Creating a Welcoming Practice for Adolescents

What's New in Medicine

Seattle Children's Hospital

Three Rivers Convention Center, Kennewick, WA

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No relevant financial relationships with commercial interests to disclose.

Objectives

- By the end of this talk you will be able to:
  - Explain the importance of the well care visit for adolescents
  - Describe how to structure the clinic visit in a teen-centered manner that enhances the teen-provider relationship
  - Identify the elements of a successful teen visit
  - Describe how to counsel authoritatively about the importance of completing HPV vaccination before age 18

WCC is Valuable

CLINICAL

Well-Child Care Visits and Risk of Ambulatory Care–Sensitive Hospitalizations

Jeffrey O. Tom, MD, MS; Rita Mangione-Smith, MD, MPH; David C. Grossman, MD, MPH; Cam Solomon, PhD; and Chien-Wen Tseng, MD, MPH

WCC is Prevention

- Study design: retrospective observational study
  - used claims and administrative data for children aged 2 months to 3.5 years enrolled @ Group Health from 1999 to 2006.
- Main independent variable:
  - timely WCC visits based on Group Health's 2000 recommended schedule.
- Evaluation:
  - Hazard Ratios to determine association between WCC visit adherence and risk for a child's first ED/UC visit

(e.g. ambulatory care-sensitive hospitalization = ACSH)

Tom et al, *Amer J Managed Care*, 2013

WCC "Saves Money"

- Results: 20,065 children reviewed 797 (4%) had an ACSH.
- Conclusions: [all statistically significant]
  - Children with lower WCC visit adherence had increased hazard ratios (HRs) of 1.4-2.0 for ACSH
  - Of the 2196 children with >= 1 chronic disease, 189 (9%) had an ACSH.
  - Children with >= 1 chronic disease and with lower WCC visit adherence also had increased HRs for ACSH

Tom et al, *Amer J Managed Care*, 2013

Big question

Why would these conclusions be any different for healthy teens?

The “Chronic Medical Conditions” of Adolescence

- Parent-Child Conflict
- Homelessness / Inadequate Housing
- Academic Underachievement
- Obesity
- Anxiety and Depression
- Substance Use
- STD Screening and Contraceptive Counseling
  - Sexual Health Concerns
- Safety – e.g. SI/SIB, distracted driving

Reasons Teens Don’t Come In

- They are busy.
  - Not enough hours in the day?
- They have competing interests.
  - School, sports, etc.
- No way to get there

But…None of these are critical reasons for the high no-show rate.

The Real Reasons

- Peds Clinic is for kids
- No messaging about teen needs
- Need for parental consent
- Establishing teen-provider relationship
- “Confidential” testing
- Appointment takes time
  - Seeing several URIs and r/o AOMs vs. 1 time-consuming patient
  - Teen patients are *never* straightforward

What Teens Want

Characterizing Key Components of a Medical Home Among Rural Adolescents

Sarah K. Dixon, M.D., M.P.H. [a], Andrea J. Hoopes, M.D., M.P.H. [b], David Benkeser, M.P.H. [c], Aaron Grigg, M.D. [a,d], and H. Mollie Grow, M.D., M.P.H. [a,*]

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Keywords: Adolescent health services; Rural health services; Patient-centered care; Confidentiality; Medical home

What Teens Would Like

- Study design: cross sectional study (validated survey) community health assessment
  - convenience sample of high-school students in one rural town
- What is being measured
  - describe adolescent experiences of key components of a medical home in rural Washington.
  - Responses within each medical home domain were grouped to create composite scores.
  - Linear and logistic regression analyses identified characteristics associated with receiving medical home services

