



# Paving the Road to Good Health

## Strategies for Increasing Medicaid Adolescent Well-Care Visits



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**Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**

**February 2014**

Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

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## Introducing Strategies for States

Adolescence is one of the most dynamic stages of human development. While generally characterized by good health, adolescence is also a time of dramatic physical, cognitive, social, and emotional change. Because of the rapid development occurring during this period, many physical and mental health conditions, substance use disorders, and health risk behaviors first emerge during adolescence. Yet well-care visit rates decline as children age into adolescence. Regular preventive care visits for adolescents provide opportunities for early identification and appropriate management and intervention for conditions and behaviors that, if not addressed, can become serious and persist into adulthood.

This guide highlights several strategies that are designed to advance gains in access to and utilization of adolescent preventive health care. To set the stage, the guide begins with an overview of why adolescence is a critical time for adherence to well-child visits and preventive care, as well as an overview of the Medicaid benefit for children and adolescents. The rest of the guide focuses on strategies and examples that can help states or organizations build on recent progress. This guide offers an array of approaches from which states can choose to best fit local needs and resources and increase awareness of the importance of the well-care visit for this age group. While it is designed primarily for state Medicaid agencies, the guide will also be helpful to a broad range of adolescent health stakeholders. States can lead partners, providers, parents, and adolescents to better utilize the Medicaid benefit that affords adolescents a pathway to a healthy adulthood. This guide will:

- ✓ Provide strategies for states and their managed care contractors to increase the rate of adolescent well-care visits and strengthen the provider-adolescent relationship.
- ✓ Highlight state and program models to increase and improve adolescent well-care visits.
- ✓ Offer simple lower cost ideas to expand existing resources and suggest new ways to partner to increase capacity.
- ✓ Stimulate ideas for increasing preventive care during a time when the Affordable Care Act brings a renewed focus to these services.

The foundation of this strategy guide includes not only the work of states at the forefront of increasing and improving adolescent well-care, but also the work of many stakeholders. This guide is informed by the [National Quality Strategy](#), the Federal Government's approach to optimizing health system performance. The National Quality Strategy calls for national progress towards addressing

disparities, population health, and quality of care for underserved groups. The [three specific aims](#) of the National Quality Strategy are:

1. **Better Care:** Improve the overall quality of care, by making health care more patient-centered, reliable, accessible, and safe.
2. **Healthy People/Healthy Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
3. **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

The strategies in this guide can help achieve these goals by helping states provide consistent, high quality adolescent preventive health care, ensure that all adolescents enrolled in Medicaid can access this care, and improve the overall health of adolescents. The availability and delivery of well-care visits to adolescents through Medicaid is a key component to paving the road to good health—a road built on the foundation of patient and family centered care.



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## The Facts: Why is Adolescent Health Important?

While adolescents ([who make up about 21% of the United States population](#)) are generally healthy, they have unique health care needs and tend not to seek well-care services where these needs can be addressed as they emerge. During this transitional period, adolescents face significant challenges. States, families, providers, and educators can use this time to promote behaviors that will improve health in the long term. Adolescents are more likely to engage in activities that risk their overall health, including the use and abuse of alcohol and other substances, unprotected sex, poor eating and exercise habits, and physically-endangering behaviors. In fact, [three out of four adolescents](#) ages 12–19 report engaging in at least one of these risky behaviors.

- According to [Healthy People 2020](#), “behavioral patterns during these developmental periods help determine young people’s current health status and their risk of developing chronic diseases in adulthood.”

Adolescence is also a time when many chronic physical, mental health and substance use conditions first emerge. These conditions often increase risky behaviors which may result in harm to self or others. For example, according to the Centers for Disease Control and Prevention (CDC), [16% of high school students](#) have seriously considered suicide, and [88% of adult daily smokers](#) started smoking before they were 18 years old. Early identification of these conditions and behaviors leads to earlier referral and subsequent treatment. Further, addressing risky behaviors early and promoting positive health behaviors through periodic well-care visits can help adolescents identify and respond to stresses, and make good choices in managing their health.

***Adolescence is a time when many chronic physical, mental health, and substance use conditions first emerge.***

- Healthy People 2020 also notes that “the leading causes of illness and death among adolescents and young adults are largely preventable.” In fact, [\\$700 billion](#) is spent annually on costs directly and indirectly associated with preventable adolescent health problems.

***\$700 billion is spent annually on costs directly and indirectly associated with preventable adolescent health problems.***

Ensuring adolescents have [access](#) to a primary care physician who provides an annual, comprehensive well-care visit can:

- ✓ Foster early screening, counseling, and intervention;
- ✓ Reinforce health promotion messages for both adolescents and their parents;
- ✓ Identify adolescents with chronic conditions or who are at-risk for health problems or have initiated health-risk behaviors;
- ✓ Provide the opportunity to monitor growth and development, support psychological and emotional well-being, and encourage healthy lifestyles; and
- ✓ Build confidence in adolescents to effectively and appropriately utilize the health care system.

***Behavioral patterns established during adolescence influence lifelong health habits.***

## The Adolescent Well-Care Visit

### The Medicaid Benefit for Children and Adolescents

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In 1967, Congress introduced the Medicaid benefit for children and adolescents known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The goal of EPSDT (referred to in this guide as “the Medicaid benefit for children and adolescents”) is to ensure that children receive the health care they need at the time they need it—the right care to the right child at the right time in the right setting. This broad scope supports a comprehensive, high-quality health benefit for children and adolescents under age 21 enrolled in Medicaid. States share responsibility for implementing the benefit with the Centers for Medicare & Medicaid Services (CMS). (For more information, see “What You Need to Know About EPSDT” on page 29 of this guide.)

The Medicaid benefit for children and adolescents is more robust than the Medicaid benefit for adults. It is designed to ensure that children and adolescents of all ages receive early detection and preventive care so that health problems are averted or diagnosed and treated as early as possible. It covers all medically necessary services that are included within the categories of mandatory and optional services listed in section 1905(a) of the Social Security Act, regardless of whether such services are covered for adults or included in the state plan. States inform families about the benefit and provide children and adolescents access to the health care services they need. Accordingly, states also ensure that there are an adequate number and range of providers to meet the health care needs of the state’s enrolled children and adolescents regardless of the type of Medicaid delivery system.

