New Evidence on Adolescent & Parent Perspectives Regarding Preventive Health Care

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Adolescent & Young Adult Health in the Post Reform Era
NIHCM Webinar

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• Utilization of Well-Adolescent Care
  • Guidelines/Recommendations
  • Utilization Rates
  • Anthem Blue Cross Initiatives/Adolescent Care Rates
  • Barriers/Strategies

• Anthem/RAND Adolescent Study
  • Preventive Care – Access/Utilization
  • Adolescents and their Parents
Well-Adolescent Care - Guidelines

- **Multiple Guidelines**
  - AAFP Age Charts for Periodic Health Examination
  - AAP Recommendations for Pediatric Preventive Care
  - AMA GAPS
  - Bright Futures
  - US Preventive Services Task Force

- **General Recommendations**
  - Health promotion and disease prevention
  - Annual visits
  - Immunizations, guidance and counseling, behavioral screening, lab screening
Well-Adolescent Care - Utilization

• Visits
  • Parent report (National Survey of Children’s Health):
    – 2003: 73% of 12-17 year-olds had a preventive visit in past 12 months
    – 2007: 84% of 12-17 year-olds had a preventive visit in past 12 months
  • Medical Provider Records (Medical Expenditure Panel Survey Data, 2001-2004):
    – 38% of 10-17 year-olds had a preventive visit in past 12 months
    – 48% among adolescents ≥400% FPL vs. 32% among adolescents <200% FPL

• Counseling/Care
  • At least 1/2 of adolescents report they did not receive recommended health counseling
  • US adolescents receive 35% of indicated well-adolescent care
Anthem Adolescent Health Programs

• **Well-Adolescent Visits**
  - Birthday reminders
  - Physician letter for parents
  - Teen brochure

• **High Risk OB Program**
  - Teen pregnancy
  - Teen smoking

• **24/7 Nurse Line**
  - Live Person
  - Teen issues
  - Audio Libraries
    - English/Spanish
Anthem Blue Cross
CA HEDIS AWC Rates

- **Healthy Families (HMO)**
  - 2005: 41%
  - 2006: 37%
  - 2007: 44%
  - 2008: 49%
  - 2009: 43%

- **Commercial (HMO)**
  - 2005: -
  - 2006: -
  - 2007: 17%
  - 2008: 27%
  - 2009: 28%

- **MediCal**
  - 2004: 33%
  - 2005: 36%
  - 2006: 36%
  - 2007: 40%
  - 2008*: 28%-53%
  - 2009*: 22%-54%

- **Commercial (PPO)**
  - 2004: -
  - 2005: -
  - 2006: -
  - 2007: -
  - 2008: 23%
  - 2009: 24%

*by county
### Anthem and State/National Averages (2007 – 2008)

<table>
<thead>
<tr>
<th>2007 Access Measure</th>
<th>2007 Anthem Blue Cross Partnership Plan Rate</th>
<th>2007 Medi-Cal Managed Care Weighted Average*</th>
<th>2006 HEDIS National Medicaid Average*</th>
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<td>35.8%</td>
<td>36.9%</td>
<td>40.6%</td>
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<tbody>
<tr>
<td>AWC</td>
<td>39.3%</td>
<td>39.6%</td>
<td>43.7%</td>
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“The Medical Managed Care Program’s weighted average for Adolescent Well-Care Visits has gradually increased over time, with statistically significant improvement between 2008 and 2009. The program’s 2009 weighted average was above both the 2008 national Medicaid and commercial averages. This is the first year that the program performed above these national benchmarks.” CA DHCS

*Rates obtained from the Report of the 2007 Performance Measures for Medi-Cal Managed Care Plans

** Rates obtained from the Report of the 2008 Performance Measures for Medi-Cal Managed Care Plans
Utilization Barriers and Strategies

• Barriers
  • Lack of knowledge (about preventive care, where to receive care)
  • Access issues (transportation, time, cost)
  • Concerns about confidentiality and privacy
  • Beliefs about physician effectiveness
  • Fear of medical procedures

• Strategies to Increase Utilization
  • Parent (family) and adolescent education
  • Outreach to adolescents
  • Patient reminders
  • Organizational/practice changes
  • Patient financial incentives
Improving Access to and Utilization of Adolescent Preventive Health Care: The Perspectives of Adolescents and Parents

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Study Objective

To examine the perspectives of publicly insured adolescents and their parents on ways to encourage adolescent utilization of preventive health services.
Methods

• Random sample of 1,164 households with Medicaid managed care adolescent enrollees in a commercial health plan
• 8 focus groups with 77 adolescents, and 2 focus groups with 21 of their parents.
• Groups stratified by:
  – Gender
  – Age (13-15 and 16-17)
  – Household primary language (English or Spanish)
• Focus groups discussed 3 major topics:
  – Views on and experiences with preventive visits
  – Ways to increase adolescent access to and utilization of preventive visits
  – Strategies to encourage teens to discuss important health-related topics during preventive visits
Qualitative Methods

• Focus groups recorded, transcribed, and imported into qualitative data management software

• Data analyzed using constant comparative method of qualitative analysis
  – Independently coded by 2 experienced coders
  – Cohen’s Kappa (82-92%) suggests excellent consistency between coders