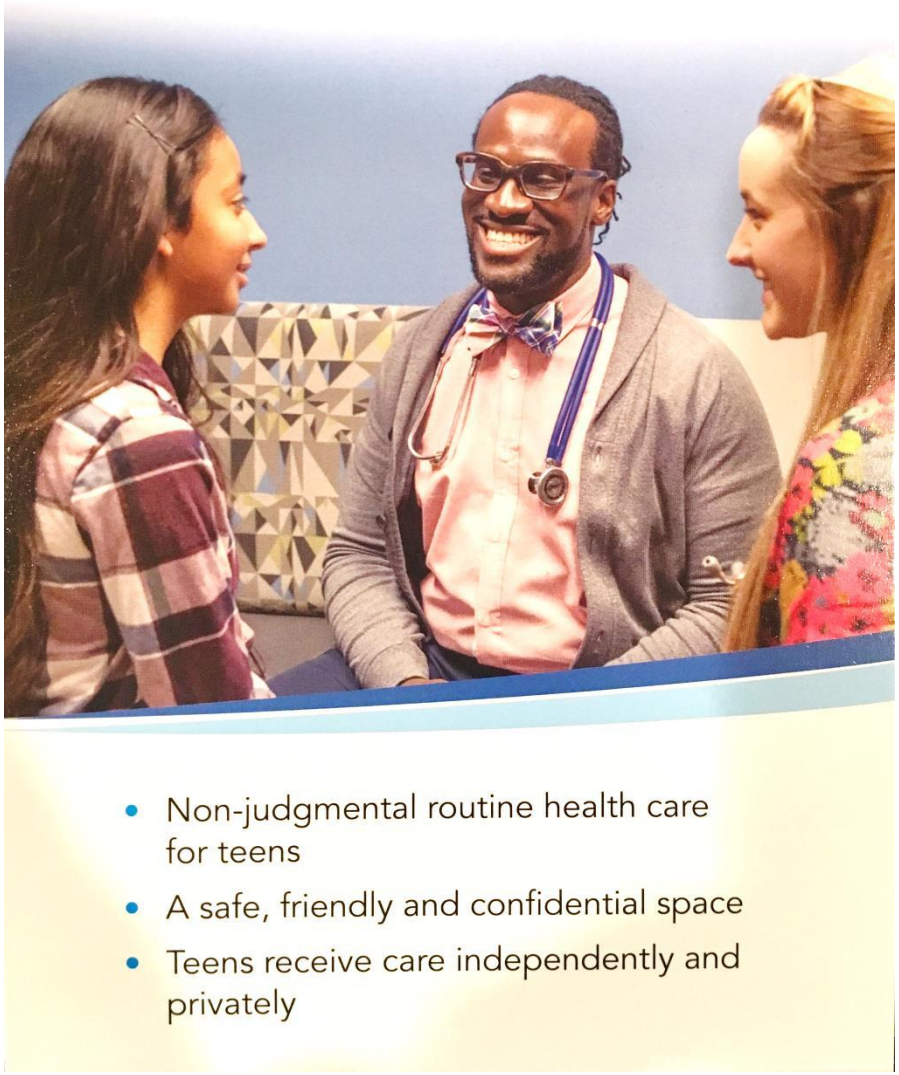
Dixon et al, *J Adol Health*, 2015

What Teens Need

- Results: A total of 217 adolescents aged 13-19 years completed the survey.
  - Eighty-five percent identified as Latino/Hispanic.
- Conclusions: “the good”
  - Usually or always feeling listened to by providers (80%)
  - Respected by providers (89%)
  - Welcomed at their clinic (79%).
- Conclusions: “the bad”
  - I have a personal health provider (56%)
  - I meting alone with a provider (56%)
  - I knew the visit was confidential (60%).
- The kicker:
  - “Those who identified having a primary provider had 2.48 greater odds of reporting a well visit in the previous year and had higher composite scores for compassionate and patient-centered care.”

Dixon et al, *J Adol Health*, 2015

Creating a Welcoming Teen Space



Integrated Team

- Medical provider
- Behavioral health provider
- Nurse
- Medical assistant
- Social worker

Clinic Forms for Efficiency

- Confidentiality Handout
- Teen ROI
- Intake Form
- PHQ-9
- GAD-7
- EAT-26

An idea: Structuring the WCC

- Speech to the masses:
  - Normalize what you are about to do
- Workflow
  - Talk as a group
  - Allow for questions
  - Provide anticipatory guidance
  - Physical Exam
  - Kick parents out!
  - HEADDSS History
  - Immunizations
- Wrap-up & return to sender

The HEADSS assessment

- **H**ome
- **E**ducation/**E**mployment
- **A**ctivities
- ***D*epression**
- ***D*rugs**
- ***S*exuality**
- **S**afety

Tips to Ensure Success

- Reminder Calls to Teens
  - Ensures attendance, lowers no-show
- Assign Roles
  - Medical provider should *not* do everything
- Keep it moving!
  - Flexible schedule of “who’s on first?”
- Screen in and intervene
  - Medical does not have to be the first person in the room
- Build self-efficacy
  - Shows that you take interest in their capacity
- Schedule follow-up before they leave the clinic!

A word about RVUs

CPT Code	Work RVU
• 99213 (15 minutes)	• 0.97
• 99214 (25 minutes)	• 1.5
• 99215 (40 minutes)	• 2.11
• 99354 (prolonged services)	• 1.77

Bill for time!

