

THE BUSINESS OF TEENAGERS: ADOLESCENT MEDICINE IN PRACTICE

WHAT KIND OF ADVICE
DO YOU EXPECT FOR
ONLY A NICKEL!



Patricia Kapunan, MD, MPH
Medical Director, Adolescent Health Center

Lisa Tuchman, MD, MPH
Chief, Adolescent & Young Adult Medicine

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The practice of medicine is an art, not a trade; a calling, not a business.

-Sir William Osler

Teenagers these days are out of control. They eat like pigs, they are disrespectful of adults, they interrupt and contradict their parents, and they terrorize their teachers.

-Aristotle

Overview

- What is Adolescent Medicine?
- What's different about teenagers?
 - Unique barriers to care lead to gaps in access
 - Unique health needs merit specialized resources
- The Teen-Friendly Practice
 - Confidentiality
 - Cultural Competence
 - Special Services: repro health, mental health
 - Billing
- AYAM at Children's National Hospital

Overview

- Adolescents and young adults have the lowest rate of primary care use of any other age group in the US.
 - In 2018: 81.7% 11-17 year olds report a wellness check up in the past year vs. 63% of 18-24 year olds (HP2020)
- Health disparities are well described
 - Underinsured status (12-17y, 94% vs 18-24y, 86%)
 - Access to ongoing care
 - 5-11y 95.4%, 12-17y 94%, 18-24y 75%
 - LGBTQA, mental health, reproductive care
 - Transition-aged youth

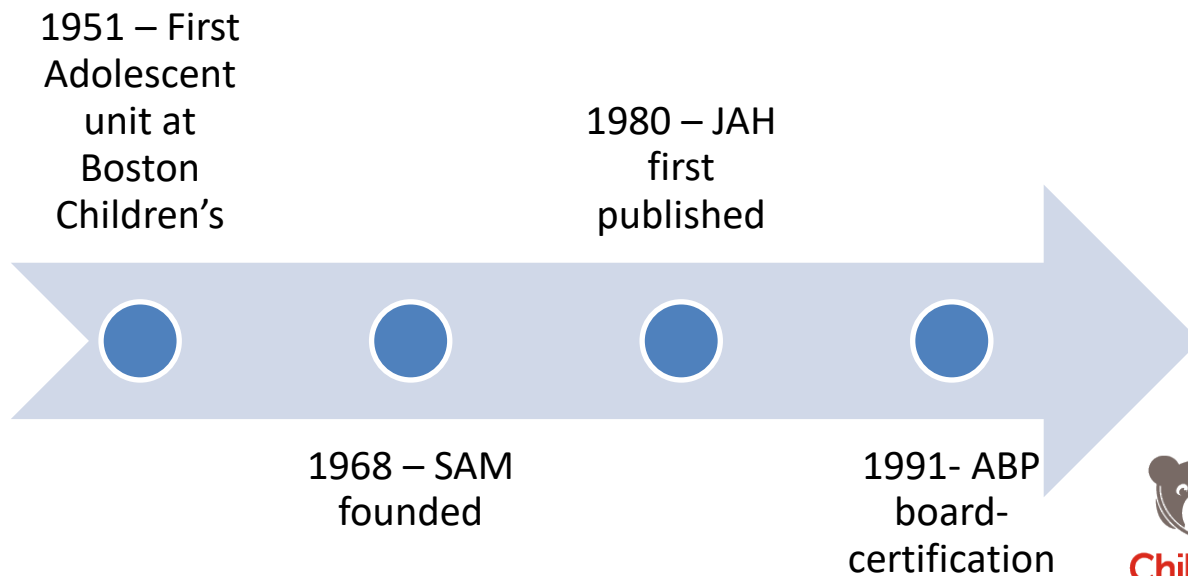
Irwin CE et al. *Pediatrics* 2009;123(4)

Mustanski BS et al. *Am J Public Health* 2010;100(12)

<https://www.healthypeople.gov/>

What is Adolescent Medicine?