#### ***The Well-Care Visit***

Under the [Medicaid benefit](#) for children and adolescents, an adolescent “well-care” visit (also known as a “well-child” or “preventive care” visit) includes a comprehensive health history on both physical and mental health development, immunizations, laboratory tests appropriate for age and risk factors, health education, including anticipatory guidance, and vision, hearing, and dental services.

A well-care visit for adolescents, ages 12 to 21, can provide the screening and health counseling necessary to address [five key areas](#) of adolescent health:

1. Mental and behavioral health



2. Tobacco and substance use
3. Violence and injury prevention
4. Sexual behavior
5. Nutritional health

Many states have recognized the role of the well-care visit in improving overall adolescent health and have established requirements regarding specific components providers and managed care contractors must include in an adolescent well-care visit. For example, [31 states](#) have established requirements for providers to include a comprehensive health exam as part of their well-care visit that at a minimum “addresses [the] five critically important components of adolescent health.”

### ***Children’s Health Care Quality Measures***

Beginning in 2011, CMS has partnered with states on the voluntary collection of health care quality measures for children and adolescents covered by Medicaid and Children’s Health Insurance Program (CHIP). The voluntary collecting and reporting of measures is just one step that states can undertake to help improve the quality of care for children and adolescents. Of the twenty-six measures in the [Children’s Core Set of Health Care Quality Measures for Medicaid and CHIP](#) (Children’s Core Set), twenty-one are appropriate for capturing the quality of care for adolescent health. Examples of the more relevant measures that either include or focus on adolescents are:

- ✓ [Human Papillomavirus \(HPV\) vaccine for female adolescents](#);
- ✓ [Immunization Status for Adolescents](#);
- ✓ Weight assessment and counseling for nutrition and physical activity for children/adolescents: [Body Mass Index assessment for children/adolescents](#);
- ✓ [Chlamydia screening](#) in women;
- ✓ [Child and adolescent access to primary care practitioners](#); and
- ✓ [Adolescent well-care visit](#).

By examining data reported through these measures, CMS, states and other stakeholders can gain insight into the quality of health care provided to Medicaid/CHIP-enrolled adolescents and identify areas for improvement.

The National Committee for Quality Assurance’s (NCQA) adolescent well-care measure (and a CMS Child Core Set measure) [defines an adolescent well-care visit as](#) “at least one comprehensive [annual checkup] with a primary care

physician or OB/GYN practitioner during the measurement year” that addresses the physical, emotional, and social aspects of an adolescent’s health. Well-care visits typically occur independently from a visit for sickness or injury, and consist of [a variety of preventive services](#), including: one or more immunizations for infectious diseases; screenings for a wide range of health and mental health conditions; and education and counseling on a variety of topics pertinent to adolescence.

Each year, CMS, on behalf of the Secretary of HHS, publishes an [Annual Report on the Quality of Care](#) for Children in Medicaid and CHIP (Secretary’s Report) which includes information about how states reported on the child core measures. According to the [2013 Secretary’s Report](#), on average, states’ performance on adolescent preventive care measures – specifically, well-care visits and immunization status – were lower than their performance on the similar measures for younger children. Adolescents (ages 12–21) had a considerably lower median well-care visit rate (46%) than the other age groups, suggesting that only about half of adolescents, on average, are receiving recommended well-child care visits. These lower rates likely reflect the challenges of reaching and engaging adolescents in preventive and primary health care, the clinical and psycho-social needs of this group, and the barriers to serving this population.

The next section introduces strategies states may consider as they engage providers, adolescents, and their families in increasing adolescents’ use of preventive health care.



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## Strategies for Promoting Adolescent Well-Care Visits

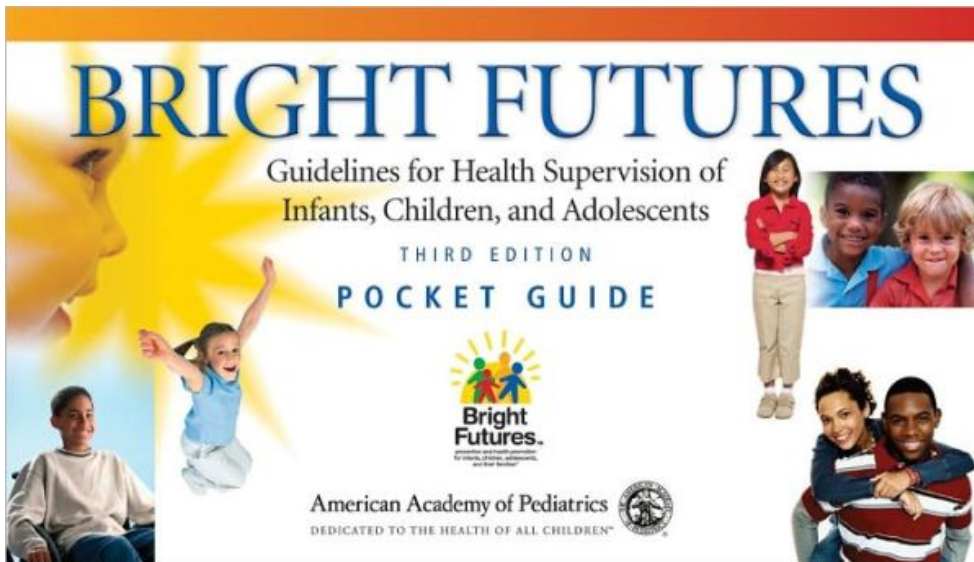
States and other stakeholders are implementing a variety of approaches to increase adolescent well-care visit rates and awareness of preventive services. While there is no “one-size-fits-all” approach to adolescent health, exploring other states’ experiences provides an opportunity to discover new ways to promote adolescent use of preventive services. The pages that follow discuss these six strategies in greater detail:

- Strategy 1 **Adopt current Bright Futures guidelines for adolescents:** Encourage providers to upgrade their practices to match current Bright Futures well-care visit content, including anticipatory guidance and private time with the adolescent. Also, make state-adopted periodicity schedules well known to providers.
- Strategy 2 **Incentivize providers, adolescents and their parents to encourage preventive care:** Offer resources, including trainings and incentive payments (within federal guidelines), to increase awareness of the full extent of free preventive health care services available for adolescents in Medicaid. Reward increased well-care visit rates and encourage adolescents to make and keep appointments.
- Strategy 3 **Encourage teen-centered care:** Use managed care contracts to encourage providers to treat adolescents as important partners in their own care. Link payments to adolescent-friendly performance requirements, including satisfaction with care, privacy and confidentiality.
- Strategy 4 **Leverage missed opportunities to increase adolescent well-care visits:** Episodic, acute care, and sport-required visits are opportunities to increase preventive care, immunizations, and health education. Providers can take a proactive approach to well-care appointment-making. Modifications to billing mechanisms allow preventive services on the same day as treatment visits.
- Strategy 5 **Use social media to increase well-care visits:** Use mobile devices, email, and social networking sites to promote prevention education and services. New media vehicles offer low-cost avenues to develop and distribute health care messages tailored to adolescents.
- Strategy 6 **Develop partnerships with key community stakeholders:** Mitigate barriers by increasing convenience. Accessible locations in communities or schools are best. Improve well-care rates with evening and weekend appointments. Partner with key stakeholders like Title V agencies, faith-based organizations, and other community-based organizations.

## STRATEGY 1: Adopt Current Bright Futures Guidelines for Adolescents

✓ **Align state Medicaid policy to current Bright Futures guidelines.** [Bright Futures](#) is a set of guidelines for health supervision of infants, children, adolescents, and young adults that provides a framework for well-care from birth to age 21. States frequently specify components of the adolescent well-care visit, for example, in [on-line provider education materials](#), provider handbooks, and managed care contracts, as a mechanism for ensuring that providers include evidence-based components from the most recent version of Bright Futures. Jointly developed by the Health Resources and Services Administration's (HRSA) Bureau of Maternal and Child Health and the American Academy of Pediatrics (AAP), Bright Futures uses a developmentally-based approach to address children's health needs in the context of family and community.

Bright Futures provides two types of guidance: the [periodicity schedule](#) details recommendations around the frequency of well-care visits; the [guidelines](#) provide comprehensive recommendations on specific components of care that states should include in well-care visits. The guidelines are designed to present a common language based on a model of health promotion and disease prevention. It is important for states to keep current with updates of Bright Futures, both the periodicity schedule and the guidelines, that capture the latest science and evidence-based approaches, and to update their own program and payment policies, managed care contracts, and enrollee and provider guidance materials in accordance with these revisions.



✓ ***Publish state periodicity schedules to increase awareness of services covered.*** Publication of state periodicity schedules in easily accessible locations and formats will help providers, families, and adolescents become more aware of services covered by the Medicaid benefit and how to use them. Also, while most states rely on the Bright Futures periodicity schedule, they do not necessarily encourage adherence to the Bright Futures comprehensive guidelines in their provider guidance. By better aligning provider guidance with Bright Futures guidelines for well-care visits, states can more effectively ensure adolescents receive the comprehensive assessment, prevention and care they require. States can also point providers to the Bright Futures guidelines to encourage them to deliver appropriate anticipatory guidance to adolescents and their families during well-care visits. Anticipatory guidance is designed to help guide adolescents to adopt better health patterns and lifestyle choices. CMS encourages states to include “health education (e.g., physical and behavioral development, healthy lifestyles, and accident and disease prevention)” as part of the screening portion of a comprehensive exam for Medicaid-enrolled children and adolescents.

✓ ***Ensure private consultation time with the adolescent.*** Bright Futures recommends that, after age 13, providers offer private consultation time to adolescents during a well-care visit. Private time between adolescents and their providers for face-to-face discussion may be the most effective way to help the adolescent develop engagement and autonomy on health-related issues as well as to improve delivery of guidance on sensitive topics. One-on-one time also makes it more likely that [counseling](#) will be provided on depression and risky behaviors such as substance abuse and unprotected sex. States have taken different approaches to ensuring private time between adolescents and providers. In 2011, two states instituted a requirement that providers meet with adolescents alone and four states indicated that providers have that option. Currently only about 40% of 12 to 17 year olds [spend time alone with their providers](#), making it unlikely that many adolescents are receiving screening or counseling about sexual activity, mental health, and substance abuse during their well-care visits.

***Face-to-face discussions between adolescents and health care providers help adolescents engage with their health and develop autonomy, as well as improve delivery of guidance on sensitive topics.***

## STRATEGY 2: Incentivize Providers, Adolescents & Parents to Encourage Preventive Care

✓ **Provide physicians with resources.** States can offer providers resources to increase awareness of the need to deliver more preventive services to adolescents. Evidence suggests that offering support to primary care providers through, for example, [educational materials and trainings](#), encourages them to provide adolescents with these services, resulting in [higher rates of clinician screening and counseling](#) of adolescents. Medicaid agencies can support primary care providers to deliver screening and counseling across five key areas of adolescent health: mental health, tobacco and substance use, violence and injury prevention, sexual behavior, and nutritional health. [Resources are available](#) to help encourage early diagnosis and treatment of mental health and substance use conditions through screening and counseling. Two states, [North Carolina and Utah](#), offer primary care providers maintenance-of-certification credit for attending webinars on quality improvement strategies and adolescent care information.

### Integrating Adolescent Health Screening into Provider Training: North Carolina

The North Carolina Academy of Family Physicians and the North Carolina Pediatric Society partnered to launch a pilot online training course for primary care providers on comprehensive adolescent health screening. The program aims to improve the delivery of care for adolescents in pediatric and family practice settings to ensure completion of annual well-care visits. [The online training](#) can be completed over a 3 to 6 month period. Physicians can receive credits for completing the course. Training covers:

- How to discuss confidentiality policies with adolescents and their families;
- Understanding and utilizing comprehensive screening tools (Bright Futures and Guidelines for Adolescent Preventive Screening (GAPS));
- Increasing a physician's comfort talking to adolescents about social and emotional health risks;
- Understanding the benefits of a recall system for annual well-care checkups;
- Increasing understanding of recommended adolescent immunizations;
- Improving knowledge of how to measure body mass index (BMI); and
- Proper techniques, policies, and procedures for conducting a comprehensive adolescent screening.

✓ **Align provider payments to reward increases in well-care visit rates.** States can [align the way providers are reimbursed for delivering adolescent services](#), or implement provider incentives to encourage providers to increase adolescent well-care visit rates. Provider incentives can include paying bonuses for adolescent screenings, realigning reimbursement levels to account for time and complexity of adolescent well-care visits, or offering other financial incentives for increases in adolescent well-care rates.

