

**Adolescent health services:  
Challenges and opportunities for access  
and use of services**

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# Objectives

- Access to care - capacity and utilization
- Limited knowledge about special services for teens
  - “Comprehensive” services
  - Reproductive health care
- Adolescent health service providers
  - Primary care
  - Adolescent health specialists
- Utilization patterns
- Opportunities and challenges for better care

# Adolescent health care utilization

- Access requires systems and services that meet adolescents' needs
  - Confidentiality
  - Reproductive health, mental health services
- Most youth report having a regular source of care and having had preventive and other visits
- Adolescent and parent report of service delivery (ie, NHIS, others) generally better than documented visits (ie, MEPS, NAMCS) or quality measures (HEDIS).
- Content of care available or delivered is not always best practice

# Health Services Use

	Girls (%)	Boys (%)
Have usual source of primary care	94	91
<i>Usual source of care :</i>		
MD office	65	60
Clinic	24	24
Hospital	6	7
ER	4	6

# Health Services Use

	Girls (%)	Boys (%)
<i>Recent well visit</i>		
In past year	86	83
1-2 years ago	8	10
> 2 years ago	6	6

Klein, J Adol H, 1997

# Health Services Use

49% of teens received care that followed recommended guidelines (MEPS 2000-02)

Selden, 2006

58-63% girls and 49-61% of boys reported well visits in the past year (YRBSS 1999)

Burstein, 2003

# Health Services Use

	Girls (%)	Boys (%)
Spoke to MD privately	53	62
Missed needed care	29	24
Ever too embarrassed to discuss topic	39	24

Klein, J Adol H, 1997

# Foregone Care

- Ad Health Wave 1 (n = 20746)
- 18.7% reported foregone health care in the past year
- Adolescents who forego care are at increased risk for physical and mental health problems.

Ford, JAMA, 1999



# Percent who report having missed needed care need it the most

	<i>Exc/Good</i>	<i>Fair/Poor</i>	p-value
Health Status	23	41	<.001
	<i>Low</i>	<i>High</i>	
Depression	22	52	<.001
	<i>No problems</i>	<i>Hard times</i>	
Financial Status	20	54	<.001
	<i>No</i>	<i>Yes</i>	
History of abuse	21	49	<.001

# Reasons for missed care

	Girls (%)	Boys (%)
Cost too much	23	24
No Insurance	10	10
Didn't want parents to find out	38	31
Not that bad	15	14
No time to go	23	20
No transportation	13	10

Commonwealth Fund, 1997

# Missed opportunities for adolescent prevention

- Nearly half had not spoken with MD privately
- Many had missed needed care
- Many were too embarrassed to discuss topics with MDs
- Fear of disclosure is reason for much of missed care
- Confidentiality is critical to content/quality of care

# Adolescent care guidelines

- Guidelines recommend confidential, comprehensive health screening, preventive counseling, and immunizations
- Guidelines recommend annual well visits from 11-21, or are silent on periodicity
- Various guidelines (AAP, AAFP, AMA GAPS, MCHB Bright Futures, and USPSTF) concur on most of their content
- Much of recommended and/or desired content is not discussed

# Topics adolescents wanted to and actually discussed with providers

	Boys		Girls	
	Wanted (%)	Ever did (%)	Wanted (%)	Ever did (%)
Eating dis.	44	15	66	24
Drugs	65	34	65	28
STDs	58	24	65	28
Contraception	41	15	59	26
Smoking	58	32	59	27
Alcohol	56	27	56	23
Exercise	47	40	56	41
Abuse	36	12	48	12

Klein/Wilson, J Adol H, 2002

# Access - Capacity

Most adolescents get their care in traditional primary care settings

2005 physicians:

Pediatrics primary care	59,750
Pediatrics specialists	15,800
Family Practice primary care	118,360

Board Certified Adolescent medicine specialists (<1%):

Pediatrics (1994)	296
Family Practice (2001)	139
Internal Medicine	39

## **We know relatively little about special health services for adolescents**

- 1990 census and survey of special programs providing health services targeting youth
- School-based clinic surveys
- Family planning / Title X utilization data

