



Accessing Confidential Adolescent Sexual Health Services

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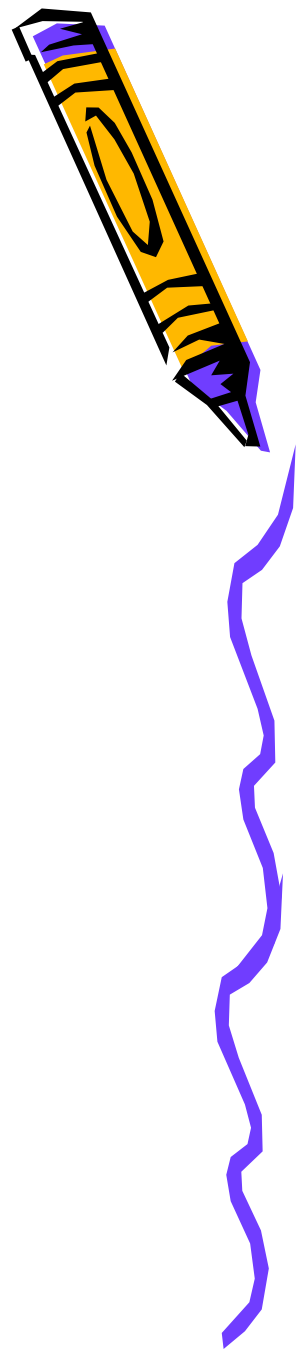
A Program of the
American Academy of Pediatrics

CATCH

Community Access to Child Health

ACKNOWLEDGEMENTS

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and
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Background

- American Academy of Pediatrics recommends an annual adolescent preventive health care visit
 - include confidential services, e.g., sexual health, substance abuse, mental health, safety
- Studies demonstrate that many adolescents do not receive confidential care



Purpose

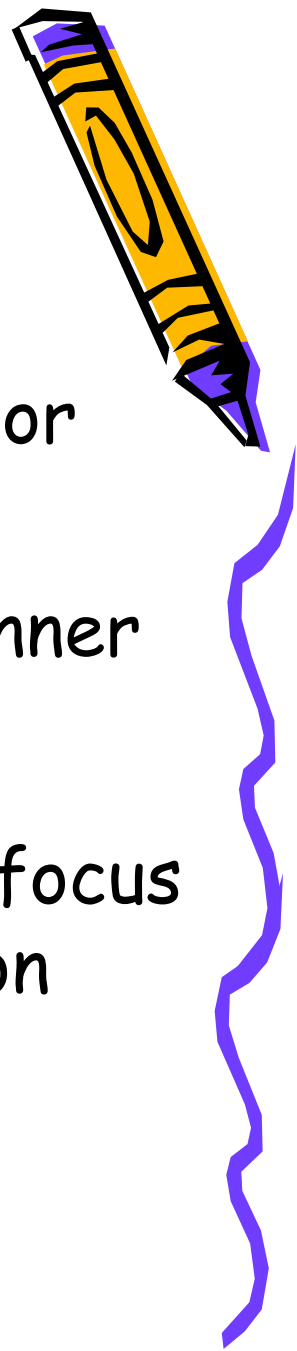
We conducted focus groups with local primary care providers to:

- 1) Determine primary care providers' (PCP) perceived health systems barriers to confidential adolescent sexual health services delivery
- 2) Illicit possible solutions to these barriers



