Adolescent Health

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Several slides were borrowed or adapted from Dr. Chung, Duke and Ms. Jill Moore at UNC School of Government especially related to confidentiality.

Adolescence is not simply a time to brace for the worst and try to endure. It is full of developmental milestones and potential for growth—the normative is not risk and failure, but growth and achievement. Health behaviors established in adolescence profoundly influence adulthood morbidity and mortality.

Key slides from Dr. Chung’s presentation

Adolescent Well Care Presentation

Richard Chung, MD

Dr. Richard Chung is the Director of Adolescent Medicine at Duke University Medical Center in Durham, NC, and an associate professor of pediatrics and internal medicine. Dr. Chung received medical degrees from the University of Pennsylvania and a fellowship in adolescent and young adult medicine at Children’s Hospital Boston. Dr. Chung is the creator of the adolescent health program at Children’s Hospital Boston. He is a member of the National Academy of Medicine and a member of the Society for Adolescent Health and Medicine.

Several slides are included that are part of a quality improvement learning collaborative for family physicians & pediatricians working to improve health outcomes for adolescents in their practices.
Objectives

• Define two strategies to increase engagement with adolescents and families to improve health outcomes

• Apply confidentiality strategies to deliver care in LHD child health practices with adolescents

Adolescent Health

• Most adolescent morbidity and mortality are due to intentional and unintentional injuries and violence; alcohol, tobacco, and other drug use; mental health concerns/conditions (i.e. depression); risky sexual behaviors (leading to unplanned pregnancy and sexually transmitted infections), lack of exercise, and poor nutritional habits

Health Prevention Themes

<table>
<thead>
<tr>
<th>Health Prevention Themes</th>
<th>National Prevention Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventing Family Support</td>
<td>Healthy Physical, Social and Economic Environments</td>
</tr>
<tr>
<td>Preventing Child Development</td>
<td>Educational Health Disparities</td>
</tr>
<tr>
<td>Preventing Adult Health</td>
<td>Prevention and Public Health Capacity</td>
</tr>
<tr>
<td>Preventing Healthy Weight</td>
<td>Quality Clinical Preventive Services</td>
</tr>
<tr>
<td>Preventing Healthy Nutrition</td>
<td>Tobacco-Free Living</td>
</tr>
<tr>
<td>Preventing Physical Activity</td>
<td>Reduce Alcohol and Drug Abuse</td>
</tr>
<tr>
<td>Preventing Chronic Disease and Disability</td>
<td>Healthy Eating</td>
</tr>
<tr>
<td>Preventing Safety and Injury Prevention</td>
<td>Active Living</td>
</tr>
<tr>
<td>Preventing Mental Health and Substance Use</td>
<td>Youth/Free Living</td>
</tr>
<tr>
<td>Preventing Community Relationships and Resources</td>
<td>Mental and Emotional Wellbeing</td>
</tr>
</tbody>
</table>
Use of Health Care
- Compared with other age groups, adolescents underuse the health care system
- Adolescent men are less likely than young women to seek health care
- Teens are more likely to use emergency departments, free clinics, and family planning clinics as their source of primary care
- Older adolescents are more likely to be uninsured than any other age group

Teen Expectations for Providers
- Teens prefer health care professionals who are honest, knowledgeable, non-judgmental and experienced
- Teens want clinicians who treat all patients equally, who emphasize confidentiality and spend time alone with the teen
- Teens want clinicians who relate well to teens and ask open ended questions about a variety of psychosocial and behavioral health concerns and strengths (which are often about relationships, stress, emotions, etc.)
Communique est essentiel

- Les problèmes de santé adolescente sont souvent liés à des comportements à risque qui ne sont découverts pas avec un test de laboratoire ou une visite médicale, mais grâce à une communication ouverte entre le clinicien et l'adolescent.
- Les forces sont importantes à mettre en exergue pour aider à renforcer la resiliété et soutenir des comportements de santé appropriés chez les adolescents.
- Les comportements de santé appropriés des adolescents et l'appui à une transition de santé réussie.

Quelques mots sur l'adressage de la transition de soins de santé

- Tous les adolescents doivent traverser la transition de soins de santé pédiatrique à centraux adultes.
- Il y a environ 18 millions d'adolescents de 18-21 ans et beaucoup plus si on inclut les adolescents de 12-26 ans.
- Environ 500,000 jeunes ayant des besoins spéciaux transiteront à la soins de santé adulte annuellement.
- Environ 20% des adolescents ont des besoins en soins de santé spéciaux en Caroline du Nord.
- La majorité des adolescents ne planifient pas ou ne préparent pas pour la gestion de soins de santé et la transition à la santé adulte.
- Les enquêtes sur les fournisseurs de soins de santé, les jeunes et leurs familles montrent qu'il n'y a pas de manière systématique de soutenir les jeunes, les familles et les adultes en transition de santé pédiatrique à adulte.