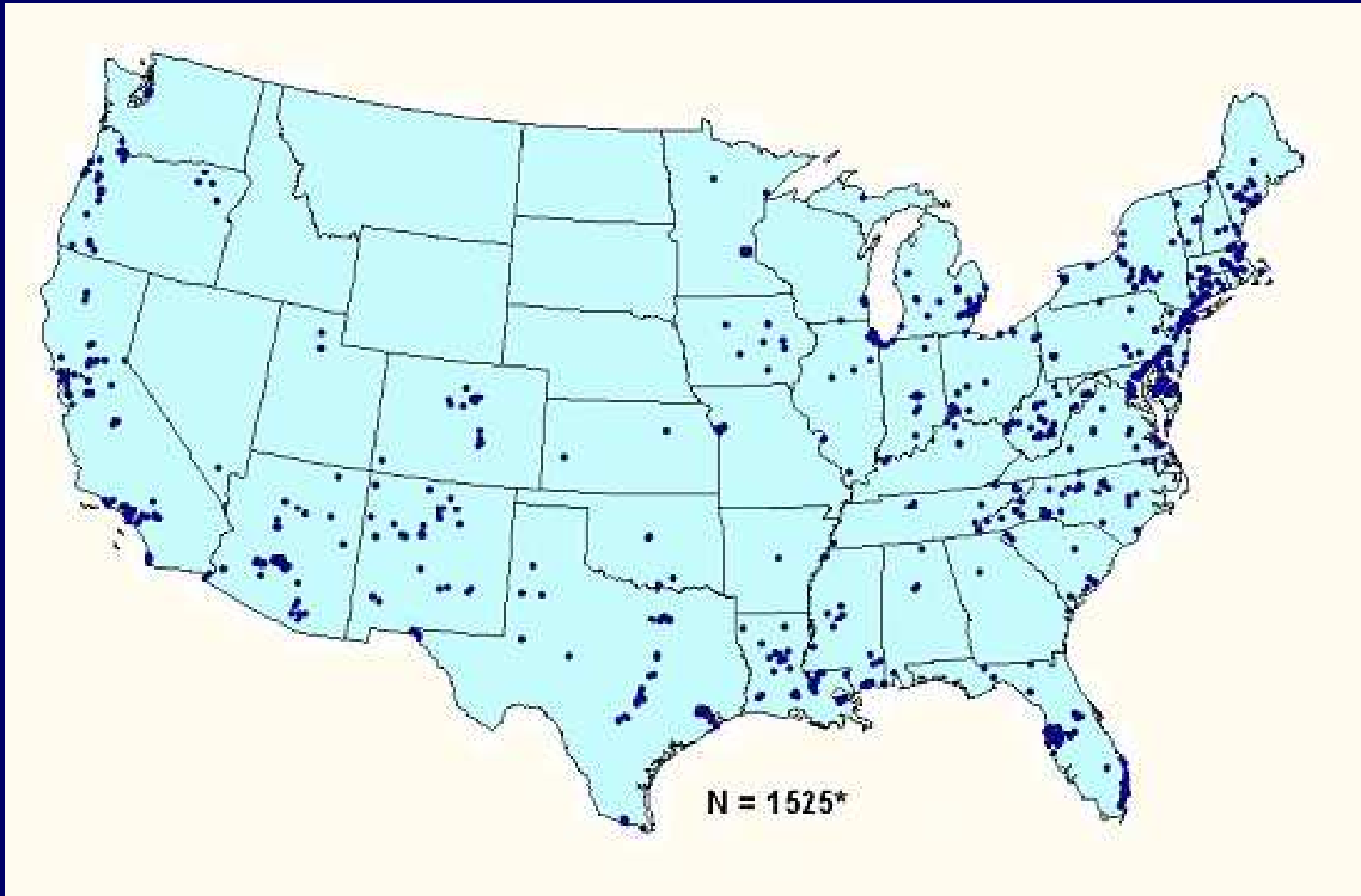
## Comprehensive Adolescent Health Services, 1990

- Census
  - 85%-90% of programs successfully identified
- 435 of 664 programs surveyed (66%)
  - 45% schools
  - 22% hospitals
  - 11% health centers
  - 9% community centers
  - 8% public health departments
  - 5% other sites

# School clinics

- 1385 SBHCs in database in 2001-02 Census
  - 245 removed (closed, not health center)
  - 238 added (new sites, previously undiscovered)
- 1378 in database at conclusion of census
- About 50% include high school aged students
- 17,000 school districts
- Skewed distribution

# School-based health clinics



# Family planning services

- Subsidized family planning services (2001)
  - 2,953 agencies
  - 7,683 sites in 2001
    - 37% State health departments
    - 12% Planned Parenthood affiliates
    - 11% Hospitals
    - 40% CMHCs\* and other agencies
- AGI estimates 4.9 million teens need contraceptive services and supplies

[www.guttmacher.org/pubs/fb\\_contr\\_serv.html;2001](http://www.guttmacher.org/pubs/fb_contr_serv.html;2001)

\*= HRSA source; current data unavailable

# Family planning

- Private physicians provide family planning services to the majority of American women (NAMCS)

Landry, FPP, 1996

- Planned Parenthood and Title X 1000 clinic 2003 survey
  - focus is on sexually active women  $\leq$  age 25
  - 36% also provide health services for men

