

**ADOLESCENT  
HEALTH**

**EXPLORING EFFECTIVE SCREENING  
AND REFERRAL PROCESSES**

## Understanding the Adolescent Well-Care Visit

**DATE:** THURSDAY, AUGUST 6, 2015

**LOCATION:** NATIONWIDE CHILDREN'S HOSPITAL STECKER AUDITORIUM  
COLUMBUS, OH



# ADOLESCENT HEALTH

# EXPLORING EFFECTIVE SCREENING AND REFERRAL PROCESSES

The views expressed during today's session are those of the presenters. They do not necessarily reflect the views of the Office of the Assistant Secretary for Health, Office of Adolescent Health, or the U.S. Department of Health and Human Services.



**NATIONWIDE  
CHILDREN'S**

*When your child needs a hospital, everything matters.™*



# ADOLESCENT HEALTH

# EXPLORING EFFECTIVE SCREENING AND REFERRAL PROCESSES

- **Understanding the Adolescent Well-Care Visit**  
Columbus, OH • August 6, 2015 • 2:00 p.m. EST
- **Confidential Risk Assessment for Adolescent Sexual Health Services**  
Lansing, MI • August 12, 2015 • 2:00 p.m. EST
- **Applying Motivational Interviewing to SBIRT for Alcohol and Drug Use Screening and Referral**  
Indianapolis, IN • August 27, 2015 • 2:00 p.m. EST
- **Effective Screening and Referral Processes for Depression in Adolescents**  
Minneapolis, MN • September 10, 2015 • 10:30 a.m. EST
- **Effective Screening and Referral Processes for Tobacco Use in Adolescents**  
Chicago, IL • Date TBA
- **Effective Screening and Counseling for Obesity in Adolescents**  
Madison, WI • Date TBA

<http://adolescenthealthseries.net>





Led by the HHS Office of Adolescent Health (OAH), **TAG** is a national call to action to improve adolescent health in the U.S. TAG specifically aims to reach and engage a wide array of professionals who touch adolescents' lives, as well as parents and adolescents themselves. It includes both protective and behavioral risk factors and emphasizes building on young people's strengths.

It highlights **Five Essentials for Healthy Adolescents:**

1. Positive connections with supportive people,
2. Safe and secure places to live, learn, and play,
3. Access to high-quality, teen-friendly health care,
4. Opportunities for teens to engage as learners, leaders, team members, and workers, and
5. Coordinated, adolescent- and family-centered services.

<http://www.hhs.gov/ash/oah/tag>



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## **Region V Adolescent Health Network**

HHS OASH Region V will establish a regional network of adolescent health and social service providers that will continue to information-share about:

- screening
- intervention
- referral
- policy
- programming

Contact [Lesley.Craig@hhs.gov](mailto:Lesley.Craig@hhs.gov) if you'd like to learn more.



# Transforming Adolescent Care Learning Collaborative



#HealthyTeensMakeHealthyAdults

American Academy of Pediatrics   
DEDICATED TO THE HEALTH OF ALL CHILDREN™  
Ohio Chapter

 UnitedHealthcare®  
Community Plan

# Project Mission:

TALK, a partnership between the Ohio Chapter, American Academy of Pediatrics and UnitedHealthcare Community Plan of Ohio, aims to increase the rate of comprehensive well-care visits for adolescents in primary care by improving office reminders, leveraging missed opportunities and exploring how adolescents and their families view their health care.



# Collaborative Goals:

- ▶ Improve adolescent attendance at comprehensive well visits through outreach via social media, electronic communication, office tools and incentives for office staff
- ▶ Leverage missed opportunities by using episodic care, acute care, and sports clearance to increase comprehensive well visits
- ▶ Improve the quality of care delivered at comprehensive adolescent visits utilizing provider education and screening tools around such topics as weight management, mental health and confidentiality
- ▶ Change the paradigm of how adolescents and families view their health care between the ages of 12-18

# Overall Timeline for Wave 1

- June 2015-February 2016

## Enrolled Practices

- Wright-Patterson AFB Pediatric and Adolescent Clinics
- Teen Health Center
- Cornerstone Pediatrics
- Pediatric Associates
- Pediatric Care Center Columbiana

# Transforming Adolescent Care Learning Collaborative Key Driver Diagram

## Collaborative Key Driver Diagram

### INTERVENTIONS

#### SMART AIM

From June 2015 through February 2016, physician practices will increase the attendance at and the quality of adolescent well child visits (WCV) by:

#### Specific aims:

1. Maintaining and improving attendance at adolescent preventative well child visits by 10%
2. Increasing practice self-selected areas (injury, obesity, mental health, reproductive health, etc. screenings) around WCV components by 25%

#### KEY DRIVERS

Improve office reminder systems and outreach

Incentivize Participation

Encourage teen-centered care

Leverage missed opportunities

Raise awareness of importance of adol. WCV

- Implement texting systems – patient and caregivers
- Utilize annual reminder mailers (emails, patient portals, birthday cards)
- Interact with patients and families through charting portals
- Utilize prompts on phone calls when scheduling visits for adolescents
- Utilize social networking
  - Interact regularly through Facebook, Twitter, Mobile Applications, and Practice Website

- Physician resources
- Improve relationship with reimbursement providers
- Motivate parents of younger adolescents
- Motivate late adolescents
  - Host raffles
  - Provision of gift cards for completing WCVs

