

ADOLESCENT AND YOUNG ADULT (AYA)-FRIENDLY PRIMARY CARE

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Disclosures

- I have no relevant conflicts of interest to disclose.

Goals/Objectives

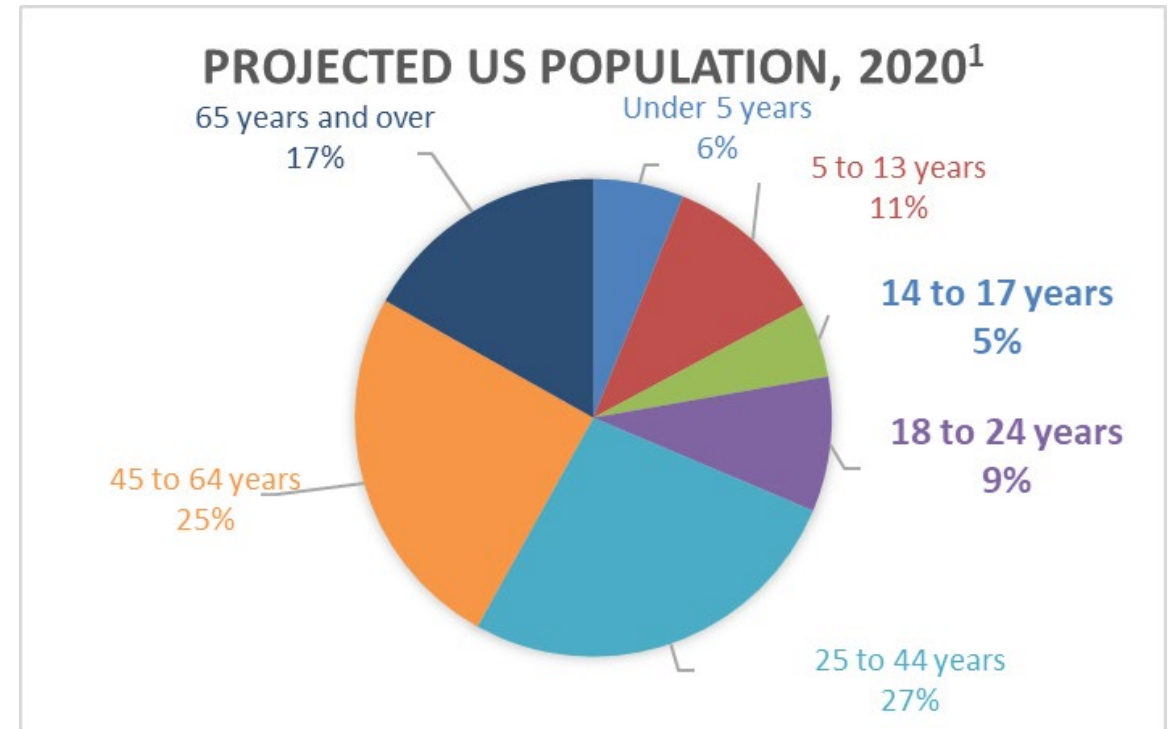
- Recognize common ways adolescents and young adults (AYAs) interact with the healthcare system.
- Consider experiences and priorities of AYAs and their desires for care.
- Discuss barriers to providing high quality AYA health care.
- Evaluate factors that can improve healthcare access and acceptability for AYAs.
- Review evidence-based recommendations for improving AYA healthcare.

SETTING THE STAGE...

Who? What? Why?

AYAs in the US Population

- Adolescents and Young Adults = **10-24yo**
- Growing **minority** population, by 2030:
 - only 47% white
 - up to 27% Latinx
- 40% of adolescents come from **low income** homes (2014)
 - 19% below poverty line
 - 60% of black and Latinx adolescents
- 6% of **homeless** persons are AYA (2019)
 - LGBTQ + black
 - Pregnant or parenting
 - Grads of foster care system



(1) <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>

(2) <http://actforyouth.net/adolescence/demographics/>

Why do adolescents come to PCPs?