Lindberg, 2006

# First family planning service

- 2 out of 3 women had their first family planning visit before age 18
  
- clinic 43% □
- private doctor or HMO 55%
  
- Non-Hispanic white 63%
- Hispanic 38%
- non-Hispanic black 45%

## Past year family planning service use by 15-19 year old women

- HMO/private MD 43%
- Clinic 21%
- Emergency room 5%
- Other 2% □

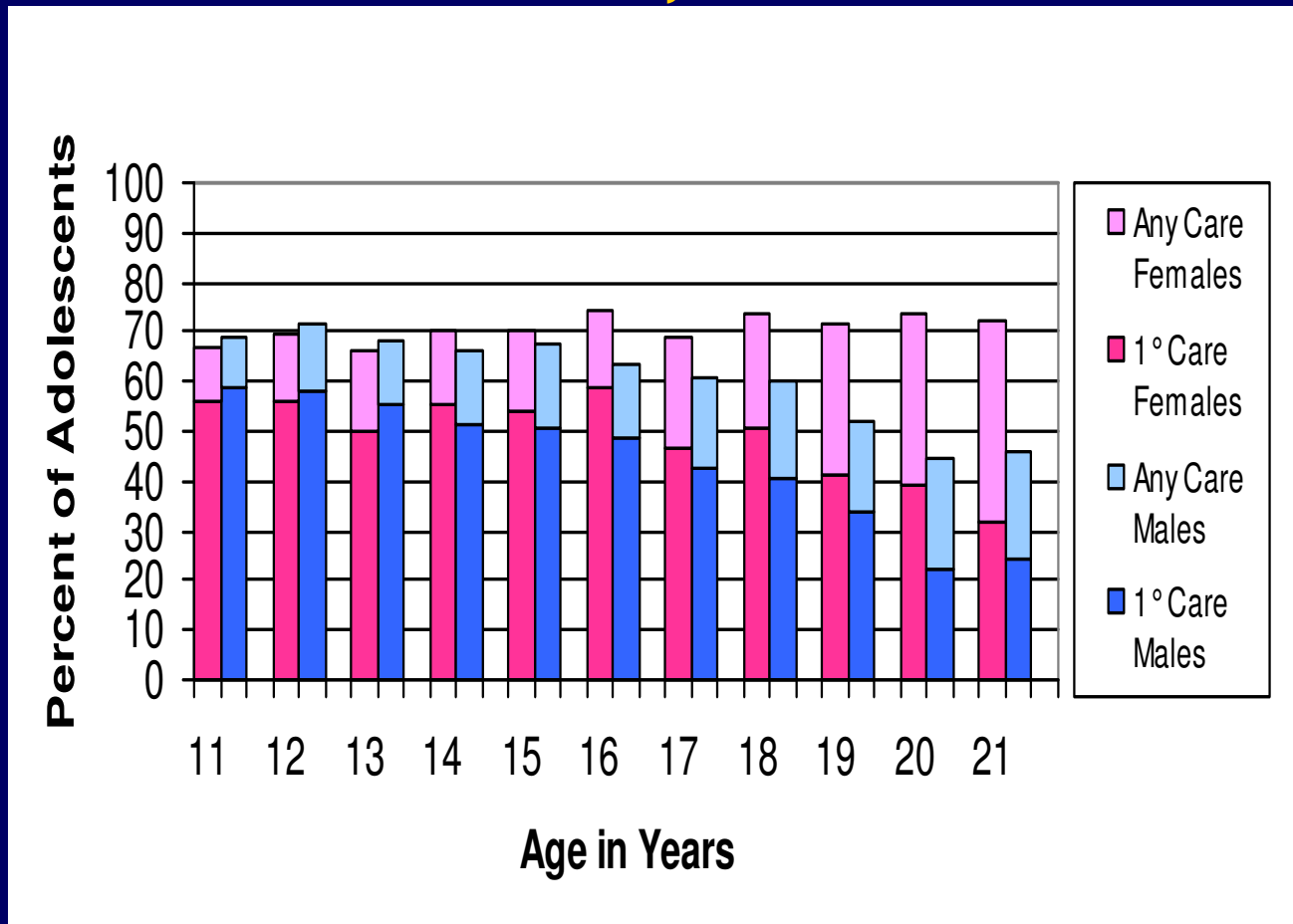
# Utilization patterns

- Many LA Planned Parenthood users had a usual source of care other than the clinic:
  - 59% of adolescents 12-19
  - 53% of adults 20-49
- Adolescents cite not wanting to involve family as the reason for not using their USC; adults were more likely to cite being uninsured

## Confidential Access to Care

	15-18 y/o	19-24 y/o
Well visit in last 2 years	90%	84%
Ever spoke to MD privately	60%	76%
Know confidential place	49%	58%
<b><u>Used</u> confidential place</b>	<b>11%</b>	<b>40%</b>

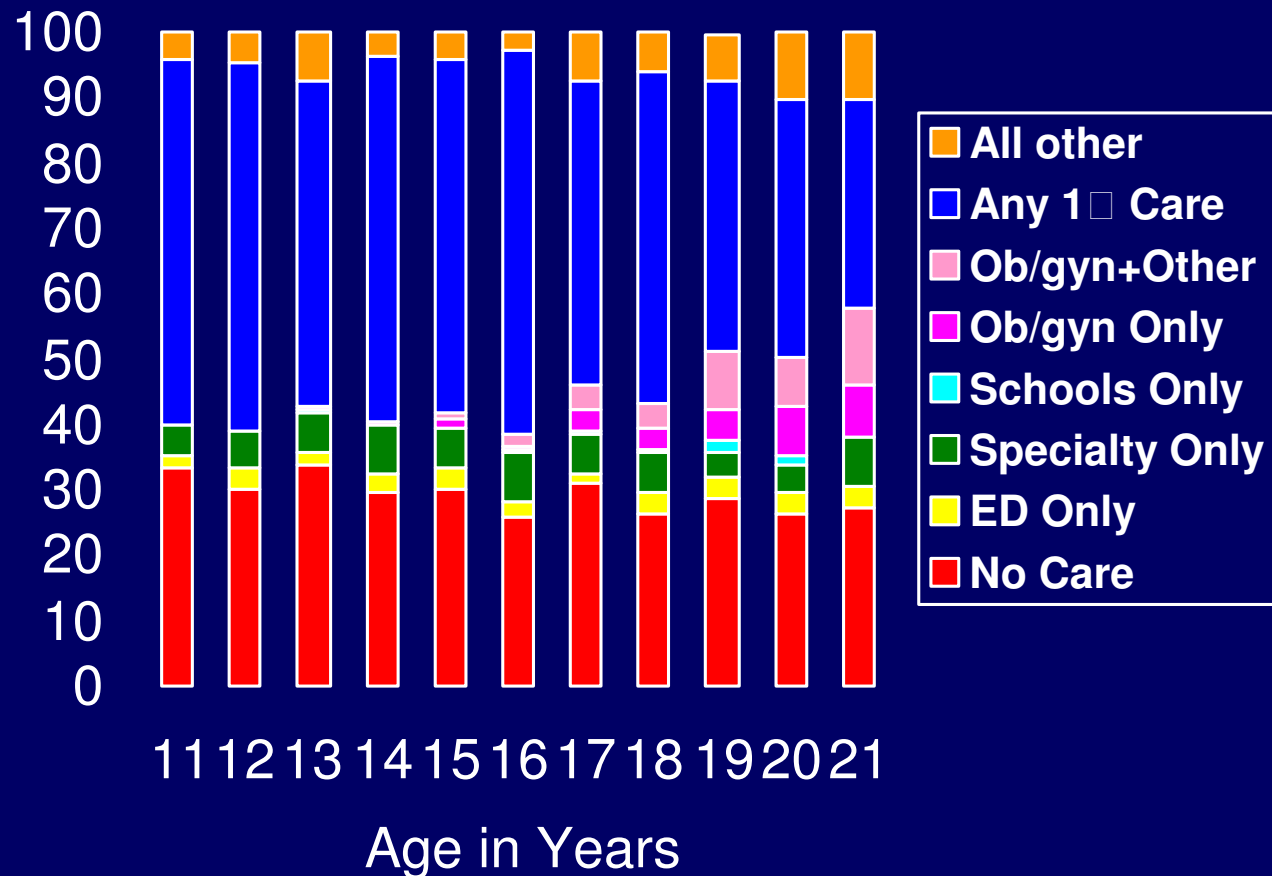
# Ambulatory and Primary Care in Past Year, MEPS, 2002