- Provide age-appropriate materials suited to the needs of the adolescent population
- Create an adolescent friendly waiting area and exam rooms
- Foster a trusting relationship with the adolescent population in a culturally appropriate fashion
- Utilize scripts when discussing uncomfortable topics

- Use acute care to increase WCV attendance
  - Convert minor illness to WCV when possible
  - Use chart flags/alerts to remind patients to schedule WCV before leaving the office
- Use and convert sports physicals to WCVs

- Describe the difference between sports physicals and the WCV
  - WCV = sports physical + comprehensive care
  - Sports physical = clearance for sports
- Communicate the importance of immunization schedule
  - Describe requirements for middle school, college and certain careers
- Inform adolescents about rights to confidentiality
- Discuss confidentiality policies with parents present
- Promote additional components of the WCV
  - Academic and personal development to prepare for college and beyond
  - Mental health surveillance and treatment when appropriate
  - Risk reduction regarding nutrition and weight management, safe driving, smoking and drug/alcohol avoidance, reproductive health
  - Secure work permits

#### GLOBAL AIM

To empower adolescents to be actively engaged in their preventative health care and equip them with the knowledge and skills for a healthy transition into adulthood

Transforming Adolescent Care Learning Collaborative



#HealthyTeensMakeHealthyAdults

# Key Drivers:

## ► **Improve office reminder systems and outreach**

- Implement texting systems – patient and caregivers
- Utilize annual reminder mailers (emails, patient portals, birthday cards)
- Interact with patients and families through charting portals
- Utilize prompts on phone calls when scheduling visits for adolescents
- Utilize social networking
- Interact regularly through Facebook, Twitter, Mobile Applications, and Practice Website

# Key Drivers:

## ▶ Incentivize Participation

- Physician resources
- Improve relationship with reimbursement providers
- Motivate parents of younger adolescents
- Motivate late adolescents
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  - Provision of gift cards for completing WCVs

# Key Drivers:

## ► **Encourage teen-centered care**

- Provide age-appropriate materials suited to the needs of the adolescent population
- Create an adolescent friendly waiting area and exam rooms
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# Key Drivers:

- ▶ **Leverage missed opportunities**
  - Use acute care to increase WCV attendance
    - Convert minor illness to WCV when possible
    - Use chart flags/alerts to remind patients to schedule WCV before leaving the office
  - Use and convert sports physicals to WCVs

# Key Drivers:

- ▶ **Raise awareness around the importance of the adolescent WCV**
- Describe the difference between sports physicals and the WCV
  - WCV = sports physical + comprehensive care
  - Sports physical = clearance for sports
- Communicate the importance of immunization schedule
  - Describe requirements for middle school, college and certain careers
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  - Secure work permits

# June 19 – Learning Session

- Teams met to learn about program expectations, QI basics, and participate with their front office staff in a brainstorm activity on reminder/recall.
- Key Drivers were discussed
- Teams had an overview of the topics that will be covered in the monthly webinars:
  - ▶ Nutrition
  - ▶ Injury Prevention
  - ▶ Reproductive Health
  - ▶ Mental Wellness
  - ▶ Social Media

# June 19 – Learning Session

Teams received a reminder/recall postcard to test:



# June 19 – Learning Session

Teams also received posters for their office highlighting the importance of an annual visit and explaining a well-visit versus a sports clearance visit:

**"My teen is healthy, she doesn't need an appointment each year..." THINK AGAIN!**

*Your teen still needs a comprehensive well care visit each year to assess his or her overall health and well-being.*

**Well-Care Visit**

- Immunizations to protect against dangerous diseases
- Personal & family history
- Evaluation of risk factors for substance abuse, mental health, reproductive health, long-term health
- Head-to-toe examination and review of health including bloodwork, heart evaluation, blood pressure, physical development and skin evaluation
- Screenings and guidance for vision, hearing, sexually transmitted infections, pregnancy, alcohol or drug use, emotional well-being, body image, education & driving
- Confidential discussion of new issues or concerns with your trusted physician and concerns

**\$0**  
The Affordable Care Act requires no out-of-pocket payments for well care visits.

**Everyone ages 11-18 needs an annual well care appointment.**

**Schedule a well care visit for your teen today!**

TALK American Academy of Pediatrics

**"But my teen just needs a physical for sports, not a well care visit..." THINK AGAIN!**

*Your teen still needs a comprehensive well care visit each year to assess their overall health and well-being. You might think a sports physical is enough, but check out the differences:*

**Well Care Visit**

- Personal & family history
- Immunizations
- Evaluation for risk factors for substance abuse, mental health, reproductive health, long-term health
- Head-to-toe examination and review of health including bloodwork, heart evaluation, blood pressure, physical development and skin evaluation
- Screenings and guidance for vision, hearing, sexually transmitted infections, pregnancy, alcohol or drug use, emotional well-being, body image, education & driving
- Confidential discussion of new issues with your trusted physician and concerns

**\$0**  
No Co-Pay for 15 minutes

**Sports Clearance**

- Personal & family history
- Surface physical exam
- Evaluation for risk factors for sports
- Co-Pay Charged

**Everyone ages 11-18 needs an annual well care appointment.**

**Schedule a well care visit for your teen today!**

TALK American Academy of Pediatrics

# Data Collection In Progress:

- Looking at code for WCV to determine number of visits scheduled and attended
- Reminder/Recall – comparative data
  - Postcards
  - Text Messages
  - Email Reminders