✓ **Motivate adolescents to make and keep well-care appointments.**

States and their managed care contractors can provide adolescents with incentives for making and keeping appointments for well-care visits. While states using a fee-for-service delivery system may not claim payment of federal cost-sharing for incentives to beneficiaries, Medicaid managed care plans may use administrative funds from their capitation payments for these types of approaches. Adolescents and their parents believe that [providing adolescents with money or in-kind incentives](#) can encourage them to make and keep well-care appointments. Examples of [non-cash incentives](#) include free movie tickets, gift cards, or raffle tickets to larger prizes. Partners can be helpful in obtaining a gross volume of low or no cost incentives such as tickets. In addition to incentives, [states](#) can also encourage providers or their managed care contractors to set up a system that sends annual checkup and immunization reminders to adolescents. Sending reminders for annual checkups via technology or mail, helps adolescents and their families keep track of yearly appointments.

States can also incentivize adolescents to attend well-care visits by promoting peer-to-peer relationships. Adolescent behavior, particularly that of older adolescents, is often influenced by peers. States can work with their partners (such as Title V agencies, Federally-Qualified Health Centers (FQHCs) and schools), to help teach adolescents to be peer educators and to use relationships with each other to promote well-care visits and reduce participation in risky behaviors. In addition to the benefits that peer-led programs have for peer educators themselves, adolescents believe that [peer educators](#) are a more credible source than adult health educators. Hearing personalized messages from people who are similar to them and face the same pressures can result in greater attitude change in adolescents versus adult-led programs.

**Promoting Incentives for Adolescents: Rhode Island and Connecticut**

[The Neighborhood Health Plan of Rhode Island](#), which primarily serves a Medicaid population, partnered with a school-based health center to increase the number of students receiving a complete physical exam. The plan mailed students a letter offering a gift incentive (music, movie or pizza gift certificate) to enroll in a school-based health center, and/or, if already enrolled, to receive a physical exam. The [intervention](#) resulted in an increased number of 13 to 16 year old members receiving complete physical exams by 40% in a single year.

The [Community Health Network of Connecticut](#) is a non-profit Federally-Qualified Health Center with over 41,000 Medicaid enrollees. It [offered its adolescent members](#), ages 15–20, free movie tickets for scheduling and keeping appointments for a Medicaid screening. From 2000 to 2001, the network increased participation rates by nearly 12% for adolescents; for adolescents ages 19–20, participation rates increased by 22.3%.

✓ **Inform parents and families on the importance of well-care visits.** Educating parents and families is central to increasing the rate of adolescent well-care visits. States can deliver consistent educational messages on the importance of adolescent preventive care, the recommended frequency of well-care visits, and the differences between a well-care visit and a sports physical. States can use the Bright Futures [Family Pocket Guide](#) for parents and families, developed by [Family Voices](#), to provide guidance in clear language about what services and resources are available and recommended for children and adolescents.

***Educating parents and families is central to increasing the rate of adolescent well-care visits.***



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## STRATEGY 3: Encourage Teen-Centered Care

✓ **Encourage adolescent-friendly practices.** The AAP suggests that delivering care in an adolescent-friendly setting not only makes adolescents more comfortable, but also helps them be more willing to seek preventive services in the future. AAP provides [suggestions](#) for making a practice more adolescent-friendly, including: providing transportation or locating care in places easily accessible to public transportation; extending hours to include evenings or weekends; reducing the time an adolescent spends in a waiting or exam room; and having a separate adolescent-friendly waiting room.

***Delivering care in an adolescent-friendly setting makes adolescents more comfortable and more willing to seek preventive services in the future.***

### Adolescent-Friendly Practices Increase Use of Preventive Care: New York

[Mount Sinai Adolescent Health Center](#) (MSAHC) is a free-standing clinic designed exclusively to meet adolescents' health needs in an adolescent-friendly, accessible environment.

The Center provides integrated comprehensive health care, including preventive and well-care visits, sexual and reproductive health care, dental care, and mental health care. Nearly all patients at MSAHC are low-income and two-thirds are uninsured. Among the 33% of patients who have some type of insurance, almost three-quarters are covered by Medicaid, CHIP, Family Health Plus (for adults), or the Medicaid Family Planning waiver. MSAHC offers onsite enrollment for public insurance; however, all patients receive care, regardless of their insurance status or ability to pay.

One of the largest adolescent health practices in the country, the Center serves more than 11,000 adolescents ages 12-22 every year. Understanding that adolescents' health care needs must be met in a setting that offers privacy and comfort, MSAHC provides adolescents with:

- Free and confidential services;
- The flexibility of walk-in appointments;
- Convenience to public transportation;
- Evening and Saturday hours;
- An hour and a half long first routine medical checkup that includes physical exams, screenings, immunizations and facilitates engagement;
- Unique services such as the [Text in the City program](#), through which adolescents can receive text message appointment and medication reminders, or even seek health advice; and
- Diverse and culturally competent staff, one third of whom are of a minority ethnic or racial group with many that are also multilingual.

MSAHC's success is evident by the fact that its patients come primarily through word-of-mouth. While most adolescents initially seek acute care from the Center, many return for regular preventive visits and ongoing care.

✓ **Encourage practitioners to be adolescent-friendly.** States and their managed care contractors can encourage primary care providers to be personable in relating to adolescents in order to build a trusting relationship. Specifically, they can encourage participating providers to:

- **Build relationships and rapport with adolescents.** Adolescents who have a positive first time visit and a continuous relationship with their provider are more likely to keep appointments for well-care visits.<sup>1</sup> They will also [tend to return when scheduled](#) if they can see the same provider in subsequent visits. Providers can consider a variety of [steps for communicating with adolescents](#) to develop relationships with them.
- **Provide culturally-effective care.** It is critical for providers to offer culturally and linguistically appropriate care to adolescents, as the percentage of most adolescent minority populations is projected to grow faster than their majority counterparts. States can encourage providers to complete cultural competency training in order to ensure they provide the most culturally appropriate care for the populations they serve. To help enhance their skills in the provision of culturally competent care for adolescents, providers may want to complete [free online continuing education programs](#), such as those offered by the [HHS Office of Minority Health](#), or consult other resources, like the [Adolescent Health Resource Kit for General Practitioners](#) from the NSW Centre for the Advancement of Adolescent Health at the Children's Hospital at Westmead, Australia.



