Understanding the Adolescent Well-Care Visit

DATE: THURSDAY, AUGUST 6, 2015
LOCATION: NATIONWIDE CHILDREN’S HOSPITAL STECKER AUDITORIUM
COLUMBUS, OH
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.
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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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 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

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 adolescent WCV

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

INTERVENTIONS

- 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
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
    ▪ Host raffles
    ▪ 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
  - Foster a trusting relationship with the adolescent population in a culturally appropriate fashion
  - Utilize scripts when discussing uncomfortable topics
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
  - 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
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:
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, 614-846-6258
THE ADOLESCENT OFFICE VISIT

WHAT IS THE BEST FIT FOR PREVENTIVE HEALTH CARE
HELLO. I'M HERE TO RUIN MY SON'S LIFE BY HUMILIATING HIM BEYOND RECOGNITION.

SIGN HERE.

WHAT I SAID WAS, "I'M HERE TO TAKE MY SON TO HIS PEDIATRICIAN APPOINTMENT."

SAME THING.
WAITING ROOM

WHAT IS IT EXACTLY THAT BOTHERS YOU ABOUT SEEING A PEDIATRICIAN?
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
WHAT'S YOUR PROBLEM WITH SEEING A PEDIATRICIAN, JEREMY?

ARE YOU KIDDING??

MOM, I'M FIFTEEN YEARS OLD!
IN A YEAR I'LL HAVE A DRIVER'S LICENSE!
IN THREE YEARS I'LL BE ABLE TO VOTE!

I THINK I'M JUST A LITTLE BEYOND THIS ON THE MATURITY SCALE.

PEDiatrics GROUP

HEY! POWER RANGERS!
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 IS 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
SO, DID YOU AND DR. GAIL HAVE A NICE CHAT, JEREMY?
I GUESS SO.

SHE JUST WANTED TO KNOW IF THERE WAS ANYTHING SHE SHOULD KNOW ABOUT MY PERSONAL LIFE.

(ULP!) AND WHAT DID YOU TELL HER?

I TOLD HER THE TRUTH...

...WITH YOU FOR A MOTHER, I HAVE NO PERSONAL LIFE.

WHew!
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
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
• 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

- Home
- Education
- Eating
- Activities
- Drugs
- Sex/Sexuality
- Suicide (Mental Health)
- Safety
Adolescents and Sexual Activity

Teen Sexual Activity

Adolescence is a time of rapid change.

% of adolescents who have had sex by each age

www.guttmacher.org
Adolescents and STDs

Estimated Youth STI Incidence, 2000

- ~25% 15-24 Years
- ~52% New Infections
- ~75% 25-44 Years
- ~48% New Infections

Sexually Experienced Population

Incident STIs*

- 51% HPV
- 21% Trichomoniasis
- 16% Chlamydia
- 7% Genital herpes
- 5% Gonorrhea

*Also included <1% each HIV, Syphilis, Hepatitis B

Weinstock et al., Persp Sex Reprod Health, 2004
### Adolescents and Substance Use

#### Top Drugs among 8th and 12th Graders, Past Year Use

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>8th Graders</th>
<th>12th Graders</th>
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<tbody>
<tr>
<td>Illicit drugs</td>
<td>Pharmaceutical</td>
<td></td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>11.7%</td>
<td>35.1%</td>
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<tr>
<td>Inhalants</td>
<td>5.3%</td>
<td>6.8%</td>
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<tr>
<td>Synthetic Marijuana</td>
<td>3.3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>2.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1.7%</td>
<td>4.7%</td>
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<tr>
<td>Adderall</td>
<td>1.3%</td>
<td>4.1%</td>
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<tr>
<td>Hallucinogens</td>
<td>1.3%</td>
<td>4.3%</td>
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<tr>
<td>OxyContin</td>
<td>1.0%</td>
<td>4.0%</td>
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<tr>
<td>Vicodin</td>
<td>1.0%</td>
<td>3.6%</td>
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<tr>
<td>Cocaine (any form)</td>
<td>1.0%</td>
<td>3.3%</td>
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<tr>
<td>MDMA (Ecstasy)</td>
<td>0.9%</td>
<td>2.6%</td>
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<tr>
<td>Ritalin</td>
<td>0.9%</td>
<td>1.9%</td>
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<td><em>Only 12th graders surveyed about sedatives use</em></td>
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Source: University of Michigan, 2014 Monitoring the Future Study
Adolescents and Mental Health