Albertin, PAS; 2006

Rand, Pediatrics; 2007

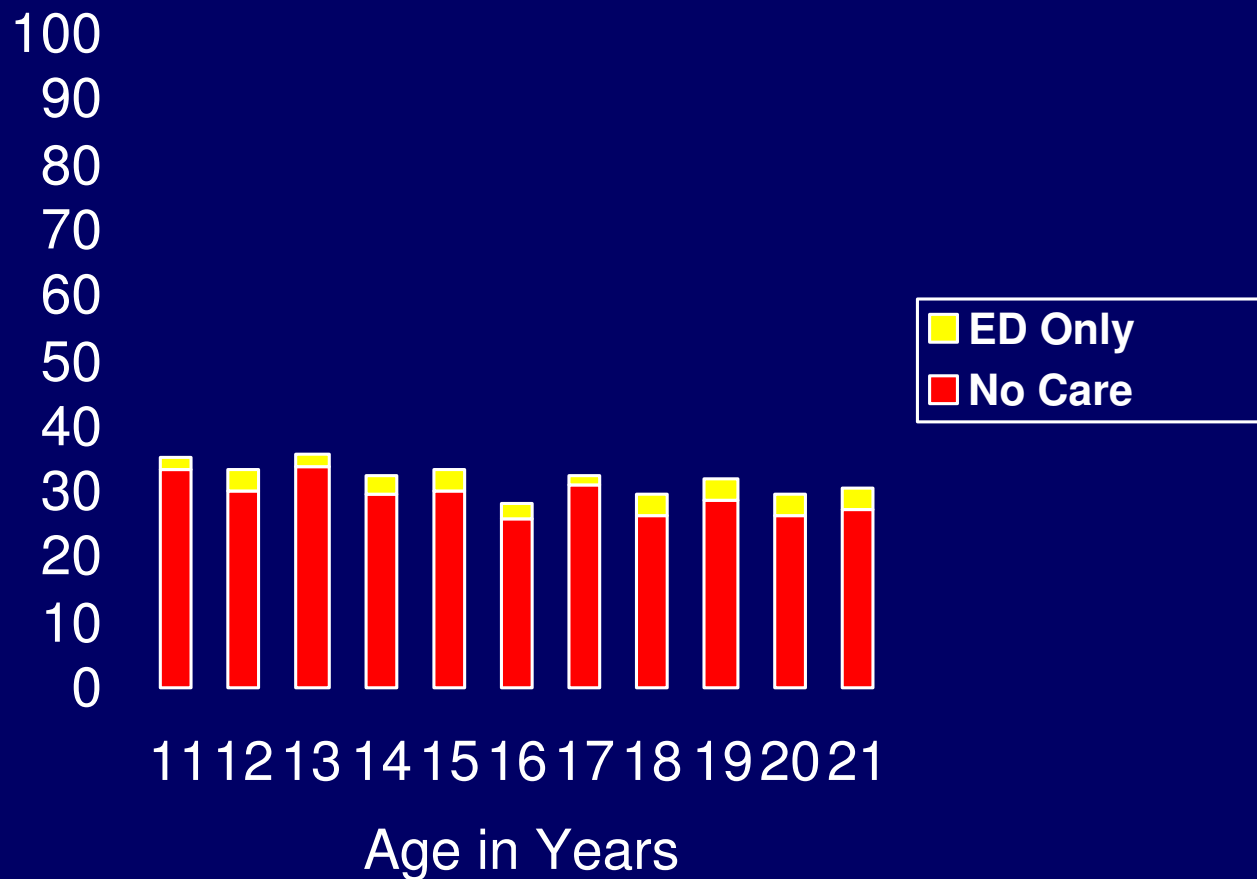
## Overall Healthcare Utilization by Female Adolescents, NAMCS and NHAMCS 1994-2003