- We are a “primary-care subspecialty”
- Teenagers have unique health concerns
- Create unique business demands
- We occupy a relatively new and dynamic niche in the market



Relevant AAP Policy: Committee on Adolescence

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health
Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



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Achieving Quality Health Services for Adolescents

COMMITTEE ON ADOLESCENCE

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Targeted Reforms in Health Care Financing to Improve the Care of Adolescents and Young Adults

Arik V. Marcell, MD, MPH, FAAP,^a Cora C. Breuner, MD, MPH, FAAP,^b Lawrence Hammer, MD, FAAP,^c
Mark L. Hudak, MD, FAAP,^d COMMITTEE ON ADOLESCENCE, COMMITTEE ON CHILD HEALTH FINANCING

What's different about teenagers?

- Unique barriers to care
 - May not be able to present independently for issues of concern
 - Greatest morbidity does not always align with the chief complaint
 - Emerging health literacy and decision making
- Unique health needs merit specialized resources
 - Mental health
 - Mood disorders, Substance Use, Eating disorders
 - Problems at school and with behavior
 - Sexual and reproductive health
 - Relationships, Strengths, Resilience
 - Transition to Adulthood



What's different about teenagers?

- Taking care of teenagers takes more time
 - Interviewing teens independently from parents
 - Heavily preventive; preventive visits take more time
 - What can happen in 30 minutes?
 - The Hidden Agenda
 - Patients may present with a complaint that does not align with the real issue
 - We actively point out problems they may not seek or desire care for
 - Collaborative/supported decision making takes more time

What's different about teenagers?

- Confidentiality is important
 - Essential for accurate, comprehensive care
 - Developmentally appropriate
 - Aligns with ethical principles of respect for persons, beneficence, non-maleficence
 - Not about keeping secrets or undermining the role of the parent
 - Aligns with regulations protecting minors' right to consent for certain types of health care (reproductive and sexual health, mental health, substance abuse)

Regulations: Minor Consent/Confidentiality

What laws matter?

- State-specific laws about minor consent, privacy, and mandatory reporting
- Family law explicitly detailing parents' rights/responsibilities can impact consent
- HIPAA Privacy Rule exceptions
- Title X

Teen friendly practice

- Office environment that welcomes teenagers
 - Teen-only waiting area
 - Consider privacy
 - Exam room that is developmentally appropriate for teens
- Culturally competent care
 - Dignity and respect
 - Developmentally appropriate
 - Supporting evolving skills and understanding
 - Setting appropriate expectations
 - Recognizing the importance of peers and parents

Teen friendly practice

- Confidentiality requires Practice-Level efforts
 - All staff should be generally familiar with local minor consent laws and adolescent patients' rights to confidential care
 - A specific confidentiality policy is useful for educating staff, patients and their families
 - Confidentiality should be considered in all work flow processes where information is shared internally or externally



Teen friendly practice: Protecting Confidentiality

- Telephone Services
 - Are staff providing telephone services aware of the confidentiality policy?
 - Is there a clear process for internally communicating adolescent's consent to share sensitive information with others?
- Appointment Management
 - Can minors make appointments independently and confidentially?
 - Are automated reminders sent? Can they be turned off?
 - Are post-visit surveys sent?

Teen friendly practice: Protecting Confidentiality

- At the Visit
 - Does the check-in process support adolescent patients' confidentiality and right to present for confidential care?
 - How are adolescent patients screened for confidential concerns?
 - Is there a separate area for parents/guardians to facilitate independent time with the adolescent patient?
 - How are confidential lab collection and specimen handling managed?

Teen friendly practice: Protecting Confidentiality

- Medication Reconciliation
 - What is the process and how are confidential medications reconciled?
- The EHR
 - Is contact information for the adolescent patient recorded to enable confidential communications?
 - Do after-visit summaries include confidential information on the problem list, order set, or medication list?
- Lab and Referral Tracking
 - How are confidential lab results reported?
 - How are referrals for confidential health issues managed?