Adapted from slide by Dr. Patience White, co-director of Got Transition/Center for Health Care Transition Improvement/The National Alliance to Advance Adolescent Health.
Transition Related Survey Results

- 51.3% of parents of children older than 12 years of age reported that their child’s doctor or other health care provider have talked with their child about his/her health care needs as he/she becomes an adult (NC Child Health Assessment Monitoring Program Survey)

- 40% (US) vs. 44% (NC) of families of YSHCN between 12-17 years of age report receiving the services necessary to make transitions to adult health care (2009/10 National Survey of Children’s Health)

Making the Case to Address Transition

Health is diminished without transition:
- Youth often unable to name their health condition, relevant medical history, prescriptions, insurance source
- Adherence to care is lower and medical complications are increased

Quality is compromised without transition:
- Youth, young adults, and families are dissatisfied about lack of preparation, information about adult care, vetted adult providers, communication between pediatric and adult providers, and sharing of medical information.
- Fragmented, discontinuous care and lack of usual source of care is common
- Medical errors are reported

Costs are increased without transition:
- Increased ER visits and hospitalizations, and more duplicative tests result

AAP/AAPF/ACP Clinical Report on Health Care Transition

- In 2011, Clinical Report on Transition published as joint policy by AAP/AAPF/ACP
- Targets all youth, beginning at age 12
- Algorithmic structure with
  - Branching for youth with special health care needs
    - Application to primary and specialty practices
  - Extends through transfer of care to adult medical home and adult specialists

- Age 12 - Youth and family aware of transition policy
- Age 14 - Health care transition planning initiated
- Age 16 - Preparation of youth and parents for adult approach to care (which includes addressing privacy and guardianship);
  discussion of preferences and timing for transfer to adult health care
- Age 18 - Transition to adult approach to care
- Age 18-22 - Transfer of care to adult medical home and specialists with transfer package

Adapted from slides from Dr. Patience White and Dr. Carl Colley
"Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home" (Pediatrics, July 2011)
State and National Work

- Carolina Health and Transition (CHAT) grant tools and materials from NC Title V and other partners to address health care transition for youth, families and providers. Information posted at: [http://mahec.net/innovation-and-research/special-initiatives/chat-project](http://mahec.net/innovation-and-research/special-initiatives/chat-project)
- MCHB’s National Health Care Transition Center (Got Transition, led by Carl Cooley and Jeannie McAllister) developed materials (samples tools and health care transition indices) based on the Six Elements Core Elements using QI and learning collaborative model
- MCHB’s new Got Transition grantee: The National Alliance to Advance Adolescent Health (Center for Health Care Transition Improvement with Peggy McManus and Patience White, Co-Directors): [www.gottransition.org](http://www.gottransition.org)

Role of ERNs in Adolescent Health

- ERNs will be providing preventive services for adolescents ages 11-20 years
- This comprehensive assessment will include:
  - Comprehensive history and physical assessment
  - Developmental/behavioral/psychosocial surveillance which includes an assessment of risks and strengths
  - Brief clinical intervention (using motivational interviewing) with adolescent
  - Strengths based anticipatory guidance for the adolescent and parents
  - Confidential care
  - Health Care Transition
**Bright Futures Services for Adolescents**

*(age 11-21 years)*

**Health Supervision**
- Comprehensive History
- Physical Examination
- Surveillance of Development
- Screenings
- Immunizations

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**Adolescent Screenings**

- Hearing and vision every three years after age 10 years or based on risk
- Behavioral Health: Recommend depression screening using PSC-Y or Patient Health Questionnaire Modified for Teens at every adolescent visit
- Risk based:
  - Anemia: *Low Fe diet or menstruation*
  - Lipids: ESMM Reference Guide based on personal medical and family history and BMI
  - STI and Pregnancy

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**Adolescent Screening**

- Sexually Transmitted Infections

**CDC’s STI Screening Recommendations:** If you are sexually active, be sure to talk to your healthcare provider about STI testing and which tests may be right for you.

- All adolescents should be tested at least once for HIV.
- Annual Chlamydia screening for all sexually active women age 21 and older, as well as older women with risk factors such as new or multiple sex partners.
- Weekly gonorrhea screening for all-risk sexually active women, men who have sex with men, and women who have sex with men with a high burden of disease.
- Syphilis, HIV, chlamydia, and hepatitis B screening for all pregnant women, and women who are pregnant or who have had a birth within the last 12 months.