- **Preventive care** (immunizations, screen for: BP/BMI/depression/risky behaviors)
- **Forms** (sports, school, work)
- **Acute issues** (sore throat, headache, abdominal pain, MSK/injury)
- **Chronic issues** (asthma, allergies, acne)
- **Sexual/reproductive health** (STI screening/symptoms, , interpersonal violence, contraception, pregnancy)
- **Mood** (energy, performance/concentration, sleep, identity)
- **Weight** (obesity, eating disorders, nutrition)

From my personal experience...

AYA (mis)Perceptions of Seeking Care

- **Lack of knowledge and awareness** (younger AYAs least knowledgeable)
- **Negative perceptions and attitudes** (weakness, nothing to be learned)
- **Fear and lack of privacy** (fear of diagnosis, what others might see)
- **Negative Experiences** (staff treatment, long waits)

Khumalo S, et al. Narratives of young black men on barriers to health care and poor health care seeking behaviours at a university setting: a qualitative study. BMC Health Services Research (2021) 21:445-454.

So, what do adolescents value?

- Confidentiality/Privacy
- Cultural responsiveness
- Respect/non-judgmental approach
- Self-management/shared-decision making
- Youth-involvement

What is Adolescent-Friendly Care?

Equitable: All adolescents, not just certain groups, are able to obtain the health services they need.

Accessible: Adolescents are able to obtain the services that are provided.

Acceptable: Health services are provided in ways that meet the expectations of adolescent clients.

Appropriate: The health services that adolescents need are provided.

Effective: The right health services are provided in the right way and make a positive contribution to the health of adolescents.

ADOLESCENT BRAIN DEVELOPMENT & YOU

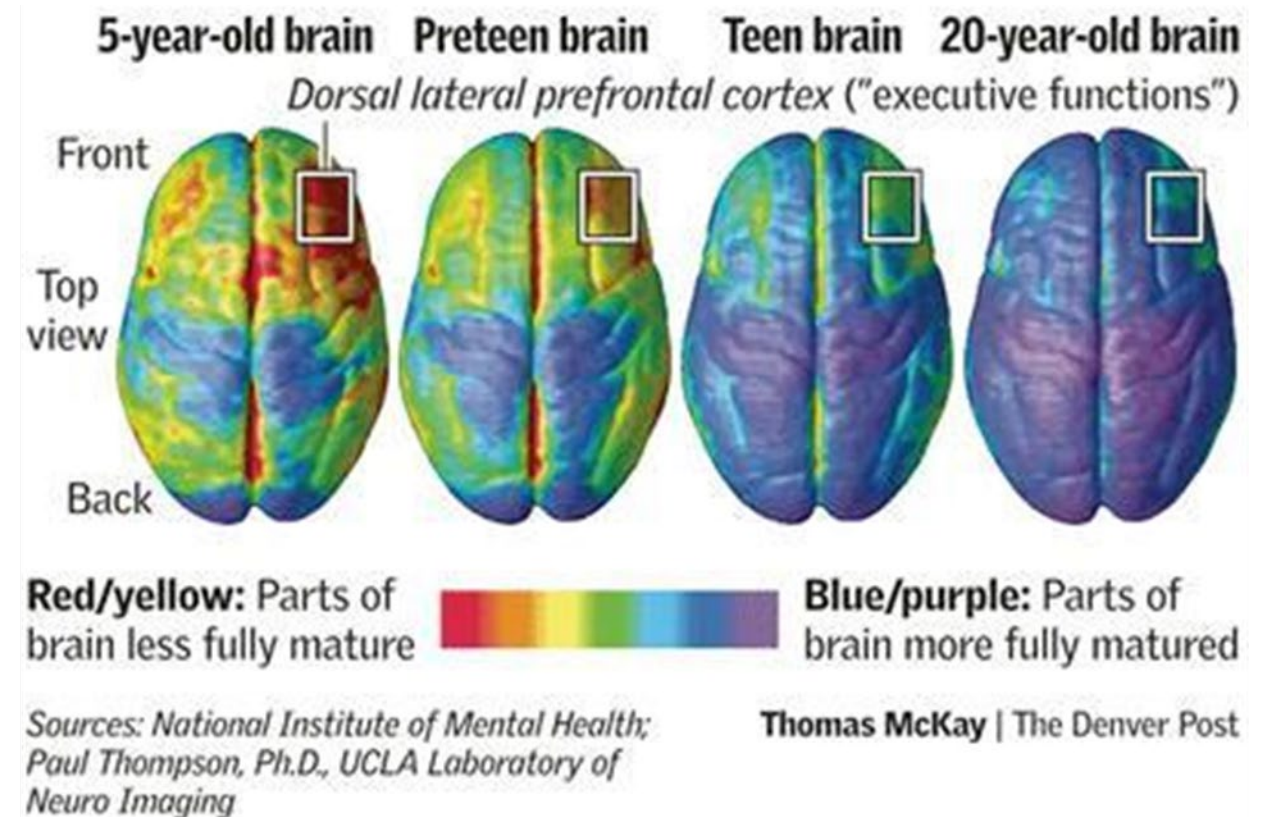
Considerations for parents and physicians of patients of ALL ages...