# Wave 2:

- Not just get them in the door – comprehensive WCV
- Targeted adolescent care such as:
  - Nutrition
  - Injury prevention
  - Reproductive health
  - Chronic disease management
  - Mental health

# For More Information or to be part of the TALK Collaborative:

- <http://ohioaap.org/projects/TALK>
- Elizabeth Dawson, Director of Operations and Programs, [edawson@ohioaap.org](mailto:edawson@ohioaap.org), 614-846-6258

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Ohio Chapter



# **THE ADOLESCENT OFFICE VISIT**

WHAT IS THE BEST FIT FOR  
PREVENTIVE HEALTH CARE





WAITING ROOM

WHAT IS IT EXACTLY  
THAT BOTHERS YOU  
ABOUT SEEING A  
PEDIATRICIAN?

SCOTT  
FOREMAN 10/5



# KEY ELEMENT

- MUST CLARIFY BOTH MOM'S AND TEEN'S AGENDA FOR THE VISIT AND ADDRESS BOTH
- THIS IS KEY TO A SUCCESSFUL VISIT WITH A TEEN
- MANY WAYS TO ACCOMPLISH THIS BUT MUST BE ADDRESSED

# CONFIDENTIALITY

- KEY COMPONENT TO ACCESS FOR TEENS TO HEALTH CARE
- SOME ALONE TIME WITH THE DOCTOR IS A KEY ELEMENT TO HEALTH CARE FOR TEENS
- CULTURE OF THE OFFICE STARTING AT THE FRONT DESK REFLECTS THIS



# WHO IS THIS TEEN

- WELL RESTED TEEN WITH EXCELLENT EXECUTIVE FUNCTIONS
- TIRED TEEN JUST BROKE UP WITH BOYFRIEND OR GIRLFRIEND
- DISTRACTED , ANGRY TEEN WHO JUST MISSED THE CUT FOR THE BASKETBALL TEAM

# **DOMAINS OF ADOLESCENT DEVELOPMENT**

- **PHYSIOLOGICAL**
- **PSYCHOLOGICAL**
- **SOCIAL**
- **POTENTIAL PROBLEMS**

# KEY CONCEPTS

- INITIATION AND PROGRESS OF DEVELOPMENT THROUGH THESE DOMAINS WHILE PARALLEL MAY NOT START OR FINISH AT THE SAME TIME
- CONCEPT OF THE INTERACTION OF PHYSICAL AND COGNITIVE DEVELOPMENT IF NOT IN SYNC, THE EARLY BLOOMER, GENDER MAY MAKE A DIFFERENCE
- ADOLESCENCE THE MOST RAPID PERIOD OF GROWTH AND DEVELOPMENT OUTSIDE THE NEWBORN PERIOD



# PIECES AND PARTS

- EARLY: COGNITIVE AND PHYSICAL GROWTH, BRAIN GROWTH NOT FINISHED (11 TO 14 YEARS)
- MIDDLE: MORE INDEPENDENT ACTIVITIES, DRIVING, DATING, MORE RISK, BRAIN GROWTH NOT FINISHED (15 TO 17 YEARS)
- LATE: MORE ADULT GOAL ORIENTED: COLLEGE, WORK, INTIMACY, BRAIN GROWTH NOT FINISHED (18 TO 21 YEARS)

# COMPREHENSIVE WELL VISIT

- CONTINUED EMPHASIS ON VACCINES
- CONFIDENTIALITY DISCUSSIONS WITH TEENS AND PARENTS AS ESSENTIAL TO GOOD HEALTHCARE
- ACADEMIC SURVEILLANCE
- MENTAL HEALTH SURVEILLANCE
- RISK REDUCTION: NUTRITION, DRIVING, SUBSTANCE USE, REPRODUCTIVE HEALTH

# THE SPORTS PE

- IN ITS PROPER FORM THIS A VERY COMPLETE EXAM
- TIME AND WHERE IT OCCURS OFTEN DICTATES THE CONTENT
- WHAT IS OFTEN MISSING IS RISK SCREENING, IMMUNIZATIONS, DISCUSSION OF SCHOOL
- A COMPLETE EXAM AND A ROS THAT CONCENTRATES ON NEUROLOGIC , MUSCULOSKELETAL AND CARDIAC ISSUES, THESE ELEMENTS ARE WELL DEFINED



Home

belonging(connection)



Home

individual decision making

Education

mastery(competence)



Eating



Activities

helping others, phy act



Drugs



Safety



Sexual Activity



Suicide

coping,resilience,self conf

# **CRAFFT**

Do you drink or use drugs?