Teen friendly practice: Protecting Confidentiality

- Patient Portals
 - Are potentially confidential information types included?
 - Do different access levels exist that would limit guardians' access to confidential information?
 - If only one access level exists, is it possible to redact confidential information?
- Billing Processes
 - Are EOBs sent which would potentially compromise confidentiality?
 - Are alternate payment schemes available to support confidential care?

Breaking Confidentiality

- Are limits to confidentiality clear?
 - To patients and their families
 - To all staff
- Confidentiality is necessarily limited in cases of:
 - Risk of harm to self or others
 - Child abuse or sexual assault
 - Reportable disease

The intent of confidentiality is to remove access barriers and facilitate care. If maintaining confidentiality becomes a barrier to patient health and safety, consider involving a parent or trusted adult.



Children's National.

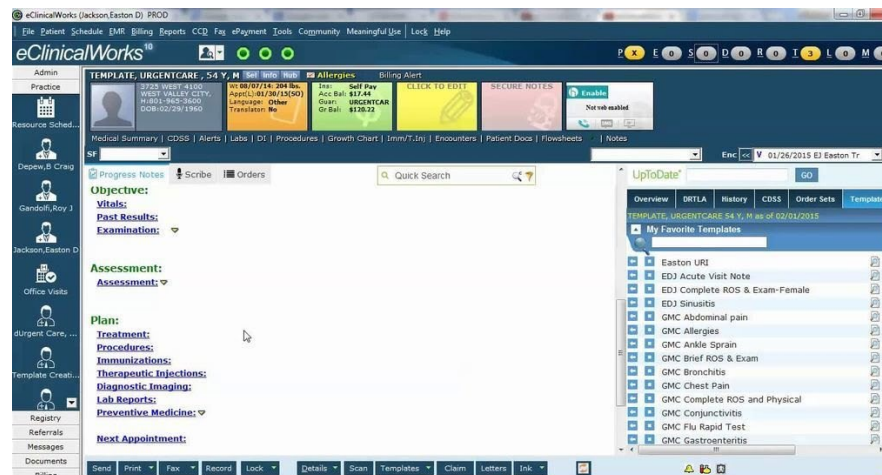
Teen friendly practice: Leveraging the EHR

Consider adolescent-care specific modifications to ensure:

- Comprehensive care
- Continuity of Care
- Care coordination
- Efficiency
- Optimizing compensation for time and services

Teen friendly practice: Leveraging the EHR

- Separate Preventative health EHR templates by age
 - Prompt SHADESSS (strengths, reprod health, social media)
 - Different PE findings defaulted
 - Identify strength/protective factors
 - Identify low, moderate, high risk for adverse consequences
 - Template time spent language



Teen friendly practice: Leveraging the EHR

- Providers may choose to bill for added time spent on specific identified problems (eg, an acute condition or a condition identified during a screening) during a health maintenance visit using a –25 modifier and the pertinent diagnostic codes as part of the billing process.
- However, this may subject patients to unexpected copays and higher out-of-pocket costs.

Billing & Coding Resources for AYA

- PediaLink free online course: Confidential Adolescent Care and Billing
 - Introduction to confidentiality and the adolescent patient
 - Challenges that arise with confidentiality and billing
 - Unique challenges that you may face with confidentiality and electronic health records.
- AAP Adolescent Health Services Coding

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Adolescent Health Services Coding

- **Preventive Medicine Services**
 - If an illness or abnormality is encountered or a preexisting problem is addressed in the performance of the preventive medicine service, and if the illness, abnormality, or problem is significant enough to require additional work to perform the key components of a problem-oriented and management (E/M) service (history, physical examination, medical decision-making), report the appropriate office or other outpatient service code (**99201–99215**) in addition to the preventive medicine service code. Modifier **25** should be appended to the office or other outpatient service code to indicate that a significant, separately identifiable E/M service was performed by the physician on the same day as the preventive medicine service.