Think of a recent AYA encounter...

- Poor eye contact
- One word answers
- Texting during interview
- Pulls back during physical exam

Neurocognitive Development

- **Prefrontal cortex** maturation
- Normal behaviors
 - Seeking **new experiences** (risky)
 - Deep need for **peer acceptance**
 - **Identity**-forming
 - Highly **sensitive** to criticism
 - **Self**-focused
 - Inaccurate perception of **consequences**



Adolescent Health Initiative. Spark: Adolescent Brain Development. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/spark-adolescent-brain-development/> (Accessed 5/25/21).

Nonverbal Communication – What Do You See?



(1) Baird, A. A., Gruber, S. A., Fein, D. A., MASS, L. C., Steingard, R. J., Renshaw, P. F., ... & Yurgelun-Todd, D. A. Functional magnetic resonance imaging of facial affect recognition in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(2), 195-199. (1999).

(2) Adolescent Health Initiative. Spark: Nonverbal Communication Bias. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/nonverbal-communication-bias/> (Accessed 5/26/21).

Unconscious Bias – Making Assumptions

- AYA females who are obese are less likely to prevent pregnancy by using contraception than girls in a lower weight range, even though they both have similar rates of sexual activity. (1)
- In 1/3 of adolescent well visits, the provider did not talk about sexual health at all, and on average, those who did talked about sexual health for 36 seconds. (2)

(1) Chang T, et al. Sexual Behavior and Contraceptive Use among 18- to 19-Year-Old Adolescent Women by Weight Status: A Longitudinal Analysis. *The Journal of Pediatrics*, (2015)

(2) S.C. Alexander, J.D. Fortenberry, K.I. Pollak, T. Bravender, J.K. Davis, T. Ostbye, et al. Sexuality talk during adolescent health maintenance visits *JAMA Pediatrics*, 168 (2014), pp. 163–169

(3) Adolescent Health Initiative. Spark: Nonverbal Communication Bias. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/nonverbal-communication-bias/> (Accessed 5/26/21).

PRIVACY & CONFIDENTIALITY

It's on a need-to-know basis...

MI Law: Parental Consent Exceptions

A parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with several important exceptions.

- Emergency care
- Care for emancipated minors
 - Can be emancipated by: court order, marriage, military active duty
- Specific health care services related to:
 - Sexual health (~Age 13+), however need parental consent for abortion, PrEP*
 - Mental health counseling (Age 14+) up to 4mo or 12 sessions per year
 - Substance abuse treatment

Best Practices: Parents/Guardians

A shared framework of understanding:

- They can have a valuable role
- They are experiencing their own adjustment to their child's adolescence
- An opportunity to educate about the value of confidentiality in the provider-patient relationship

Implementation:

- Pre-visit: letter or staff prepare AYA and parent
- During visit: a common script or visit format

Adolescent Health Initiative. Spark: Confidentiality Best Practices. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-best-practices/> (Accessed 5/26/21).