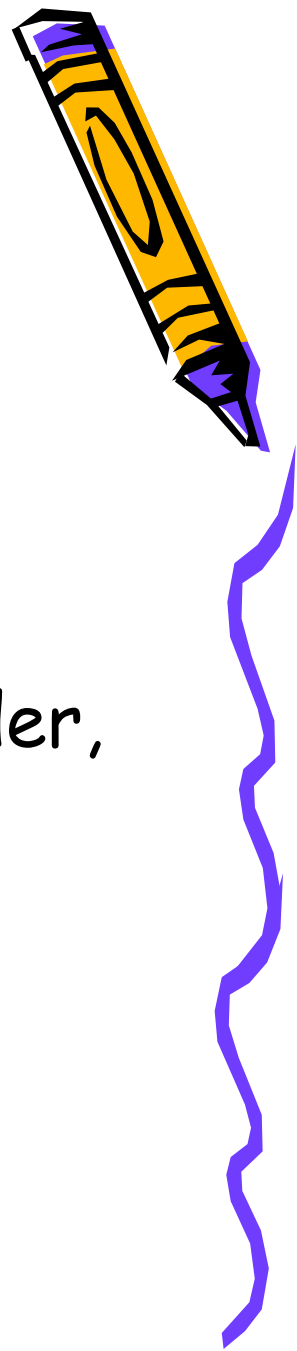
Methods

- Participants: Pediatricians and Family Medicine providers and staff who care for commercially insured adolescents
- Focus groups conducted over lunch or dinner
- Voluntary participation
- Written informed consent obtained for focus group participation and tape transcription
- IRB approval obtained



Methods

- Demographic survey administered to each participant
- Data collected included
 - personal characteristics, e.g., age, gender, years since graduation
 - practice characteristics, e.g., size of practice and payor mix of patients



Methods

- Focus group methodology was used to determine PCP's perceptions of health systems barriers and possible solutions to delivering commercially insured adolescents confidential health care
- Experienced health provider and cultural anthropologist conducted focus groups

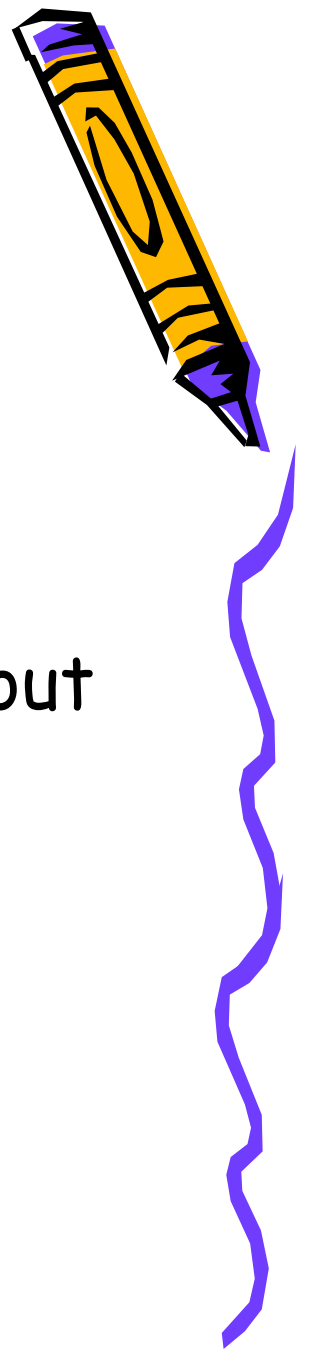


Focus Group Questions

1. In general, what are some of the challenges you face in providing health care for adolescents?
2. What challenges do you encounter when providing confidential adolescent sexual health services?
3. How do you currently deal with these barriers?
4. Thinking out of the box, if you could do anything to eliminate barriers to providing adolescents with confidential sexual health care, what would you recommend?
5. What systems changes would you recommend to more efficiently provide quality confidential sexual health care to adolescents?



Focus Group Sessions



- Each focus group session
 - lasted ~ 1 hour,
 - tape-recorded and transcribed without individuals' identities recorded
- Transcripts reviewed
- All responses confidential



Transcription and Analysis



- Audio recordings transcribed and analyzed using content analysis:
 - key phrases identified and categorized
- Major themes for participants' reported health systems barriers to providing confidential health care to commercially insured adolescents and possible solutions were identified

