

Priority Area

Annual comprehensive adolescent well visits (AWV) are recommended, following the American Academy of Pediatrics Bright Futures: *Guidelines for Health Supervision of Infants, Children, and Adolescents 4th Edition*⁽¹⁾.

Performance Measure

The percent of 13-year old adolescents with an annual well visit.

Introduction

Adolescents in the U.S. have the lowest primary care use and well visit percentages of any age group⁽²⁾. Despite recommendations and guidelines developed by eight prominent medical organizations, different studies highlight that the percentage of adolescents attending an annual AWV varies widely from less than half to almost three quarters^(3,4). Adolescence is a period of major physical, cognitive, and psychosocial development, which brings opportunities and challenges for improving health and preventing disease^(4,5). Three out of four adolescents report engaging in at least one of the following risky behaviors: use and abuse of alcohol and other substances, unprotected sex, poor eating and exercise habits, and physically endangering behaviors⁽⁶⁾. Primary care practitioners address these topics at AWVs to support the physical and emotional health of adolescents through assessment, screening, independent decision making, strengths and protective factors. Our **goal** is to track five years of data on AWVs among Child Health Advances Measured in Practice (CHAMP) network practices prior to VCHIP's 2016-2017 quality improvement (QI) project focused on increasing AWVs.

Results

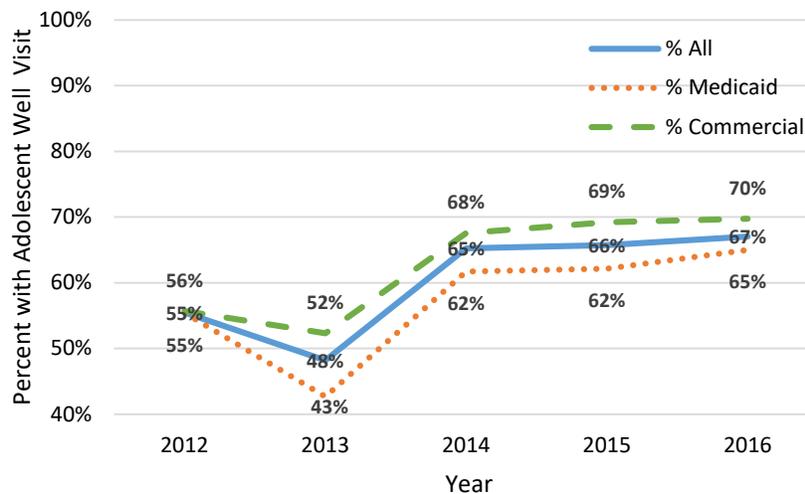


Figure 1. The percentage of 13 year olds attending the recommended AWVs has increased from 2012 to 2016.

Note: The “% All” includes Medicaid, Commercial, and Self-Pay insurance.

These data show that there has been a significant increase in the overall proportion of 13 year olds in CHAMP practices attending the recommended AWV, from about half (55%) of 13 year olds with an AWV in 2012 to about two-thirds (67%) of 13 year olds in 2016 ($\chi^2(1)=28.02$, $p<.001$). These increases were seen among children with Medicaid and commercial insurance (both $\chi^2(1)\geq 7.35$, both $ps\leq .007$). Since 2014, the percentage of 13 year olds with an AWV has remained unchanged at around 70% (all $ps\geq .351$). We hypothesize that the CHAMP QI project conducted in 2015-2016 to increase AWVs will impact the percentage of 13 years with an AWV in 2017.

VCHIP Activities to Improve Adolescent Health

- The Youth Health Improvement Initiative (YHII) has worked to improve the health of and healthcare delivery for adolescents since 2001, focusing on assessing behavioral risks: alcohol and substance use; nutrition and physical activity; risky sexual behavior; driving behaviors; and depression/suicide. YHII focuses on providing technical assistance to clinicians and office staff to increase skills and confidence in providing comprehensive preventive health visits for adolescents. Through the involvement with the Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (CoIIN), YHII has continued to coach practices, as well as developed a Youth Health Advisory Council (YHAC; now called VT RAYS) that fosters collaborations with adolescents, young adults and medical homes, and develops resources and strategies to improve AWV percentages and the patient experience.
- The 2016-2017 CHAMP QI project focused on improving AWV rates in the CHAMP Network. Participating practices worked on improving office environments to appeal to, and fit the needs of adolescent patients, improved processes for better panel management, and continued to work on improving technologies for appointment recall and reminder systems for annual adolescent well visits. In the spring of 2018, CHAMP collected additional data on adolescent well visit frequency and quality to determine if systematic changes from the project resulted in long-term changes in AWV percentages. Results will be available in October 2018.
- The 2018-2019 CHAMP QI project will focus on Adolescent Mental Health & Substance Use.

Data Notes

A CHAMP practice is a practice that consented to have a chart review during the chart review period. Practices may opt out of the chart review in any given year. Through successful recruitment, the number of CHAMP practices in the Network has increased over time. This increase in practice involvement may affect the AWV percentage from year to year.

Charts are reviewed for instances of services received within a lookback period. For 13-year-olds, the 13-year well visit should occur between ages 12.5 and 13.5. Allowances are made if the child is off schedule on previous well visits (e.g., the 12-year visit was at age 12.75, and the 13-year visit was at 13.80).

References

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- 3 Elster A. Guidelines for Adolescent Preventive Services. 2018 Jan 21 2018; Aalsma MC, Gilbert AL, Xiao S, Rickert VI. Parent and Adolescent Views on Barriers to Adolescent Preventive Health Care Utilization. *J Pediatr.* 2016(1097-6833 (Electronic)); Nordin JD, Solberg LI, Parker ED. Adolescent Primary Care Visit Patterns. *Ann Fam Med.* 2010;8(6):511-6.
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