• Major themes emerged from focus groups
Topic 1:
Views on and Experiences with Preventive Visits
Importance of Preventive Visits
Theme #1

• **Focus on physical health as the key element of preventive care**
  • **Teen:** “They could check your muscles, to see if they're fine, or your calcium levels, or test your blood or something.”
  • **Parent:** “[Preventive visits] are necessary for their vaccinations, they take blood, check for anemia, check their cholesterol”

• **Parents also recognized importance of counseling as part of preventive visits**
  • **Parent:** “[Preventive visits are important] because we don’t know if tomorrow they’re going to be taking drugs behind closed doors.”
Experience with Preventive Visits
Theme #2

• Brief doctor-patient time leads to few opportunities for effective doctor-patient communication during visits
  • Teen: “He just checks my weight, my height, and stuff, and asks when your last period was and all that. And then he checks your heart and stuff, writes it down, and then kind of says, ‘Okay, you're good.’ He gives the opportunity to ask [questions], but he doesn’t say, ‘Do you have any questions,’ he's just kind of, ‘Okay, if you want to ask, just do it.’ But I don’t, because he's old.”
  • Parent: “But they didn't ask her anything private, or like, ‘Do you want me to have your parents step out of the room?’ They didn't really go into [that].”
Importance of Preventive Visits
Theme #3

• Teens described reasons why they do not attend visits:
  • Transportation
  • Waiting Time
  • Time with Provider
  • Doctor-patient relationship

  – Teen: “Yeah, it’s like you wait forever. When I go to the doctor I wait I would say for about an hour. And then I go inside into the actual room. I wait there like for 20 minutes. The doctor comes for like three minutes, leaves and that’s it. And we’re done, yeah.”
Topic 2: Ways to Increase Adolescent Access to and Utilization of Preventive Visits
Encouraging Preventive Visits
Theme #1: Visit Quality

• The best way to encourage preventive care use is to provide patients with a good, continuous relationship with a clinician who respects the adolescent's time and confidentiality
  • Teen: “The best incentive is just having a good experience at the checkup before. It won’t be a problem coming back because it’s like something positive.”
Encouraging Preventive Visits
Theme #2: Visit Structural Changes

- Structural changes that improve adolescents’ experiences accessing and receiving care can increase the likelihood that teens will return for annual visits; these changes include:
  - **Reducing the amount of time spent waiting**
    “You should be able to go in there, your paperwork’s ready...the doctor is ready to see you. Boom, you’re out.”
  - **Increasing the amount of time with the doctor**
    “The doctor should spend more time with you and talk to you about issues and things.”
  - **Having the same doctor at each visit**
    “They could give you a doctor you’ve already had so they can make it more comfortable for you.”
  - **Assuring the patient of confidentiality**
    “If I were the doctor, I would be like ‘I’m not going to tell nobody,’ and they’ll keep it between you and them.”
• Incentives and gifts, though not necessary, can be a successful way to get teens to utilize preventive visits

  • **Parent**: “Well, like when you have a co-payment, pay them to go. Give them $5. They'll be more than happy to get down there to the doctor.”
Topic 3:

Ways to Encourage Teens to Discuss Important Health-Related Topics During Well-Visits
Encouraging Preventive Discussions
Theme #1: Doctor-Patient Relationship

• Teens favored confidential face-to-face discussions with a provider they had a continuous relationship with
  
  • **Provider continuity**: “The doctor doesn't even know you and you just may not feel comfortable asking him questions that are more private.”
  
  • **Relationship and rapport-building**: “A doctor should come in and not interview you, but talk to you...be able to connect with you in a way so that way you'll feel comfortable...not like you're being investigated for murder or something.”
  
  • **Confidentiality and privacy**: “I think that when they're talking about stuff like that, as far as HPV, that the doctor should at least let the parent step out.”
Encouraging Preventive Discussions
Theme #2: Technology Driven Tools

• Technology-driven tools (e.g., text messaging) can be used to encourage discussion of sensitive topics, and to augment risky health behavior screening and counseling outside of the face-to-face office visit

  • Teen: “I bet if there's 100 students on MySpace and...a doctor posted a bulletin about information, about at least say 75-80 will probably reply to the message. I guarantee you because a lot of kids which are embarrassed or something and they don't want to speak on something.”
Encouraging Preventive Discussions Theme #2: Technology-Driven Tools

- Some parents were concerned about lack of parental control with these types of tools. They preferred information in a form they could more easily access (e.g., pamphlets)

  - **Parent:** “I don't want to have a doctor just texting or e-mailing my son. I want to filter the stuff. I only have until he's 18, and so I'd prefer to filter it.”
Summary of Results

• To encourage utilization of preventive care visits:
  • Timely, private, confidential, comprehensive visits
  • Clinician continuity
  • Teen incentives

• To encourage important health-related discussions:
  • Improvements in doctor-patient relationship
    – Continuity, rapport, confidentiality, privacy
  • Technology-driven tools
    – Internet, text-messaging, social networking
Conclusions/Implications

• State agencies, health plans, clinics, and individual providers can focus efforts to improve adolescents’ utilization of preventive services on basic structural and quality of care issues related to:
  • the clinician-patient relationship
  • access to services
  • confidentiality

• Further research needed to investigate the effectiveness of technology-based tools to provide preventive services to adolescents