

Welcome to the CHAMP Learning Session!

Caring for our Patients, Caring for Ourselves: Adolescent Mental Health & Substance Use Care and Provider Wellness

The University of Vermont Dudley H. Davis Center

Silver Maple Ballroom

October 9, 2018

Disclosures

- I have no relevant financial relationships to disclose or conflicts of interest to resolve
- I will discuss no unapproved or off-label pharmaceuticals

Caring for our Adolescents: How are we *Measuring Up*?



Objectives

- Consider importance of improving rates of adolescent well visits (AWVs), mental health and substance use screening & intervention
- Describe available data sets/measures and challenges inherent in assessing adolescent health and well-being
- Identify current trends in selected measures of health care and outcomes among Vermont adolescents

World Mental Health Day, 2018 (10/10/18)

- 2018 Theme: Young People and Mental Health in a Changing World
 - ▣ Half of all mental illness begins by the age of 14
 - ▣ Depression is the 3rd leading cause in adol.
 - ▣ Suicide is the 2nd leading COD among 15-29 y.o.
 - ▣ **Harmful use of alcohol and illicit drugs among adolescents is a major issue in many countries and can lead to risky behaviors such as unsafe sex or dangerous driving.**



Adolescent Health Care and Outcomes:

Why Do We Care?

- ❑ U. S. adolescents have lowest primary care utilization/well visit rate of any age group (AWV rate widely variable: <50% to 75%)
- ❑ Adolescence = period of major physical, cognitive, psychosocial development
- ❑ Opportunities/challenges for health promotion/disease prevention
- ❑ PCPs can support adol physical/emotional health thru assessment & screening for risks & strength/protective factors



Making the Case for AWCVs

- Annual visits allow for earlier detection of problems
- Most adolescent morbidity and mortality is preventable
 - ▣ Risky sexual activity, substance use, vehicle related injuries, violence against others, violence against self
- Behaviors which lead to life long morbidity and mortality often begin in adolescence
 - ▣ Poor nutrition, inadequate physical activity

Making the Case for AWCVs

- Health care professional's role in patients' lives
 - Don't wait for crisis
 - Model ***preventive*** care for life
 - Is there an adult in your life you can turn to for help?
 - In your community, do you feel like you matter to people?
- Relationship-building/strengths
 - More opportunities for connection

Adolescent Health Care and Outcomes: *Who Cares?*

The Paula Duncan Moment!

- Youth matter!
- Celebrate strengths and protective factors!



Adolescent Health Care and Outcomes: *Who Cares?*

- ❑ Federal Maternal & Child Health Bureau (MCHB)
 - ▣ National Performance Measure framework (#10)
- ❑ MCH at the Vermont Department of Health
 - ▣ **Priority:** Youth choose healthy behaviors and thrive
 - ▣ Performance measures: AWW (12-17 yo) and % of adolescents who feel they matter in their community
- ❑ National Improvement Partnership Network
 - ▣ 2010-2017: at least 15 Improvement Partnerships conducted projects focusing on these topics (more under way this year!)



Adolescent Health Care and Outcomes:

Who Cares?

- ❑ OneCare Vermont
 - ❑ AWW and depression screening as quality measures
- ❑ Vermont Blueprint for Health – AWW
- ❑ Vermont Child Health Improvement Program
 - ❑ Partners: VDH/MCH, VT Dept. of Mental Health, UVM Depts. of Family Medicine & Psychiatry
- ❑ Parents/caregivers – Natl. Survey of Children's Health:
 - ❑ “During the past 12 months, how many times did your child see a . . . health care provider for *preventive* medical care such as a physical exam or well-child checkup?”



Adolescent Health Care & Outcomes:

What Do Our Youth Tell Us?


- ❑ “I don’t really want a new person every time.”
- ❑ “When I get out of it (well visit), I don’t feel any different. I just go back to whatever I was doing.”
- ❑ “If a doctor doesn’t have good social skills, it’s not comfortable, it’s not enjoyable and it’s not something I want to do.”
- ❑ “They kind of hammer you with all these big questions right off the bat” “let’s talk about depression and concussions.”
- ❑ “the doctor’s office is mostly for kids in preschools”

Adolescent Well Visit (AWV) “Measure”

- ❑ MCHB National Performance Measure:
 - % of adolescents aged 12-17 with AWV in the past year
- ❑ Bright Futures Guidelines for Health Supervision:
 - Early (11 thru 14), Middle (15 thru 17); Late (18 thru 21)
- ❑ CHIPRA Core Measure Set:
 - % of adolescents ages 12 to 21 with \geq one comprehensive AWV w/PCP or OB/GYN practitioner during measurement yr.
- ❑ HEDIS: 12-21 and 20-26
- ❑ OneCare Vermont: 12 – 21 years
- ❑ **CHAMP**: 12 – 21 years
- ❑ Annual chart audit: 11 – 13 years



VCHIP QI to Improve Adolescent Health Care and Outcomes

- 2001 – present: Youth Health Improvement Initiative
- 2013 – 2014: CHAMP Project on Adolescent Depression
- 2015 – present: Youth Health Advisory Council 

VT RAYS

- 2016 – 2017: CHAMP Project on Adolescent Well Visit (focus on health care reform quality measures)
- 2018-2019 CHAMP project on Improving Screening & Intervention for Adolescent Mental Health & Substance Use Disorders

Youth Health Improvement Initiative (YHII)

- ❑ **Mission:** To improve the health outcomes of school-aged children and youth through high quality primary health care in Vermont
- ❑ **Leadership:** Drs. Paula Duncan and Barbara Frankowski
- ❑ **Stakeholders:** VT Dept. of Health, Medicaid agency, payers
- ❑ **Target audience:** all VT youth-serving PCPs (70+ pediatric & family medicine practices), school nurses
- ❑ **Impact:** PCPs offer high quality (*Bright Futures*) adolescent well care visits
 - ▣ Strength/risk assessment and brief intervention or referral for risks
 - ▣ Special attention to HEDIS measures for Adolescent Well Care

6 Years of CHAMP

CHAMP Data	2012	2013	2014	2015	2016	2017
# of practices	29	33	39	38	46	46
# of charts reviewed	2,991	2,786	6,296	8,745	6,307	10,629

Adolescent Reviews

2017

Early Adolescents ages 11-13 1,316

Adolescents ages 12-21 charts 2,281

By the Numbers: CHAMP & VHCURES

(VT Healthcare Claims Uniform Reporting & Evaluation System)

