Health Care Reform Implementation: Opportunities to Improve Adolescent and Young Adult Health

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Outline

• Why adolescents and young adults are likely to benefit from The Patient Protection and Affordable Care Act (ACA)
• Provisions of The Patient Protection and Affordable Care Act (ACA) related to prevention and concurrent efforts that address adolescent and young adult health
• Improving health care delivery for adolescents and young adults
• Challenges and Next Steps
Why adolescents and young adults need policy makers’ attention...

- Adolescents /young adults ages 10-24 - diverse and growing.
  - Between 1990 and 2006, increased from 40 to 63 million.
  - In 2006, 55% were White, non-Hispanic (NH); 17% Hispanic; 14% Black; 4% Asian/Pacific Islander; 0.9% American Indian/ Alaskan Native; and 10% other.
  - One in 10 were immigrants or foreign-born in 2006; primarily of Hispanic (64%) or Asian/Pacific Islander origin (21%).
- An estimated 23% of adolescents ages 12 to 17 have a special healthcare need; almost 5% of young adults (ages 19–29) have a disabling chronic condition.
A Model of Children’s Health and Its Influences

Health Reform’s Commitment to Prevention – An Opportunity to Impact Adolescent and Young Adult Health

- Eliminates cost sharing for recommended clinical preventive services.
- Provides coverage for annual wellness visits without co-payment.
- For private plans, extends dependent coverage to age 26.
- Enrolls eligible young people in Medicaid up to 133% of poverty.
Other Health Reform Opportunities

Emphasizing Prevention

- National Prevention, Health Promotion, and Public Health Trust Fund with $7 billion in funding over 5 years and $2 billion per year thereafter.

- National prevention and health promotion outreach and education campaign, for example, for immunizations.


- Childhood Obesity Demonstration Projects

- Requires chain restaurants and vending machines to disclose nutritional content
Additional Opportunities

• Expansion of Community Health Centers – ACA builds on American Recovery and Reinvestment Act (ARRA) appropriation – total of $13 billion

• New funding to support school-based health centers -- infrastructure and operations

• Home visiting program - $1.5 billion over 5 years

• CDC focus on tobacco, obesity, diabetes, teenage pregnancy prevention.
What health improvements will occur as a result of reform?

- Approximately 40 million children enrolled in Medicaid and CHIP, but merely increasing health coverage will not be sufficient.

- Improvements in earlier and preventive screenings – leading to earlier points of intervention and detection of emerging conditions are key, but wide disparities continue to exist.

- New Opportunities for measurement development and documentation - Beginning in 2012, ACA requires expanded collection and reporting of data on race, ethnicity, sex, primary language, disability status, and underserved rural populations.

- Existing health conditions --- Appropriate metrics to document reduction in risk taking behaviors and increase in health protective behaviors, linking public health and health care delivery.
Using Evidence to Drive Prevention: U.S. Preventive Services Task Force (USPSTF) Recommendations

- Recommendations are the base for preventive health visits in ACA, but not an actual measurement:
  - Screening for Chlamydial infection for all sexually active non-pregnant young women aged 24 and younger.
  - Behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
  - Screen children aged 6 years and older for obesity and offer/refer to comprehensive, intensive behavioral interventions to promote improvement in weight status.
  - Screening of adolescents (12-18 years of age) for major depressive disorder, when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.
  - Screening for tobacco and alcohol use.
Perspectives on Measuring Adolescent & Young Adult Health

How do we use data to improve health now?

How will additional measures of health and health care improve outcomes?

Adolescent & Young Adult Health
How can we improve the quality of health care currently delivered to adolescents and young adults?

- Compliance with recommended well-child visits has improved only slightly since 1987.
- Well-child visits are important because they help promote timely immunizations, screen for health conditions and normal development and provide parental guidance:
  - 56% had no well-child visits during a 12-month period.
  - Among overweight children, only 39% were advised to engage in physical activity; 54% were advised to eat healthy.
  - Only 38% of all children aged 2-17 received advice about using a helmet—further differentiated by insurance status and ethnic/racial group.
  - Only 40% of adolescents had time alone with their provider at the most recent visit (19% among Hispanics with public insurance; 22% among Blacks and 27% white).
  - Even among high-income groups and those with private insurance, disparities exist—12% of Hispanics, as compared to 5% of Whites reported problems obtaining needed medical care.

Sources: Sheldon, 2006; Berdahl, et al. Mar-April, 2010
Quality and Outcomes Measurement

- Institute of Medicine’s indicators of quality:
  - Effectiveness
  - Patient Centeredness
  - Timeliness
  - Patient safety
  - Equity

- Performance Improvements
  - Reduction in unnecessary hospitalizations
  - Decrease in health risk behaviors
Measurement opportunities in the delivery of health care

Build upon (examples):

* Center for Medicaid and Medicare (CMS)
* Agency for Healthcare Quality and Research (AHQR)

National Healthcare Quality Report (NHQR) and
the National Healthcare Disparities Report (NHDR)

• National Committee for Quality Assurance (NCQA)
• The Healthcare Effectiveness Data and Information Set (HEDIS)
• Children’s Health Insurance Program Reauthorization Act (CHIPRA)
• Child and Adolescent Health Measurement Initiative (CAHMI)
Concurrent Efforts to Improve Measurement – CHIPRA