- **Ensure confidentiality.** Adolescents are more likely to seek care and relay important information about their health when they perceive, and are verbally assured by the provider, that what they discuss will be kept private. The exception is when the adolescent is placing themselves or others at risk of bodily harm. States can help providers [protect the privacy and confidentiality of adolescents](#) by developing materials to serve as a platform for discussing confidentiality or by advocating for changes to state law to ensure confidentiality during the billing process. Confidentiality can be particularly complex with respect to adolescent health and Medicaid because there are multiple applicable laws, such as the Health Insurance Portability and Accountability Act (HIPAA), and the Family Educational Rights and Privacy Act (FERPA). However, by consulting [available resources](#) it is possible to navigate these challenges successfully. In addition to posing potential barriers to successful screening and assessment for risky behavior, confidentiality and privacy issues can affect patient compliance and likelihood of return for follow-up visits after a diagnosis. States and their managed care contractors can play a key role in ensuring that providers adopt processes that protect the privacy and confidentiality of adolescents enrolled in their programs and convey this to their patients during each visit. Connecticut, Delaware, Florida, and New York are among states that [ensure confidentiality during the billing process](#) through laws prohibiting billing procedures from breaching confidentiality of minors seeking testing and treatment for sexually transmitted infections and other health issues. In addition, [North Carolina](#) educated provider practices about confidentiality laws in their state and suggested providers enter into formal confidentiality agreements with their adolescent patients.

✓ **Create adolescent-friendly materials.** To help encourage adolescents to take advantage of well-care visits, states and their managed care contractors can develop materials that adolescents will be more likely to be receptive to, read, and perceive as valid. For instance, states can use [“catchy” language and visual appeal](#) so adolescents better understand where and how they can access preventive services. It may also be helpful to provide information in a format that is easy to read, understand, and convenient to carry, such as [wallet cards](#). [Electronic media](#) can also be used during the adolescent well-care visit to enhance the patient’s experience. For example, school-based health centers in [Colorado](#) and [New Mexico](#) loaded patient questionnaires onto electronic tablets. The questionnaires screen for health risk and resiliency factors and are reviewed confidentially by school based health center staff with the student. Strategies for engaging adolescents such as wallet cards, brochures, electronic media, and other materials, can include information on where to find providers and services, how to set up appointments, and where to go online to find additional information.

## STRATEGY 4: Leverage Missed Opportunities to Increase Adolescent Well-Care Visits

✓ ***Use episodic and acute care to increase well-care visits.***

Providers can effectively use episodic and acute care visits to encourage adolescents to come in for well-care visits or to provide adolescents with necessary screenings, immunizations, and health education during the sick visit.

Some states have offered simplified billing mechanisms to encourage physicians to offer well-care and preventive services during an adolescent's visit for treatment of a chronic or acute condition. By facilitating these types of changes to billing, states are able to encourage providers to take advantage of every potential opportunity to provide necessary preventive care to adolescents.

***Some states have simplified billing mechanisms to encourage physicians to offer well-care and preventive services during an adolescent's visit for a chronic or acute condition.***

### Billing for Preventive Care on the Same Day as Acute Care Visits: Arkansas and Nevada

In Arkansas and Nevada, physicians can provide and bill for an age appropriate screening on the same day as a visit for an acute or chronic condition. This option offers providers more freedom to combine the comprehensive well-care visit with other visits, and provides needed preventive care when an adolescent is already in the office.

[Arkansas' Provider Manual indicates](#) that this type of billing is permitted so long as the following conditions are met:

- “The screening performed on the same date of service as an office visit for treatment of an acute or chronic condition [is] billed as a periodic EPSDT [or Medicaid benefit for children and adolescent] screening, using the [Form DMS-694](#)... and the office visit for treatment of an acute or chronic condition [is] billed as a separate visit for the same date of service.”

In 2010, Nevada implemented [similar changes](#) to increase efficiency and effectiveness of care within their Healthy Kids program. Specifically, the policy was changed “to allow reimbursement of a developmental screening and EPSDT [or Medicaid benefit] screening on the same day to increase access to care.”

✓ **Use sport physicals to increase well-care.** Providers can also incorporate the well-care visit into other routine medical visits, such as those required for participation in athletic activities. Schools throughout [Iowa](#), for example, require adolescents to receive a well-care screening in order to join school-sponsored sports teams. Similarly, the [Tennessee Department of Health](#) advises providers to incorporate the well-care screening into sports physicals. When an adolescent visits the doctor for a sports physical, the state asks providers to perform a more complete examination in line with Medicaid components.

Health plans can also play a role in broadening the sports physical to include well-care services, as is done in Hawaii, for example. [AlohaCare](#), a Medicaid health care plan, recommends that physicians expand school and sports physicals to meet the criteria of a well-care screening.



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## STRATEGY 5: Use Social Media to Increase Well-Care Visits

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✓ **Use social networking.** The use of social media such as Facebook, Twitter, and Instagram has increased significantly over the past few years, particularly among adolescents. In fact, [90% of 13 to 17 year-olds have used some form of social media](#). States can develop campaigns that use existing social networking sites or develop their own (e.g., California’s T2X site, as described below) to share messages and create a forum for adolescent discussion groups that promote the utilization of preventive services.

✓ **Text to better health.** The use of texting as a form of communication continues to increase among adolescents; [more adolescents own a mobile phone](#) than own a personal computer. States and their partners can use texting as a medium for sending adolescents reminders when they are due for a well-care visit or have an upcoming appointment. States and providers can also use texting to deliver information to adolescents around the benefits of preventive services to engage them in taking charge of their own health.



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Adolescents might respond well to texting programs similar to [Text4baby](#), which uses mobile technology to promote health care and healthy behaviors. Text4baby, a public-private partnership, provides messages on a range of topics critical to maternal and child health, including nutrition and immunizations. An initial evaluation of the program found that it improved users’ health knowledge,

adherence to appointments and immunizations, and access to health services, and also facilitated interactions with health providers. HHS launched other [similar texting programs](#) around the country: [three regions](#) (Greater New Orleans, Southeast Michigan, and Greater Cincinnati) piloted text4health mobile texting programs to reach individuals at risk for Type 2 diabetes.