VHCURES Claims Data

2016

of pts. 0-26 years seen at **any** Vermont primary care practice (N=142) 99,383

of pts. 0-26 years seen at a **CHAMP** practice (N=49) 62,292

% of pts. 0-26 years seen at a **CHAMP** practice (N=49) 63%

VHCURES Claims Data

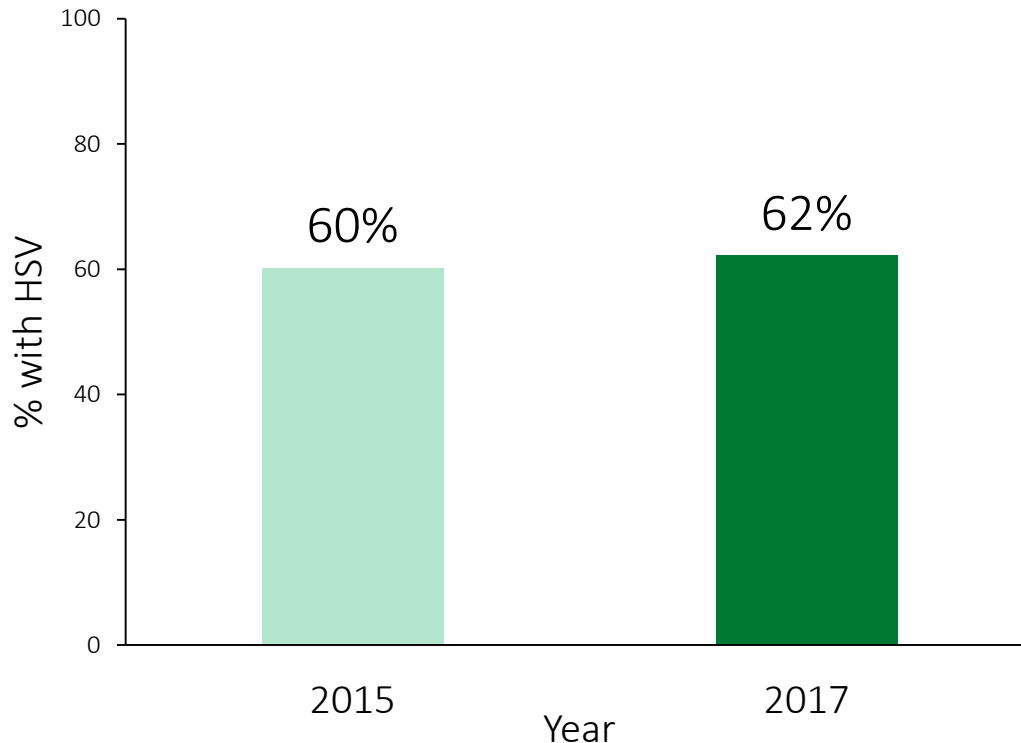
2016

of AYAs* 12-21 years seen at **any** Vermont primary care practice (N=142) 33,476

of AYAs 12-21 years seen at a **CHAMP** practice (N=49) 19,262

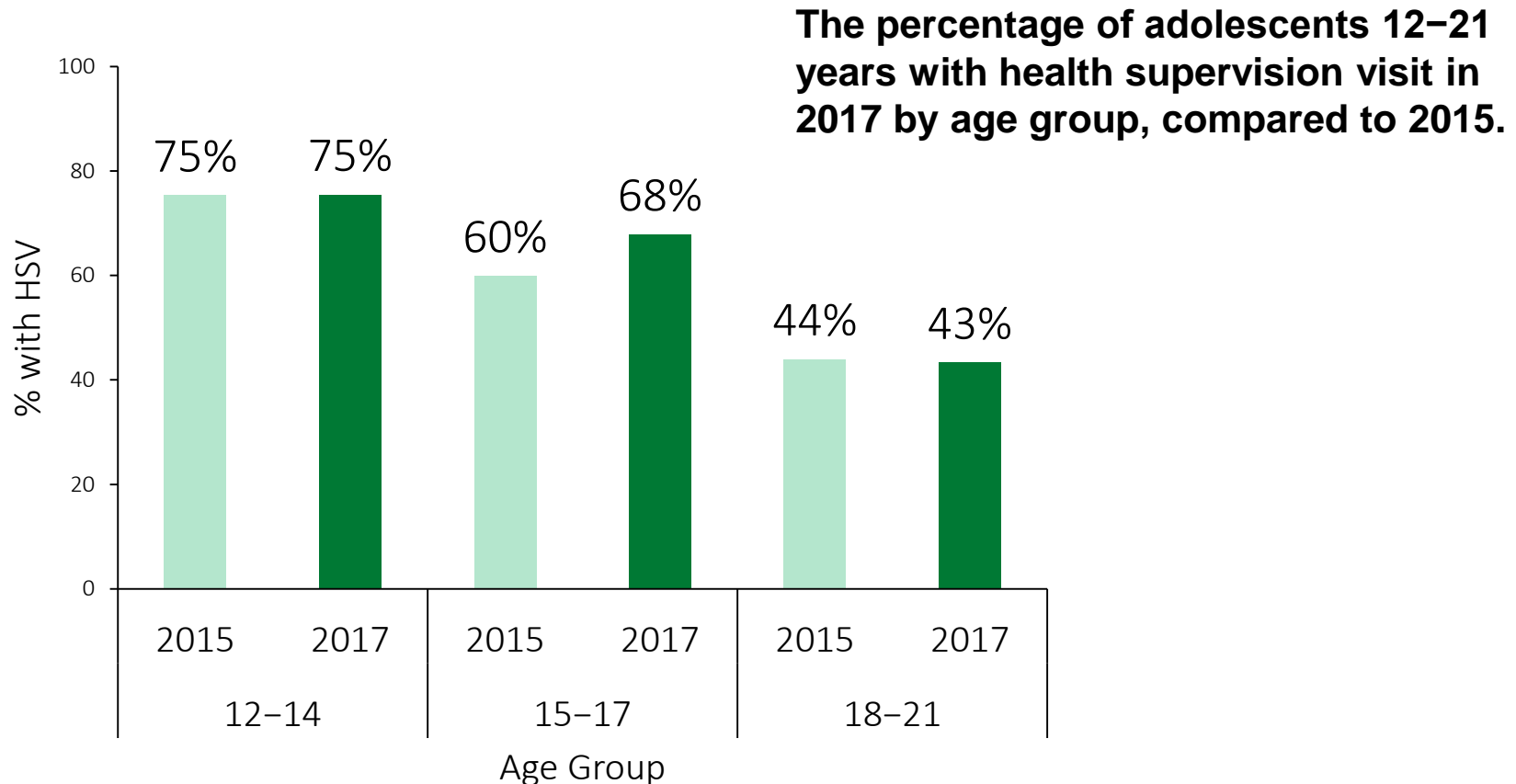
% of kids 12-21 years seen at a **CHAMP** practice (N=49) 58%

2017 CHAMP Data



62% of adolescents ages 12-21 received an adolescent well care visit in 2017.