Percent of youth who meet criteria for a mental disorder diagnosis

- Anxiety disorders 31.9%
- Behavior disorders 19.1%
- Mood disorders 14.3%
- Substance use disorders 11.4%

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

- 31.2% All other causes
- 31.9% Motor vehicle accident
- 13.8% Homicide
- 9.8% Suicide
- 13.4% Other unintentional injury

Unintentional injury 45.2%

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

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
### Preventive Health Screening

#### Predictive Health Screening

<table>
<thead>
<tr>
<th>MEASUREMENTS</th>
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<tbody>
<tr>
<td>Length/Height and Weight</td>
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<tr>
<td>Head Circumference</td>
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<td>Weight for Length</td>
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<td>Body Mass Index</td>
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<td>Blood Pressure</td>
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#### Sensory Screening

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<th>Vision</th>
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#### Developmental/Behavioral Assessment

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<th>Developmental Screening</th>
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<td>Autism Screening</td>
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<td>Developmental Surveillance</td>
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<td>Psychosocial/Behavioral Assessment</td>
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<td>Alcohol and Drug Use Assessment</td>
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<td>Depression Screening</td>
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#### Physical Examination

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<th>PROCEDURES</th>
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<tr>
<td>Newborn Blood Screening</td>
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<td>Critical Congenital Heart Defect Screening</td>
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<td>Immunization</td>
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<td>Hematocrit or Hemoglobin</td>
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<td>Lead Screening</td>
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<td>Tuberculosis Testing</td>
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<td>Dyslipidemia Screening</td>
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<td>STI/HIV Screening</td>
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<td>Cervical Dysplasia Screening</td>
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**ADOLESCENCE**

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<th>11 y</th>
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#### Anticipatory Guidance

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#### Notes

- Marked items indicate recommended screenings.
- Red arrows indicate increasing frequency or intensity.
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
- Tdap¹
- MCV4

11–12 YEARS
- Tetanus, Diphtheria, Pertussis (Tdap) Vaccine
- Human Papillomavirus (HPV) Vaccine (3 Doses)²
- Meningococcal Conjugate Vaccine (MCV4) Dose 1³
- Influenza (Yearly)⁴
- Pneumococcal Vaccine²
- Hepatitis A (HepA) Vaccine Series⁴
- Hepatitis B (HepB) Vaccine Series
- Inactivated Polio Vaccine (IPV) Series
- Measles, Mumps, Rubella (MMR) Vaccine Series
- Varicella Vaccine Series

13–18 YEARS
- Tdap
- HPV
- MCV4 Dose 1³
- Booster at age 16 years

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 series⁴. See vaccine-specific recommendations at 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
AAP, STD Treatment Guidelines, 2015, CDC.gov
AAP, Bright Futures, 2014, AAP.org
COMMITTEE ON ADOLESCENCE and SOCIETY FOR ADOLESCENT HEALTH AND MEDICINE, Pediatrics, “Policy Statement: Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults”, 2014; 134(1):e302-311.
CDC, Advisory Committee on Immunization Practices, “Recommended Immunization Schedule for Persons Aged 0 through 18 Years”, 2015, CDC.gov.
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
- www.ohioadolescenthealth.org

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

Contact us:

[Link to website: www.ohioadolescenthealth.org]

[Link to Twitter: @OhioAdolHealth]
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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.*
THANK YOU

Understanding the Adolescent Well-Care Visit