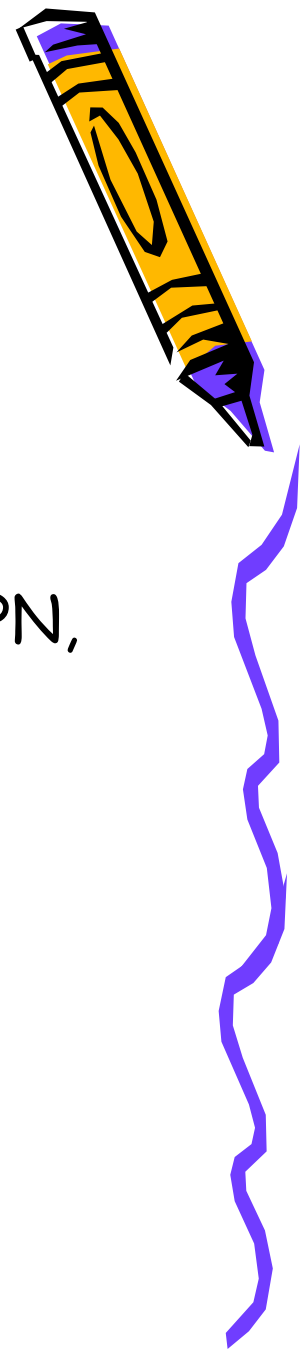


RESULTS



Demographics

- 42 providers and staff participated:
 - Role:
 - 55 % Physician
 - 25% Nurse Practitioner
 - 21 % Other office staff (including LPN, office manager, billing, etc)
 - Specialty:
 - 75% Pediatrics
 - 10 % Family Medicine
 - 5% Adolescent Medicine
 - 5% Med/Peds
 - 5% Other

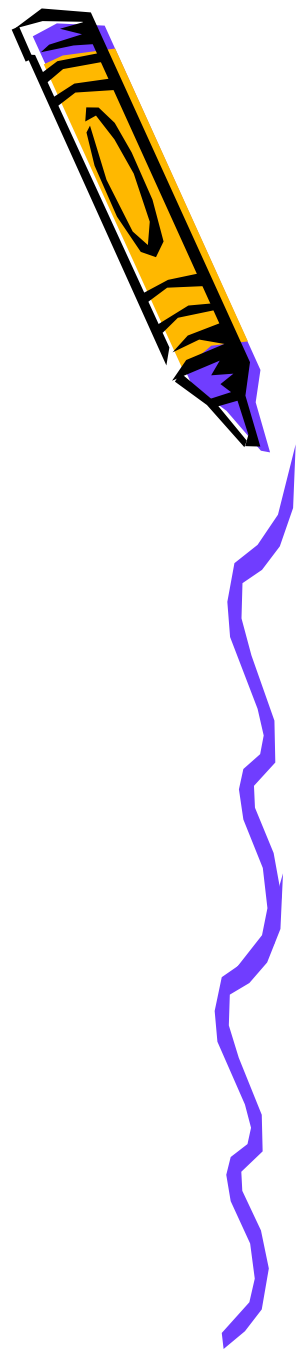


BARRIERS

Adolescent (Patient)