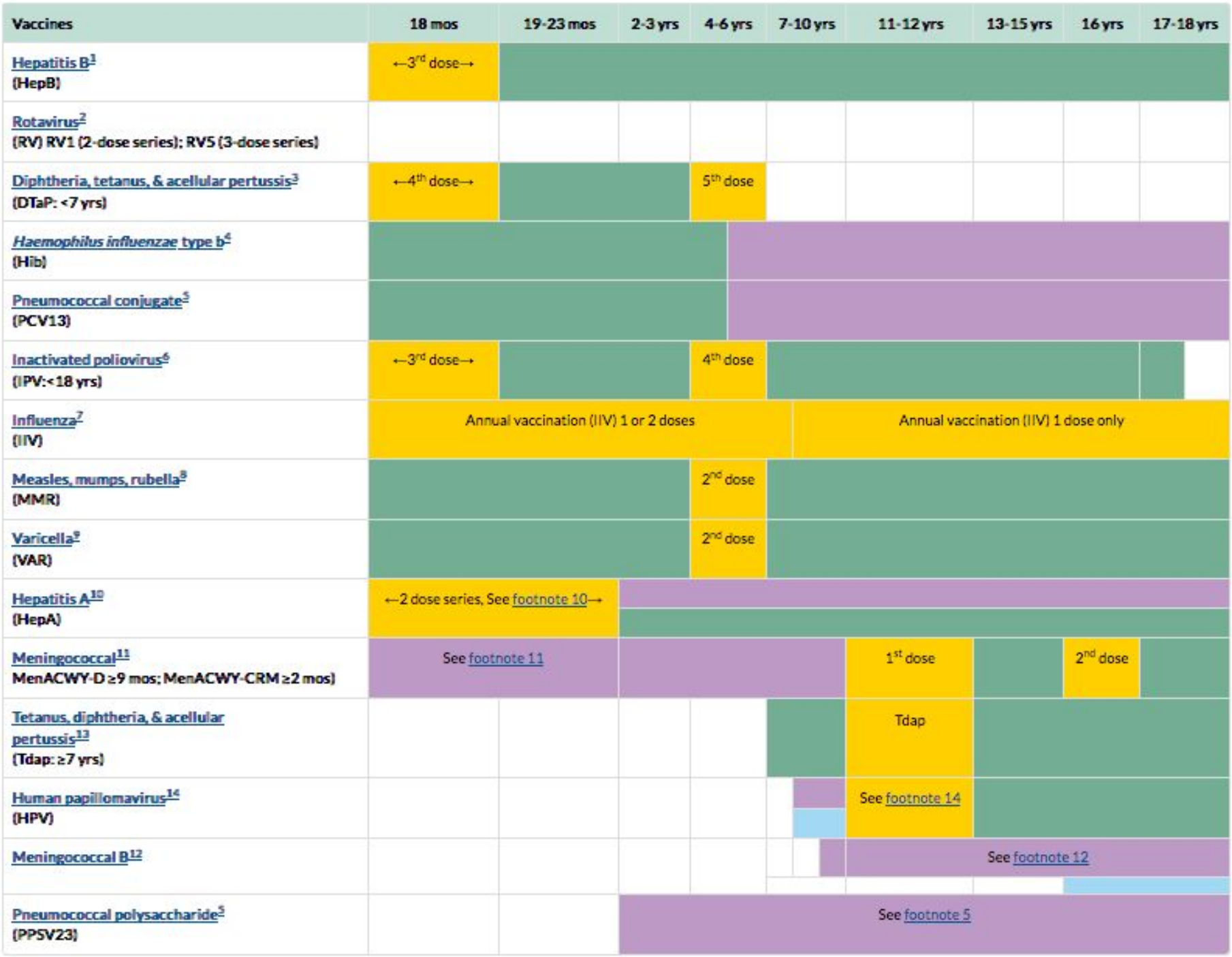
I spent at least ___ minutes with the patient, with greater than 50% of time spent in counseling on and discussing the topics outlined/above/below, and coordinating care.

