

# Adolescent Well Care Visits Guidance Document

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Published November 2015

This document is a resource to help Coordinated Care Organizations (CCOs), health systems, quality improvement professionals, and providers improve their approach to comprehensive adolescent well care. This document will be updated as appropriate to reflect any changes in policy, regulation, and measurement.

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## Background and Policy Landscape

The Patient Protection and Affordable Care Act (ACA) elevated the importance of preventive care for children and youth by ensuring access to the gold standard preventing care – screenings and services recommended by the *American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*—without cost sharing.<sup>1</sup> Bright Futures recommends annual well care visits for adolescents from ages 11-21.

In Oregon, Medicaid policy aligns with this standard. Coordinated care organizations (CCOs) are to provide evidence-based care that supports prevention, including services recommended by Bright Futures.<sup>2</sup>

Bright Futures provides two types of guidance:

- the periodicity schedule<sup>3</sup> provides recommendations for the frequency of well visits and screenings conducted within well visits; and
- the guidelines<sup>4</sup> provide comprehensive recommendations on specific components of care.

Anticipatory guidance is provided for each stage in adolescent development: early adolescence (11-14 years) middle adolescence (15-17 years) and late adolescence (18-21). Guidance will vary based upon the needs of each stage of development. For the purposes of this document, the term “adolescent” will refer to all young people from 11-21.

Bright Futures identifies the following priority topics for adolescent well care visits<sup>5</sup>:

- Physical growth and development (physical and oral health, body image, healthy eating, physical activity)
- Social and academic competence (connectedness with family, peers, and community; interpersonal relationships; school performance)
- Emotional well-being (coping, mood regulation and mental health, sexuality)
- Risk reduction (tobacco, alcohol, or other drugs; pregnancy; STIs)
- Violence and injury prevention (safety belt and helmet use, substance abuse and riding in a vehicle, guns, interpersonal violence [fights], bullying).

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<sup>1</sup> Coverage of Preventive Health Services (26 CFR 54.9815–2713T, 29 CFR 2590.715–2713, 45 CFR 147.130) accessed from [www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Prevention](http://www.cms.gov/ccio/resources/Regulations-and-Guidance/index.html#Prevention)

<sup>2</sup> October 1, 2015 Prioritized List of Health Services. Guideline Note 106, Preventive Services. Accessed from [www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx](http://www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx)

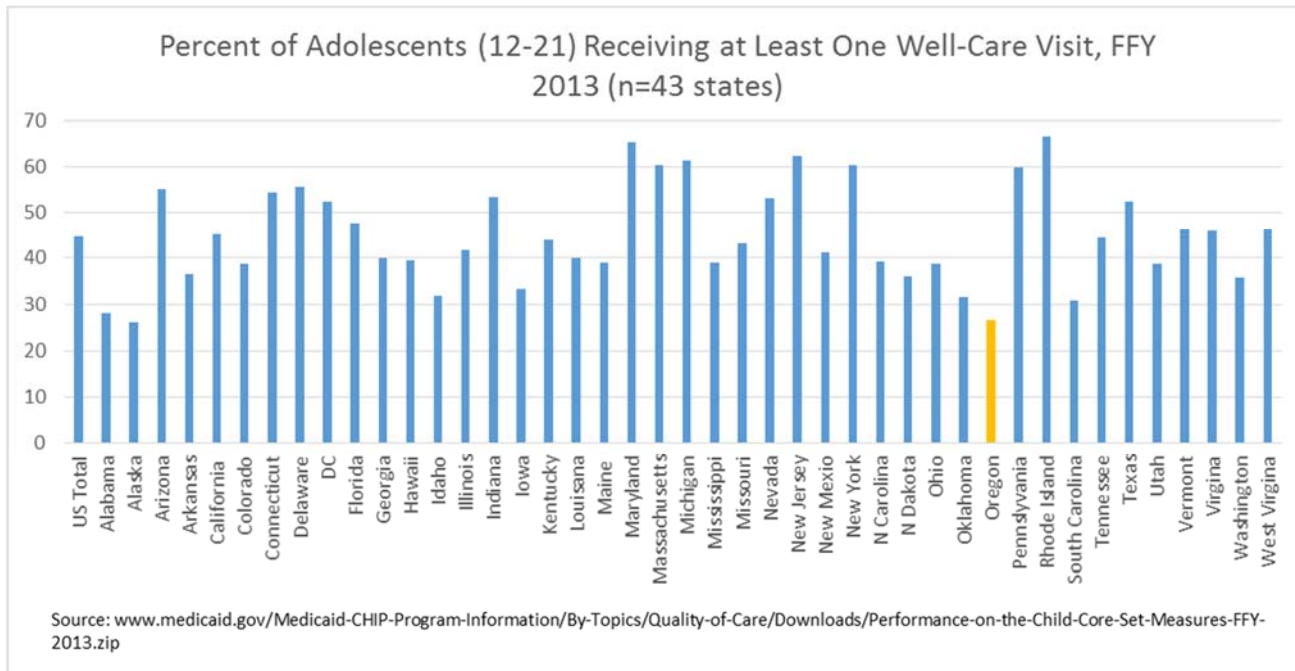
<sup>3</sup> [www.aap.org/en-us/professional-resources/practicesupport/Periodicity/Periodicity%20Schedule\\_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practicesupport/Periodicity/Periodicity%20Schedule_FINAL.pdf)

<sup>4</sup> <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

<sup>5</sup> Bright Futures Guidelines: Adolescence. Available at <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

While it is likely not feasible to address every priority within one well care visit, Bright Futures recommends prioritizing the issues most pertinent to each patient, and have the goal of addressing the issues over multiple well care visits.

Nationally, 43 percent of adolescents 12-21 on Medicaid received a well visit in the past year, representing the population with the lowest utilization of primary care compared to any other age group.<sup>6</sup> Oregon ranks in the bottom 25 percent of states that track this measure, with 32 percent of enrollees aged 12-21 receiving a well-care visit in 2014.<sup>7</sup>



<sup>6</sup> [www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2014-child-sec-rept.pdf](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2014-child-sec-rept.pdf)

<sup>7</sup> [www.oregon.gov/oha/Metrics/Documents/2014%20Final%20Report%20-%20June%202015.pdf](http://www.oregon.gov/oha/Metrics/Documents/2014%20Final%20Report%20-%20June%202015.pdf)

## Why are annual well visits important for adolescents?

Adolescence is one of the most dynamic periods of development, second only to infancy. A key developmental task of adolescence is transitioning to increased independence from parents and guardians. While most adolescents enjoy good health- dramatic physical, cognitive, social, and emotional change during this period calls for a unique approach to health care compared to adults or young children.

The leading causes of death among adolescents (unintentional injury, homicide and suicide) are largely preventable. During this period of development, youth begin to make their own decisions regarding relationships, lifestyle and health behaviors.

Data from Oregon Healthy Teens Survey, a statewide health survey among 8<sup>th</sup> and 11<sup>th</sup> graders, indicates that some youth engage in behaviors that could put their immediate and long term health in jeopardy [see Box 1].<sup>8</sup>

Health behaviors established in adolescence tend to persist into adulthood, and many chronic diseases first emerge in this age.

- Half of all lifetime cases of mental health diagnoses first begin by age 14.<sup>9</sup>
- Youth who begin drinking at age 14 or younger are 4-5 times more likely to develop substance abuse over their lifetime compared to someone who started drinking at 19.<sup>10</sup>
- Youth who are overweight or obese tend to become overweight and obese adults.<sup>11</sup>

### BOX 1- HEALTH BEHAVIORS OF OREGON YOUTH

Among 11<sup>th</sup> graders in Oregon:

- 29% felt depressed in the past 12 months
- 16% seriously considered suicide in the past 12 months
- 41% have ever had sex
- Among those who have ever had sex; 38% did not use a condom at last intercourse
- 29% drank alcohol in the past month
- 20% used marijuana in the past month

Further, high school graduation – a strong predictor of lifelong health and economic stability— is a touchstone of this developmental period, launching adolescents into post-secondary education, military

<sup>8</sup> 2015 Oregon Healthy Teens Survey Available:

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Pages/index.aspx>

<sup>9</sup> National Institute of Mental Health Release of landmark and collaborative study conducted by Harvard University, the University of Michigan and NIHM Intramural research Program. (release dated June 6, 2005 and accessed at [www.nimh.nih.gov](http://www.nimh.nih.gov)).

<sup>10</sup> Dewit DJ, Adlaf EM, Offord DR, Ogborne AC. Age at first alcohol use: a risk factor for the development of alcohol disorders. *Am J Psychiatry* 2000; 157, 745-750.

<sup>11</sup> Singh AS, Mulder C, Twisch JW, VanMechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood: a systematic review of literature. *Obes Rev.* 2008, 9(5): 474-488.

services, or the workforce. Health and learning go hand in hand. Students who are physically and emotionally well are better learners.<sup>12</sup>

Annual, comprehensive well-visits aligned to Bright Futures are a strong vehicle to deliver screening, anticipatory guidance, and health education to support healthy development now, and in the future. It is an important opportunity to identify health conditions that commonly arise in this period early, such as mental health diagnoses and substance use issues.

Additionally, annual well visits provide a training ground for youth to learn to navigate the health care system, and transition to independent and savvy consumers of health care services in adulthood. The process of supporting youth to transition from pediatric to adult care is an area of national focus. The national initiative Got Transition has identified six core elements of health care transition:

- Transition policy: statement that describes the practice’s approach to transition
- Transition tracking and monitoring: criteria to identify transitioning youth and process to track transition progress
- Transition readiness: conducting regular transition readiness assessments
- Transition planning: creating a plan of care related to transition
- Transfer of care: confirm first appointment with adult provider and complete transfer packet
- Transfer completion: follow up with young person/family 3-6 months post-transition and remain as consultant to adult care provider.

More details and sample transition policies, readiness assessments and instructions can be found at [www.gottransition.org](http://www.gottransition.org).

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<sup>12</sup> Bradley BJ, Greene AC. (2013). Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents’ academic achievement and health behaviors. *Journal of Adolescent Health*, 52(5): 523-532.

## Challenges and opportunities for improvement

Despite inclusion of adolescent well care (AWC) visits as one of Oregon's CCO incentive measures since 2013, systemic improvement in the state's Medicaid rate has proven difficult.

A number of challenges to improvement were identified through consultation with quality improvement specialists, state experts, and a review of the existing literature, including:

- *Creating a culture shift among health plans, providers, parents and youth to value and prioritize annual well care visits for adolescents. Ensuring care is youth-centered, developmentally appropriate, and culturally competent.*
- *Missed opportunities to provide well care visits when adolescents present for care.*
- *Youth hesitancy to access care because of confidentiality concerns.*
- *Optimizing clinic workflows and panel management techniques.*
- *Changes in recommendations for clinical care for adolescents.*
- *Health plan limits on the number of adolescent well care visits in a calendar year.*
- *Ensuring school based health centers (SBHCs) are fully leveraged, and care is coordinated between SBHC and community providers.*

In the next section, each challenge is expanded upon, and possible opportunities for improvement and links to tools and resources are provided. Where applicable, a story from the field provides an on-the-ground example of how communities are addressing adolescent well care.

The following list is not exhaustive, and the degrees to which these challenges impact the delivery of adolescent well care will vary across communities. Additionally, many challenges are connected to one another, and some opportunities for improvement can address multiple challenges.

## **Challenge: Creating a culture shift among health plans, providers, parents and youth to value and prioritize annual well care visits for adolescents. Ensuring care is youth-centered and culturally relevant.**

Culture and attitudes towards adolescent well care visits underpin many of the challenges highlighted in this document, but also represents an independent barrier that will require strategies at the health plan, provider, youth and family levels.

Prior to implementation of the ACA provision that annual well care visits for adolescents must be paid without cost-sharing, many health plans may have only reimbursed for a well care visit every two years. Although payment policies have shifted, it takes time for communication, guidance and practice policies to change as well.

For providers, it was standard practice to only see adolescents every two years. Some providers may not be aware that annual well care visits for adolescents are reimbursable, and it takes time to adjust clinic practice, scheduling, and messaging to youth and families. Thus, youth and families may not be aware of the importance of the well visit, what is contained within a well visit, how it differs from a sports physical, and that they should come in every year.

An important facet of shifting the culture of care for the adolescent population is providing care that is youth-centered, developmentally appropriate, and culturally relevant. Providing care for adolescents requires considerations that are different compared to young children and older adults.