Billing & Coding Resources for AYA



PRACTICE RESOURCE – NO. 2
FEBRUARY 2019

American Academy of Pediatrics
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2019 Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care

*Margaret McManus, MHS
Patience White, MD, MA
Annie Schmidt, MPH*

The National Alliance to Advance Adolescent Health

Adolescents in your Practice: Things to Consider

- Do you have a written confidentiality policy and who is it for?
- Do you have adequate training in health issues commonly encountered in your adolescent patients?
- Is there a youth voice in your practice?
- Is there a difference between the adolescent care your practice currently provides, and what you ideally would want to provide, or feel that your patients need?

Adolescent Health Bill of Rights*

(from the DC Campaign to Prevent Teen Pregnancy)

*According to DC ST § 40-101

During an adolescent health care conference sponsored by the DC Primary Care Association, DC Campaign presented an adolescent health bill of rights. It was ratified by all teens present.

Every adolescent has the right:

- To take responsibility for his/her health and physical fitness
- To be treated with courtesy and respect by all staff without regard to his/her gender, culture, language, appearance, sexual orientation, color, presence of disability, HIV status, transportation ability, or source of payment.

Adolescent Health Bill of Rights*

(from the DC Campaign to Prevent Teen Pregnancy)

Every adolescent has the right:

- To get good care and the right types of health services, which include health education, regular checkups, dental and vision care, mental health, STD checks and sexual health, and drug and alcohol treatment by staff who are comfortable and experienced with young people.
- To be presented with honest and thorough health education, guidance, and care to improve health and well-being especially in regards to nutrition, exercise, safety, sex and sexual identity, drugs, alcohol, tobacco use and preventing violence.
- To include family, friends, and partners in his/her care at his/her request.

Adolescent Health Bill of Rights*

(from the DC Campaign to Prevent Teen Pregnancy)

Every adolescent has the right:

- To get a full explanation of what's confidential and what's not. If the doctor or other staff has a duty to talk with his/her parents or caretaker about certain issues, the information will also be discussed fully with the teen patient.
- To be introduced to his/her doctor, nurse, or other health care provider by name at the beginning of each visit or encounter.
- To be given a clear explanation of health care benefits and health plan procedures.
- To be informed about where to find services and how to get them.

Confidentiality and Right to Privacy for Adolescents

Children's and Adolescent Health Centers

Adolescence is an important time of transition to adulthood. During this period of transition, we are committed to empowering our adolescent patients to take on more responsibility for their own healthcare.

In an effort to provide the best quality of care for our adolescent patients, please be aware of the following:

- Beginning at age 13, each patient is encouraged to meet with a provider for a portion of the visit without a parent present. We believe this private time provides a chance to discuss sensitive topics that an adolescent may not feel comfortable talking about with a parent present.
- The information discussed by an adolescent and the provider is considered private and confidential. This means it will not be shared with anyone without the permission of the adolescent. While this information is confidential, we encourage our adolescent patients to be open and honest with their parents and can help with the process of sharing sensitive information.
- In the District of Columbia, youth who are 12-17 years old can see a provider for reproductive health services, prenatal care, mental health care, and counseling for drug and alcohol use without a parent. These services are considered private and confidential. We will not share information about these services with parents in person or by phone without permission of the child.
- The only time that we break confidentiality is if we think the adolescent poses a danger to him/herself or to others, has been abused, or is at immediate risk of injury or severe illness.

To ensure confidentiality, access to the patient portal is not available for patients ages 12-17 years and their families. This policy is consistent with The District of Columbia and Maryland state law surrounding adolescent confidentiality as well as the policies of the American Academy of Pediatrics and the Society for Adolescent Health and Medicine. If you have specific questions or concerns about this policy please share them with your healthcare provider.