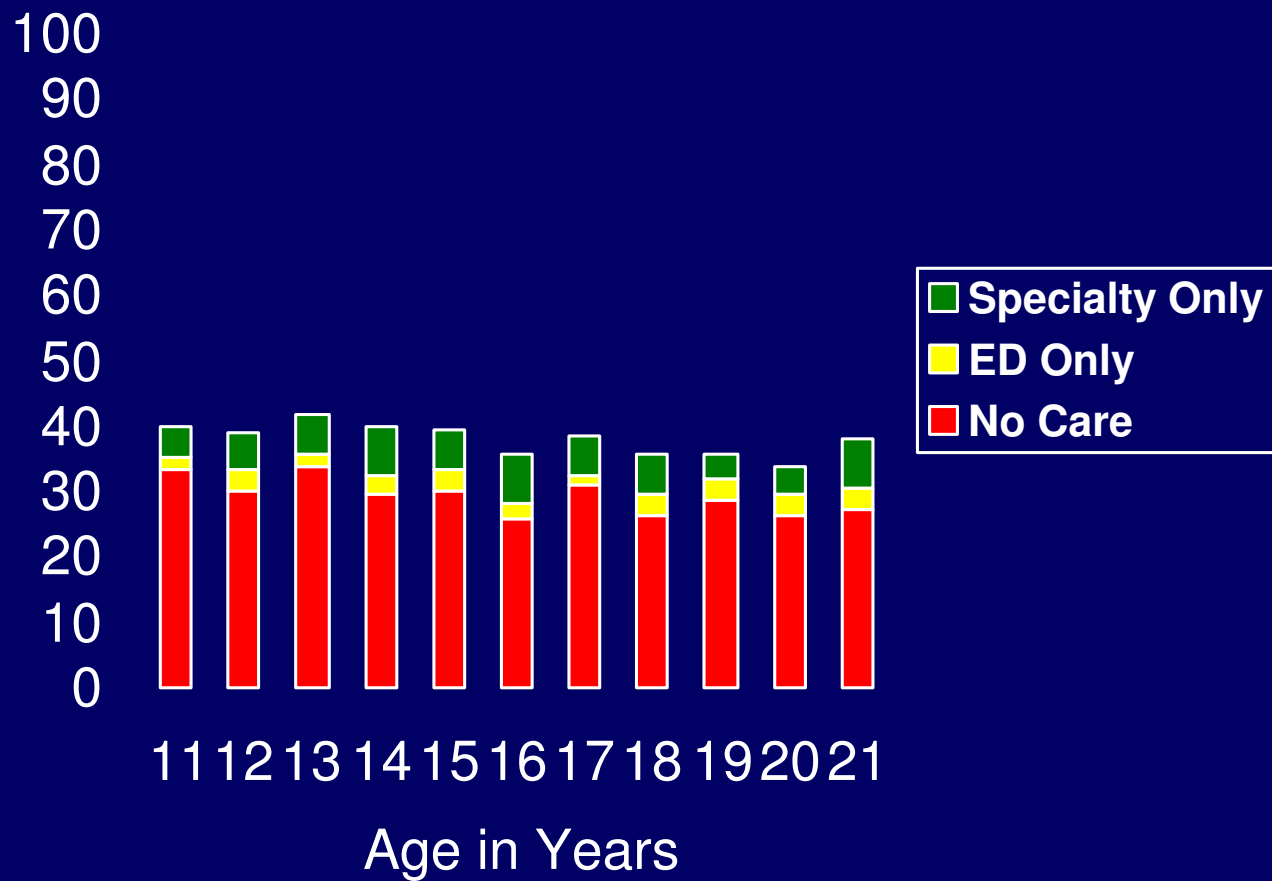
# Female Adolescents With No Ambulatory Care in 12 months



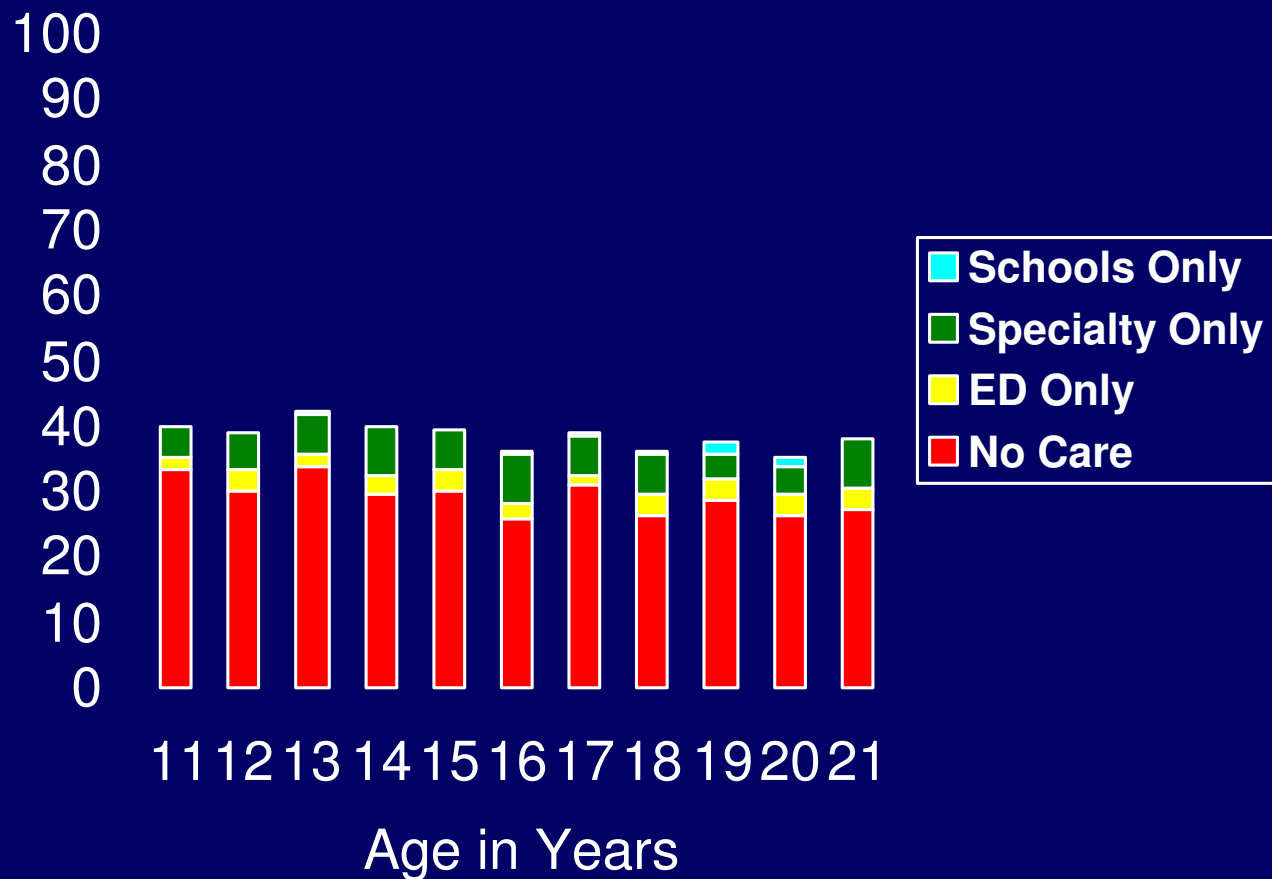
## Female Adolescents With Visits to Emergency Department (ED) Only