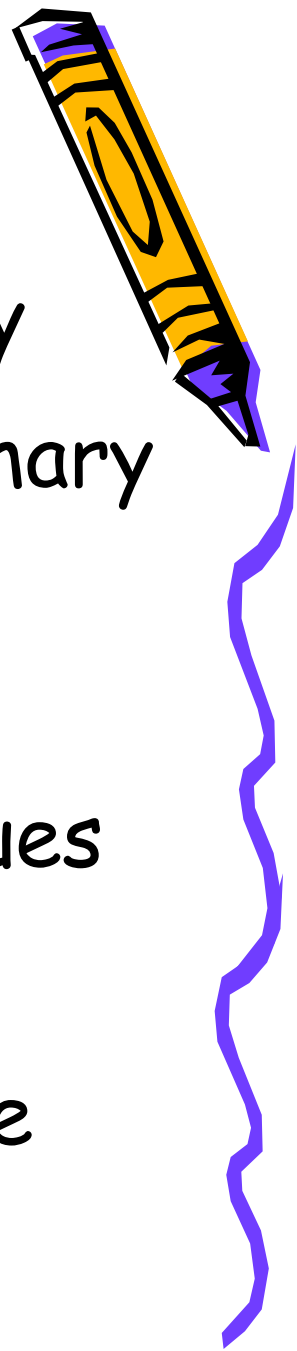
Parent

Health Systems



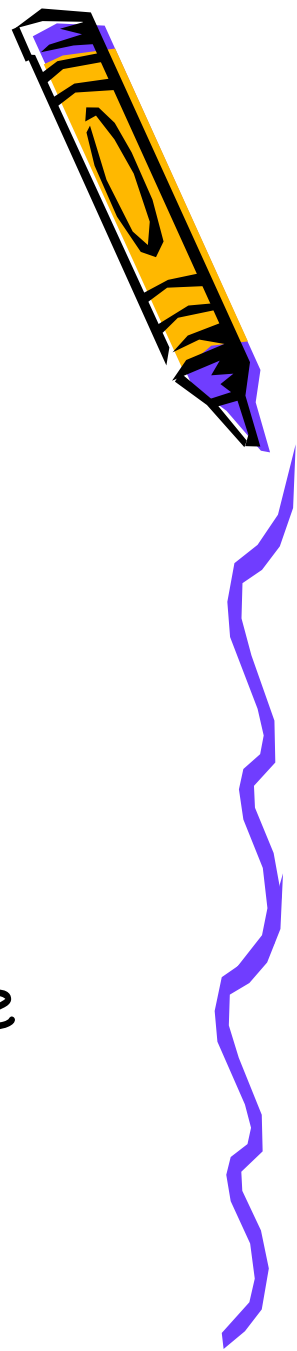
Adolescent (Patient) Barriers

- Adolescent life stage/maturity
- Not understanding role of primary care
- Patient/Physician relationship
- Access and transportation issues
- Confidentiality
- Mental health/substance abuse issues



Parent Barriers

- Parent/physician relationship
- Parent/patient relationship
- Do not understand
 - what is routine care for adolescents
 - adolescent rights to consent for care



System Barriers

- Time/Reimbursement
- Communication system
- Office structure
- Legal issues/Confidentiality
- Changing guidelines
- Not linked to community services
 - i.e., social work, mental health, mentoring programs (boys and girls club)

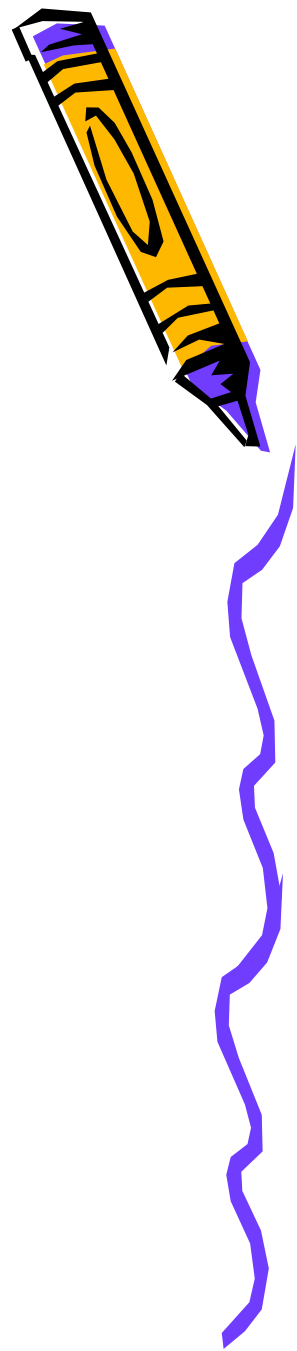


SOLUTIONS

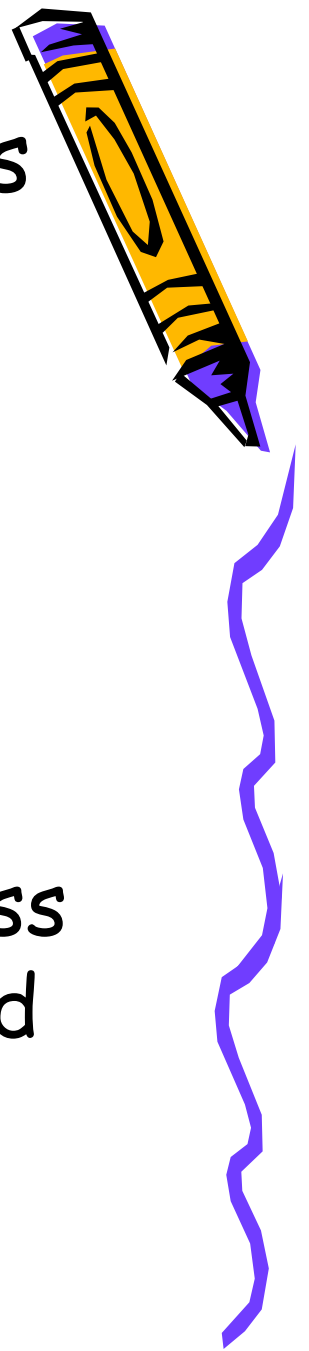
Adolescent (Patient)