Best Practices: Talking with Teens

- **Rights and limitations of minors**
 - Teens are more likely to disclose sensitive information if they have an assurance of confidentiality from their provider

- **Insurance and confidentiality**
 - If insurance is billed, an Explanation of Benefits (EOB) may be mailed to the parent/guardian

Best Practices: Ensured Confidentiality

(+) Family Planning Centers

- Title X or similar funding to prioritize and protect confidential services for minors
- Confidential sexual health services & billing
- Most do not require PCP referral

(-) Primacy Care Offices

- Usually do not have same protections as family planning clinics
- May have systems in place to optimize confidentiality
- Parents may still be able to access the minor's electronic health record

HOW ARE WE DOING WITH PROVIDING THIS CARE?

AYA-friendly + Impactful

Outpatient Adolescent Care in the US (2018)

- Adolescents access primary care services at **lower rates than all other age groups**
 - **less than half** receive a yearly preventive visit
- Confidential screening for **high-risk behaviors**
 - **Recommended for ALL**
 - Most do not spend time alone with their provider during their visit
 - rates range from **15% to 50%**

An Australian Study of Hospital-Based Care of Adolescents (2017)

- Friendliness
 - >90% of clinical staff (doctors, nurses, allied health professionals)
 - >80% of non-clinical staff (receptionists, other)
- Professionalism
 - >90% felt fully or mostly respected by their treatment team
 - no difference in the level of respect based on profession
- Communication
 - 87% reported understandable explanations
 - 20% felt neutral, uncomfortable or very uncomfortable asking questions
 - No difference based on profession
 - Anxious or embarrassed
- Trust
 - >90% reported trusting their treatment team

An Australian Study of Hospital-Based Care of Adolescents (2017)

- Confidentiality discussed
 - 44% (vs 60% outpatient)
- Sense of privacy
 - 93% reported “enough”
- HEADSS assessment
 - Less than half reported being asked various questions
- Self-management
 - 86% were satisfied with the extent of their involvement within consultations

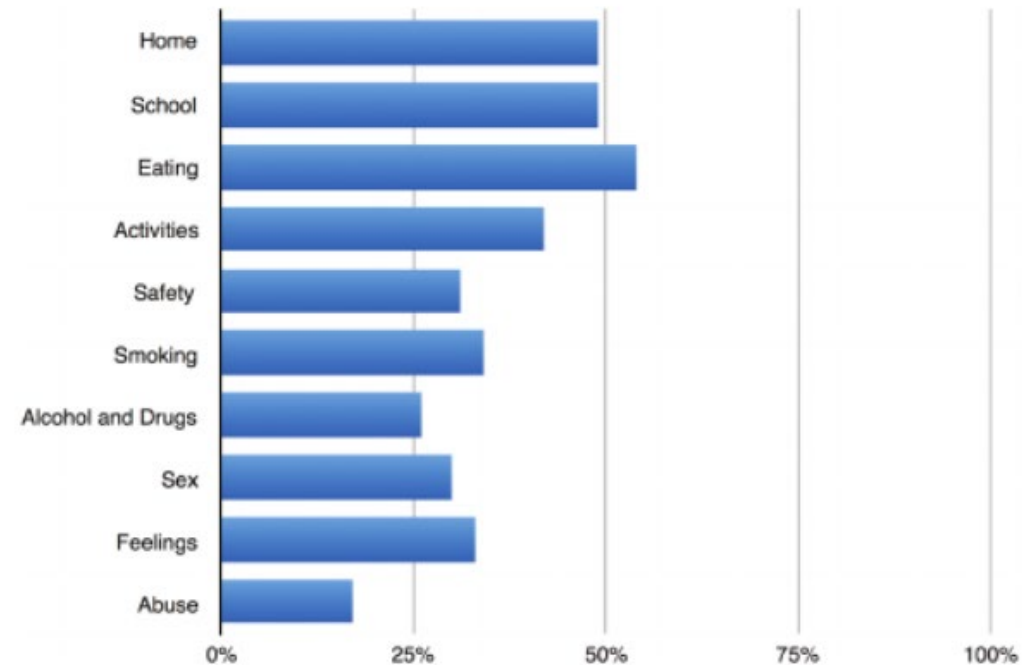


Fig. 2 Components of Home, Education, Activities, Drugs, Sexual Activity and Suicide enquired about.