***States and partners can use texting to remind adolescents when they are due for a well-care visit or have an upcoming appointment.***

✓ **Target adolescents with web health info.** Most [adolescents already use the Internet](#) to look up information on dieting, physical fitness, or health topics they find difficult to discuss with parents, families, teachers or providers (such as substance use and sexual health). States can work with their partners and stakeholders to develop and promote websites specifically for adolescents that provide a “safe” place for accurate health information and encourage the use of preventive services. [The Nemours Center for Children’s Health Media](#), for example, offers adolescents focused health information in an adolescent-friendly style and design.

***States, with partners and stakeholders, can develop and promote websites for adolescents, creating a “safe” place for accurate health information and encouraging the use of preventive services.***

✓ **Get smart with mobile apps.** States can also develop mobile applications (apps) that enable adolescents to find information on where to access preventive services and peer support on health questions. Apps can also be used to receive health topic information or send appointment reminders. In New York City, adolescents are able to search for health clinics in all five boroughs using a [mobile app launched](#) by the Department of Health and Mental Hygiene. The app allows users to search clinics by service or watch videos developed by adolescents for adolescents. Similarly, [Michigan's Medicaid agency](#) partnered with the [Children's Special Health Care Services](#) division to develop a [smartphone app](#) with important information about local providers and health departments.





### Social Media Engages Adolescents in Their Own Health: California

The [T2X project](#) was piloted with adolescents enrolled in Medicaid in California and has since expanded to be available to all adolescents throughout the state and country. T2X is an extensive [social media website](#) that targets low-income adolescents via an online social network and strives to engage them in their own health care, as well as increase their access and use of health insurance. It is also designed to help adolescents increase their health literacy. The site allows adolescents to ask personal questions to a “friendly” health expert – questions they are not necessarily comfortable asking adults in person.

#### *Project Components*

The site includes features for chatting, instant messaging, blogs, videos, and games. It is monitored by adults, and requires users to certify that they are between the ages of 13 and 18 in order to register and obtain information customized to their needs. The site includes content on annual well-care visits, interactive learning modules, contests, and learning polls. There are about 1,500 articles embedded from [TeensHealth.org](#), allowing adolescents access to reliable and accurate health information on topics such as safety/injury, violence/gangs, sexuality, stress/depression, obesity/weight, and drugs/alcohol/smoking. There is also information to help adolescents find a provider. A “Health Club” helps adolescents understand how to talk to their doctors and schedule an appointment, and emphasizes confidentiality. There is also a live chat with a Health Net nurse 24 hours a day, 7 days a week. The T2X program also features [web and mobile messaging campaigns](#) on various health topics, such as meningitis, smoking cessation, “Rethink Your Drink,” and talking with your doctor. The mobile campaigns time delivery of messages, such as a morning educational tip, an afternoon action message, and a tailored message based on the response.

By using T2X in conjunction with reminder mailings to adolescents and provider incentive programs, the Medicaid plan has been successful in increasing adolescent well-care visits. The Medicaid plan had a 9.2 percentage point increase in the HEDIS measure around well-care visits (from 46.2% in Reporting Year 2011 to 55.4% in Reporting Year 2012) for adolescents in Los Angeles County.

#### *Relationship with Medicaid*

T2X is also being tested as a tool for providers as they work to engage adolescents in preventive care and increase well-care visits. All Medicaid managed care organizations in California are required to use a Medicaid health risk assessment, which is a 36 question form similar to the Bright Futures assessment. To facilitate administration of this required questionnaire, T2X has incorporated it into their website, allowing providers to administer the questionnaire to their adolescent patients in electronic format while in the waiting room. Adolescents’ responses are automatically saved to their T2X account, allowing providers to link responses to patient records by logging into the T2X site. Providers can customize topics for discussion in the adolescent well-care visit based on questionnaire responses. Additionally, T2X generates topic specific suggestions for the adolescent based on their responses to the questionnaire, providing the adolescent with an additional educational resource when they next visit the site.

## STRATEGY 6: Develop Partnerships with Key Community Stakeholders

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### ✓ ***Work with school-based and community health centers.***

Services provided in schools play an important role in the health care of adolescents, providing medical care efficiently without extended absences from school. The Affordable Care Act appropriated \$200 million for 2010 through 2013 for the School-Based Health Center Capital Program for the renovation of school-based health centers, and for materials, equipment and supplies. [School-based health centers](#) can provide a full range of acute care and age-appropriate preventive health care services, including:

- primary medical care
- mental/behavioral health care
- dental/oral health care
- health education and promotion
- substance abuse counseling
- case management
- nutrition education
- reproductive and sexual health



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Almost all school-based health centers [provide comprehensive health assessments](#), making them a great way for Medicaid-enrolled adolescents to receive high-impact, cost-efficient preventive care. [Schools are also the points of mental health services](#) for about 2.5 million adolescents aged 12–17. School-based health centers may also provide vision and hearing services and can provide guidance on healthy habits and how to prevent injury, violence, and other threats. By working with mental health and substance use disorder providers in schools, Medicaid agencies can promote services that are critical in the prevention of adolescent mental health and substance use disorder conditions.

***School-based health centers can provide a full range of acute care and age-appropriate preventive health care services.***

School-based health centers often are operated as a partnership between the school and a community health organization, such as a community health center, hospital, or local health department. States can encourage these organizations to create or link with school-based health centers to help assure continuity of care wherever adolescents seek care. Of the 40,000 public and private secondary schools in the country, only about 1,700 have school-based health centers, providing great potential for states to continue fostering partnerships with schools. Note: Section 1905(a) and 1905(r) of the Medicaid statute, and states' Medicaid plans identify [those services provided in schools that are reimbursable by Medicaid](#). As there is no benefit category in the Medicaid statute titled “school health services” or “early intervention services,” a state describes its [school-based health services](#) in its state plan in terms of the specific section 1905(a) services that will be provided.<sup>2</sup>

### CHIPRA Demonstration Grant Program: Colorado and New Mexico

Funded by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. In February 2010, CMS awarded 10 grants to improve health care quality and delivery systems for children enrolled in Medicaid and CHIP. Under one of the grants awarded, Colorado and New Mexico are working with school-based health centers to improve the quality of preventive and treatment services they provide to children and adolescents.