Eight domains have been identified as central to young people’s experience of care and include:

- Accessibility of health care: location and affordability
- Staff attitude: accurate knowledge, respectful and supportive, honest, trustworthy and friendly
- Communication: provider’s listening skills was most often identified as aspect that made visit “good”. Direct communication without a lecturing tone of voice.
- Medical competency: technical skills (i.e. injection techniques)
- Guideline-driven care: issues of confidentiality, autonomy, and transition to adult health care were most important to young people.
- Age appropriate environments: flexibility in scheduling appointments, separate physical space with teen-oriented leaflets, health information and a television and games.
- Youth involvement in health care: young people wanted to be involved with their health care and was directly associated with having a good understanding of their medical condition and treatment.
- Health outcomes: pain management was an important outcome in chronic care settings, outcomes such as mental health improvement and pregnancy prevention were identified as additional priorities.<sup>13</sup>

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<sup>13</sup> Ambresin AE, Bennett K, Patton GC, Sancu LA, Sawyer SM. Assessment of youth-friendly health care: A systematic review of indicators drawn from young people’s perspectives. *Journal of Adolescent Health*, 52 (2013) 670-681.



## Opportunities CCO/Health Plan

- Provide messaging to provider network, youth and families that outlines the importance of routine adolescent well care.
- Measure youth's experience of care. Consider using an adolescent-completed survey tool such as the Young Adult Health Care Survey (YAHCS) or other assessment.
- Include youth on governance and advisory councils, or create a youth advisory council. Youth are the best source of information regarding their needs.

Including youth on boards and advisory councils provides decision-makers a direct link to the population intended to be served and young people with an opportunity to learn new skills and exposure to careers in the health care field.<sup>14</sup>

- Increase training and practice improvement support for adolescent providers (including pediatric, family medicine, community clinics) to provide adolescent well care visits aligned to Bright Futures.

Find archived webinars, QI resources and other tools developed by the Bright Futures initiative at:  
<https://brightfutures.aap.org/quality-improvement/Pages/default.aspx>

- Monitor adolescent utilization on an ongoing basis to identify youth who are due for well visits. Generate reports for providers that could be used for outreach, and ensure that contact information for youth and families are accurate and up to date.

<sup>14</sup> Advocates for Youth. Tips for creating effective youth advisory councils. May, 2010. Available at <http://www.advocatesforyouth.org/publications/1853>

## Importance of the Adolescent Well Care Visit

The Oregon Pediatric Improvement Partnership (OPIP) created a document highlighting the importance of adolescent well care.



Access the full document at:  
<https://projects.oregon-pip.org/resources/adolescent-care/adolescent-well-visits-and-claims/the-value-of-the-adolescent-well-visit/view>

## **Providers/Clinics**

- Include youth on quality improvement teams related to adolescent well care, or form a youth advisory council.
- Provide written and verbal messaging that highlights the importance of annual adolescent well care. Inform patients and families that annual adolescent well care can be provided with no cost-sharing.
- Standardize clinic policy and workflows for adolescent well care and adolescent transition planning. A Sample Transition Policy is available at: <http://gottransition.org/resources/index.cfm>
- Clearly message clinic policies to families. This could include posted transition policies and confidentiality policies.
- Conduct outreach strategies with youth and families. Use multiple modes such as birthday reminder cards and social media.<sup>15</sup>

Find case studies, examples, and resources for use of media in adolescent health.

<http://youth.org/resources/youth-new-media-mobile-health/>

- Assess barriers youth may be facing to access care (i.e. transportation, clinic hours do not align with schedule). Consider accepting drop-in patients and include buffer time to account for youth being late.
- Hold extended clinic hours on weekends and evenings to accommodate youth who work or participate in extra-curricular activities. (*e.g., consider offering a regularly schedule 1-3 hour drop-in youth clinic that requires no appointments*).

### *Spotlight: Yamhill CCO's Student Wellness and Game (SWAG) Night*

Clinics in Yamhill County and Yamhill CCO are trying to make preventative care the norm, starting with what they call a Student Wellness and Games (SWAG) night. SWAG Night is intended to bring in teens for check-ups and establish a rapport with their clinic health care team.

The program involved extending clinic hours in six Yamhill County clinics and only performing adolescent well-care checks during those extended hours. The events were designed to be engaging and communal. Yamhill CCO provided funds for food, video games, and a raffle for patients to enjoy together while they waited for appointments.

The program was marketed to teens and parents, especially CCO members and patients who were not engaged with their primary care clinics. Clinics saw a combined 137 patients in one night, which pushed them closer to their AWC metric goals. According to initial survey data, 10 percent of the teens in attendance would not have gotten an AWC without SWAG night, and 42 percent of teens reported not getting an AWC or only receiving a sports physical the previous year.

See Appendix A for full story.

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<sup>15</sup> Wong CA, Merhant RM, Moreno MA. Using social media to engage adolescents and young adults with their health. *Healthcare* (2014) 2, 4: 220-224.

## Resources

- **Paving the Road to Good Health.** Guide developed by Centers for Medicare and Medicaid Services (CMS) provides strategies for states to increase adolescent well care visits, highlights state and program models and new ways to partner to increase capacity.  
[www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Paving-the-Road-to-Good-Health.pdf)
- **Enhancing Adolescent Well Visit.** Archived webinar from the Patient Centered Primary Care Institute (PCPCI). [www.pcpci.org/resources/webinars/enhancing-adolescent-well-visits](http://www.pcpci.org/resources/webinars/enhancing-adolescent-well-visits)
- **Webinar series from Office of Adolescent Health.** This series focuses on increasing uptake of preventive health services for adolescents. Previous webinars will be archived, and new webinars are posted. <http://adolescenthealthseries.net/>
- **Best Practices for Providing Youth Friendly Care.** This tool reviews and highlights aspects and nuances of youth friendly care components that may be little known to clinicians and staff but that are essential to ensuring that services are youth friendly.  
[www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services](http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services)
- **Clinic checklist for providing youth-friendly care.** Toolkit provides seven steps to comprehensive sexual and reproductive health care for adolescents, much of which can be applied to well care visits. [www.nyc.gov/html/doh/downloads/pdf/ms/ms-hti-guide.pdf](http://www.nyc.gov/html/doh/downloads/pdf/ms/ms-hti-guide.pdf)

## Challenge: Missed opportunity to provide well visit.

Missed opportunities occur when youth access primary care for a service other than a well visit. Providers may perform and bill for acute care visits or sports physical exams when the youth could benefit from a comprehensive well care visit.

### Opportunities

#### CCO/Health System

- Consider adjusting policy that directs providers to conduct well visits instead of sports physical exams.
- Clarify billing mechanisms that support providers to offer a well visit during a visit for a chronic or acute condition.
- Message policy/practice standard to provider network. These could range from formal clinic policies to clinical practice standards or contractual language.
- Message policy/practice standard to youth and families. Consider multiple modes of communication, including use of member website/portal, mailing, text, member service staff.

#### Providers/Clinics

- Have a clinic policy to conduct well care visits in place of sports physical. Display clinic policy for patients and families and help them understand the difference.
- Optimize health information technology systems to enable providers to quickly identify whether the youth is due for a well visit when they schedule an acute care visit.
- Develop front-office procedures that trigger automatic reviews to see if youth is due for a well visit when they call to schedule an acute care visit.

*Spotlight: Mosaic Medical's move to comprehensive well care visits instead of sports physicals*

Mosaic Medical is committed to providing exceptional care to each and every patient. The standard of care within Mosaic clinics is to provide comprehensive child/adolescent well checks as opposed to abbreviated sports physical exams.

Making this shift requires revamping clinic workflows and messaging to parents and youth who just want a quick sports physical.

See Appendix B for full story.

## Challenge: Youth hesitancy to access care because of confidentiality concerns.

Youth are less likely to seek needed health care or disclose risky health behaviors if they do not believe the information will be kept confidential.<sup>16,17</sup> Minors and other dependents may not seek care for reproductive health, STI/STD testing and treatment, behavioral health concerns, or domestic violence due to their sensitive nature or fear of stigma, physical endangerment, or trauma.

Sensitive health information may be inadvertently disclosed through billing communication (i.e. an explanation of benefits), clinic workflows (i.e. appointment reminders), and electronic health information exchanges (i.e. online patient portals). Ensuring adolescents' private information is not inadvertently disclosed to a parent or guardian involves a complex web of federal, state and clinic policies.

Given the complexity of the issue, no single solution will fully address the problem. However, as ACA implementation and state-level health care transformation efforts continue to cover more Oregonians, increase coordination of care and accountability, and expand the utilization of electronic health records, the need for strategies to ensure privacy and confidentiality will continue.

## Opportunities

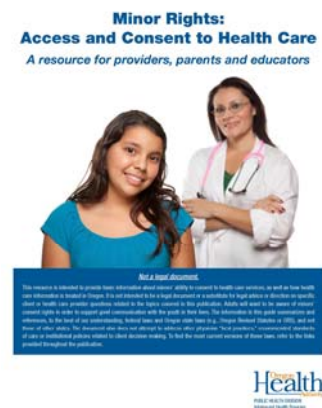
### CCO/Health System

- Ensure necessary staff are familiar with Oregon's Minor Consent laws.
- To the extent possible, limit the communications (such as explanation of benefits, or EOBs) mailed to adolescent member's homes. Work with your Privacy Officer or legal staff to understand the instances in which communications must be sent, and direct those communications to the adolescent when possible.
- Allow members to submit a confidential communications request that would redirect any communications directly to the adolescent. Recent legislation in Oregon (HB 2758, 2015 Session) requires all commercial health plans to honor confidential communications requests.

Find more information, and download the Confidential Communication Request form at:

### Minor Rights: Access and Consent to Health Care

Access the full document at:  
<http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Pages/index.aspx>



<sup>16</sup> For D, English A, Sigman G. Confidential health care for adolescents: Position paper for the Society for Adolescent Medicine. *Journal of Adolescent Health*, 2004, 35 2: 160-167.

<sup>17</sup> Lehrer JA, Pantell R, Tebb K, et al. Forgone health care among US adolescents: Associations between risk characteristics and confidentiality concern. *Journal of Adolescent Health*, 2007, 40: 218e26.

[www.oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx](http://www.oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx).

Ensure this information is easily accessible to providers and youth.

- To the extent possible, establish policies to standardize functionality within health information technology (HIT) and electronic health record (EHR) systems to protect privacy, such as: privacy default settings for youth who can self-consent to care; point-of-service privacy controls for providers (i.e. ability to flag history, problem list, labs or prescriptions as confidential); built-in privacy related decision support tools; adjustable proxy access for patient portals; and clear guidance on which ages are allowed sole access to their patient portal.<sup>18</sup>
- Provide clear policy guidance to provider network regarding what information is sent to the youth's home (such as billing information). To the extent possible, provide clear guidance and training on any functionality within the HIE/EHR system to protect privacy.
- Provide additional training and practice improvement support to providers regarding best practices in adolescent well care related to maintaining privacy (i.e. crafting standard policies, workflows, billing practices and optimizing HIE/EHR systems).

### ***Providers/Clinics***

- Ensure all clinic staff are familiar with Oregon's Minor Consent laws.
- Map the patient's entire experience of care (from appointment setting to billing) and identify privacy "gaps" where a youth's sensitive information could be inadvertently disclosed.
- Ask adolescent patients how they would like to be contacted regarding their care.
- To the extent possible, know whether contracted health plans send EOBs, and for what services. If you serve both private and public patients, ensure providers and clinic staff are familiar with the process for requesting confidential communication per HB 2758.

Go to [www.oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx](http://www.oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx) to access the Oregon Confidential Communication Request Form, and for more information.

- Establish standardized clinic policies related to age at which a youth spends time alone with the provider, how sensitive screening questions are completed, proxy access to patient portals,

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<sup>18</sup> American Academy of Pediatrics Policy, April 2014. Recommendations for electronic health record use for delivery of adolescent health care. *Journal of Adolescent Health*, 54, 487-490.

transition planning, and how services are coded and billed.

- Clearly communicate clinic policies to youth and families, within the context of the importance of adolescent well care, and planning to transition to adult health care. Clearly display confidentiality policy in waiting room and visit rooms.
- Ensure all clinic staff are trained on workflows to protect confidential information, including any functionality within the EHR to flag information as confidential.

Sample handouts for youth and parents/guardians can be found on the Oregon SBHC webpage.

Look under “Resources for SBHCs”:

<http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Pages/Transformation.aspx>

## Challenge: Optimizing clinic workflow and panel management techniques.

Delivering care to adolescents requires workflow considerations that differ from younger children or adults. Many clinics do not have standardized workflows that take into account time needed for private time with a provider, how sensitive screening questions are asked, or necessary referrals and confidential coding, billing and care coordination. Further, some providers may not have the infrastructure or capacity to identify and provide targeted outreach to youth who are due for well visits.