I need help...what interventions work?

- Health worker training
- Adolescent-friendly facility improvements
- Broad information dissemination (community, schools, mass media)

Some programs to consider...

- **University of Michigan: Adolescent Health Initiative**
 - Adolescent Champion Model
 - Spark Trainings
- **Professional medical society materials**
 - American Academy of Family Physicians (AAFP)
 - American Academy of Pediatrics (AAP)
 - Society for Adolescent Health and Medicine (SAHM)
- **WHO: Adolescent Health handbook/materials**

ADOLESCENT HEALTH INITIATIVE

ABOUT AHI

EVENTS

IMPROVING CARE

CONTACT US

BY RESOURCE

COACHING & TECHNICAL ASSISTANCE

ADOLESCENT-CENTERED ENVIRONMENT ASSESSMENT PROCESS

ADOLESCENT CHAMPION MODEL

MIDWEST ADOLESCENT HEALTH PROJECT

MOC PART IV

SPARK TRAININGS

STARTER GUIDES

TIMELY TOPICS TRAINING

VIDEOS

WEBINARS & TRAININGS

YOUTH-FRIENDLY MATERIALS

BY TOPIC

CONFIDENTIALITY

CULTURAL RESPONSIVENESS

LGBTQ+ CARE

MENTAL HEALTH

PARENT/CAREGIVER ENGAGEMENT

QUALITY MEASURES

REFERRALS & LINKAGES

RISK SCREENING

SCHOOL-BASED HEALTH

SEXUAL HEALTH

YOUTH EMPOWERMENT

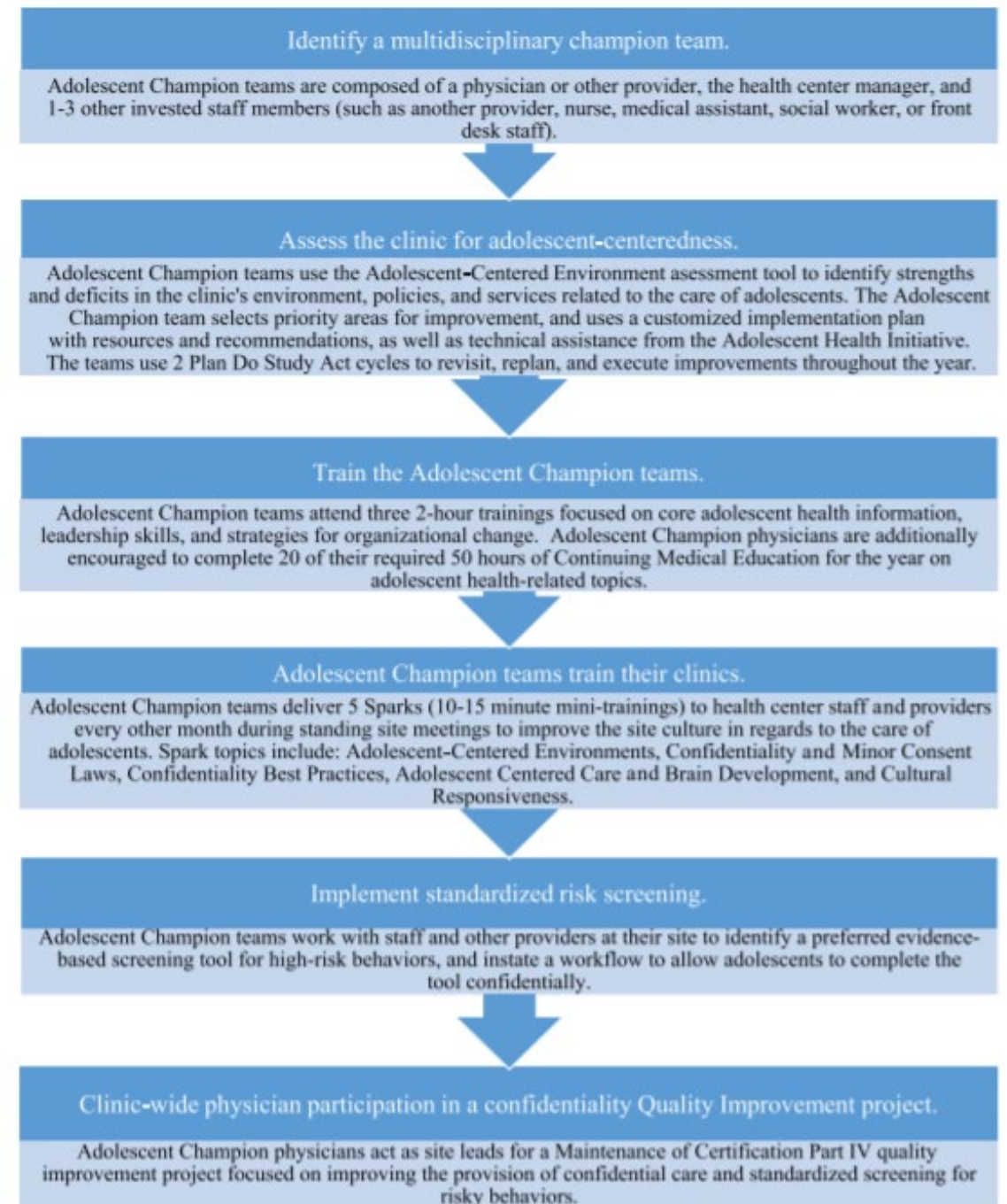
YOUTH-FRIENDLY CARE

Download our free Starter Guides

Adolescent Champion Model

- Multidisciplinary
- Leadership opportunity
- Quality improvement focused

Riley M, et al. The Adolescent Champion Model: Primary Care Becomes Adolescent-Centered via Targeted Quality Improvement. Pediatrics. 2018(193):229-236.



Find a Youth Voice

- **Partner with school-based health centers (SBHCs)**
 - Strong evidence for impact of SBHCs in nursing literature
- **AYA representation on patient advisory committees**