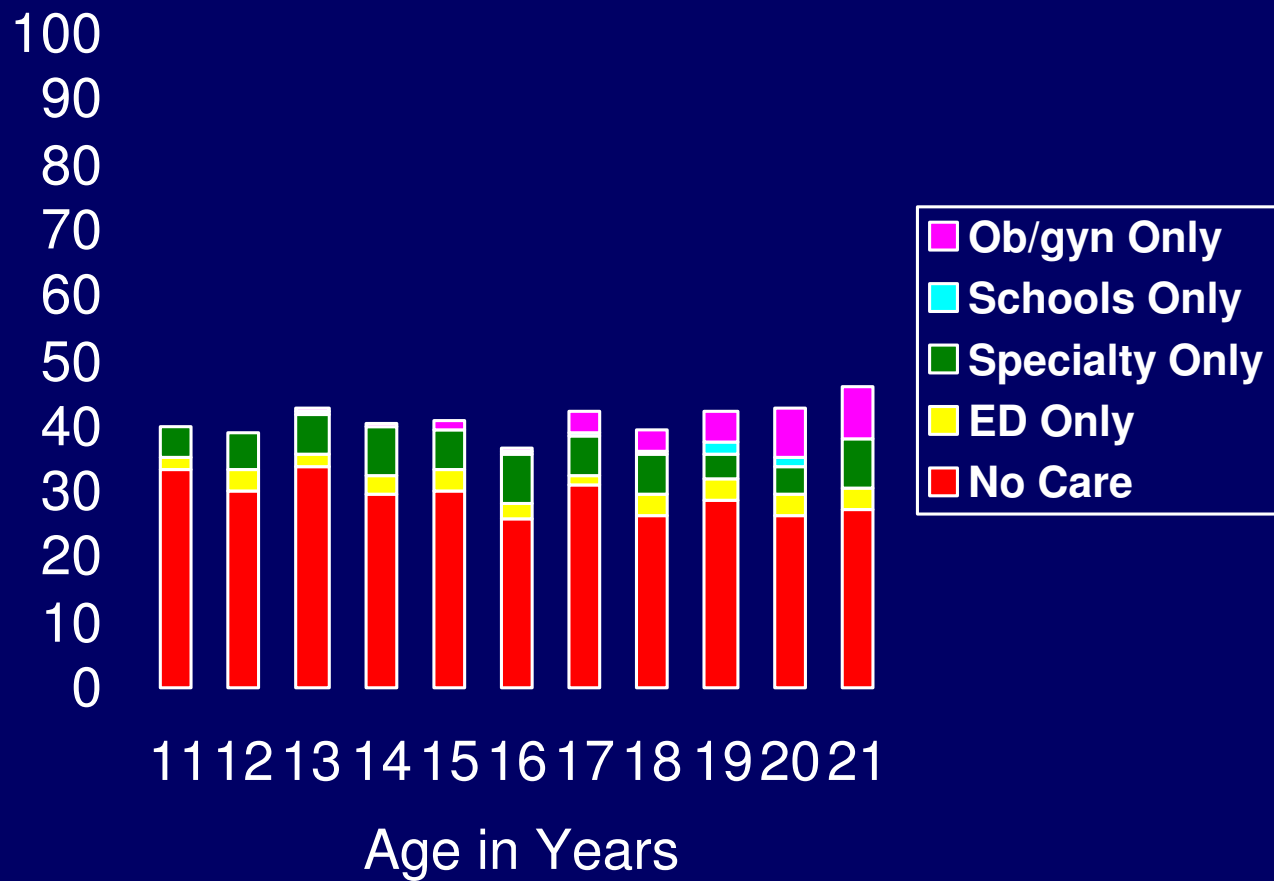
## Female Adolescents With Visits to Specialty Only