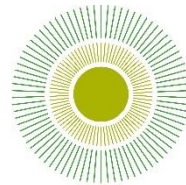
2017 CHAMP Data



Adolescent Well-Care Visits

BCBS QHP and Medicaid

10/5/2018

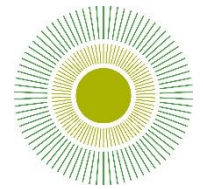


OneCareVermont

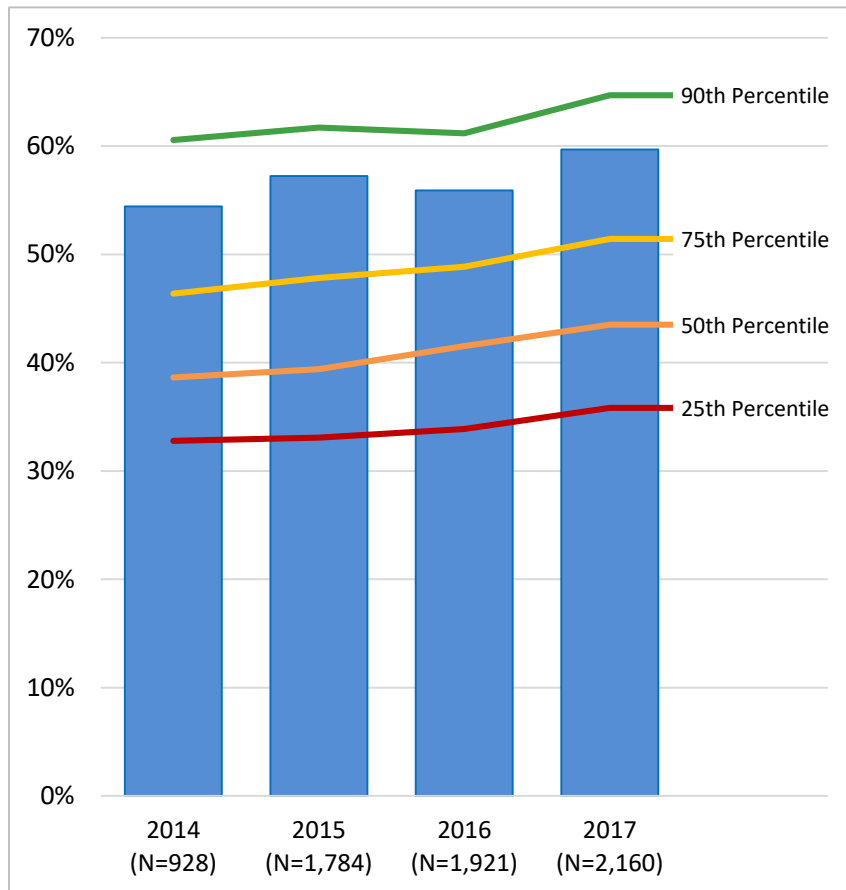
OneCareVT.org

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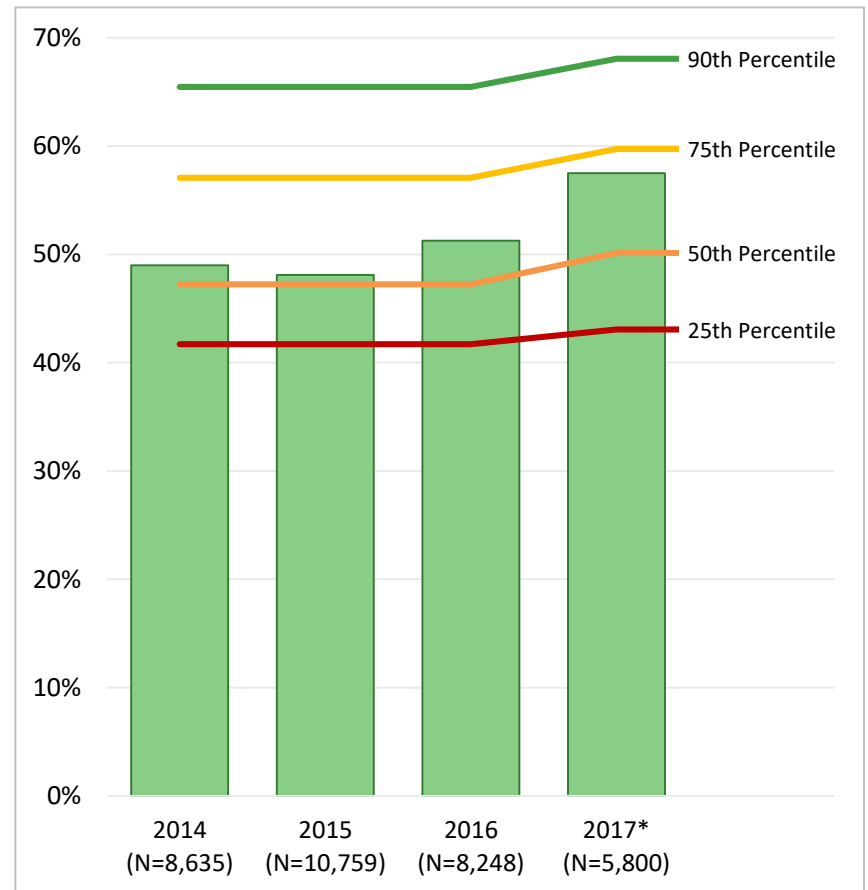
Adolescent Well-Care Visits OneCare Vermont



BCBS QHP

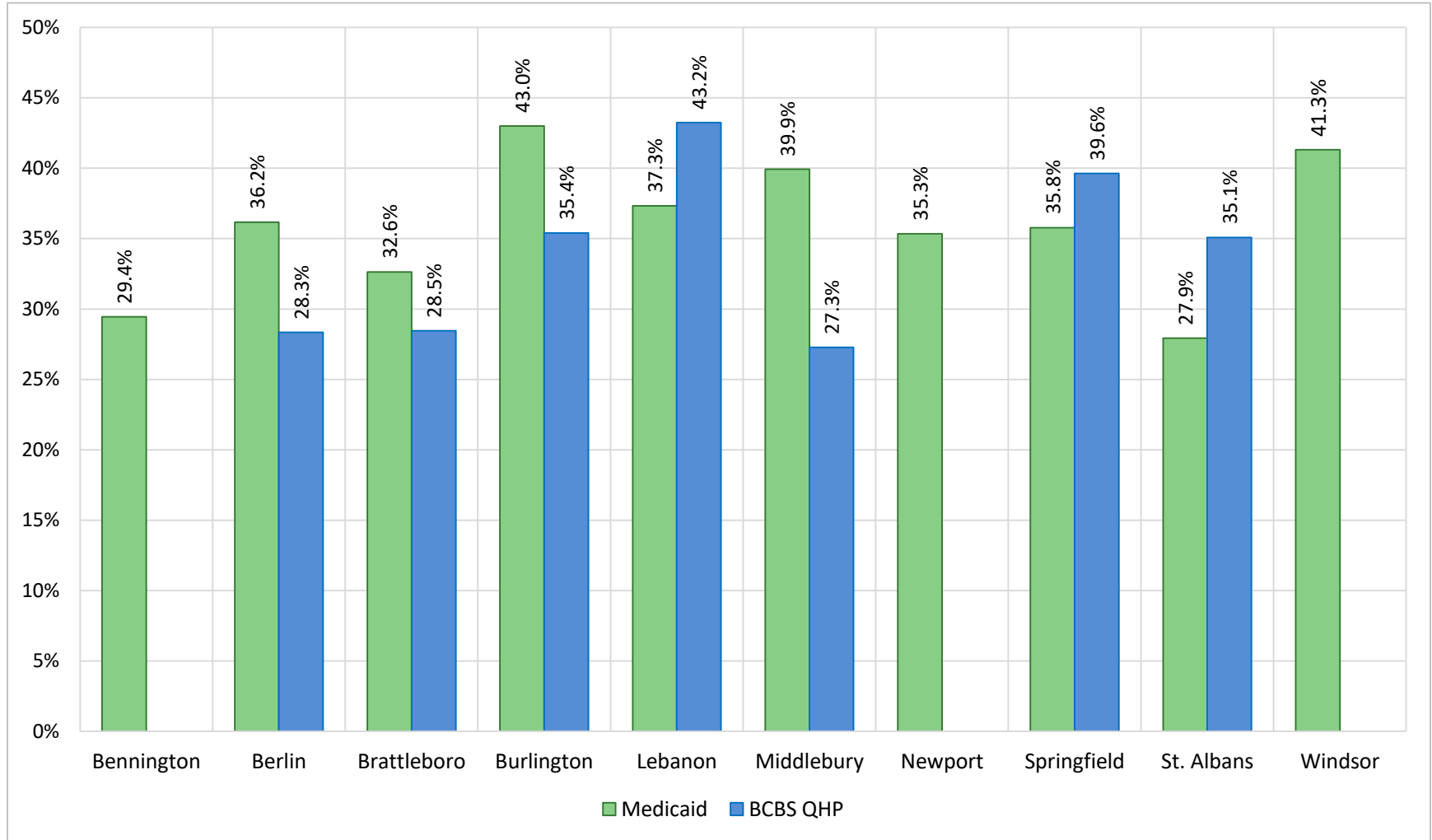
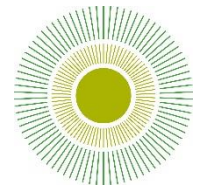