Websites for Teens

- www.teenshealth.org
- https://youngwomenshealth.org/
- http://youngmenshealthsite.org/
- https://www.bedsider.org/

Resources for Providers

- (*see previous slide*)
- US Medical Eligibility Criteria (US MEC) for Contraceptive Use
  - Get the apps: CDC Contraception, CDC STD Tx Guide
- Reproductive Health Access Project
  - https://www.reproductiveaccess.org/key-areas/contraception/
- Univ of Michigan Adolescent Health Initiative
  - www.adolescenthealthinitiative.org


Vaccines
18 mos
19-23 mos
2-3 yrs
4-6 yrs
7-10 yrs
11-12 yrs
13-15 yrs
16 yrs
17-18 yrs
Hepatitis B[1] (HepB)
←3rd dose→
Rotavirus[2] (RV) RV1 (2-dose series); RV5 (3-dose series)
Diphtheria, tetanus, & acellular pertussis[3] (DTaP: <7 yrs)
←4th dose→
5th dose
Haemophilus influenzae type b[4] (Hib)
Pneumococcal conjugate[5] (PCV13)
Inactivated poliovirus[6] (IPV:<18 yrs)
←3rd dose→
4th dose
Influenza[7] (IIV)
Annual vaccination (IIV) 1 or 2 doses
Annual vaccination (IIV) 1 dose only
Measles, mumps, rubella[8] (MMR)
2nd dose
Varicella[9] (VAR)
2nd dose
Hepatitis A[10] (HepA)
←2 dose series, See footnote 10→
Meningococcal[11] MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)
See footnote 11
1st dose
2nd dose
Tetanus, diphtheria, & acellular pertussis[13] (Tdap: ≥7 yrs)
Tdap
Human papillomavirus[14] (HPV)
See footnote 14
Meningococcal B[12]
See footnote 12
Pneumococcal polysaccharide[5] (PPSV23)
See footnote 5

CDC Recommended Immunizations

- Tdap at age 11-12
- Annual influenza
- HPV, series to start at age 11 or 12
  - Age 9-14: 2 dose series
  - Age 15+: 3 dose series
- Meningococcal
  - 1st dose age 11-12
  - Booster age 16-18

http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

HPV Vaccine

9-Valent PHV (HPV9), Brand name Gardasil 9

Manufactured by: Merck

Protects against types: 6, 11, 16, 18, 31, 33, 45, 52, 58

Only HPV 9 is available on the CDC contract as of the end of 2016.

If you encounter quadrivalent Gardasil or bivalent Cervarix, they can be used in compliance with ACIP recommendations until they expire.

CDC. Use of 9-Valent Human Papillomavirus (HPV) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices *MMWR*. 2015;64(11);300-304.

ACIP Recommendation and AAP Guidelines for HPV Vaccine

- Routine HPV vaccination recommended for both males and females ages 11-12 years. It can be started as early as age 9.
  - Catch up vaccination recommended for males and females ages 13-26.
  - Routine vaccination is also recommended for immunocompromised (including HIV infection) and men who have sex with men through age 26.

CDC. Quadrivalent Human Papillomavirus Vaccine: Recommendations of ACIP. MMWR 2007;56(RR02):1-24.