## Female Adolescents With Visits to School-based Clinic Only

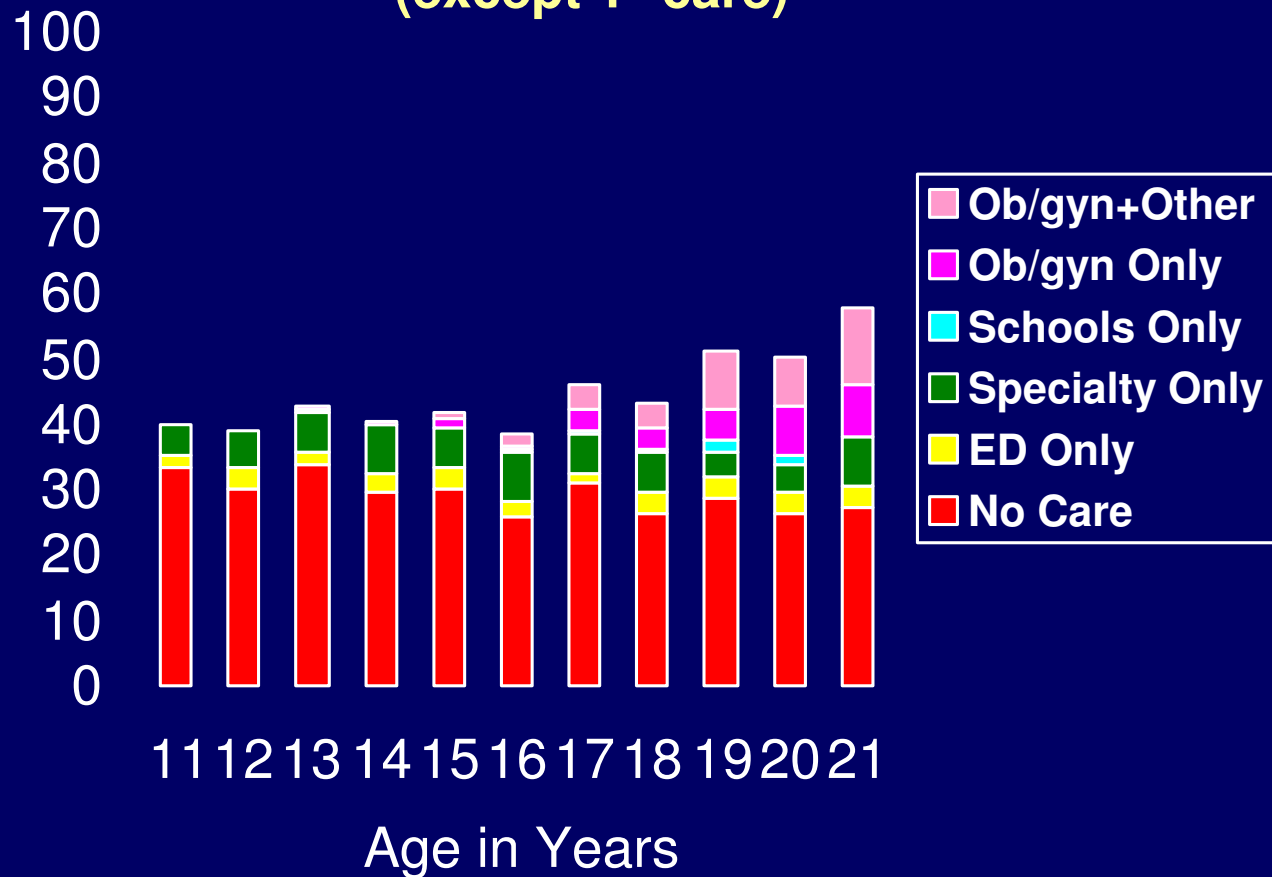


## Female Adolescents With Visits to Ob/gyn Only

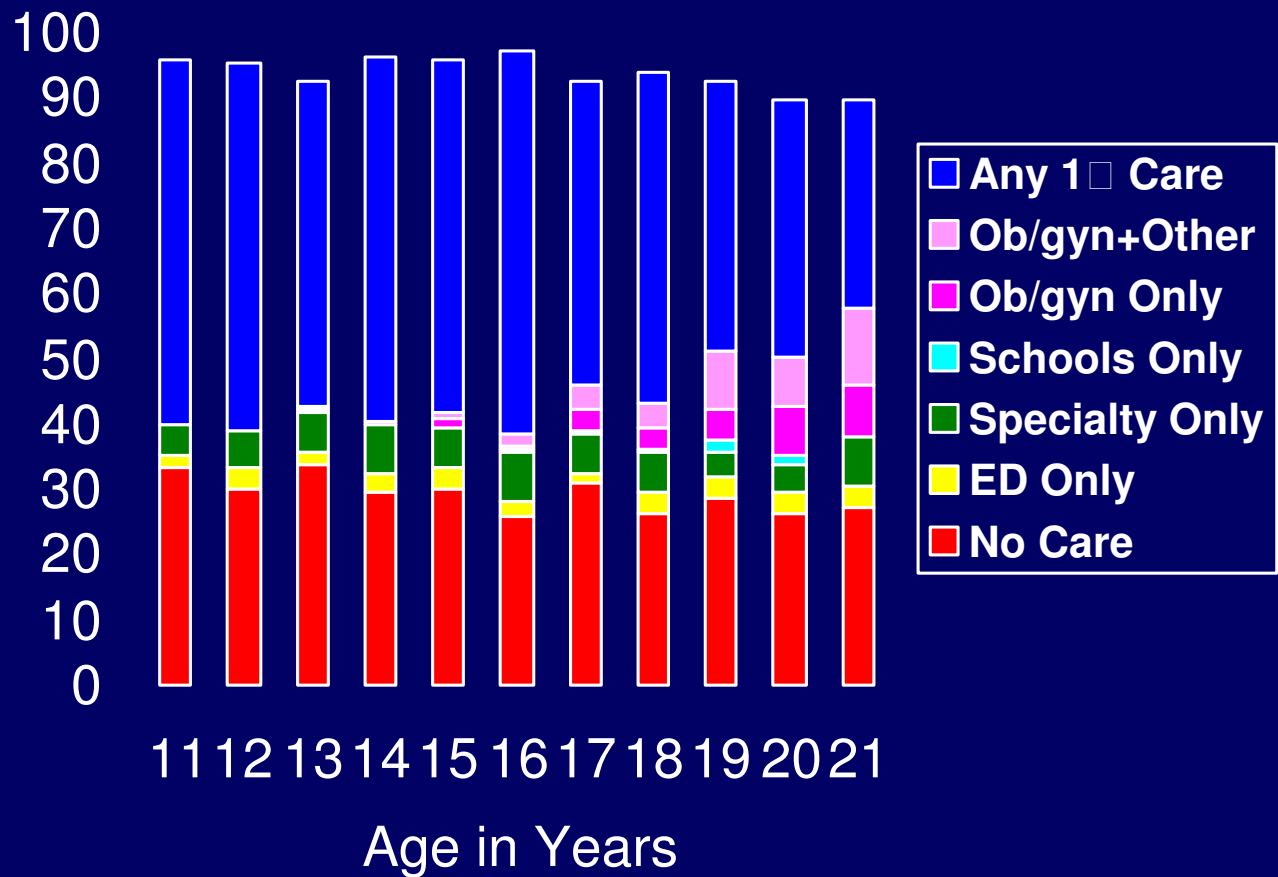


# Female Adolescents With Visits to Ob/gyn and Any Other Site

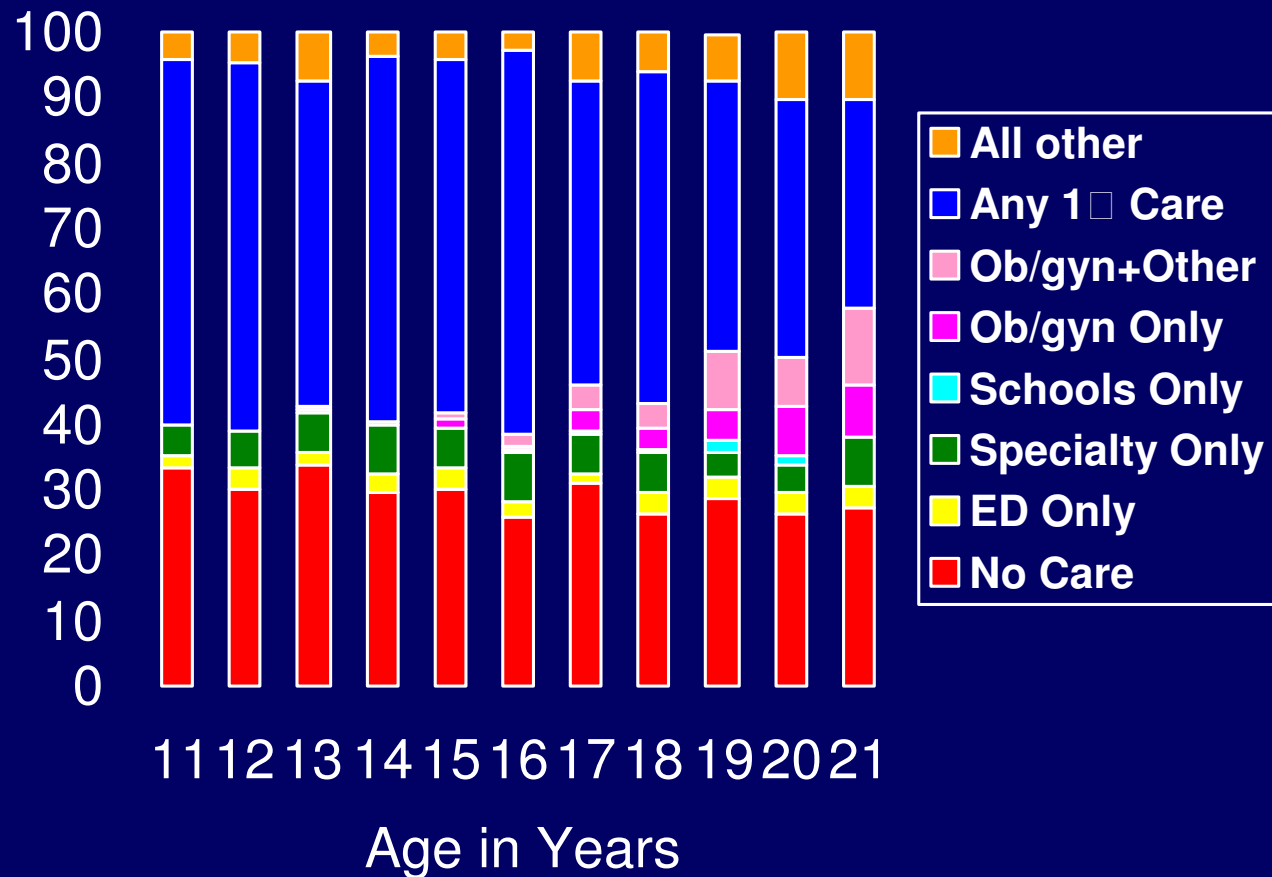
(except 1° care)



# Female Adolescents With Any Primary Care Visit



## Overall Healthcare Utilization by Female Adolescents, NAMCS and NHAMCS 1994-2003



Increasing evidence systematic approaches to  
helps improve preventive service practices  
Chronic Illness/care model (Wagner)

- Decision tools
  - Trigger questionnaires
  - Chart forms
- Information systems
- Patient self-care
  - Effective counseling techniques
  - Patient education resources
- Community resources

# Improving Preventive Services

- GAPS training & implementation in health centers increased
  - Receipt of health education materials
  - Access to care
  - Screening and counseling in 19 of 31 content areas
  - Trigger questionnaire had greatest impact

Klein, 2001

- Skill-based workshops and health education in staff model HMO clinics improved
  - Screening and counseling for safety, tobacco, alcohol, and sexual behavior
  - Confidentiality
  - Risky behaviors reported by youth
  - Improvements were associated with MD self-efficacy

Lustig, 2002

Ozer, 2005

# Improving Preventive Services

- Academic detailing use of trigger questionnaires and confidential visits in Excellus/BCBS Commercial and Medicaid managed care plans in NY increased

1999      2004  