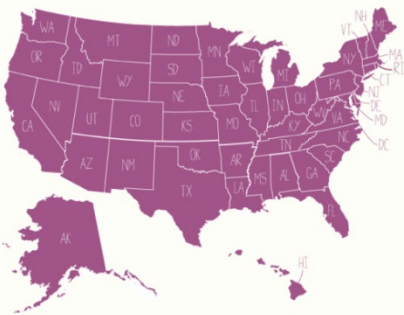
Resources:

Minor Consent/Confidentiality



- Access to all state consent policies
 - Updated regularly
- Info on Title X of the Public Health Service Act & Funding
<http://www.guttmacher.org/>

Sex in the States

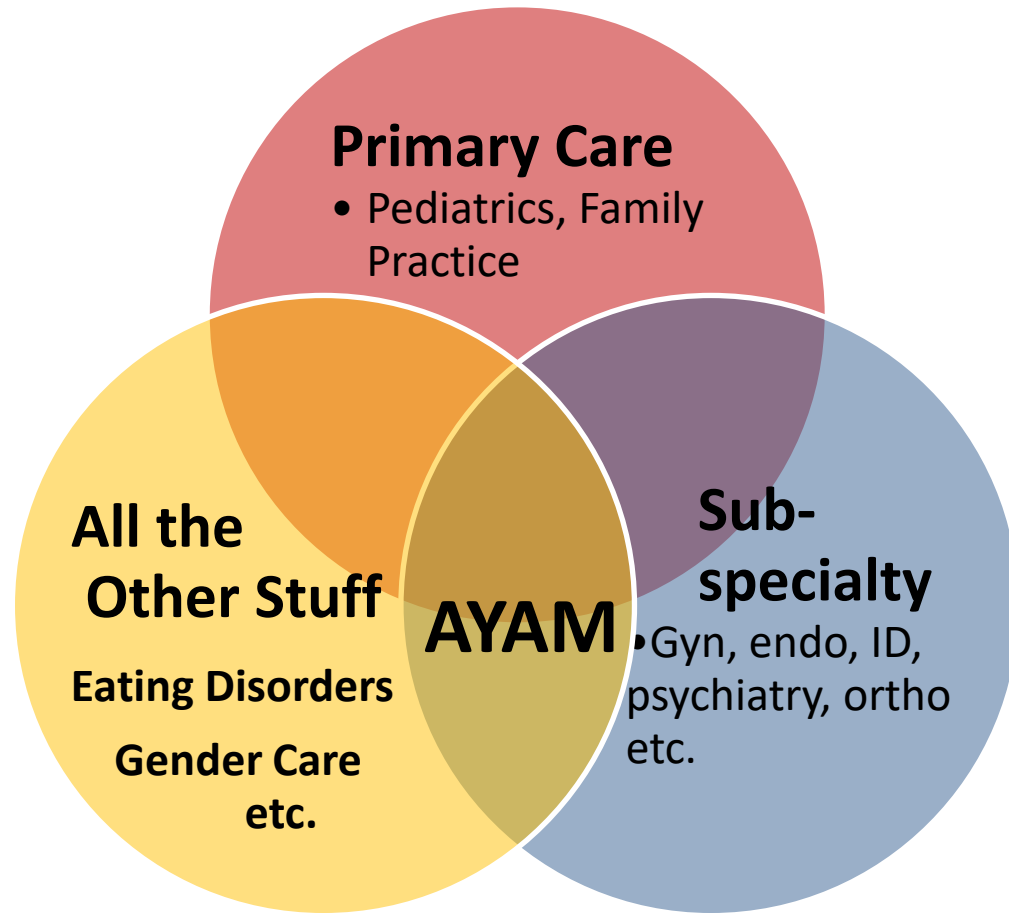


- Rutgers University
- Teen-friendly format
<http://sexetc.org/action-center/sex-in-the-states/>



Children's National.

