

Improving Adolescent Preventive Care in New York State

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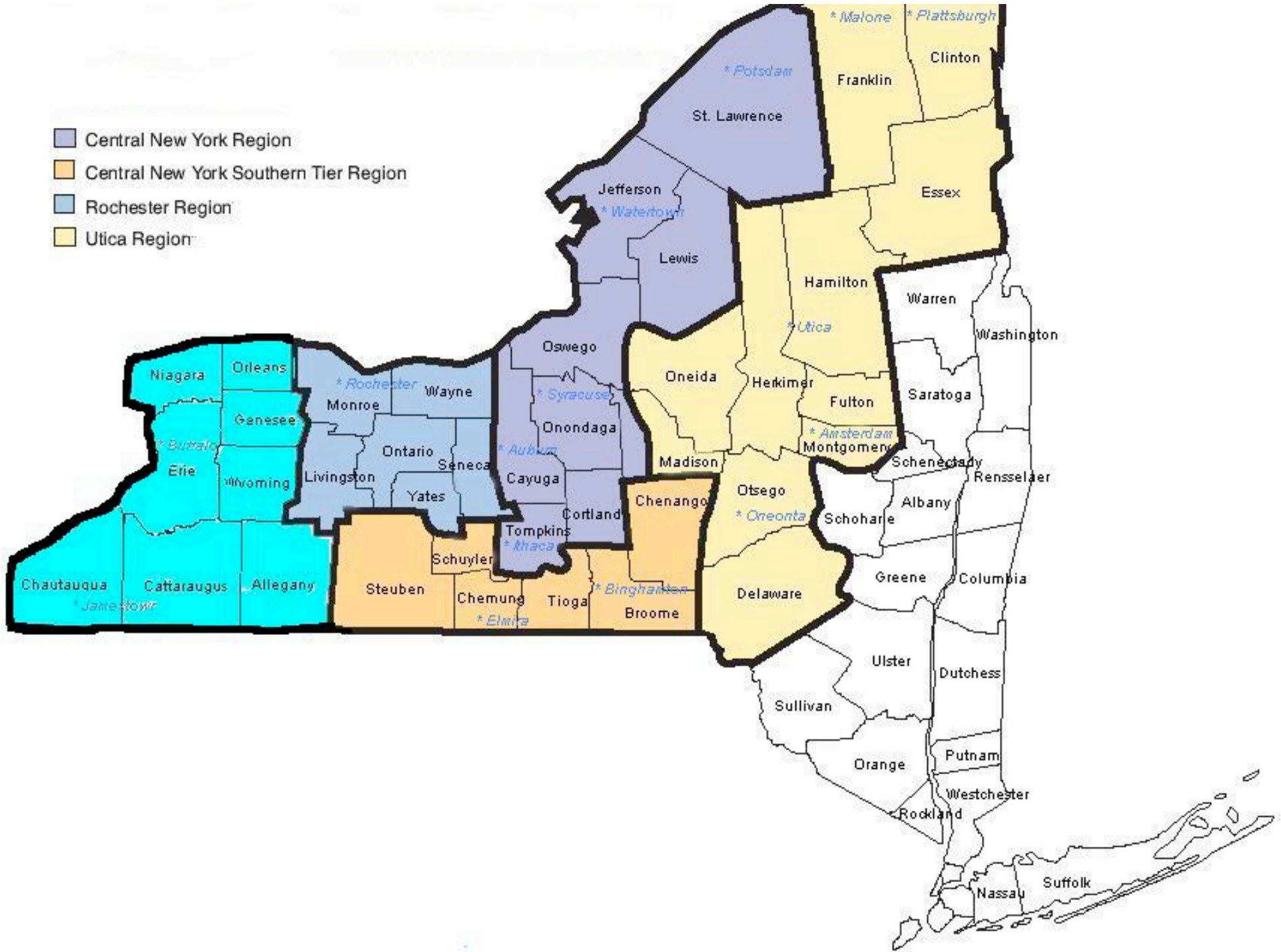
Excellus BlueCross BlueShield, Rochester Region