### Opportunities

#### CCO/Health System

- Provide financial incentives to providers for performance improvement to offset additional clinic staff time needed to conduct outreach to adolescent patients.
- Provide financial incentives for youth to come in for a well care visit. Ensure that the incentives are meaningful to the youth and financially sustainable to provide.
- Provide updated, easy-to-use utilization reports to enable providers to identify and prioritize who needs a well visit. Ensure contact information for youth and families is accurate.

*Spotlight: Member and provider incentive programs across the state*

Several CCOs and health systems have deployed member and/or provider incentive programs as one way to increase adolescent well care visits in their regions.

See Appendix C for highlights and lessons learned from several incentive programs in CCOs across the state.

#### Providers/Clinics

- Identify barriers that youth may be experiencing in getting care (i.e. lack of transportation, clinic hours that don't align with schedule). Consider adding drop-in hours where youth can come without an appointment.
- Adopt flexible administrative and appointment booking procedures for youth. Consider adding evening and/or weekend clinic hours, or drop-in appointments.
- Include youth in quality improvement teams. Solicit feedback on best methods to reach youth in the community (i.e. social media, youth-serving organizations, community health workers).

### Resources

- CareOregon METRO developed an Adolescent Well Check (including SBIRT and Depression Screening) Handbook. It provides a checklist of readiness questions for clinics to consider when conducting adolescent well care visits, and recommends a number of tools and resources to aid in readiness. See Appendix D for full handbook.
- Sample Adolescent Well Care workflows from Multnomah County FQHC can be found in Appendix E.



## **Challenge: Changes in recommendations for clinical care for adolescents.**

Recommendations for adolescent care have changed in the last 5-10 years. For example, a PAP smear is no longer recommended for most women before the age of 21, and providers may be less likely to perform well visits without the “draw” of a completed PAP smear.

Further, providers and families may not be aware of the current recommendations for adolescent immunizations or screenings (such as substance use and depression screening) that could help promote annual well care visits.

## **Opportunities**

### ***CCO/Health System***

- Provide messaging to provider network, youth and families that outlines the important components of annual, high-quality well care as described in Bright Futures.
- Increase training and practice improvement support for adolescent providers regarding recommended screening and guidance as outlined in Bright Futures.
- Bundle improvement strategies that address other CCO incentive measures and are included within a Bright Futures aligned well care visit. For example, screening for alcohol and substance use (SBIRT), depression screening, tobacco use, and effective contraception use.

### ***Providers/Clinics***

- Bundle improvement strategies that address other CCO incentive measures and are included within a Bright Futures aligned well care visit. For example, screening for alcohol and substance use (SBIRT), depression screening, tobacco use, and effective contraception use.
- Become familiar with Bright Futures Guidelines and ACIP immunization recommendations for adolescents.
- Participate in continuing education opportunities focused on best practices in clinical care for adolescents, such as substance use and depression screening.

## **Resources**

- Bright Futures provides a number of resources for providers to support implementation of comprehensive adolescent well care, including archived webinars:  
<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>

*Spotlight: Training for primary care providers: Increasing depression and substance use screening (SBIRT) in adolescent well care visits*

The Oregon Pediatric Society's Screening Tools and Referral Training (START) Program has developed a one-day training focused on:

- Implementing standardized screening for depression and substance use;
- Understanding and case management of youth experiencing depression and/or substance abuse;
- Delivery of office based interventions;
- Creating connections with local community resources;
- Considerations related to patient confidentiality and consent.

The training was developed as a part of the Adolescent Health Project, a collaboration between the Oregon Pediatric Society, the Oregon Health Authority, and the Oregon Pediatric Improvement Partnership.

Two-hour trainings are also available on individual topics: the Adolescent Well Visit; Adolescent Depression Screening, Diagnosis, Treatment & Referral; and SBIRT and Adolescents.

Continuing Medical Education (CME) credits are available for these trainings; Maintenance of Certification, part IV (MOC-IV) is also available for pediatricians partaking in the Adolescent Depression module.

For more information on the adolescent substance use/depression training or the Adolescent Health Project, visit the START Program website at [www.oregonstart.org](http://www.oregonstart.org) or contact Peg King, START Program Manager, at [margaret.king@oraap.org](mailto:margaret.king@oraap.org)

## **Challenge: Health plan limits on the number of adolescent well visits in a calendar year.**

Some health plans may have limits on the number of adolescent well visits allowed/reimbursed for within a calendar year, which may not match utilization patterns of adolescents, and limits flexibility to receive well visits from access points most convenient for adolescents.

### **Opportunities**

#### ***CCO/Health System***

- Remove any limits on the number of adolescent well visits that can be conducted and reimbursed within a calendar year or 12 month time frame.
- Regularly communicate policy to provider network.
- Optimize health information sharing technology to allow provider network to quickly identify whether a youth has received a well visit, and where.

#### ***Providers/Clinics***

- Know the policies of contracted health plans regarding the number of well visits that can occur within a given time period.

## Challenge: Ensuring school-based health centers are fully leveraged, and care is coordinated between school-based health centers and community providers

School-based health centers (SBHCs) provide convenient, youth-centered access to primary care where many youth spend a majority of their day—in school. In the 2014-15 school year, 73,425 visits were delivered to 22,505 youth (ages 5-21) in Oregon’s 75 SBHCs, representing an excellent opportunity to reach adolescents where they are. Approximately 53 percent of those youth are enrolled in Medicaid.

However, there are challenges specific to SBHCs. Some communities and individuals have the perception that SBHCs only offer acute or specialty care. In reality, the SBHC Standards for Certification require SBHCs to offer an array of primary care services similar to any other primary care site. Forty-nine percent of SBHCs are recognized as Patient-Centered Primary Care Homes.

Adolescents have the benefit of easily accessible, youth-focused care through an SBHC, but SBHCs and community providers have the challenge of ensuring care coordination when SBHCs are not the assigned primary care provider (PCP). Overcoming the following challenges may help communities better utilize SBHCs to provide adolescent well care visits: limits on the number well care visits that can be completed in a year; payment for well care visits being tied to PCP designation; and health information technology systems that limit care coordination and communication between SBHC and community providers.<sup>19</sup>

### Opportunities

#### CCO/Health System

- Remove any limits on the number of adolescent well visits that can be conducted and reimbursed within a calendar year or 12 month time frame.
- De-couple payment for the adolescent well care visit from PCP designation.
- Ensure SBHCs can be fully reimbursed for well care visits provided, regardless of youth’s assigned PCP.
- Optimize health information technology systems to support care coordination among SBHC and community providers.

For example, provide systems for SBHC providers to easily identify a youth’s PCP, identify whether a youth has received a

#### *Spotlight: Transforming care in school-based health centers: Innovation Grants*

The Oregon SBHC State Program Office was allocated one-time funding from the 2013 Legislature to support improved coordination of care between SBHCs and CCOs and improving the effectiveness and quality of health services delivered through SBHCs. Several grantees focused on increasing adolescent well care visits and employed a number of strategies in partnership with their CCO.

See Appendix F for more details.

<sup>19</sup> HB 2445 SBHC Workgroup Summary Report available at:

<http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/HealthSchool/SchoolBasedHealthCenters/Pages/Transformation.aspx>

well visit in the past year, and a method for SBHC and community providers to confidentially share visit information with each other (e.g. through the functionality of CareAccord).

### ***Providers/Clinics***

- Maintain clear policies on how information and care is coordinated between SBHC providers and the youth's primary care provider (if not the SBHC).

### **Resources**

- SBHC Program Website: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)

## **Conclusion**

Adolescent well care visits present an excellent opportunity for primary care providers to deliver critical screening, anticipatory guidance and health education to young people as they begin to transition to adulthood and adult utilization of health care.

Implementation of the Affordable Care Act and health system transformation in Oregon has elevated the importance of adolescent well care, though improvements in the area do not come without challenges to overcome. The challenges and improvement opportunities listed here are not exhaustive, and new challenges and obstacles are anticipated as work in this area continues.

This document will be updated regularly with emerging evidence, best practice, and innovative strategies from communities working to improve adolescent well care, and the health of their adolescent population, in the future.

## **For More Information**

For questions about school-based health centers, please contact [sbhc.program@state.or.us](mailto:sbhc.program@state.or.us)

For questions about the CCO incentive metric, please contact us at [metrics.questions@state.or.us](mailto:metrics.questions@state.or.us)

For questions related to Medicaid billing, please contact: Provider Services at 1.800.336.6019

## Measuring Adolescent Well Care Visits

The CCO Metrics & Scoring Committee has adopted Adolescent Well Care Visits as a CCO incentive measure; OHA is using HEDIS specifications for the measure, utilizing administrative (claims) data only. An overview of the CCO incentive measure specifications and known coding challenges are described below.

### Measure Specifications

OHA is following HEDIS specifications for the CCO incentive measure. Current specifications are posted online at: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx> and this section describes both the CY 2015 and 2016 measurement.

Denominator: CCO members ages 12-21 years old as of December 31<sup>st</sup> of the measurement year. Members must be continuously enrolled in the CCO for the measurement year, with no more than one gap in enrollment of up to 45 days.

Numerator: Members ages 12-21 years old receiving at least one comprehensive well care visit during the measurement year. Well care visits are identified using the codes below.

Exclusions: N/A

### Coding

These codes do not have to be used in combination. Use of any of these codes can be used to identify an adolescent well care visit for the numerator. Note OHA does not limit the well care visit measure to those visits provided by PCPs or OB/GYNs.

Well-Care Value Set			
CPT	HCPCS	ICD-9-CM Diagnosis*	ICD-10-CM Diagnosis**
99383-99385, 99393-99385	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
The HEDIS Well-Care Value Set also includes codes that only apply to infants. These codes are not included in the Adolescent Well Care measure and are not listed here.			

\*These codes do not have to be the primary diagnosis.

\*\*Note: Z00.8 and Z02.xx ICD-10 codes are not covered under OHP administrative rules or on the prioritized list as of 10/1/2015, however this measure does include denied claims.

## **Coding for Adolescent Well Care and Prenatal Care Visits**

If a provider sees a pregnant adolescent for prenatal care, and the prenatal care services provided also meet criteria for an adolescent well care visit (see above), it is possible to code for both the prenatal care using global OB codes and the adolescent well care visit as long as the medical record include documentations of services to support billing for both an adolescent well care visit and prenatal care for the date(s) of service billed.

There are no known correct coding initiatives that would prevent billing global OB services and adolescent well care visits together for Medicaid members; it is also possible to use the diagnosis codes in the Well-Care Value Set above as a secondary diagnosis for a comprehensive well visit along with the global OB codes.

It is the responsibility of each provider to select the most appropriate diagnosis and procedure codes when billing for services. It is the providers' responsibility to comply with the CCO or contracted health plan's prior authorization requirements or other policies necessary for reimbursement, before providing services to any Medicaid or other health plan member. It is the providers' responsibility to be compliant with state and federal laws (see OAR 410-120-1160).

## Appendix A: Engaging Teens for Adolescent Well Care Checks - Yamhill CCO

Improvement opportunities covered in this section include: gathering youth information (survey), extended clinic hours, including youth in planning process, outreach to families, and incentives.

### Student Wellness and Games (SWAG) Night

Clinics in Yamhill County and Yamhill CCO are trying to make preventative care the norm, starting with what they call a Student Wellness and Games (SWAG) night. SWAG Night is intended to bring in teens for check-ups and establish a rapport with their clinic health care team. The teenage years are a prime time to develop positive relationship with a primary care provider, identify potentially risky behaviors, and encourage healthy behavior through a teen's lifespan.

The program involved extending clinic hours in six Yamhill County clinics and only performing adolescent well-care checks during those extended hours. The events were designed to be engaging and communal. Yamhill CCO provided funds for food, video games, and a raffle for patients to enjoy together while they waited for appointments. The program was marketed to teens and parents, especially CCO members and patients who were not engaged with their primary care clinics.

### Workflow

**Small clinic workflow:** For smaller clinics, the event did not differ much in workflow from regular exams. Food and games were offered during waiting times, with prizes available after the exam had been completed. Maintaining a quieter environment was especially important in one clinic that had longer hours, and was still operating as usual.

