

ADOLESCENT WELL VISITS

National Performance Measure 10: Percent of adolescents with a preventive services visit in the last year.

Goal: To increase the number of adolescents who have a preventive services visit.

Definition: Numerator: Parent report of adolescents, ages 12-17, with a preventive services visit in the past year from the National Survey of Children's Health / Denominator: Number of adolescents, ages 12-17 years.

Healthy People 2020 Objectives:

Adolescent Health (AH) Objective 1: Increase the proportion of adolescents who have had a wellness checkup in the past 12 months. (Baseline: 68.7%, Target: 75.6%)

Data Source: The revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.

Policy Context:

Adolescence is a period of major physical, psychological, and social development. As adolescents are assuming more individual responsibility for health habits, and for those with special health needs, taking on a greater role in managing those conditions. In addition, risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances such as tobacco, alcohol, and non-prescribed drugs. While many national organizations have documented the challenges and made recommendations to support adolescent health. (<http://www.mchlibrary.info/guides/adolescent.html>), surveys and medical records indicate that gaps exist in the delivery of recommended preventive services.

Annual adolescent preventive well visits help adolescents adopt or maintain healthy habits and behaviors, manage chronic conditions, reduce risks, and understand prevention strategies. The Bright Futures guidelines recommend that adolescents have an annual checkup starting at age 11. (<http://brightfutures.aap.org/pdfs/AHU1109.pdf>).

Under the Affordable Care Act, more than 80% of private plans—including those offered through state exchanges/marketplaces, most employer-based group plans, and most individual market plans—are required to cover without cost sharing the visits recommended under Bright Futures guidelines. States have an important role to play in implementation of the Bright Futures guidelines and this coverage. (<http://www.astho.org/Maternal-and-Child-Health/bright-futures/>).

Most states rely on the Bright Futures periodic visit schedule for Medicaid and its Early and Periodic Screening, Diagnosis, and Treatment (EPDT) benefits. (http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf) In

some states, however, EPSDT periodic visit schedules have not been updated to reflect current professional guidelines.

While many states are interested in adolescent health, safety and well-being, the large majority have not been able to create the systems necessary for actually improving the comprehensive health of these populations. With Title V MCH resources, most states have been able to create and sustain positions for adolescent health coordinators who can develop programs, convene partnerships, and lead state efforts.

Action Agenda for State Title V MCH Block Grant Programs:

- Provide training, technical assistance, and resources to state adolescent health coordinators and other State Title V MCH Program staff with responsibilities for adolescent health in order to improve their job performance, retention, and leadership skills.
- Support state adolescent health programs in development of meaningful and effective state-specific performance measures for adolescent and young adult health
- Define policies, procedures, and payments that offer incentives for completion of recommended adolescent well visits.
- Position the State Title V MCH Program as the champion for Bright Futures.
- Promote and market Bright Futures as the standard of care among primary care providers, families, and child advocates.
- Encourage Medicaid to adopt the Bright Futures periodic visit schedule with annual preventive visits for adolescents served through EPSDT.
- Adopt and incorporate Bright Futures guidelines and coverage in the state Medicaid program, particularly all materials for providers and families.
- Ensure that the Bright Futures standard for adolescent well visits has been adopted by the Affordable Care Act exchange/marketplace plans.
- Support quality improvement and practice collaboratives that support adoption of Bright Futures standard of care in adolescent well visits.
- Encourage incorporation of Bright Futures into electronic health/medical records (e.g., develop a model, sit on a committee, meet with record design teams)
- Train public health staff and use public health resources to disseminated Bright Futures materials, perhaps using sequential efforts for different ages of children and youth.
- Use school health and school-based health clinics to provide readily accessible, appropriate, and affordable adolescent health services.