When do I need an Adolescent Medicine specialist?



Children's National Hospital: Division of Adolescent and Young Adult Medicine

We provide care for:

- Adolescent issues related to complex chronic medical conditions
- Menstrual problems (absent, irregular, heavy or infrequent menstrual bleeding) including those due to chronic diseases, such as bleeding disorders
- Polycystic ovary syndrome/Ovarian cysts
- Vaginal discharge
- Eating and feeding disorders, including: anorexia nervosa, ARFID and bulimia nervosa
- Gender identity and sexual development issues/PRIDE
- PreExposure Prophylaxis (PrEP)
- Adolescent HIV
- CARES clinic

Children's National Hospital: Division of Adolescent and Young Adult Medicine

We offer these services:

- Support for diagnosis and medical management of uncomplicated depression and anxiety
- Medical evaluation of malnutrition
- Young men's health services
- Contraception
- Contraceptive counseling
- Sexually transmitted disease (STD) testing and treatment
- Reproductive health visits/LARC

Adolescent Medicine in MoCo

9850 Key West Ave
Rockville, MD



Children's National Hospital: Division of Adolescent and Young Adult Medicine

Our aim is to provide high-quality medical care to youth throughout the adolescent years, with a focus on respecting individuality, supporting physical and emotional growth and development, and educating and empowering teens to ultimately take ownership of their healthcare and life decisions.

- Dialogue and Interactions
- Accessible information and services
- Space and place

Wrap-Up: What Makes Great Adolescent Care?

- Meeting the needs and preferences of youth, offering comfortable, attractive office environments, easily accessible hours and locations, teen-accessible information and assurance of confidentiality.
- Provide teens with a congenial and private "comfort zone" in which to receive health care, education, and support.
- Appropriate package of clinical services.
- Provider competency.
- Ensure relevance, consider soliciting input from adolescents in your community on current services and emerging needs.

3 Keys to: HEALTH SERVICES Youth - Friendly

1. Dialogue & Interactions



HEALTH LITERACY DIALOGUE



PERSONAL RELATIONSHIP



DR. APPOINTMENT FAQ / ROADMAP



CONFIDENTIALITY



2. Accessible Information & Services

Information



DIGITAL COMMUNICATION



TRANSLATED MATERIAL



HEALTH APPS



LATER HOURS OF OPERATION



COMMUNITY RESOURCES



ALTERNATIVE MEDICINE

3. Space & Place



COMMUNITY REMODEL PROJECT



COMMUNITY ORGANIZATIONS TABLE



YOUTH FRIENDLY MATERIALS



8 Standards of Quality Youth-Centered Care

1 Adolescents' Health Literacy

Systems are implemented to ensure adolescents are knowledgeable about their health and how to access and obtain health services.



2 Community Support

Parents, guardians, and other community members recognize the value of adolescent health services.



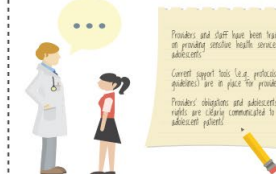
3 Appropriate Package of Clinical Services

The health facility provides a package of information, counseling, diagnostic, treatment and care services that fulfill the needs of adolescents.



4 Providers' Competencies

Providers demonstrate the technical competence required to provide effective health services to adolescents (e.g. confidentiality, respect, and non-discrimination).



5 Facility Characteristics

The health facility has convenient operating hours and an adolescent-friendly environment that maintains privacy and confidentiality.



6 Equity and Non-Discrimination

Adolescents are provided quality services regardless of income, age, sex, marital status, education, race/ethnicity, sexual orientation, or other characteristics.



7 Data and Quality Improvement

Data and service utilization and quality of care is collected, analyzed, and used to support quality improvement.



8 Adolescents' Participation

Youth are involved in the planning, monitoring and evaluation of health services.



Discussion

TEEN-AGE MOUSE

