IOWA MEDICAID EPSDT Care FOR Kids

Volume 24 • Number 3 Fall 2017

Every Age. Even Teenage: Schedule Your Teen An Annual Well Visit

By Analisa Pearson, MSN, RN, Child Health & EPSDT Nurse Clinician, Iowa Department of Public Health

Dr. Ken Cheyne, Adolescent Medicine Specialist at Blank Children's Hospital, submitted a Community Access to Child Health (CATCH) grant to the American Academy of Pediatrics focusing on the adolescent well visit. Dr. Cheyne has been a part of the Adolescent and Young Adult Health Collaborative Innovation and Implementation Network (CoIIN) with the Iowa Department of Public Health (IDPH). IDPH assisted in coming up with ideas for the grant, and partnered with Dr. Cheyne on this initiative.

Primary care providers and parents expect their infants to be seen every couple of months during the first two years of life for well child exams and anticipatory guidance. Compliance with well visits in this age group is above 90 percent in Iowa. Yet the same expectation has not historically been associated with the adolescent years, despite the equally rapid physical and emotional growth and sophisticated developmental tasks that need to be mastered in transitioning to adulthood. As a result, compliance rates for adolescent well visits nationally are less than 50 percent.

Through the CATCH grant and Maternal and Child Health Block

(continues on page 2)

Every Age. Even Teenage: Schedule Your Teen An Annual Well Visit *(continued from page 1)*

Grant funds, a campaign for the adolescent well visit for statewide use was created that focuses primarily on the parents of adolescents. Through focus groups with Iowa parents and teens, it became apparent that adolescents are not the target audience for increasing utilization of well visits. The primary caregiver, often mom, makes the appointment and assures the teen attends. The primary care provider can significantly drive parents to schedule an annual well visit. This can be accomplished by setting an expectation with the parent by verbalizing the importance of an annual well visit, combined with the stated expectation that the adolescent should return for the visit.

The Campaign uses the slogan *Every Age. Even Teenage: Schedule Your Teen An Annual Well Visit*. To kick off the campaign, Dr. Cheyne, IDPH staff and interns, medical students, and ISU student volunteers conducted outreach at the Iowa high school state tournaments, including wrestling, girls and boys basketball, the Jim Duncan Invitational Track Meet, the Drake Relays, and the Des Moines Register High School Sports Awards. Focusing initial use of the campaign on statewide events provided a way to impact parents across the state with a manageable resource output. Entire communities across Iowa gather at these tournaments in support of their youth. The Iowa high school state wrestling tournament has sold out for the past 30 years, with an average attendance of more than 70,000. The Drake Relays attendance this year was just over 36,000.

Digital media was used at the Wells Fargo Arena through the scoreboard and the ribbon that loops the arena. Print media was utilized at all events through the event program and photo booth. The photo booth used green screen technology to enhance outreach, which allowed additional messaging to be sent to participants. Their photos included information about the importance of a comprehensive adolescent well visit, as well as phone numbers for parents to contact for additional information on the well visit, medical coverage, and care coordination.

Providers are welcome to continue the message in their local community. There are many phrases used in referring to the adolescent annual well visit – health maintenance exam, check-up, physical, and more. IDPH encourages providers to use the term annual well visit or comprehensive annual well visit when talking with parents to standardize the meaning, and to help parents differentiate the well visit from other types of health care visits.

A link to access the ads is included below, as well as a copy of the message that accompanies the photo, and some pictures from the events. Users may be instructed to ask for permission to the drive. Once permission is granted, the files should open.

The photo booth, props, and signage are available to be loaned out to providers and communities at no cost. Instructions for requesting the booth are located on the *Every Age. Even Teenage*. Google drive. **https://drive.google.com/drive/folders/0Bwxtb9aFlZLVUEduTkgtcEJVOGs?usp=sharing**

Iowa Participation in an Adolescent Health Collaborative Innovation and Implementation Network (CoIIN)

By Analisa Pearson, MSN, RN, Child Health & EPSDT Nurse Clinician, Iowa Department of Public Health

Adolescent friendly health services or youth-centered care applies the principles of patient-centered care in addressing the health needs of young people aged 10-21 years. Adolescents make up almost one quarter of the population in Iowa. Involving adolescents in designing their care, as well as being informed about their priorities and values, allow health care providers to make small and simple investments that can significantly impact an adolescent's health for a lifetime.