 - Consider a community-specific Youth Advisory Council
- **AYA peer mentor trainings or leadership institutes**
 - Partner with local high schools, colleges/universities, medical schools
 - Consider AYA interested in healthcare careers

EVIDENCE-BASED AYA CARE

Prevention + Treatment

Preventive Care for Adolescents – Physical Health

- **Immunizations**
 - Tdap, Menactra (meningitis), Gardasil (HPV), annual flu vaccine
 - Special populations: Menveo (meningitis), Pneumococcal
- **STI screening**
 - Annual **chlamydia & gonorrhea** screening for sexually active females <25yo
 - High risk populations: **adolescents, multiple partners, MSM**
- **Contraception**
 - **Long-acting reversible contraceptives** are safe and effective in adolescents and should be offered as first-line options to prevent pregnancy
- **BMI + BP screening**
 - **BMI>95%ile** should consider metabolic lab workup and comprehensive intervention
 - **BP>120/80** should be monitored closely

Preventive Care for Adolescents – Behavioral Health

- A **comprehensive psychosocial screen** is recommended annually
 - When limited for time, a brief screen may include:
 - current stressors
 - availability of a confidant
 - school or work experience as a proxy for well-being
- Adolescents **12 years or older** should be screened for **major depressive disorder** when systems are available to ensure accurate diagnosis, treatment, and follow-up
- Education to **prevent initiation of tobacco use**
- **Seatbelt use** and avoidance of **distracted or impaired driving**
- Digital literacy
 - appropriate **online boundary setting** and display of **personal information**