**Large clinic workflow:** The clinic with the busiest turnout planned for a large influx of patients, and planned the intake procedure accordingly. Numbered stations were designated for preliminary paperwork, vitals, vaccinations, vision screenings, and the actual exam. Patients entered and were given their paperwork, which included health history and a general wellness questionnaire, as well as a feedback survey and a ticket listing all of the stations. A staff member or clinician would initial the station number as the patient completed each step. If, during the exam, the patient noted any behavioral health problems, a behaviorist was on call in the clinic to meet with the adolescent immediately.

Patients and families were milling around in the waiting room, eating pizza and playing video games. There was also a raffle, and prizewinners were announced every half hour or so. Once patients had completed their exams, they turned in their paperwork and received a bag of "swag" from various local businesses and partners.

One of the risks of mass well-care events is shuffling patients through more quickly than usual, meaning they may miss out on the full preventative care exam. This was addressed in planning meetings, and while the vitals stations were assembly-line style in the clinic with the largest patient load, exams were not abbreviated unless the patient had multiple issues or complex concerns; in that case a follow-up appointment was recommended and scheduled.



## Attendance

The CCO's support consisted of providing funds for food and prizes during the event, sending postcards to members, and some staff support. In terms of investment, this was great success. Clinics saw a combined 137 patients in one night, which pushed them closer to their AWC metric goals.

According to initial survey data, 10 percent of the teens in attendance would not have gotten an AWC without SWAG night, and 42 percent of teens reported not getting an AWC or only receiving a sports physical the previous year.

## Steps to a Successful Event

The clinic that developed the SWAG night had noteworthy success. This clinic saw 96 teens, over half of which were CCO members. This clinic also administered over 100 vaccines, including 54 HPV vaccines. Interestingly, 40 of those were to teen boys, which may be indicative of these vaccines being more widely accepted as appropriate for males.

This clinic did a number of things that contributed to its event's success, including:

- Gathering a group of teens for a focus group to inform the work using a convenience sample of staff members' children and friends. Organizations must find adolescents where they are at and utilize any input they can. Teens gave input on what would motivate them to attend appointments, and the resulting event included pizza, video games, and a social atmosphere.
- Connecting with local businesses and partners to gain "swag" for the event. This bags, water bottles, stress balls, and other sundries for the teens to take home after their appointment. This partnership also included advertising the event at local businesses, especially those where local teens spend time.
- Marketing aggressively and early is one of the reasons the event had such a positive turnout.
- Enthusiastic and supportive clinic staff. There was a great deal of excitement around it and staff reported wanted to do it again and enjoying it. These events are about changing culture of well-care and improving clinic-patient relations, and the creation of a fun, relaxed environment for teens really seemed to encourage clinic attendance.

## Marketing Strategies

Clinics all called their patients, especially CCO patients who had been assigned to them but not yet made contact. This had varying success, but part of future goals will be to connect more robustly with unengaged patients and establish relationships with primary care providers early. Adolescent CCO members who were due for an appointment also received postcards telling them about the SWAG night opportunity.

Other methods of marketing included a short article in the local paper, flyers, and business cards with SWAG night info handed out at a local community event. A hashtag, #TeenSWAGNight, was created, and t-shirts for the staff were made.

Surveys reported most patients learned of SWAG night from their parents, but the postcards and word-of-mouth were the other items called out specifically. Reports from the event organizers frequently included recommendations to start marketing even earlier and try multiple times to engage patients and get them in for appointments. While the most effective marketing item can't necessarily be determined, depth and breadth of advertisement seems to be a requirement for a successful event.

### **Data Collection**

Surveys were created for both teens and parents. While the surveys asked about SWAG night in general, they also gathered information about barriers to receiving regular well-care. The question "If anything, what makes it harder to get your child(ren) in for well-visits?"

Seventeen percent of the parents who responded thought that a sports physical or a physical every two years was enough. Much of the work around increasing adolescent well-visits will be educating parents on the importance of regular preventative care for their children.

A fifth of the teens responding to the same question said they do not need to go to the clinic when they are not sick, or that a sports physical is enough.

Also of note, 4 of the 67 teens noted they do not go to appointments because they are worried they might find out something is wrong. Clinics are often associated with being ill, and the hope is that large events like this might further normalize preventative care and remove some of the anxiety from appointments.

### **Suggestions for Improvement**

Marketing must happen well in advance and clear communication between all the key partners is required for the event's success. For other communities taking on events like this, and for our own future events, a representative from every participating clinic should attend at least one planning meeting and agree on clear objectives.

However, each clinic will need to determine on its own the most effective way to boost well-visits according to their own population. In some situations, a mass exam event does not suit the needs of their patients as well as some other alternatives or incentives might.

### **Contact**

Emily Johnson [ejohnson@yamhillcco.org](mailto:ejohnson@yamhillcco.org)

## Appendix B: Mosaic Medical moving away from sports physicals to adolescent well care visits

Mosaic Medical is committed to providing exceptional care to each and every patient. The standard of care within Mosaic clinics is to provide comprehensive child/adolescent well checks as opposed to abbreviated sports physical exams. Making this shift has required revamping of clinic workflows and messaging to parents and youth who just want a quick sports physical.

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*“We have an obligation to perform the best, most competent care of our patients. At times, this may frustrate some patients. Providing a limited service opposes the core beliefs and standards to which our medical providers adhere. Doing a more comprehensive assessment that includes screening for depression, suicidality, substance abuse, sexually transmitted diseases, and risk for pregnancy upholds our clinical standards while also better supporting the patient and serving the whole community.”*

*- Dr. Darin Vaughan, Director of Pediatrics*

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To support this shift, sample language for families and clinic workflows are provided. See below for examples.

### Sample Dialogue to Share with Patients and Parents

Mosaic Medical is committed to providing exceptional care to each and every patient we see. We perform Well Child or Adolescent checks and we will complete sports participation forms according to national, state and local standards of pediatric care. A limited, “sports exam” is not done at Mosaic or any other pediatric practice following the guidelines for regular child health care.

This comprehensive exam includes assessment and treatment of any ongoing health problems; assessment and guidance about growth, weight, nutrition, vision; review of their school progress; screening, intervention and guidance for behavioral or mental health problems including substance use, sleep problems, and depression; regular immunizations; and screening tests for anemia, iron deficiency, lead poisoning, high cholesterol, and sexually transmitted infections when appropriate. These are the standard for all children’s health care at regular intervals, performed more frequently for infants and yearly for children, adolescents and young adults ages 2 to 21.

### Sample Workflow for Scheduling a Well Care Visit in Place of Sports Physical

*From Crook Kids Clinic*

Parent says “Hi, my kid needs a sports physical”

- Look at the appointment history.
  - If well child check (WCC) was completed within the last 12 months, clinic can fill out the form without an appt. Open an encounter and put a form in her folder. Let the parent

know they will receive a call when the form is ready for pick up.

- If no WCC was completed within the last 12 months, make appointment for WCC and sports physical. At this point, staff will explain that that sports physical is a limited exam which does not address key aspects of the patient's overall health, and that many parents are unaware that the limited sports physical exam does not take the place of a comprehensive well check each year.

Staff will also explain that they now roll the limited sports physical exam into the comprehensive well check exam that is recommended by the American Academy of Pediatrics. The well check exam includes a complete physical exam, eye exam, age-appropriate health review, vaccine review and recommendations, among other things.

Staff will explain that an added bonus is that most insurance will cover 100 percent of a well check visit once every 12 months with the sports physical included, and if the patient were to complete just the sports physical appointment alone, it would cost \$20. When included in the well check, the family pays nothing out of pocket and the patient has received the comprehensive exam that is beneficial for their health.

This approach has been shown effective to help Crook Kids Clinic to educate parents about the value of Well Checks, and still perform the added service of the sports physical.

## Appendix C: Providing Incentives to Providers and Patients

### Adolescent Well Care School-Based Health Center Incentive Pilot: Central Oregon Health Council and PacificSource Community Solutions CCO

Certified School Based Health Centers (SBHCs) in PacificSource Community Solutions (PSCS) service area (Deschutes, Crook, Jefferson and northern Klamath counties) were able to make requests to the Central Oregon Health Council (COHC) for a one-time award of \$10,000 to use to support patient (student) incentives. Funding could be used to support incentives and incentive-related costs. The SBHC incentive pilot project ran from January 2015 through the end of the school year. Six area SBHCs participated in the pilot project.

All of the SBHCs used gift cards as an incentive to youth and families, though they varied by amount and type. The average amount was \$25 and some gift cards were for entertainment, sporting goods, and dining, while another SBHC chose a local grocery store.

#### Findings

Feedback from youth and parents were positive. Families typically scheduled a well care visit after coming into the SBHC for an acute need. This face-to-face interaction was found to be the most successful method in getting people to schedule a well care visit. Parents were pleasantly surprised about the incentive program. One clinic reported that some parents became emotional upon learning they would receive a gift card to help with groceries.

Overall, providers found the pilot project to be successful, even under such a short implementation timeline. Many reported that the incentive program had a positive impact on getting adolescents in who were either due or well overdue for a well care visit, and that it helped lift the importance of preventive care. One clinic found that as a result of the pilot, they had a 56% increase in the number of well care visits compared to the previous school year.

#### Lessons Learned

- The short timeframe of the project was a challenge. Running the incentive program for the entire school year would offer more time for advertising and outreach.
- Need for more targeted outreach strategies. For example, providing follow-up phone calls to adolescents who are due for a well care visit, and conducting awareness building campaigns within the school. One SBHC did make announcements at school assemblies and over the school radio, but another opportunity may be to partner with health teachers to present in health classes, and align a presentation on the well care visit with the health class standards and benchmarks around accessing services.

For more information, please contact Rebeckah Berry, Operations and Project Manager, Central Oregon Health Council. [Rebeckah.Berry@cohealthcouncil.org](mailto:Rebeckah.Berry@cohealthcouncil.org)

## **Member and Provider Incentives: Jackson Care Connect and La Clinica del Valle/Rogue Community Health SBHCs**

### **Member Incentives**

Jackson Care Connect (JCC) CCO partnered with two SBHC medical sponsors, La Clinica and Rogue Community Health (RCH), to pilot an incentive program for adolescent well care visits. La Clinica operates seven SBHCs and RCH operates four SBHCs in Jackson County.

In partnership with JCC, La Clinica and RCH provided an incentive to adolescents to receive a well care visit at their primary care clinics, including SBHCs. Participants were eligible to receive a \$10 iTunes gift card.

The incentive period lasted from 9/1/2014 to 12/31/2014. Jackson Care Connect generated a list of all members eligible for a well care visit, which was then shared with La Clinica and RCH. Both entities worked to reach out to eligible patients through phone calls and direct mail.

Jackson Care Connect and its school-based health center partners did not find this strategy alone to be effective. Several challenges identified were:

- Provider capacity to meet the increased demand for services, even with expanded primary care hours.
- Parent/provider lack of familiarity with the relatively new recommendation to provide well care visits annually.
- Some patient demographic information was not accurate or current, which hampered outreach efforts. Parents/clients often did not return phone calls, even if the contact information provided was up-to-date.
- For children who could not self-consent to health services, finding time for working parents to bring them in for an appointment.

## Providing Incentives to Members for Adolescent Well Care Visits: CareOregon within Columbia Pacific CCO

CareOregon within Columbia Pacific CCO (CPCCO) began providing incentives to adolescent members for getting an annual adolescent well care visit in October 2014. For those clinics that agreed to participate in the process, Columbia Pacific mailed letters to adolescent members that were due for a well care visit to notify them that they were due for a visit and would receive a \$10 gift card from Subway, Amazon or iTunes. CPCCO provided a list to the clinics of the individual members to whom letters were sent, and clinics were encouraged to conduct additional follow-up with families.

The gift cards were purchased, managed, and sent to members by CareOregon staff. Upon completion of the well care visit, adolescent members filled out a form in the clinic in order to receive the gift card. The form was sent via fax or scanned and securely emailed to CareOregon and the gift card was then sent out by CareOregon.

Additionally, clinics that served large populations of adolescent members were asked to hold Saturday or extended hour evening clinics. Many of the Saturday clinics were staffed by 1-4 providers over a half or full day. In 2015, CPCCO added an additional incentive to providers willing to add the CRAFFT screening and billing process to the adolescent well care visit workflow. Care Oregon provided funding for food for the providers, adolescents and families that came in during the Saturday clinics. This helped create a warm and welcoming community environment.

Saturday clinics were held toward the end of the year, and proved very successful. One clinic completed close to 60 well care visits during the Saturday clinic days.