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Collaborators

- **Excellus BlueCross BlueShield, Rochester Region**
- **University of Rochester Division of Adolescent Medicine**
- **Threshold Center for Youth Services**
- **NYSDOH Office of Managed Care**



- Central New York Region
- Central New York Southern Tier Region
- Rochester Region
- Utica Region

Project Goals

1. Improve access to preventive health care for adolescents
2. Increase physicians' screening for high risk behaviors
3. Expand/continue initiative started in Rochester in 2001:
 - a. Continue in Rochester, expand to Buffalo and Syracuse area
 - b. In Rochester, examine quality of health care provided by school-based health centers using YAHCS

Health care utilization

- **Access to care - requires systems and services that meet adolescents' needs**
 - Confidentiality
 - Reproductive health, mental health services
- **Most report having a regular source of care and visits**
- **Content of care available or delivered is not always best practice**

Health Status

	Girls (%)	Boys (%)	p- value
Excellent/good health status	84	85	.11
High depression	9	7	<.001
High stress	42	32	<.001
Ever abused	19	14	<.001

1997 Commonwealth Fund Survey
of the Health of Adolescent Girls

Health Services Use

	Girls (%)	Boys (%)	p- value
Have usual source of primary care	94	91	<.001
<i>Usual source of care :</i>			
MD office	65	60	<.001
Clinic	24	24	.85
Hospital	6	7	.05
ER	4	6	.01

Health Services Use

value	Girls (%)	Boys (%)	p-
<i>Recent well visit</i>			.003
In past year	86	83	
1-2 years ago	8	10	
> 2 years ago	6	6	

Health Services Use

	Girls (%)	Boys (%)	p-value
Spoke to MD privately	53	62	<0.001
Missed needed care	29	24	<0.001
Ever too embarrassed to discuss topic	39	24	0.001

Reasons for missed care

	Girls	Boys
	(%)	(%)
Cost too much	23	24
No Insurance	10	10
Didn't want parents to find out	38	31
Not that bad	15	14
No time to go	23	20
No transportation	13	10

Percent who report having missed needed care

Health Status	<i>Exc/Good</i>	<i>Fair/Poor</i>	p-value
	23	41	<.001
Depression	<i>Low</i>	<i>High</i>	
	22	52	<.001
Financial Status	<i>No problems</i>	<i>Hard times</i>	
	20	54	<.001
History of abuse	<i>No</i>	<i>Yes</i>	
	21	49	<.001

Adolescent Preventive Service Guidelines

- **Delivery of health services**
- **Health guidance for parents**
- **Health guidance/counseling for adolescents**
- **Screening for biomedical and behavioral problems**
- **Chemoprophylaxis and Immunizations**

Trigger questionnaires

- Complementary to clinical interview
- Systematic screening - better accuracy
- Requires adjustment of patient flow
- Improves detection of problems
- Need resources for positive responses
- Improves documentation

Objectives

- **Initial project goals:**
 - Increase trigger questionnaire use
 - Better confidentiality policies
- **Additional goals:**
 - Increase annual well visit rate
 - Improve adolescent immunization rates

Approaches

- **Continuing education (CE) opportunities for clinicians**
- **Academic detailing and other quality improvement strategies for clinicians**
- **Provide targeted feedback to clinicians about the quality of preventive services delivered**
- **Assist plans in implementing strategies for provider and consumer advocacy for improved preventive services**

Activities

Region/plan	Engage leaders	Implement QI process changes	Academic detailing	CE	Resource Materials	Consumer education
Excellus BCBS-Rochester	+++	++	+++	++	++	++
Excellus BCBS-CNY	+	+	++	+	+	
Excellus BCBS-Utica	+	+	+	+	+	
Excellus BCBS-CNY-Southern Tier	+	+	+	+	+	
UCH	++	+	+	++	++	
Univera	+	+	+++	++	++	+

Detailing Protocol

- **Nurse reviewers:**
 - Asked about use of screener/trigger questionnaire
 - Assessed attitudes, implementation issues
 - Asked about confidential/private care
 - Distributed resource packets
 - Trigger questionnaires
 - Confidentiality policies
 - Other resources
 - Offered CE sessions and other resources

Sample Confidentiality Policy

“Our policy on confidentiality:

Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger.”