Medicaid

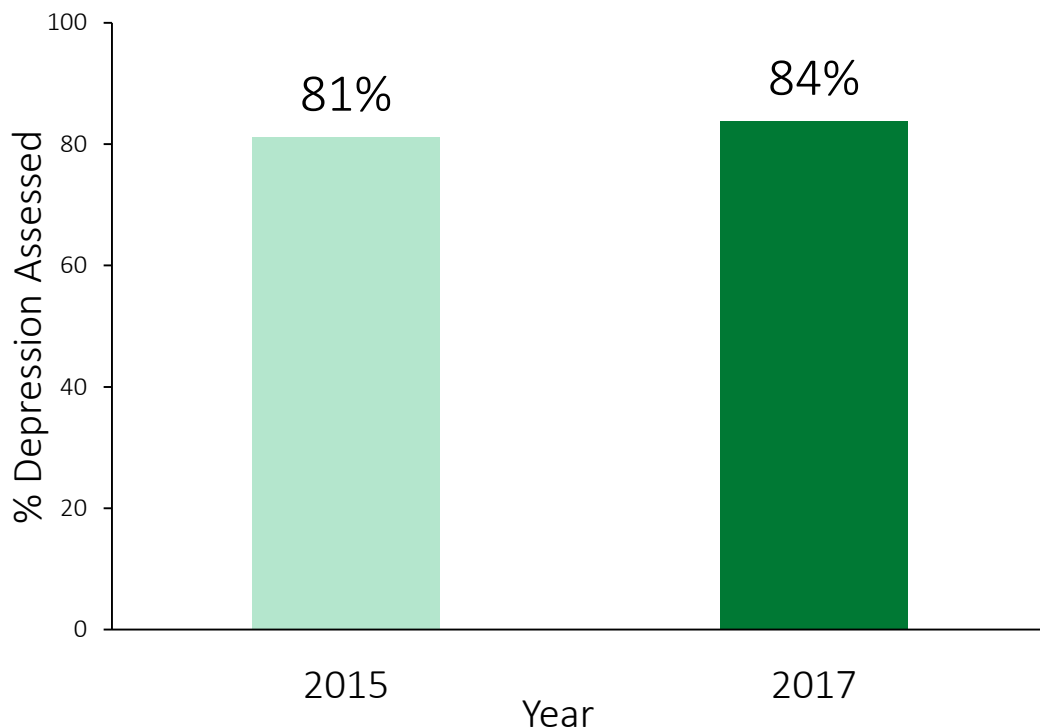


* 2017 only represents the 4 communities participating in the VMNG program.

Adolescent Well-Care Visits By HSA 2018 YTD



2017 CHAMP Data

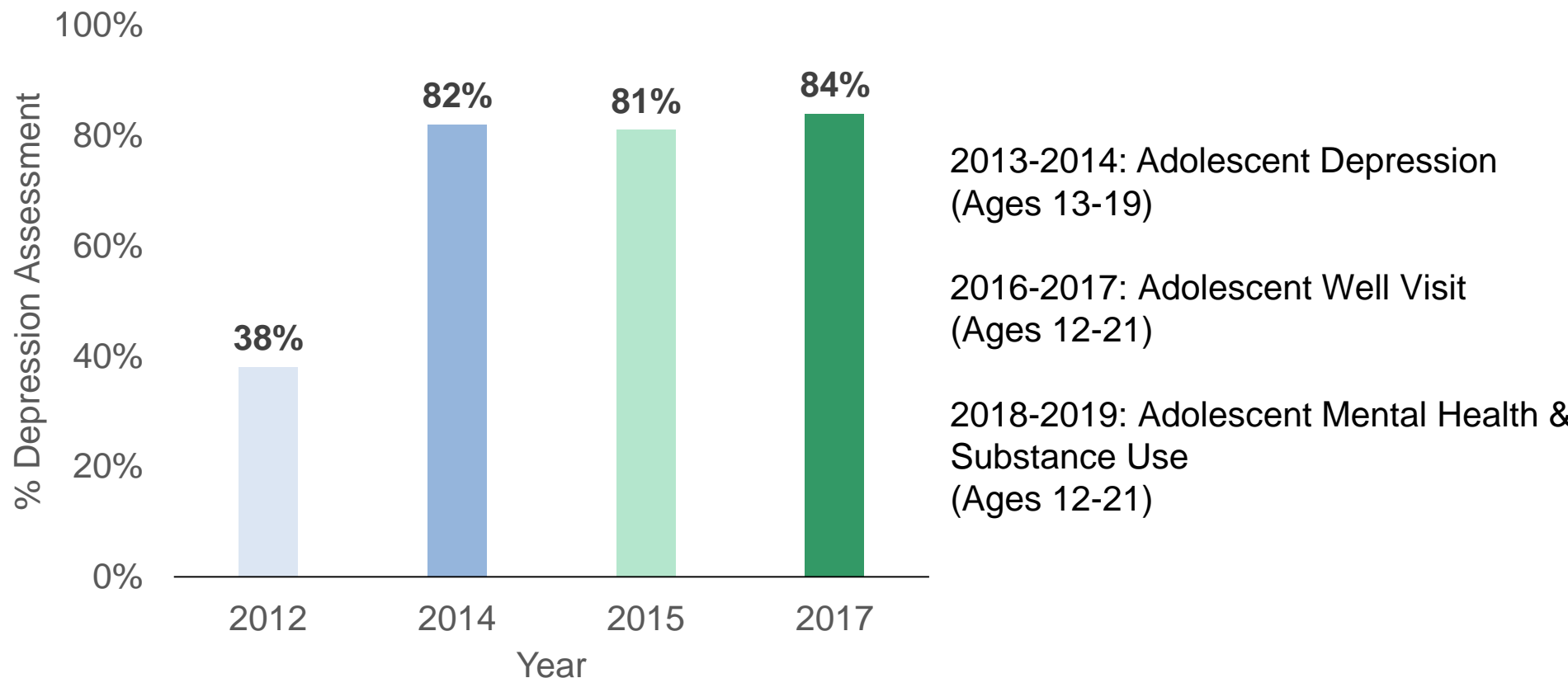


84% of adolescents 12–21 years assessed* for depression at their health supervision visit in 2017, compared to 2015.