HPV Vaccination Schedule

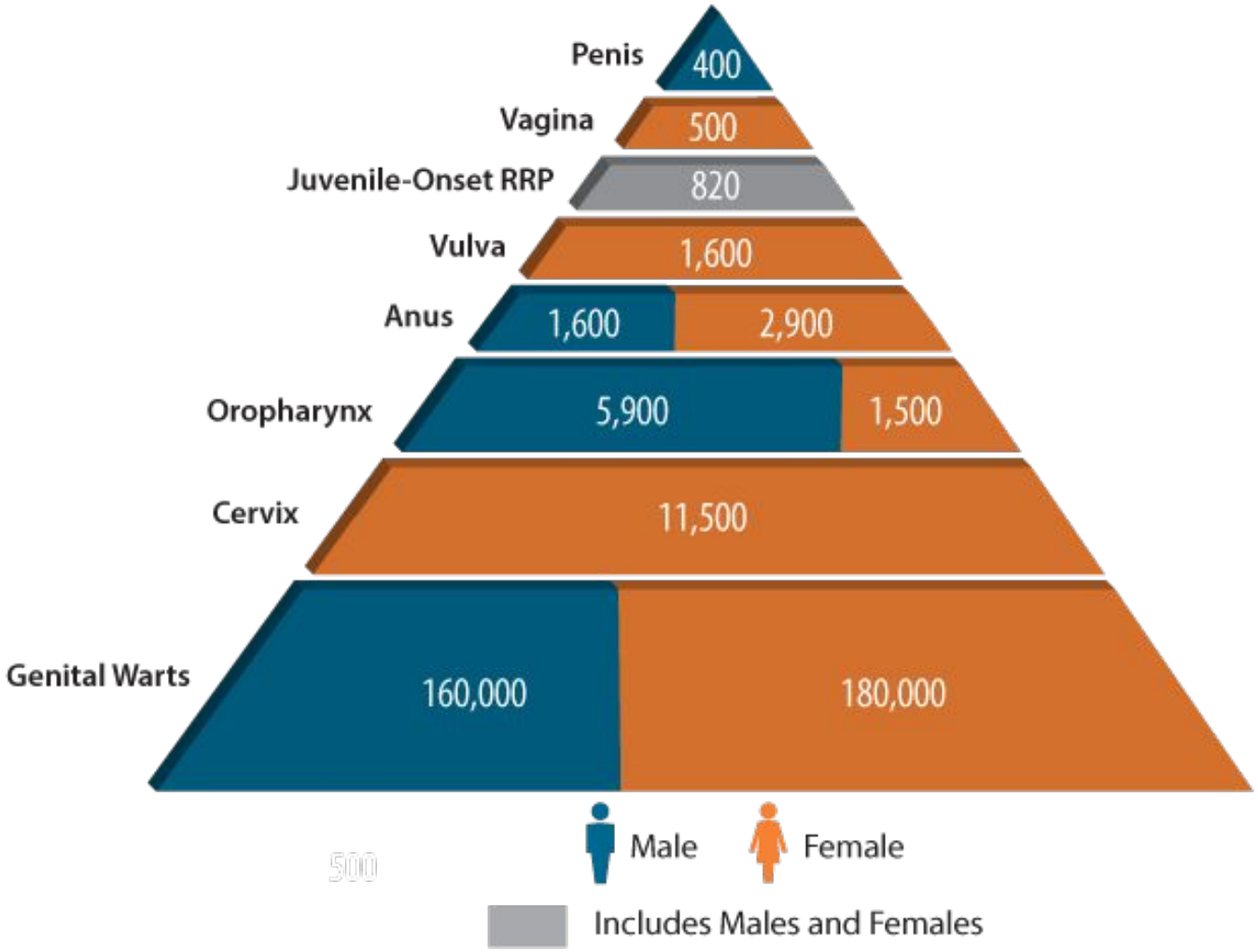
- ACIP recommends a 2-dose schedule at 0, 6-12 months (only for those who start the series before age 15).
  - Recommended interval between doses is 6 months; the minimum interval is 5 months between doses.

- ACIP recommended 3-dose schedule is 0, 1-2, 6 months
- Minimum intervals
  - 4 weeks between doses 1 and 2
  - 12 weeks between doses 2 and 3
  - 24 weeks between doses 1 and 3