Parent

Health Systems



Solutions for Adolescent Barriers



- Proactive transition
- Improved use of technology
- Empowerment
- Incentives
- Public campaigns to raise awareness about routine adolescents care and adolescent rights to consent





Solutions for Parent Barriers

- Proactive transition
- Parents educational materials to inform what to expect for routine adolescents care and adolescent rights to consent
- Train parent to be advocate



Solutions for Systems Barriers

- Create an adolescent medical home
- Restructure coding/payment system
 - modifier codes to allow more time for adolescent visits
 - CPT codes to flag as confidential visit
- Develop standard communication system
- Develop community referral resources
- Educate parents, teens and PCPs
- Increase public awareness

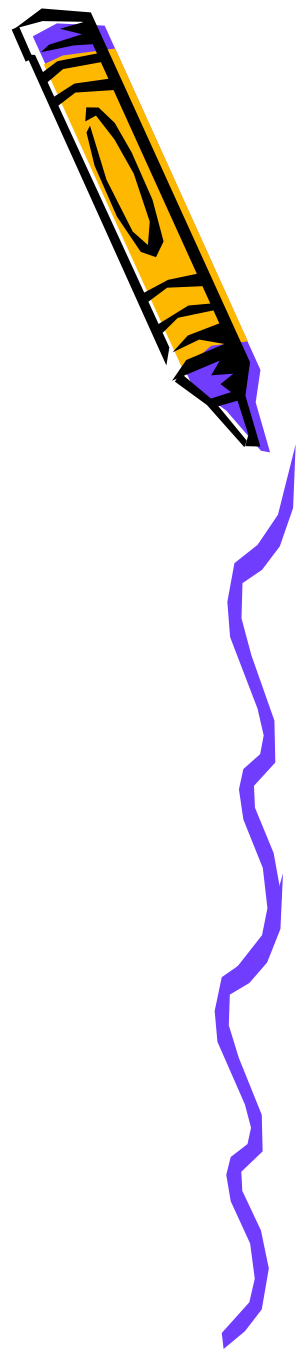


Next Steps

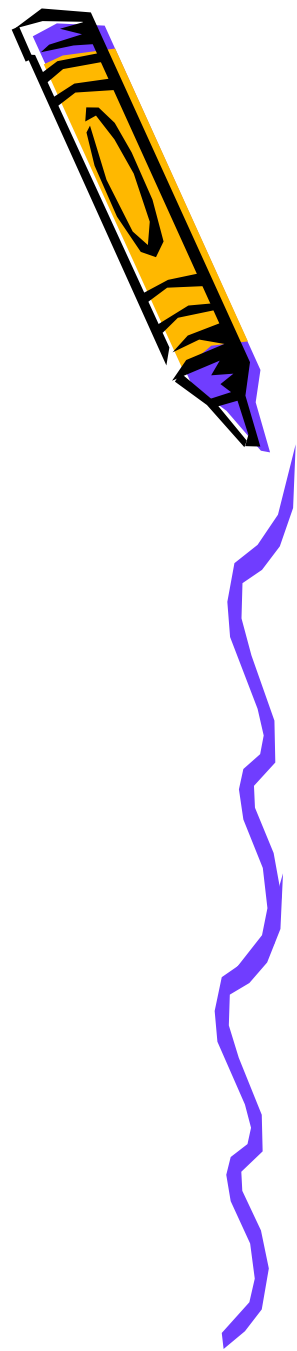
- Present findings and recommendations to health plan medical directors at Buffalo, NY Pediatric Council Meeting
- Ask health plans to:
 - Designate key person to continue conversations
 - Commit to doing something
 - Create a collaborative group



WHAT HAPPENED?