Over the past two years, Iowa and four other states (New Mexico, Mississippi, Texas, and Vermont) have been involved in a Health Resources and Services Administration's Collaborative Innovation and Implementation Network (CoIIN). The Iowa Department of Public Health (IDPH) assembled a team, including clinical practitioners, community health providers, health insurance representatives, federally qualified health centers, and adolescents interested in promoting adolescent health. The goals of the CoIIN were to:

1. Increase adolescent access and uptake of preventive services;
2. Improve the quality of adolescent preventive services; and
3. Improve state and systems-level policies and practices to assure access to high-quality preventive services in Iowa.

Iowa is focused on the adolescent annual comprehensive well visit as both the target and the mechanism to deliver quality preventive services. Quality preventive services such as adolescent immunizations, mental and behavioral health screening, health counseling, and medical home goals can be encapsulated into focusing on increasing utilization of the annual well visit.

Project Highlights

- Members of the CoIIN conducted focus groups to gather data about the beliefs adolescents and their parents have related to the well visit. An American Academy of Pediatrics (AAP) CATCH Grant was used to create an annual well visit marketing campaign (*see CATCH article on page 1 for more information*).

- CoIIN members are working on more clearly aligning the EPSDT Periodicity Schedule with AAP Bright Futures recommendations for annual adolescent well visits in the next release of the Periodicity Schedule. Exploratory conversations with the Iowa High School Athletic Association regarding participation physical requirements have occurred.

- Three clinics across the state piloted the use of the *Adolescent Environment Assessment* (ACE) through the University of Michigan Health System (UMHS) to assess their policies, practices, and environment. One clinic was rural and one was urban. Both clinics partnered with their local Title V Maternal, Child and Adolescent Health (MCAH) contracted provider for extra support. One clinic was an urban Federally Qualified Health Center in partnership with the Iowa Primary Care Association.

The ACE is a self-assessment conducted via conference call with UMHS lasting about 90 minutes. The clinics then self-selected their quality improvement priorities and created a quality improvement plan. Targeted resources and training to address priority areas were provided by the larger health system each clinic is affiliated with, MCAH providers, Iowa Primary Care

(continues on page 4)

Adolescent Health Collaborative Innovation and Implementation Network (CoIIN)

(continued from page 3)

Association, IDPH, and the UMHS. The clinics worked on their improvement plans for a year, and then completed a year-end self–assessment with UMHS.

Highlights of changes made during the pilot include:

- LGBT Safe Zone signage at the entrance and throughout the clinic;
- New signage, handouts, and procedures related to health care rights and confidentiality;
- A webinar by Dr. Ken Cheyne on confidentiality, available at **https://youtu.be/j05GjrqoJUw**;
- A partnership with a local public health department to make packets with information on healthy relationships, STI, and condoms available for clinic distribution;
- One clinic began attending an already established youth council in its community;
- Implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT);
- Rearranging the waiting room to provide privacy at the reception desk, and adding adolescent magazines and information; and
- Provider alone time (approximately five minutes) with the adolescent, starting at age 12.

Lessons Learned

- Tying youth-centered care to other quality improvement initiatives (Part IV of Maintenance of Certification: Practice Improvement) or another priority is beneficial;
- Clinics initially targeted one or two providers to champion the QI. It was quickly realized that buy-in is needed at all staff levels—clinic administration, nursing, billing, etc., with an estimated .5 FTE dedicated to the project; and
- Choose and implement some quick win items to build confidence and movement.