Points for Parents

About Teens and Depression

Being a teen is not always easy. Adolescence is a time of physical, emotional, intellectual, and social changes that build the bridge between childhood and adulthood. With change comes stress and anxiety. Therefore, teens have some mood swings—one day they are up and the next day they are down. But when a teen feels down for more than 2 weeks, it may be a sign of a more serious problem. It can be hard to tell the difference between normal mood swings and clinical depression. The following information will alert you to the signs of teenage depression.

Quick Facts

Teenage girls are twice as likely as boys to suffer from depression.

Serious depression is not something that a person can just "snap out of."

Use of alcohol or other drugs only makes depression worse.

For youth who are questioning their sexual identity (homosexuality, bisexuality), feelings of loneliness and rejection lead to a greater risk of depression and suicide.

Untreated depression can lead to suicide.

Suicide is the third leading cause of death for adolescents.

About 1 out of 4 US high school students have seriously thought about killing themselves in the past year.

Tips for Parents

1. What causes depression?

- Depression sometimes runs in families.
- Depression is often triggered by a loss such as the death of a friend or family member, parents' divorce, a move to a new community, a breakup with a boyfriend or girlfriend, failing a test, or being cut from a team.
- Circumstances such as social isolation, alcoholism in the family, poverty, family violence or ongoing conflict, or physical, sexual, or emotional abuse may contribute to or cause depression.

2. How can you tell if your teen is depressed?

The following signs and symptoms may suggest your teen is depressed, particularly if they are notable changes from his or her normal behavior and last for more than 2 weeks.

- major change in sleeping or eating patterns (sleeps or eats too much or too little)
- frequent absences from school or poor school performance
- unusual lack of interest in activities, friendships, hobbies
- trouble concentrating or making decisions
- running away from home
- abusing alcohol or other drugs
- neglecting personal appearance
- frequently complaining of stomachache or headache
- thinking or talking about death, suicide, or suicide attempts
- persistent lack of energy, fatigue
- feelings of guilt, pessimism, helplessness, or hopelessness
- persistent sadness or irritability
- frequent crying
- persistent boredom or restlessness
- loss of self-esteem

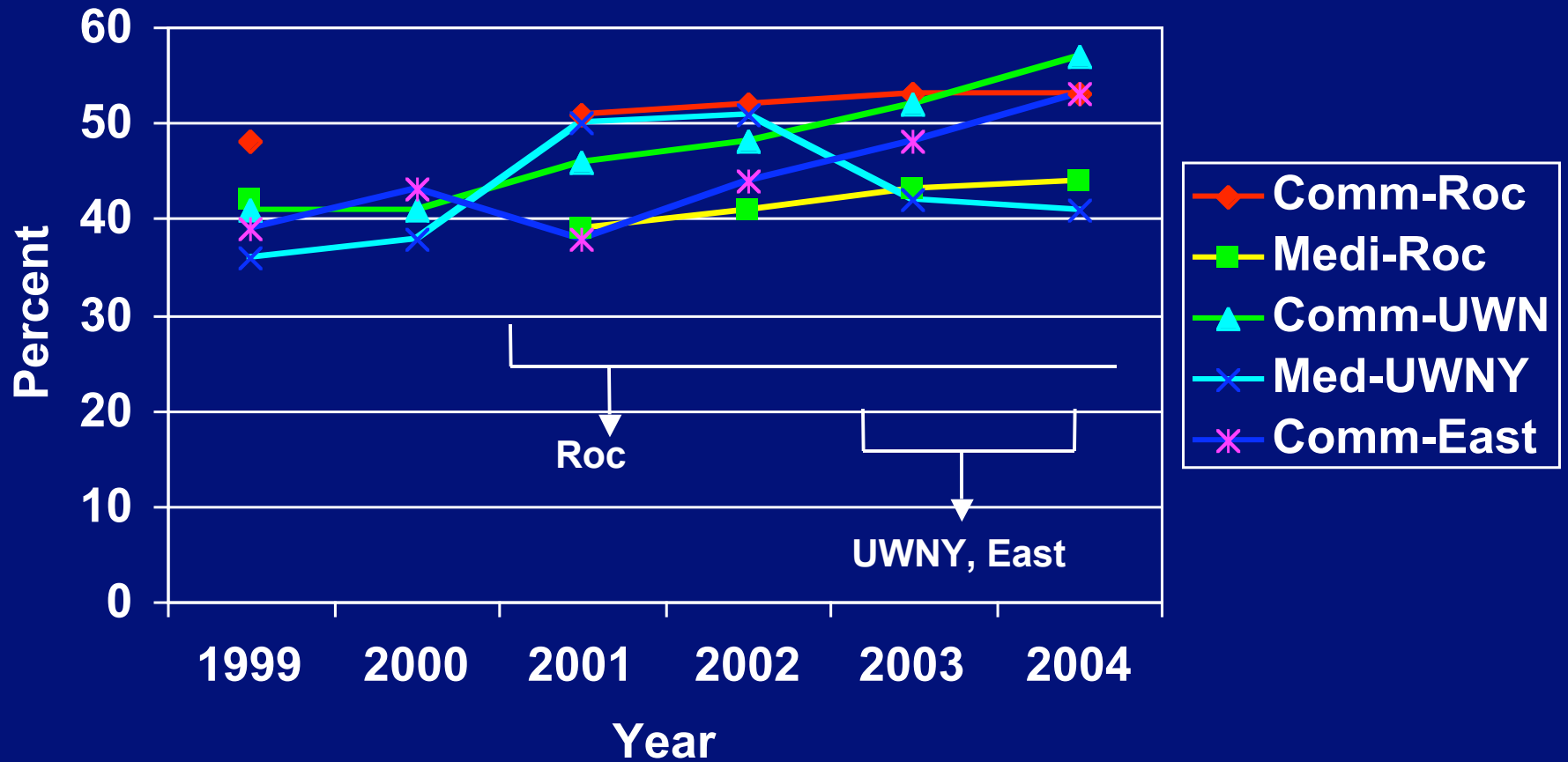
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Evaluation

