health Center – convened an invitational research conference in April, focusing special attention on the needs of low income and minority adolescents
- Purpose: To define critical research needs and encourage new investment by funders and health plans in designing and evaluating innovative models of primary care for adolescents.
- Participants: 35 master clinicians and primary care researchers
- Developed a prioritized set of research recommendations for
  - Increasing teen and parent engagement and self-care management,
  - Improving clinical preventive services, and
  - Integrating physical, behavioral, and reproductive health services.

# OVERARCHING THEMES

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- New interventions needed for adolescent populations since so much of current practice has not been effective.
- A variety of applied research and evaluation approaches should be used.
- Expanded training should be offered in medical schools and primary care practices to improve clinician skills in communicating with teens, screening for serious risks, conducting behavioral counseling, and treating mental health and sexual health conditions.
- New and ongoing synthesis and dissemination of effective primary care interventions for adolescents should be supported.

# INCREASING TEEN AND PARENT ENGAGEMENT AND SELF-CARE MANAGEMENT

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- Top research priority: Define the best practices for getting teens to initiate and continue health care.
- Second highest rankings:
  - What are the key components of primary care essential for engaging teens in reducing risks and managing their chronic conditions?
  - How can technology be used more effectively engage teens in improving their health?

# IMPROVING CLINICAL PREVENTIVE SERVICES TO REDUCE RISK AND ADDRESS CONDITIONS EARLY

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- The top two research recommendations:
  - What combination, amount, and duration of interventions -- motivational interviewing, behavioral health counseling, electronic messaging, and parent education -- are effective in reducing significant health risks?
  - What are successful ways of integrating public health and primary care, including appropriate divisions of responsibility and effective messaging?



# INTEGRATING PHYSICAL, BEHAVIORAL, AND REPRODUCTIVE HEALTH SERVICES

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- The top two research recommendations:
  - What are competencies that PCPs need to effectively coordinate, co-locate, or fully integrate mental health services, and what is the mix of training, incentives, and supports to deliver mental health services in primary care?
  - What is the appropriate content for adolescent-specific EHR and other primary care features needed for effective integration of behavioral and sexual health into primary care?

# THANK YOU

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For more information, go to  
[www.thenationalalliance.org](http://www.thenationalalliance.org)