C car

R relax

A alone

F forget

F family and or friends

T trouble

# PARENT CONCERNS

- Not informed about important information 44%
- My child would not remember treatment plan 21%
- My child not telling the truth 15%
- Less time for me to spend with the doctor 5%
- My child not ready 2%
- Duncan 2011

# PARENTAL VIEWED BENEFITS

- Opportunity to talk about sensitive matters 71%
- Dr will hear my child's point of view 63%
- Practice for my child talking to the doctor 61%
- Helping my child take responsibility 57%
- Acknowledges child's developing maturity 52%
- Its normal practice 6%

Duncan

# TASK FOR PROVIDERS

- Accurately educate parents about confidentiality and its limitations
- Foster trust
- Develop a functional relationship with the whole family
- Answer the parents concerns while emphasizing the benefits
- Share your goal of promoting adolescent health
- Maintain the teen as the focus of the encounter





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# **Components of an Adolescent Well Visit**

Michele Dritz, MD, FAAP  
Adolescent Medicine  
Wright-Patterson Air Force Base

# Adolescent Well Care

**38%**

Adolescents had a preventive care visit in the past year

**35%**

Adolescents received the recommended preventive services

## **How often do they come to the clinic?**

For non-preventive care visits: 1-1.5 times/year

For preventive care visits: 0.15-0.28 times/year

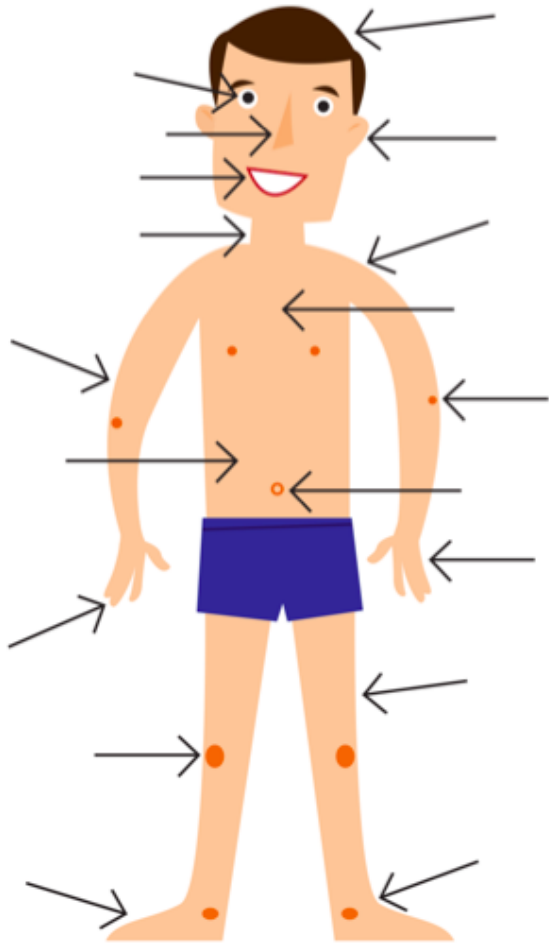
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**Medical and Family History**  
+  
**Sports Participation Evaluation**  
+  
**Head-to-Toe Exam**  
+  
**Confidential Psychosocial Assessment**  
+  
**Preventive Health Screening**  
+  
**Immunizations**  
+  
**Anticipatory Guidance =**

**Comprehensive & Prevention-Oriented  
Well Care Visit**

# Medical History + Sports Evaluation

- Chronic medical conditions
  - Interval changes – medical & family
  - Family cardiac history
  - Activity-related symptoms
  - Injuries and concussions
  - Comprehensive ROS
-



- vital signs
- abnormal findings
- sports participation
- pubertal development

## **Head-to-Toe Physical Exam**

# Psychosocial Assessment

H  
E  
E  
A  
D  
S  
S  
S

- Home
- Education
- Eating
- Activities
- Drugs
- Sex/Sexuality
- Suicide (Mental Health)
- Safety