Of those adolescents assessed for depression, 33% were assessed or screened positive for depression.

*Assessment includes informally discussing depression, or screened with a validated tool.

CHAMP: Adolescent Depression Screening



*Assessment includes informally discussing depression, or screened with a validated tool.

2017 CHAMP Data

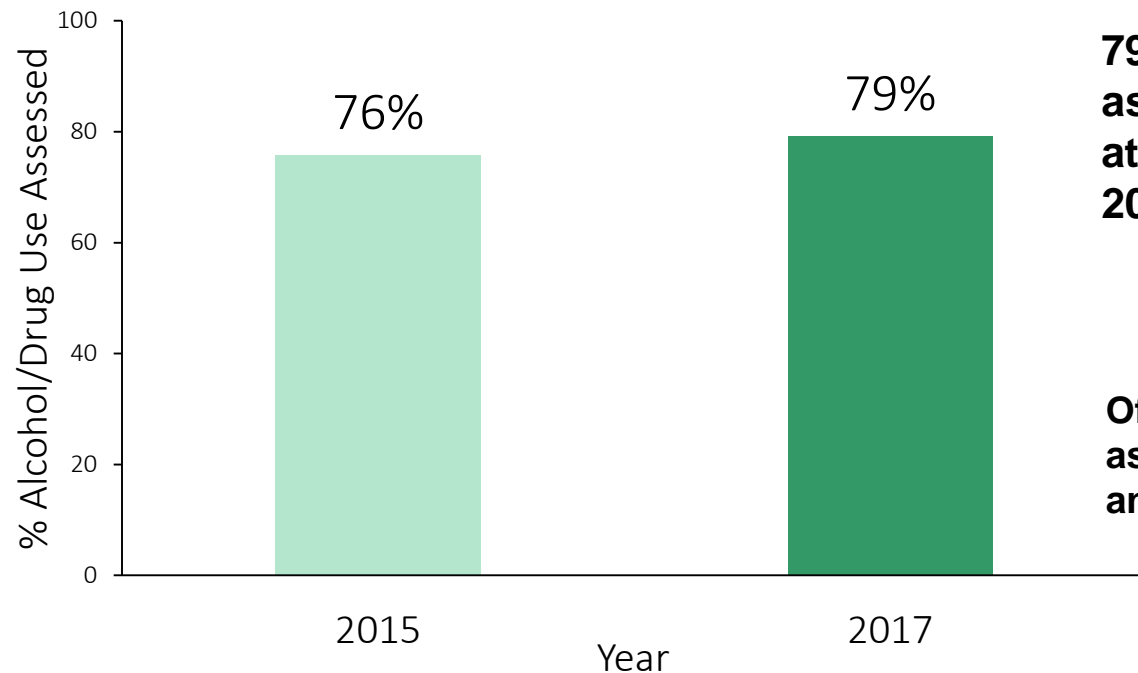
86% of adolescents assessed for depression at their health supervision visit in 2017 were screened with a validated tool.

2017 Depression Assessment Method

PHQ9 or PHQ9a	64%
PHQ2	22%
Informal Assessment	24%
Previously Identified	1%

Of those adolescents assessed for depression, 33% were assessed or screened positive for depression.

2017 CHAMP Data



79% of adolescents ages 12-21 were assessed for alcohol and/or drug use at their health supervision visit in 2017, compared to 2015.

Of those adolescents assessed, 13% were assessed or screened positive for alcohol and/or drug use.

2017 CHAMP Data

28% of adolescents assessed for alcohol/drug use at their health supervision visit in 2017 were screened with a validated tool.

2017 Alcohol and/or Drug Use Assessment Method

CRAFFT	28%
Informal Assessment	51%
Previously Identified	11%
Other	10%

2017 CHAMP Data

What about screening for BOTH depression and alcohol/substance use?

- In 2017, only 30% of adolescents were screened for BOTH sets of conditions using a validated tool at their annual well visit.
(CHAMP data)

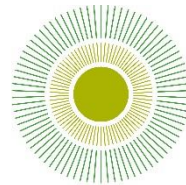
Mental Health Diagnosis Impact

Vermont Medicaid Next Generation

10/2/2018

Claims Incurred 5/1/2017 – 4/30/2018, Paid Through 7/31/2018

Pediatric (0-21) Members Attributed to OneCare Vermont

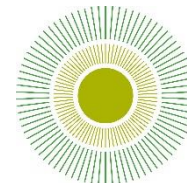


OneCareVermont

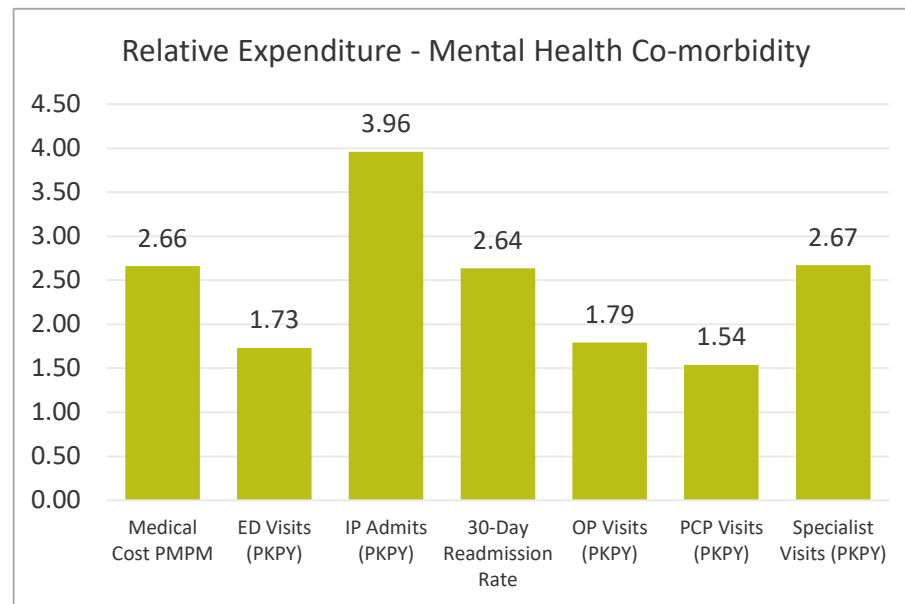
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Pediatrics (Ages 0-21)



