

## 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](#)<sup>1</sup> 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](#)<sup>2</sup> 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](#)<sup>3</sup> on SBHC/PCP collaboration.

## ADDITIONAL RECOMMENDATIONS

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

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

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

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

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

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. This is an exciting time of life that can bring up new questions or concerns for teens. During these years, it is also important to increasingly involve teens in their care in order to best prepare them to manage their health independently as adults. Therefore, we will start spending part of your teen's visit meeting with them in private. During our time together, we will talk to them about how they are navigating the changes that come with being a teen and any questions and needs that they might rather discuss with us in private. If they are more comfortable, your child can request to have a caregiver/friend/someone else in the room, but we will still encourage them to talk privately.

Some of the topics that we will be talking about will include:

- healthy eating and sleeping habits
- connectedness with family and peers
- school performance and goals
- emotions, mood, and coping with stress
- sexual health and sexuality
- alcohol and other substances
- safety topics such as seat belt and helmet use, sun protection, and safety equipment use during sports
- any other topics your teen may want to discuss with their provider

We will always discuss these subjects in ways that are suited to your teen's age and maturity.

In order for our discussions to be as open and helpful as possible, we will assure your teen that our discussions will be kept confidential. However, we also care about keeping caregivers involved, especially when there are serious concerns about teen's health and safety. We will inform you if your teen might pose a threat to themselves or to others. We will also encourage your teen to share/communicate with information about matters that may not always easy to talk about, such as sexually transmitted infections, birth control, pregnancy, and substance use. 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.

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

Querido/a cuidador/a:

¡Felicitaciones! Su hijo/a ha llegado a la adolescencia. La adolescencia es una etapa de transición de la niñez a la adultez. Esta es una etapa emocionante de la vida que puede traer nuevas preguntas o preocupaciones para las y los adolescentes. Durante estos años, también es importante involucrar cada vez más a las y los adolescentes en su propio cuidado, a fin de que estén mejor preparados/as para manejar su salud de manera independiente como adultos/as. Por lo tanto, comenzaremos a usar parte del tiempo de visita de su adolescente reuniéndonos con ella o él en privado. Durante este tiempo, le hablaremos sobre cómo enfrentar los cambios que aparecen en la adolescencia, y sobre cualquier pregunta o necesidad que quieran hablar en privado con nosotros/as. Si se siente más cómodo/a, su hijo/a puede solicitar tener un/a cuidador/a, amigo/a u otra persona en la habitación, pero aun así le animaremos a hablar en privado.

Algunos de los temas sobre los que hablaremos incluyen:

- alimentación saludable y hábitos de sueño
- conexión con su familia y sus pares
- rendimiento y objetivos académicos
- emociones, estado de ánimo y formas de manejar el estrés
- salud sexual y sexualidad
- alcohol y otras sustancias
- temas de seguridad como el uso del cinturón de seguridad y el casco, la protección solar y el uso de equipos de seguridad al hacer deporte
- cualquier otro tema que su adolescente quisiera conversar con su proveedor/a

Siempre hablaremos estos temas de manera apropiada para la edad y el nivel de madurez de su adolescente.

Para que estas conversaciones puedan ser lo más abiertas y de la mayor ayuda posible, le vamos a asegurar a su adolescente que lo que hablemos será confidencial. Sin embargo, también queremos que las y los cuidadoras/es sigan estando involucrados, especialmente cuando existan serias preocupaciones sobre la salud y seguridad de su adolescente. Le informaremos si su adolescente pudiese ser una amenaza para sí mismo/a o para otras personas. También animaremos a su adolescente a comunicarse y a compartir información sobre temas que no siempre son fáciles de hablar, como las enfermedades de transmisión sexual, los métodos anticonceptivos, el embarazo y el consumo de sustancias. Además, con el fin de brindar atención acorde con el Grupo de Trabajo de Servicios Preventivos de los Estados Unidos, empezaremos pruebas rutinarias en todos/as los/las adolescentes de 15 años o más para detectar una infección llamada clamidia.

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

¡Gracias!