- AHRQ and CMS collaborating in developing and implementing a core set of voluntary, “quality of care measures for children in use under public and privately sponsored health care coverage arrangements”; additional metrics in the future (Integrated Care).
- CHIPRA Proposed Core Set provides impetus for voluntary, standardized/uniform data collection and plan performance reporting in Medicaid and CHIP (public and private payers).
- Initially reviewed 77 measures, drawn from the National Committee for Quality Assurance’s (NCQA’s) Healthcare Effectiveness Data and Information Set (HEDIS), state Medicaid programs, and other sources.
CHIPRA core set of “adolescent-relevant “ health quality measures

- Selected measures need revision to be applied to youth specifically
- Several are not specified fully, although CMS grants to states and researchers will further test measures
- Measures will need further development and testing if they are to be applied in a standardized way either across states or across units of analysis within states (e.g., health plans, providers).
CHIPRA core set of “adolescent-relevant “ health quality measures

- Duration of enrollment and coverage.
- Preventive services (child safety; helmet; diet; exercise; tobacco, Chlamydia).
- Treatment and services for acute/chronic conditions.
- Availability of care in ambulatory & integrated systems.
- % adolescents immunized by age 13.
- % who had at least one comprehensive well-care visit with a Primary Care Provider (PCP) or an OB/GYN during past year.
- % of members who received timely outpatient visit or partial hospitalization follow up care following hospital discharge for children 6 years or older (7 and 30 day).
The Healthcare Effectiveness Data and Information Set (HEDIS)

- Tool used by >90% of America's health plans to measure performance on important dimensions of care and service.

- Adolescent Measures:
  - Adolescent Well-Care Visits
  - Immunizations
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
  - Chlamydia Screening for Sexually Active females
  - Follow-Up After Hospitalization for Mental Illness
Child and Adolescent Health Measurement Initiative (CAHMI)

- Develops and maintains a number of quality measurement tools and strategies that assess the quality of care provided to children and young adults.

- Data Resource Center -- scores and disseminates data from national surveys to the state level related to health, health outcomes, and system performance. Many measures are relevant to adolescents (MCHB Core Outcomes, including transition to adulthood).
Child and Adolescent Health Measurement Initiative (CAHMI)

- The Young Adult Health Care Survey (YAHCS) assesses whether young adults, ages 14 and older receive nationally-recommended preventive health care, including 9 measures of quality care:
  - Preventive screening and counseling on risky behaviors, sexual activity and STDs, weight, healthy diet and exercise, emotional health and relationship issues, receipt of private and confidential care, helpfulness of counseling communication and experience of care, health Information, and global quality measure assessing how many teens received all care components.
  - Teen health status and exercise
  - Teen’s health care utilization (last regular or routine care visit, place of regular or routine care, whether the teen filled out a health checklist at provider’s office).
  - Access issues (problems getting necessary care)
Implications for Adolescents

- Governmental and purchasers’ collaborative efforts to develop and incorporate meaningful sets of quality measures.
- Current measures are a vital start, but often rely on parental ratings and may represent a bias (under reporting; misreporting).
- Recognition that greater, “meaningful set” of measures need to be developed (e.g., integration of care); systematic literature review and stakeholder engagement.
- Even in the sub-set of measures, results show that there is tremendous ethnic/racial, geographic, gender, and payer-source disparities across measures.
- Art and Science of responding to the results – clinical and client decision supports to improve care.
What types of evaluation assessment will be needed to assure progress in meeting the needs of adolescents and young adults?

Process measures---

- Individual level ---
  - Are young people being systematically enrolled?
    - Are special populations enrolled?
  - Are young people receiving funded and mandated clinical preventive services?
  - Are youth with pre-conditions receiving the care they need, as well as preventive care?
What types of quality measures will be needed to assure progress in meeting the needs of adolescents and young adults?

- **Systems level – are the right incentives in place:**
  - Is the system using outreach and enrollment strategies tailored to adolescents and young adults?
  - Are there sufficient providers in place to provide quality care?
  - Is a system in place that requires and enables the provision of timely clinical preventive visits?
  - Is the system sensitive to adolescent specific visit needs – time alone, confidentiality, integration of mental health within primary health care, necessary referrals?
  - Does the system provide a strong bridge between clinical and population health?
  - Are there multi-level system and practice redesigns and enhanced provider education in place?
  - How is health information technology being incorporated?
What types of approaches will be necessary to improve adolescent and young adult health?

- Partner with youth, families and communities to measure and improve quality and outcomes.

- Collect process and outcome data from the vantage point of adolescents, and not only relying upon parent’s report of health care system interaction.

- Collect data on family, school, and community contexts.

- Build national, state, and local data systems that incorporate standardized and valid measures of SES, race/ethnicity and gender, community measures.

- Conduct sub-analyses by race/ethnicity within income and insurance/payer groups.

- Gather data on special populations of adolescents including rural youths; gay, lesbian, and bisexual youths; and foster care and juvenile justice systems.

- Target quality improvements and disparities reduction strategies in diverse health care settings and community settings.
Next Steps

- Strong federal leadership and partnerships --- CMS, HRSA, AHRQ, CDC, as well as States, Payers, Communities, and Consumers, in implementing policies responsive to adolescents and young adults.
- Transparency in monitoring and reporting of implementation efforts, and changes over time.
- Build and make readily available repositories of effective adolescent and young adult interventions that are effective in improving health in different clinical and community settings.
Forecasting
Prediction is always difficult, especially about the future

Niels Bohr
Conclusion: Health care reform offers...

Greater opportunity to advance policies for adolescents and young adults....

However, it will take significant advocacy and education to ensure that young people’s special needs are met in efforts to reform the healthcare system and...

Create a coordinated system of care and community and clinical prevention.
References

References

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