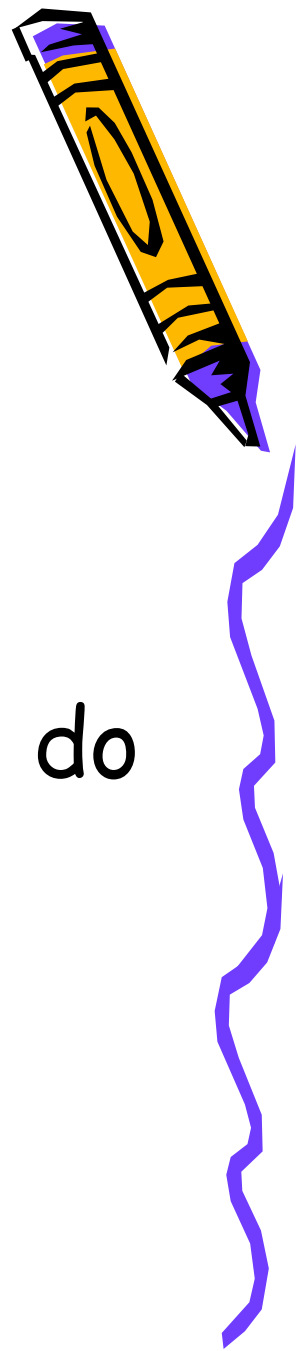


NOTHING!!!

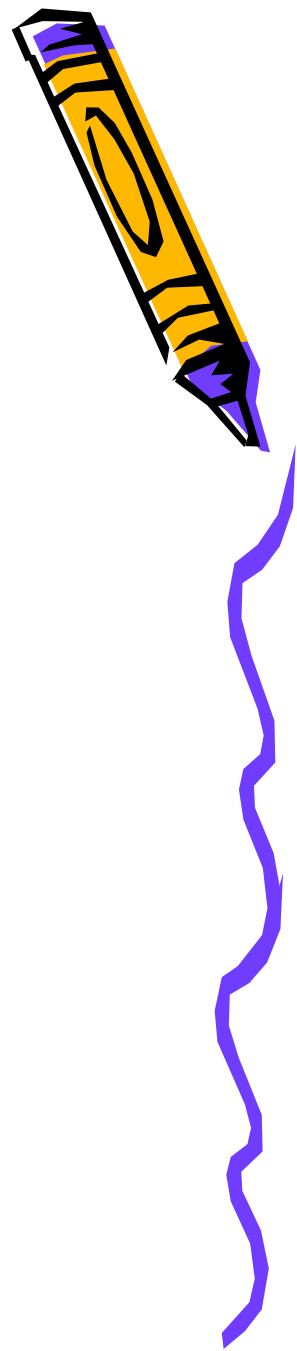


OUR NEXT STEPS

We applied for a National Chlamydia Coalition Minigrant to do it ourselves.....



QUESTIONS????



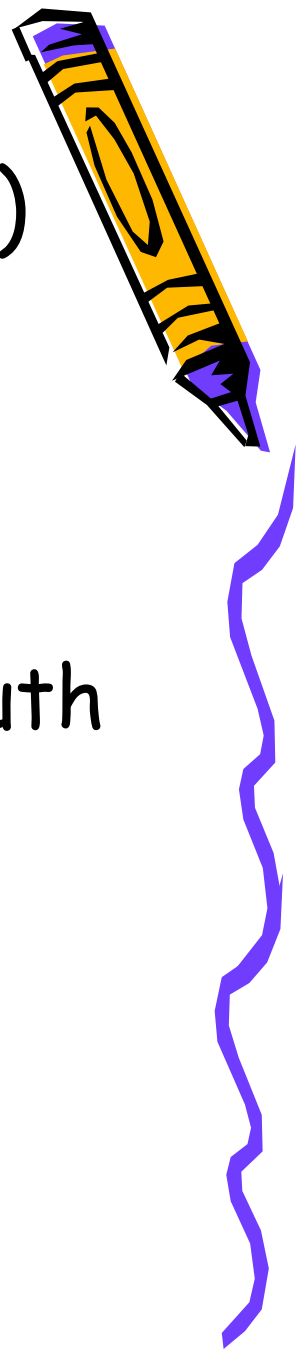
What can health plans do?

- Develop brochure for offices to educate parents/pts re: adolescent health care services
- Blanket consent form for parents
 - Testing, diagnosis, treatment, and immunizations
- Access and resource guide



What can health plans do? (cont.)

- Technology
 - Pilot kiosk stations with surveys and web-based resources for youth
- Agree to use modifier code to allow more time for adolescent visits



What can health plans do? (cont.)



- Agree to use CPT code to reimburse for outside testing and treatment follow-up
 - include as Chlamydia Screening HEDIS measure documentation
- Increased reimbursement for providers with mental health care certification



Adolescent Medical Home

- Incorporate risk behavior screening for adolescent preventative health
 - Add to quality indicators
 - Track adolescents beyond immunizations and asthma