*Bright Futures recommends HIV screening between 16-18 years for all adolescents (even if not sexually active)*

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See full CDC handout Feb 2013
State trends in teen vaccine coverage mirror national trends with increases in Tdap and MCV4 over the past 4 years but significant lags in HPV coverage (NC Medical Journal 2013)

General Approach

- Dedicate a portion of each visit to meeting with the adolescent privately
- Target risk screening and anticipatory guidance to the patient's age and stage of development
- Use screening tools as possible
- Remember: adolescents want doctors to be doctors, not their parents or their best friend – be an impartial advocate

Key slides from Dr. Chung’s presentation
Key slides from Dr. Chung’s presentation

**Communication**
- Shake the teen’s hand first and make eye contact
- Converse, don’t interrogate
- Be specific and clear; avoid jargon
- Listen in a non-judgmental manner
- Accentuate the positive
- Avoid closed-ended questions
- Pay attention to non-verbal cues
- Give the impression that nothing can surprise you

Key slides from Dr. Chung’s presentation

**Confidentiality**
Minors (< 18 yo) are legally authorized in most states to access confidential health care related to contraception, pregnancy, STIs, substance use, and mental health concerns without parental consent

Handout to this presentation

Confidentiality in NC General Statute

§ 90-21.5. Minor’s consent sufficient for certain medical health services

http://www.ncleg.net/gascripts/statutes/statutelookup.pl?statute=90-21.5

Handout to this presentation

See also Jill Moore document:
Key slides from Dr. Chung’s presentation

**Breaking Confidentiality**

- Act in the best interests of the patient (beneficence) and document well
- Justifying Disclosure:
  - Someone is at significant risk of serious harm
  - Only disclosure can prevent harm
  - The harms avoided must justify harm of the breach
- Allow the patient to help decide to whom and in what manner the information should be told

Key slides from Dr. Chung’s presentation

**Breaking Confidentiality**

- Specific situations
  - suicidal or homicidal ideation
  - abuse or neglect
  - substance abuse or other harmful behaviors with clear risk to safety
  - reportable disease
  - legal proceedings
  - violent injuries

Key slides from Dr. Chung’s presentation

**Bright Futures on Confidentiality**

“Health care professionals should inform adolescent patients and their parents of the practice’s terms of confidentiality, as well as any exceptions, such as patient safety. Ultimately, clinical judgment, ethical principles, and moral certitude guide decisions about individual cases.”

Key slides from Dr. Chung’s presentation
Key slides from Dr. Chung's presentation

Incorporating Confidentiality

- Lay out the course of the visit
- Review your policy with both the patient and parents
- Explain how it fosters responsibility and autonomy
- Be clear that the policy applies to all adolescent patients and is the established standard of care
- Delineate when it needs to be broken
- Validate the parent's role in ensuring the patient's well-being and the importance of communication

Key slides from Dr. Chung's presentation

"The conversation we have alone will be private, meaning nothing will be shared with anyone else. This is to make it easier for you to talk freely about your life. However, if it is clear that your life or someone else's is in danger, we will involve your parents after first discussing how to tell them about it."

Key slides from Dr. Chung's presentation

Supporting the Parents

- Parents often struggle with adjusting to their child's adolescence
- Educate them as to how they benefit from their child receiving confidential care
- Stress the importance of parent-child communication
- Parents are not the enemy and the point isn't just to "keep secrets" from them
- The point is to respect the adolescent's privacy
- Alienating parents from the care of their children is in no one's best interest

Key slides from Dr. Chung's presentation
Risks and Safeguards
• Hallways and waiting rooms
• Big fluorescent handouts
• Medical records
• Payment for services
• Ancillary staff
• Pharmacists
• Mail, phone calls, emails, texts

Keys to Providing Confidential Care
• Understand what it is, why it’s important, it’s limits, and how to explain it to patients
• It only begins in the room; there is much more
• Establish a clinic policy and make sure others understand it and follow it
• Troubleshoot any obstacles encountered
• Get feedback from your patients

The History
• After the parent or guardian leaves, revisit the issue of confidentiality
• The teen should remain dressed throughout this portion of the visit (not in a gown)
• While being sensitive to age and development, it is important to be very specific and explicit
• Use a patient-centered approach; sometimes acne trumps whatever is on your agenda
Guidance for LHDs