Metric	Mental Health Co-morbidity		Total
	Yes	No	
Members	8,590	15,890	24,480
Mean ACG Risk Score	0.82	0.32	0.49
Mean Age	11.2	8.2	9.3
Percent Female	47.19%	49.25%	48.53%
Percent Male	52.81%	50.75%	51.47%
Asthma	13.74%	8.38%	10.26%
Cystic Fibrosis	0.05%	0.04%	0.04%

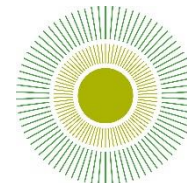


		Medical Cost PMPM	ED Visits (PKPY)	IP Admits (PKPY)	30-Day Readmit Rate	OP Visits (PKPY)	PCP Visits (PKPY)	Specialist Visits (PKPY)
Mental Health Co-morbidity	Yes	\$204.32	648.56	41.38	4.80%	1,825.39	1,934.34	10,743.56
	No	\$76.82	374.72	10.45	1.82%	1,018.73	1,257.44	4,019.78
Total		\$121.62	470.93	21.32	3.85%	1,302.15	1,495.27	6,382.13

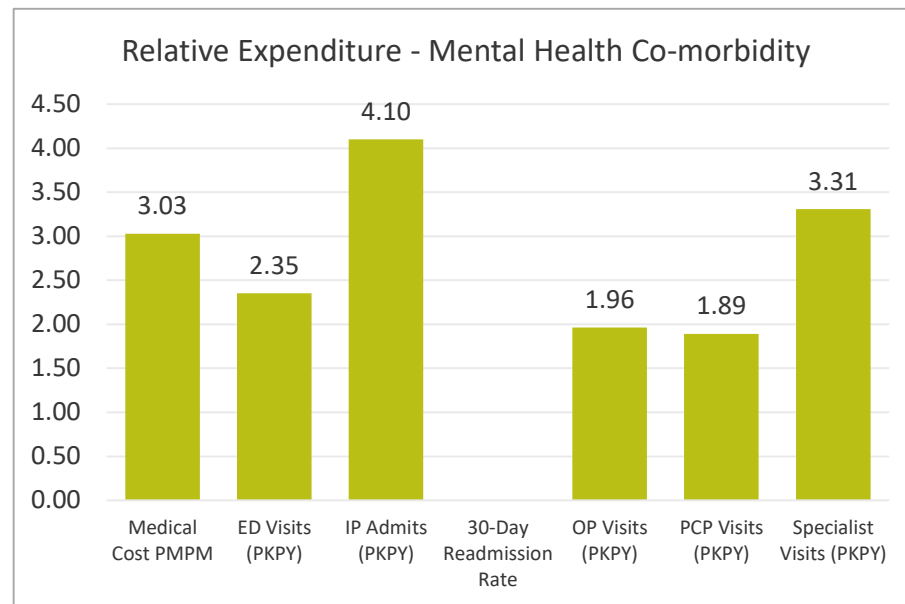
Footnotes:

- Johns Hopkins ACG Risk Scores rescaled to 1.0 for the entire VMNG population
- Johns Hopkins "PSY" MEDC category used to identify members with a mental health co-morbidity
- Analysis does not include claims containing an alcohol or substance abuse code

Pediatrics (Ages 12-21)



Metric	Mental Health Co-morbidity		Total
	Yes	No	
Members	4,202	4,771	8,973
Mean ACG Risk Score	0.98	0.42	0.68
Mean Age	15.7	15.7	15.7
Percent Female	52.31%	47.75%	49.88%
Percent Male	47.69%	52.25%	50.12%
Asthma	14.66%	8.24%	11.24%
Cystic Fibrosis	0.05%	0.04%	0.04%

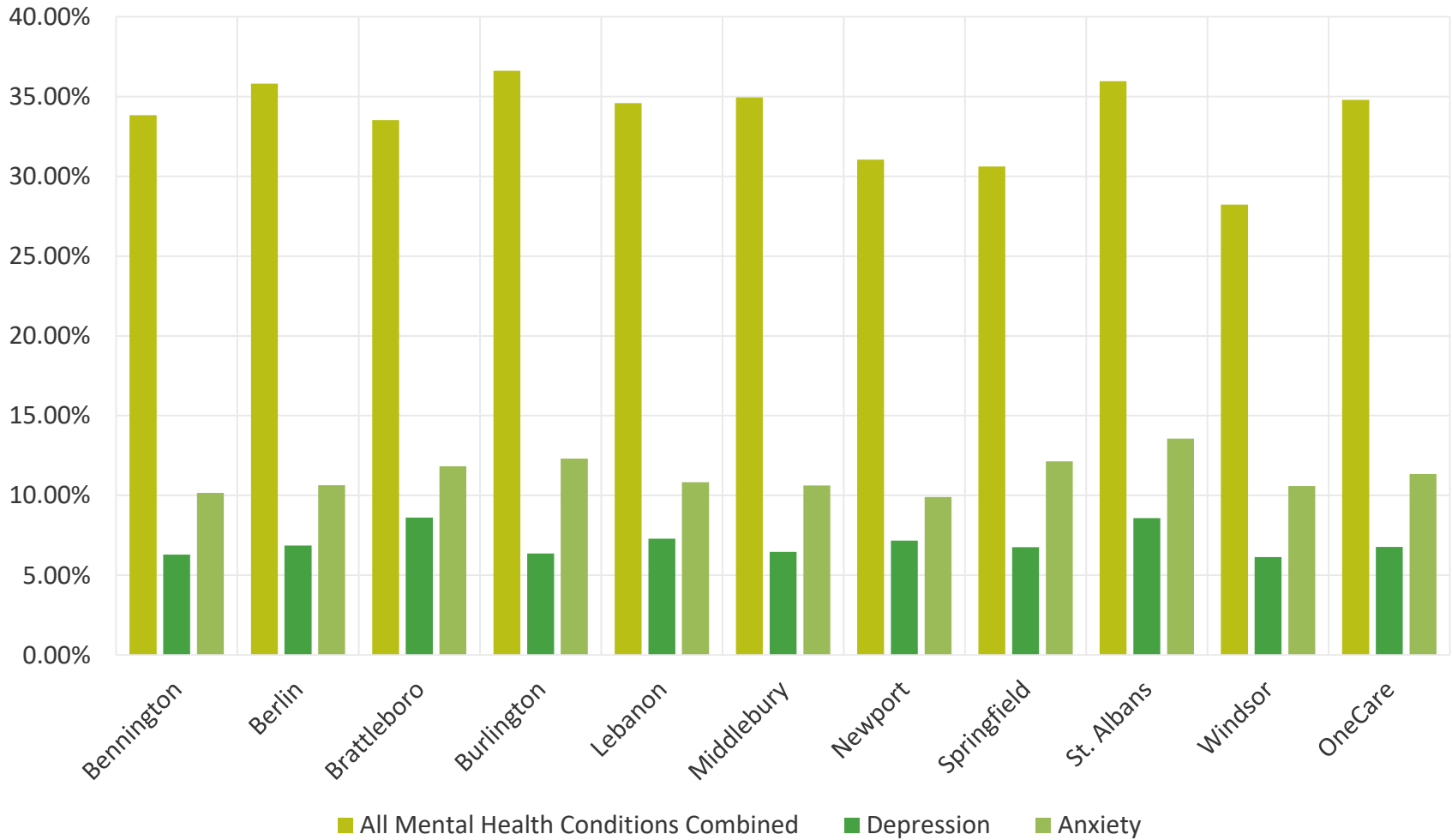
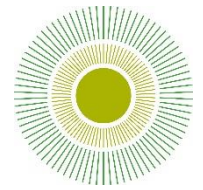