### Key Learnings

- Providing gift cards to adolescent members is an important part of changing the culture of care and getting both youth and families used to the idea of coming in for an annual well care visit.
- Purchasing and managing the gift cards was sometimes challenging. Providing choice is important, but ensuring there were enough gift cards available, without purchasing too many in advance, was difficult.
- One recommendation may be to go with one gift card choice, but increase the value of the gift card.
- Clinics that followed up, via a proactive phone call, with families that received the initial letter from CareOregon were much more successful at getting the adolescent in for the visit.

For more information, contact Claire Ranit at [ranitc@careoregon.org](mailto:ranitc@careoregon.org)

## FamilyCare's Member Incentive Program

FamilyCare Health supports and encourages its members in working with their medical team in defining health goals as an important part of staying healthy. In an effort to engage its adolescent members around their health, FamilyCare Health has an incentive program for adolescents to connect with their medical team. This program includes supportive materials that are distributed to FamilyCare Health community partners and directly to its members.

See below for sample materials.

**¿Estas tan saludable como te ves?**

**Haz tu cita anual gratis para:**

- Tener una consulta confidencial con tu médico
- Hablar con tu médico acerca de todas tus preguntas
- Evaluar cualquier condición que puedas estar en riesgo de contraer
- Recibir una tarjeta de regalo de \$25 de Target, Starbucks o Foot Locker

 **FamilyCare Health**

**Para recibir tu tarjeta de regalo:**

1. Habla con tu médico para recibir una consulta medica GRATIS. (También puedes hacer una cita en una clinica de Planned Parenthood o en una clinica en una escuela.)
2. Pídele a tu médico que firme la tarjeta y luego toma una foto de la tarjeta.
3. Manda la foto por email a [wellcarevisit@familycareinc.org](mailto:wellcarevisit@familycareinc.org). (O envíala por correo a: Adolescent Well-Care Visit; FamilyCare; 825 NE Multnomah, Suite 1400; Portland, OR 97232.) Por favor especifica (a la derecha) si quieres una tarjeta de regalo de Target, Starbucks o Foot Locker.
4. ¡Recibirás una (1) tarjeta de regalo de \$25 por correo electrónico o correo postal! Puede tomar entre 4-6 semanas para que le llegue la tarjeta.

**POR FAVOR ESCRIBE CLARAMENTE**

Nombre de mi médico : \_\_\_\_\_

Firma de mi médico : \_\_\_\_\_

Fecha de la visita: \_\_\_\_\_

Mi nombre: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Mi correo electrónico o dirección postal para enviar la tarjeta de regalo: \_\_\_\_\_

  ¡Conéctate con nosotros!

**ELIGE UNA TARJETA:**

Tarjeta de regalo de \$25 para Target

Tarjeta de regalo de \$25 para Starbucks

Tarjeta de regalo de \$25 para Foot Locker

 **FamilyCare Health**  
 825 NE Multnomah, Suite 1400  
 Portland, OR 97232  
[www.familycareinc.org](http://www.familycareinc.org)  
 503-222-2880





October 9, 2014

<First Middle Last Name>  
<Street Address>  
<City, ST ZIP>

Have you connected with your primary care provider this year?

If not, it's time to take charge of your health! An important part of staying healthy is having a yearly conversation with your medical team. They can support your health goals before you ever feel down.

We would like to help you enjoy a full and active life by offering you a free gift.

- 1) Make an appointment before **December 31, 2014** with your primary care provider
- 2) Have them sign the postcard included with this letter
- 3) Choose your gift from the list of options
  - **A movie ticket**
  - **A \$10 iTunes gift card**
  - **A \$10 gift card to Powell's Books**
- 4) Write your name and address on the prepaid postcard and put it in the mail
- 5) We send you a free gift!



Do you know your primary care provider? If not, check out our directory and make an appointment. <https://www.familycareinc.org/providerDirectory/>

We can also set up a ride to the appointment if you want. Give us a call at 503-222-2880 or 800-458-9518.

Sincerely,

Beth Brenner, RN, BSN, MPA, CPHQ  
Director, Health & Quality Management  
FamilyCare, Inc.

FCI LTR 00094 2014 OHP-FC-14-013

FAMILYCARE INCORPORATED 825 NE MULTNOMAH, SUITE 1400 PORTLAND, OR 97232  
503-222-2880 800-458-9518 TTY/TTD: 711 WWW.FAMILYCAREHEALTHPLANS.ORG

# Appendix D: Adolescent Well Check Handbook from CareOregon METRO

## Adolescent Well Check, Including SBIRT and Depression Screening HANDBOOK:

### Clinic Readiness Checklist

Consider the following questions in assessing your clinic’s readiness for conducting Adolescent Well Check (AWC) Visits for 12-21yos. \*[Recommended tools/resources](#) follow those questions where we have identified tools or online resources that will assist you in improving your readiness.

STATUS	PREPARATION Assessment:
	<b>Before all else: Addressing Consent and Confidentiality for Adolescent Patients</b>
	<ul style="list-style-type: none"> <li>○ Is your clinic leadership and staff aware of age limits and limitations of consent and confidentiality as described in federal and state laws? *</li> <li>○ Does your clinic have a standard process for transitioning patients from being accompanied pediatric patients to semi-autonomous patients (ie, a timeline for when conversations occur with patients and parents/caregivers re: confidentiality, autonomy in the exam room and consent to treatment?) *</li> </ul>
	<b>Front Office/Schedulers</b>
	<ul style="list-style-type: none"> <li>○ Is your scheduling staff aware to book all requests for “Sports Physicals” as AWCs?</li> <li>○ Do the schedulers know that CareOregon will pay for more than one AWC in a year?</li> <li>○ Do the schedulers know that CareOregon is giving out \$10 gift cards to adolescents (CareOregon Members) to incentivize their participation in an AWC (assuming the visit is completed and the incentive form is faxed to CareOregon)?</li> </ul>
	<b>Access/Supplies</b>
	<ul style="list-style-type: none"> <li>○ What is your access currently at the clinic and what measures are you taking to prepare for increased demand if outreach to adolescents is successful (ie dedicated AWC clinics or extended summer hours to get adolescents in)?</li> <li>○ Do you have enough vaccines on hand for those who will want them (TDAP, HPV, Meningococcus)?</li> </ul>
	<b>Outreach/Scrubbing</b>
	<ul style="list-style-type: none"> <li>○ Do you have dedicated staff to do outreach for this activity?</li> <li>○ How will you run reports on 12-21yos needing an AWC in this calendar year?</li> <li>○ Do you have your member list from CareOregon?</li> <li>○ What will the standard workflow be for outreach?</li> <li>○ How will you account for those who have had a visit recently but did not get an AWC?</li> <li>○ How will you account for the majority of adolescents who had their AWC at the end of 2014 (ie, spreading out the demand in the next 6 months to avoid bolus at the end of the year)?</li> <li>○ Is a pre-visit scrub standardized and implemented such that ALL adolescent visits may be prepped to be completed as an AWC, regardless of presenting complaint, including prenatal visits? *</li> </ul>

	<b>In the Waiting Room</b>
	<ul style="list-style-type: none"> <li>○ Are documents on hand in the clinic to provide patients and parents/caregivers re: explanations of privacy and confidentiality? *</li> <li>○ Will you administer a previsit screening questionnaire that includes, among other questions, the SBIRT brief screen (ie CRAFFT for 12-17yo, Annual 2-question Screen for 18+) and PHQ-2 depression screen? *</li> <li>○ How will you ensure the patient has adequate confidentiality to respond freely and honestly to the questions and any surveys or screenings? *</li> </ul>
	<b>MA &amp; Provider Comfort/Skills and Visit Documentation</b>
	<ul style="list-style-type: none"> <li>○ Do your MAs feel competent and comfortable rooming adolescents? Is there a process for the MA to know whether to invite parent/caregiver to come back to the exam room from the start of the visit vs. inviting the parent/caregiver to wait in the waiting room?</li> <li>○ Do all providers feel competent in performing the activities of an AWC? *</li> <li>○ Does your organization have an easily accessible template in the EHR (or on paper) to be able to conduct and document a risk/strengths based screening and developmental history (ie, the HEADDSSS assessment)? *</li> <li>○ Does the template include the validated SBIRT and Depression screening tools that will count towards your performance on the CCO metrics in these areas? *</li> <li>○ Do all providers feel competent/comfortable administering an SBIRT to an adolescent (ie, CRAFFT to 12-17yos as different from the Annual 2-question Screen for 18+) *</li> <li>○ Do you have a process in place for capturing PHQ-9 scores in your EHR? Recall that the PHQ-9 “counts” as follow-up for a positive depression screen and the metric is solely counted based on documentation of the PHQ-9 score in the EHR. It is <u>NOT</u> a claims-based metric.</li> </ul>
	<b>CareOregon \$10 Gift Care Incentive for completion of the AWC</b>
	<ul style="list-style-type: none"> <li>○ Do you have a master copy of the CareOregon \$10 Gift Card incentive form in your clinic? *</li> <li>○ Is there a workflow in place for ensuring that the CareOregon \$10 Gift Card incentive forms are available at the beginning of the visit and that the MA or provider is aware to prompt the patient to complete the form prior to leaving the building?</li> <li>○ Is there a workflow in place for ensuring that completed form is faxed to CareOregon so that the gift care may be sent to the patient?</li> </ul>
	<b>Billing/Coding</b>
	<ul style="list-style-type: none"> <li>○ Are your providers and/or billing/coding staff aware of what is required in the documentation for an AWC? *</li> <li>○ Are your providers and/or billing/coding staff aware of how to bill for the SBIRT (preferably CRAFFT for 12-17yo, Annual 2-question Screen for 18+) *</li> <li>○ Do your providers and billing/coding staff have an understanding of the breaches of confidentiality that may result when explanations of benefits are delivered following a visit to a patient’s parent/caregiver? This is particularly relevant to billing/coding for screening activities. *</li> </ul>

**\*Recommended tools and/or online resources:**

\*Is your clinic leadership and staff aware of age limits and limitations of consent and confidentiality as described in federal and state laws?

- Full Description and outline of laws/limits at: <https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/MinorConsent2012.pdf>

\*Does your clinic have a standard process for transitioning patients from being accompanied pediatric patients to semi-autonomous patients (ie, a timeline for when conversations occur with patients and parents/caregivers re: confidentiality, autonomy in the exam room and consent to treatment?)

- Full Guidelines and Recommendations with Clinic Assessments and tools at: [www.gottransition.org](http://www.gottransition.org)

Sample Screenshot:



Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers)	Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers)	Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, and Med-Peds Providers)
<p><b>1. Transition Policy</b></p> <ul style="list-style-type: none"> <li>• Develop a transition policy/statement with input from youth and families that describes the practice's approach to transition, including privacy and consent information.</li> <li>• Educate all staff about the practice's approach to transition, the policy/statement, the <i>Six Core Elements</i>, and distinct roles of the youth, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences.</li> <li>• Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.</li> </ul>	<p><b>1. Transition Policy</b></p> <ul style="list-style-type: none"> <li>• Develop a transition policy/statement with input from youth/young adults and families that describes the practice's approach to transitioning to an adult approach to care at 18, including privacy and consent information.</li> <li>• Educate all staff about the practice's approach to transition, the policy/statement, the <i>Six Core Elements</i>, and distinct roles of the youth, family, and health care team in the transition process, taking into account cultural preferences.</li> <li>• Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.</li> </ul>	<p><b>1. Young Adult Transition and Care Policy</b></p> <ul style="list-style-type: none"> <li>• Develop a transition policy/statement with input from young adults that describes the practice's approach to accepting and partnering with new young adults, including privacy and consent information.</li> <li>• Educate all staff about the practice's approach to transition, the policy/statement, the <i>Six Core Elements</i> and distinct roles of the young adult, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences.</li> <li>• Post policy and share/discuss with young adults at first visit and regularly review as part of ongoing care.</li> </ul>
<p><b>2. Transition Tracking and Monitoring</b></p> <ul style="list-style-type: none"> <li>• Establish criteria and process for identifying transitioning youth and enter their data into a registry.</li> <li>• Utilize individual flow sheet or registry to track youth's transition progress with the <i>Six Core Elements</i>.</li> <li>• Incorporate the <i>Six Core Elements</i> into clinical care process, using EHR if possible.</li> </ul>	<p><b>2. Transition Tracking and Monitoring</b></p> <ul style="list-style-type: none"> <li>• Establish criteria and process for identifying transitioning youth/young adults and enter their data into a registry.</li> <li>• Utilize individual flow sheet or registry to track youth/young adults' transition progress with the <i>Six Core Elements</i>.</li> <li>• Incorporate the <i>Six Core Elements</i> into clinical care process, using EHR if possible.</li> </ul>	<p><b>2. Young Adult Tracking and Monitoring</b></p> <ul style="list-style-type: none"> <li>• Establish criteria and process for identifying transitioning young adults until age 26 and enter their data into a registry.</li> <li>• Utilize individual flow sheet or registry to track young adults' completion of the <i>Six Core Elements</i>.</li> <li>• Incorporate the <i>Six Core Elements</i> into clinical care process, using EHR if possible.</li> </ul>
<p><b>3. Transition Readiness</b></p> <ul style="list-style-type: none"> <li>• Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.</li> <li>• Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care.</li> </ul>	<p><b>3. Transition Readiness</b></p> <ul style="list-style-type: none"> <li>• Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.</li> <li>• Jointly develop goals and prioritized actions with youth and parent/caregiver, and document regularly in a plan of care.</li> </ul>	<p><b>3. Transition Readiness/Orientation to Adult Practice</b></p> <ul style="list-style-type: none"> <li>• Identify and list adult providers within your practice interested in caring for young adults.</li> <li>• Establish a process to welcome and orient new young adults into practice, including a description of available services.</li> <li>• Provide youth-friendly online or written information about the practice and offer a "get-acquainted" appointment, if feasible.</li> </ul>

\*Is a pre-visit scrub standardized and implemented such that ALL adolescent visits may be prepped to be completed as an AWC, regardless of presenting complaint, including prenatal visits?