- **HEDIS measures**
- **NYS QARR measures**
- **FACCT CAHMI YAHCS measures**

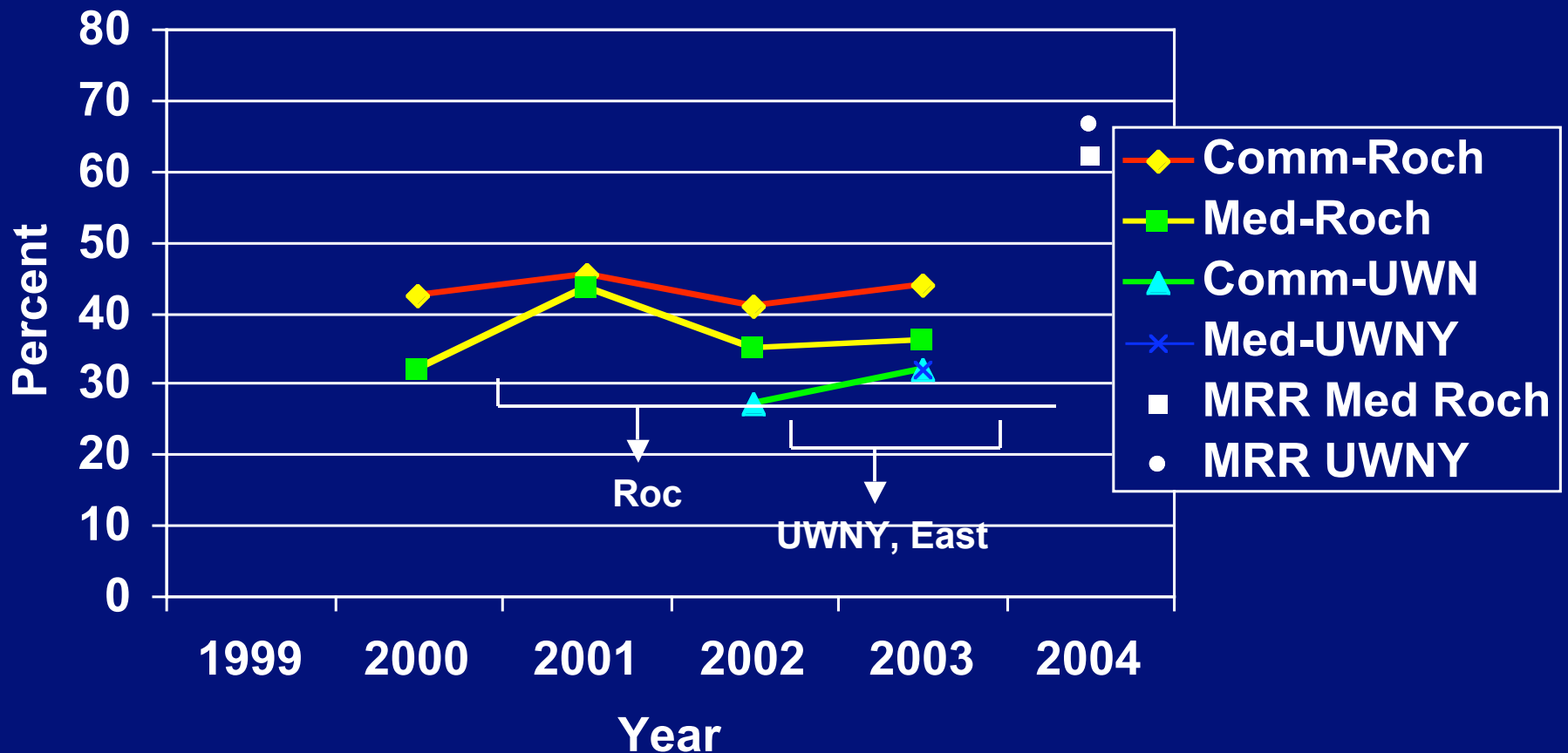
HEDIS/QARR data

Well Visit Rates



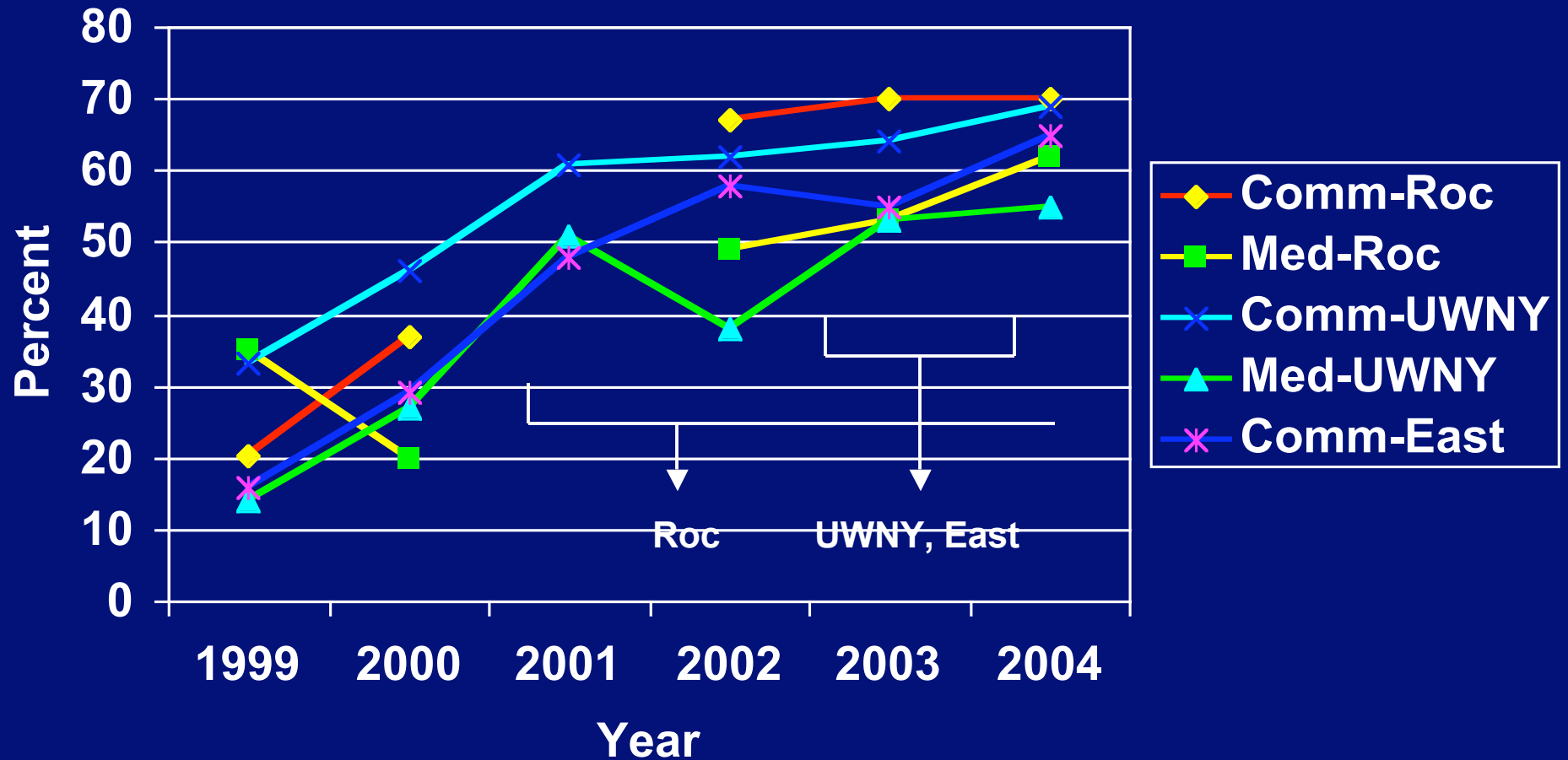
HEDIS/QARR data

Tobacco Screening/Counseling



HEDIS/QARR data

Adolescent Immunization Rates-Combo 2



The Young Adult Health Care Survey (YAHCS)

- Developed by the Foundation for Accountability (FACCT)
- Designed to assess the quality of preventive health care for adolescents
- Assesses whether recommended preventive care is provided (AAP, AMA, MCHB)
- Telephone and mail
- Monroe County baseline data collected in 1999 (commercial) and 2002 (Medicaid)

YAHCS Data Commercial

	1999	2004	p
	%	%	
Trigger quest.	22.6	44.7	<i>0.001</i>
Told confidential	68.7	78.2	<i>0.03</i>