		Medical Cost PMPM	ED Visits (PKPY)	IP Admits (PKPY)	30-Day Readmit Rate	OP Visits (PKPY)	PCP Visits (PKPY)	Specialist Visits (PKPY)
Mental Health Co-morbidity	Yes	\$225.31	757.77	57.15	4.60%	2,281.68	2,265.90	10,848.64
	No	\$74.37	322.34	13.94	0.00%	1,163.03	1,197.68	3,279.56
Total		\$145.17	526.57	34.21	3.61%	1,687.72	1,698.71	6,829.73

Footnotes:

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Mental Health Co-Morbidity Distribution by Health Service Area



Adolescent Health Care and Outcomes: *Who Cares?*



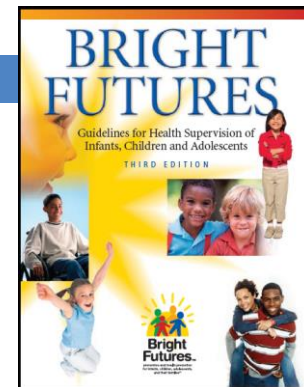
**Thank you for
caring!**



Parent Suggestions

- ❑ Utilize social media
- ❑ More appointments after 3pm
- ❑ Provide parents with information about the topics discussed in visit
- ❑ Train health care professionals to be “more personable”
- ❑ Improve the office environment to be teen friendly
- ❑ Improve communication between providers and schools

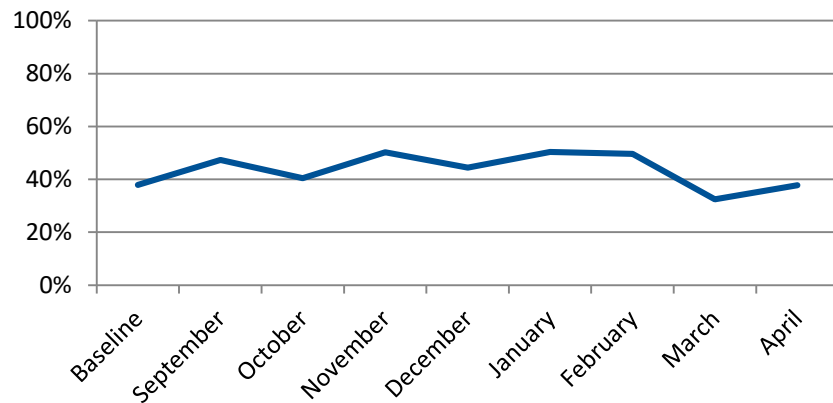
Recommendations/evidence for AWCV



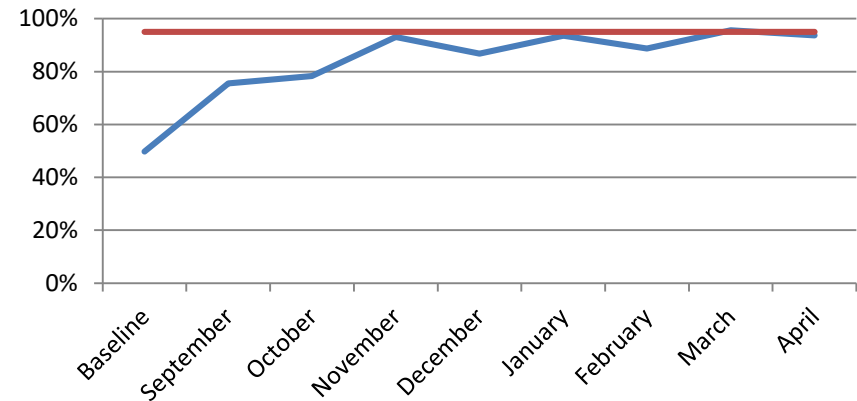
- ***Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents (3rd ed.)***
- SEE handout: “***Evidence-Based Clinical Preventive Services for Adolescents and Young Adults***” (AYAH National Resource Center)
- Ozer, et al. Does Delivering Preventive Services in Primary Care Reduce Adolescent Risky Behavior? J Adol Health 2011;49:476-482
 - ▣ Positive effects on helmet use, seat belt use, reducing male smoking; trend toward delay onset of sexual activity; no effect on drug/alcohol experimentation.

Results: Improving Adolescent HEDIS Measures through MOC QI

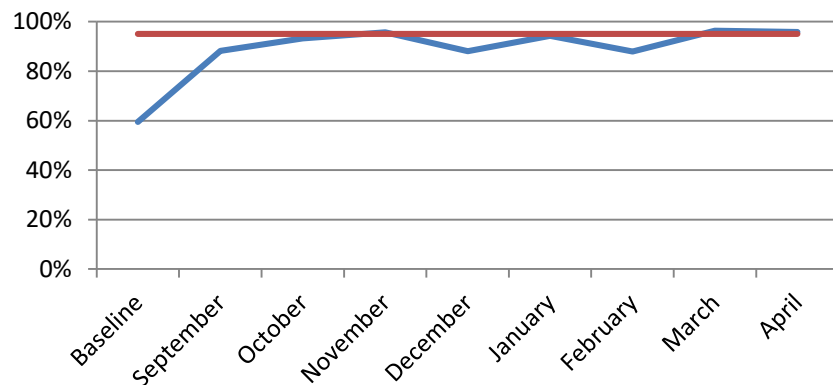
Annual Well Child Visit



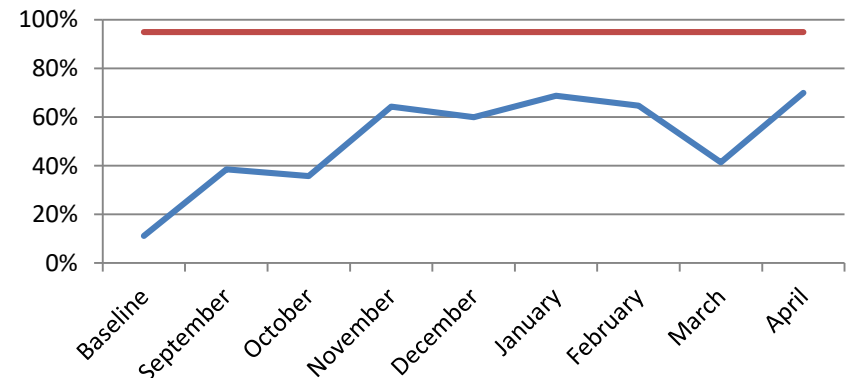
Weight Assessment and Counseling



Immunizations



Chlamydia Screening in Sexually Active Patients



Accomplishments

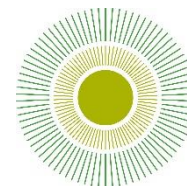
- Enhanced communication among PCPs and Insurers, Community Partners, School Nurses
- Introduce standardized forms that encourage a complete *Bright Futures* Adolescent Well Exam instead of just a “sports physical”
- Collaborated w/insurers to improve adolescent health care delivery/measures (HEDIS)
 - ▣ % of youth seen for annual Adolescent Well Exams
 - ▣ % of youth screened for Chlamydia, etc.)