- Administer IM

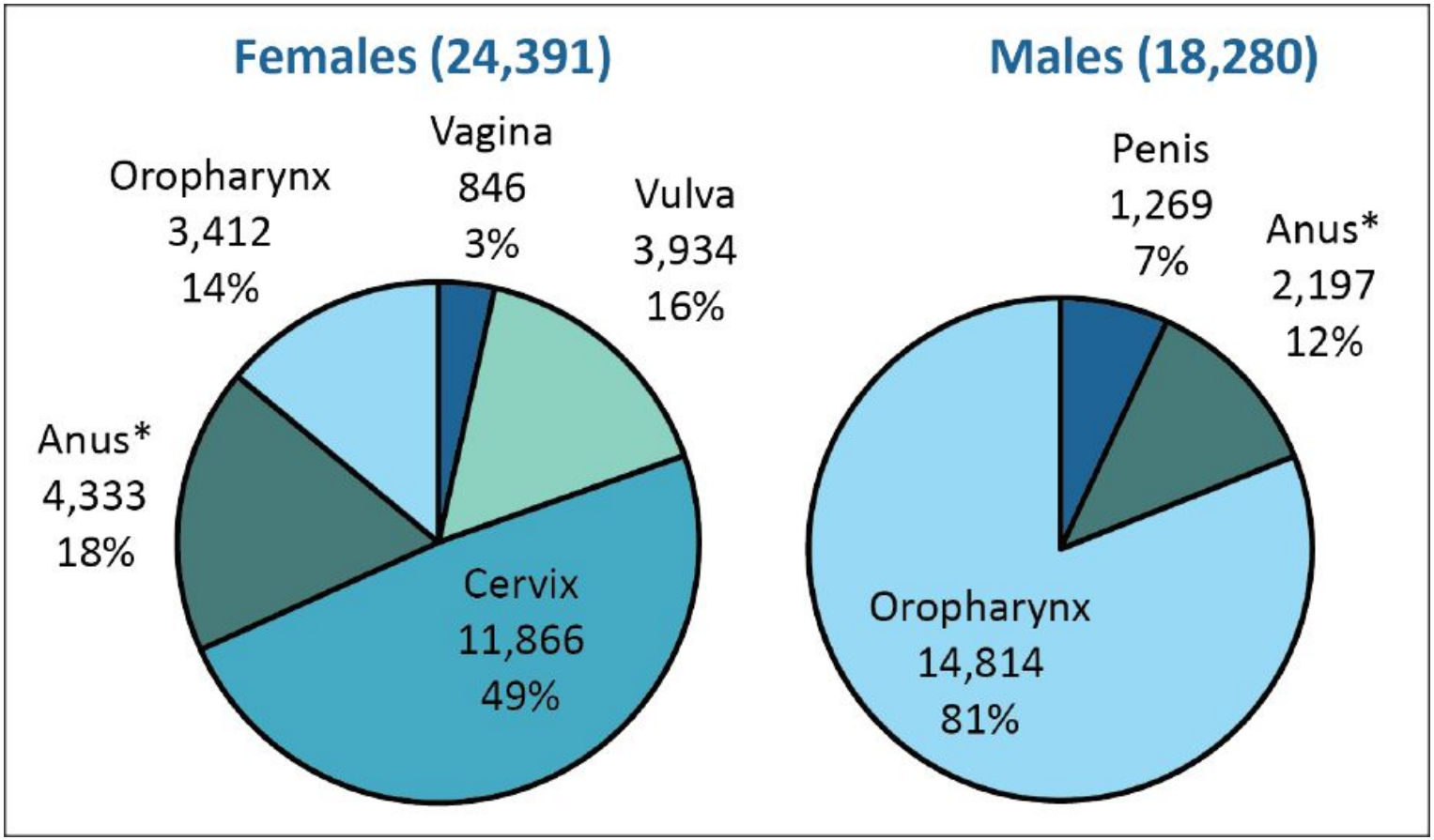
CDC. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices *MMWR*. 2016;65(49);1405-8.

Numbers of Cancers and Genital Warts Attributed to HPV Infections, U.S. - 2013



CDC. Human papillomavirus (HPV)-associated cancers. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. Available at http://www.cdc.gov/cancer/hpv/statistics/cases.htm

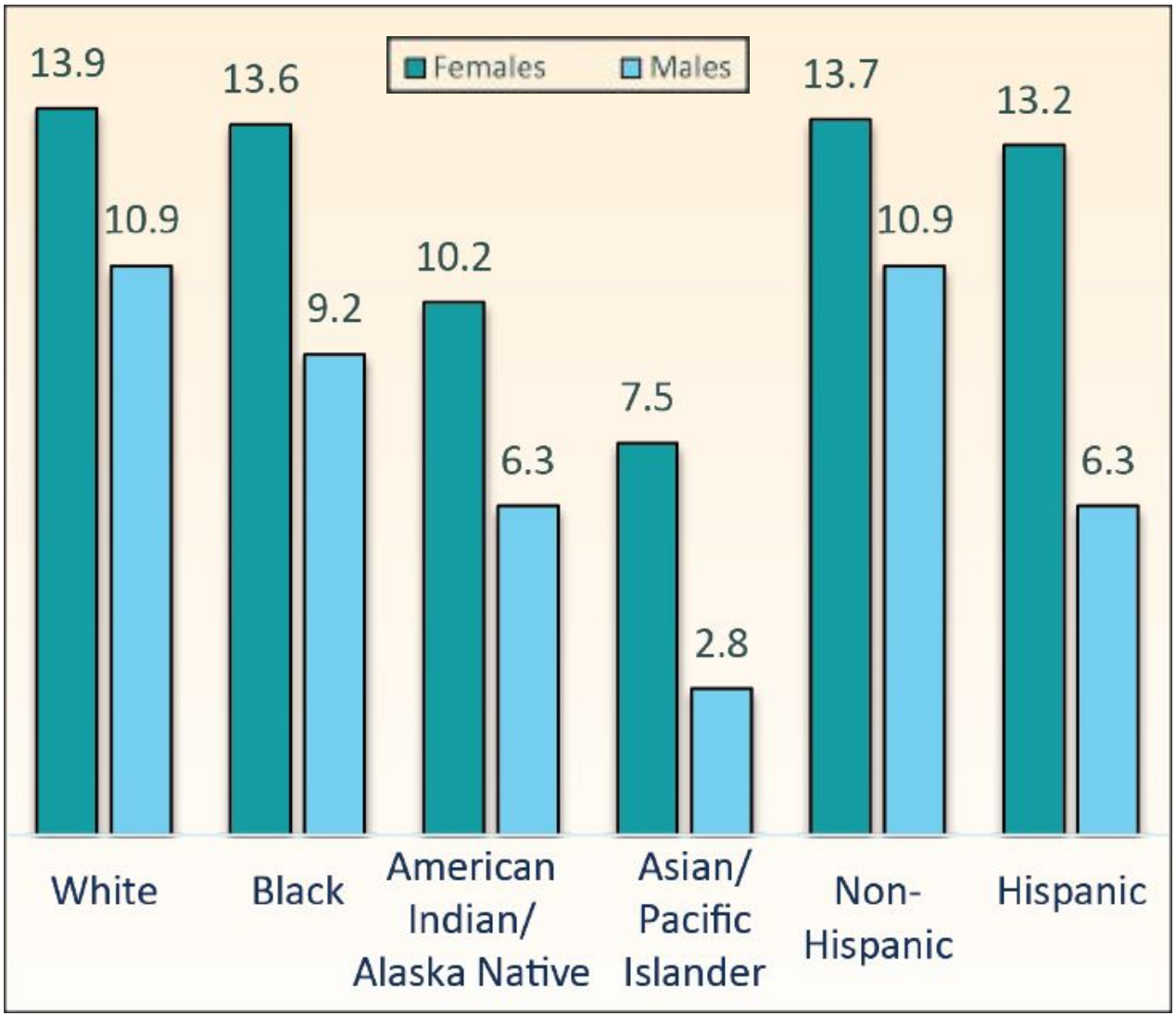
Number of new HPV-associated cancer cases each year, 2011-2015