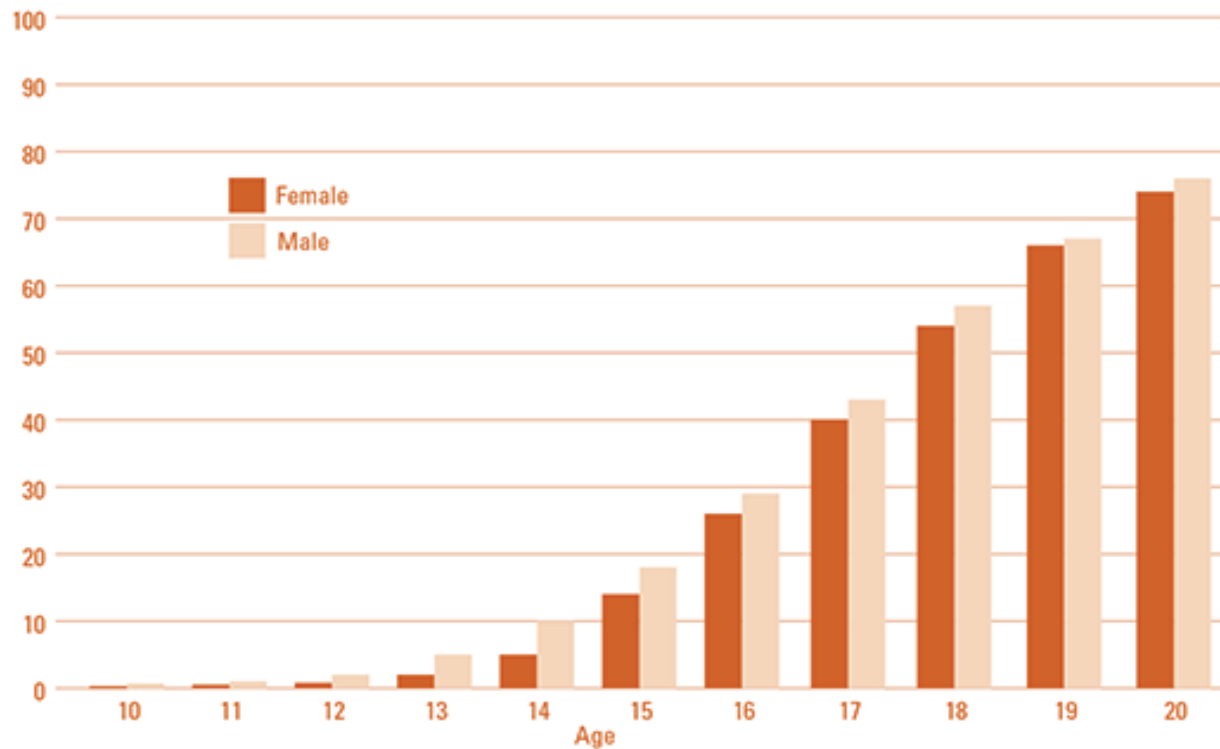
**CONFIDENTIAL**

# Adolescents and Sexual Activity

## Teen Sexual Activity

Adolescence is a time of rapid change.

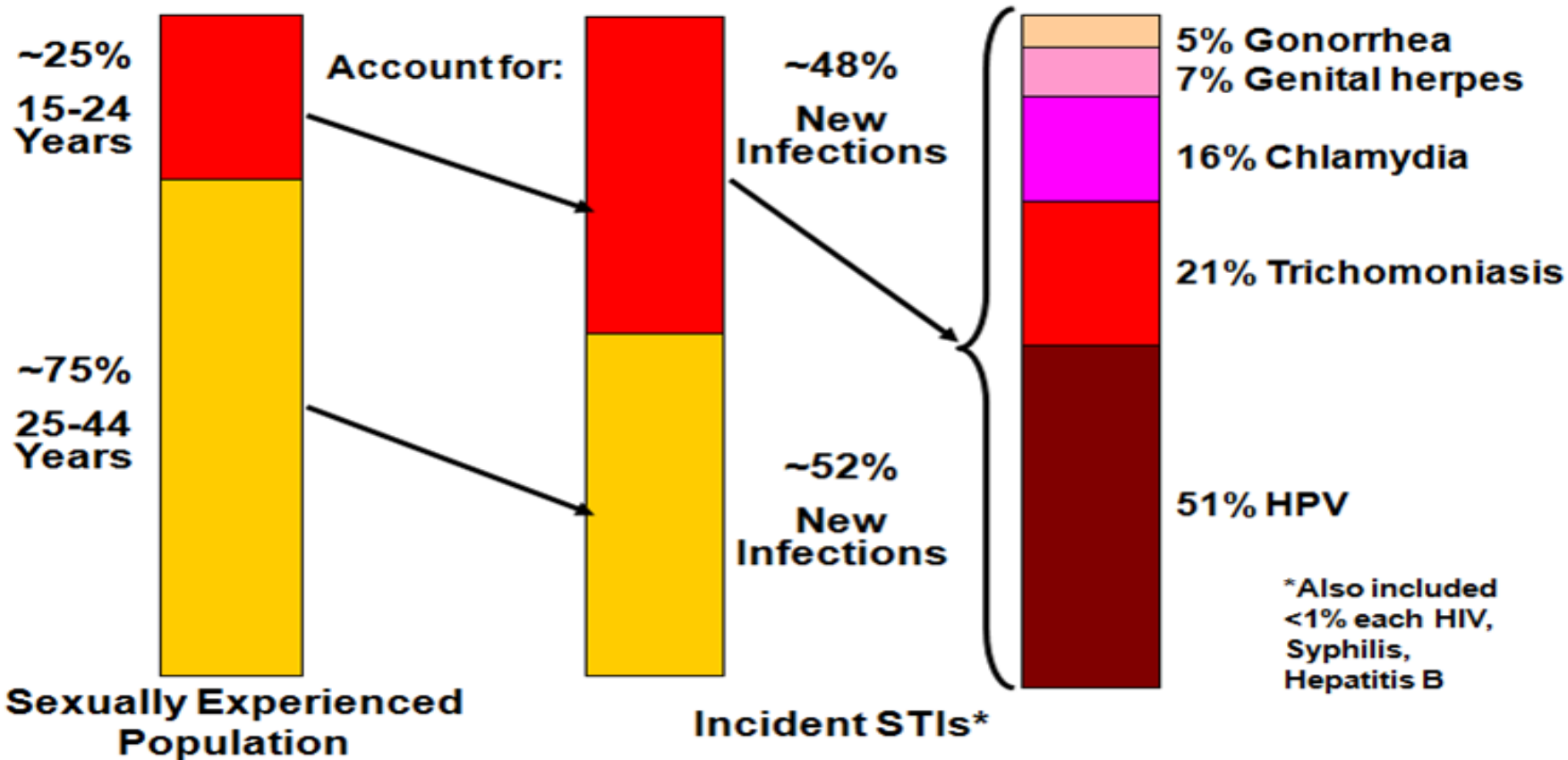
% of adolescents who have had sex by each age