Lessons Learned from and Related to Iowa Adolescents and their Families

Sexuality, experimenting, and testing independence are critical developmental tasks of adolescence that do need to be addressed. For example, sexually transmitted infections are increasing in Iowa, while the teen birth rate continues to decrease. This may highlight the evolution of the definition of sex, and demonstrate that the discussion between providers, parents, and teens needs to evolve as well. Iowa teens and their parents have similar priority topics they want to discuss with their health care provider (*see table on page 6*). While not specifically named through the focus groups conducted in Iowa, stress and the toll it takes on adolescent mental health, has been identified nationally and does underscore a majority of Iowa identified topics.

According to the most recent Iowa Child Death Review Team Report, there were 14 suicides among children aged 18 and under in 2014. Suicide is the third leading cause of death in 15-19 year olds in Iowa. The rate of adolescent female suicides now equals that of males for the first time.

"Recognizing mental health concerns and other stressors in children, such as bullying, school performance, family and personal relationship discord, as well as drug and alcohol abuse, can lead to intervention and counseling to help control and abate self-harm," (Child Death Review Team Report to the Legislature, 2014). Risk taking behaviors are often engaged in as coping behaviors. Iowa teens express that they want a relationship with their health care provider. That relationship is

(continues on page 7)

Providers Can Support Iowa's Goal to Improve Adolescent Well Visits

- The provider should ensure all staff know and follow Iowa laws and agency policies and procedures related to confidentiality. Post the confidentiality policy visibly in patient areas. Discuss the confidentiality policy with adolescents in an understandable way, preferably in their primary language.
- Assure processes for billing protect the confidentiality of the patient. Alert the adolescent of billing practices that do not protect their privacy.
- Assure all staff communicates warmth and acceptance of adolescents from the first encounter at check in, in the waiting area, during the exam, and at check out.
- Adolescents expect diversity and technology in their health care experience, i.e., non-gender specific restrooms, use of LGBT affirming language, diverse staff, reading materials that depict diversity in content, utilization of patient portals, texting/ emailing provider, social media, etc.
- Incorporate participation physicals into the comprehensive annual well visit.
- Work with community partners to eliminate mass participation physicals, and assure a medical home and medical coverage for all adolescents to facilitate access to a comprehensive well visit.
- Educate and empower scheduling staff to assist the family in turning chronic and acute care visits (visits for medication refill, sports physical, etc.) into well visits.
- Schedule needed or the next annual well visit the day of the visit as part of the checkout process (just like dental providers).
- Provide opportunities in schedule to prioritize well visits by making them more accessible. Parents stating they do not have time for a well visit or do not want a well visit are most often reacting to clinic scheduling procedures, i.e., appointments are not available soon enough or are only offered during mid-day times, while parents or adolescents need early, late, or weekend appointments.
- When enhancing the visit to a well visit is not possible, discuss the importance of and expectation for the adolescent to return for an annual well visit.

- Utilize the practice of reminder and recall. Most EMRs can pull reports of adolescents due and/or overdue for an annual well visit or this feature can be turned on.
- Gradually incorporate one-on-one time into the annual well visit to engage teens in their health and for discussion of sensitive topics. Inform teen patients and their parents of this transition prior to the appointment. A gradual informed approach makes the transition more comfortable for all.
- Have adolescents complete evidence-based, standardized screening tools prior to the exam to streamline and prioritize discussion and anticipatory guidance.
- Engage with youth in the practice and in the community. Ask youth for feedback on practices and policies. Use peer educators by partnering with a community resource such as a college/university.
- Know your community resources for adolescents, especially those offering free or low-cost confidential services. Build a partnership with providers offering these services to decrease barriers for adolescents seeking care.
- Advocate on behalf of adolescents with other community services and health care providers.
- Use a strengths-based approach during care with adolescents.
- Utilize a youth-centered, care-standardized assessment to evaluate practices, policies, and environment.