Responding to Requests for Minors’ Protected Health Information: Guidelines for N.C. Local Health Departments from Jill Moore, UNC School of Government, 2013:

Group Discussion

Confidentiality is a major component of our approach to the adolescent
- How will you establish confidentiality guidelines with the adolescent?
- How will you explain the need for seeing the teen privately and confidentially to the parents?
- For what instances would you break confidentiality with the team?
Confidentiality Resources

• See Jill Moore Guidance for LHDs
  • There are always proposed changes to the Minor Consent law that will impact services for adolescents
• Each agency should have policies & procedures in place to address confidentiality
• ERNs should work with experienced clinicians to become comfortable with having both the confidentiality discussion and how to approach sensitive subjects with teens

Bright Futures Forms

Pre-Visit Forms

• 11-14 years the Parent completed form is recommended to assure health risk assessment
  • The older child should also be encouraged to complete the Patient completed form
• 15-20 years the Patient completes the form
• Identifies parental and adolescent concerns
• Identifies health risks

Bright Futures Visit Documentation Sheets
Home
Education
Eating
Activities
Drugs
Sexual Activity
Suicide
Safety

Bright Futures Concerns on HEADSSS

Drugs
Cigarettes and smokeless tobacco
Alcohol
Drugs (illicit, OTC, PEDs, and Rx)
Herbal remedies
When, where, with whom, and why

Key slides from Dr. Chung’s presentation
Key slides from Dr. Chung's presentation

**Sex**
- Orientation
- Sexual activity
- Contraception history
- Pregnancy history
- Prior STIs
- Prior victimization and exploitation
- STI risk assessment: use of condoms, number of partners, types of sexual behaviors

Key slides from Dr. Chung's presentation

**Safety**
- Alcohol or other substances
- Safety devices
- Physical conditioning
- Interpersonal conflict resolution
- Avoiding weapons and/or practicing weapon safety

Key slides from Dr. Chung's presentation

**Safety**
- If emotional, physical, or sexual abuse is suspected, determine circumstances and the presence of physical, emotional, and psychosocial consequences
- Be aware of local laws about mandated reporting
Patient Health Questionnaire-9 Modified for Teens (PHQ-9)

- 13-item youth self-report questionnaire
- Designed to detect symptoms of depression in adolescents
- Four additional questions added to the 9 questions screen regarding suicidal thinking and behavior have been added to the PHQ-9
- Takes 5 minutes to complete and score
- Validated and widely used; one of the two depression screens recommended by the U.S. Preventive Services Task Force (USPSTF)

Pediatric Symptom Checklist for Youth

- Available in English, Spanish, French, Haitian Creole, and Brazilian American Portuguese
- This modified version includes two questions addressing suicide

Modified Pediatric Symptom Checklist for Youth (PSC-Y)

- 37-item youth self-report questionnaire (modified version with two additional questions from Columbia program)
- Designed to detect behavioral and psychosocial problems in youth 11-18 years
- Questions cover internalizing, attention, externalizing problems
- Takes 5 to 10 minutes to complete and score
- Validated and widely used (Murphy et al., 1992, 1996; Gall et al., 2000; Pagano et al., 2000)

Bright Futures Services for Adolescents (age 11-21 years)

- Anticipatory Guidance
  - Physical Growth and Development/Nutrition and Exercise
  - Social and Academic Competence
  - Emotional Well-Being
  - Risk Reduction
  - Violence and Injury Prevention
Tailoring Health Messages for Teens

- Health literacy research demonstrates that individuals cannot hear, understand, and apply more than 3 messages per session
- Barriers to health literacy and use of information include:
  - Language (i.e., complicated words, jargon) and culture
  - Immaturity of pre-frontal cortex
  - Confidentiality
  - Relationship with parents (involving parent when possible)
  - Environmental
- Common Factors (HELP) Motivational Interviewing strategies
  - Empower the teen
    - How he/she can make a difference in his/her own health
    - Offer options, not unsolicited advice

Engaging Adolescents: You Can HELP=
Hope, Empathy, Language, Loyalty,
Permission, Partnership and Plan

http://vimeopro.com/emergentpictures/engaging-adolescents

Brief Clinical Intervention

- Ask permission
- Ask open-ended questions, listen, and summarize
- Use “unhealthy weight” or “weight issue” rather than “obese” or “fat”
- Focus on eating behaviors rather than diets
- Limit counseling to two or three elements
- Assess motivation and confidence
- Confirm next steps—follow up / referral
- Ensure that the patient will come back

Obesity example: Dr. Chung Adolescent MOC presentation
Questions or Comments?

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