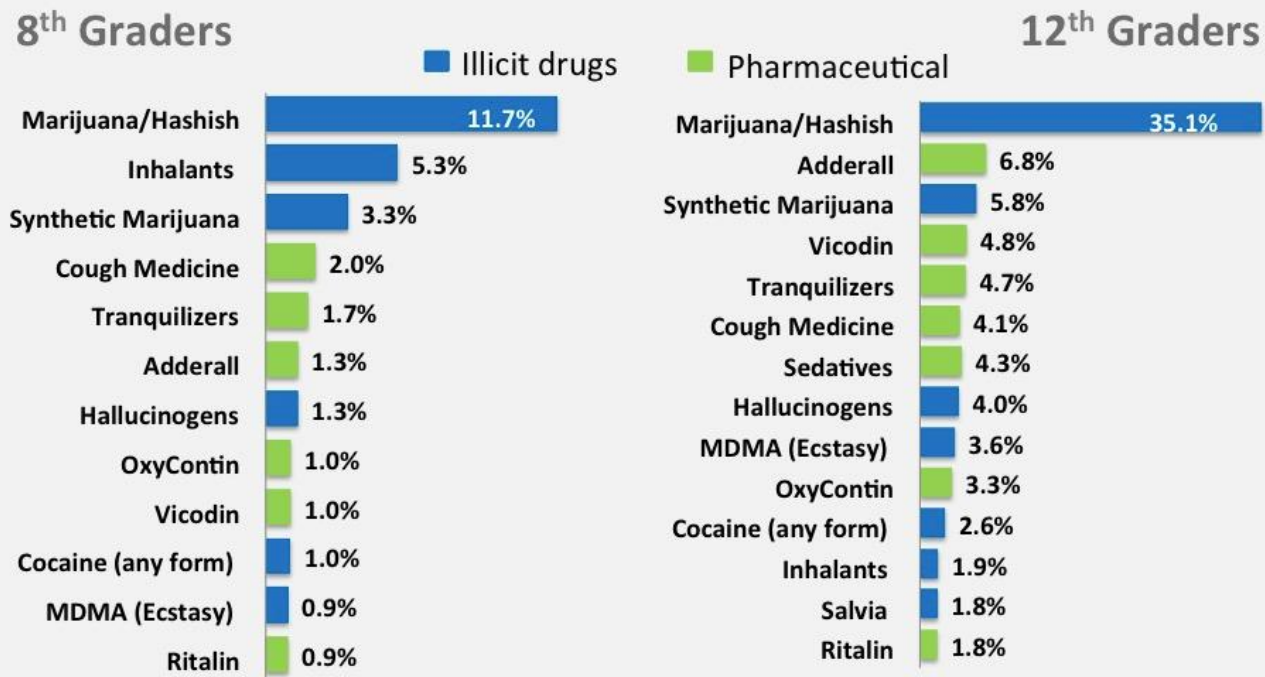
# Adolescents and STDs

## Estimated Youth STI Incidence, 2000



# Adolescents and Substance Use

## Top Drugs among 8<sup>th</sup> and 12<sup>th</sup> Graders, Past Year Use

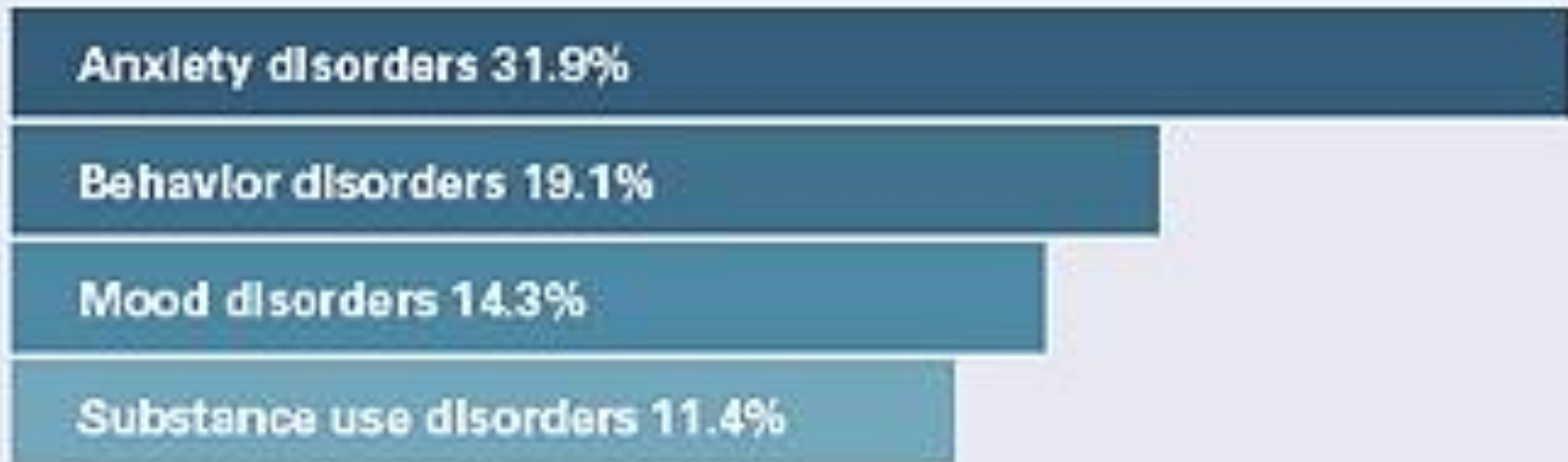


\* Only 12<sup>th</sup> graders surveyed about sedatives use

Source: University of Michigan, 2014 Monitoring the Future Study

# Adolescents and Mental Health

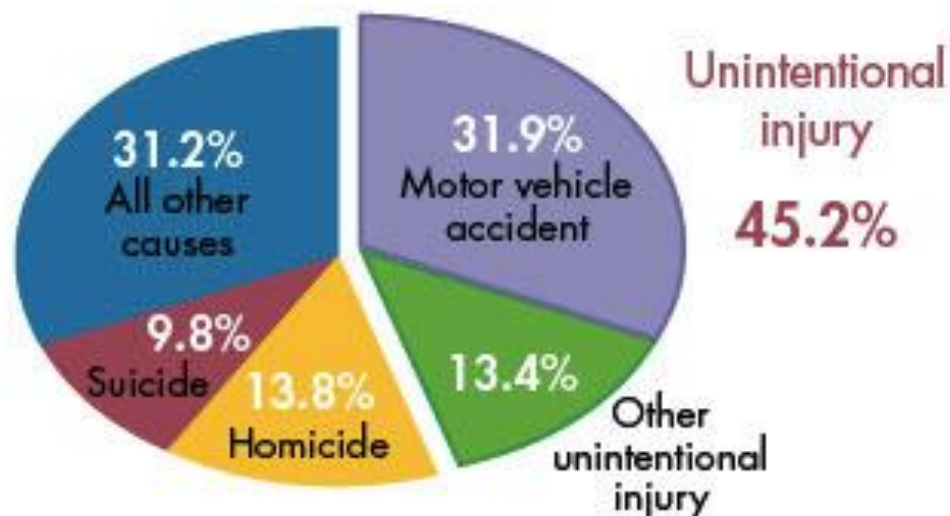
## Percent of youth who meet criteria for a mental disorder diagnosis



*Source: Journal of the American Academy of Child and Adolescent Psychiatry (Vol. 49, No. 10).*

# Adolescents and Unintentional Injuries

## Leading causes of death, ages 10-18



Because of rounding, figures do not add up to 100%.

Source: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2006. Web-based Injury Statistics Query and Reporting System (WISQARS). [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

# Psychosocial Screening Tools

- “Comprehensive” screening tools
    - AAP Bright Futures Supplemental Questionnaire
    - RAAPS
  - Substance use and abuse
    - CRAFFT, SBIRT
  - Depression
    - PHQ-2 , PHQ-9
  - Miscellaneous
    - SCARED, Y-PSC, FISTSS, SCOFF
-

# A A P



	ADOLESCENCE										
	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>AGE<sup>1</sup></b>											
<b>HISTORY</b> Initial/Interval	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>											
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●
Head Circumference											
Weight for Length											
Body Mass Index <sup>5</sup>	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure <sup>6</sup>	●	●	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>											
Vision	★	●	★	★	●	★	★	●	★	★	★
Hearing	★	★	★	★	★	★	★	★	★	★	★
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>											
Developmental Screening <sup>8</sup>											
Autism Screening <sup>10</sup>											
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment <sup>11</sup>	★	★	★	★	★	★	★	★	★	★	★
