Adolescent Well-Visits: An Integral Strategy for Achieving the Triple Aim

Policy and Practice-Level Strategies to Improve Adolescent Well-Visit Rates

July 2015

Rates of preventive well-visits during adolescence are significantly lower compared to other age groups. Inclusion of the adolescent well-visit as a CCO incentive measure has shone a light on policy- and practice- level issues that have translated into challenges in across-the-board improvements in the measure. Important policy, community, system- and practice-level efforts are needed. The CMS guide *Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits* provides an excellent overview of strategies that could benefit all adolescents. Here in Oregon, **no single strategy will achieve improvement in access to and quality of well-visits**. Below is a high-level summary of high priority impactful opportunities at the policy-, community/system-, and practice-level, identified by OPIP our OPIP Partners. We would be interested in supporting and advancing these efforts:

High Priority Policy-Level Improvement Strategies:

1. Implement policy standards and practice guidance to **ensure privacy and confidentiality are maintained during the patient experience.**	a. Policies that establish suppression of billing and other member communication (such as Explanation of Benefits or EOBs) for services deemed sensitive or those in which the adolescent wants to be kept confidential.[i] b. Polices that ensure confidentiality is not inadvertently abrogated via health information exchange or within the electronic medical record by implementing robust functionality such as: privacy default settings for selected sensitive services and those to which minors can self-consent; point-of-care privacy controls for providers; built-in privacy related decision support tools; patient-adjustable proxy access for patient portals and standardized practices for which ages to provide access; communication suppression capabilities .[ii]
2. Establish **State Standards and Expected Elements of Care.**	a. These standards should include an explicit overview of the elements of care expected to be provided in the context of a well-visit; periodicity, and specific codes that can be used to bill for screening services provided in the context of the well-visit. b. This includes clarification with Private Payors about the new requirements related to adolescent well-visits included in the Affordable Care Act. Similar to Medicaid, encourage Private Payors to not pay for Sports Physicals alone.
3. Address Policies Related **Payment for Adolescent Well-Visits & Screening Services Provided in the Context of This Visit**	a. Address policies related to **bundled and/or capitated payment.** • Current bundled payments may not take into account screening services that are provided, but not billed for, due to the confidentiality and payment issues noted above. • Payment policies could require specific screening services be provided in order for a well-visit to be reimbursed. Practices conducting visits at times which may be more feasible should be explored (e.g. weekend hours) and use of the related CPT codes addressed. b. Clarify the **codes** that practices serving adolescents should use **when using standardized screening tools**, and ensure related payment policies to support the use of the codes. • A number of practices report the codes in the CCO incentive metrics related to SBIRT screening are problematic for pediatric providers (e.g. G codes). Secondly, practices have reported issues with using the CCO incentive metric codes for depression screening (99420) in conjunction with a well-child visit claim. Lastly, given multiple screenings occur in the context of one well-visit, there are currently limitations to the number of screening codes that are allowed to be submitted and reimbursed.
4. **Improve Measures** Assessing the Content of Adolescent Well-Visits.	a. Include adolescents in current CCO Incentive Metrics anchored to screening that could be provided in the context of well-visits (e.g. Depression screening). b. **Improve assessments of adolescents' experience of care** with primary care providers through **targeted use of an adolescent-completed CAHPS or other assessment tools** to this age group (rather than having tools completed by the adolescent's parent).

OPIP
Oregon Pediatric Improvement Partnership

High Priority Community & System-Level Improvement Strategies:

1. **Partner with school and public health entities** to conduct population-based strategies to engage adolescents in care.	a. Identify methods by which education and information about adolescent well-visits can be disseminated in schools. b. Improve policies related to sports physicals to require a more robust adolescent well-visit. c. Partner with and support services delivered through school-based health centers. Over 22,400 youth received services in one of Oregon's 65 SBHCs during the 2012/2013 school year. 38% of clients were covered by OHP.[iii]
2. Develop and **disseminate patient education and outreach that enhances adolescent and parent understanding** of WHY annual adolescent well-visits are important.	a. Critical components include: description of universal privacy policies and age at which youth receive time alone with provider; what services minors can access without parental consent; and how confidential information is treated. b. Ensure that the materials developed are vetted by adolescents, address cultural issues, and recent changes in adolescent rights via the ACA.
3. Ensure that **community-based referral resources are available and connected to primary care providers for adolescents needing advanced services** (e.g. substance abuse or mental health treatment).	a. Providers are hesitant to screen if the referral resources needed are not available, able to be accessed, and if two-way communication with these resources is limited. b. Some practice's mental health providers cannot bill for services. In some areas, internally hired mental health providers are not allowed to bill as the CCO requires these services to be provided by the contracted regional mental health provider.
4. **Improve two-way communication between referral resources and primary care providers for care coordination.**	a. Provide solutions and tools (e.g. example referral form, platforms that allow for shared communication) to address the social, technical, and legal issues hindering two-way communication between primary care providers and community-based providers.
5. Support **Health Information and EMR System Improvements Anchored to** the Recommended Components of Care	a. The screening and follow-up that should happen are discrete parts of larger well-visits. Current standard EMR templates do not have these components built in which leads to variation and reliance on provider memory. Secondly, current standard EMR templates for well-visits don't have back end functionality allowing for specific screening codes to be built. b. This requires practices to build these forms internally (*which is a significant resource limitation)* or rely on large health systems. Practices that are part of larger health systems are beholden to their organization prioritizing this area for customizable EMR templates and related back-end billing. Consequently, a practice's ability to do this is quite varied and may be a limiting factor in some sites. c. Teens are used to web-based applications for managing their life. Development of applications that include screening and ways to interact with the health care system are likely to increase adolescent engagement with the health care system.
6. Provide technical and practice transformation support addressing the priority areas listed below.	a. On Page 3 is a list of practice-based quality improvement strategies that are need. b. These strategies are most likely to be successfully implemented in practices if they receive the training and improvement support (through site facilitation) that has been shown to be effective in transforming primary care. c. The support provided needs to be tailored to different practice types (e.g. pediatric vs family medicine) and that takes into account the context of the practice and their current standards and opportunities for improvement. d. Learning collaborative approaches where innovators can share approaches with practices and that can pull together community and primary care providers would be invaluable.

OPIP
Oregon Pediatric Improvement Partnership

High Priority Practice-Level Quality Improvement Strategies:

1. Increase training and facilitation support for adolescent providers (pediatric, family medicine, community clinics) to provide high-quality adolescent well-visits including:	Trainings and facilitation supports need to focus on how providers can: a. Implement policies and practices to protect confidentiality (best practice includes a written policy around adolescent transitions and confidentiality), providing time alone during the visit, and support transition to more independent care utilization. b. Implement strength and risk assessment tools aligned with Bright Futures recommendations into current workflows; c. Ensure care coordination for adolescents referred for follow-up services.
2. Avoid the use of "sports physicals" for all ages; follow Bright Futures recommendations for well-visits for these encounters instead.	a. Providers can implement policies in which sport physicals are not offered, but instead when a sports physical is requested a comprehensive well-visit is provided instead. b. Providers can implement periodicity standards and related outreach efforts to ensure adolescents come in. c. When adolescents are in for sick or other visits, providers can develop systems to convert the visit to a well-visit or to schedule the well-visit.
3. Offer visits at times that are more feasible for patient to access	a. Consider offering well visits at Saturday or after hour clinics.
4. **Incorporate an adolescent transition plan** within the practice that includes the recommended six core elements of transition to adult health care. [iv]	b. Develop and implement adolescent transition policies. c. Ensure related work flows and standards of care are developed to support implementation of these policies.
5. Ensure adequate education to parents and adolescents regarding transition to adult models of care, including policies and laws governing adolescent confidentiality.	a. Develop practice specific educational and framing materials for parents and adolescents about what to expect in well-visits. b. Ensure that the materials developed are vetted by adolescents served by the practice and address cultural issues.
6. Include adolescents on practice-level quality improvement initiatives or quality improvement committees / teams.	a. Including adolescents in committees and teams will ensure an adolescent perspective is incorporated. Consider models anchored to summer internships and community service.
7. Ensure adolescent privacy in policies related to the use of Portal systems; Ensure that online access to patient information does not disclose confidential information.	a. A number of significant issues have been identified with adolescent use of a portal and a parent's ability to review the information in a way that violates confidentiality. These issues are specific to the EMR and portal system used and will need to be tailored accordingly. b. Secondly, these systems will need to be explicitly addressed in the Adolescent Transition policy that thoughtfully and repeatedly reviewed with the parent and adolescent.

[i] Tebb KP, Sedlander E, Pica G, Diaz A, Peake K, Brindis CD. Protecting Adolescent Confidentiality Under Health care Reform: The Special Case Regarding Explanation of Benefits (EOBs): Phillip R. Lee Institute for Health Policy Studies and Division of Adolescent and Youth Adult Medicine, Department of Pediatrics, University of California, San Francisco: June 2014.

[ii] American Academy of Pediatrics Policy, April 2014. Recommendations for electronic health record use for delivery of adolescent health care. *Journal of Adolescent Health, 54*, 487-490.

[iii] Oregon School-Based Health Centers Status Update, 2014. Available at: https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Documents/Report2014.pdf

[iv] Six Core Elements of Health Care Transition, Available at: http://gottransition.org/providers/index.cfm