
BARRIERS to increasing adolescent and young adult (AYA) well-child exams

Increasing adolescent well-child exam rates is a genuine challenge for clinics. Parents/caregivers and adolescents may not see the value in well-child exams. Adolescents typically won't make these appointments themselves and come in independently for a check-up. There are issues with access, as sometimes it can take months to get in for a well-child exam, which is frustrating for families.

STRATEGIES to adolescent risk-screening

Provide education for caregivers and families

- Provide information for families detailing what happens in the well exam. [Here](#)¹ is an infographic from the Adolescent & Young Adult Health National Resource Center (NAHIC) that includes key points about the value of well-visits for AYA caregivers.
- Explain why it is important to do appropriate risk-screening. [Here](#)² is an American Academy of Family Physicians (AAFP) article discussing why risk-screening is important.
 - AHI has curated an Adolescent Risk Screening Directory that compiles risk screening tools across a wide array of topics to be used with adolescent patients. Access it [here](#).
- Discuss the importance of counseling on healthy behaviors, catching people up on immunizations, and appropriate screening labs for some patients.

Send reminders to caregivers, AYAs, and families

- Have automatic mailings, texts, emails, or calls reminding patients to make appointments for yearly check-ups. See sample letter(s) at the end of this guide and customize to your health center's needs.

Change your scheduling paradigm

Adolescents don't often come in for a yearly well exam, but they are usually seen at least once a year for an acute visit. Therefore, have systems in place where that acute visit can be changed to be acute/well visit whenever possible.

- Train the schedulers/call center/front desk staff to schedule a well visit instead of acute visit when possible.
 - When an adolescent or caregiver calls, if the AYA hasn't been seen for a well visit in the past year and does not have one scheduled, a prompt can come up in your scheduling system that tells your scheduler to make the appointment as a well visit instead of an acute visit.
 - This can be tricky with timing, but can happen if they have room for an extended visit during that time slot, or if you have the capability to have a little bit of wiggle room in your schedule to accommodate a well visit in an acute spot.
- Schedule a future well exam at the same time you schedule an acute appointment.

Use your EHR as a tool to increase well-child rates

- Providers can have a prompt that reminds them that the patient is due for a well exam, and they may be able to transition an acute appointment into a well visit upon seeing that cue.

Do a well-child exam for sports physical visits

- If you see a patient who is scheduled for a sports physical who hasn't had a well visit, the sports physical should be rolled into a comprehensive well exam whenever possible.
 - It's very rare for an adolescent to have cardiac issues, but it's common to get chlamydia or have depression. Providers should focus on issues that have significant morbidity for AYA patients.
- Sports physical season is an excellent time to capture young people who need well exams, but it also requires an office to be very facile about accommodating a large number of patients for these visits. Some strategies to consider include adding a Saturday clinic or an evening clinic just for well visits during sports physical season.
- We don't want patients doing mass screenings in a gym setting or going to an urgent care to get their sports physical. We want them to come to their medical home to get a comprehensive well exam. We need to be able to accommodate those, and quickly, during sports physical season.

Partner with school-based health centers (SBHCs)

- Communicate with patients who are due for a well exam about visiting their/a local SBHC for this service.
 - SBHCs are almost always staffed with a Nurse Practitioner who can complete the well exam. SBHCs often also have a Social Worker on site who can offer additional behavioral health support. Find and connect with SBHCs in your area.
 - If you and the SBHC use a shared EHR, you can pull reports of patients who have been seen at both sites. Care coordinators can help patients coordinate care between PCPs and SBHCs and ensure that care is provided across the continuum.
- PCP payment may hinge on meeting quality measures including well-child exams, and it doesn't matter where the patient gets the physical, so creative partnerships may improve your bottom line.
- Read the [American Academy of Pediatric's Policy Statement](#)³ on SBHC/PCP collaboration.

ADDITIONAL RECOMMENDATIONS

- The NAHIC has a helpful [summary](#)⁴ of recommended guidelines for clinical preventive services for young adults (18-26). This can be helpful and easily referred to during clinical practice.

SAMPLE CAREGIVER LETTER

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Dear Caregiver:

Congratulations! Your child has reached the teenage years. Adolescence is a time of transition from childhood to adulthood. We want to help your teen prepare to be an active participant in his/her medical care. We will start talking to your teen independently for part of his/her visit. Since this can be a difficult time of life, we will be taking some time to talk to him/her in private concerning issues that you or he/she may not necessarily be comfortable discussing. Some of the topics that we will be talking about will include:

- healthy eating and sleeping habits
- friends and relationships
- emotions and mood
- sexuality
- drugs and alcohol

We will deal with all these subjects in an age and maturity-appropriate manner.

In order for these discussions to be as open and helpful as possible, we will assure your teenager that our discussions will be confidential. If there is a concern about your teen doing harm to him/herself or someone else, we will inform you. On issues of sexually transmitted diseases, birth control, pregnancy, and drug use, we will encourage your teen to share this information with you. Also, in order to provide care that aligns with the United States Preventive Service Task Force, we will begin routine screening of all adolescents 15 years and older for an infection called chlamydia. Chlamydia infections often do not show symptoms and can lead to life-long complications, including infertility.

If there are any particular issues that you would like to have addressed, please let us know.

Thanks!

SAMPLE CAREGIVER LETTER (SPANISH)

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Estimado padre/tutor:

¡Felicidades! Su hijo ha llegado a la edad adolescente. La adolescencia es una etapa de transición de la niñez a la edad adulta. Queremos ayudarle a su hijo a prepararse para participar activamente en su atención médica. Comenzaremos a hablar con su hijo por separado durante parte de la cita. Debido a que ésta puede ser una etapa difícil en la vida, tomaremos un momento para hablar con su hijo en privado para abordar temas sobre los que tal vez su hijo o ustedes no se sientan cómodos hablando con la otra parte presente. Algunos de los temas sobre los que hablaremos incluyen:

- alimentación saludable y hábitos de dormir
- amistades y relaciones
- emociones y estado de ánimo
- sexualidad
- drogas y alcohol

Vamos a abordar estos temas de una manera acorde a la madurez y a la edad.

Para que estas pláticas puedan ser lo más abiertas y de la mayor ayuda posible, le vamos a asegurar a su hijo que la conversación será confidencial. Si hay alguna preocupación de que su hijo se esté haciendo daño a si mismo o a alguien más, se lo informaremos a usted. En temas de enfermedades de transmisión sexual, control de natalidad, embarazo y uso de drogas, vamos a alentar a su hijo para que comparta esta información con usted. También, con el fin de brindar atención acorde al Equipo Especial de Servicios Preventivos de los Estados Unidos, empezaremos a hacerles a todos los adolescentes de 15 años o más, pruebas rutinarias de la infección causada por la clamidia. Con frecuencia, las infecciones de clamidia no muestran síntomas y pueden llevar a complicaciones de por vida, incluyendo infertilidad.

Si hay algún problema en particular que usted quiera que abordemos, por favor avísenos.

¡Gracias!

¹ <http://nahic.ucsf.edu/wp-content/uploads/2018/01/Full-customizable-package.pdf>

² <http://www.aafp.org/afp/2012/1215/p1109.html>

³ <http://pediatrics.aappublications.org/content/129/2/387>

⁴ <http://nahic.ucsf.edu/yaguidelines/>