Tobacco couns	35.9	52.3	<i>0.0001</i>
Alcohol couns	29.2	44.0	<i>0.002</i>

YAHCS Data - Commercial

PV	1999	2004	p
Risky behaviors	26.1	37.5	**
Pregnancy/STDs	43.2	43.9	
Diet, weight, and Exercise	64.0	66.9	
Mental health	36.2	44.1	**
Confidential and Private care	73.9	80.5	*
Helpfulness of Counseling	60.3	86.9	**
Communication	85.2	87.4	
Health information	n/a	87.8	

YAHCS Data

Medicaid

	2002	2004	p
	%	%	
Trigger quest.	24.1	37.3	0.006
Told confidential	67.6	74.8	0.195
Tobacco couns	38.9	45.1	0.31
Alcohol couns	35.8	36.5	0.88

YAHCS Data - Medicaid

PV	2002	2004	p
Risky behaviors	28.9	36.5	*
Pregnancy/STDs	58.1	57.4	
Diet, weight, and Exercise	45.1	53.9	*
Mental health	36.1	36.4	
Confidential and Private care	73.3	79.1	
Helpfulness of Counseling	77.4	81.5	
Communication	76.0	79.4	
Health information	80.5	80.8	

Challenges

- **Some plans experienced internal changes; difficult for them to get started/commit**
- **Large geographic area**
- **Plans' market share may affect willingness to participate**
- **Support from plan leadership is first step**
- **Identification of “champions” crucial for follow-through**

Conclusions

- **Interventions seem to show some success; tie to quality measures important**
- **Need sustained efforts to effectively change practice systems**
- **Sustaining and disseminating project must be considered separately**

For resources...

- **NYS trigger questionnaire:**
www.urmc.rochester.edu/gchas/div/adol/leah/resources.HTM
- **GAPS questionnaire:**
www.ama-assn.org/ama/pub/category/1981.html
- **University of Rochester - Adolescent Medicine**
585-275-7760