Based on data from 2011 to 2015,
about **42,700 new cases** of HPV-associated
cancers occurred in the United States each year

CDC. Cancers associated with human papillomavirus, United States—2011–2015 USCS data brief, no. 4. Atlanta, GA: Centers for Disease Control and Prevention. 2018 Available at http://https://www.cdc.gov/cancer/hpv/pdf/USCS-DataBrief-No4-August2018-508.pdf

Rate of HPV-associated cancers by sex and race/ethnic group



The incidence rate (e.g. number of cases per 100,000 persons)

CDC. Cancers associated with human papillomavirus, United States—2011–2015 USCS data brief, no. 4. Atlanta, GA: Centers for Disease Control and Prevention. 2018 Available at http://https://www.cdc.gov/cancer/hpv/pdf/USCS-DataBrief-No4-August2018-508.pdf

Adolescent Vaccination Coverage Washington State, 2013

- 29.8% of teen boys and 60.7% of teen girls had 1 dose of HPV vaccine.
- 12.5% of teen boys and 45.3% of teen girls completed the HPV vaccine series.

CDC. MMWR 2014; 63(29);625-633.

Why such low rates?

Review

Barriers to Human Papillomavirus Vaccination Among US Adolescents
A Systematic Review of the Literature

Dawn M. Holman, MPH; Vicki Benard, PhD; Katherine B. Roland, MPH; Meg Watson, MPH; Nicole Liddon, PhD; Shannon Stokley, MPH

Why so much work?

- Study design: systematic review, PubMed articles post-2009
- What is being assessed:
  - 55 adequate research articles describing barriers to HPV vaccine initiation and completion among US adolescents.