As part of the Demonstration, [Colorado](#) and [New Mexico](#) are working with selected school-based health centers in their states to help them identify strategies to increase the delivery of EPSDT services, such as adolescent well-care visits. One aspect of the Colorado/New Mexico CHIPRA Demonstration focuses on behavioral health. As part of the grant, Colorado and New Mexico developed an electronic student health questionnaire (eSHQ) which is a comprehensive tool, administered on an iPad, used to screen adolescents for various risk factors. The eSHQ is based on Bright Futures and GAPS, among other sources, and when administered in a school-based health center, gives a provider immediate feedback on risks to help them best tailor a treatment and follow-up plan. The eSHQ contains questions under seven different domains:

- Home and school life
- Health behaviors
- Safety/injuries
- Behavioral health
- Sexual health
- Substance use
- Future plans

Selected school-based health centers in both Colorado and New Mexico sought to increase their use of the eSHQ, as part of efforts to increase their comprehensive risk screening under EPSDT. Over time, school-based health centers in both states increased their use of the eSHQ to 95%. By making behavioral health-focused systemic changes such as these, the participating school-based health centers have been able to improve the care they provide. The participating school-based health centers are able to provide accessible, comprehensive, and coordinated care and services to adolescents with high behavioral health needs.

#### ✓ **Work with partners to explore alternate funding sources.**

States can use alternate funding streams to support initiatives that promote adolescent well-care visits. For example, the Health Service Initiative, available through CHIP, enables states to use Title XXI funds to implement public health programs that serve the larger community of children under age 19, including Medicaid and CHIP enrollees. States can use this type of funding to target specific populations, such as adolescents, or fund partnerships to increase adolescent well-care visits. (State expenditures approved under a CHIP Health Services Initiative are subject to the availability of sufficient CHIP allotment funds and are limited within a state's 10 percent cap on certain CHIP expenditures.)

States can also leverage new funding under the Affordable Care Act to catalyze relationships between Medicaid agencies and other stakeholders. In addition to new funds for school-based health centers, the Affordable Care Act has allocated \$11 billion to fund [Community Health Center expansion](#). FQHCs are a major provider of care to adolescents under Medicaid, caring for 1 out of every 7 Medicaid beneficiaries nationally. Medicaid agencies and FQHCs can work

together to provide expanded access for adolescents, including preventive and behavioral health services, as well as school-based health services.

### Collaborating with Community Health Centers: Michigan

The [Child and Adolescent Health Center \(CAHC\) Program](#) serves uninsured, underinsured, and Medicaid-enrolled adolescents ages 10–21. It provides both primary and preventive care, mental health services, prevention education, and referrals for adolescents through 70 clinical and non-clinical teen health center sites. The Michigan Department of Community Health and the Michigan Department of Education jointly fund the program, awarding grants to [FQHCs](#), [hospitals](#), [local public health departments](#), rural health centers, and school districts to support school-based and school-linked health centers. While the program began with state funding, it [expanded significantly in 2004](#) by partnering with the state Medicaid agency to receive more than \$2 in matching federal Medicaid funds for every state dollar allocated to CAHC.

Appealing to Adolescents: The centers provide adolescents who are seeking care with a comfortable location. Centers rely on Youth Advisory Committees to engage with adolescents and make each location more appealing, whether through bright and inviting colors painted on the walls, or artwork on display that was created by adolescents. To maximize adolescent access to care, many health centers offer clinical services [after-hours on weekdays and on weekends](#). CAHC providers are offered training to improve adolescent engagement. Many of the CAHCs also utilize social media outlets such as Facebook or Twitter, as well as text messaging, to encourage adolescents to use the services available and encourage them to come in for preventive care.

In addition to providing a range of community-based, adolescent-appropriate services, each health center administers Medicaid screenings and health maintenance assessments. According to the program, [clinical teen health center services must include](#) a number of specific components, including but not limited to preventive services (such as GAPS or Bright Futures); health history and individual risk assessment; and physical examinations. According to the latest [Year End Quality Measure Report for the program](#), there were approximately 30,000 unique individuals seen, with approximately 12,000 Medicaid benefit well-checks provided. The CAHCs are also expected to provide outreach to adolescents and their caregivers about how to access Medicaid benefits and makes referrals for necessary services.

✓ **Partner with Title V agencies.** States benefit from developing interagency agreements between Medicaid and Title V agencies, supported by HRSA. HRSA also supports a [number of adolescent focused National Centers](#) which promote state Title V Maternal and Child Health program capacity in adolescent and young adult development, health and safety, and well-being. Interagency agreements between the state Medicaid agency and Title V agency can be strengthened through language that acknowledges the importance of the adolescent well-care visit and follow-up care.

Title V and Medicaid can partner to share resources, facilitate care coordination and work in partnership to improve health outcomes for adolescents. For instance, Title V agencies may coordinate the provision of services under the Medicaid benefit for children and adolescents, while Medicaid agencies reimburse [Title V agencies](#) for Medicaid covered services. To foster improved governmental coordination, some states have held [workshops](#) and [webinars](#) for Medicaid and Title V programs that [share strategies](#) to improve utilization of the Medicaid benefit.

✓ **Engage key community stakeholders.** [A Conceptual Framework for Adolescent Health](#), developed by the Association of Maternal and Child Health Programs and the [National Network of State Adolescent Health Coordinators](#), underscores the importance of states partnering with other key community stakeholders to more effectively address adolescent health issues. The Framework recommends Medicaid collaboration with a wide array of institutions, including human services programs, community agencies and centers, and parks and recreational public works. States and their managed care contractors can also explore partnerships with other community stakeholders, such as faith-based organizations, to increase adolescent well-care visits. Local community based organizations not only contribute to the environment in which adolescents live, but they can also influence adolescent health.

States can also partner with [Title X family planning programs](#) and other community based programs to encourage adolescents to seek free family planning and well-woman services. These programs engage adolescents in settings that are comfortable, accessible and familiar and may be able to [mitigate barriers to care](#), such as transportation limitations, inconvenient office hours, or a parent's inability to take time off from work. In addition, Title X programs can be helpful in encouraging teens to establish a relationship with a primary care provider for more comprehensive care.