➤ Example Adolescent Vaccination Scrub Worksheet:

**ADOLESCENT VACCINATION PRE-VISIT SCRUB:**

Patient NAME:

DOB:

MR:

Date/Time of Upcoming Visit:

VACCINATION TYPE:	DUE:	Circle One	
Tdap		Yes	No
HPV		Yes	No
MenACWY		Yes	No
Flu		Yes	No

Tdap	HPV	MenACWY	Flu
<p><b>Tetanus &amp; diphtheria toxoids &amp; acellular pertussis vaccine (Tdap)</b>  <a href="#">Summary of ACIP</a>  <a href="#">Recommendations for Tdap</a></p> <ul style="list-style-type: none"> <li>Administer Tdap at age 11-12, as well as at age 13-18 if they have not yet received Tdap, followed by Td booster dose every 10 years.</li> <li>Those age 7-10 not fully immunized, never vaccinated, or have unknown status against pertussis should receive single dose of Tdap. Refer to the catch-up schedule if additional doses of Td-containing vaccine are needed.</li> <li>Tdap can be administered regardless of interval since the last Td-containing vaccine.</li> <li>Administer 1 dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of time since prior Td or Tdap vaccination.</li> </ul>	<p><b>Human papillomavirus vaccine (HPV)</b>  <a href="#">Summary of ACIP</a>  <a href="#">Recommendations for HPV</a></p> <ul style="list-style-type: none"> <li>HPV4 or HPV2 is recommended for the prevention of cervical precancers and cancers in females.</li> <li>HPV4 is recommended for prevention of cervical, vaginal, vulvar, anal precancers and cancers as well as genital warts in females.</li> <li>HPV4 is recommended for prevention of anal precancers and cancers, as well as genital warts in males.</li> <li>HPV4 or HPV2 is recommended at age 11-12 years but can be given as early as age 9.</li> <li>HPV vaccine is a 3-dose series. Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).</li> </ul>	<p><b>Meningococcal conjugate vaccine, quadrivalent (MenACWY)</b>  <a href="#">Summary of ACIP</a>  <a href="#">Recommendations for MenACWY</a></p> <ul style="list-style-type: none"> <li>Administer MCV4 at age 11-12 with a booster dose at age 16 years.</li> <li>If the first dose of MCV4 is given after the 16th birthday, no booster is recommended.</li> <li>Administer 1 dose at age 13-18 if not previously vaccinated.</li> <li>Persons who received their first dose at age 13-15 should receive a booster dose at age 16-18 years.</li> <li>Administer 1 dose to previously unvaccinated college freshmen living in a dormitory or military recruits living in barracks.</li> </ul>	<p><b>Influenza vaccine (seasonal)</b>  <a href="#">Summary of ACIP</a>  <a href="#">Recommendations for Flu</a></p> <ul style="list-style-type: none"> <li>Administer influenza vaccine annually to all children beginning at age 6 months — including preteens and teens.</li> <li>For healthy non-pregnant persons age 7-18 (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or IIV may be used.</li> </ul>




\*Are documents on hand in the clinic to provide patients and parents/caregivers re: explanations of privacy and confidentiality?

- Multiple forms available at <https://projects.oregon-pip-.org/resources/adolescent-care>

Example:

[insert logo here]

## Teen Patient Handout



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[Clinic welcome statement]

We provide quality care for teens and young adults. We want to work together with you and your family to meet all of your health care needs.

As you become more independent and take on more responsibilities, we ask for more input from you about your health. Oregon law allows youth at age 14 to consent to some health care services on their own. Starting at age 14 *[or other age that is standard in your clinic]*, it is our practice to ask all parents and guardians to wait outside for part of your visit. This gives you and your provider a chance to discuss anything you may feel uncomfortable talking about in front of others.

**Your safety is most important to us.** Know that if you are doing anything to hurt yourself, or others, or if some is hurting you, we may have to tell someone.

We will always encourage you to talk to your parents or guardians about your health. We can help start the conversation.

**As you begin to take more responsibility for your health care, we trust you to:**

- Learn about your medical problems, and let us know if you don't understand something we are discussing
- Follow the treatment plan that we agree upon as best as you can
- Be honest. Tell us about your medical history, health behaviors, and all medications you are taking
- Let us know when other healthcare providers are involved in your care. Ask them to send us a report whenever you see them
- Be on time for your appointments. If you are not going to keep appointments, call to reschedule or cancel them at least 24 hours in advance
- Call us if you do not receive test results within 2 weeks
- Use the "after hours" line only for issues that cannot wait until the next work day
- Come to our health center when you are sick instead of going to the Emergency Room, so that someone who knows you and your history can take care of you
- Tell us how we can improve our services



We are always available to discuss your health problems or answer questions. We want to work with you to help you make the best choices for a healthy future.

*"Some insurance plans may mail information about our visit to your home. Talk to your provider if you are using your family's insurance and want confidential care."*

\*Will you administer a previsit screening questionnaire that includes, among other questions, the SBIRT brief screen (ie CRAFFT to 12-17yos, Annual 2-question Screen for 18+) and PHQ-2 depression screen?

➤ Multiple forms available at <https://projects.oregon-pip.org/resources/adolescent-care>

Example:

**Adolescent Health Assessment**  
(Grades 9-12)

Name: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID# \_\_\_\_\_  
 Sex: M \_ F \_\_\_\_\_ (or place label here)

Today's Date: \_\_\_\_\_

Please answer these questions to help us get to know you and together we can plan the best care for you.  
It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES  NO

**PHYSICAL HEALTH, NUTRITION AND ACTIVITY**

- How happy are you with your weight? Not at all 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ Very happy
- How interested are you in changing your eating habits? Not at all 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ Very interested
- Have you tried to lose or control your weight by making yourself throw up or by taking laxatives? YES  NO
- Are there times when your family does not have enough food to eat? YES  NO
- What exercise, sport or strenuous activities do you enjoy doing? \_\_\_\_\_
- How many hours per day do you watch TV, go on the Internet or play video games? \_\_\_\_\_

**ORAL HEALTH**

- Do you brush your teeth 2 times a day? YES  NO
- Do you floss your teeth daily? YES  NO

**EMOTIONAL WELL BEING**

- Who do you live with? \_\_\_\_\_
- Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES  NO   
If yes, what? \_\_\_\_\_
- How well do you get along with your household members/family? Don't get along at all 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ Get along great
- On the whole, how much do you like yourself? Not at all 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ A lot
- Do you often feel worried, nervous, or scared? YES  NO
- Over the past two weeks, have you been bothered by any of the following problems?
  - Feeling down, depressed, irritable or hopeless? YES  NO
  - Little interest or pleasure in doing things? YES  NO
- Have you thought about or tried to kill yourself? YES  NO
- Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES  NO
- Are you attracted to:  males  females  both  none
- Have you ever felt uncomfortable being identified as male or female? YES  NO

**SCHOOL AND FRIENDS**

- How important is school to you? Not important at all 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ Very important
- In the past 30 days, how often did you skip or cut school? Never  1-3 times  more than 3 times
- Did you fail any classes last year or are you worried about failing any classes now? YES  NO
- Have you ever been suspended or had a referral? YES  NO
- I have at least one good friend or group of friends I am comfortable with. YES  NO

**SAFETY AND INJURY PREVENTION**

- Do you always wear a seatbelt in the car? YES  NO
- Does anyone bully, harass or pick on you? YES  NO  In the past
- Do you or anyone close to you have guns or weapons? YES  NO
- Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable? YES  NO

**RISK REDUCTION**

- Have you had sex? YES  NO
- Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections? YES  NO
- During the past 12 months, did you:
  - Drink any alcohol (more than a few sips)? YES  NO
  - Smoke any marijuana, hashish or anything else to get high? YES  NO
- Have you ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? YES  NO
- Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES  NO

**PLEASE TELL US MORE ABOUT YOURSELF**

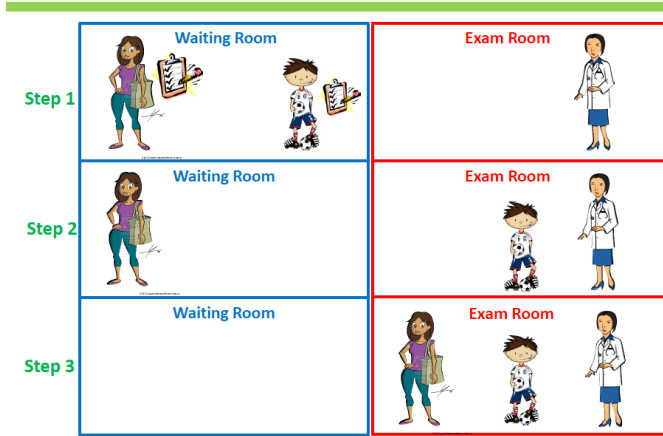
- Who is an adult you feel cares about and supports you? \_\_\_\_\_
- What is something now that you are more independent at than a year ago? \_\_\_\_\_
- How do you cope when life feels hard? \_\_\_\_\_
- What is something you are good at or enjoy doing? \_\_\_\_\_
- What is something you do to stay healthy? \_\_\_\_\_
- What is one thing that makes a healthy dating relationship? \_\_\_\_\_
- What is something you do to keep yourself safe from injury and violence? \_\_\_\_\_
- What school, community, employment or volunteer activity are you involved in? \_\_\_\_\_

Student signature: \_\_\_\_\_

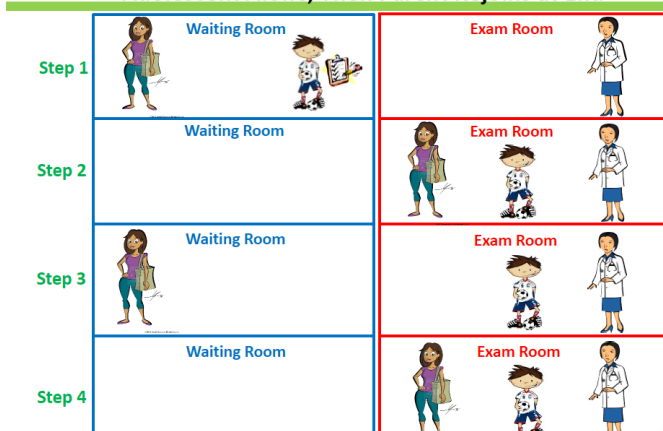
\*How will you ensure the patient has adequate confidentiality in the waiting room to respond freely and honestly to the questions?