Holman et al, *Jama Pediatrics*, 2014

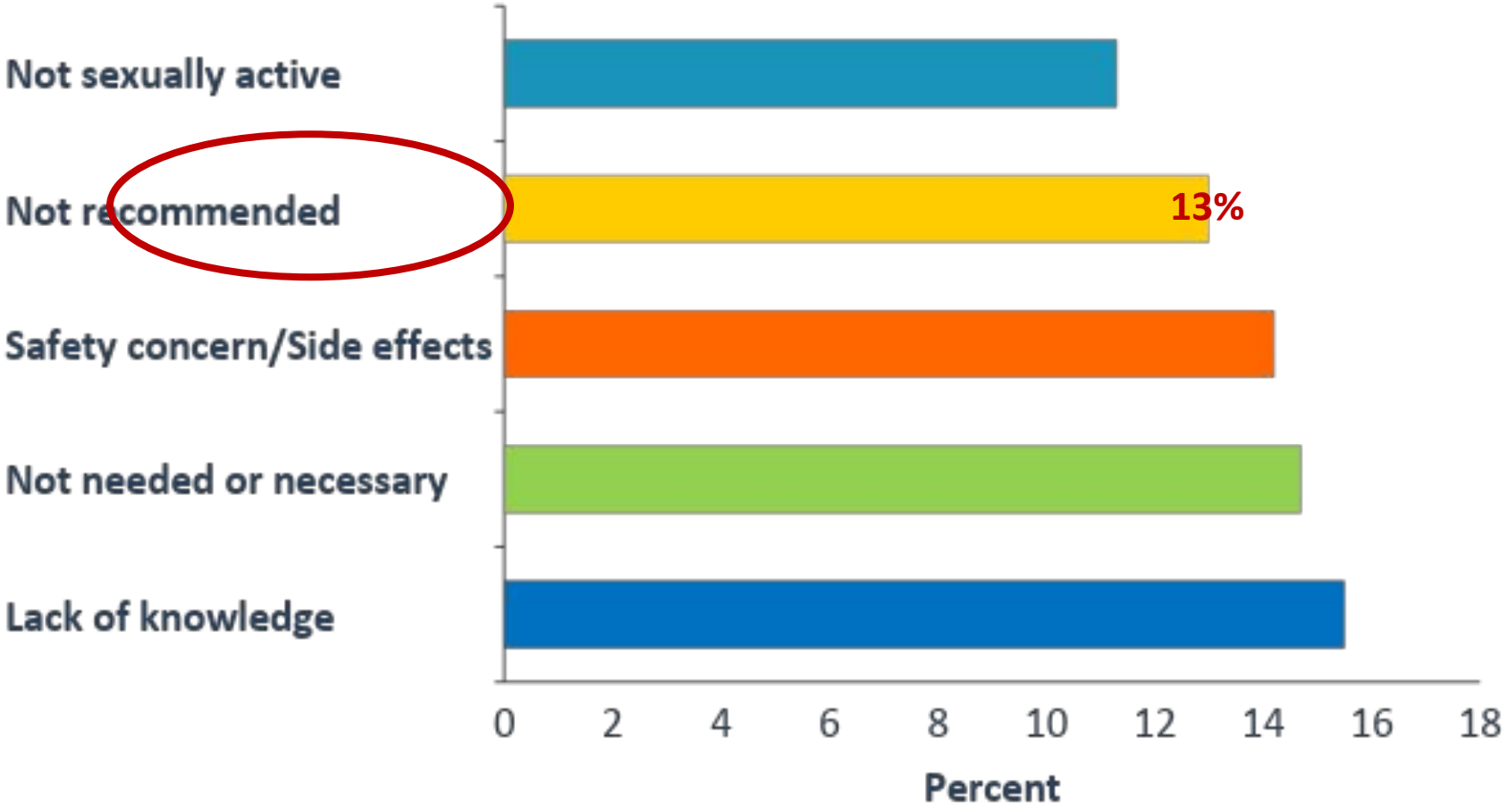
Why so many excuses?

<u>Conclusions</u>: Barriers reported by subgroup

- Health care professionals:
  - financial concerns
  - parental attitudes and concerns
- Parents:
  - Needed more in often reported before vaccinating their children.
  - Concerns about the vaccine's effect on sexual behavior
  - low perceived risk of HPV infection
  - social influences, irregular preventive care
  - vaccine cost
- The case against boys:
  - Some parents of sons reported not vaccinating their sons because of the perceived lack of direct benefit.
- "Parents consistently cited health care professional recommendations as one of the most important factors in their decision to vaccinate their children."

Holman et al, *Jama Pediatrics*, 2014

Top 5 reasons for not vaccinating daughter, among parents with no intention to vaccinate in the next 12 months, NIS-Teen 2013



CDC. National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2012. MMWR 2014; 63(29);625-633.

Focusing the HPV Vaccine Discussion

- It's not about sex, it's about cancer prevention
  -- Facts are not alternative
- Less shots if you get it sooner.

"It's time for the 11 year old shots."

Remember…

- Make a strong recommendation
- Treat HPV just like the other routinely recommended adolescent immunizations

Summary

- Teens are generally healthy, but they still have medical concerns during adolescence that deserve attention via annual Well Visits.
- Creating an environment that puts teens at the center of their care empowers them to engage with their treatment.
- HPV vaccination rates remain low due to our lack of confidence in recommending this preventative measure as valuable for our patients

Questions & Discussion