Screening Comparison Chart

	HEADSS/ HEEADSSS	SSHADESS	I-HELLP (Adolescent)	Rapid Assessment for Adolescent Preventive Services	Center for Youth Wellness Adverse Childhood Experience Questionnaire	Pediatric Symptom Checklist Youth Report (Y-PSC)	Bright Futures
Assessment Domains	Home, education and employment, eating, activities, drugs, sexuality, suicide/depression, safety	Strengths, school, home, activities, drugs, emotions /depression, sexuality, safety	Income, housing, education, legal status, literacy, personal safety	Social and behavioral determinants	Abuse, household dysfunction, neglect	Social, school performance, physical and mental health, high-risk behaviors	Strength-based assessment, home, education, eating, activities, drugs, safety, sex, suicidality/ mental health
Resource Type	Interview guidelines	Interview guidelines	Interview guidelines	Screening tool	Screening tool	Screening tool	Guidelines and screening tools
Self- Administered	NO	NO	NO	YES	YES	YES	YES
Web-Based	NO*	NO *	NO*	YES	NO	NO	NO++
Guidance on Follow Up and Referrals	NO	NO	NO	YES	NO	NO	YES
License Fee	NO	NO	NO	YES	NO**	NO	YES
Public Domain	YES	YES	YES	NO	Registration required	YES	YES+++
Applicable to Adolescents	YES	YES	YES	YES	YES	YES	YES
Meets National Requirements for Billing	YES	YES	YES	YES	YES	YES	YES
Non-English Versions	NO+	NO +	NO+	Multilingual options available	20 languages	5 languages available & pictorial versions	Spanish

*While these do not currently exist online for public use in a web-based form, individual practitioners could use the guidelines to build their own web-based version.

**The ACE Adolescent survey is available for free, but only to pediatricians who register with the Center

+While there aren't readily available versions of the guidelines in non-English languages, practitioners are encouraged to adapt the guidelines to the needs of the patient, including by utilizing their language.

++While Bright Futures is not web-based, some EHRs have built in templates of the questionnaires and visit forms available for use.

+++Bright Futures adolescent and parent questionnaires, visit forms, and adolescent and parent handouts are available in the public domain for review and reference only. In order to reprint them for clinic use, a set of Bright Futures Tools and Resources Kit must be purchased from AAP.

While none of the above resources have audio enabled versions, many computers have "narrator" functions installed in their settings which would allow web-versions to be read aloud, and many schools already have access to software like Kurzweil which is able to read scanning paper documents.

Additional Issues to Consider...

- Gender and sexuality
- Gaming
- Vaping/e-cigarettes
- Marijuana
- Alcohol
- Many more... often cohort specific

Motivational Interviewing with AYAs

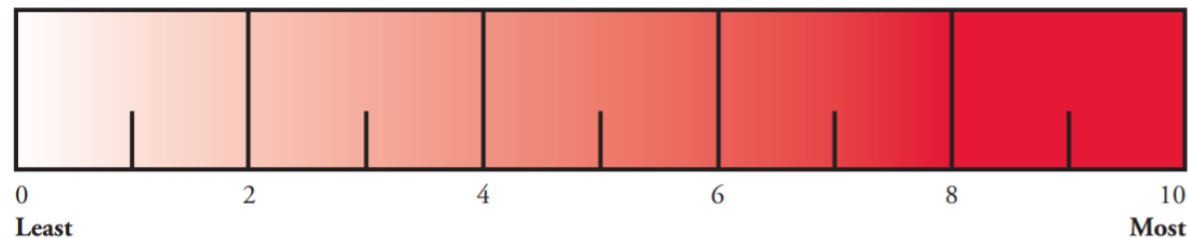
Importance and Confidence Rulers

- Especially for younger adolescents or those with difficulty with abstract concepts
- If a low # → explore feelings about talking about the behavior
- If a high # → explore what is preventing behavior change

Are You Ready to Make a Change?

The first step toward success is to focus on a goal. Use this readiness ruler to think about getting ready to make a change.