- Consider the following scenarios (from OPIP Webinar) to offer semi-autonomy and confidentiality to the patient during visit and for completing surveys/screenings:

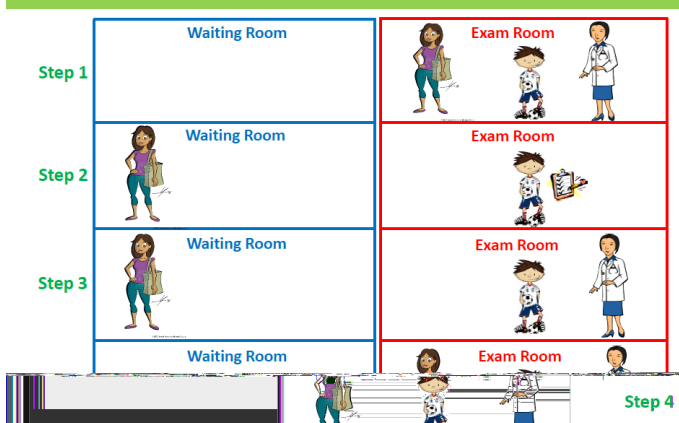
**Together in Waiting Room – Both Complete Tools, Adolescent Alone in Exam, Parent Joins Them At End of Visit**



**Together in Waiting Room, Together in Exam, Parent Leaves Adolescent Alone, Then Parent Rejoins at End**



**Together in Waiting Room, Adolescent Alone in Exam & Then Given Tool, Parent Joins Them At End of Visit**

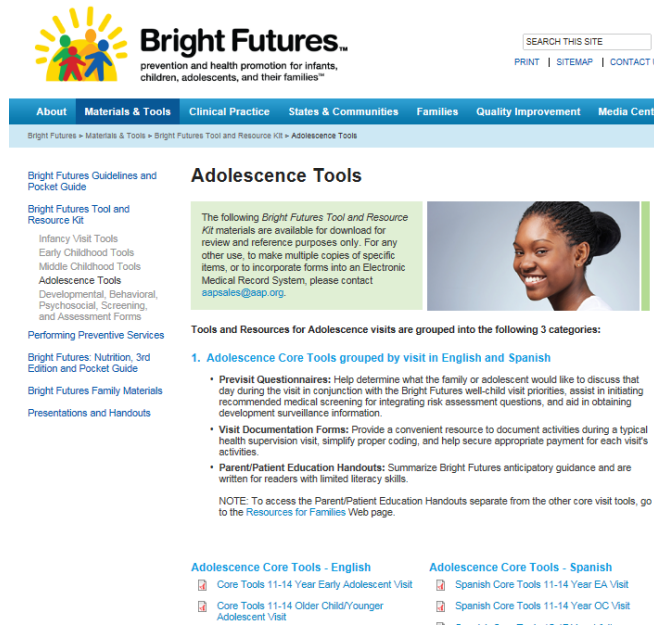




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\*Do all providers feel competent in performing the activities of an AWC?

- Bright Future Adolescent tools and training resources: <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx>



- Recall that an Adolescent Well Visit is primarily focused on the Strengths/Risks survey and responses (such as a HEADDSS assessment). GU exams are NOT a mandatory part of the AWC visit. Routine general physicals with problem based focused exams are appropriate.

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\*Do all providers feel competent/comfortable administering an SBIRT to an adolescent (ie, CRAFFT to 12-17yos as different from the Annual Screen for 18+yos)?

- YouTube Training Video on administering CRAFFT to an Adolescent: <https://www.youtube.com/watch?v=GvaOXREcCHI>

\* Does your organization have an easily accessible template in the EHR (or on paper as example above from MCHD) to be able to conduct and document a risk/strengths based screening and developmental history (ie, the HEADDSS assessment)? Does the template include the validated SBIRT and Depression screening tools that will count towards your performance on the CCO metrics in these areas?

➤ *Example from Ochin:*

**SUBJECTIVE:**

@NAME@ is a @AGE@ who presents to the office today for routine health care examination.

Medications and Allergies Reviewed and updated in EHR.

**GEN ROS:** No unusual headaches or abdominal pain. No orthopedic problems. No difficulty participating in sports or other physical activities. No hearing or vision problems.

**Female pts: GYN ROS:** Menarche at age \*\*\*. Menses regular/irregular.

**PMH:** essentially negative; no history of asthma, seizures, diabetes, heart disease.

Immunization status reviewed: {IMMUNITY STATUS:73}

**FH:** noncontributory

**SOCIAL HISTORY (HEEADDSS):**

HOME:

Lives with: \*\*\*

Quality of relationship with parents/guardians: \*\*\*

EDUCATION:

School details/assessment of performance: \*\*\*

Future plans: \*\*\*

EATING:

Eats regular meals: \*\*\*

Source and content of meals: \*\*\*

Usual beverage choice: \*\*\*

Concerns about body or appearance? \*\*\*

ACTIVITIES:

Close friends? \*\*\*

At least 1 hour of physical activity per day? \*\*\*

Safe Internet Use? \*\*\*

DRUGS/ETOH (CRAFFT BRIEF SCREEN):

During the past 12 months, did you: (Y/N)

>>Drink any alcohol (more than a few sips): \*\*\*

>>Smoke any marijuana or hashish: \*\*\*

>>Use anything else\* to get high: \*\*\*

\*anything else includes illegal drugs, over the counter/prescription drugs, and things that you sniff or "huff"

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?\*\*\*

DEPRESSION/SUICIDE (PHQ2):

Over the past 2 weeks have you been bothered by any of the following problems: (Y/N)

>>Feeling down, depressed, irritable or hopeless: \*\*\*

>>Little interest or pleasure in doing things: \*\*\*

SAFETY:

Home is free of violence: \*\*\*

Has peer relationships free of violence: \*\*\*

Any risk for guns, bullying, dating violence, passenger safety: \*\*\*

**SEXUALITY:**

Attracted to: \*\*\*

Sexually active with: \*\*\*

STD Hx:\*\*\*

Contraception: \*\*\*

Condoms: \*\*\*

**OBJECTIVE:**

GENERAL: WDOWN adolescent

EYES: PERRLA, EOMI, fundi grossly normal

EARS: TM's gray

THROAT: clear

NECK: supple, no masses, no lymphadenopathy

RESP: clear to auscultation bilaterally

CV: RRR, normal S1/S2, no murmurs, clicks, or rubs.

ABD: soft, nontender, no masses, no hepatosplenomegaly

MS: spine straight, no significant scoliosis, full range of motion all joints

SKIN: no rashes or lesions,{HAS/HAS NOT:9025} mild acne on the face

GU: \*\*\*

**ASSESSMENT:**

Well Adolescent

**PLAN:**

Plan per orders.

AGE Appropriate and RISK related counseling/follow-up specific to responses in Social history questionnaire was provided. Results of the PHQ2 and CRAFFT Part A were discussed with the patient.

If Patient responded positively to either questions of the PHQ-2 a PHQ-9 (PHQ-A) was administered as follow up. Results were provided to MA for entry in the electronic record.

If Patient responded positively to any question of the CRAFFT Part A, further assessment was conducted with CRAFFT Part B and a follow up plan was formulated with the patient.

Code Z13.9, E&M 99420, modifier 25

\*Do you have a master copy of the CareOregon \$10 Gift Card incentive form in your clinic?

➤ Incentive Form:



### **Adolescent/Young Adult THANK YOU Gift Card!**

CONGRATULATIONS! You took the time today to have a WELLNESS visit with your doctor. We recommend that you do this once every year to stay healthy.

As a THANK YOU, we have a gift card for you to Amazon or Subway.

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In order for us to MAIL the card to you:

- Pick which card you would like to get: AMAZON.com or SUBWAY
- Fill out this form with the best mailing address for you
- Your doctor will sign and date the form and fax it to our office
- You will receive your gift card in about four to five weeks in the mail

*Please choose one:*

\_\_\_ \$10 Amazon Gift Card

\_\_\_ \$10 Subway Gift Card

My Name: \_\_\_\_\_

My Date of Birth: \_\_\_\_\_

My Address: \_\_\_\_\_

My doctor's signature: \_\_\_\_\_

My printed doctor's signature: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Date of my Wellness Check: \_\_\_\_\_

**PROVIDER: PLEASE FAX COMPLETED FORM TO**

**Fax Number: 503-416-1316**

\*Are your providers and/or billing/coding staff aware of what is required in the documentation for an AWC to be counted towards the CCO metric?

➤ From the OHA guide:

<http://www.oregon.gov/oha/analytics/CCOData/Adolescent%20Well%20Care%20Visits%20Overview%20--%20revised%20Dec%202014.pdf>

## What Counts as a Well Care Visit?

The CCO Incentive Measure specification is based on administrative (billing) data<sup>4</sup>. To use the billing codes listed below, the following components must be present for a visit to count as a well-care visit:

- 1) A health and developmental history, e.g., social and emotional well-being, health behavior, academic history, physical development and mental health, etc.
- 2) A physical exam, e.g., weight, height, vision, heart, lungs, genitalia etc.
- 3) Health education / anticipatory guidance, e.g., reproductive health, alcohol and tobacco avoidance, violence and injury prevention, etc.

To receive credit toward the CCO Incentive Measure for adolescent well-care visits:

- The billing provider must be a provider in a CCO's network;
- The provider does not need to be the client's assigned primary care provider or OB/GYN;
- The well-care visit can occur in any clinic setting, including school-based health centers.

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\*Are your providers and/or billing/coding staff aware of how to bill for the SBIRT (preferably CRAFFT for 12-17yo, Annual 2-question screen for 18+)? Do your providers and billing/coding staff have an understanding of the breaches of confidentiality that may result when explanations of benefits are delivered following a visit to a patient's parent/caregiver? This is particularly relevant to billing/coding for screening activities. The following OPIP summary of Billing Code considerations is helpful:

## Billing Codes Aligned with Metrics And Factors to Consider for Adolescents

### • Screening

- Diagnosis code **Code Z13.9**,

**Code Z13.9**, screening for general condition (For Metric – NOT accepted as a stand alone code)

- Strategies Used: **99420**, with diagnosis code **Code Z13.9**,

#### CONSIDER ADOLESCENT CONFIDENTIALITY

- **Most of our sites have used the non-specific codes for this reason,**
- **If you use the specific code, have a plan for how to explain to parents that may get an explanation of benefits**
- Use with modifier -25 to indicate is part of the visit, Can use modifier -33 to indicate it is a Bright Futures Recommendation
- Used for patients who had a full screen.
- No time limitations or requirements for this code.
- CRAFFT counts under this ***if a discussion about the results takes place with the patient.***

# Appendix E: Sample Adolescent Well Care (youth 12-21) Workflow from Multnomah County FQHC

Contact Grace Lee, MD, MCHD Deputy Medical Director for more information at [grace.lee@multco.us](mailto:grace.lee@multco.us).

## New Forms

1. Adolescent Health Assessment Form (Ages 12-17)
2. Young Adult Health Assessment Form (Ages 18-21)
3. CRAFFT- Part B
  - To be given if the CRAFFT- Part A questions are positive (**bolded** in 12-17 form)
4. PHQ-9 Modified for Teens (PHQ-A)
  - To be given if PHQ-2 questions are positive (**bolded** in 12-17 form)
5. Old form we are still using for ages 18-21 = SBIRT Annual Questionnaire

## Team to Scrub

If a patient from ages 12-21 has not had a well annual visit in this current calendar year, put **“AWC Form”** at the beginning of the appointment notes.

## Workflow

Each clinic needs to decide which option they will choose for their site. It would work best if a single option was decided for the entire clinic site, as it would be very difficult for the front desk to know which option to follow for each provider/team. See next two pages for the two possible options.

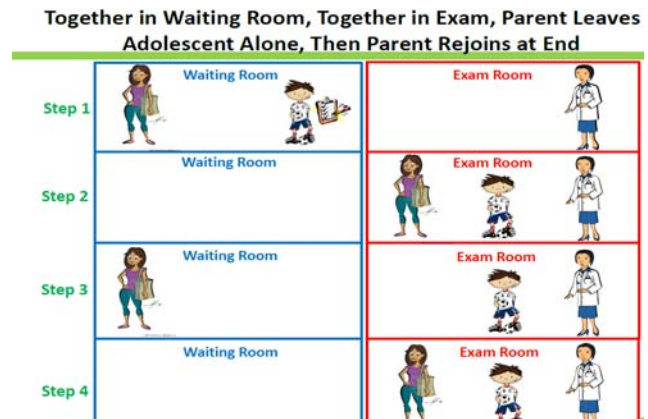
## Option 1:

### Front Desk

1. If “AWC” is noted in appointment notes, give age-appropriate Health Assessment Form in a folder to adolescent (instructions for patient to fill out)
2. Hand out health history form to parent (if present) in a folder
3. 18 or older - also give SBIRT Annual Questionnaire

### MA

1. Obtain and enter vitals: weight, height, vision, BP, pulse, temp, collect Gc/Ct if female and indicated
2. Do routine rooming notes
3. Additional forms?