Topics Teens and Parents Want their Primary Care Provider to Discuss

	According to Iowa Teens	According to Iowa Parents
1	Diet/Nutrition	Diet/Nutrition
2	Exercise/Sports	Exercise/Sports
3	Substance Abuse/Alcohol/Drugs	Physical Changes of Puberty
4	STDs	STDs
5	Physical Changes of Puberty	Substance Abuse/Alcohol/Drugs
6	Violence Prevention	School Performance
7	Eating Disorders	Birth Control
8	Birth Control	Bullying
9	School Performance	Eating Disorders
10	Other	Violence Prevention
11	Bullying	Other

Adolescent Health Collaborative Innovation and Implementation Network (CoIIN)

(continued from page 4)

demonstrated by the provider maintaining confidentiality – this is very important to adolescents. Be supportive (think like a coach), have quality information, encourage them, and have a broad understanding of the life of adolescents. Teens state that nothing breaks or inhibits a relationship like a judgmental approach or attitude. This includes not only the provider, but also any staff that teens encounter in the practice. Provide private time and enough time to answer questions. Talk to the adolescent as the patient, not just the parent. Finally, teens say it's important that providers like their job. Meaning teens want providers to be engaged and approachable.

Most health care providers have been trained in the problem-solving model of care; utilizing a strengths-based approach with adolescents will provide much better results. All adolescents have strengths. Focusing on problems (especially problem behaviors) can cause teens to not be honest or forthcoming with information. A problem-focused approach also confirms adolescent feelings of not being accepted, having low worth, low power, and can easily overwhelm them and their parents. Focusing on an adolescent's strengths and goals encourages hope, motivation, and engages the adolescent in their health. In a strengths-based approach the provider encourages the teen to be an active participant in increasing their healthy choices in order to achieve their goals.

Resources

Center for Medicaid and Medicare Services. (2014) *Paving the Road to Good Health*. **https://www.medicaid.gov/medicaid/benefits/downloads/paving-the-road-to-good-health.pdf**

Flacks, J and Boynton-Jarrett, J. (2017) *Strengths-based Approaches to Screening Families for Health-Related Social Needs in the Healthcare Setting: Preview of Recommendations*. **https://www.cssp.org/publications/documents/Strengths-based-Screening-Preview-Recommendations.pdf**

Hammond, W. (2010) *Principles of Strength-Based Practice*. **www.ayscbc.org/Principles%20of%20Strength-2.pdf**

Iowa Child Death Review Team Report. (2014) **https://iosme.iowa.gov/sites/default/files/documents/2017/06/child_death_review_team_annual_report_2014.pdf**

Iowa Department of Public Health. (2017) *Adolescent Health*. **https://idph.iowa.gov/Adolescent-Health**

John Praed Foundation. (2017) *The Child And Adolescent Needs And Strengths Tool (CANS)*. **https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/**

University of Michigan Health System-Adolescent Health Initiative. (2017)

- Home page: **http://www.umhs-adolescenthealth.org/**
- Risk Screening: **http://www.umhs-adolescenthealth.org/wp-content/uploads/2017/02/adolescent-risk-screening.pdf**
- Sample Environmental Assessment and Tips: **http://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/SCHOOLBASEDHEALTHCENTERS/Documents/SBHC%20Webinars/Oregon_Activity_Handout.pdf**

IOWA MEDICAID EPSDT Care FOR Kids

University of Iowa Stead Family Children's Hospital
Center for Disabilities and Development
University Center for Excellence on Disabilities
100 Hawkins Drive
Iowa City, IA 52242-1011

What's in this issue

If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1- 800-338-7909**. If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1- 800-383-3826.** Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at www.iowaepsdt.org**. Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter.*

The ***EPSDT Care for Kids Newsletter*** is published three times a year, in print and online, as a joint effort of the Iowa Department of Human Services, the Iowa Department of Public Health, and the Center for Disabilities and Development, which is nationally designated as Iowa's University Center for Excellence on Disabilities. The goal of this newsletter is to inform Iowa health care professionals about the EPSDT Care for Kids program, to encourage them to make use of this important resource, and to provide them with information about a wide range of developments in the field of health care.

Please send correspondence concerning **content** to:

Ellen Link, MD
University of Iowa Health Care
Iowa River Landing, Office 2627
105 9th Street, Coralville, IA 52241

Please send **change of address** information to:

Julie Temple
University of Iowa Stead Family Children's Hospital
Center for Disabilities and Development, Room 257
100 Hawkins Drive, Iowa City, IA 52242-1011
julie-temple@uiowa.edu