Depression Screening <sup>12</sup>	●	●	●	●	●	●	●	●	●	●	●
<b>PHYSICAL EXAMINATION<sup>13</sup></b>	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES<sup>14</sup></b>											
Newborn Blood Screening <sup>15</sup>											
Critical Congenital Heart Defect Screening <sup>16</sup>											
Immunization <sup>17</sup>	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin <sup>18</sup>	★	★	★	★	★	★	★	★	★	★	★
Lead Screening <sup>19</sup>											
Tuberculosis Testing <sup>21</sup>	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening <sup>22</sup>	→	★	★	★	★	★	★	★	★	★	★
STI/HIV Screening <sup>23</sup>	★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening <sup>24</sup>											●
<b>ORAL HEALTH</b>											
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●

## Preventive Health Screening

# Screening

- STDs
- Cardiovascular/  
Metabolic  
Screening
- Miscellaneous

## **STDs:**

FOR ALL: HIV (16-18yo), Pap (21yo)  
FOR SEXUALLY ACTIVE: CT, GC, HIV (yearly)  
Additional testing based on circumstances

## **Cardiovascular/Metabolic:**

FOR ALL: Lipid screen (18-21yo)  
FOR OVWT/OBESE: Lipid, LFTs, glucose

## **Miscellaneous:**

Screening related to medical concerns  
Screening for college/job requirements



# Immunizations

## 2015 Recommended Immunizations for Children from 7 Through 18 Years Old



**7-10 YEARS**



**11-12 YEARS**



**13-18 YEARS**

Tdap<sup>1</sup>

Tetanus, Diphtheria, Pertussis (Tdap) Vaccine

Tdap

Human Papillomavirus (HPV) Vaccine (3 Doses)<sup>2</sup>

HPV

MCV4

Meningococcal Conjugate Vaccine (MCV4) Dose 1<sup>3</sup>

MCV4 Dose 1<sup>3</sup>

Booster at age 16 years

Influenza (Yearly)<sup>4</sup>

Pneumococcal Vaccine<sup>5</sup>

Hepatitis A (HepA) Vaccine Series<sup>6</sup>

Hepatitis B (HepB) Vaccine Series

Inactivated Polio Vaccine (IPV) Series

Measles, Mumps, Rubella (MMR) Vaccine Series

Varicella Vaccine Series

These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.