- a. 12-17 year old
  - Read the responses on bolded sections of the Health Assessment form
  - If positive PHQ2 - give PHQ-A (Modified for Teens)
  - If positive CRAFFT Part A questions - give CRAFFT Part B
- b. 18-21 year old
  - If positive SBIRT - give indicated additional forms: AUDIT/DAST and/or PHQ-9
4. Enter PHQ-2/PHQ-9/AUDIT/DAST data into flowsheets and give all paperwork to provider
5. Administer and document immies per protocol
6. Have patient undress to shorts and T-shirt
7. Add AVS information for Well Child (Teen or 18) - .MCPTINSTRWCC1821

**Provider**

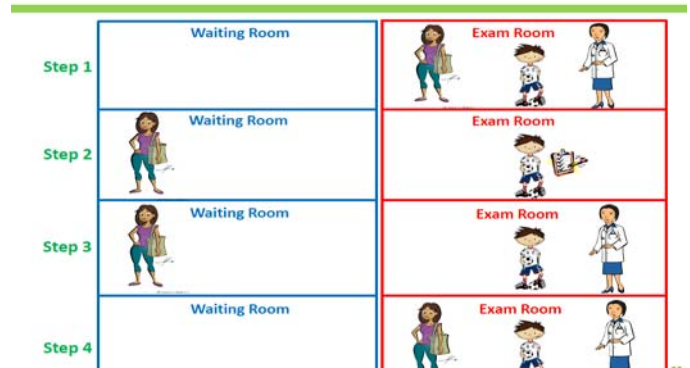
1. Review parental and patient concerns
2. Discuss confidentiality with patient-talking points coming
3. Discuss the goal of transition to independent health decision-making
4. Time alone with patient and review health assessment – consider BHC hand off as needed

**MA**

1. Complete/fax gift card for either FamilyCare or CareOregon after provider signs
2. Enter PHQ-2/PHQ-9/AUDIT/DAST data into flowsheets if not previously completed

**Option 2:**

Together in Waiting Room, Adolescent Alone in Exam & Then Given Tool, Parent Joins Them At End of Visit



**Front Desk**

1. Hand out health history form to parent (if present) in a folder
2. 18 or older - also give SBIRT Annual Questionnaire

**MA**

1. Obtain and enter vitals: weight, height, vision, BP, pulse, temp, collect Gc/Ct if female and indicated
2. Do routine rooming notes
3. Additional forms?
  - a. 18-21 year old - If positive SBIRT - give form as indicated AUDIT/DAST and/or phq-9
4. Administer and document immies per protocol
5. Have patient undress to shorts and T-shirt
6. Add AVS information for Well Child (Teen or 18) - .MCPTINSTRWCC1821

**Provider**

1. Review parental and patient concerns
2. Discuss confidentiality with patient-talking points to come
3. Discuss the goal of transition to independent health decision-making

4. Time alone with patient
5. Give age appropriate Health Assessment Form
6. Can stay in room or leave room while patient completes the form
7. Review health assessment with patient and give additional forms as needed
  - a. 12-17 year old
    - If positive PHQ2 - give PHQ-A (Modified for Teens) and review results with patient – consider BHC hand off as needed
    - If positive CRAFFT Part A questions - give CRAFFT Part B and review results with patient – consider BHC hand off as needed
7. Give all forms to MA to enter into EPIC

**MA:**

1. Enter PHQ-2/PHQ-A or 9/AUDIT/DAST data into flowsheets
2. Complete/fax gift card for either FamilyCare or CareOregon after provider signs



## Your Wellness Checklist (18-21)

### Your Daily Life

- Visit the dentist at least twice a year.
- Protect your hearing at work, home and concerts.
- Eat a variety of foods.
- Eat breakfast every morning.
- Drink plenty of water.
- Be sure to get enough calcium with 3 or more servings of low-fat (1%) or fat free milk and other low-fat dairy products every day.
- Aim for 1 hour of vigorous physical activity.
- Be proud of yourself when you do something well.

### Healthy Behavior Choices

- If you do use drugs, you can talk to us about it. We can help you with quitting or cutting down on your use.
- Make healthy decisions about your sexual behavior.
- If you are sexually active, always practice safe sex. Always use a condom to prevent STIs.
- All sexual activity should be something that you want. No one should ever force or try to convince you.
- Find safe activities or school and work.

### Violence and Injuries

- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
- If you feel unsafe driving or riding with someone, call someone you can trust to drive you.
- Always wear a seatbelt in the car.
- Know the rules for safe driving
- Never allow physical harm of yourself or others at home or school.
- Always deal with conflict using nonviolence.
- Remember that healthy dating relationships are built on respect and that saying “no” is ok.
- Fighting and carrying weapons can be dangerous.

### Your Feelings

- Figure out healthy ways to deal with stress.
- Try your best to solve problems and make decisions on your own, but ask for help when you need it.
- Most people have daily ups and downs. But if you are feeling sad, depressed, nervous, irritable, hopeless or angry, talk with me or another health care professional.
- We understand that sexuality is a normal part of development. If you have any questions or concerns, we are here for you.

### School and Friends

- Support friends and family who chose not to use drugs, alcohol, steroids or diet pills.
- Take responsibility for being organized enough to succeed in work or school.
- Find new activities you enjoy.

Today's Date: \_\_\_\_\_



## Adolescent Health Assessment (Ages 12-17)

Name: _____
MRN: _____
DOB: ____/____/____ ID# _____
Sex: M _ F _ T _____ (or place label here)

Please answer these questions to help us get to know you and together we can plan the best care for you. It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information:  YES  NO

PHYSICAL HEALTH, NUTRITION, AND ACTIVITY		
Do you brush your teeth 2 times a day?	No	Yes
Are there times when your family does not have enough food to eat?	Yes	No
Have you tried to lose or control your weight by making yourself throw up or by taking laxatives?	Yes	No
How happy are you with your weight?	Not at all 0 1 2 3 4 5 Very happy	
What exercise, sport, or strenuous activities do you enjoy doing?		
How many hours per day do you watch TV, go on the Internet, or play video games?		

EMOTIONAL WELL BEING		
Who do you live with?		
Is there anything at home, school or with friends that is making you feel worried, upset or stressed? If yes, what?	Yes	No
Do you often feel worried, nervous, or scared?	Yes	No
<b>Over the past two weeks, have you been bothered by any of the following problems:</b>		
Little interest or pleasure in doing things?	<b>Yes</b>	<b>No</b>
Feeling down, depressed, irritable or hopeless?	<b>Yes</b>	<b>No</b>
Have you thought about or tried to kill yourself?	Yes	No
Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares)	Yes	No
Are you attracted to:	<input type="checkbox"/> males <input type="checkbox"/> females <input type="checkbox"/> both <input type="checkbox"/> none	
Have you ever felt uncomfortable being identified as male or female?	Yes	No

RISK REDUCTION		
Have you ever had sex?	Yes	No
Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections?	Yes	No
Do you ever smoke cigarettes/cigars, vape, e-cigs, snuff, or chew tobacco?	Yes	No
<b>In the past 12 months, did you:</b>		
Drink any alcohol (more than a few sips?)	<b>Yes</b>	<b>No</b>
Smoke, vape, or eat any kind of marijuana?	<b>Yes</b>	<b>No</b>
Use anything else to get high?	<b>Yes</b>	<b>No</b>
Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	Yes	No

FLIP OVER FOR ADDITIONAL QUESTIONS

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**SCHOOL AND FRIENDS**

I have at least one good friend or group of friends I am comfortable with.	No	Yes
How important is school to you? <small>(skip if not in school)</small> Not important at all 0 1 2 3 4 5 Very important		
In the past 30 days, how often did you skip or cut school? <input type="checkbox"/> more than 3 times <input type="checkbox"/> 1-3 times <input type="checkbox"/> Never		

**SAFETY AND INJURY PREVENTION**

Do you always wear a seatbelt in the car?	No	Yes	
Does anyone bully, harass, or pick on you?	Yes	Past	No
Do you or anyone close to you have guns or weapons?	Yes	No	
Has anyone ever hurt, touched, or treated you or anyone in your house in a way that made you feel scared or uncomfortable?	Yes	No	

**Check off all the items that you feel are true for you.**

- I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- I help others on my own or by working with a group in school, a faith-based organization, or the community.
- I am able to bounce back from life's disappointments.
- I feel good about things and I like myself.
- I have become more independent and made more of my own decisions as I have become older.
- I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe: \_\_\_\_\_
- Anything else? \_\_\_\_\_

Signature: \_\_\_\_\_

for office use only  
 Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## Young Adult Health Assessment (Ages 18-21) PC

Name:	_____
MRN:	_____
DOB:	____/____/____ ID# _____
Sex:	M _ F _ T _____ (or place label here)

Please answer these questions to help us get to know you and together we can plan the best care for you. It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information:  YES  NO

PHYSICAL HEALTH, NUTRITION, AND ACTIVITY		
Are there times when your family does not have enough food to eat?	Yes	No
Have you tried to lose or control your weight by making yourself throw up or by taking laxatives?	Yes	No
How happy are you with your weight?	Not at all 0 1 2 3 4 5 Very happy	
What exercise, sport, or strenuous activities do you enjoy doing?		
How many hours per day do you watch TV, go on the Internet, or play video games?		

EMOTIONAL WELL BEING		
Who do you live with?		
Is there anything at home, school or with friends that is making you feel worried, upset or stressed? If yes, what?	Yes	No
Do you often feel worried, nervous, or scared?	Yes	No
Have you thought about or tried to kill yourself?	Yes	No
Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares)	Yes	No
Are you attracted to:	<input type="checkbox"/> males <input type="checkbox"/> females <input type="checkbox"/> both <input type="checkbox"/> none	
Have you ever felt uncomfortable being identified as male or female?	Yes	No

RISK REDUCTION		
Have you ever had sex?	Yes	No
Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections?	Yes	No
Do you ever smoke cigarettes/cigars, vape, e-cigs, snuff, or chew tobacco?	Yes	No

SCHOOL AND FRIENDS		
I have at least one good friend or group of friends I am comfortable with.	No	Yes
How important is school to you? (skip if not in school) Not important at all 0 1 2 3 4 5 Very important		

SAFETY AND INJURY PREVENTION		
Do you always wear a seatbelt in the car?	No	Yes
Does anyone bully, harass, or pick on you?	Yes	Past No
Do you or anyone close to you have guns or weapons?	Yes	No
Has anyone ever hurt, touched, or treated you or anyone in your house in a way that made you feel scared or uncomfortable?	Yes	No

**FLIP OVER FOR ADDITIONAL QUESTIONS**

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**Check off all the items that you feel are true for you.**

- I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- I help others on my own or by working with a group in school, a faith-based organization, or the community.
- I am able to bounce back from life's disappointments.
- I feel good about myself and I like myself.
- I have become more independent and made more of my own decisions as I have become older.
- I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe: \_\_\_\_\_
- Anything else? \_\_\_\_\_

Signature: \_\_\_\_\_

for office use only

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix F: Transforming Care in School-Based Health Centers (SBHCs): Spotlight on SBHC Innovation Grants

The 2013 Oregon Legislature passed House Bill 2445 allocating \$750,000 in funding to the SBHC State Program Office to incentivize organizations to accomplish one or more of the three goals outlined in the legislation:

1. Increase the number of SBHCs certified as patient-centered primary care homes (PCPCH).
2. Improve the coordination of the care of patients served by coordinated care organizations (CCOs) and SBHCs.
3. Improve the effectiveness of the delivery of health services through SBHCs who qualify for medical assistance.

Funding priority was given to applicants that demonstrated partnership development between CCOs and SBHC medical sponsors and/or were located in rural or frontier communities. Six communities were awarded funding from July 1, 2014 through June 30, 2015 to explore innovative approaches to school-based care.

Grant funds were used to support broader systems-level projects, as well as more targeted projects to achieve the goals outlined in HB 2445. Grant outcomes included: increasing well care visits; achieving PCPCH recognition; developing stronger relationships with SBHC providers, CCOs and community providers; improving coordination with community providers; maximizing the role of SBHCs within the healthcare system; and exploring alternative payment methodologies.

Grantees that focused on increasing adolescent well care visits employed a number of strategies including:

- In partnership with regional CCOs, employ member and/or provider incentives to increase the number of clients receiving well child visits.
- Mobilize partner agencies and/or client navigators to conduct targeted outreach to clients in need of a well care visit.
- Modify clinic workflows and policies to increase the number of well care visits provided in SBHCs, including encouraging well care visits in place of sports physicals.
- Expand primary care clinic hours and redirect clients from main FQHC sites to SBHCs in order to accommodate increased demand for services

For more information about the SBHC Innovation Grants, please contact Kate O'Donnell, SBHC System Development Specialist, at [kathryn.m.odonnell@state.or.us](mailto:kathryn.m.odonnell@state.or.us)