Questions/Discussion

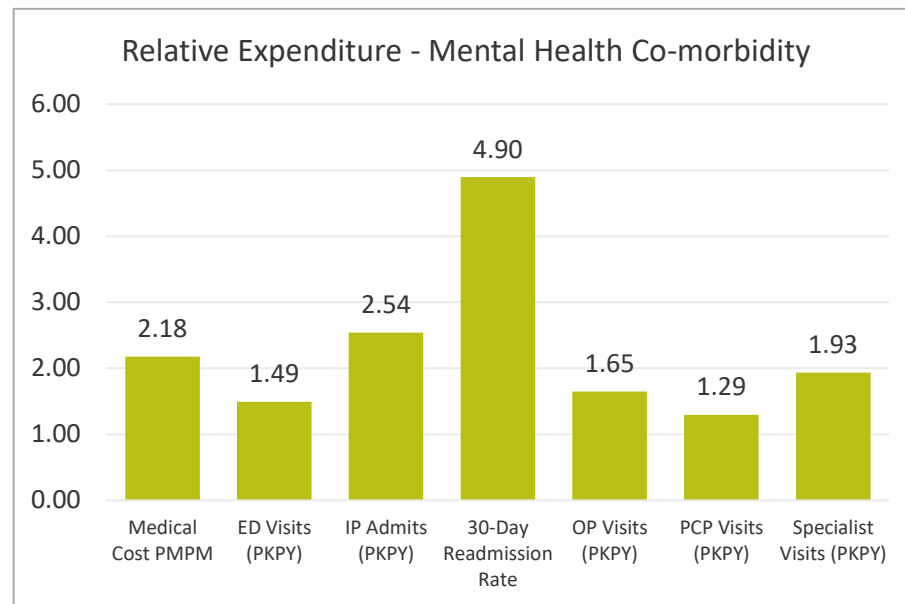


Contact Wendy Davis, MD: wendy.davis@med.uvm.edu

Pediatrics (Ages 0-6)



Metric	Mental Health Co-morbidity		Total
	Yes	No	
Members	1,779	7,390	9,169
Mean ACG Risk Score	0.61	0.28	0.35
Mean Age	3.8	3.0	3.2
Percent Female	42.38%	48.63%	47.51%
Percent Male	57.17%	51.37%	52.49%
Asthma	12.87%	8.20%	9.11%
Cystic Fibrosis	0.06%	0.03%	0.03%

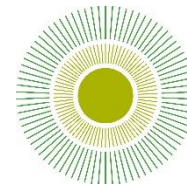


		Medical Cost PMPM	ED Visits (PKPY)	IP Admits (PKPY)	30-Day Readmit Rate	OP Visits (PKPY)	PCP Visits (PKPY)	Specialist Visits (PKPY)
Mental Health Co-morbidity	Yes	\$197.68	704.85	27.65	12.24%	1,724.60	1,904.06	9,721.78
	No	\$90.87	472.39	10.88	2.50%	1,047.22	1,472.26	5,024.82
Total		\$111.62	517.54	14.14	6.20%	1,178.81	1,556.14	5,937.24

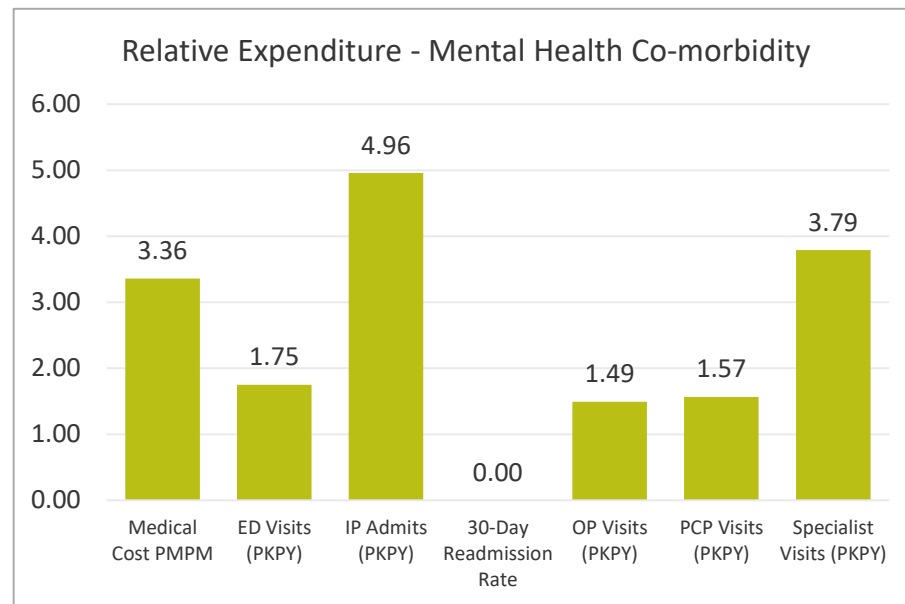
Footnotes:

- Johns Hopkins ACG Risk Scores rescaled to 1.0 for the entire VMNG population
- Johns Hopkins "PSY" MEDC category used to identify members with a mental health co-morbidity
- Analysis does not include claims containing an alcohol or substance abuse code

Pediatrics (Ages 7-11)



Metric	Mental Health Co-morbidity		Total
	Yes	No	
Members	2,609	3,729	6,338
Mean ACG Risk Score	0.69	0.25	0.43
Mean Age	9.0	8.9	9.0
Percent Female	41.93%	52.40%	48.09%
Percent Male	58.07%	47.60%	51.91%
Asthma	12.84%	8.93%	10.54%
Cystic Fibrosis	0.04%	0.05%	0.05%



		Medical Cost PMPM	ED Visits (PKPY)	IP Admits (PKPY)	30-Day Readmit Rate	OP Visits (PKPY)	PCP Visits (PKPY)	Specialist Visits (PKPY)
Mental Health Co-morbidity	Yes	\$175.10	434.56	25.38	0.00%	1,160.24	1,421.74	11,270.86
	No	\$52.11	248.04	5.12	5.26%	778.09	908.04	2,972.97
Total		\$102.80	324.91	13.47	1.18%	935.59	1,119.75	6,392.83

Footnotes:

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