***States, in partnership with Title X family planning programs and other community-based programs, can engage adolescents in settings that are comfortable, accessible and familiar.***

## Conclusion

States and local communities and providers have an important role to play in the adoption and implementation of strategies to increase rates of adolescent well-care visits. Maximizing the use of Medicaid-covered preventive care for adolescents provides for early identification and appropriate management and interventions to address emerging chronic conditions and encourage positive lifelong health habits.

By increasing partnerships with stakeholders, states can identify and receive support for approaches to reach more adolescents with more preventive care. States are one of the most important drivers in ensuring good health for adolescents and can implement one or more of the strategies presented here, based on their particular opportunities and capabilities.

## What You Need to Know About EPSDT

### **EARLY: Assessing and identifying problems early**

Children covered by Medicaid are more likely to be born with low birth weights, have poor health, have developmental delays or learning disorders, or have medical conditions (e.g., asthma) requiring ongoing use of prescription drugs. Medicaid helps these children and adolescents receive quality health care.

EPSDT is a key part of Medicaid for children and adolescents. EPSDT emphasizes preventive and comprehensive care. Prevention can help ensure the early identification, diagnosis, and treatment of conditions before they become more complex and costly to treat. It is important that children and adolescents enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and development.

### **PERIODIC: Checking children’s health at age-appropriate intervals**

As they grow, infants, children and adolescents should see their health care providers regularly. Each state develops its own “periodicity schedule” showing the check-ups recommended at each age. These are often based on the American Academy of Pediatrics’ Bright Futures guidelines: [Recommendations for Preventive Pediatric Health Care](#). Bright Futures helps doctors and families understand the types of care that infants, children and adolescents should get and when they should get it. The goal of Bright Futures is to help health care providers offer prevention-based, family-focused, and developmentally-oriented care for all children and adolescents. Children and adolescents are also entitled to receive additional check-ups when a condition or problem is suspected.

### **SCREENING: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems**

All infants, children and adolescents should receive regular well-child check-ups of their physical and mental health, growth, development, and nutritional status. A well-child check-up includes:

- A comprehensive health and developmental history, including both physical and mental health development assessments;
- Physical exam;
- Age-appropriate immunizations;
- Vision and hearing tests;
- Dental exam;
- Laboratory tests, including blood lead level assessments at certain ages; and
- Health education, including anticipatory guidance.

### **DIAGNOSTIC: Performing diagnostic tests to follow up when a health risk is identified**

When a well-child check-up or other visit to a health care professional shows that a child or adolescent might have a health problem, follow up diagnostic testing and evaluations must be provided under EPSDT. Diagnosis of mental health, substance use, vision, hearing and dental problems is included. Also included are any necessary referrals so that the child or adolescent receives all needed treatment.

### **TREATMENT: Correct, reduce or control health problems found**

EPSDT covers health care, treatment and other measures necessary to correct or ameliorate the child or adolescent’s physical or mental conditions found by a screening or a diagnostic procedure. In general, States must ensure the provision of, and pay for, any treatment that is considered “medically necessary” for the child or adolescent. This includes treatment for any vision and hearing problems, including eyeglasses and hearing aids. For children’s oral health, coverage includes regular preventive dental care and treatment to relieve pain and infections, restore teeth, and maintain dental health. Some orthodontia is also covered.



### **State and Government Sites**

- [Healthy People 2020](#)
- [CDC National Initiative to Improve Adolescent Health](#)
- [CMS Medicaid Benefit](#)
- [National Evaluation of the CHIPRA Quality Demonstration Grant Program](#)

### **AAP Resources**

- [Bright Futures Adolescent Guidelines](#)
- [Bright Futures Periodicity Schedule](#)

### **Websites for Adolescents**

- [Teen Health Explosion](#)
- [The Nemours Center for Children’s Health Media](#)
- [Teenage Health Freak](#)
- [FindYouthInfo.gov](#)

### **Adolescent and Culturally-effective Care Resources**

- [A Resource Kit for General Practitioners](#)
- [Sample Health Questionnaire in English and Spanish](#)
- [American College of Obstetrician and Gynecologists’ “Tool Kit for Teen Care”](#)

### **Registries of Effective Adolescent Health Programs**

- [CDC Registries of Programs Effective in Reducing Youth Risk Behaviors](#)
- [SAMHSA’s National Registry of Evidence Based Programs and Practices](#)
- [Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide](#)
- [Child Trends “What Works”](#)
- [Interagency Working Group on Youth Programs](#)

### **Provider Resources to Communicate with Teens and Families**

- National Organizations
  - ▶ [Partnership for Prevention: Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers](#)

## Paving the Road to Good Health

- ▶ [ACLU: Protecting Minors' Health Information Under the Federal Medical Privacy Regulations](#)
- ▶ [Advocates for Youth: Tips for Health Care Providers: Helping Teens and Parents with Sexual Health Needs](#)
- ▶ [Get yourself Tested: Resources for Providers \(MTV, KFF, Planned Parenthood, CDC\)](#)
- Federal Government
  - ▶ [Vaccines](#)
  - ▶ [Teens and the HIV/AIDS Epidemic](#)
  - ▶ [Parents too soon? Teen Pregnancy and Childbearing in the U.S.](#)
  - ▶ [What's on the menu? Nutrition and Maintaining a Healthy Weight in Adolescence](#)
  - ▶ [Health Care Providers and Teen Pregnancy Prevention \(CDC\)](#)
- Professional Associations
  - ▶ [Connected Kids Clinical Guide \(AAP\)](#)
  - ▶ [Connected Kids Materials \(AAP\)](#)
  - ▶ [American College of Obstetrician and Gynecologists: Tool Kit for Teen Care Second Edition](#)
  - ▶ [Society for Adolescent Health and Medicine: Clinical Care Resources](#)

### **Outreach Materials**

- [Outreach materials from King County, Seattle, Washington](#)
- [CDC document on communicating with teens](#)

### **Other**

- [National Assembly on School-Based Health Care](#)
- [The National Alliance to Advance Adolescent Health](#)
- [Affordable Care Act Impacts on Adolescents](#)
- [Mt. Sinai Peer Education Program](#)
- [National Adolescent and Young Adult Health Information Center](#)
- [Commonwealth Fund's "Quality of Health Care for Children and Adolescents: A Chartbook"](#)

## Citations

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2. Centers for Medicare & Medicaid Services. EPSDT Coverage Guide. *Forthcoming*.