YAHCS and NY QARR Measures

– Trigger questionnaire use	23	45
– Confidentiality	69	78
– Tobacco counseling	36	52
– Alcohol counseling	29	44

# Challenges and Opportunities

- Insurance
- Reproductive health
- Immunizations
- Internet

# Health insurance

- Providing coverage reduces disparities - unmet needs better but still high
- Adolescents and young adults least likely to be covered
- Insurance addresses confidentiality and patterns of care in fragmented, piecemeal fashion
- Billing may threaten confidentiality
- Mental health coverage is often inadequate

# Reproductive health

- “Abstinence only” services
- Confidentiality vs. mandatory reporting of sexual activity
- A “post-Roe” world ?

# Immunizations

- New vaccines - great potential
  - HPV, Herpes, etc.
- Cost issues
- Delivery not studied with annual visit periodicity
- Delivery system issues
  - Pediatric vs. Adult vs. Women's health care models
- See insurance and reproductive health

# The Internet

- Approaching universal use as phones change/merge into web devices
- Topics sought by teens:
  - Sexual & mental health
  - Weight loss/gain
  - Information on diseases (e.g. cancer, diabetes)
- Social network sites and new media will change how information is shared/used for care and for research

# Conclusions

- Access, use, and quality could be better
- Insurance and some other interventions help
- Quality measures help drive system change
- Sustained efforts and better surveillance needed
- Many opportunities, and also many threats
- Future systems will be different