READINESS RULER



Motivational Interviewing with AYAs

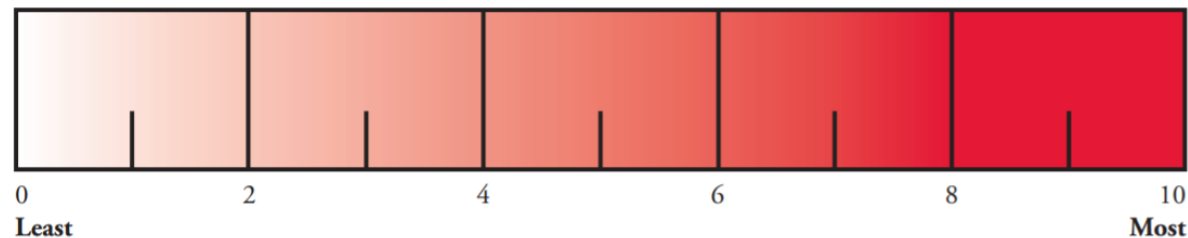
Importance and Confidence Rulers

- How important is it to you to eat fruits and vegetables?
- How confident are you that you could walk to school instead of getting a ride 3 days per week?
- How important is it to you to quit smoking right now?
- How confident are you that you could use condoms every time you have sex?

Are You Ready to Make a Change?

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READINESS RULER



Motivational Interviewing with AYAs

A Behavioral Change Plan:

- The changes I want to make are:
- The most important reasons to make these changes are:
- The specific steps I plan to make in changing are:
- Some people who can support me are:
- They can help me by:
- I will know my plan is working when:
- Things that could interfere with my plan (barriers) and possible solutions include:

WRAP-UP

Back to the start...

Goals/Objectives

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- Consider experiences and priorities of AYAs and their desires for care.
- Discuss barriers to providing high quality AYA health care.
- Evaluate factors that can improve healthcare access and acceptability for AYAs.
- Review evidence-based recommendations for improving AYA healthcare.

Sources

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2. <http://actforyouth.net/adolescence/demographics/>
3. Khumalo S, et al. Narratives of young black men on barriers to health care and poor health care seeking behaviours at a university setting: a qualitative study. BMC Health Services Research (2021) 21:445-454.
4. World Health Organization. Quality assessment guidebook: a guide to assessing health services for adolescent clients. Geneva (CH): WHO Press; 2009. 108 p.
5. Adolescent Health Initiative. Spark: Adolescent Brain Development. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/spark-adolescent-brain-development/> (Accessed 5/25/21).
6. Baird, A. A., Gruber, S. A., Fein, D. A., MASS, L. C., Steingard, R. J., Renshaw, P. F., ... & Yurgelun-Todd, D. A. Functional magnetic resonance imaging of facial affect recognition in children and adolescents. Journal of the American Academy of Child & Adolescent Psychiatry, 38(2), 195-199. (1999).
7. Adolescent Health Initiative. Spark: Nonverbal Communication Bias. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/nonverbal-communication-bias/> (Accessed 5/26/21).
8. Chang T, et al. Sexual Behavior and Contraceptive Use among 18- to 19-Year-Old Adolescent Women by Weight Status: A Longitudinal Analysis. The Journal of Pediatrics, (2015)
9. S.C. Alexander, J.D. Fortenberry, K.I. Pollak, T. Bravender, J.K. Davis, T. Ostbye, et al. Sexuality talk during adolescent health maintenance visits JAMA Pediatrics, 168 (2014), pp. 163–169.
10. Adolescent Health Initiative. Spark: Michigan Confidentiality Laws. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-laws/> (Accessed 5/26/21).
11. Adolescent Health Initiative. Spark: Confidentiality Best Practices. <https://www.umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-best-practices/> (Accessed 5/26/21).
12. Riley M, et al. The Adolescent Champion Model: Primary Care Becomes Adolescent-Centered via Targeted Quality Improvement. Pediatrics. 2018(193):229-236.
13. Crossen K. Missed opportunities for adolescent friendly care in hospital. Journal of Paediatrics and Child Health 53 (2017) 1176–1179
14. Denno DM, et al. Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support. Journal of Adolescent Health 56 (2015) S22-S41.
15. Klein DA, et al. Screening and Counseling Adolescents and Young Adults: A Framework for Comprehensive Care. Am Fam Physician. 2020 Feb 1;101(3):147-158.
16. <http://www.sbh4all.org/wp-content/uploads/2016/05/Screening-Comparison-Chart.pdf>
17. Gold MA, Kokotailo PK. Motivational Interviewing Strategies to Facilitate Adolescent Behavior Change. AAP Adolescent Health Update. 2007;20(1), 10pp.