These shaded boxes indicate the vaccine is recommended for children with certain health conditions that put them at high risk for serious diseases. Note that healthy children **can** get the HepA series<sup>6</sup>. See vaccine-specific recommendations at [www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).



Building on Strengths

Empowering Health Ownership

Reducing Risk Behaviors

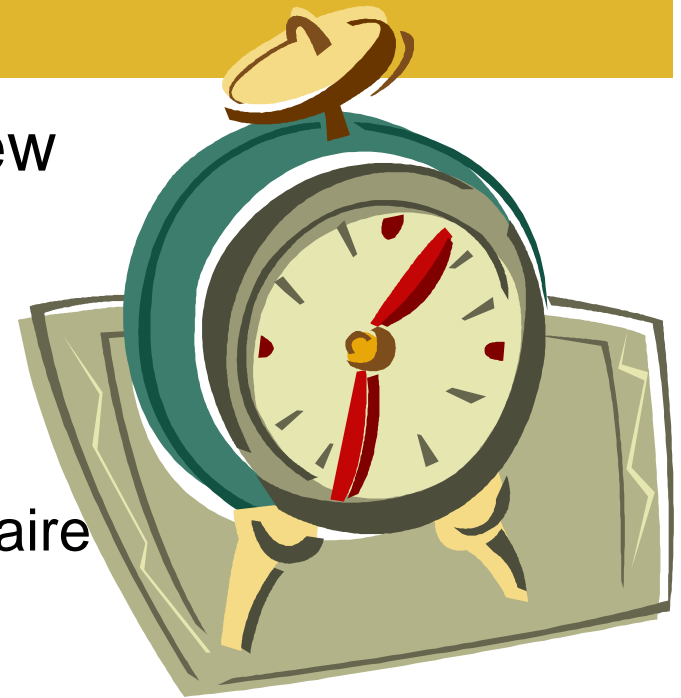
Promoting Good Health

Preparing for Transitions

**Anticipatory Guidance**

# Planning Ahead to Save Time

- Pre-clinic team huddles/chart review
  - Pertinent medical issues to address
  - Anticipated screening needed
- Pre-visit screening tools
  - AAP Bright Futures pre-visit questionnaire
  - Specific screening tools
  - Clinic-specific forms
- Sports Physical Forms
  - Medical and family history questions
  - Physical exam components for sports
  - Different state policies



**Plus, don't forget...**



**Remind adolescents about  
the importance of annual well visits**

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ADOLESCENT HEALTH

*Partnership*

Promoting and Improving  
the

**Health**

of **Ohio Adolescents**

# Ohio Adolescent Health Partnership

## Who We Are:

*Diverse group of agencies, organizations, and individuals with expertise in adolescent health and wellness.*

- *Provide leadership for local and statewide efforts in priority areas of adolescent health*
- *Promote evidenced-based practices and programs*
- *Provide professional development and networking*



# 5 Key Adolescent Health Areas

1. Behavioral Health (Mental Health & Substance Abuse)
2. Injury, Violence and Safety
3. Reproductive Health
4. Nutrition & Physical Activity
5. Sleep



# Save the Date – November 19

## Banding Together for Adolescents and Young Adults Statewide Summit

### The Ohio State University

- [healthyacademics@osu.edu](mailto:healthyacademics@osu.edu)
- [www.ohioadolescenthealth.org](http://www.ohioadolescenthealth.org)

In partnership with National Consortium for  
Building Healthier Academic Communities  
and The Ohio State University



# Ohio Adolescent Health Partnership

**Contact us:**

[www.ohioadolescenthealth.org](http://www.ohioadolescenthealth.org)



**Twitter: @OhioAdolHealth**



# ADOLESCENT HEALTH

# EXPLORING EFFECTIVE SCREENING AND REFERRAL PROCESSES

<http://adolescenthealthseries.net>

- **Confidential Risk Assessment for Adolescent Sexual Health Services**  
Lansing, MI • August 12, 2015 • 2:00 p.m. EST
- **Applying Motivational Interviewing to SBIRT for Alcohol and Drug Use Screening and Referral**  
Indianapolis, IN • August 27, 2015 • 2:00 p.m. EST
- **Effective Screening and Referral Processes for Depression**  
Minneapolis, MN • September 10, 2015 • 10:30 a.m. EST
- **Effective Screening and Referral Processes for Tobacco Use in Adolescents**  
Chicago, IL • Date TBA
- **Effective Screening and Counseling for Obesity in Adolescents**  
Madison, WI • Date TBA





## Understanding the Adolescent Well-Care Visit: ACTION PLANNING

- What, personally, can you do differently right away in how you approach/manage adolescent care or services in your clinic / organization, such as confidentiality, sexual health services, mental health screening and substance use screening?
- What, systemically, can your organization do differently relatively soon in how you approach/manage adolescent services in your clinic / organization? *Consider the steps to take and the timeline in which to do it.*
- What is a personal long-term goal you have around increasing and/or enhancing the way you provide care for adolescents in your clinic / organization?
- What is a long-term systemic goal your organization can work to achieve? *Consider the steps to take and the timeline in which to do it.*

**ADOLESCENT  
HEALTH**

**EXPLORING EFFECTIVE SCREENING  
AND REFERRAL PROCESSES**

**Understanding the Adolescent Well-Care Visit**

**THANK YOU**



**NATIONWIDE  
CHILDREN'S**

*When your child needs a hospital, everything matters.™*

